give the Metavir fibrosis score. Where necessary, the Ishak score of the histology samples was converted to a Metavir equivalent. Discordance was defined as a difference of ≥ 2 stages between the two modalities of staging fibrosis and was analysed using the Chi square test. We analysed the data within a one year duration between the fibroscan and liver biopsy.

Results During the study period, an overall total of 199 liver biopsies and 1218 fibroscans were undertaken. Twenty-five patients had both a fibroscan and a liver biopsy performed within a one year interval. The mean and median interval between fibroscan and biopsy was 42 and 28 days respectively. The median fibroscan stage was F3 (range 0–4) and the median liver biopsy stage was F1 (range 0–4). When compared to the liver biopsy, an identical fibroscan based fibrosis score was obtained in 4 (16%) cases. Fibroscan had understaged 2 (8%) and over staged 19 (76%) cases while discordance was noted in 12 (48%) cases (figure 1). Discordance was not statistically different for F0–1 in comparison to F2–4 scores ($p=0.311$), however, fibroscan score of F0–1 was significantly more likely to have identical value of Metavir score for both fibroscan and liver biopsy ($p=0.009$) (figure 1).

Abstract P200 Figure 1

Conclusion Fibroscan with lower fibrosis scores (F0–1) had higher concordance to the liver biopsy based histological staging and therefore can be used safely to exclude significant fibrosis. Moderate to severe fibrosis staging (F2–4) showed increased disparity between the biopsies and the fibroscan scores, with the latter usually over-staging the level of fibrosis. We therefore feel fibroscan in isolation may not be suitable to diagnose advanced liver fibrosis.

P201

BEZAFIBRATE AS SECOND LINE TREATMENT IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS: A REAL WORLD EXPERIENCE

Rebecca McCabe*, Martin Prince, Shaun Greer, Harpreet Dhaliwal. *Manchester Foundation Trust, Manchester, UK*

10.1136/gutjnl-2020-bsgcampus.276

Introduction Failure to improve alkaline phosphatase (ALP) with treatment with Ursodeoxycholic acid (UDCA) is associated with reduced transplant-free survival in primary biliary cholangitis (PBC). Bezafibrate (BZ), as second line treatment, has been shown to be effective in improving ALP in patients with PBC in a recent randomised controlled trial¹ but 'real world' data is limited.

Aim and Method The aim of this study was to retrospectively assess the effectiveness of BZ as second line treatment in

patients intolerant of, or non-responsive to UDCA in a single tertiary referral centre.

ALP was recorded at six and twelve months of treatment and compared to baseline. Biochemical response was defined by the Toronto criteria of ALP less than 1.67 times the upper limit of normal. Results are expressed as median (range).

Results 36 patients were identified as treated with BZ. Eight have been excluded as lost to follow-up ($n=1$) or had been taking BZ less than six months ($n=7$).

Of the remaining 28 (5 UDCA intolerant, 23 UDCA incomplete response), 23 were female, median age was 54 (32–85) at the start of treatment and 11 patients (40%) had cirrhosis.

Three (10.7%) patients stopped treatment due to intolerance (deteriorating renal function $n=1$; cramps $n=1$ and gastrointestinal symptoms $n=1$). The latter were both also intolerant to UDCA.

In the remaining 25, ALP fell from 279 (125–782) to 154 (74 – 415) at six months, with 76% achieving biochemical response by Toronto criteria.

16 patients have completed 12 months of treatment, with 12 patients (75%) achieving biochemical response. ALP fell from 281 (125 – 720) to 138.5 (90–326) at 12 months. 7 (44%) patients normalised ALP.

20 patients were asked about pruritis before and after treatment. 6 patients (30%) reported no itch either before or after treatment, 2 (10%) reported no change in severity and 12 patients (60%) reported improvement in pruritis.

Conclusion We have found that BZ is an effective second-line treatment, with 75% of those who tolerated it achieving biochemical response at 12 months. It was well tolerated and was also associated with improvement in pruritis in the majority of patients. Further research is required to assess the long-term outcome in these patients.

REFERENCE

- Corpechot C, et al. A Placebo-Controlled Trial of Bezafibrate in PBC. *NEJM* 2018;**378**;23:2171–81.

P202

CHECKPOINT INHIBITOR IMMUNOTHERAPY INDUCED HEPATOTOXICITY IN PATIENTS WITH METASTATIC MELANOMA: THE NORTHERN IRELAND EXPERIENCE

Stuart McIlwaine*, Rebecca Gregory, Therese McCartney, Caroline Forde, Conor O'Neill, Conor Braniff, Johnny Cash, Bode Oladipo. *Belfast Health and Social Care Trust, Belfast, UK*

10.1136/gutjnl-2020-bsgcampus.277

Introduction The emergence of checkpoint inhibitor immunotherapy (IO) has revolutionised outcomes for patients with metastatic melanoma, with significantly improved response rates and survival shown in clinical trials. This treatment modality is however associated with unique toxicities including hepatotoxicity.

We aimed to determine if the clinical outcomes and hepatotoxicity rates in our routine clinical practice were comparable to those in existing literature.

Methods Patients receiving combination IO (Ipilimumab and Nivolumab) at the Northern Ireland Cancer Centre for metastatic melanoma between 1st September 2016 and 1st January 2020 were identified from an electronic database. Clinical characteristics of the disease, type and grade of hepatotoxicity (maximal rise of ALT or AST), treatment required and time to