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.

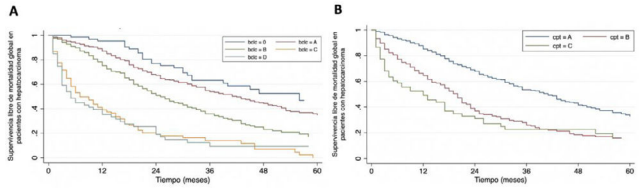

Figure 1. Global survival of HCC patients by BCLC stage (A) and Child-Pugh (CTP) (B).

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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