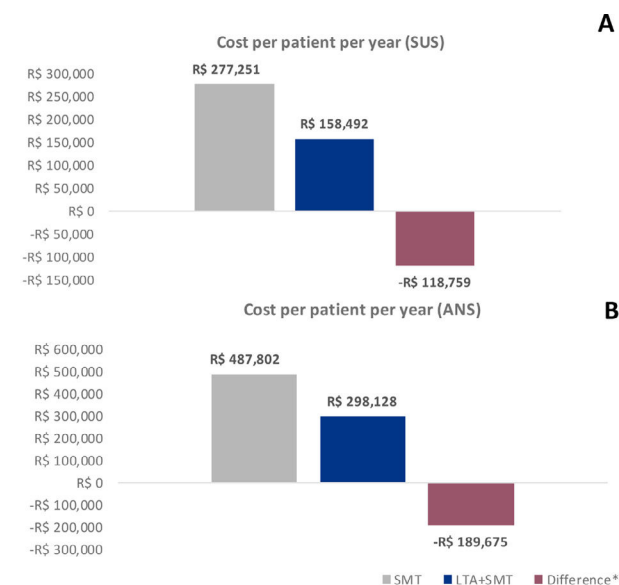


Materials and Methods: Cost/patient/year was calculated for patients treated with LTA+SMT and compared to those treated with SMT only. Incidence of clinical complications and healthcare resource utilization (HCRU) were gathered from the ANSWER trial. Pharmacological costs (spironolactone, furosemide, human albumin) were gathered from the “Health Care Price Bank” and CMED. Costs of clinical complications (spontaneous bacterial peritonitis, other bacterial infections, hepatic encephalopathy, renal dysfunction, hepatorenal syndrome, refractory ascites) and other HCRU (LTA administration visit, large volume paracentesis, hospitalizations) were gathered from the literature and ANS. All costs were transformed to 2021 Brazilian Reals (R\$). A univariate sensitivity analysis was performed by applying a 20% increase/decrease to all variables.

Results: The overall cost for patients treated with LTA+SMT was R\$118,759 and R\$189,675 lower than that for patients treated with SMT only for SUS and ANS, respectively. The additional cost of LTA (R\$30,767 and R\$59,897, respectively) was compensated by a reduction in complications and HCRU (R\$149,526 and R\$249,572, respectively).

Conclusions: Our study suggests that should the clinical outcomes of the ANSWER trial translate to real-world effectiveness, LTA administration to patients with cirrhosis and uncomplicated ascites may lead to cost savings for the SUS and ANS in Brazil.



A: cost per patient per year treated with SMT and SMT + LTA and incremental difference from the public healthcare system perspective (SUS). B: cost per patient per year treated with SMT and SMT + LTA and incremental difference from the private healthcare system perspective (ANS).

LTA: Long-term albumin; SMT: Standard Medical Treatment

*SMT+LTA vs SMT: negative values indicate savings

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O-2 CHARACTERIZATION OF SERUM LEVELS OF BILE ACIDS, EXTRACELLULAR VESICLES AND ITS CARGO IN ALCOHOL-ASSOCIATED LIVER DISEASE

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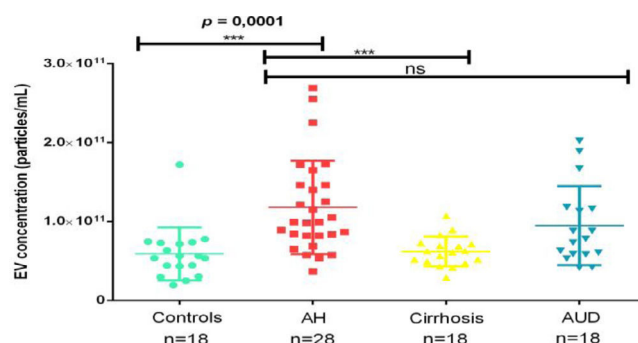
Introduction and Objectives: Alcohol consumption is among the five main factors responsible for the burden of disease and mortality. It is associated with changes in serum bile acids, and in recent years, extracellular vesicles (EVs) and their cargo have shown special interest in various lines of research due to their role in intercellular communication. This study aimed to characterize the serum levels of bile acids, changes in their composition, extracellular vesicles and their cargo in alcohol-associated liver disease (ALD).

Materials and Methods: Prospective cohort, years 2019-2021. They were divided into four groups; control group, alcohol-associated hepatitis (AH), alcohol-related cirrhosis, and alcohol use disorder (AUD). Measurement of serum bile acids and C4 was performed through Liquid Chromatography /Tandem Mass Spectrometry, serum measurement of FGF19 and the serum concentration of extracellular vesicles through NTA (nanoparticle tracking analysis) and their cargo of bile acids.

Results: A greater concentration of total bile acids was measured in the AUD group (1366.28 ng/ml) compared to the control group (552.42 ng/ml) ($p=0.003$). The concentration of chenodeoxycholic acid is higher in the group of patients with AH (734.23 ng/ml) ($p=0.04$). The EVs concentration is higher in the HA groups ($1.292 \times 10^{11} \pm 6.4 \times 10^{10}$ particles/ml) and in AUD ($9.9 \times 10^{10} \pm 4.9 \times 10^{10}$ particles/ml) ($p=0.005$). It was possible to analyze the cargo of BA in exosomes with proportional differences between the groups.

Conclusions: Serum bile acids, both in concentration and composition, are modified in patients with AUD and HA, respectively; both present a higher concentration of exosomes, which could be a hepato-specific, dynamic and potentially prognostic biomarker in subjects with ALD.

Figure 1.



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O-4 CLINICAL, HISTOLOGICAL AND SEROLOGICAL FEATURES OF AUTOIMMUNE-LIKE ACUTE LIVER INJURY AFTER SARS-COV-2 VACCINATION

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