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Backgrounds: Down-staging (DS) is used to convert hepatocellular carcinoma (HCC) patients outside the criteria for liver transplantation (LT) into patients within the criteria. However, LT after DS remains controversial in the literature.

Aims: Compare the post-LT survival and recurrence risk of HCC patients transplanted after DS with patients transplanted within the Brazilian selection criteria.

Methods: We conducted a multicenter, retrospective cohort study, analyzing medical records of 1,119 liver transplant recipients with HCC in Brazil. HCC treatment prior to LT and whether or not the patient was enrolled after down-staging was analyzed. Survival curves were presented using the Kaplan-Meier and compared using the log-rank test. Univariate and multiple cox regression analysis was fitted.

Results: 1,119 patients were included. 81% were males and mean age in the time of LT was 58 ± 8.2 years. In the majority of patients (91%) HCC was the reason for inclusion in transplant list and 8% of patients were listed after successful DS. At HCC diagnosis, 85% of patients were within Milan Criteria. TACE was the most frequent treatment performed. The overall survival (OS) of the entire series was 63% in 5 years, with an average follow-up time of 28 months and post-LT HCC recurrence was 8%. Relapse-free survival and OS, respectively, over 5 years, were 78% and 83% in DS patients and 75% and 89% in patients transplanted within criteria, with no statistical difference in the two analyzes. Evaluation of prognostic factors using simple and multiple Cox Regression did not show that DS was a risk factor for a worse survival or post-LT tumor recurrence.

Conclusions: In our study, patients underwent DS show good post-transplant evolution, similar to those transplanted within criteria, suggesting that response to treatment is a good selection parameter for tumors with favorable tumor biology.

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P-111 FREQUENCY OF LIVER STEATOSIS AND FIBROSIS DETERMINED BY FIBROSCAN AND CAP IN A SCREENING PROGRAM

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Introduction: Nonalcoholic fatty liver disease represents a worldwide public health problem, in Latin America a prevalence of around 30% is estimated, however in Peru we do not have large epidemiological studies about this.

Objectives: To evaluate the frequency of liver steatosis determined by CAP (Controlled Attenuation Parameter) and liver fibrosis by hepatic elastography in a population of patients who participated in a screening campaign.

Material and Methods: Descriptive and cross-sectional study. During the period September–December 2019, the ALEH Screening Fibroscan program was carried out in 4 reference hospitals in Lima and Callao. Patients were evaluated with a Fibroscan 530 device with M and XL probes. Those examinations that met the quality parameters were included for the study: 10 valid measurements, IQR <30% for liver stiffness, IQR <40 dB / m for CAP. The study population was people aged 18 and older who voluntarily attended the screening campaigns.

Results: 1978 patients were included, with an average age of 54.22 ± 14.36 years, the distribution by sex was 1342 women (67.8%) and 636 men (32.2%). The distribution according to the degree of liver steatosis determined by CAP was S0: 1198 (60.6%), S1: 335 (16.9%), S2: 59 (3%), S3: 386 (19.5%). The distribution according to the degree of fibrosis was F0-1: 1662 (84%), F2: 97 (4.9%), F3: 98 (5%), F4: 121 (6.1%).

Conclusions: In the studied population a frequency of hepatic steatosis of 39.4% and advanced hepatic fibrosis of 11.1% was found.

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P-112 ALPHA-FETOPROTEIN AS A PROGNOSTIC FACTOR IN PATIENTS WITH HEPATOCELLULAR CARCINOMA SUBMITTED TO LIVER TRANSPLANTATION – BRAZILIAN MULTICENTER STUDY

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