calculated (<0.35 without risk; ≤ 0.35 to <0.67 indeterminate; ≥ 0.67 high-risk NASH). Descriptive statistics were used.

Results: 150 diabetic patients were included; 106 (70.7%) women; mean age 56.5±10.5 years. According to the steatosis degree by controlled attenuation parameter (CAP): S0=71(47.3%), S1=14(9.3%), S2=29(19.3%), S3=36(24%). According to the fibrosis degree (KPa): F0=82(54.7%), F1=4(2.7%), F2=8(5.3%), F3=9(6.0%), F4=47(31.3%). According to the FAST® index: without risk= 96 (64%), indeterminate= 24 (16.0%), and with high risk= 30 (20%). There was no correlation between the HbA1c levels, diabetes evolution, obesity degree or the presence of dyslipidemia.

Conclusions: The NASH high-risk progression prevalence is high in diabetic patients. The factors that determine this risk in this population are still not clear, but timely detection strategies are required to efficiently identify this subgroup of patients. The FAST® index is a relatively accessible tool that, due to its non-invasive nature, could be an alternative to liver biopsy for decision-making when starting specific therapy with action at histological liver changes in NASH.

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O-34 PATIENT AND GRAFT SURVIVAL IN RECIPIENTS OF DE NOVO SIMULTANEOUS LIVER-KIDNEY TRANSPLANTATION

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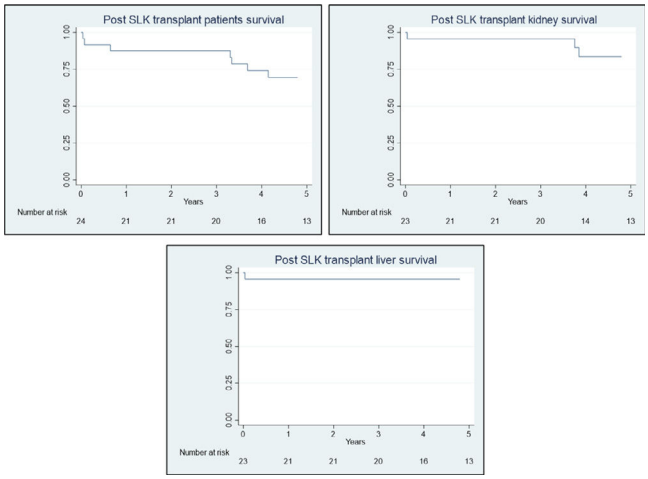
Introduction and Objectives: Simultaneous liver-kidney transplant (SLKT) outcomes should be reported in single centers and regions to determine the applicability of such a complex intervention, particularly in areas with organ shortage. However, reports on this matter are scant in Latin America. This study aimed to estimate the patient and graft survival of individuals undergoing de-novo SLKT.

Materials and Methods: A retrospective cohort study of adult patients undergoing de-novo SLKT (prior history of the transplant was an exclusion criterion) at the Italian Hospital of Buenos Aires, Argentina. Overall survival and individual graft survival were estimated using the Kaplan Meier method. Five-year survivals are reported with their corresponding 95% confidence interval (CI).

Results: 1,036 liver transplants (LT) and 1,200 kidney transplants (KT) were performed in adults at the moment of this report in our center since both programs were started. Between January 1997 and May 2022, 34 SLTK were performed, of which nine were excluded because they had previous transplants: five previous LT and four previous KT. The median age at the time of the SLKT was 54 (IQR 49-60) years; 14 were women. The most frequent indications were polycystic liver-kidney disease (n=10), followed by hepatitis C-related cirrhosis (n=5) associated with end-stage renal disease (glomerulosclerosis or tubulointerstitial nephropathy). Five-year survival of the liver graft was 96% (95% CI: 74%-99%) and that of the renal graft was 84% (95% CI: 57%-95%). Five-year patient survival was 69% (95% CI: 46%-84%). A total of 6 patients had at least 1 episode of liver rejection and a total of 14 patients had at least 1 episode of kidney rejection.

Conclusions: In our experience, de-novo SLKT presents adequate five-year survival according to international standards, which favors its application. It would be of interest to conduct a multicenter study in Latin America where a significant shortage of donors exists, aiming at identifying the best candidates for this strategy.



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O-35 EPIDEMIOLOGY, CLINICAL AND TISSUE CHARACTERISTICS OF A LARGE COHORT OF NAFLD/NASH FROM SOUTH AMERICA

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Introduction and Objectives: Some of the highest rates of non-alcoholic fatty liver disease (NAFLD) in the world are present in the South American continent. Indeed, recent reports suggest that NAFLD is becoming a common cause of hepatocellular carcinoma in the continent. Nonetheless, little is known about the epidemiology and tissue finings of NAFLD in the region. We provide an extensive assessment of the inter-relation of NAFLD with metabolic variables as well as medication intake and biopsy findings in South America.

Materials and Methods: A retrospective chart review of patients with NAFLD from 5 countries in Latin America (Argentina, Brazil, Peru, Ecuador and Colombia) via the South American Liver Research