RITUXIMAB INITIATION, PRESCRIBING AND HEPATITIS B REACTIVATION: RETROSPECTIVE FIVE-YEAR REVIEW

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Introduction Hepatitis B reactivation is a potentially life-threatening complication of immunosuppression in patients with serological evidence of current or past exposure to Hepatitis B Virus (HBV). Rituximab is a widely used B-cell depleting medication widely used to treat haematological cancers and rheumatological disease. The British Society of Rheumatology, British Society of Haematology and the European Association of Study of the Liver guidelines all recommend patients must all be assessed for HBV before rituximab initiation. This is a single-centre five-year retrospective review of our Trusts Rituximab prescribing and HBV screening.

Methods We included all adult patients receiving rituximab between 1st October 2015 and 30th September 2020 at our Trust. Patients were identified using hospital pharmacy Rituximab prescribing logs. Indications, HBV screening bloods and outcomes were collected using electronic records (Allscripts, Telepath). Patients with incomplete or missing records were excluded.

Results A total of 870 patients were included in this study. Seventy percent (n = 611) were for oncohaematological indications and 30% (n = 258) for rheumatological. There were 606 patients newly initiated on Rituximab during the study period (Table 1). HBV screening improved from 62% to 94% during the study period.

Eighteen patients were positive or equivocal for Hepatitis B core antibody and 1 for Hepatitis B Surface Antigen. Four patients were prescribed lamivudine prophylaxis, 2 Tenofovir and 1 entecavir. The other patients had no treatment or monitoring. Only 1 case was on adequate length of 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.

Abstract PWE-33 Table 1 Newly initiated patients on Rituximab (1/10/2015 to 30/09/2020)

<table>
<thead>
<tr>
<th>Time period</th>
<th>Total number patients (n)</th>
<th>Gender (%)</th>
<th>Serum virology pre-initiation screening</th>
<th>Positive virology detected in patients screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBSAg</td>
<td>HBCAb</td>
<td>HBSAg</td>
<td>HBCAb</td>
<td></td>
</tr>
<tr>
<td>10/15 –</td>
<td>161</td>
<td>M = 59</td>
<td>62%</td>
<td>59%</td>
</tr>
<tr>
<td>09/16</td>
<td>84</td>
<td>F = 41</td>
<td>(n = 100)</td>
<td>(n = 95)</td>
</tr>
<tr>
<td>10/16 –</td>
<td>121</td>
<td>M = 48</td>
<td>73%</td>
<td>62%</td>
</tr>
<tr>
<td>09/17</td>
<td>84</td>
<td>F = 52</td>
<td>(n = 88)</td>
<td>(n = 75)</td>
</tr>
<tr>
<td>10/17 –</td>
<td>103</td>
<td>M = 37</td>
<td>92%</td>
<td>73%</td>
</tr>
<tr>
<td>09/18</td>
<td>84</td>
<td>F = 63</td>
<td>(n = 95)</td>
<td>(n = 75)</td>
</tr>
<tr>
<td>10/18 –</td>
<td>115</td>
<td>M = 47</td>
<td>94%</td>
<td>83%</td>
</tr>
<tr>
<td>09/19</td>
<td>84</td>
<td>F = 53</td>
<td>(n = 108)</td>
<td>(n = 96)</td>
</tr>
<tr>
<td>10/19 –</td>
<td>106</td>
<td>M = 46</td>
<td>94%</td>
<td>84%</td>
</tr>
<tr>
<td>09/20</td>
<td>84</td>
<td>F = 54</td>
<td>(n = 100)</td>
<td>(n = 89)</td>
</tr>
</tbody>
</table>
Abstract PWE-34 Figure 1  Predicting CSHF

(AUROC 0.556 and 0.603 respectively; Abstract PWE-34 Figure 1).

Conclusions In these PLWH and elevated ALT, ~20% had CSHF and ~60% had HS. Lower HDL and diabetes were independent predictor of CSHF. Hazardous drinking or MS were identified in most patients with CSHF, however no risk factors were identified in almost 20%. This raises the intriguing possibility that CSHF may be caused directly by the HIV infection.

PWE-35 IMPROVED OUTCOMES FOLLOWING THE IMPLEMENTATION OF A DECOMPENSATED CIRRHOSIS DISCHARGE BUNDLE

Katherine Smethurst*, Laura Jopson, Jennifer Gallacher, Tiltioge Maijagbe, Amy Johnson, Philip Copeman, Stuart McPherson. Liver Unit, Newcastle Upon Tyne Hospitals NHS Foundation Trust, Newcastle Upon Tyne, UK

Introduction Decompensated cirrhosis is a complex disorder with a high mortality rate and as a result re-admissions to hospital are common following discharge. Our aim was to evaluate the impact of implementation of a ‘ Decompensated Cirrhosis Discharge Bundle (DCDB)’ and determine whether this improves the provision of evidence-based care and reduces preventable readmissions.

Methods A baseline review of the management of consecutive patients discharged with a diagnosis of decompensated cirrhosis was conducted in 2017 to assess the management of complications including ascites, encephalopathy, varices and alcohol misuse, and to determine readmission rates. Subsequently the DCDB was developed and implemented. Two cycles of evaluation of the impact of the bundle were conducted, the first using a paper version (Nov 2018-Oct 2019) and the second an electronic version (Nov 2020-March 2021).

Results Overall, 225 patients (63% male; median age 55; median MELD 17; 72% alcohol-related) were reviewed. Clinical and demographic features were similar in the 3 review periods. The overall 30 day readmission rate was 30% (12% potentially avoidable) in baseline review (n=61) and areas for improvement were identified. In the first review following implementation of the DCDB (n=86) only 23 (27%) had a bundle completed. This increased to 69% (31/45) in the second review following implementation of the electronic DCDB. A comparison between patients with and without a DCDB is shown in the table 1. Overall, use of the bundle was associated with improved care across all domains assessed.

Conclusions Implementation of a care bundle for patients with decompensated cirrhosis improved provision of evidence-based care at discharge. However, uptake of use of the bundle was slow but increased with an electronic version.

PWE-36 TEMPORAL CHANGES IN THE PREVALENCE OF GALLBLADDER DYSPLASIA AND ADENOCARCINOMA IN PATIENTS UNDERGOING CHOLECYSTECTOMY

Wing Chou, Stephen Lam, Giles Toogood, Simon Wemyss-Holden, Alexia Tsigka, Bhaskar Kumar. 1Norwich Medical School, University of East Anglia, Norwich, UK; 2Norfolk and Norwich University Hospital NHS Trust, Norwich, UK; 3St. James’s University Hospital, Hepatobiliary Unit, Leeds, UK

Abstract PWE-36 Table 1

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