Introduction The Baveno VI consensus provides guidance on using non-invasive methods to identify patients with compensated advanced chronic liver disease (cACLD) who are unlikely to have clinically significant portal hypertension (CSPH). Patients with a platelet count of >150,000/Litre and a liver stiffness of <20kPa, assessed using transient elastography (TE), have a sufficiently low risk of variceal bleeding that they do not require variceal screening endoscopy to examine for oesophageal varices (OV) costing approximately £342 per procedure. This identifies potential substantial cost savings to healthcare systems and reduces risk to patients from unnecessary investigations. However, concordance with these guidelines, availability of TE and number of avoidable endoscopies is unknown.

Method Retrospective data collection from 10 sites across London, 6 teaching hospitals and 4 district general hospitals (DGH), over a 6 month period from 1st January to 30th June 2019 by reviewing oesophagogastroduodenoscopy (OGD) requests and analysing those with indications of 'variceal screening', 'cirrhosis', 'liver disease' or 'variceal surveillance'. Patient platelet count and TE result within a year of OGD was recorded.

Results Data was collected for 353 endoscopies, 7 were excluded due to incomplete data and 89 due to decompensation at the time of endoscopy. 141 screening procedures were included. Endoscopic findings included: 74.5% no OV, 16.3% grade I OV and 9.2% ≥grade II OV or high risk stigmata. 49.7% did not have a recent TE (48.5% in teaching hospitals vs 52.4% in DGH). Of those who did have a recent TE result, 54 (76.1%) met the Baveno criteria for absence of CSPH, of whom 5 (9.3%) were found to have clinically significant varices. Median follow-up was 350.5 days and 0 of these patients subsequently bled. The performance of the Baveno criteria in this study was: sensitivity 64.3%, specificity 85.9%, positive predictive value 52.9% and negative predictive value 90.7%. Avoiding OGD in patients meeting Baveno criteria in this cohort would have potentially saved over £18000.

Discussion Our study shows that TE is not widely used for risk stratifying patients with cACLD across London prior to screening OGD. These simple non-invasive markers can achieve substantial cost savings, avoid exposing patients to unnecessary investigations and relieve pressure on endoscopy departments under increased strain due to the Coronavirus pandemic. Whilst a small proportion of OV will be missed, the bleeding risk in these is low with adequate follow-up. Availability and utilisation of TE for risk stratification in cACLD should be improved.

P17 LUSUTROMBOPAG REDUCES THE NEED FOR PLATELET TRANSFUSION AND LOWERS THE RISK OF BLEEDING IN PATIENTS WITH CHRONIC LIVER DISEASE PRIOR TO INVASIVE PROCEDURES: A META-ANALYSIS

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Background and Aims Thrombocytopenia complicates management of chronic liver disease (CLD), and may interfere with the performance of invasive procedures. Lusutrombopag (LUSU), an oral, small molecule thrombopoietin receptor agonist, has been studied for the treatment of thrombocytopenia in patients with CLD who are scheduled for invasive procedures.

Aiming to further assess its efficacy and safety, a meta-analysis of LUSU randomised controlled trial (RCT) data is presented.

Method A direct random-effects meta-analysis was conducted in Stata 14.2MP, using the method of DerSimonian and Laird, with data from three RCTs enrolling pre-procedure CLD patients with a platelet count (PC) < 50 × 10^9/L. Patients were randomised to receive LUSU 3 mg once daily or placebo (PBO) for up to seven days prior to their invasive procedure, with the procedure performed between day 9 and 14.

Results LUSU is statistically significantly better than PBO in reducing the need for platelet transfusions (PT) prior to and after an invasive procedure (No PT during study: Odds ratio 11.24 (95% CI: 2.83, 44.64); p = 0.001). During the procedure window, patients who received LUSU and no PT had a statistically significant higher increase in PC than patients who received PBO and a PT (mean difference between LUSU and no PT versus PBO with PT at day 12: 34.18 × 10^9/L (95% CI: 30.31, 38.06; p < 0.001)). LUSU significantly reduced the rate of any bleeding (irrespective of severity) during the study compared to PBO (OR 0.45 (95% CI: 0.22, 0.93; p = 0.03)). Overall, there was no significant difference between LUSU and PBO in the rate of treatment emergent adverse events (TEAEs), including splanchnic thrombosis.

Conclusion Lusutrombopag is well tolerated and can increase platelet count in thrombocytopenic CLD patients prior to an invasive procedure, reducing the need for platelet transfusions and lowering the risk of bleeding.

P18 SCALING UP HEPATITIS C COMMUNITY-BASED TREATMENT SERVICES TO ADDRESS HEALTHCARE INEQUALITIES IN SUSSEX

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Introduction Patient engagement with testing and treatment is a barrier to eliminating Hepatitis C Virus (HCV). Due to healthcare inequalities patients with HCV often struggle to engage with traditional acute specialist services, and are undiagnosed and untreated as a result.

Informed by the success and learning of the ITTREAT project (O'Sullivan *et al*, 2020), the challenge was to scale up community nurse-led services. This would also increase the range of staff engaging those at risk of HCV providing new opportunities for access. In 2017-2018 HCV treatment was only available in six community locations across Sussex resulting in 12% of patients starting treatment in the community. We planned to collaborate with a range of new community partner providers external to the NHS, to provide education and a one-stop test and treat service.

Aims Address patient healthcare inequalities by scaling up community nurse-led services to increase access to HCV treatment in Sussex.

Methods Our approach was to scale up services, through systems leadership in a collaborative network model. Drug and alcohol services and homeless hostels were targeted due to their strong existing relationships with people who inject drugs, a group identified as most at risk for HCV transmission in our region.