3-298 (median: 18), 2-65 ng/ml (median: 7). The 5 years DSF of UP group or non-UP group were 18.8%, 27.3% (p=0.645), and the 5 OS were 48.1%, 84.2% (p=0.04).

**Conclusion:** In RFA as first therapy for SN- or SNIM-type HCC (< 30 mm, single nodule), it was suggested that some increasing of the level of AFP before operation had relation to OS.

**EP01B-055**

**TRANSARTERIAL CHEMOEMBOLISATION FOR NON-RESECTED HEPATOCELLULAR CARCINOMA, A 10 YEAR EXPERIENCE FROM A SINGLE TERTIARY CENTRE**

Z. Wang, V. G. Shelat, C. W. T. Huey and W. Woon

**General Surgery, Tan Tock Seng Hospital, Singapore**

**Background:** Transarterial chemoembolisation (TACE) is an established treatment modality for patients with Hepatocellular Carcinoma (HCC). We present our 10 year experience with single and repeated TACE in HCC patients.

**Methodology:** This is a retrospective analysis of 341 TACE procedures performed between 2004 and 2014 in a tertiary centre.

**Results:** A total of 346 TACE were performed in 174 patients with HCC. 271 (78%) procedures were performed on male patients. 193 (56%) and 38 (11%) procedures were performed on Hepatitis B and Hepatitis C patients respectively. 259 (75%) procedures were performed on Child-Pugh A patients, 84 (24%) on Child-Pugh B patients and 3 (< 1%) on Child-Pugh C patients. 150 (43%) procedures were performed on BCLC A patients who declined or were unfit for surgery, 168 (49%) on BCLC B patients, 18 (5%) on BCLC C patients and 5 (1%) on BCLC D patients.

82 (47%) patients had 1 TACE session, 45 (26%) patients had 2 sessions and 47 (27%) patients had 3 or more sessions. Overall TACE related mortality was 2.6%. This represented a TACE related mortality of 3.6% for Child-Pugh B & C patients and 2.3% for Child-Pugh A patients. The overall complication rates stood at 9.5% with a 15% rate for single TACE. The complication rate for repeated TACE was 16% with no TACE related mortality.

**Conclusion:** TACE is well tolerated in our experience among HCC patients with normal functioning and compromised liver function, not amenable for curative treatment. Repeated TACE is well tolerated with no increased mortality.

**EP01B-056**

**FIVE HUNDRED ONCOLOGICAL LIVER RESECTIONS: SINGLE CENTRE EXPERIENCE FROM TATA MEMORIAL HOSPITAL, MUMBAI**

K. Khobragade, A. Kanetkar, S. Kurunkar, S. Patkar and M. Goel

**Department Of Surgical Oncology, Tata Memorial Hospital, India**

**Aim:** To evaluate clinico-pathological profile, perioperative and short term outcomes of patients undergoing liver resections for oncological indications.

**Materials and methods:** Analysis of patients undergoing liver resections from June 2010 to October 2017.

**Results:** Five hundred and one patients were operated during the study period. Median age was 55 years (M: F 1.66:1). Forty-three patients (8.6%) had benign disease and 458 (91.4%) patients had malignant disease. Most common primary malignant were hepatocellular carcinoma (HCC) 161 (32.1%), intra hepatic cholangiocarcinomas (IHCC) 39 (7.8%) and perihilar cholangiocarcinomas (pHCCA) 30 (6.0%). Most commonly resected secondary neoplasm was metastases from colorectal cancer (MCRC) 123 (24.6%). Major hepatic resections (≥3 segments) were performed in 217 patients. Overall morbidity was 22.7% (n=114) and mortality was 3.4% (n=17).

**Conclusion:** Outside transplant setting, this is the largest series of liver resections from India. Resection for liver tumors still plays a major role and can be performed with acceptable morbidity and mortality in resource constraint population.

**EP01B-057**

**TRANSARTERIAL CHEMOEMBOLISATION FOR INOPERABLE HEPATOCELLULAR CARCINOMA — A SINGLE CENTER 6-YEAR EXPERIENCE**

E. Malcevs, L. Ozolins, A. Veiss, J. Vilmanis, J. Savlovskis, J. Gardovskis

**1Pauls Stradins Clinical University Hospital, and 2Rigas Stradins University, Latvia**

**Introduction:** Hepatocellular carcinoma (HCC) is the sixth most common cancer worldwide in terms of number of cases and it is the third most common cause of death from cancer. Targeted transarterial chemoembolization (TACE) therapy is currently the standard treatment for advanced HCC in selected cases.

**Methods:** A retrospective study was conducted with advanced HCC patients who underwent TACE in the time period from 2011 until 2016. Manipulation efficiency and survival outcomes were analyzed. Biopsy and CT imaging diagnosed a total of 37 patients with advanced HCC. Patients were evaluated according to Barcelona Clinic Liver Cancer (BCLC) staging by a multidisciplinary team and advised TACE as the treatment option.

**Results:** Mean patient age was 64.21 ± 11.05 years. The female-to-male ratio was 1.86. Tumor was localized in