serial measurement of aFP in patients with liver cirrhosis in contrast to European and American guidelines.

**Disclosure of Interest** None Declared.

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PWE-116 | **LIVER STIFFNESS MEASUREMENT PREDICTS RESPONSE TO ANTI-VIRAL TREATMENT IN PATIENTS WITH CHRONIC HEPATITIS C GENOTYPE 3**

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**Introduction** Chronic hepatitis C virus infection (HCV) is a common cause of cirrhosis and end-stage liver disease. Pegylated interferon (PEG-IFN) and ribavarin (RBV) is currently the treatment of choice for genotype 3 (G3) HCV resulting in a sustained virological response (SVR) in 70–80%. Advanced fibrosis is known to be associated with failure of antiviral therapy. Increasingly, liver stiffness measurement (LSM) is being used to non-invasively assess fibrosis. However, it is not known whether LSM predicts response to antiviral therapy and whether there are predictive cut-offs. Our aim was to assess whether baseline LSM can predict SVR in HCV G3 patients treated with PEG-IFN+RBV.

**Methods** Retrospective review of outcomes in naive patients with HCV G3 treated with PEG-IFN+RBV in our clinic from Jan 2007 to Oct 2011. Post transplant and co-infected patients were excluded. Patients with a valid LSM within 1 year of starting treatment who completed > 12wks and recorded outcome of treatment were included in the LSM analysis.

**Results** 144 patients (mean age 40±10 years, 56% male, 16% cirrhotic, and 42% high viral load) received PEG-IFN+RBV for HCV in the study period. 92% completed > 12 wks treatment. 92 (64%) of patients had a valid LSM (median 6.5kPa; 3.5kPa to 39.1kPa). 24% had a LSM > 10.6kPa consistent with advanced fibrosis. The overall SVR rate was 68%. 11% were lost to follow up and the outcome unknown. LSM was significantly associated with SVR (p = 0.001). The AUROC for LSM in predicting treatment response was 0.74 (95% CI 0.58–0.90). The optimum cut-off to predict non-SVR was 10.6kPa (69% sensitivity, 85% specificity). 90% with LSM ≤ 10.6kPa achieved SVR versus 47% with LSM > 10.6kPa (p < 0.001). All patients with low viral load (< 600,000 IU/ML) and LSM < 10.6 kPa who had > 12 wks treatment achieved SVR (n = 33).

**Conclusion** Fibrosis assessed non-invasively with LSM can help predict response to antiviral therapy in patients with HCV G3. LSM (> or < 10.6kPa) could be factored into treatment algorithms to determine the optimum treatment course lengths.

**Disclosure of Interest** None Declared.

PWE-117 | **PREVALENCE OF FALLS IN THE UK PBC POPULATION**

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**Introduction** Previous studies have documented the prevalence of falls in PBC in a geographical area but there is no published data on the prevalence of falls in a national UK PBC cohort. Prevalence of falls was reported as 70% in the Newcastle-upon-Tyne cohort. Risk factors for falls are known to be prevalent in people with PBC, particularly autonomic dysfunction and lower limb muscle weakness and combined with the high prevalence of osteoporosis this carries a significant risk to the patient from falls and falls related injuries with the associated healthcare and financial implications. This study aimed to assess the prevalence of falls in the National PBC cohort as well as associated falls related injuries and related hospital admissions. We also explored the relationship between falls and autonomic symptoms.

**Methods** Symptom assessment tools were completed by patients as part of the UKPBC genetics study. Information about falls and associated injuries was collected using a standardised data capture tool and autonomic symptoms were quantified using the Ortho-static Grading Score.

**Results** Data was collected on 2328 patients with PBC from all around the UK. 862 (37%) of PBC patients had fallen, 118 (8%) were current fallers (one fall within the past year) and 414 (17.7%) were recurrent fallers (more than one fall in the past year). 35% of patients attended A&E following their fall with 9.7% of fallers requiring admission as a consequence of their fall and 24% of PBC patients who fell sustained a fracture.

Fallers were significantly more likely to be diabetic (diabetes present in 5.7% of non-fallers and 12.2% of fallers, p < 0.0001) and more likely to be taking cardioactive medication (29% in non-fallers and 71% in fallers, p < 0.0001). Autonomic symptoms were significantly more prevalent in those PBC patients with recurrent falls (mean OGS 5.44, SD 4.15) compared to non-fallers (mean OGS 2.38, SD 2.13)and infrequent fallers (mean OGS 3.2, SD 3.36) p < 0.0001.

**Conclusion** A significant percentage of patients with PBC are falling, sustaining fractures and being admitted to hospital following a fall. This has huge implications for patients with PBC in terms of morbidity, mortality and quality of life. The high prevalence of autonomic symptoms in the population that fall demonstrate the importance of considering this symptom in all PBC patients as there are a number of interventions that can be implemented. Patients that fall often have more than one risk factor and this study demonstrated this as autonomic symptoms, diabetes and the presence of cardioactive medications were all more common in the cohort of fallers therefore all patients with PBC need a careful assessment for the presence of falls risk factors and a multidisciplinary approach to reduce the risk of falls.

**Disclosure of Interest** None Declared.

PWE-118 | **AN AUDIT OF HEPATITIS C TESTING AND REFERRAL PATTERNS**

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**Introduction** The Hepatitis C action plan of 2004 identified a need to "reduce the level of undiagnosed infection and provide better, more co-ordinated pathways of care for people with hepatitis C, from their initial diagnosis to specialist care and treatment"(1). Our aim was to audit the outcome of Hepatitis C testing in a large secondary care facility in UK against the established management pathway (2).

**Methods** Using the hospital microbiology database, we identified 3166 requests for hepatitis C serology from January to December 2011. All positive results were retrospectively analysed at least 12 months after test requests, to include: referral source, demographics, route of acquisition etc. In addition, evidence of HCV PCR testing, outpatient referral and outcomes were sought from referrers and laboratory records.

**Results** Age range of Hepatitis C positives was from 10 months to 71 years. 41% referrals came from primary care and drug dependence services, 30% from medical service, 5% from obstetrics and 5% from GUM. 76% had acquired HCV from intravenous drug use. Alcohol dependence was recorded in 34%. Of 122 positive