complete response (CR), 38% partial response (PR), 12% stable disease (SD) and 13% progressive disease (PD) after BT. The overall survival (OS) was 63% in 5 years, with a mean follow-up of 28 months. The post-LT tumor recurrence was 8%. There was no difference in the risk of post-LT tumor recurrence or survival among patients who underwent BT or not or between the various types of treatment performed. However, patients who have CR to BT had a higher recurrence-free survival compared to patients with PR, SD or PD (p = 0.019).

Conclusions: This study demonstrated the role of BT in LT, since patients with complete response, had a lower risk of post-transplant tumor recurrence.

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O-5 PROGNOSTIC IMPORTANCE OF TRANSIENT ELASTOGRAPHY (FIBROSCAN®) FOR MORTALITY AND CARDIOVASCULAR OUTCOMES IN PATIENTS WITH TYPE 2 DIABETES

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Background and Aims: It remains unknown whether advanced liver fibrosis is associated with a higher risk of cardiovascular complications in patients with type 2 diabetes mellitus (T2DM) and non-alcoholic fatty liver disease (NAFLD).The aim was to evaluate the prognostic value of transient elastography (TE) by Fibroscan® as a predictor of mortality and cardiovascular outcomes in T2DM.

Methods: On a prospective study, T2DM patients with no other cause of liver disease except NAFLD underwent TE at baseline and were followed-up for the evaluation of outcomes, including all-cause mortality and occurrence of any cardiovascular event. The associations between TE scores and outcomes were evaluated by Cox regressions adjusted for other potential confounders. Liver stiffness measurement (LSM) and Controlled attenuation parameter (CAP) were evaluated as continuous variables and categorized as advanced fibrosis if LSM >7.9 or 7.2 kPa (M-XL probe) and severe steatosis if CAP>296 dB/m.

Results: 403 T2DM patients were included (64% female, mean age of 64±10 yrs) and followed for 94 months until March 2020. 395 (98%) of the TE examinations were successful. At baseline, 104 (26%) individuals had advanced fibrosis and 150(38%) had severe steatosis. During follow-up, 55(14%) patients died, 55(14%) had cardiovascular events, including 35 with coronary artery disease (CAD). As continuous variables, LSM (↑1 kPa) predicted all-cause mortality (HR 1.05, 95%CI 1.01-1.08,p=0.020) and CAP (↑20 dB/m) was associated with a significant reduced risk of cardiovascular mortality (HR 0.80,95%CI 0.66-0.96,p=0.014) and CAD (HR 0.81,95%CI 0.70-0.95,p=0.007). Increased LSM was associated with a significant 98% excess mortality risk (p=0.025), whereas a higher CAP was associated with a borderline 49% reduced risk (p=0.08).

Conclusion: Advanced fibrosis is associated with all-cause mortality, independent of other potential risk factors. Severe steatosis could have some effect in the reduction of cardiovascular mortality and CAD events. Transient elastography may be useful to improve stratification risk of T2DM patients.

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O-6 NON-INVASIVE ASSESSMENT OS HEPATIC FIBROSIS BEFORE AND AFTER HCV CURE AND CORRELATION WITH CLINICAL OUTCOMES

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Introduction: Liver stiffness measurement (LSM) is a widely used non-invasive test to assess the stage of liver fibrosis in chronic liver diseases, particularly in HCV but its clinical usefulness after viral elimination is uncertain.

Objectives: To identify the course of liver fibrosis by LSM 3 years after viral elimination in patients with HCV and its association with clinically relevant outcomes: progression to advanced liver fibrosis/cirrhosis (≥F3) in those with F<3 at baseline, and decompensation (ascites, variceal hemorrhage, encephalopathy) or HCC in those with F3/F4 or F4 at baseline.

Methods: LSM were performed by Fibroscan in 228 patients (32 stage F0-1; 47 F2; 36 F3; 23 F3-4; 90 F4 as determined by LS of <7.1; 7.2-9.5; 9.6-12.5; 12.6-14.5 and >14.5 KPa respectively) prior to treatment and at 6 months, 1, 2 and 3 years after cure.

Results: The course of changes in LSM are depicted in figure1. There was no progression to F≥3 in any of the patients at stages F0-1, F2. Among patients with F≥3, 23 patients developed decompensation (1 F3, 2 F3/F4 and 20 F4) and 9 developed HCC (all F4). Probability of decompensation is lower in patients in whom LSM decreases at 6 months, while it is higher in those in whom LSM increases, however CI are large (Table).

Conclusion: While in patients with F0-1, F2 prior to antiviral therapy, there is no need to follow LSM as progression does not occur, LSM should be continued in those with F3/F4 or F4 (>12.5 kPa). Changes in LSM at 6 months can help determine probability of outcomes but larger studies combining other parameters are necessary to improve predictive value.

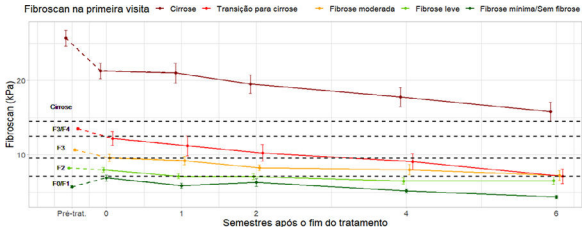

Table 1
Probability of decompensation/HCC and 95% confidence intervals (CI) by percent change in LSM at 6 months

Relative variation of Fibroscan (1ª and 3ª visit)	PointEstimate	CI(95%)
-40%	0.47	[0.23; 0.95]
-30%	0.57	[0.34; 0.97]
-10%	0.83	[0.69; 0.99]
10%	1.21	[1.01; 1.44]
30%	1.76	[1.04; 2.98]
40%	2.12	[1.05; 4.29]

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