Abstract P001 Table 1 Newly initiated patients on rituximab (1/10/2015 to 30/09/2020)

Time period	Total new patients (n)	Gender (%)	Serum virology pre-initiation screening			Positive virology detected in patients screened		
			HBsAg	HBcAb	HCV Ab	HBsAg	HBcAb	HCV Ab
1/10/2015 – 30/09/2016	161	M – 59	62%	59%	89%	0%	2%	0%
		F – 41	(n =100)	(n =95)	(n = 144)		(n =2)	
1/10/2016 – 30/09/2017	121	M – 48	73%	62%	92%	0%	4%	< 1%
		F – 52	(n = 88)	(n=75)	(n =111)		(n = 3)	(n=1)
1/10/2017 – 30/09/2018	103	M – 37	92%	73%	96%	0%	0%	0
		F – 63	(n = 95)	(n=75)	(n = 99)			
1/10/2018 – 30/09/2019	115	M – 47	94%	83%	96%	< 1%	7%	< 1%
		F – 53	(n = 108)	(n = 96)	(n=110)	(n=1)	(n=7)	(n=1)
1/10/2019 – 30/09/2020	106	M – 46	94%	84%	95%	0%	7%	1%
		F – 54	(n=100)	(n=89)	(n=101)		(n=6)	(n=1)

prophylaxis after being referred to the hepatobiliary service. There were no cases of hepatitis B reactivation in the study period.

Conclusions A significant number of patients are not being screened for Hepatitis B core antibodies, despite local education programmes in 2016 and 2018. Low background rates of HBV in the local community may account for low levels of previous and current HBV infections. Education of prescribers, modifications to the initiation pharmacy checklists and simplification of computer request process should help to improve Hepatitis B screening in our patients and avoid potentially life threatening reactivation.

P002

THE ROLE OF TRANSIENT ELASTOGRAPHY AND PLATELETS COUNT IN PREDICTING PATIENTS WHO CAN AVOID OESOPHAGOGASTRODUODENOSCOPY FOR VARICEAL SCREENING. VALIDATING THE BAVENO VI CRITERIA – EXPERIENCE FROM A DISTRICT GENERAL HOSPITAL (DGH) FOR A COHORT OF PATIENTS WITH HETEROGENOUS AETIOLOGY OF CHRONIC LIVER DISEASE

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Background Variceal haemorrhage is a major cause of morbidity and mortality in patients with chronic liver disease (CLD). Oesophagogastroduodenoscopy (OGD) is the gold standard for variceal screening. Baveno VI guidelines recommend that in patients with CLD a Liver Stiffness measurement (LSM) <10kPa may rule out compensated CLD and also recommend that patients with LSM <20kPa and a platelet count (PLT) of >150000 are at low risk of clinically significant varices (CSV) and may safely omit OGD for variceal surveillance.

Objectives Examine the utility of these cut offs in a cohort of patient with heterogeneous aetiology of CLD at a District General Hospital (DGH).

Methods We interrogated electronic Transient Elastography (TE) records to identify patients who underwent TE between 06/2018 and 06/2019. For those with LSM >10kPa, electronic case note review was performed to identify those who underwent OGD within 12 months of their TE and had PLT

available. Data were collected for endoscopic findings, PLT, aetiology of CLD and outcomes (variceal bleeding and mortality). CSV were defined as oesophageal varices (OV) described as grade 2 or above. We defined 'Baveno positive category' as patients with either LSM $\geq$ 20kPa and/or PLT $\leq$ 150000, 'Baveno negative category' were those with both LSM <20kPa and PLT >150000. Sensitivity, specificity, positive and negative predictive values (PPV and NPV) for the detection of CSV were calculated.

Results 1075 patients underwent TE.

229/1075 patients had LSM >10kPa of whom 124 had undergone OGD within 12 months and PLT available.

45/124 patients who underwent OGD had varices of any grade and 27/124 (21.7%) had CSV.

36/124 patients had LSM <20kPa and PLT >150000 of whom only 1 had CSV with a high NPV at 97.2%.

Overall sensitivity and specificity were 96.3% and 36.1% respectively.

14/229 (6.1%) experienced variceal bleed; all of them were in Baveno positive category.

22/229 (9.6%) of patients died. Mortality was significantly higher among patients in Baveno positive category. Only 1 patient in Baveno negative category died (0.43%), cause of death was not related to variceal bleed or hepatic decompensation.

Abstract P002 Table 1

	CSV	No CSV	
Baveno Positive (n=88) (Platelets $\leq$ 150000 &/or LSM $\geq$ 20kPa)	26	62	PPV (29.5%)
Baveno Negative (n=36) (Platelets >150/mm ³ & LSM <20kPa)	1	35	NPV (97.2%)
	Sensitivity: (96.3%)	Specificity: (36.1%)	

Conclusion Our results show that in DGH cohort of heterogeneous aetiology of CLD, the Baveno VI criteria can be safely used to avoid endoscopic screening for CSV. Mortality rate was significantly lower in patients in Baveno negative category and none experienced variceal bleed.