Results Overall the diagnostic activity for HCV has increased over the last two decades. More markedly since 2012 when DAAs were becoming available. The standard diagnostic pathways (primary and secondary care) show large volume testing with a low rate of PCR positivity. In contrast testing pathways aimed at high risk individuals show a higher PCR positive rate. See figure.

Conclusions Utilisation of diagnostic pathways targeting populations most at risk of HCV are more effective at yielding new HCV diagnoses than standard pathways. These tailored diagnostic pathways will also resolve some of the health inequalities around drug use and provide methods of ensuring entry to treatment. We believe using targeted testing will find the majority of our undiagnosed population. This will help us to direct resources and achieve our aim of elimination by 2030.

Abstract PTU-034 Figure 1

Conclusions We provide evidence that transient elastography, in particular ElastPQ SSM, can be used as a reliable tool for the detection of CSPH in PBC.

Abstract PTU-035

Introduction NICE recommends the use of Obeticholic acid (OCA), as a second-line treatment for failed or intolerant ursodeoxycholic acid (UDCA) drug therapy in primary biliary cholangitis (PBC). This audit aims to determine the proportion of PBC patients, in a tertiary referral hospital experiencing failed UDCA drug therapy, to gauge the potential economic impact of a switch to OCA.

Methods A total of 120 patients with PBC were identified from an existing patient database. 24 patients were excluded due to inappropriate diagnosis, missing data, non-attendance or failure to tolerate UDCA. Baseline characteristics, UDCA dosage and biochemical response were recorded for all patients. For the purpose of this study, failed UDCA drug therapy was defined as an alkaline phosphatase (ALP) level of greater than 1.67 times the upper limit of normal (ULN) (Toronto Criteria)\(^1\).

Results Of the 96 patients included for analysis, 9 were male and the remaining 87 were female. The mean age and weight (PPV 0.89, NPV 0.97), followed by GUCI, King’s score and LSPS [AUROC (95%CI): 0.94 (0.87–1.00), 0.94 (0.85–1.00), 0.93 (0.85–1.00), respectively] (fig. 1).

In this cohort, the diagnostic performance of ElastPQ SSM in detecting CSPH was superior to the recently validated Baveno VI and Expanded Baveno VI criteria, which showed good Sp (77% and 87%, respectively) but low Se (67%, for both).