

Per protocol analysis: 34 patients (4 eliminated without evaluation post-LOLA), PHEs score improved (baseline -6.44 ± 1.7 vs. post-LOLA -2.79 ± 1.9 ; $p < 0.0001$), CFF improved (baseline 37 ± 1.8 vs. post-LOLA 39.8 ± 2.2 ; $p < 0.0001$). According to PHEs, 30 (88.2%) patients showed remission of MHE ($p < 0.0001$). The incidence rate ratio for persisting with MHE was 4 per 34 person-time; that is, 0.1 (95%CI: 0.04-0.3; $p < 0.0001$), with the fraction prevented after exposure to LOLA being 0.88 (95%CI: 0.67-0.96; $p < 0.0001$). According to CFF, 29 (85.3%) patients showed remission of MHE ($p < 0.0001$). The incidence rate ratio for persisting with MHE was 5 per 34 person-times; that is, 0.1 (95%CI: 0.06-0.4; $p < 0.0001$), with the fraction prevented after exposure to LOLA being 0.85 (95%CI: 0.62-0.94; $p < 0.0001$).

Conclusions: LOLA is effective in improving cognitive performance and is evaluated very early by PHEs and CFF in cirrhotic patients with MHE.

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P- 32 HEPATITIS A AND E VIRUSES IN CÓRDOBA, ARGENTINA: WASTEWATER-BASED EPIDEMIOLOGY AS A SILENT SENTINEL OF THE TREND OF VIRUS CIRCULATION IN THE COMMUNITY

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Introduction and Objectives: Monitoring wastewater for traces of viruses allows effective surveillance of entire communities, including symptomatic and asymptomatic infected individuals, providing information on whether a specific pathogen is circulating in a population. Such is the case of hepatitis A and E viruses (HAV, HEV). This study aimed to detect HAV and HEV in wastewater samples from Córdoba, Argentina, to provide insights into their circulation dynamics.

Materials and Methods: Sewage samples were monthly and weekly collected from 2017 to 2020 and from 2020 to 2021, respectively, from 4 wastewater treatment plants located in different regions of Córdoba. Furthermore, sewage collectors of 7 neighborhoods in Córdoba city were weekly sampled during 2021. A

standardized methodology was carried out for virus concentration using PEG6000 and NaCl. After automated nucleic acid extraction, HAV and HEV molecular detection were performed by TaqMan® Fast Applied Biosystems single-step multiplex RT-qPCR and specific RT-Nested PCR. Positive samples were sequenced.

Results: From a total of 575 samples analyzed, 16 were RNA-HAV+ (2.80%) and 17 RNA-HEV+ (2.96%). Eight and two sequences were obtained, respectively. The HAV+ specimens were genotype IA. The majority of them belonged to 2017-2018 and were genetically close to those reported in the clinical specimens from the same period when the HAV outbreak in men who have sex with men occurred in Córdoba. The HEV+ samples belonged to genotype 3, and HEV higher occurrence was in 2021, mainly in 2 neighborhoods from Córdoba city.

Conclusions: The results show HAV and HEV circulation in Córdoba, despite the low number of clinical cases reported, suggesting a continuous silent circulation of these viruses in the general population. Environmental surveillance of wastewater, together with clinical monitoring, are key tools to track the viral circulation trends over time in the population and to identify hotspots of virus excretion.

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P-33 IMPACT OF SUSTAINED VIROLOGIC RESPONSE ON GLUCOSE PARAMETERS AMONG CHRONIC HEPATITIS C PATIENTS TREATED WITH DIRECT ACTING ANTIVIRALS

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Introduction and Objectives: Sustained virological response (SVR) of hepatitis C virus (HCV) with direct acting antivirals (DAAs) improve survival and reduces progression to cirrhosis, decompensation and hepatocellular carcinoma. Glucose metabolism impairment is one of the most frequent extra-hepatic manifestations of chronic HCV infection. The impact of SVR on glycemic parameters and baseline variables associated with this outcome remains uncertain. This study aimed to evaluate glucose metabolism before and after SVR, as well as investigate the presence of baseline characteristics related to improvement in glycemic control.

Materials and Methods: Prospective study of chronic HCV infection patients treated with DAAs between January 2016 and December 2017 at Viral Hepatitis Outpatient Clinic of Hospital de Clinicas de Porto Alegre, Brazil. Inclusion criteria were SVR to DAA therapy with follow-up for at least 24 weeks after the end of therapy. The exclusion criteria were the presence of other etiology of liver disease. Glycated hemoglobin (A1C) was analyzed before and after treatment in all patients. Subgroups were stratified by cirrhosis, genotype, BMI, age and presence or absence of baseline glycemic disorder. The primary outcome was a change in glycemic homeostasis after HCV eradication without a change in pharmacologic therapy with an impact on glycemic control. Secondary outcomes were baseline variables associated with improvement of glucose control.

