evaluated by retrospective analysis of a prospectively maintained database. The prognostic value of clinicopathological variables and the prognostic inflammatory scores neutrophil-lymphocyte ratio (NLR), derived NLR (dNLR), platelet-lymphocyte ratio (PLR), lymphocyte-monocyte ratio (LMR), combination of platelet count and neutrophil-lymphocyte ratio (COP-NLR) and prognostic nutritional index (PNI) upon overall survival (OS) and cancer-specific survival (CSS) were determined by log-rank analysis and univariable and multivariable Cox regression analyses.

Results: The overall median follow-up period was 29.7 months (range 4−96 months). No patient was lost to follow-up. The 3-year and 5-year overall survival rates for patients undergoing metastasectomy were 50.6 % and 29.3 % respectively (median 36.4 months, 95 % confidence interval (CI) 31.8−41.0 months). High preoperative NLR was the only inflammatory variable independently associated with shortened OS (HR 1.769, 95 % CI 1.302−2.403, $P < 0.001$) or CSS (HR 1.927, 95 % CI 1.398−2.655, $P < 0.001$) following metastasectomy. When NLR was replaced by dNLR in analyses, high dNLR was independently associated with shortened OS (HR 1.932, 95 % CI 1.356−2.754, $P < 0.001$) and CSS (HR 1.807, 95 % CI 1.209−2.702, $P = 0.004$). The inflammatory scores PLR, LMR, COP-NLR and PNI demonstrated no independent association with either overall survival or cancer-specific survival.

Conclusions: The findings of the current study support high preoperative NLR and dNLR as independent prognostic factors for poor long-term survival in patients undergoing CRLM resection, with prognostic value superior to other available cellular-based systemic inflammatory scores.

LIVER 0676
SYNCHRONOUS LIVER METASTASES IN COLON CANCER: STEP ONE OF ALPPS AND SIMULTANEOUS RIGHT HEMICOLECTOMY

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Aims: Since the first description of the 'associating liver partition and portal vein ligation for staged hepatectomy' (ALPPS) procedure, various reports around the world were published. In some cases, due to the high morbidity and mortality, a decent oncologic algorithm is not deliverable in a timely manner. If a patient is to be treated with a liver first approach, the resection of the primary could sometimes be severely protracted. To overcome the problem, a simultaneous resection of the primary tumor and step one of ALPPS was performed.

Methods: A 73 year old male patient underwent portal vein embolization after suffering from a synchronous hepatic metastasized carcinoma of the right colic flexure. A right trisectionectomy was necessary and therefore a portal vein embolization was performed.

Results: Sufficient hypertrophy could not be obtained. We decided to achieve hypertrophy with a 'Rescue-ALPPS'. In step one of the procedure we simultaneously performed a right hemicolectomy. The postoperative course after the first step was uneventful.

Conclusions: In order to achieve a macroscopic disease-free state and lead the patient as soon as possible to the oncologic path (with e.g. chemotherapy), sometimes a simultaneous resection of the primary with step one of the ALPPS-procedure seems justified. A resection of the primary with step two is not advisable, due to the high morbidity and mortality after this step. This case shows, impressively, that a simultaneous resection is feasible and safe. Whether other locations of the primary should be treated this way must be part of further investigations.

LIVER 0679
GOOD VERSUS BAD CT − COMPUTED TOMOGRAPHY IN METASTASES OF COLORECTAL CARCINOMA

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Aims: Surgical treatment of colorectal metastases represents the largest part of liver surgery nowadays. Clinical evidence reveals better outcomes in dedicated HBP-centers (hepato-biliary-pancreatic). Nevertheless, surgery alone is not the only factor: Sufficient preoperative planning with a decent diagnostic work-up is necessary.

We pose following questions: Is a computed tomogram, (CT) which is taken outside an HBP-center enough for preoperative planning? Will a new CT lead to a change of protocol? (resectable to irresectable or vice versa, more or less metastases)

Methods: In this study, we included all patients who received a CT at the referring hospital and a CT at our institution (3-phase, contrast-enhanced multi-slice spiral CT). 40 patients were found to be eligible. The CTs were assessed by one of our hepatobiliary surgeons and a radiologist. Both were unaware of the patient and the outcome.

Results: In 15 patients, the new CT revealed more metastases. The quantity of the metastases increased in 37,5% of the cases. In 40% of the patients, the new CT lead to a change of the operative planning, even to irresectable, bilobar disease.

Conclusions: These data suggest, that a CT outside of an HBP-center is insufficient for a decent preoperative planning. To base clinical decisions on these low-quality CTs is dangerous; it will harm the patient and probably delay treatment. These patients need to be referred to a dedicated center. In Germany, tumor surgery needs to be centralized in tumor centers.

LIVER 0702
OUTCOMES AFTER PORTAL VEIN EMBOLIZATION IN SOUTH WALES

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Aims: Portal Vein Embolization (PVE) is an important adjunct in the surgical management of liver disease, transforming inoperable livers into potentially curable ones. We aimed to evaluate and assess whether PVE at our institution is safe and effective.

Methods: All patients who underwent PVE at our institution between 2003 and 2013 were included in this