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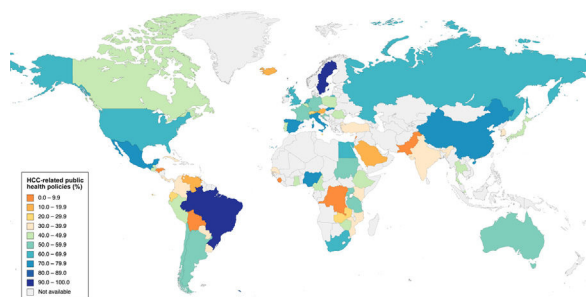
Introduction and Objectives: Hepatocellular carcinoma (HCC) is the third most common cause of cancer-related deaths worldwide. We aimed to explore HCC-related population-wide public health policies (PHP) worldwide.

Materials and Methods: We conducted a 43-item survey about HCC: policies and civil society (18 questions), clinical guidelines (5 questions), epidemiology (7 questions), and care management (13 questions). The survey was completed electronically (2022–2023). Data were collected in a spreadsheet, revised by two independent reviewers, and verified with governmental institutions, regulatory agencies, scientific societies, and scientific publications. We classified policies into eight dimensions, including criteria for low, moderate, and strong PHP establishment. We estimated an index using multiple correspondence analysis.

Results: We obtained 134 responses from 66 countries/territories (Africa N=16, the Americas N=18, Asia N=10, Europe N=21, and Oceania N=1). The median index was 43.7 [IQR: 30.9–59.3]. The lower scores were observed in Sierra Leone (0), Lebanon (5.5), and Pakistan (5.5), while Italy (79.7), Brazil (94.1), and Sweden (100) obtained the highest scores (Figure). In particular, 46 (69.7%) countries had a written national cancer strategy or action plan, but only 5 (7.6%) had a specific written national strategy or action plan on HCC. Thirty-two (48.5%) countries had national clinical practice guidelines on HCC and 54 (81.8%) countries had a national disease registry that included HCC. The most common strategies for staging HCC were Barcelona Clinic Liver Cancer (BCLC)(85%) and TNM classification (10%). The survey reflects important differences in the availability of treatments, including surgery (98.4%), tyrosine kinase inhibitors (95.1%), chemoembolization (85.2%), radiofrequency or alcohol ablation (82%), immunotherapy plus anti-VEGF (82%), liver transplant (74.2%), stereotactic body radiation therapy (42.6%), and radioembolization (36.4%).

Conclusions: The existence of PHP on HCC is insufficient worldwide. The most common strategy for staging is BCLC, but there are important differences in treatment availability across countries, especially regarding curative therapies.

Strategies and policies on Hepatocellular carcinoma (HCC) worldwide



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O-14 NON-ALCOHOLIC FATTY LIVER DISEASE IS INFLUENCED BY THE INTERACTION OF HELICOBACTER PYLORI INFECTION AND G-ALLELE OF PNPLA3

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Introduction and Objectives: The pathophysiology of NAFLD is only partially unveiled; it is considered as a multifactorial disorder, attributed to multiple, parallel “hits,” both genetic and environmental. It has been described that the single nucleotide polymorphism at rs738409 in the PNPLA3 gene is strongly associated with hepatic steatosis and its progression. Conversely, *H. pylori* infection has been related to metabolic syndrome, type-2 diabetes mellitus, and dyslipidemia, which are known risk factors for NAFLD. However, the evaluation of infection and the rs738409 polymorphism in the PNPLA3 gene has not been explored.

Materials and Methods: this is a preliminary report of a prospective multicenter study from December 2020 to June 2021 in northeastern Argentina. 76 dyspeptic adult patients who fulfilled the ROME-IV criteria and underwent gastroscopy, of which 69 were included. The presence of *H. pylori* was determined by gastric histology. Biochemical and clinical parameters were recorded. NAFLD was defined by liver ultrasonography. The PNPLA3 gene was analyzed by PCR-RFLP in rs738409.

Results: The prevalence of NAFLD was 45% (31/69), with Hpyl+ 48% (17/36) and Hpyl- 42% (14/33) (p: ns). The variables significantly associated with NAFLD were BMI, dyslipidemia, Diabetes/prediabetes, presence of the G allele of PNPLA3, and the GG genotype. In the multivariate analysis, BMI (OR 1.63 95%CI 1.22-2.19) and the G-allele of PNPLA3 (OR 7.35 95%CI 1.34-40) were independently associated with NAFLD. When subjects with NAFLD were analyzed, the interaction between Hpyl and PNPLA3 allele-G was significantly associated with NAFLD (65%) and increased risk of liver fibrosis (FIB-4 > 1.3 41%).

Conclusions: the presence of NAFLD was associated with BMI and G-allele of PNPLA3. The combination of Hpyl infection and the G-allele of PNPLA3 were associated with NAFLD and risk of fibrosis (FIB-4)

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O-15 MARESIN1 REVERSES CHRONIC LIVER FIBROSIS AND IMPROVES REGENERATION

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Introduction and Objectives: Hepatic fibrosis (HF) is characterized by the progressive accumulation of extracellular matrix (ECM), which destroys the physiological architecture of the liver. Pathologically, chronic liver diseases lead to damaged hepatocytes and