Among patients with potentially curable HCC (n = 20), the disease control rate was 35% (complete remission 10%, partial remission 25%) with recurrence rate of 5% (1 pt). None of the patients had de novo HCC within 6 months of DAAs. All 7 patients with unresectable HCC had stable disease within 6 months of DAAs.

**Conclusion.** DAAs appear to be safe but of suboptimal efficacy in HCV-infected patients with HCC. More studies are needed to identify the subset of patients who will benefit from DAAs.

**Table.** SVR12 rates

| Variable                  | SVR12 (ITT) |
|---------------------------|-------------|
| Overall                   | 18 (66)     |
| Treatment regimen         |             |
| Sofosbuvir+ Ribavirin      | 2/15 (66)   |
| Sofosbuvir+ Simeprevir     | 3/24 (66)   |
| Ledipasvir/Sofosbuvir     | 10/16 (63)  |
| Sofosbuvir/Velpatasvir    | 3/4 (75)    |
| Paritaprevir/Ritonavir/Ombitasvir/Dasabuvir | 1/1 (100) |

Other genotypes included genotype 6 (1) and mixed genotypes (2).

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### 535. Effectiveness of 8 or 12 Week Treatment Duration of Ledipasvir/Sofosbuvir for Hepatitis C: Evidence from a Large Academic Medical Center

**Background.** U.S. FDA labeling restricts 8-week treatment courses of ledipasvir/sofosbuvir (LDV/SOF) to treatment-naïve, HCV-genotype 1, non-cirrhotic patients with baseline viral load (VL) < 6 million IU/mL. A large proportion of patients who meet this criteria continue to undergo longer treatment durations. The primary objective of this analysis was to compare sustained virologic response rates at 12 weeks after treatment (SVR12) among patients receiving 8 vs. 12 weeks of therapy in a real-world clinical setting. Our secondary objective was to quantify uptake of the 8-week regimen in eligible patients.

**Methods.** This was a single-center, retrospective study of HCV-infected patients prescribed LDV/SOF at ambulatory clinics associated with the University of Maryland Medical Center (UMMC) from May 2015 to May 2016. Data were obtained from the UMMC electronic medical record and outpatient pharmacy claims database. Comparison between groups was made using Chi-squared or Fisher’s exact test for categorical variables and Student’s t-test or Wilcoxon rank-sum for continuous variables.

**Results.** A total of 288 patients were included. Median age was 58 years; 62.8% were male; 81.9% were black. Patients who received 12 weeks of therapy were significantly more likely to have a cirrhosis diagnosis, higher mean fibrosis score, and HCV/HIV-coinfection at baseline. SVR12 was achieved in 67 (95.7%) patients in the 8-week treatment group vs. 138 (93.9%) in the 12 week group (P = 0.748). Overall, 40.6% (n = 117) met criteria for an 8-week treatment duration and 44% (n = 52) of those eligible patients received 8 weeks of therapy. The uptake rate of the 8-week treatment course was 44.2%.

**Conclusion.** Eight-week treatment duration of LDV/SOF was effective for treatment-naïve, non-cirrhotic, HCV-genotype 1 patients in a real-world setting. Race and HCV/HIV-coinfection did not significantly impact patients’ ability to achieve SVR12. Increased uptake of the 8-week regimen would decrease costs of therapy for patients and payers without compromising outcomes.

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### 536. Patients Followed in an Addiction Medicine Clinic Are Less Likely to Be Eligible for Hepatitis C Drug Studies Regardless of Drug Use

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**Background.** Hepatitis C virus (HCV) infection is the leading indication for liver transplantation in North America. In recent years, the development of direct-acting antivirals (DAAs) has revolutionized the treatment of HCV infection. DAAs have shown high efficacy and safety, but their cost remains high. The current study aimed to compare the eligibility criteria for DAAs between patients followed in an Addiction Medicine Clinic and those followed in a hepatology clinic.

**Methods.** This was a retrospective cohort study of adult patients with HCV infection followed in an Addiction Medicine Clinic and a hepatology clinic. Eligibility criteria for DAAs were compared between the two clinics.

**Results.** A total of 535 patients met the inclusion criteria (GT 1: 58.1%; GT 2: 8.5%; GT 3: 34.2%; experienced: 16.2%; cirrhotic: 14.5%) and 53% (124/234) of patients had been included in at least one study. Table shows individual study results. The most inclusive study was COSMOS (31/49, 63%). The most frequent exclusion criteria were the presence of significant diseases (cardiac, pulmonary, hepatic, porphyria or other), contraindicated medication and haemoglobin level.

**Conclusion.** Even without considering drug use, only half of the patients of the addiction clinic would have been eligible for at least one study. This under-representation stems from strict eligibility criteria that promote a healthier population. Our study suggests that the DAA might prove less effective when administered to infected populations followed in specialized clinics for drug.

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**Merck: Consultant, Consulting fee.

**537. Telehealth for Hepatitis C Care in the DAA Era: Ensuring Everyone Can Access a Care**

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**Background.** The Victorian Infectious Diseases Service currently provides telehealth care for rural and regional patients with hepatitis C. From March 2016 direct acting antiviral therapy (DAAs) for Hepatitis C has been subsidised for all Australian adults with Hepatitis C. The wide geographic distribution of Australia’s population means patients have to travel considerable distances to access specialist care. The increasing availability of web-based videoconferencing platforms have provided unprecedented capacity to manage patients remotely. The primary aim of this study is to determine whether telehealth delivered hepatitis C management achieves virological outcomes comparable to that achieved in randomised clinical trials.

