Conclusion This clinical trial postulates decompensated cirrhotics have high evidence of RLS with portal hypertension. Larger trials will validate.

Disclosure of Interest None Declared.

PWE-128 ROMIPLOSTIM'S EFFECT TO OPTIMIZE SVR WITH TELAPRAVIR, RIBAVIRIN, AND PEG INTERFERON-ALFA 2A IN THROMBOCYTOPENIC CIRRHOTICS WITH CHRONIC HEPATITIS C. A PLACEBO CONTROLLED PROSPECTIVE **CLINICAL TRIAL: RESTRAINT C TRIAL**

doi:10.1136/gutjnl-2013-304907.416

1,2,*P Basu, 3N J Shah, 1S Farhat, 2R Siriki, 2K Mittimani, 2M Rahaman, 2S Atluri, ¹Columbia School of Physicians and Surgeons, NY; ²Forest Hills Hospital, Hofstra North Shore-LIJ School of Medicine; ³James J Peters VA Medical Center, Mount Sinai School of Medicine, New York, New York, United States

Introduction Treating HCV cirrhotic patients with thrombocytopenia is challenging, often requiring dose reduction/discontinuation to avoid complications. Significant dose reduction affects response guided therapy (RGT); affecting outcomes. Thrombopoietin (TPO) agonists are used to avoid disruption or therapeutic failure to optimise SVR. This study evaluated the use of TPO agonist in thrombocytopenia in cirrhotics with CHC.

Methods Forty five (n = 45) cirrhotic treatment experienced CHC-GT1 patients were recruited with mean MELD 16, mean platelet count 95. Group A-(n = 15) placebo plus reduced dose of p-IFN with Ribavirin and Telaprevir. Group B (n = 15) Romiplostim 500mcg lead in 1 month prior to initiation of therapy and SOC with Telaprevir. Group C (n = 15) Elthrombopag 50mg orally daily lead in prior 15 days and SOC with Telaprevir for 12 weeks. RGT was analysed with serial platelet counts, haemoglobin/hematocrit, absolute neutrophils count and platelet antibodies. HCV RNA 1ST, 2ND, 4TH, 12TH 24^{TH} , 36^{TH} and 60^{th} weeks for SVR.

Results

Conclusion This study demonstrates the efficacy of Romiplostim in thrombocytopenic cirrhotics in optimising SVR (Group A-53%, Group B-67% and Group C-60%). A larger trial is needed to validate. Disclosure of Interest None Declared.

PWE-129 | **Pegylated interferon alfa, nitazoxanide,** TELAPREVIR, RIBAVIRIN, IN GENOTYPE 1 UNDERGOING PRIOR EXPERIENCED CHC-A RANDOMIZED PLACEBO **CONTROL CLINICAL PILOT TRIAL (INTRIGUE-C)**

doi:10.1136/gutjnl-2013-304907.417

^{1,*}P Basu, ²N J Shah, ³S Farhat, ¹R Siriki, ¹K Mittimanj, ¹M Rahaman, ¹S Atluri. ¹Forest Hills Hospital, Hofstra North Shore-LIJ School of Medicine; ²James J Peters VA Medical Center, Mount Sinai School of Medicine, New York; 3Columbia School of Physicians and Surgeons, NY, New York, United States

Introduction Chronic Hepatitis C is a global challenge with End stage liver disease and rising Hepatocellular Carcinoma. Peg Interferon Alfa and Ribavirin was the backbone of therapy. Recently introduced Directly Acting Antivirals (DAAs)-protease inhibitors have escalated Sustained Viral Response (SVR) in Response guided therapy in non responders, partial responders and relapsers. This study utilised NTZ & Telaprevir; with SOC for 24 weeks in treatment experienced patients.

Methods Fifty (n = 50) patients were divided into GroupA (n = 12) NTZ 500 mg three times for 12 weeks, Group B (n = 12)NTZ, BID for 12 weeks Group C (n = 26) control. All received Peg Interferon Alfa 2a 180 mcg SQ QOW with fixed dose of Ribavirin 1200 mg daily for 24 weeks and Telaprevir 750 mg three times daily for 12 weeks. Viral load was obtained at day 0, 7th day, 14thday, 4 weeks, 12th, 24 weeks and 48th weeks SVR. Viral kinetics was analysed. In Group A, B and C: 5/12(42%), 5/12(42%), 10/26(38%) Non Responder, 6/12(50%), 6/12 (50%),4/26(15%) partial responder, and 2/12(16%), 1/12 relapsers (8%), 4/26(15%) relapsers, 2/26(8%) unknown. Use of Growth factors-12% for severe anaemia, 8% for thrombocytopenia and 7% for neutropenia. Skin rash was 29%. Rectalgia was 11%. 3/50(6%) drop out, 2/50(4%) fell in futility law. Exclusion; Decompensated liver disease. HCC, poor controlled DM, severe CAD, Hemolytic anaemia, Major depression, Renal failure, Prior severe skin rash, active drug and alcohol abuse.

Results

Abstract PWE-129 Table

	GROUP A	GROUP B	GROUP C	
Undetectable	9/12(75%)	10/12(83%)	16/26(62%)	
NR	1/12 (8%)	2/12 (16%)	4/26 (15%)	
PR	1/12 (8%)	12/12(100%)	3/26 (11%)	
AVR	11/12(92%)	12/12(100%)	20/26(77%)	
VRVR	11/12(92%)	10/12(83%)	22/26(84%)	
RVR	9/12(75%)	10/12(83%)	18/26(70%)	
EVR	9/12(75%)	10/12(83%)	16/26(62%)	
ETVR	9/12(75%)	10/12(83%)	16/26(62%)	
SVR	8/12(67%)	8/12(67%)	15/26(58%)	

Abstract PWE-128 Table

	AVR 1 week	VRVR 2 weeks	RVR 4 weeks	EVR 12 weeks	MTVR 24 weeks	ETVR 36 weeks	ETVR 48 weeks	SVR 60 weeks	SVR 72 weeks
Group A R=7 PR= 8 BT =0	5/15 (33%)	7/15 (49%)	9/15 (60%)	10/15 (67%)	10/15 (67%)		9/15 (60%)		8/15 (53%)
PLT 90K			112K	101K	93K	98K BT1/15(7%)	102K	R1/15 (7%)	84K
Group B R=8 PR= 6 BT =1	9/15 (60%)	10/15 (66%)	11/15 (77%)	12/15 (80%)	ETVR 12/15 (80%)		SVR 11/15 (77%)		
PLT 68K			210K	90K	96K	R1/15(7%) PLT 220K	180K		58K
Group C R=7, PR= 6 BT =2	7/15 (47%)	8/15 (53%)	9/15 (60%)	9/15 (60%)		10/15 (67%)		9/15 (60%)	
PLT 128K			101K	102K	90K	80K	R 1/15(7%) PLT108K		131K