520. Factors Associated with Appropriate Hepatocellular Carcinoma (HCC) Screening Among Chronic Hepatitis C (HCV) Patients with Cirrhosis at an Urban Safety-net Hospital System

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Background. Despite guidelines recommending liver ultrasound (US) every 6 months for HCC screening in cirrhotic patients with HCV, reported screening rates remain low. Our study evaluated (1) timely screening among patients with HCV cirrhosis identified by transient elastography (FibroScan®) and (2) described factors associated with lack of screening.

Methods. All HCV patients with score ≥12.5 kPa (cirrhosis) on FS obtained 3/27/2014 - 4/30/2016 for evaluation for HCV treatment within 6 months of index FS by a gastroenterology (GI) or infectious disease (ID) provider within the Cook County Health and Hospitals System were identified. Patient and provider factors and screening were determined through retrospective chart review. Relative risks (RR) for screening failure at 6 months and 12 months after index FS were calculated.

Results. Among 243 patients, 64% were men and 38% were co-infected with HIV. Median age was 57 years (range 31 to 79). Median FS score was 21.1 kPa (12.1 to 75). ID requested the index FS in 47%; GI, 47%; and primary care, 5%. In the first 6 months after index FS, 54% underwent US screening; 40% did not have US scheduled; 4.9% had their US cancelled; and 1.2% were scheduled but did not show. Among 112 patients not screened in the first 6 months, 39% underwent US in the subsequent 6 months, 55% were not scheduled for one and 54% were scheduled but did not show. At 12 months 72% of all patients were screened. Screening rates at 6 months were significantly higher for index FS obtained in 2015 (62%) compared with in 2014 (44%; P = 0.018) but not in 2016 compared with 2015. Comparing GI vs. ID, RR for screening failure at 1 year was 0.51 (95% CI 0.33-0.80, P = 0.003).

Conclusion. In patients with HCV cirrhosis, failure to obtain timely HCC screening was prevalent and driven by failure to order or schedule imaging. ID management was associated with a higher risk of failure of timely screening. Algorithms to improve HCC screening rates will be vital as more ID providers take on a greater role in HCV care.

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521. Patterns of Testing in Children Exposed Perinatally to Hepatitis C Virus (HCV) Infected Mothers

Cardiovascular System

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Background. Kentucky (KY) has the Second highest rate of Hepatitis C (HCV) infections among pregnant women in the USA, largely due to IV drug use. HCV screening is recommended in children born to those women. HCV-exposed infants are also at risk for HIV and syphilis as well as neonatal abstinence syndrome (NAS). A substantial portion of HCV-exposed children are insured by Medicaid. The patterns of testing in this population are unknown. We sought to assess HCV-exposed children pattern of testing for HCV and other perinatal infections in children insured by KY Medicaid.

Methods. We identified HCV-exposed infants (ICD-10-CM code Z20.5) insured by KY Medicaid from 10/1/15 to 9/30/16. The primary outcome was HCV testing by PCR (CPT 87520 (HCV, direct probe), 87521 (HCV, amplified probe), 87522 (HCV RNA, Quantitative)) or antibody (CPTs 86803-4). Testing for HIV (CPTs 86701, 86702, 87539, 875533) and syphilis (CPT 86592) was also recorded. NAS was defined as presence of ICD-10-CM code P96.1 in any diagnosis field. Descriptive statistics were used.

Results. During the study period, 625 children with 4005 (median 3, Interquartile range (IQR) 1-8) claims were HCV-exposed. The majority of children were white (393, 76%), non-Hispanic (420, 67%) and male (318, 51%). Patterns of testing are shown in the Table.

Table: Medicaid claims for tests performed in children perinatally exposed to HCV

| Test          | Number of Children | Median Age (months) |
|---------------|--------------------|---------------------|
| HCV PCR       | 69 (11)            | 3 [2, 6]            |
| HCV antibody  | 11 (2)             | 6 [2, 8]            |
| HIV PCR       | 30 (6)             | 2 [2, 3]            |
| HIV antibody  | 8 (1)              | 2 [2, 3]            |
| Syphilis      | 26 (4)             | 26                  |

A child may have been tested for more than one infection during the study period.

Conclusion. The proportion of HCV-exposed infants with a claim for HCV testing is low in the KY Medicaid population; testing for other perinatally-acquired infections is even less common. Children with NAS were less likely to be tested. Statewide guidelines for appropriate testing in children with perinatal HCV exposure and NAS are urgently needed.

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522. Fibrosis Progression and Incidence of Cirrhosis and Hepatic Decompensation in Persons Treated with Paritaprevir/Ritonavir/Ombitasvir/ Dasabuvir: Results from ERCHIVES

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Background. Data are limited regarding the effect of paritaprevir/ritonavir, ombitasvir, dasabuvir regimen (PrOD) upon the rate of liver fibrosis progression and incidence of cirrhosis and hepatic decompensation after treatment for HCV.

Methods. Within ERCHIVES (Electronically Retrieved Cohort of HCV Infected Veterans), we identified HCV infected persons treated with PrOD and treatment-naive controls to determine the effect of PrOD treatment upon subsequent progression of fibrosis and incident cirrhosis and hepatic decompensation. Controls were propensity-score matched based on demographic and clinical characteristics. We excluded those with HIV coinfection, positive HBsAg, hepatocellular carcinoma at baseline and those with missing HCV RNA or FIB-4 scores. Fibrosis progression and liver cirrhosis were assessed using the FIB-4 score. Results. The final propensity score matched sample included 1,473 PrOD-treated individuals, and an equal number of matched, untreated controls. PrOD-treated patients had significantly reduced median FIB-4 scores over time, compared with controls (median absolute change in FIB-4 = -0.7 [IQR -1.51, -0.53] vs. +0.06 [IQR -0.38, 0.49], P < 0.001). Compared with matched controls, PrOD-treated patients had an 86% relative reduction in the risk of incident cirrhosis over 2,241 patient-years of follow-up (adjusted HR 0.14 [95% CI 0.08-0.23]). Treatment with PrOD was also associated with delayed time to first hepatic decompensation event (P < 0.001). In sensitivity analysis, the exclusion of patients with baseline cirrhosis did not materially alter the estimates of effect.

Conclusion. Treatment with PrOD is associated with a significant reduction in fibrosis progression, a longer time to the development of cirrhosis, and reduced risk of...