Results: A total of 207 patients were included, with a mean age of 60.6±10.7 years. Forty-eight percent were males. Cirrhosis was found in 56% and genotype 3 in 37% of patients. T2DM or PD at baseline was present in 54.5%. Overall, median A1C at baseline reduced significantly after SVR (5.7, IQR 5.3-6.7 to 5.5, IQR 4.9-6.3, respectively, p=0.01). Baseline characteristics associated with statistically significant improvement in glycemic control after SVR were cirrhosis, genotype 3 and age below 60 years old.

Conclusions: SVR with DAAs was associated with improved glycemic control, particularly among patients with cirrhosis, genotype 3 and/or age below 60 years old.

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P- 34 HEPATOCELLULAR CARCINOMA IN CHILE; A RETROSPECTIVE MULTICENTER STUDY OF 856 PATIENTS

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the third leading cause of cancer-related death worldwide. Still, there are epidemiological and clinical data in Latin America. In Chile, this is the first study regarding HCC with a significant number of patients. This study aimed to obtain and analyze clinical and epidemiological data of Chilean patients with HCC.

Materials and Methods: Multicenter study from 12 Chilean hospitals that have members of the Chilean Association of Hepatology as members of their staff. Clinical records from 2015-2021 were included. Kaplan-Meier survival curves and Cox regression analysis were obtained.

Results: We obtained data from 856 patients with HCC from 12 different centers. Median age 67 years old; 58.7% male. Cirrhosis is present in 91.2% (779) of cases. Main risk factors reported: fatty liver 47.9%(410), alcohol 19.6% (68), viral 12.2%(104) and autoimmune 3.5% (30). The median MELD score was 11.7 (CI95% 11,4-12). 38% (322) were diagnosed during surveillance; this was associated with earlier BCLC stage (OR 2,6; CI95%1,9-3,4). BCLC stages at diagnosis were 0; 8,2%(69), A: 38,5%(326), B:29,9%(253), C: 15,4%(130) and D: 8,2%(69). The main initial treatments were TACE, ablation, resection, liver transplant and sorafenib in 27,4%(226), 19,3%(159), 11,4%(94), 8%(66) and 5,5%(45), respectively. 53,4%(452) pts were in Milan Criteria at diagnosis. 9,1%(78) patients got a liver transplant. Five-year survival was 24% (CI95%20-28). The main factors associated with survival are depicted in Figure 1.

Conclusions: Fatty liver was remarkably the main risk factor reported for HCC in our Chilean cohort. This is a worrisome number since NAFLD is on the rise worldwide, and especially in Latin America. Surveillance is key for early detection. The liver function defined by Child-Pugh and HCC stage using BCLC staging is strongly associated with survival. Liver transplant is still a scarce treatment resource.

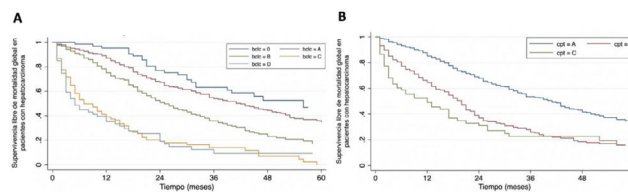


Figure 1. Global survival of HCC patients by BCLC stage (A) and Child-Pugh (CTP) (B).

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P- 35 RELINKAGE OF PATIENTS WITH CHRONIC HEPATITIS C INFECTION IN THE CONTEXT OF THE COVID-19 PANDEMIC

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Introduction and Objectives: In Argentina, it is estimated that around 50% of patients infected with hepatitis C virus (HCV) have been diagnosed and only 5% of those have accessed treatment after several months; this reality got worse with the pandemic. World Health Organization proposed a global health sector strategy to eliminate HCV as a public health threat by 2030. Key elements of the elimination plan include increased diagnosis and treatment access. This study aimed to describe the implementation of "Relinkage and simplified care pathway program" as a strategy for micro-elimination of HCV.

Materials and Methods: Hospital outpatients aged over 18 years, with a confirmed or suspected diagnosis of HCV infection and without follow-up during the last year, were included. Patient selection was made by collecting data from medical records. Selected patients were contacted by telephone and scheduled for a clinic visit with a simplified care pathway. "Reflex Testing," which is an HCV antibody