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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.

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.

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

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Background: Liver transplantation (LT) is the treatment of choice for unresectable early hepatocellular carcinoma (HCC). Previous studies demonstrated that Alpha-fetoprotein (AFP) is an important biomarker of prognosis and tumor recurrence.

Aims: The aim of our study was to analyze the role of AFP in the post-transplant outcomes of HCC patients undergoing LT.

Methods: We conducted a multicenter, retrospective cohort study, analyzing medical records of 1,119 liver transplant recipients with HCC in Brazil. Survival curves were presented using the Kaplan-Meier and compared using the log-rank test. Univariate cox regression analysis was fitted. We performed an evaluation of the effect of the continuous variable on the risk ratio, to define the best "cutoff point" of AFP level at HCC diagnosis and pre-transplantation capable of differentiating patients from risk of recurrence and survival.

Results: Among 1,119 cases, 81% of patients were male, with a mean age at transplantation of 58 years. At HCC diagnosis, 85% were within Milan Criteria (MC). Median pre-LT AFP was 9.7 ng/ml (0-40,800 ng/ml) and 51% of patients had pre-LT AFP $\leq$ 10 ng/ml. The overall survival was 63% in 5 years and post-LT HCC recurrence was observed in 8% of patients. We found AFP > 400ng/ml at HCC diagnosis and AFP pre-LT > 200ng/ml as the better "cutoff points" for both overall survival and recurrence risk. Patients with AFP pre-LT $\leq$ 200 ng/ml had a better overall survival and recurrence-free survival compared with patients with AFP > 200 ng/ml, respectively, 76% and 92% versus 67% and 66% in 5-years (p <0.001). Pre-LT AFP >200ng/ml and being outside MC at diagnosis were also independent risk factors for post-LT HCC recurrence and poor survival in multivariate analysis.

Conclusions: Our study demonstrated role of AFP as a main pre-transplant prognostic factor, both to predict post-LT tumor recurrence and survival.

P-113 COVID 19 AND CIRRHOSIS, A DEADLY COMBINATION. WHAT HAPPENS IN ECUADOR?

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Introduction: COVID-19 represents a great threat in patients with cirrhosis, being a poor prognostic factor. Since the first COVID 19 case in Ecuador 02/29/2020, its impact on cirrhotics in this country is unknown.

Aim: To determine the morbidity and mortality of cirrhotic patients with COVID 19. Is it higher in relation to cirrhotics without COVID 19?

Methods: The present study was multicenter, observational, analytical, prospective and cross-sectional, included 147 hospitalized patients from 2 health units in Guayaquil-Ecuador (Hospital General HOSNAG and Hospital "Abel Gilbert Pontón"), from February 29, 2020 to February 28, 2021. Two **groups** were established: **A**, cirrhotic patients with COVID 19; **group B**, cirrhotic without COVID 19, the following tests were used: Student's T, U Mann-Whitney continuous variables and chi-square, Fisher's exact categorical variables; Statistical analysis was performed with SPSS version 21.

Results: Of the 147 included, **Group A** led by male sex 40 patients (52.6%), female sex 36 (47.4%), distribution according to child pugh was 10 (13.6%) stage A, 36 (47, 3%) stage B and 30 (39.4%) stage C, causes of admission were: SRI 59 (77.6%), febrile syndrome 15 (19.7%), encephalopathy 2 (2.6%), average days of hospitalization 13 ($\pm$ 6.4), associated mortality was 28 (36.8%) most frequent causes of death; SRI 19 (25%), ACLF 8 (10.5%), AMI 1 (1.3%). **Group B**, male sex 32 patients (54.5%), female 29 (45.5%), child pugh A only 2 patients (3.2%), stage B 30 (49.1%) and C with 29 (47.5%), reason for admission more frequent was UGB 27 (44.2%), ascites 22 (36%), encephalopathy 9 (14.7%), febrile syndrome 3 (4.9%), average days hospitalized 11 ($\pm$ 5), mortality of 27.8%, causes of death; UGB 9 (14.7%), ACLF 5 (8.1%) and encephalopathy 3 (4.9%) (P 0.002).

Conclusion: The morbidity and mortality of cirrhotic patients with Covid 19 was higher than those without Covid 19.

Table 1
Comparison of cirrhotic patients with COVID-19 and cirrhotic patients without COVID-19

Characteristics		Group A (n= 76)	Group B (n=61)	P value (<0.05)
Age		52 ($\pm$ 10.6)	54($\pm$ 9.2)	0.988
Sex				
	Male	40 (52.6%)	32 (54.5%)	1.00
	Female	36(47.4%)	29(45.5%)	0.804
Child Pugh				
	A	10(13.6%)	2(3.2%)	0.923
	B	36(47.3%)	30(49.1%)	0.817
	C	30(39.4%)	29(47.5%)	0.067
Reason for admission				
	S.R.I*	59(77.6%)	0(0%)	0.003
	Febrile syndrome	15(19.7%)	3(4.9%)	0.026
	Encephalopathy	2(2.6%)	9(14.7%)	0.078
	U.G.B	0(0%)	27(44.2%)	0.266
	Ascites	0(0%)	22(36%)	0.767
Hospitalization days		13 ($\pm$ 6.4)	11 ($\pm$ 5)	0.355
Mortality		28 (36.8%)	17 (27.8%)	0.002
Death cause				
	S.R.I	19(25%)	0(0%)	0.004
	U.G.B**	0(0%)	9(14.7%)	0.133
	Encephalopathy	0(0%)	3(4.9%)	0.767
	A.C.L.F***	8(10.5%)	5(8.1%)	0.246
	A.M.I***	1(1.3%)	0(0%)	0.158

*S.R.I: Severe respiratory insufficiency
**U.G.B: Upper gastrointestinal bleeding
***A.M.I: Acute myocardial infarction
****A.C.L.F: Acute-on-chronic liver failure