

would have the potential for very large savings for the NHS. The earlier the diagnosis, the greater the potential patient and financial benefit. This is why GPs need a guide or 'toolkit' to identify people who are at high risk of having, or developing, advanced liver fibrosis or cirrhosis.

One approach would be to identify a retrospective cohort of people with cirrhosis, and to look at their cirrhosis risk factors. The proposed study should use a multivariate analysis to find the risk factors associated with the outcome of cirrhosis. By weighting the risk factors according to their association with the outcome, a risk tool should be developed to predict a person's risk of developing cirrhosis.

5 Treating small oesophageal varices

Do non-selective beta-blockers improve survival and prevent first variceal bleeds in people with cirrhosis that is associated with small oesophageal varices? **[2016]**

Why this is important

Bleeding from oesophageal varices is a major complication of cirrhosis. Approximately half of patients with cirrhosis have oesophageal varices, and one-third of all patients with varices will experience bleeding at some point. Despite improvements in the management of acute haemorrhage in recent decades, the 6-week mortality associated with variceal bleeding remains at 10% to 20%. The risk of variceal bleeding increases with variceal size. Whether non-selective beta-blockers are of benefit as primary prophylaxis in people with cirrhosis and small oesophageal varices has not been adequately studied.

6 Antibiotic resistance in treating spontaneous bacterial peritonitis

How frequently does antibiotic resistance occur, and how significant are antibiotic treatment-related complications when antibiotics are used for the primary prevention of SBP in people at high risk of having, or developing, cirrhosis? **[2016]**

Why this is important

SBP is the most common serious infection in people with cirrhosis, occurring in 25% of those who develop ascites. It is associated with significant morbidity and mortality rates of 20% to 40%. It occurs most commonly in people with advancing liver disease;