FURTHER VALIDATION OF TERMINAL PEPTIDE OF PROCOLLAGEN III (PIIINP) FOR THE DETECTION AND ASSESSMENT OF NONALCOHOLIC STEATOHEPATITIS IN PATIENTS WITH NONALCOHOLIC FATTY LIVER DISEASE

Methods
71 patients with NAFLD and no evidence of other liver disease were included in this study. Liver biopsies were performed on all patients and analysed by an expert liver histopathologist. All liver biopsies were of suitable size for analysis (>12mm and >5 portal tracts) and classified in a dichotomous manner into those with SS or histological NASH. Fibrosis was assessed using the Scheuer classification. Serum samples were taken at the time of liver biopsy.

Results
14 of the 60 patients with non-advanced fibrosis (4-F0, 18-F1.1-F2) and all 11 patients with advanced fibrosis (9-F3, 2-F4) had NASH respectively. The AUROC of PIIINP in discriminating between SS and NASH in patients with non-advanced fibrosis and all degrees of fibrosis was 0.81 (CI 0.69–0.94) and 0.87 (CI 0.79–0.96) respectively. In comparison, the ability of ALT to discriminate between SS and NASH ranged between 0.43–0.45. The performance of the recently proposed thresholds PIIINP in their ability to diagnose NASH in our population is displayed in the table.

Conclusion
PIIINP discriminates between SS and NASH. The performance of the proposed diagnostic thresholds is comparable to that reported in the original publication of this biomarker. Our results suggest that PIIINP can be used to detect the minority of patients with NAFLD who have NASH and are at risk of developing progressive fibrosis.

Disclosure of Interest
None Declared.

REFERENCE

PERFORMANCE COMPARISON OF 4 SERUM MARKERS PANELS OF FIBROSIS IN CHC: VARIANTS OF THE HYALURONIC ACID (HA) ASSAY SIGNIFICANTLY AFFECT THEIR DIAGNOSTIC PERFORMANCE

Conclusion
In this study the performance of the 4 biomarker panels to detect moderate-to-severe fibrosis was comparable. The diagnostic performance of biomarker panels may be significantly affected by the selection of the individual component assays as demonstrated by comparison of the results obtained with different HA assays.

Disclosure of Interest
None Declared.

REFERENCE
1. A Smith, J Dillon, S Fraser. Palliative Medicine, Queen Elizabeth Hospital, Newcastle, UK; 2. Gastroenterology, Ninewells Hospital, Dundee; 3. Public Health, HMP Perth/HMP Open Estate, Dundee, UK

CONTINUITY OF CARE IN HEPATITIS C PATIENTS SERVING A CUSTODIAL SENTENCE IN SCOTLAND

Introduction
Hepatitis C Virus (HCV) has been deemed by the Scottish Government to be ‘One of the most serious and significant public health risks of our generation’. Approximately 90% of those who are currently infected acquired the virus through drug injecting

Disclosure of Interest
None Declared.

REFERENCE
1. A Smith, J Dillon, S Fraser. Palliative Medicine, Queen Elizabeth Hospital, Newcastle, UK; 2. Gastroenterology, Ninewells Hospital, Dundee; 3. Public Health, HMP Perth/HMP Open Estate, Dundee, UK