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Introduction and Objectives: Latin Americans experience some of the highest global rates of non-alcoholic fatty liver disease (NAFLD) and the prevalence of cirrhosis is increasing in this population. The rs641738 C>T single nucleotide polymorphism (SNP) of MBOAT7 has been associated with NAFLD development and cirrhosis in Europeans with NAFLD. However, the impact of this SNP in Latin Americans is unclear. We aimed to evaluate a cohort of Latin Americans with NAFLD to determine if MBOAT7 effects the risk of cirrhosis in this understudied population.

Materials and Methods: Individuals with NAFLD from 6 South American countries (Argentina, Ecuador, Brazil, Chile, Peru and Colombia) were prospectively recruited via the ESCALON network. Genotyping was performed with the TaqMan-genotyping assay. Genotype frequencies for MBOAT7 were compared using chi-square. Those with hepatocellular carcinoma were excluded.

Results: A total of 278 patients were included, 189 with cirrhosis and 89 without cirrhosis. 55% of the cirrhosis cohort were females compared to 61% of the cohort without cirrhosis (p=0.337). The median ages of those with and without cirrhosis were 64 (IQR 59-70) and 60 years (IQR 52-65), respectively. The MBOAT7 TT genotype was present in 36/189 (19%) of subjects with cirrhosis and 7/89 (8%) of subjects without cirrhosis (OR=2.76, 95% CI: 1.17-6.47, p=0.016). We evaluated the minor allele frequency (MAF) of MBOAT7 in our cirrhosis cohort compared to the Latin American population in the gnomAD database, a genome database with 17,720 sequences belonging to Latin Americans. MAF was elevated in cirrhotics compared to the general Latin American population (43% vs. 33% respectively, OR=1.54, 95% CI: 1.25-1.89, p<0.001).

Conclusions: The rs641738 C>T SNP of MBOAT7 was associated with cirrhosis in a cohort of Latin Americans with NAFLD. Identification of genetic risk factors for liver disease may lead to improved risk stratification and interventional strategies in this population with an increasing burden of liver disease.

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O- 5 HCC RISK SCORE PRE AND POST SUSTAINED VIROLOGICAL RESPONSE IN PATIENTS TREATED FOR CHRONIC HEPATITIS C

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Introduction and Objectives: Introduction: Patients with hepatitis C virus (HCV) with advanced fibrosis (F3/4) still presented a significant risk of developing hepatocellular carcinoma (HCC). There are models for HCC risk prediction, such as the HCC risk score developed by Iannou *et al* 2018. This study aimed to evaluate the prevalence and risk factors for hepatocellular carcinoma development in previously treated chronic HCV patients in an outpatient hepatology clinic at Hospital das Clinicas of University of São Paulo School of Medicine, Brazil.

Materials and Methods: This is a retrospective, observational and descriptive study in a series of 267 HCV patients. Review of patients' medical records, applying HCC risk score immediately before and 6 months after SVR, excluding cases with insufficient data and HCC before treatment of HCV. Data collection is still in progress and final results will be available at presentation.

Results: The total sample of this study consists of 267 patients, of whom, 127 (47.6%) had F4 degree fibrosis. Overall, 17 patients developed HCC after a median follow up period of 3 years (6.4%). The mean of HCC risk score at 3 years calculated in pre treatment was 9.64% and post treatment was 4.32% (p=0.002). An accuracy of this score was slightly better in the pre treatment (AUROC=0.72) versus post treatment (AUROC=0.69) (Figure 1).

Conclusions: HCC risk score post treatment declines more than 50% compared to pre treatment of HCV, as expected in in patients with HCV cure.

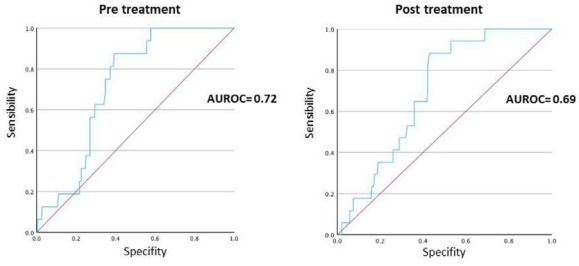

Figure 1. Pre- and post-treatment HCV HCC risk score accuracy

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O-6 EXPLORING THE IMPACT OF INFECTIONS IN PATIENTS WITH ALCOHOL- ASSOCIATED HEPATITIS IN LATIN AMERICA

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