**Conclusion:** Glecaprevir/pibrentasvir plus sofosbuvir for 16 weeks is a safe and highly effective retreatment regimen for patients who have previously failed GLE/PIB and other DAA regimens regardless or cirrhosis status, or NS5A RAS profile. There is no indication for adding ribavirin.

### OS005

### Excess mortality risk among hepatitis C patients after being "cured" in the interferon-free era: results from three population-based cohorts

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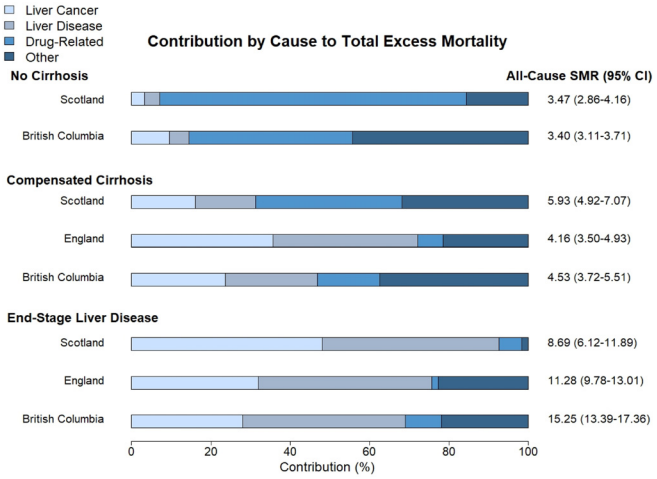
**Background and aims:** Although the number of people living with a hepatitis C sustained viral response (SVR) has increased dramatically, mortality rates in this patient group remain poorly understood. Here, our goal was to assess excess mortality after SVR achievement in the interferon (IFN)-free era.

**Method:** We performed data analysis on patients achieving SVR in the IFN-free era (2014–2018/19) from three population-based cohorts in Scotland (SC), England (EN), and British Columbia (BC). Patients were divided into three disease stage groups: no cirrhosis (SC and BC only); compensated cirrhosis; and end stage liver disease (ESLD). Age-standardised mortality rates were calculated to take account of different age/sex structures between cohorts and disease stage groups. Further, we calculated standardised mortality ratios (SMRs) to compare the frequency of mortality in SVR patients to the general population (GP). We also quantified the proportion of excess death attributable to: a) death from liver cancer; b) death from liver disease unrelated to cancer; c) and death from drug-related causes. Finally, Poisson regression was used to identify factors associated with excess mortality.

**Results:** Our analysis included 20, 031 patients, of which 1, 402 (7%) died during follow-up. Mean follow-up duration was 2.2–3.9 years, and mean age ranged from 46.3 (SC) to 56.7 (BC). Mortality rates varied considerably according to disease stage. For example, the age-standardised mortality rate ranged from 12 to 23, 27–38, and 62–118 deaths per 1000 person-years in non-cirrhosis, compensated cirrhosis and ESLD patients, respectively. SMRs indicated that all-cause mortality was 3.4–3.5 times higher than the GP in non-cirrhosis patients, 4.2–5.9 times higher in compensated cirrhosis patients, and 8.7–15.3 times higher in ESLD patients. For non-cirrhosis patients, drug-related causes were responsible for the greatest proportion of excess death (77% SC; 41% BC). Conversley, for cirrhosis patients, liver-related causes were the key driver, responsible for 30–95% of excess deaths. In the regression analysis, younger age, drug use and comorbidities were associated with greater excess mortality (see Figure).




**Conclusion:** In the largest study performed to-date, we show that individuals achieving SVR in the interferon-free era have a considerably higher mortality risk than the GP, driven mainly by drug-related mortality (in non-cirrhosis patients) and liver-related causes (in cirrhosis patients).

### OS006

### Impact of direct-acting antiviral treatment for hepatitis C on cardiovascular diseases and extrahepatic cancers

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**Background and aims:** The impact of direct-acting antivirals (DAAs) on extrahepatic complications in chronic hepatitis C (CHC) patients remains poorly described. We estimated the association of DAAs with cardiovascular events and extrahepatic cancers.