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Introduction and Objectives: The long-term impact of alcohol-related public health policies (PHP) on the burden of liver disease is unclear. This study aimed to assess the association between alcohol-related PHP and alcohol-related health consequences; 2. To develop an instrument to quantify the establishment of alcohol-related PHP in each country.

Materials and Methods: We performed an ecological multi-national study including 169 countries. We recorded socio-demographic data and the presence of alcohol-related PHP in each country from the WHO Global Information System of Alcohol and Health (GISAH) in 2010. Data on alcohol-related health consequences was collected from the Global Burden of Disease database (between 2010-2019). We classified the WHO categories into five domains to design an instrument with criteria for a low, moderate, and strong establishment of PHP. We estimated an incidence rate ratio (IRR) using multilevel generalized linear models with a Poisson family distribution. The models were adjusted by population size, age structure, and gross domestic product. We also estimated a preparedness index using multiple correspondence analysis.

Results: The table summarizes the final instrument. We included 169 countries; the median preparedness index was 54 [34.9-76.8].

The preparedness index was associated with lower alcohol-associated liver disease (ALD) mortality (IRR:0.25, 95%CI: 0.06-1.09, p=0.064), cancer mortality (IRR:0.22, 95%CI: 0.05-0.97, p=0.046), hepatocellular carcinoma (HCC) mortality (IRR:0.20, 95%CI: 0.04-0.95, p=0.043), and cardiovascular mortality (IRR:0.15, 95%CI: 0.04-0.61, p=0.008). There was also a trend to lower alcohol use disorder prevalence (IRR:0.25, 95%CI: 0.06-1.09, p=0.064). The highest linear associations were observed in the Americas and Africa, while Europe exhibits a nonlinear association.

Conclusions: The preparedness index on alcohol policies is a valuable instrument to assess the establishment and strength of PHP. Those countries with a higher number of PHP had lower mortality due to ALD, cancer, HCC, and cardiovascular diseases. Our results strongly encourage the development and implementation of PHP on alcohol consumption worldwide.

Table.- Five-item instrument to assess the strength of alcohol-related public health policies.

Item	WHO Categories	Low-level (0)	Moderate-level (1)	Strong-level (2)
National policy to fight harmful consequences of alcohol	- National Plan Written national policy (WNP) National action plan	Without WNP	A WNP without a National action plan	A WNP and National action plan
Control over production, pricing, and taxes	- Taxes control, pricing policies - National license, production, and selling control	Those without production control or taxes	Some regulations. Taxes in some alcoholic beverages	Strong regulations. Taxes in all alcoholic beverages
Marketing of alcoholic beverages and restrictions to alcohol access	- Control over advertising and promotion - Restrictions to alcohol access - National drinking age rule	Countries without policies to control ads, access or a national legal minimum age	<50% of policies to control ads and access. There is a drinking age rule.	> 50% of policies to control ads and access. There is a drinking age rule
Drink-driving policies and - Driving-related policies	No restrictions when driving a vehicle or effective penalties for drink driving	Restrictions on blood alcohol concentration when driving a vehicle and effective penalties for drink driving		countermeasures Zero tolerance to alcohol consumption when driving and effective penalties for drink driving
Monitoring and surveillance	- Monitoring systems	No monitoring systems and support	Monitoring systems or support	Monitoring systems and support

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O-12 CHARACTERIZATION AND UTILIZATION OF HCV-POSITIVE DONORS IN ARGENTINA

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Introduction and Objectives: Increased utilization of hepatitis C virus (HCV)-positive organ donors has been endorsed as one of several ways to combat organ shortages. However, HCV-positive donors remain poorly characterized. This study aimed to evaluate the

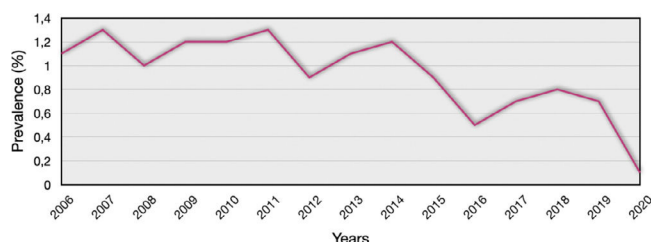
prevalence and utilization of HCV antibody (Ab) positive donors in Argentina.

