relapse in patients with G3 HCV. Monocytes may act as a sanctuary site for HCV virions during interferon-based treatment, facilitating relapse after withdrawal of therapy.

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PMO-168 EFFECTS OF LIDOCAINE 3% GEL DELIVERED RECTALLY IN ANORECTAL DYSFUNCTION (ARD) INDUCED BY TELAPRAVIR THERAPY IN CHRONIC HEPATITIS C (CHC-C) A RANDOMISED PLACEBO CONTROL STUDY

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Introduction Telapravir is a Potent Protease Inhibitor, which causes anorectal dysfunction (ARD) comprising Proctalgia, Rectal Ulcers, Hemorrhoids and rectal bleeding. Conventional therapy is suboptimal causing treatment Failure. This study evaluates 3% Topical Lidocaine gel rectal delivery to abate the drug related ARD to avoid treatment failure.

Methods 52 Patients (mean age 51) were recruited undergoing therapy with Telapravir, Peg Interferon and Ribaviran for CHC-C. 45/52 (86%), with Rectalgia, 8/52 (15%) rectal ulcers, Hemorrhoids 19/52 (36%) with bleeding 6/19 (31%) without Bleeding 13/19 (68%). Group A (n=17) placebo Group B (n=17) hydrocortisone 2.5% Cream and Group C (n=18) Lidocaine 3% Gel foam per rectally twice daily. All underwent Pre and post Proctoscopic evaluation and Ano-rectal manometry.

Results

	Group A	Group B	Group C
Rectalgia	3/17 (17%)	8/17 (47%)	17/18 (94%)
Rectal ulcers	0/2 (0%)	1/3 (33%)	2/3 (66%)
Hemorrhoids resolved w/o bleed	1/6 (16%)	2/6 (33%)	5/7 (71%)
Proctocopic examination showing normalisation of mucosa post therapy	4/17 (23%)	7/17 (41%)	17/18 (94%)

Conclusion Results: Rectalgia resolved in 3/17 (17%), 8/17 (47%) and 7/18 (94%) for Group A, B and C respectively. Rectal ulcers healed in 0/2 (0%), 1/3 (33%) and 2/3 (66%) for all the above groups. Hemorrhoids resolved in 1/6 (16%), 2/6 (33%) and 5/7 (71%) in all groups. Pre/Post Proctoscopy revealed normal mucosal integrity 4/17 (23%), 7/17 (41%) and 17/18 (94%) above groups. Results of Pre/Post Rx mean scores for pain, Itching and Burning shown on (Abstract PMO-168 table 3). AR Manometry results showed Pre/Post treatment high sphincter tone >4 mm in Group A 2/15 (8%) and no differences in pre and post treatment, Group B 7/15 (41%), 4/15 (22%) and Group C 5/15 (20%), 2/15 (10%) respectively (Abstract PMO-168 table 4). Side events; Numbness, 4/17 (23%) in lidocaine. Conclusion: Rectally delivered Lidocaine 3% gel is efficacious, tolerable compared to the SOC and placebo for ARD causing treatment failure, retention and SVR. Larger trial needs to validate this finding.

Competing interests None declared.

PMO-169 PEGYLATED INTERFERON α, NITAZOXANIDE, TELAPRAVIR, RIBAVIRIN, IN GENOTYPE 1 UNDERGOING PRIOR EXPERIENCED CHRONIC HEPATITIS C PATIENTS: A RANDOMISED PLACEBO CONTROL CLINICAL PILOT TRIAL (I N T R I G U E C) INTERIM

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Introduction Chronic hepatitis C is a global challenge with end stage liver disease and rising Hepatocellular Carcinoma. Peg Interferon α and Ribavirin was the backbone of therapy. Recently introduced Directly Acting Antivirals -protease inhibitor has a promising role in escalating Sustained Viral Response in Response guided therapy in non-responders, partial and relapses. This study utilised Nitazoxanide (NTZ) and Telapravir, with SOC for 24 weeks in treatment experienced patients.

Methods 50 (n=50) patients were divided into Group A (n=12) NTZ 500 mg three times for 12 weeks, Group B (n=12) NTZ 500 mg twice daily for 24 weeks Group C (n=26) control. All received Peg Interferon α 2a 180 μg SQ QOW with fixed dose of Ribavirin 1200 mg daily for 24 weeks with Telapravir 750 mg three times daily for 12 weeks. Viral load was obtained at day 0, 7th day, 14th day, 4 weeks, 12th week and 24 weeks. Viral kinetics was analysed. In Group A: 5/12 (42%) Non-Responder, 6/12 (50%) partial responder, 2/12 (16%) relapsers. In Group B: 5/12 (42%) Non-responders, 6/12 (50%) partial responder, 1/12 relapsers (8%). In Group C: 10/26 (38%) non-responder, 10/26 (38%) partial responder, 4/26 (15%) relapsers, 2/26 (8%) unknown. Exclusion: Decompensated Cirrhotic, HCC, poor DM, Haemolytic Anaemia, Severe Coronary artery disease, major depression, renal failure, Prior severe skin rash, active drug and alcohol abuse. Side Effects: Anaemia 28/50 (56%), Neutropenia 14/50 (28%), Thrombocytopaenia 8/50 (16%), Fatigue 34/50 (68%), Depression 10/50 (20%), Mild skin rash 22/50 (44%), Severe skin rash 1/50 (2%). Use of Growth factors: Epogen 12/50 (24%) Neupogen 8/50 (16%) Elthrombopag 5/50 (10%).

Results

Results	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%)

Conclusion This quadruple truncated regimen has excelled the RVR, ETVR over SOC with Directly Acting Antivirals over 13%, without any difference between 24 weeks of NTZ over 12. Needs a larger trial for validation.

Competing interests None declared.

PMO-170 PREVALENCE OF HEPATITIS E IN NEW YORK AMONG HIV NEGATIVE CHRONIC LIVER DISEASE POPULATION "IS IT AN INNOCENT BYSTANDER"

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