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

Disclosure of Interest None Declared.

REFERENCES


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 ribavirin (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 ≥12 wks 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%) had a LSM >10.6 kPa (mean OGS 5.44, SD 4.15) compared to non-fallers (mean OGS 3.38, SD 2.15) and infrequent fallers (mean OGS 3.2, SD 3.36) p<0.0001. The AUROC for LSM in predicting treatment response was 0.74 (95% CI 0.65–0.80). The optimum cut-off to predict non-SVR was 10.6 kPa (69% sensitivity, 85% specificity). 90% with LSM ≤10.6 kPa achieved SVR versus 47% with LSM >10.6 kPa (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=35).

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

Disclosure of Interest None Declared.

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 GU. 76% had acquired HCV from intravenous drug use. Alcohol dependence was recorded in 34%. Of 122 positive