P-9 SAFETY AND EFFECTIVENESS OF DIRECT ACTING AGENTS FOR HCV TREATMENT AFTER LIVER TRANSPLANTATION IN RIO DE JANEIRO (BRAZIL)

L.C.M. Pinto[1,2], E. Balbi[2], Halpern[2], L.P. Carius[2], J. Roma[2], L.F.P. Moreira[1], H. Perazzo[1]

[1] *Instituto Nacional de Infectología Evandro Chagas Filho (INI) – Fiocruz, Rio de Janeiro*
[2] *Hospital Quinta Do – Rio de Janeiro*

Introduction: Data concerning HCV treatment using direct acting agents (DAAs) after liver transplantation (LT) remain scarce in Brazil.

Aims: To describe safety and effectiveness of HCV treatment using DAAs in LT recipients in a single center from Rio de Janeiro (Brazil).

Methods: `This retrospective observational study included adults with HCV infection treated by interferon-free regimens after LT. Recurrent infection in the graft was defined by liver biopsy or persistent elevated aminotransferases, in the absence of vascular and biliary tract complications. Presence of cirrhosis was defined by histological analysis of the graft. Patients were treated from August/2015 to December/2019 according to the Brazilian guidelines. Sustained virological response (SRV) was defined by undetectable HCV-RNA 12 weeks after the end-of-treatment and reported as per-protocol.

Results: 116 patients, 63% male, median age 62 (IQR, 57-66) years, 75% genotype 1 and 62% with hepatocellular carcinoma (HCC) previous to LT were included. The overall SVR rate was 96.6% (95%CI, 91.1-98.7). There was no significant difference in SVR rates according to clinical/demographic characteristics, HCV genotype or presence of cirrhosis in the graft. SVR rates were similar in individuals with or without history of HCC before LT [95.8% (95%CI 87.6-98.7) vs 97.7% (95%CI, 85.0-99.7%)], p=0.588. Asthenia was the most frequent adverse event [23.3% (95%CI 16.4-32.0)] and no serious adverse events were observed. The use of ribavirin independently associated with incidence of at least one adverse event [OR=8.71 (95%CI 3.17-23.99)].

Conclusion: HCV treatment with DAAs were safe and highly effective after LT in a real-life cohort in Brazil.

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P-10 LATIN AMERICAN REGISTRY OF CHOLANGIOCARCINOMA: CLINICAL FEATURES, MANAGEMENT AND OUTCOMES

Leonardo G. da Fonseca[1,2], Laura Izquierdo-Sanchez[3], Pedro H. Hashizume[2], Estefanía Liza Beca[4], Yanina Carlino[5], Enrique Carrera[6], Marco Arrese[7], Javier Díaz Ferrer[4,8], Domingo Balderramo[5], Flair J. Carrilho[1,9], Andre Boonstra[10], Jose D. Debes[10,11], Claudia Pinto Marques Souza de Oliveira[12], Jesus M. Banales[3,13,14]

[1] *São Paulo Clínicas Liver Cancer GroupClinical Oncology*
[2] *Instituto do Câncer do Estado de São Paulo, University of Sao Paulo, Brazil*
[3] *Department of Liver and Gastrointestinal Diseases, Biodonostia Health Research Institute, Donostia University Hospital, University of the Basque Country (UPV/EHU), 20014 San Sebastian, Spain*
[4] *Departamento del Aparato Digestivo, Hospital Edgardo Rebagliati-EsSalud*
[5] *Gastroenterology Department, Hospital Privado Universitário de Córdoba, Instituto Universitario de Ciències Biomédicas de Córdoba, Córdoba, Argentina*
[6] *Department of Gastroenterology and Hepatology, Hospital Eugenio Espejo, Quito, Ecuador*
[7] *Departamento de Gastroenterología, Facultad de Medicina, and Centro de Envejecimiento y Regeneracion (CARE), Departamento de Biologia Celular y Molecular, Facultad de Ciencias Biológicas, Pontificia Universidad Católica de Chile, Santiago, Chile*
[8] *Facultad De Medicina. Universidad Nacional Mayor de San Marcos, Lima -Perú*
[9] *Hospital das Clínicas Complex, Division of Clinical Gastroenterology and Hepatology, Department of Gastroenterology, University of São Paulo School of Medicine, São Paulo, Brazil*
[10] *Department of Gastroenterology and Hepatology, Erasmus MC, Rotterdam, NL*
[11] *Department of Medicine, University of Minnesota, Minneapolis, MN, US*
[12] *Department of Gastroenterology, Clinical Division, Hepatology Branch, University of São Paulo School of Medicine, São Paulo, Brazil*
[13] *National Institute for the Study of Liver and Gastrointestinal Diseases, CIBERehd, Instituto de Salud Carlos III, 28029 Madrid, Spain*
[14] *Ikerbasque, Basque Foundation for Science, 48013 Bilbao, Spain*

Introduction: Cholangiocarcinoma (CCA) includes a heterogeneous group of biliary cancers with dismal prognosis and increasing incidence. Information on epidemiology and risk factors are scarce, particularly in Latin America.

Aim: Describe and analyze a multicentric cohort of CCA patients from Latin America.

Methods: The Ibero-Latin American Research Network on Cholangiocarcinoma (ILARN-CCA) Registry and ESCALON consortium (www.escalon.eu) collected data from patients diagnosed from 2010 and onwards.

Results: 183 patients with histologically/cytologically confirmed CCA were included from 5 tertiary hospitals (Brazil,Argentina,Chile, Ecuador and Peru). Median age at diagnosis was 62 years-old (IQR:25-87) and 55.7% were women. Most frequent risk factors were overweight/obesity (n=68;31.1%), diabetes (n=35;19.1%), NAFLD (n=14;7.7%), viral hepatitis (n=5;2.7%), cirrhosis (n=4;2.2%), gallstones (n=10;5.5%), primary sclerosing cholangitis (n=11;6%) and 21.3%(n=39) had no known-risk factor. Intrahepatic CCA was the predominant type (n=73;39.9%), followed by distal (n=49;26.8%) and perihilar (n=38;20.8%). Regional lymph-node invasion was found in 74 (40.4%) and metastasis in 79 (43.2%) patients. Upon diagnosis, 88 patients (48.1%) required upfront biliary stenting prior to main treatments, consisting in resection (n=39;21.3%) or palliative modalities (n=135;73.8%). Recurrence occurred in 64.1%(n=25), with median time-to-recurrence of 13.5 months (95%CI:6.5-18.8). Chemotherapy was delivered to 120 patients (Gemcitabine+Cisplatin:n=105;87.5%) with a median progression-free survival of 4.2 months (95%CI:3.4-4.9). Median overall survival of the entire cohort was 8.2 months (n=183;95%CI:6.3-10.2), 22.5 (n=39;95%CI:11.6-34.1) under surgery, 10.4 (n=87;95%CI:8.4-13.6) under chemotherapy and 2.5 (n=30;95%CI:1.5-3.9) without active treatments (log-rank p<0.001).

Conclusion: CCA is associated to diverse etiologies in Latin-America, particularly metabolic disorders. Surgical resection shows favorable outcome, highlighting the need of surveillance strategies in individuals at risk.