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Introduction and Objectives: Latin America (LA) includes 20 countries, with significant cultural and economic diversity. In order to develop regional liver transplant (LT) guidelines, the LT ALEH special interest group (SIG) made a survey aimed at investigating the current status of pre- LT evaluation in LA.

Materials and Methods: A 150 questions-survey was distributed to LT-SIG members in 01-05/2023. A descriptive analysis was performed.

Results: 20 answers from 14 countries were obtained. All countries performed LT except one. Financing was private in 5%, public in 32% and mixed in 63%. Allocation system was MELD-Na/MELD in 70 and 30%, respectively. Hepatocellular carcinoma granted supplementary points except in one country. Expansion of Milan criteria was acceptable in 9 centers (UCSF, Up to 7, AFP model, Milan/Brazil). Effective downstaging applied to LT except in 2 centers and AFP>1.000 was a contraindication in 10 centers. Three centers performed LT for cholangiocarcinoma and 4 for colorectal liver metastasis. Acute Liver failure had emergency prioritization in all but 2 countries. Age>65 was a contraindication in 1, >70 in 2 and >75 in 4 centers. Body Mass Index>40 was a contraindication in 8, and <18 in 2 centers. Fragility score7 was a contraindication in 1 center. A period of alcohol abstinence was required by 14 centers (3-6 months), as well as for tobacco in 4, cannabis in 7 and cocaine in 14. VIH was a contraindication in 7 centers and portal thrombosis in 3. Other contraindications were: coronary artery disease requiring surgery (8 centers), dynamic intraventricular gradient>80 mmHg (8 centers), hepatopulmonary syndrome with severe hypoxemia (14 centers), severe or moderate portopulmonary hypertension (7 and 10 centers, respectively).

Conclusions: Pre-LT evaluation in LA is very heterogeneous. The collaborative sharing of experiences between countries and the development of regional guidelines will be relevant in order to unify criteria and improve LT access.

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P-5 APACHE STUDY DESIGN TO EVALUATE THE EFFICACY AND SAFETY OF PLASMA EXCHANGE WITH HUMAN SERUM ALBUMIN 5% ON SHORT-TERM SURVIVAL IN PATIENTS WITH ACUTE-ON-CHRONIC LIVER FAILURE AT HIGH RISK OF HOSPITAL MORTALITY.

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Introduction and Objectives: Acute-on-chronic liver failure (ACLF) in cirrhotic patients is characterized by acute deterioration of liver function and severe organ injury with high short-term mortality. Liver transplantation is the only treatment to improve survival. A pilot study suggested that plasma exchange with human serum albumin 5% (PEA5%) as a replacement fluid is feasible and safe in ACLF patients and may improve organ function and survival. This study aimed to assess PE-A5% as a treatment for patients with ACLF in a pivotal study.

Materials and Methods: A phase 3, multicenter, randomized (1:1), controlled, parallel-group, open-label study (APACHE) compares standard medical treatment (SMT) + PE-A5% (treatment arm) to SMT alone (control arm). PE-A5% is performed using Albutein 5% (Grifols). Treatment schedule consists of two initial PE-A5% sessions on consecutive days followed by every other day PE-A5% (min-max 4-9 PE-A5%). Patients receive IVIG (200mg/kg) after every 2 PE-A5% to prevent hypogammaglobulinemia-associated infections, and FFP after each PE-A5% to prevent coagulopathy. Eligible patients are adult (18-79 years old), with ACLF-1b, ACLF-2, or ACLF-3a at admission or during hospitalization. Main exclusion criteria are patients with ACLF-1a or ACLF-3b, ACLF >10 days

before randomization, septic shock requiring norepinephrine (>0.3μg/kg/min) or a second vasopressor, active infection, and severe respiratory failure.

Results: Target enrollment is 380 ACLF patients at high risk of hospital mortality. The primary efficacy endpoint is the 90-day overall survival. Secondary efficacy endpoints include 90-day transplant-free survival and 28-day overall survival. Main exploratory endpoints include overall and transplant-free survival at days 28 and 90, in-patient hospital and ICU stay, incidence of organ failures and ACLF course. Safety analyses include adverse events, vital signs, physical assessments, and laboratory tests.

Conclusions: APACHE will provide pivotal results on the efficacy and safety of PE-A5% as a treatment to improve survival in ACLF (NCT03702920;EudraCT:2016-001787-10).

