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.

Disclosure of Interest Statement The Hepatitis C Trust has received funding via the NHS England elimination agenda through Merck Sharp & Dohme to fund the role of Peer Support Lead.

P67 SURVIVIN EXPRESSING PRIMARY LIVER CANCERS HAVE LOWER SURVIVAL AND ADVERSE CLINICAL FEATURES – A DIGITAL PATHOLOGY EXPERIENCE USING QUPATH

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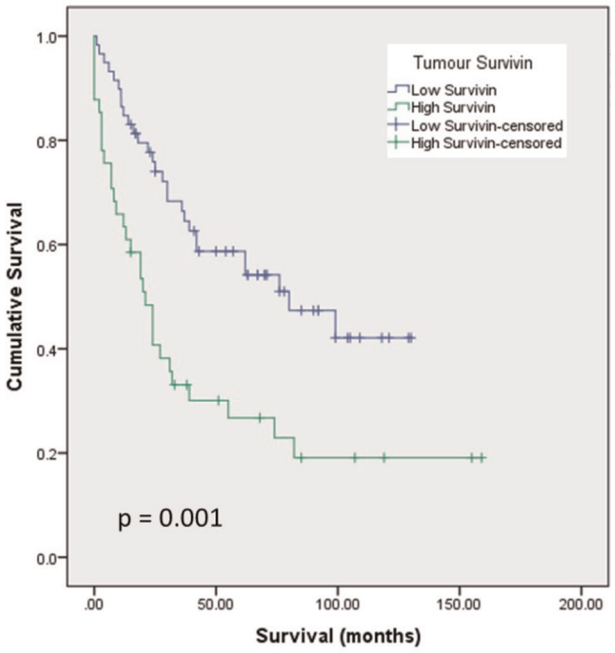
Introduction The apoptosis inhibitor and universal tumour antigen, Survivin, has been described in a broad range of malignancies and has been associated with altered tumour behaviour. We studied Survivin expression in primary liver cancers using archived surgical resection specimens, quantifying protein 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 (ρ=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, 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.

P68 HAVE WE TESTED EVERYONE IN DRUG TREATMENT SERVICES (DTS) FOR HEPATITIS C (HCV) IN ENGLAND

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10.1136/gutjnl-2020-BASL.78

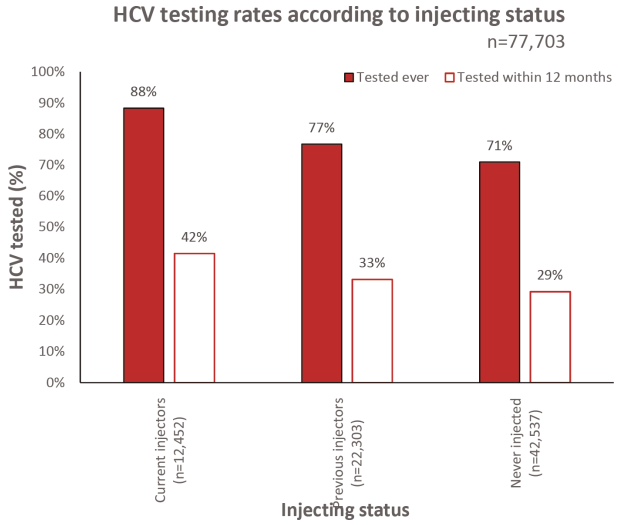
Background Injecting drug use accounts for 90% of HCV in the UK. National guidelines recommend that current and previous injectors (C&PI) accessing DTS are tested for HCV at first assessment with repeat, annual testing if ongoing risk exposure. The National Drug Treatment Monitoring System

(NDTMS) shows that 84% of C&PI within DTS in England have ever been tested for HCV in 2017–18. We sought to examine recent testing levels and assess testing in those recorded as 'never injected'.

