one stopped 6 days before birth. 1 mother continued after delivery due to increased ALT during treatment with ultrasound evidence of liver disease. There were no reported adverse effects. During or at the end of treatment four patients had rises in ALT (>1–2ULN) but no jaundice or hepatic decompensation. All the babies were born healthy and received immunoglobulin and vaccination.

**Conclusion** This small series demonstrates the safety of tenofovir in the last trimester of pregnancy. Small increases in ALT were seen which could be due to pregnancy, the initiation or discontinuation of tenofovir. It is necessary to assess the stage of liver disease to guide the treatment strategy after birth, although this is not always feasible in pregnancy. The timing of tenofovir discontinuation is determined by breastfeeding. We recommended that breastfeeding was feasible in pregnancy. The timing of tenofovir discontinuation is determined by breastfeeding. We recommended that breastfeeding should start 24 h after treatment cessation, although there is not an evidence base to support this. Long-term prospective studies are indicated to confirm efficacy, safety and to determine optimal discontinuation strategies in relation to breastfeeding.

**Competing interests** None declared.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age (years)</th>
<th>Ethnicity</th>
<th>Mean ALT (U/L) (pre treatment)</th>
<th>Viral load (IU/ml) (pre treatment)</th>
<th>3-month Treatment with Tenofovir—stopped at delivery</th>
<th>Mean ALT (U/L) (post treatment)</th>
<th>Viral load—after 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>29</td>
<td>Chinese</td>
<td>20</td>
<td>2.15×10⁴</td>
<td>Stopped 6 days before</td>
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<td>4 log drop</td>
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<td>24</td>
<td>African</td>
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<td>70</td>
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<tr>
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<td>40</td>
<td>Afghani</td>
<td>24</td>
<td>1.4×10⁷</td>
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<td>88</td>
<td>None recorded</td>
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<tr>
<td>4</td>
<td>34</td>
<td>Asian</td>
<td>35</td>
<td>&gt;1.7×10⁹</td>
<td>Continued after birth</td>
<td>55</td>
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</tr>
<tr>
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<td>22</td>
<td>Chinese</td>
<td>23</td>
<td>9.2×10⁷</td>
<td>Yes</td>
<td>98</td>
<td>None recorded</td>
</tr>
</tbody>
</table>

Abstract PMO-150

**Figure 1**

**Conclusion** SHG has proved to be a valuable method of quantifying collagen in liver fibrosis and does not require standard histochemical stains. Further development of this quantitative measure may result in a tool to assess response to anti-fibrotic therapy and progression to clinical endpoints.

**Competing interests** None declared.

**REFERENCES**

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**PMO-151**

**EXCELLENT DISEASE FREE AND OVERALL SURVIVAL RATES AFTER LONG TERM FOLLOW-UP OF A COHORT OF INJECTING DRUG USERS TREATED FOR HCV**

doI:10.1136/gutjnl-2012-302514b.151

**Introduction** Hepatitis C virus (HCV) is common in injecting drug users (IDUs), but <10% of those known to be infected are
Abstract PMO-151 Figure 1 HCV free survival in patients who achieve SVR.

currently treated. Antiviral therapy for injecting drug users with HCV in North East London is provided by a Blood Borne Virus nursing team based in community outreach clinics. We aimed to examine HCV and drug related outcomes in patients treated by this service.

Methods A retrospective notes analysis was performed of all patients treated between September 2006 and June 2011. Data were collected on demographics, HCV treatment, health and social outcomes. MinStat and Prism 5 were used to perform statistical analysis. The Wilcoxon signed rank test, unpaired T test, and Mann–Whitney test were used to analyse drug and alcohol and demographic outcomes.

Results 152 patients were treated. 77 were active IDU’s and 75 were ex-IDU’s. 80% were male. 45% were genotype 1, 54% were genotype 2 or 3. 81% of patients were compliant with treatment. 105 patients (69%) achieved an end of treatment response (ETR). Sustained viral response (SVR) rate was 58%. Overall survival post patients (69%) achieved an end of treatment response (ETR). All deaths were attributable to treatment. There was no significance difference in demographics or treatment outcomes between active and ex-IDU’s. Full data on heroin injection use was available in 153 patients, crack use in 58 patients and alcohol in 72 patients. Overall heroin injection use pre- and post-treatment reduced from 51% of patients to 38% (p<0.0001), and alcohol use from 38% to 32% (p=0.0035). Upon analysis of the immune-homeostasis signatures we found a higher expression of PD1 and CD244 but had levels of Tim3 significantly lower than healthy controls (p=0.027).

Conclusion This is the largest study published to-date examining the involvement of virus-specific Th17 and Th17 in the pathogenesis of chronic HBV infection. Interestingly, we observe differential patterns of immunoregulatory signatures within the populations of virus-specific T-cells producing IFNg and IL-17 which may influence their role in HBV disease.

Competing interests None declared.

PMO-152 CHARACTERISING THE IMMUNE STATUS OF HBV-SPECIFIC CD4+ AND CD8+ T-CELLS PRODUCING IL-17 IN PATIENTS WITH CHRONIC HEPATITIS B (CHB) VIRUS INFECTION

doi:10.1136/gutjnl-2012-302514b.152

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Introduction Virus specific CD4+ and CD8+ T-cells are essential in the control of HBV infection and their functions are tightly regu-