exposure indicator, including the non-exposed group. No change was identified in analysis of acetylcholinesterase in exposed group. Evaluation of DNA damage related to genotoxicity was significantly higher in pesticide exposure group.

Conclusions: Preliminary analyzes suggest that exposure to mancozeb is capable of causing damage to the worker's health, and may occur outside the occupational environment, since ethylenethiourea was identified even in urine samples from non-exposed group to the pesticide.

https://doi.org/10.1016/j.aohep.2023.101215

P-29 INCIDENCE AND ASSOCIATED FACTORS OF HEPATOCELLULAR CARCINOMA IN PATIENTS WITH CHRONIC HEPATITIS B INFECTION IN A SINGLE CENTER IN PERU: A RETROSPECTIVE STUDY.

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Introduction and Objectives: Chronic Hepatitis B infection represents an isolated risk for the development of hepatocellular carcinoma. This study aimed to investigate the incidence of hepatocellular carcinoma and associated factors in patients with chronic Hepatitis B infection with at least 5-year follow-up.

Materials and Methods: Retrospective study. Patients with chronic hepatitis B infection with or without cirrhosis, who were treated at the Liver Unit of the National Hospital Arzobispo Loayza and had at least 5-year follow-up, were enrolled. Predictive scores for hepatocellular carcinoma such as REACH-B, PAGE-B, mPAGE-B, aMAP, CU-HCC, GAG-HCC, and LSM-HCC were calculated at enrollment. The crude and cumulative incidence of hepatocellular carcinoma in the study population was determined.

Results: 68 patients, 51.5% were males, and 25% had cirrhosis. The average age was 46.24 years. The incidence of hepatocellular carcinoma was 2.94% with a cumulative incidence of 0.51 person-year. In the univariate analysis, increased liver stiffness (kPa) (OR:1.1 (95% CI: 1.001 - 1.3), p<0.05) and lower albumin (g/dL) was associated with an increased risk of hepatocellular carcinoma.

Conclusions: The incidence of hepatocellular carcinoma was 2.9%. Increased liver stiffness and lower albumin, signs of cirrhosis, were predictive factors of hepatocellular carcinoma.

Table
Univariate analysis of hepatocellular carcinoma

	Univariate analysis OR (95% CI)
Age	1.08 (0.99 - 1.2)
Sex	
Female	Ref
Male	0.9 (0.03 - 24.4)
Albumin (g/dL)	0.8 (0.5 - 0.9)*
Platelets x10^9/L	0.9 (0.9-1)
Bilirubin (umol/L)	1.1 (0.9-1.2)
Liver stiffness measurement (Kpa)	1.1 (1.001-1.3)*

* $p < 0.05$

https://doi.org/10.1016/j.aohep.2023.101216

P- 30 IMPACT OF SELF-REPORTED ANCESTRY IN HEPATOCELLULAR CARCINOMA IN HISPANIC POPULATIONS

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Introduction and Objectives: Hepatocellular carcinoma (HCC) related to non-alcoholic fatty liver disease (NAFLD) is a growing health concern in Latin America. This region has a mixed population with a diverse heritage that is rarely accounted for when looking at epidemiological studies. We aimed to assess the differences in the epidemiology and outcomes of HCC in Latin Americans based on self-reported ancestry.

Materials and Methods: We retrospectively evaluated data from the ESCALON network, which prospectively follows patients in South America. Self- reported ancestry data was categorized as European, Amerindian, African, Asian, Indigenous, or other. For this study we divided ancestry into two categories: European and non-European.

Results: 429 individuals with HCC from 6 countries were studied: Argentina (34% n=145), Chile (15% n=66), Ecuador (15% n=63), Peru (15% n=66), Colombia (14% n=60), and Brazil (7% n=29). The median age was 68 years and 65% were male. In those of European ancestry (31% n=131) median age was 66 years and 72% were male. In the non-European ancestry cohort (69% n=298) median age was 67 years and 62% were male. The most common causes of underlying liver disease were hepatitis C virus (38%), followed by alcohol use disorder (25%) in European ancestry and NAFLD (52%) followed by alcohol use disorder in non-European ancestry (23%). Both groups, European and non-European ancestry, had similar proportion of HCC diagnosed under surveillance (40% and 41% respectively) and similar presence of extrahepatic disease (47% and 50% respectively). 26% of those with European ancestry received curative therapy compared to 33% of those with non-European ancestry.

Conclusions: This is the first study addressing ancestry in Latin Americans with HCC. We found that HCC related to NAFLD was more common in patients of non-European descent. Future studies are warranted to better understand the impact of genetics within specific regions of the continent to understand the risk of HCC.

https://doi.org/10.1016/j.aohep.2023.101217