results demonstrated that liver regeneration was promoted and liver function was got recovery earlier by this novel strategy.

## EP01E-012
## THE IMPACT OF A MOBILE APPLICATION ON AWARENESS FOR MULTI-CENTER CLINICAL COLORECTAL CANCER TRIALS: FIRST RESULTS OF THE DUTCH COLORECTAL CANCER GROUP (DCCG) TRIALAPP

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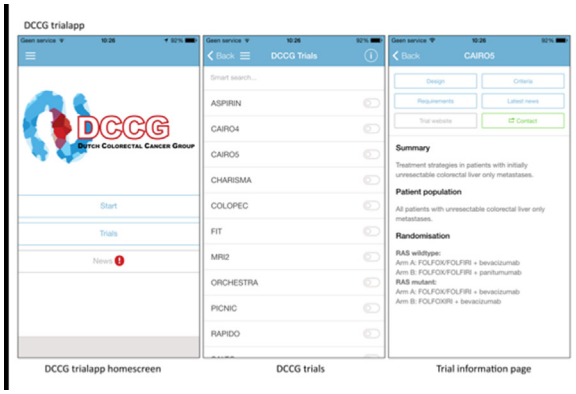
**Introduction**: Adequate accrual of patients in clinical trials may be hampered by various causes. We hypothesized that the introduction of a smartphone application will increase the awareness for clinical trials among health professionals.

**Methods**: We introduced a smartphone application with the aim to provide easy access to the most relevant information on 11 multi-center trials of the Dutch Colorectal Cancer Group (DCCG) and to lower the barrier for patient registration. In the DCCG trialapp, concise information is provided of each trial about the study design, criteria and logistics. Trials are easily identified through a selection tree, trial-coordinator contact information is available, and users receive trial-news messages.

**Results**: Seven months after the introduction 3311 persons had used the application worldwide. In the Netherlands, 488 individuals used it 2968 times, with a mean session duration of 1:48 minutes (0:01−10:59). Trial information pages were visited 4255 times for mean 1:15 minutes (0:34−2:14). Criteria were checked 1153 times and contact pages 532 times.

**Discussion**: The DCCG trialapp offers an easily accessible and simple method to check all important information of ongoing multi-center trials. Our first results show a high frequency of use, suggesting an increased trial awareness. Future studies should relate user data to inclusion rates.




*[DCCG trialapp]*

## EP01E-013
## LAPAROSCOPIC TREATMENT OF LIVER HYDATIDIC CYST

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**Introduction**: The laparoscopic approach has been proposed for treating hepatic cystic echinococcosis (HCE) and has already been used in clinical practice. In this study, we aimed to evaluate the feasibility of conservative treatment with parcial cystectomy and radical treatment with total cystectomy of HCE under laparoscopy (LS).

**Methods**: A retrospective review of the medical records obtained from 64 patients diagnosed with symptomatic HCE between January 1994 and June 2013 and treated with an LS approach.

**Results**: A total of 55 patients underwent parcial cystectomy and 9 total cystectomy of HCE, using LS. The size of the cyst 12 cm (7−26) and 8 cm (6−10) respectively. The cysts were classified (Gharbi) I:38; II:15; III:6; IV:2.

The average time of surgery was 115 min (70−165). No blood transfusion in this series. The mean duration of hospitalization was 4, 5 days (2−21). Two patients were transferred to open surgery. Seven patients had postoperative complications: 1infection of residual cavity, 1 fever without infection, 2 eventral hernia, 2 temporary bile leakage. Recurrence was seen in 1 patient in the parcial cystectomy group (14 months) with a follow-up more than 12 months in 39 patients (promedy 36 months).

**Conclusions**: Partial and Total cystectomy of HCE appears to be safe and effective in selected patients with low recurrence and morbility. The size of the cyst make a limitation in the indication for total cystesctomy. To establish precise recommendations about the technique and its indications, prospective studies are necessary.

## EP01E-014
## IMPROVED LIVER FUNCTION AFTER PORTAL VEIN EMBOLIZATION AND AN ELECTIVE RIGHT HEPATECTOMY

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**Background**: Portal vein embolization (PVE) is used before extensive hepatic resections to increase the volume of the future remnant liver within acceptable safety margins (conventionally >0.6% of the patient's weight). The objective was to determine whether pre-operative PVE impacts on post-operative liver function independently from the increase in liver volume.

**Methods**: The post-operative liver function of patients who underwent an anatomical right liver resection with (n = 28) and without (n = 53) PVE were retrospectively analysed. Donors of the right liver were also analysed (LD) (n = 17).