

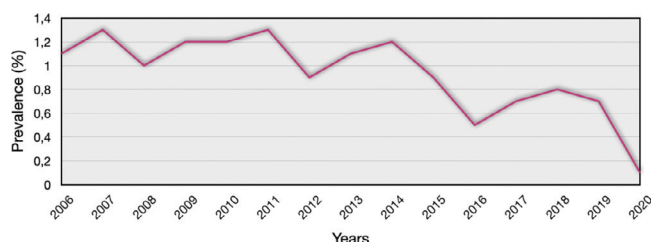
prevalence and utilization of HCV antibody (Ab) positive donors in Argentina.

**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  $42 \pm 18$  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% IC 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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