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P-6 PREVALENCE AND CLINICAL CHARACTERISTICS OF LEAN NON-ALCOHOLIC FATTY LIVER DISEASE IN MÉXICO

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Introduction and Objectives: Non-alcoholic fatty liver disease (NAFLD) is one of the main etiologies of chronic liver disease and is mainly observed in people with obesity and type 2 diabetes mellitus; however it is estimated that 7%-20% of individuals with NAFLD have lean body habitus (BMI <25 kg/m2). In México, the prevalence of NAFLD ranges from 41.3% to 47%; however, there is no data on lean NAFLD. This study aimed to estimate the prevalence of lean NAFLD in México and determine the clinical and demographic characteristics of the studied population.

Materials and Methods: A cross-sectional study to estimate the prevalence of NAFLD in the adult population was carried out in 5 states in México. History of metabolic and cardiovascular diseases, alcohol and tobacco consumption were collected; in addition, weight and height were measured. Lean NAFLD was defined as the presence of hepatic steatosis (grade 1 or higher) and a BMI <25 kg/m2. To identify clinical and demographic characteristics associated with lean-NAFLD, the proportion of lean-NAFLD among subjects with NAFLD was compared between groups defined by each characteristic using a Pearson chi-square test.

Results: 3554 patients were included, the mean age was 47 years (±12), and 60% were women. NAFLD was found in 52% of the participants, from which 5.5% (n=195) corresponded to lean NAFLD. 7.2% of patients with lean NAFLD had T2DM compared to 12% of patients with Non-lean NAFLD. Hypertension, 11% of patients with lean NAFLD presented it compared to 18% of patients with Non-lean NAFLD. Table 1 shows the characteristics of the study population.

Conclusions: The prevalence of LEAN NAFLD was 5.5%. We found that 1 of every 10 individuals with NAFLD corresponds to lean-NAFLD and that this relation is lower in those with hypertension and dyslipidemia but not in those with diabetes.

Table 1. Clinical characteristics of patients without NAFLD, lean NAFLD, and non-lean NAFLD.

Characteristics	No NAFLD (n=1696)	Lean NAFLD (n=195)	Non-lean NAFLD (n=1663)	P value*
Age (years), mean (SD)	45 (13)	48 (14)	48 (11)	<0.001
Female, n (%)	1099 (65)	107 (55)	938 (56)	<0.001
BMI (kg/m^2), mean (SD)	25.9 (3.9)	23.2 (1.8)	31.7 (4.8)	<0.001
Diabetes, n(%)	112 (6.6)	14 (7.2)	192 (12)	<0.001
Hypertension, n (%)	166 (9.8)	22 (11)	304 (18)	<0.001
CVD, n (%)	40 (2.4)	7 (3.6)	52 (3.1)	0.3
Obesity, n (%)	210 (12)	0 (0)	954 (57)	<0.001
Dyslipidemia, n (%)	342 (20)	43 (22)	542 (33)	<0.001
Mild alcohol consumption, n (%)	762 (45)	92 (48)	686 (41)	0.036
Smoking n (%)	359 (21)	43 (22)	341 (21)	0.8
MAFLD, n(%)	0 (0)	21 (11)	1663 (100)	<0.001
Steatosis, n (%)				
None (G0)	1696 (100)	0 (0)	0 (0)	
Mild (G1)	0 (0)	156 (80)	1065 (64)	
Moderate (G2)	0 (0)	37 (19)	531 (32)	
Severe (G3)	0 (0)	2 (1)	67 (4)	

SD, standard deviation; BMI, body mass index; CVD, cardiovascular disease; MAFLD, fatty liver disease associated with metabolic dysfunction. *Pearson´s Chi-squared test

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P- 7 RISK FACTORS FOR NON-ALCOHOLIC FATTY LIVER DISEASE AFTER LIVER TRANSPLANTATION

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Introduction and Objectives: Non-alcoholic fatty liver disease (NAFLD) is considered the liver manifestation of metabolic syndrome (MS) and is a common complication after liver transplantation (LT). This study aimed to assess the frequency of NAFLD and new onset diabetes after LT (NODALT), as well as associated risk factors.

Materials and Methods: 142 LT patients aged 18 years or older were included. We collected clinical, anthropometric, and laboratory data and performed hepatic ultrasound and elastography using 2D shear-wave technique.

Results: Of the participants, 62.7% were male (mean age 60±21 years). Alcoholic cirrhosis was the primary cause of LT in 27% of cases. The mean change in weight after LT was +8.9 kg. Liver steatosis was