or cirrhosis in this procedure. In this study, we compared the survival, antitumor efficacy against HCC and safety for the liver function between doxorubicin-TACE and cisplatin-DEB-TACE. Methods: The single-center retrospective study evaluated 61 patients who treated with DEB-TACE against intermediate-stage HCC. An antitumor efficacy was determined by CT used modified response evaluation criteria in cancer of the liver (mRECICL) at 3 months after this procedure. And the change of liver function was evaluated for Child-Pugh (C-P) score. Results: The etiologies of cirrhosis were 36% of HBV, 33% of HCV and 23 of others. Thirty-eight patients were treated with doxorubicin-eluting beads (doxorubicin group) and 23 patients were treated with cisplatin-eluting beads (cisplatin group). The clinical background (age, gender, etiology and Child-Pugh score) of these two groups were not significantly different in the results, the median of overall survival of cisplatingroup (360 days) was shorter than doxorubicin group (454 days). The response rates of the treatment effect 3 (partial response) and 4 (complete response) at mRECICL were 28.9% (11/38) in doxorubicin group and 13.0% (3/23) in cisplatin group. The liver functions were kept in both groups of partially modified DEB-TACE and there were no significantly difference in both groups. There were no severe adverse events related to both groups of patients. Conclusion: These results indicated that doxorubicin-eluting beads TACE yields better treatment effects than cisplatin-eluting beadsTACE in patients with intermediate stage of HCC.

Mo1459
DIAGNOSTIC AND PROGNOSTIC IMPLICATION OF MIR-27A-3P IN HUMAN HEPATOCELLULAR CARCINOMA WITH DIFFERENT ETIOLOGY
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Background and aims: Aligned expression of microRNAs (miRNAs) contributes to the pathogenesis and progression of hepatocellular carcinoma (HCC). Understanding the molecular mechanisms by which miRNAs contribute to hepatocarcinogenesis could help to develop miRNA-based therapeutic strategies for HCC. The aim of the present study was to identify a remarkably deregulated miRNA present in the serum, which could be used for diagnostic and prognostic purposes in HCC patients with different etiology. Methods: Microarray of miRNAs present in the serum of HCC patients demonstrated that miR-27a-3p is markedly downregulated (85%) compared to healthy controls. Therefore, we collected serum samples from healthy controls, liver cirrhosis (LC), and HCC patients with different etiology and the total miRNAs were isolated using Quick miRNasy kit. About 200 ng isolated total miRNA was hybridized with a miR-27a-3p specific oligo and the hybridized product is measured using chemiluminescence method as counts which is a highly sensitive and very specific technique to quantify miRNAs. Results: Compared to healthy controls, miR-27a-3p was reduced about 10 fold in the sera of HCC patients with different etiology and the maximum reduction was observed in HCC cases with alcoholic liver cirrhosis. A significant difference (P=0.01) was noticed in miR-27a-3p levels in the sera of HCC patients with LC and without LC. Compared to healthy controls, miR-27a-3p was reduced (P=0.01) in LC patients without HCC. There was significant decrease in miR-27a-3p levels in alcoholic LC patients compared to HCC LC cases indicating probability towards pathogenesis of HCC. Conclusions: The results of the current study indicate that miR-27a-3p levels in the sera of patients with LC and HCC could be used for diagnostic and prognosis purposes along with other clinical parameters.

Mo1460
HEPATOCELLULAR CARCINOMA (HCC) OUTCOMES IN AN ETHNICALLY DIVERSE POPULATION: DATA FROM UNIVERSITY MEDICAL CENTER IN NEW ORLEANS
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Background/Aim: HCC is a significant burden on our healthcare system. In the United States, this cancer has risen from 1.4 to 6.7 per 100,000 people over the past two decades. Hepatitis C virus (HCV) is the most common cause of HCC, 25% of patients (pts) with HCV are infected with HCV. As of 2013, 194,992 people were infected with HCV in the state of Louisiana. HCC has a 5-year survival rate below 12%, identifying those at risk may improve outcomes. The uninsured/indigent populations may face poorer outcomes with increased morbidity and mortality. Methods: A retrospective chart review was conducted to analyze a cohort of 124 patients (pts) diagnosed with HCC from 2013 to 2018 at University Medical Center in New Orleans (UMCNO). Descriptive characteristics of pts in the study include ethnicity, sex, hepatitis B (HBV) and HCV status, HCC screening, alcohol, location of metastasis, AFP at time of diagnosis. One year survival rates as well as current dead or alive status were also obtained. Using logistic regression, outcomes of a previous study analyzed a similar population (n=107) from 2007-2013 at UMCNO were comparatively analyzed. The uninsured/indigent populations may face poorer outcomes with increased morbidity and mortality. The results of the current study indicate that miR-27a-3p levels in the sera of patients with LC and HCC could be used for diagnostic and prognosis purposes along with other clinical parameters.