**Methods.** The study is part of a quality audit of the hepatitis and outreach service. Measured outcomes were: (i) proportion of patients achieving a sustained virological response (SVR); (ii) failure to attend rate (FTA); (iii) frequency of technical difficulties; (iv) patient travel kilometres saved through not attending clinic in person; (v) Reduced carbon production due to reduced travel; and (vi) Consultation duration time.

**Results.** In 1 year from March 1 2016, 58 patients have been commenced on Hepatitis C treatment and managed either partially or completely via telehealth. Of those who have so far completed therapy (29 patients) an SVR rate of 97% has been achieved. Expected SVR genotype 1 (>95%); genotype 3 (>85%). The average travel avoided for each telehealth consultation was 610km and each patient had a
538. Cascade of Care for Hepatitis C Virus (HCV) infected patients in an Urban Community Health Center in Massachusetts in the era of Direct Acting Antivirals (DAAs)

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Session: 59. Hepatitis B and C in Varied Settings
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Background. Despite increased focus on understanding the HCV cascade of care, data is limited in the DAA era, particularly in an urban community health setting. We aimed to study the HCV cascade of care at an urban community health center in the DAA era and to identify barriers to linkage to care, referral and treatment of HCV.

Methods. We performed a retrospective review of patients with a positive HCV antibody and a visit at Dimock Community Health Center from October 31, 2014 to November 1, 2016. Data were abstracted from medical records for demographic details, medical and psychiatric comorbidities, substance abuse information and HCV specific characteristics such as genotype, HIV/Hepatitis B co-infection, and fibrosis scoring. Data were also abstracted for 52 patients actively engaged in HCV care with prior positive testing or who tested positive during the study period. Descriptive statistics, pair wise comparisons with Chi–Square, Fischer’s exact and T-test were used to identify characteristics associated with referral and treatment of HCV infection.

Results. 107 patients with positive HCV antibody were identified. HCV RNA was sent for 87 (81%) and was detectable in 53 of 87 (61%). Forty-two (48%) were referred to care and 31 (36%) were seen by infectious disease or hepatology. Fifteen (17.2%) were approved for treatment. Age > 35, stable housing, and the absence of anxiety and hypertension were significantly associated with referral for HCV treatment. Of the patients who were HCV RNA positive, 32% were not referred for HCV treatment; the main reasons for non-referral were loss to follow-up and co-morbidities. Of the 52 patients actively engaged in HCV care, 49 had detectable HCV RNA. Twenty-eight (47%) started treatment, and 10 (20%) are awaiting insurance approval. Nineteen (36%) have completed treatment and 9 remain on treatment.

Conclusion. In this community based study, loss to follow-up and comorbidities led to non-engagement in care for 31% of patients with positive HCV RNA. When engaged in care, treatment success rates were comparable to other real-world studies. Our study suggests that specific interventions at different points in care may overcome barriers to linkage to care, referral and treatment of HCV.

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539. Barriers to Successful Linkage to Care Among HCV Positive Individuals Presenting to a Major Tertiary Medical Center on Long Island, New York

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Background. In 2013, the US Preventive Services Task Force made a grade B recommendation to offer HCV screening for at-risk individuals and baby boomers (born between 1945 and 1965). However, only 50% of HCV-positive individuals are aware they are infected, and far fewer attend an outpatient appointment and are initiated on treatment (Linkage to Care: LTC). The aim of this study is to assess the factors affecting LTC among HCV positives in a suburban tertiary medical center on Long Island, NY.

Methods. A retrospective chart review was performed on all patients with HCV infection and LTC diagnoses from January 2016 to March 2017 at Stony Brook University Hospital. Data were collected for HCV RNA, LTC, demographics, insurance and employment status, psychiatric diagnosis, comorbid medical conditions, substance use disorder, injection drug use, liver and kidney function, level of fibrosis.

Results. A total of 155 cases (61.9% male; mean age 53.9 years) had a positive HCV antibody, 110 (71%) had a follow-up HCV RNA test and 35.1% were LTC. The comorbidities present in this cohort were psychiatric disease (54.9%), cirrhosis (22.6%), HBV infection (14.4%) and HIV (8.5%). In the univariate analysis, new inpatient HCV diagnosis (OR = 0.09, 95% CI: 0.02–0.36, P = 0.001), employment (OR = 3, 95% CI: 1.01–8.95, P = 0.049) and history of substance use disorder (OR = 0.38, 95% CI: 0.15–0.96, P = 0.043) were associated with LTC. In the logistic regression analysis, inpatient HCV diagnosis was negatively correlated with LTC (OR: 0.03, 95% CI: 0.002–0.41, P = 0.009). Two hot spots of HCV infection were identified in south central Suffolk County.

Conclusion. In this population, new inpatient HCV diagnosis and history of substance use disorder were less likely to have LTC, whereas those employed were more likely to have LTC. Innovative interventions in the inpatient setting may be beneficial for newly diagnosed HCV cases to improve LTC after discharge.

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540. Implementation of a Comprehensive Hepatitis C Virus (HCV) Treatment Program in Metro-Detroit

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Background. The newly introduced direct-acting antivirals (DAAs) for chronic hepatitis C virus (HCV) infection have substantially higher cure rates and less side effects compared with previous regimens. However, in order to achieve optimal patient engagement in HCV treatment, it’s highly imperative to develop comprehensive HCV treatment programs which provide optimal services that help navigate patients through a challenging healthcare system.

Methods. In 2014, a comprehensive HCV treatment program employing a multidisciplinary team service was created at our Ryan White sponsored clinic in Metro-Detroit. The team which included infectious disease physicians, nurse practitioners and social...