Hepatitis C in an Inner City Hub: Real Life Results

Juhee Pahuja*, Susanne Johansen, Sam Douthwaite, Ranjababu Kulasegaram, Philip Berry, Terence Wong, Guy’s and St Thomas’ Healthcare NHS Trust, London, UK

10.1136/gutjnl-2018-BSGAbstracts.256

Introduction Around 200,000 people in the UK are infected with Hepatitis C (HCV). Recent advances in direct-acting antiviral (DAA) agents have revolutionised treatment of HCV with all oral regimens showing high cure rates. Registry studies of DAAs from 10/09/2015 to 27/07/2017. After assigning to specific DAA combination therapy dependent on their genotype (GT), the hepatitis C RNA was measured 12 weeks after the cessation of therapy, with a DAA defined as an undetectable viral load (Roche amplicor, lower limit of detection 15iu/ml). We analysed the SVR12 according to genotype, treatment naïve versus previously treated patients, and specific DAA treatment combinations.

Results

Patients were followed for a mean of 143 [3–326] days; two (7.1%) died and four (14.3%) were retransplanted. IADL was the only tool significantly associated with mortality in this cohort. Each unit increase in the IADL (decreasing frailty) was associated with a 45% decrease in mortality after adjustment for MELD (Hazard Ratio (HR) 0.55, 95% CI, 0.33–0.92). The total mean LOHS was 28 [7–112] days. The CP score was significantly associated with LOHS (F(1, 25) = 6.01, p = 0.02, R^2 = 0.19); each unit increase in CP was associated with an increase in LOHS of 6.5 days. The mean units of blood transfused was 46 [3–178]; The amount transfused increased by 11.33 (p = 0.03) and 4.2 (p = 0.01) units for each unit increase in CP and MELD scores respectively.

Conclusions Disease severity and functional decline, characterised by the IADL score are significantly associated with short to medium term transplant outcomes in this cohort. Longer-term follow is required to validate these Results.