

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.

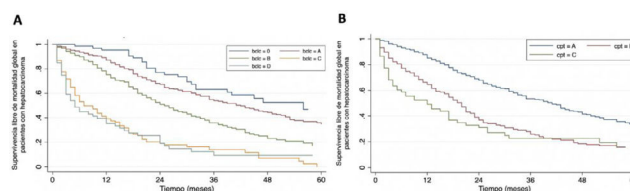


Figure 1. Global survival of HCC patients by BCLC stage (A) and Child-Pugh (CTP) (B).

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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

test, was used; if the result was positive, an HCV RNA and genotype test on the same specimen was performed. Untreated and non-responder patients were treated.

Results: A total of 938 patients were included, and 409 (44%) could be reached. Out Of these, 16.3% (67) died, 1.7% (7) developed hepatocellular carcinoma, and 6.75% (15) progressed to cirrhosis. We found that 21.7% were candidates for treatment, and the treatment was delivered in two clinic visits with an average time of 29 days (7-69). However, 41% (34) of patients with cirrhosis could not be contacted.

Conclusions: Program implementation improved the diagnosis and treatment access. Furthermore, it reduces the number of clinical visits and may increase adherence to follow-up. On the other hand, we are concerned that half of the patients were lost on the follow-up and about their progression to cirrhosis rate. If we are looking for different results, we should take different measures.

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P-36 RESULTS OF AN AUTOMATIC ALERT SYSTEM FROM MICROBIOLOGY TO LINK DIAGNOSIS TO TREATMENT IN PATIENTS WITH CHRONIC HEPATITIS C

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Introduction and Objectives: Strategies to simplify the care circuit for patients with the hepatitis C virus (HCV) are vital to achieving its eradication. To achieve this aim, we introduced an electronic system of HCV serology detection to link diagnosis with specialized assistance in order to minimize the loss of patients.

Materials and Methods: A retrospective single-center study of HCV patients developed by Microbiology Department from February 15th, 2020, to December 15th, 2021. In the event of a positive HCV antibody, the anti-HCV core was directly measured by the electronic system. If positive, an encrypted e-mail with the patient data was automatically sent to HCV specialized physicians, who, after evaluating the benefits of antiviral therapy in each patient, contacted them by phone for an appointment. In the first face-to-face consultation FibroScan®, HCV genotype and viral load measurement were performed, and antiviral therapy was prescribed. Patient diagnosis origin and public health characteristics were recorded. We analyzed the association between antiviral therapy prescription and these variables. Statistical significance was set at $p < 0.005$.

Results: Of 171 patients identified, with a mean age of 59.6 ± 15.9 , 61.5 % of males and 81.2% of Spanish nationals. HCV origin from out-of-hospital settings predominated (50.9%, 87/171), particularly

primary care (28.7%), penitentiary (11.6%) and addiction units (8.2%). In all, 43.3% (74/171) were aware of their diagnosis, but 64.9% (48/74) hadn't previously received antiviral therapy. Genotype 1 predominated. We recorded 19.4% (20/103) of patients F3 fibrosis and 27.2% (26/103) F4.

Finally, 58.5% (100/171) attended a physician consultation. They were all treated with pangenotypic interferon-free therapy. A 100% rate of sustained viral response was achieved. The main reasons for not being treated were high comorbidity (43.7%,31/71), not located (23.9%, 17/71), patient refusal to treatment (23.9%,17/71) and death (8.5%,6/71). The sole association found between antiviral therapy and patient variables was that of comorbidities with being untreated (OR=7.14, $p < 0.001$).

Conclusions: Our alert system is simple and easily reproducible. It allows for minimizing the loss of HCV patients, even considering it was performed during the COVID-19 pandemic.

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P-37 ASSESSMENT OF METABOLIC ASSOCIATED FATTY LIVER DISEASE, ALCOHOLIC LIVER DISEASE, AND DUAL DAMAGE IN APPARENTLY HEALTHY BLOOD BANK INDIVIDUALS

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Introduction and Objectives: metabolic syndrome and alcohol consumption are the leading causes of fatty liver disease. Now, a new term called dual damage has emerged. So far, no studies are reporting the prevalence of dual damage in Mexico. This study aimed to determine the prevalence of metabolic associated fatty liver disease, alcoholic liver disease, and dual damage in the healthy population of the blood bank of our center.

Materials and Methods: descriptive, cross-sectional, prolective study. We included donors ≥ 18 years old. We excluded subjects with known liver disease. Vibration-controlled transient hepatic elastography was the method of estimating steatosis and liver fibrosis. We used descriptive statistics.

Results: 258 donors were included; 129 (50%) have hepatic steatosis: 67 (25.96%) metabolic associated, 31 (12.01%) due to alcohol, and 31 (12.01%) by dual damage. In the metabolic group, S1 was found in 14 subjects (20.90%), S2 in 23 (34.32%), and S3 in 30 (44.78%). 23 (34.32%) were overweight, 23 (34.32%) had obesity grade 1, 11 (16.44%) grade 2, and 5 (7.46%) grade 3. Of the alcohol damage group, 12 (38.70%) had S1, 5 (19.35%) S2, and 13 (41.95%) S3. Beer was the most frequently consumed beverage (61.29%), with the excessive pattern being the most frequent (74.19%), with an average intake of 90.25 grams. 100% of donors with dual damage presented S3 steatosis. Advanced fibrosis was