Abstract PTH-082 Table 1

	Borderline NASH				Definite NASH			
	Derivation		Validation		Derivation		Validation	
Analyte (* log transformed analysis)	NAS 0-2 n=50 (miR=26)	NAS 3-8 n=95 (miR=60)	NAS 0-2 n=25	NAS 3-8 n=65	NAS 0-4 n=107 (miR=64)	NAS 5-8 n=39 (miR=22)	NAS 0-4 n=62	NAS 5-8 n=28
sFas (pg/ml)	5847	6491 (p = 0.022)	5923	5653 (p=NS)	6150	6604 (p=NS)	5706	5777 (p=NS)
CK18 M30* (U/L)	132.43	182.81 (p = 0.007)	179.47	275.23 (p = 0.001)	146.55	223.36 (p = 0.001)	212.86	331.59 (p < 0.001)
CK18 M65* (U/L)	140.93	231.21 (p = 0.001)	167.92	351.4 (p < 0.001)	168.66	291.74 (p = 0.001)	239.88	422.67 (p = 0.003)
HMGB1* (ng/ml)	1.65	2.08 (p=NS)	1.70	2.42 (p = 0.003)	1.81	2.29 (p=NS)	2.02	2.63 (p = 0.028)
miR-122* (/let7d snRNA)	10.57	15.58 (p = 0.028)	7.71	12.32 (p = 0.002)	12.77	17.54 (p=NS)	9.71	13.61 (p = 0.018)

Results There were no significant differences in miR-122, HMGB1, sFas and CK18 M30 levels between those with low (0–2) and high (3–4) stage of fibrosis. Both CK18 M30 as well as CK18 M65 correlated with grades of ballooning (p = 0.003 and p = 0.001) and lobular inflammation (p = 0.006 and p = 0.001). Table 1 summarises the serum levels of all the evaluated markers in subgroups of patients classified as borderline or definite NASH when only patients with low grade fibrosis were included (derivation cohort, n = 145 and validation cohort, n = 90). Importantly, when the cut-off values for CK18 M30 (395 U/L) was used on its own, 57/86 (66%) patients with definite NASH were missed.

Conclusion Biomarkers, UKof cell injury and death in combination have a potential to detect on-going histological activity in NAFLD.

Disclosure of Interest None Declared.

PTH-083 MANAGEMENT OUTCOMES FOR PATIENTS WITH POSITIVE HEPATITIS C SEROLOGY OVER A THREE YEAR PERIOD IN YORK HOSPITAL

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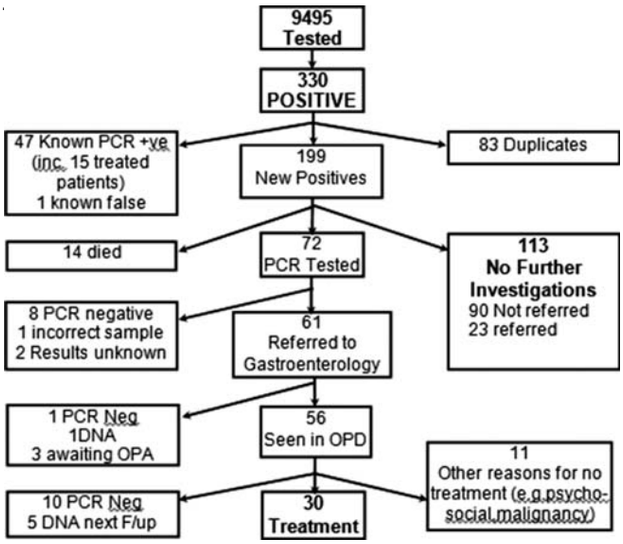
10.1136/gutjnl-2014-307263.529

Introduction The majority of patients with Hepatitis C Virus (HCV) in England remain undiagnosed. There are an estimated 1298 patients infected with HCV in North Yorkshire,[1] but a fraction of these patients have been identified and successful treatment is rare. As part of the development process for an effective service in York, we audited existing referral patterns and outcomes for patients with a positive HCV serology test.

Methods A total of 9495 patients who had HCV serology checked from January 2009 to December 2011 were identified via the York hospital microbiology database. Retrospective collection of data was performed on all patients with positive serology test, using online patient database and patients' case notes where available. Analysis of data focused on further investigations and management of these patients.

Results Out of the 9495 patients who had HCV serology tested, 330 tested positive (199 new positives, 47 known PCR positive, 1 known false-positive and 83 duplicates). Majority of the referral sources were from primary care (37%), followed by medical services (31%), drug-dependence services (9.3%), GUM (8.1%), prison (7.3%) and obstetrics (6.9%). Intravenous drug use was the most common route of acquisition. Of the 199 new positives, 113 (57%) did not receive any further investigations. 61 (31%) patients were referred to gastroenterology and 10 patients per year successfully accessed treatment.



Abstract PTH-083 Figure 1

Conclusion This audit shows the majority of HCV positives had no further investigations and only 15% of patients received curative treatment. There was significant duplication of serology testing and only 72/ 199 (36%) underwent an HCV PCR, which is the next appropriate test. Throughout the UK a variety of initiatives are ongoing to increase public awareness of hepatitis C, and encourage testing. However, unless HCV service development improves, a positive test for HCV may have little or no consequence.

REFERENCE

1 Public Health England, Hepatitis C in the UK: 2013 report
URL: //www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317139502302

Disclosure of Interest None Declared.

PTH-084 NUTRITIONAL IMPACT OF ANTI-VIRAL THERAPY OF GENOTYPE 1 HEPATITIS C PATIENTS

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10.1136/gutjnl-2014-307263.530

Introduction Hepatitis C Virus (HCV) is a leading cause of chronic hepatitis and liver cirrhosis, with an estimated 170 million

Gut: first published as 10.1136/gutjnl-2014-307263.529 on 9 June 2014. Downloaded from http://gut.bmj.com/ on April 19, 2024 by guest. Protected by copyright.