Methods Gilead has established collaborations with leading DTS providers to support HCV Elimination in England. Through these, we obtained testing data for active clients stratified by injecting status, including:

- Number of clients 'tested ever' (recorded in NDTMS)
- Number of clients 'tested within the past 12 months' (not recorded in NDTMS)

Results As of February 2020, there were 77,703 active clients across the four DTS providers. Ever tested rates for 'Current' injectors were 88%; however only 42% had been tested within the last 12 months (figure 1).



Abstract P68 Figure 1

Conclusion While ever tested rates in DTS are high, our analysis of this large dataset shows that less than half of current and previous injectors were tested within the last 12 months. Ensuring clients with continued risk are tested regularly, in line with national guidance, is essential to reduce incidence of HCV. The reporting of annual re-testing rates into routine data sources, and publication in a timely manner, should be a priority. Encouragingly the majority of 'Never injectors' have been tested although there remains a significant population that should be tested.

Disclosure of interest statement Data were provided as part of a Gilead partnership with the named drug treatment service providers, which includes funding for data analysts and HCV coordinators.

P69 NEXIT: NEEDLE EXCHANGE INITIATIVE TARGETING HEPATITIS C (HCV) INCIDENCE IN PEOPLE WHO INJECT DRUGS (PWID) – PHASE 1

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10.1136/gutjnl-2020-BASL.79

Background Injecting drug use accounts for ~90% of HCV infections in the UK. Needle and Syringe Programs (NSPs) present a key opportunity for early detection of incident HCV infection in active injectors. Despite this, there are no clear pathways for this vulnerable group. Our aim was to establish a defined blood-borne virus (BBV) testing pathway for people accessing NSPs co-located with drug treatment services (DTS) and streamline care for clients diagnosed with HCV.

Description of Model of Care/Intervention We commissioned a behavioural science research group to conduct an observational study at three NSP sites to map pathways and identify barriers to BBV testing and linkage-to-care (LTC). These outputs informed our multidisciplinary steering committee, consisting of the HCV treatment delivery network, CGL (DTS provider), local NSP staff and Gilead. We agreed an optimised BBV pathway to integrate HCV clinical assessment and treatment into harm reduction within the NSP. We then launched a multifaceted campaign including bespoke training, data support, peer mentorship and disease awareness materials.

Effectiveness Prior to this initiative, BBV testing was ad-hoc and data capture was not required. The project is currently ongoing; 6-month snapshot analysis (Feb2020):

- 732 unique clients attended NSP
- 100% (n=732) offered a BBV test
- 22% (162/732) accepted
- 41% (66/162) HCV antibody positive
- 20% (33/162) HCV PCR positive
- 75% (25/33) referred to the on–site hepatology clinic
- 24% (8/33) started and 6% (2/33) completed treatment

Conclusion Integrated NSP-BBV pathways will be crucial to eliminate HCV given the high prevalence observed. Linkage to care is ongoing; however, to-date, we have successfully initiated therapy in 8 patients at risk of onward transmission. The early data suggest testing uptake in this group is challenging. Phase 2 is focusing on increasing uptake of BBV testing and increasing linkage to treatment within the NSP.

Disclosure of Interest Statement The observational study, CGL coordinators and data analyst were funded by Gilead Sciences as part of the NHS England HCV Elimination Programme.

P70 THE COVID-19 PANDEMIC HEPATOLOGY AMBULATORY UNIT: A FUTURE MODEL FOR HEPATOLOGY OUTPATIENT SERVICES

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10.1136/gutjnl-2020-BASL.80

Introduction The COVID 19 pandemic presented a challenge to UK hepatology services to devise new strategies to provide safe and effective outpatient care.[1] Most patients could be managed remotely via virtual clinics but a cohort of patients with advanced liver disease need more direct monitoring and assessment.[1] We describe a new hepatology ambulatory care unit set up during Covid-19 in a tertiary liver unit and demonstrate its outcomes.

Method The Hepatology Ambulatory Unit (HAU) was managed by two clinical registrars assessing patients face to face