had blood taken 90 (61.1%) were HCV PCR positive. HCV PCR negative individuals were provided with harm reduction advice, were encouraged to access drug treatment, and discharged from further HCV follow-up. All PCR positive individuals were offered referral onto drug treatment and/or specialist HCV services for assessment and treatment. Abstract P68 table 1 lists summary of outcomes.

Abstract P68 Table 1 Engagement of HCV PCR positive individuals

	Number	%
In HCV and drug treatment programme	44	48.9
In current contact with addiction services	12	13.3
In drug treatment programme	21	23.3
Disengaged with services/lost to follow-up	12	13.3
Died	1	1.1

Conclusion The study has shown DBST is easy to use and can be carried out without difficulty by staff within drug services. The offer of HCV testing was well received by this particular client group with over 90% of individuals returning for their results. The study has shown that DBST in practice significantly increased the number of new diagnosis within our region by 77% from 245 in 2007–2008 to 435 in 2009–2010. DBST led a significant number of people into drug and HCV treatment services and therefore proves that diagnosing hepatitis C can have life improving benefits for people.

P69 HOW TO RE-ENGAGE PATIENTS WITH HEPATITIS C INFECTION: LINKING TO METHADONE PRESCRIBING WORKS

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Introduction New patients' attendance rates at the specialist clinic for hepatitis C virus (HCV) management in Grampian are around 45% and a significant proportion of those attending fail to remain under follow-up for a variety of reasons. In an attempt to increase the number of HCV positive individuals attending specialist care, an appointment with a Hepatology Nurse Specialist at their General Practice surgery or community hospital was offered to all those previously referred, still alive and living in our Health Board area.
Aim (1). Describe the demography of those previously referred, still alive and living in the area but no longer attending specialist care; (2). Evaluate different strategies for re-engagement with Hepatitis C services; (3). Compare the demographic features of those accepting and declining offer of re-engagement.
Method Subjects were identified from the Grampian HCV database and the re-engagement exercise was conducted using three methods depending on the preference and resources of General Practice Surgeries: (1). Appointments coincided with provision of existing Methadone prescriptions; (2). Patients were telephoned and chose the time of their appointment. If patients were uncontactable by telephone, appointments were sent by post; (3). Appointments were allocated and time communicated by letter. Only one surgery linked appointments with current Methadone prescriptions. Data were analysed using PASW Statistics V.18. Characteristics of individuals under follow-up were compared to individuals requiring appointments using the Continuity corrected χ^2 test for categorical data and the non-parametric Mann–Whitney test for skewed continuous data. A logistic regression model was fitted to investigate whether gender, age and Carstair's deprivation category could influence loss to follow-up. The same statistical tests were used to compare characteristics of individuals who re-engaged with those who failed to attend clinic appointments. Associations between clinic attendance and method of re-engagement were examined using the Continuity corrected χ^2 test for categorical data.
Results We identified 276 patients requiring follow-up. Those lost to follow-up were significantly younger than patients under continued follow-up (median (IQR) age 34 (30–40) vs 39 (32–49)) ($p<0.001$). Patients under continued follow-up were more likely to live in deprivation category 1 (OR 2.50 (CI 1.07 to 5.85)) ($p=0.035$) and 2 (OR 2.43 (CI 1.27 to 4.62)) ($p=0.007$) than those lost to follow-up, although the gender distribution was similar in both groups. All 276 patients not under follow-up were offered appointments: 96 (35%) attended and 11 declined. Gender, age and deprivation category had no significant effect on re-engagement. Linking appointments with Methadone prescriptions resulted in 89% (31/35) attendance, significantly higher than arranging appointments by prior telephone discussion 43% (24/56) ($p=0.009$) or allocating appointments with communication by letter 24% (41/174) ($p<0.001$).
Conclusion Linking appointments with Methadone prescriptions was associated with significantly higher attendance than other methods although this was only possible in 13% of cases. Allocation and communication by letter resulted in very disappointing attendance rates. This study has demonstrated that a change in the traditional method of service delivery may be required for the successful re-engagement of those with hepatitis C infection and effort should be directed in linking appointments for management of Hepatitis C with their Methadone appointment in appropriate individuals.

P70 TELAPREVIR IN COMBINATION WITH PEGINTERFERON AND RIBAVIRIN IN GENOTYPE 1 HCV TREATMENT-NAÏVE PATIENTS: FINAL RESULTS OF PHASE 3 ADVANCE STUDY

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Aim The ADVANCE study is a 3-arm double-blind, randomised, placebo-controlled Phase 3 study assessing efficacy and safety of two telaprevir (TVR, T)-based response-guided regimens compared with peginterferon alfa-2a 180 _g/week and ribavirin 1000–1200 mg/day (PR) in treatment-naive patients with chronic genotype 1 HCV infection.
Method Treatment arms were (a) T 750 mg q8 h in combination with PR for 8 weeks, followed by additional weeks of PR; (b) T 750 mg q8 h in combination with PR for 12 weeks, followed by additional weeks of PR; (c) PR for 48 weeks (control arm). Patients in T arms achieving an extended rapid viral response (eRVR, undetectable HCV RNA at weeks 4 and 12) received a total of 24 weeks of therapy while those who did not received a total of 48 weeks of therapy. Randomisation was 1:1:1 and patients were stratified by HCV RNA (<800 000 IU/ml, ≥800 000 IU/ml), and genotype 1a vs. 1b. The primary endpoint was SVR (undetectable HCV RNA 24 weeks after last planned dose of treatment). The primary analysis was based on the Full Analysis (intention-to-treat) dataset. Safety is presented for TVR/Placebo duration phase.
Results Of 1088 patients, 839 (77%) had HCV RNA ≥800 000 IU/ml, 631 (58%) were genotype 1a, 636 (58%) male, 94 (9%) black, 117 (11%) Latino/Hispanic, 231 (21%) had bridging fibrosis or compensated cirrhosis. The most common (>25%) AEs in the T arms were fatigue, pruritus, nausea, headache, anaemia, rash, influenza-like illness, insomnia, fever, and diarrhoea. Discontinuation of treatment due to AEs occurred in 8% in T8PR, 7% in T12PR and 4% in PR48; due to rash occurred in 0.5%, 1.4% and 0.0% and