Introduction and Objectives: Hepatocellular carcinoma (HCC) is a leading cause of cancer-related death worldwide and most epidemiological data originates from resource-rich countries. We have previously described the epidemiology of HCC in South America through the South American Liver Research Network (SALRN). Here, we provide an update on the changing epidemiology of HCC in the continent over the last two years.

Materials and Methods: We evaluated HCC cases diagnosed between 2019 to 2021 in six centers from six countries in South America. A retrospective chart review of patient characteristics at the time of HCC diagnosis, including demographic, clinical and laboratory data, was completed. Diagnosis of HCC was made radiologically or histologically for all cases via institutional standards. Each center provided ethical approval for the study.

Results: A total of 339 HCC cases were included [Peru 37% (n = 125), Brazil 16% (n = 57), Chile 15% (n =51), Colombia, 14% (n = 48), Ecuador 9% (n = 29) and Argentina, 9% (n = 29)]. 61% of patients were male and the median age of diagnosis was 67 years (IQR 59-73). The most common risk factor for HCC was nonalcoholic fatty liver disease NAFLD (37%), followed by Hepatitis C infection (17%), alcohol use disorder (11%) and Hepatitis B infection (12%). The proportion of NAFLD-related HCC was much higher than in our previous report (37% compared to 11%). The majority of HCCs occurred in the setting of cirrhosis (80%), and the most common cause of non-cirrhotic HCC was HBV (31%) and NAFLD (28%). HBV-related HCC occurred at a younger age compared to other causes, with a median age of 46 years (IQR 36-64).

Conclusions: We report changes in the epidemiology of HCC in South America over the last 10 years, with a substantial increase in NAFLD-related HCC. HBV-related HCC still occurs at a much younger age when compared to other causes.

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O-10 SIMILAR RISK RECLASSIFICATION OF HCC RECURRENCE BETWEEN THE AFP SCORE AND METROTICKET 2.0 AT LISTING AND AT LAST REASSESSMENT

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Introduction and Objectives: Recently, two composite models, the alpha-fetoprotein (AFP) score and the Metroticket 2.0, have been proposed to select patients with hepatocellular carcinoma (HCC) for liver transplantation (LT). This study aimed to compare both models in their predictive performance of post-LT outcomes and their net reclassification of risk of recurrence.

Materials and Methods: This multicenter cohort study included 2444 adult patients who underwent LT for HCC in Europe and Latin America. The discrimination power of each model was estimated using adapted Harrell c-statistics and the NRI for recurrence was compared considering each model's threshold assessed at listing and at last pre-LT reassessment.

Results: At listing, although the Metroticket 2.0 showed a higher discrimination power for HCC recurrence compared to the AFP score, no differences were observed comparing each model's thresholds. At the last tumor evaluation, c-statistics did not significantly differ. Overall, predictive gaps and overlaps were observed between the model's thresholds. At listing and at last pre-LT reassessment, the Metroticket 2.0 did not show a significant gain on the NRI. Patients meeting both composite model's thresholds either within or beyond the Milan criteria showed the lowest risk of HCC recurrence [SHR of 0.28 (95% CI 0.22-0.36; P<.0001)], whereas a higher risk of recurrence was observed in patients exceeding both composite models, even meeting the Milan criteria.

Conclusions: the Metroticket 2.0 did not present a gain on risk reclassification of HCC recurrence over the AFP score at the time of listing or at the last tumor reassessment. The combination of these composite models might be a promising clinical approach.

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O-11 THE PUBLIC HEALTH POLICIES REDUCE THE LONG-TERM BURDEN OF ALCOHOL-ASSOCIATED LIVER DISEASE WORLDWIDE: DEVELOPMENT OF A PREPAREDNESS INDEX

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