

secondary care resulting in missed opportunities for HCV treatment.

**Objective** To determine if the introduction of peer support, working collaboratively with clinicians and SMS providers by providing peer-led pro-active engagement, support and education can promote treatment uptake and reduce testing to treatment pathway times to 4 weeks or less.

**Description of intervention** A Peer Support Lead supported by peers with lived experience of HCV, working in partnership with a Clinical Nurse Specialist (CNS) and SMS practitioners coordinated a two-week intensive HCV PCR testing programme targeting service users at a small rural town SMS. An information sharing agreement between services was established, facilitating timelier liaison and responsive peer support. Testing was coordinated alongside routine appointments to ensure delivery to all PWID with the service and aimed to test 121 patients identified as at risk. All those identified as HCV +ve were supported by peers to access treatment, delivered within the SMS community.

**Effectiveness** The model was welcomed by service users who valued reassurance and guidance in getting tested and treated. Of the 18 patients referred, to date 15 have started treatment.

Results from the 121 service-users who were identified as at risk were highly productive. 116 individuals were tested and results demonstrated 35 as antibody + for HCV, 18 PCR + and 15 commenced treatment at the time of writing.

Additionally, SMS Recovery Coordinators demonstrated increased confidence in promoting HCV testing and treatment. **Conclusion and Next Steps** Objectives were met - in shortening the test to treatment pathway and 83% of service-users identified as HCV + commencing treatment. The successful peer led multi-agency approach has proved replicable and is now being expanded across other locations. The project also has proven effective in promoting a visible message of simplicity and ease of HCV treatment to service-users.

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### SURVIVIN EXPRESSING PRIMARY LIVER CANCERS HAVE LOWER SURVIVAL AND ADVERSE CLINICAL FEATURES – A DIGITAL PATHOLOGY EXPERIENCE USING QUPATH

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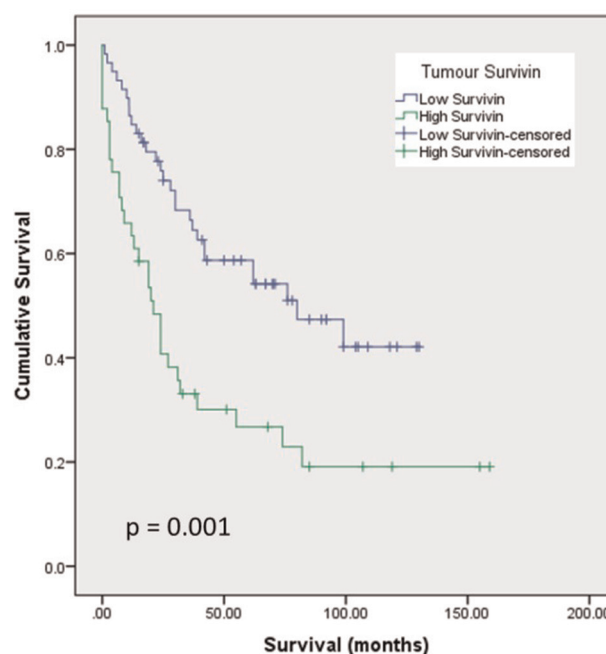
**Introduction** The apoptosis inhibitor and universal tumour antigen, Survivin, has been described in a broad range of malignancies and has been associated with altered tumour behaviour. We studied Survivin expression in primary liver cancers using archived surgical resection specimens, quantifying protein levels using the QuPath digital pathology software.

**Methods** All resected primary liver malignancies from 2005 – 2018 were studied with clinical data extracted from medical notes and histopathology reports. Survivin protein was detected by immunohistochemistry with whole-slide scanned digital images assessed using the QuPath software package (v.0.1.2).

**Results** 101 primary liver cancers were identified – 58 hepatocellular carcinomas (HCC), 36 cholangiocarcinomas (CCA)

and 7 mixed hepatocellular/cholangiocarcinomas (HCC-CCA). Two tumours that failed to counterstain with the nuclear marker, haematoxylin, were excluded. Survivin expression was found in all 99 tumours and quantified using a modified Allred score (0–8) with significantly more protein expression in tumour than background liver,  $p=1.75E-21$ . Survivin was not preferentially expressed by any tumour type ( $p=0.262$ ).

Higher Survivin was found in tumours with vascular invasion ( $p=0.008$ ), advanced stage disease ( $p=0.047$ ), and correlated with tumour size ( $\rho=0.201$ ,  $p=0.046$ ). Dichotomising Survivin expression based on the Allred score to low (0–5) and high (6–8), with Kaplan-Meier survival analysis finds high-Survivin expression confers a poorer prognosis, figure 1,  $\text{Chi}^2 = 11.321$ ,  $p=0.001$ .



Abstract P67 Figure 1

**Conclusions** Elevated Survivin expression in surgically resected primary liver cancers correlates with adverse clinical features and lower cumulative survival. Applying digital pathological techniques based on whole-slide detection of tumour antigens on archived tissue has the potential to provide useful clinical insights.

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### HAVE WE TESTED EVERYONE IN DRUG TREATMENT SERVICES (DTS) FOR HEPATITIS C (HCV) IN ENGLAND

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**Background** Injecting drug use accounts for 90% of HCV in the UK. National guidelines recommend that current and previous injectors (C&PI) accessing DTS are tested for HCV at first assessment with repeat, annual testing if ongoing risk exposure. The National Drug Treatment Monitoring System