ten cases. Autoimmune/Allergic features were present in seven patients. Resolution of liver injury occurred on an average of 183 days. No death was consigned. Liver function tests (LFTs) worsened during an initial period (>7 days) after drug withdrawal in six patients (cases 1,2,3,5,9 and 12), and two of them were treated with corticoids. Table 1 resumes data.

Conclusions: Hepatocellular acute liver injury with/without jaundice is the most common presentation of DILI linked to TKI. Clinicians should be aware that LFTs may worsen after drug withdrawal and monitor these patients before making a treatment decision.

Age /Sex

Table

	Age /Sex	TKI /Likelihood Score*	Indication	Latency (days)	Pattern	TB onset/peak	ALT U/L onset/peak	Resolution (days)
r1*	61/F	IMATINIB/B	Leukemia	92	HC	1/11	791/880	510
2*	73/F	IMATINIB/B	Renal cancer	124	HC	1.85/3.19	941/988	138
3*	58/M	MASITINIB/-	ALS	14	HC	0.4/0.4	351/436	230
4	50/F	BOSUTINIB/D	Leukemia	43	HC	0.3/0.3	233/233	169
5*	28/F	IMATINIB/B	Leukemia	176	HC	3.6/24	658/658	217
6	68/M	PAZOPANIB/C	Renal cancer	64	M	3.7/3.7	775/445	-
7	75/F	PAZOPANIB/C	Renal cancer	44	M	11/11	508/508	203
8	75/F	PAZOPANIB/C	Renal cancer	-	HC	3.8/3.8	403/403	204
9*	40/F	LENVATINIB/D	HCC	42	HC	2.5/12.6	750/750	120
10	65/F	IMATINIB/B	Breast cancer	150	HC	0.89/0.89	452/452	62
11	70/F	BOSUTINIB/D	Leukemia	112	-	0.3/0.3	341/341	83
12*	49/F	PALBOCICLIB/	Breast cancer	28	HC	0.37/0.96	281/1796	76
13	41/F	CABOZANTINIB/E	Renal cancer	84	HC	0.34/0.34	247/247	-

*Likelihood of association with DILI, based upon the known potential of the drug to cause such injury. HCC hepatocellular carcinoma; ALS amyotrophic lateral sclerosis; HC hepatocellular pattern; M mixed pattern; M male; F: female.

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O-8 CHARACTERIZATION AND EPIDEMIOLOGICAL CHANGES OF PATIENTS WITH HEPATITIS C VIRUS TREATED IN THE CHILEAN PUBLIC HEALTH SYSTEM FROM 2016 TO 2021.

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Introduction and Objectives: International studies have described an epidemiological change in patients with the hepatitis C virus (HCV), with greater involvement of young people and risk groups. The reality in Latin America, particularly in Chile, is unknown. This study aimed to epidemiologically characterize HCV patients treated in the Chilean public health system (period 2016-2021) and compare these characteristics in two periods (2016 - 2019 vs. 2020 - 2021).

Materials and Methods: Historical cohort was constructed based on national data and the Hospital del Salvador registry (Santiago, Chile) (n=410). All patients diagnosed with HCV treated in the Chilean public system (2016-2019) and those treated at Hospital del Salvador (2020-2021 period) were included. It was registered: year of diagnosis, age, sex, presence of cirrhosis, HCV genotype, co-infection with hepatitis B virus (HBV) and/or HIV, need for a liver transplant, or intratreatment dead. Both periods were compared using the Mann-Whitney U test or Fisher's exact test, as appropriate.

Results: 61.2% of patients were male, with a median age of 57 years. 73.5% presented genotype 1 and 11.6% genotype 4. There was a 19.3% coinfection with HIV. Only 1.4% had therapy failure at 24 weeks and 5.2% of patients underwent liver transplantation. When comparing the periods 2016 – 2019 vs. 2020 – 2021 a reduction in the median age 59 vs 49 (p<0.001) was observed, with a higher proportion of male gender 79.0% vs 51.7% (p<0.001). There is evidence of change in the proportion of the genotypes, with genotype four being the second most frequent after genotype 1. The presence of co-infection with HIV was 49.7% vs. 3.0% (p<0.001) and HBV/HIV 15.5% vs. 0.8% (p<0.001). There was no difference in the percentage of sustained viral response (Table 1).

Conclusions: There is an epidemiological change in HCV patients, which suggests different routes of transmission and the need to refocus screening.

Table 1: Result and comparison of socio-demographic and clinical variables between the periods 2016-2019 and 2020-2021.

	Total (n = 410)	Period 2016-2019 (n = 267)	Period 2020-2021 (n = 143)	p-value
Age (years), median (p25, p75)	57 (46, 64)	59 (52, 66)	49 (36, 61)	<0.001
Male, n(%)	251 (61.2%)	138 (51.7%)	113 (79.0%)	<0.001
Period years, n(%)				
2016	48 (11.7%)	-	-	
2017	26 (6.3%)	-	-	
2018	183 (44.6%)	-	-	
2019	10 (2.4%)	-	-	
2020	71 (17.3%)	-	-	
2021	72 (17.6%)	-	-	
Genotype, n (%)				<0.001
1	285 (73.5%)	209 (78.9%)	76 (61.8%)	
2	7 (1.8%)	4 (1.5%)	3 (2.4%)	
3	50 (12.9%)	36 (13.6%)	14 (11.4%)	
4	45 (11.6%)	15 (5.7%)	30 (24.4%)	
3 and 4	1 (0.3%)	1 (0.4%)	0 (0.0%)	
HBV co-infection, n (%)	17 (4.1%)	3 (1.1%)	14 (9.8%)	<0.001
HIV co-infection, n (%)	79 (19.3%)	8 (3.0%)	71 (49.7%)	<0.001
HIV-HBV co-infection, n (%)	15 (4.4%)	2 (0.8%)	13 (15.5%)	<0.001
Cirrhosis, n (%)	214 (54.7%)	183 (68.5%)	31 (25.0%)	<0.001
Failure at 12 weeks, n (%)	9 (2.8%)	8 (3.8%)	1 (0.9%)	0.17
Failure at 24 weeks, n (%)	4 (1.4%)	3 (1.5%)	1 (1.3%)	1.00
Use of rescue therapy, n (%)	139 (35.2%)	256 (95.9%)	0 (0.0%)	<0.001
Liver transplant, n (%)	21 (5.2%)	20 (7.5%)	1 (0.7%)	0.002
Kidney transplant, n (%)	1 (0.2%)	1 (0.4%)	0 (0.0%)	>0.999
Other outcomes, n (%)				0.495
Therapy failure	12 (3.4%)	10 (4.3%)	2 (1.6%)	
SVR	334 (93.3%)	216 (92.3%)	118 (95.2%)	
Discontinues treatment	5 (1.4%)	4 (1.7%)	1 (0.8%)	
Deads	7 (2.0%)	4 (1.7%)	3 (2.4%)	

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O-9 THE CHANGING EPIDEMIOLOGY OF HEPATOCELLULAR CARCINOMA IN SOUTH AMERICA: A REPORT FROM THE SOUTH AMERICAN LIVER RESEARCH NETWORK

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