

peripheral immune markers to detect HCC in a large cohort of South American patients and a sub-group of viral hepatitis-related HCC.

Materials and Methods: Through the ESCALON network, we prospectively evaluated 127 individuals with HCC and 113 cirrhotic controls from 3 countries in South America (Argentina, Brazil and Ecuador). 42% of HCC cases were related to viral hepatitis B or C. Blood samples were analyzed for 37 unique interleukins, chemokines and growth factors using a multiplex Bio-Rad platform. We used leave-one-out cross-validation (LOOCV) to compute a ROC curve.

Results: Median age for HCC patients was 68 y/o and for controls 62 y/o. 70% of cases and 55% of controls were males. 55% of HCCs were under 5cm in diameter. The most common causes of HCC were viral hepatitis (42%) and NAFLD (23%). Twenty-two markers showed a significant difference between cases and controls. Three markers (IL-12p40, Beta-NGF and Gro-alpha) were exclusively dysregulated in viral hepatitis related HCC compared to other HCCs. From all causes of HCCs, we identified five cytokines (MIP-3a, MIG, CCL-25, MDC, and HGF) that were differentially regulated in HCCs compared to cirrhotic controls. ROC analysis of the top-5 markers in HCC cases exclusively related to viral hepatitis showed an AUROC of 0.816 (CI 0.783-0.886). The same panel applied to HCC <5cm related to viral hepatitis showed an AUROC of 0.751 (CI 0.671-0.832).

Conclusions: Our study identified a set of 5 cytokines in South American patients that can differentiate HCC from cirrhosis controls in patients with viral hepatitis. The 5 cytokines showed a lower prediction power for HCCs <5cm (likely due to the small size of this cohort).

<https://doi.org/10.1016/j.aohep.2023.101036>

O-30 ALCOHOL-HARM PARADOX IN LATIN AMERICA: HOW TO STUDY IT DESPITE DATA LIMITATIONS? THE CHILEAN EXPERIENCE

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Introduction and Objectives: Research on the “Alcohol-Harm Paradox” (AHP) investigates why low-income individuals have more alcohol-related harm despite lower alcohol consumption (AC). Possible explanations have been evaluated in Europe and the US, but data constraints make it difficult in Latin America (LATAM). This study aimed to design a strategy to study the AHP in LATAM’s restricted-data context, recognize its strengths and limitations, and identify possible explanations in the Chilean experience. The AHP is expected to be explained by the unequal distribution of comorbidities, risk behaviors, consumption patterns, rurality, education, access to health, social capital, and mental health.

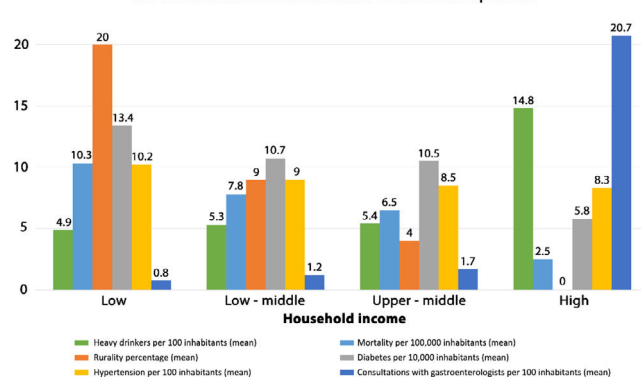
Materials and Methods: We first evaluated our hypothesis at the individual level with data from the 2016-17 National Health Survey. We conducted logistic regression models to assess whether the hypothesized explanatory factors mediated the effect of AC on liver disease. Second, we aggregated at the municipal level registry data on deaths from alcohol-related liver disease (Ministry of Health Statistics) and survey data on AC and the hypothesized explanatory factors (National Drug Survey and National Survey of Socioeconomic

Characterization) to test our hypothesis using mortality as the outcome of negative binomial regression models.

Results: The first analysis suggests that the AHP exists among Chilean men and it is explained by the unequal distribution of metabolic syndrome, diabetes, obesity, smoking, heavy episodic drinking, rurality, education, social support, and depression. The second analysis reinforces these findings and highlights the explanatory potential of healthcare-access inequality (Figure 1).

Conclusions: The proposed analyzes support our hypothesis in Chile. They can be replicated in other LATAM countries as an effective restricted-data strategy to start investigating the AHP. However, cross-sectional survey analyzes are limited by reverse causation and aggregate data analyzes by ecological fallacy. Better access to administrative data with patient identifier is needed to generate accurate longitudinal evidence on the explanatory mechanisms.

Figure 1. Variation in the explanatory factors of the AHP according to the median household income of the municipalities



<https://doi.org/10.1016/j.aohep.2023.101037>

O-31 DIAGNOSTIC PERFORMANCE OF BAVENO VII CRITERIA FOR EXCLUSION OF ESOPHAGEAL VARICES: A RETROSPECTIVE STUDY

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Introduction and Objectives: Cirrhosis is the main cause of patient hospitalization and esophageal variceal bleeding is the most serious decompensation. In recent years, transient elastography (TE) has been shown to be a useful tool for the diagnosis and management of esophageal varices (EV). The purpose of this study was to validate the Baveno VII criteria in patients with chronic liver disease in order to exclude the presence of EV.

Materials and Methods: A retrospective study was conducted with cirrhotic patients who underwent upper endoscopy and TE from January 2017 to December 2019. ROC analyses were conducted to determine cut-off values for ruling out EV. We evaluated the performance of the Baveno VII criteria (liver stiffness measurement (LSM) <15 kPa and platelet count >150 × 10⁹ cells/L) for the identification of EV and sparing endoscopies.