Materials and Methods: We performed a cross-sectional study to analyze data from the INCUCAI in Argentina from January 2006 to December 2020. Demographic and allograft characteristics were evaluated, and utilization of HCV Ab-positive donors across Argentina was studied. Anti-HCV (ELISA), was performed on all donors during the procurement process. A stratified analysis according to the type of donor and HCV Ab was done.

Results: Overall, 16,140 deceased donors were denounced. Of these, 8627 (53.5%) were organ donors (7802 [90.4%] were effective) and 7513 (46.5%) were tissue donors. Demographic characteristics were age 42 ± 18 years and male/female ratio was 1.59/1. HCV Ab-positive was reported in 0.92% (n=149). The prevalence ratio per period among HCV Ab-positive donors (see graphic 1) showed that the highest prevalence was observed in 2007 (1.3%) and the lowest prevalence was in 2020 (0.1%). Prevalence for HCV Ab-positive among the type of donors was significantly higher in non-effective donors at 5.81% (n=48/825), followed by tissue donors at only 1.01% (n=76/7513) and lower in effective donors at 0.32% (n=25/7802; $P < 0.0001$). Organ donors with HCV Ab-positive serology had less acceptance rate than those with HCV Ab-negative (34% vs. 90%; respectively, $p < 0.001$). The solid organ transplants performed using HCV Ab-positive donors were 23 kidneys, five liver and one heart transplant. Only four transplants were performed after the advent of DAAs. Five-year recipient and graft survival in kidney and liver recipients was not adversely impacted by donor HCV Ab-positive status.

Conclusions: The prevalence of HCV Ab-positive donors in Argentina is low and declining. Therefore, expanding the donor pool using HCV Ab-positive donors is a limited strategy in our country.

Figure 1: Prevalence of HCV Ab-positive donors in Argentina during 2006-2020 (N=16,140)



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O-13 PERFORMANCE OF PRE-TRANSPLANT CRITERIA IN PREDICTION OF HEPATOCELLULAR CARCINOMA PROGRESSION AND WAITLIST DROPOUT

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Introduction and Objectives: Liver transplantation (LT) selection models for hepatocellular carcinoma (HCC) have not been proposed to predict waitlist dropout due to tumor progression. This study aimed to compare the alfa-fetoprotein (AFP) model and other pre-LT models in their prediction of HCC dropout.

Materials and Methods: A multicenter cohort study was conducted in 20 Latin American transplant centers, including 994 listed patients for LT with HCC from 2012 to 2018. Longitudinal tumor characteristics and patterns of progression were recorded at the time of listing, after treatments and at last follow-up over the waitlist period. Competing risk regression models were performed, and the model's discrimination was compared by estimating Harrell's adapted c-statistics.

Results: HCC dropout rate was significantly higher in patients beyond [24% (95% CI 16-28)] compared to those within Milan criteria [8% (95% CI 5-12%); $P < 0.0001$], with an SHR of 3.01 (95% CI 2.03-4.47)], adjusted for waiting list time and bridging therapies (c-index 0.63 (95% CI 0.57-0.69)). HCC dropout rates were higher in patients with AFP scores > 2 [adjusted SHR of 3.17 (CI 2.13-4.71)], c-index of 0.71 (95% CI 0.65-0.77; $P = 0.09$ vs. Milan). Similar discrimination power for HCC dropout was observed between the AFP score and the Metroticket 2.0 model. In patients within Milan, an AFP score > 2 points discriminated two populations with a higher risk of HCC dropout [SHR 1.68 (95% CI 1.08-2.61)].

Conclusions: Pre-transplant selection models similarly predicted HCC dropout. However, the AFP model can discriminate a higher risk of dropout among patients within Milan criteria.

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O-14 NONALCOHOLIC FATTY LIVER DISEASE IN PATIENTS WITH CORONARY HEART DISEASE

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