

guidelines and evaluate potential treatment expansion based on the WHO guidelines.

Patients / Materials and Methods: This cross-sectional study included consecutive treatment-naïve CHB patients from Argentina, Brazil, Chile, and Uruguay who were referred for the first time to hepatology evaluation between January 2010 and June 2024. Treatment candidacy was evaluated according to both country-specific and WHO guidelines. We then estimated the difference in treatment candidacy between these two approaches.

Results and Discussion: A total of 719 patients with CHB had complete data available to evaluate treatment candidacy according to both guidelines. Of these patients, 67% were male with a median age of 52 years (IQR 38-62), and 8.1% presented with liver decompensation. Among patients, 64% were HBeAg-negative, median HBV DNA level was 43,000 IU/ml (IQR 633-110,000,000 IU/ml), median ALT was 41 U/L (IQR 23-99 U/L), and 47% had an APRI >0.5. According to country-specific guidelines, 57% (95% CI: 53-60) met criteria for treatment. Antiviral treatment was initiated in 84% of eligible patients, primarily with entecavir (63%) and tenofovir (32%). Compared to country-specific guidelines, the proportion of patients meeting treatment criteria under the WHO guidelines increased to 67% (95% CI: 63.8-70.6), resulting in a 10% (95% CI: 8-13) increase in treatment candidacy (table). Treatment expansion was higher in women (15%; 95% CI: 10-20) than in men (8%; 95% CI: 5-11).

Conclusions: According to WHO guidelines, a considerable proportion of CHB patients who do not meet country-specific criteria are eligible for antiviral therapy. Notably, treatment expansion is higher in women. Implementing WHO criteria can enhance treatment rates and advance efforts toward CHB elimination.

		Treatment candidacy by 2024 WHO guidelines		
		NO	YES	total
Treatment candidacy by country-specific guidelines	NO	235 (33%)	75 (10%)	310 (43%)
	YES	0 (0%)	409 (57%)	409 (57%)
total		235 (33%)	484 (67%)	719 (100)

The absolute number and percentage of individuals for whom the criteria according to the local guidelines were concordant or discordant with the WHO treatment criteria are presented (n=719)

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OP- 4 EPIDEMIOLOGY OF PRIMARY BILIARY CHOLANGITIS IN LATIN AMERICA: PRELIMINARY RESULTS FROM ALLATIN COHORT

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Conflict of interest: No

Introduction and Objectives: Primary biliary cholangitis (PBC) may present differently depending on various factors such as ethnicity and genetic background. Latin America has a highly admixed population with a unique genetic diversity compared to other regions of the world. However, there is limited information available on the presentation and epidemiology of PBC in this region. This study aims to address the epidemiology of PBC in Latin America.

Patients / Materials and Methods: Ongoing retrospective, international, multicentric cohort study sponsored by ALEH that enrolls PBC patients from different countries in Latin America.

Results and Discussion: Data were accrued on 231 patients [Brazil (52%), Argentina (27.4%), Chile (10.8%), Costa Rica (4.5%), Cuba (3.6%), and Mexico (0.9%)], 92.1% female (mean age at diagnosis 50.5 years), 25.6% with cirrhosis at baseline. Overlap with autoimmune hepatitis was reported in 16.0% of cases. Most patients were symptomatic (67.9%) at diagnosis, with fatigue (41.9%) and pruritus (40.5%) being the main symptoms. Anti-mitochondrial antibodies (AMA) were positive in 70.8% and anti-nuclear antibodies (ANA) in 60.6%. Hashimoto thyroiditis (23.7%) and Sjogren syndrome (9.1%) were the most common extrahepatic autoimmune diseases associated with PBC. Mean baseline alkaline phosphatase, alanine aminotransferase, aspartate aminotransferase, and bilirubin levels were 445.9 (± 407), 89.8 (± 137.2), 37.6 (± 8.9) U/L, and 1.6 (± 3.1) mg/dL, respectively. Almost all patients (99.1%) were treated with ursodeoxycholic acid (UDCA). 67.4% achieved adequate response to UDCA according to the Toronto criteria and 32% normalized alkaline phosphatase at 12 months. Only 19.9% received second-line therapy, all with fibrates (89.1% bezafibrate, 8.7% ciprofibrate, 4.3% fenofibrate). Of the patients, 9% died, with 33% of deaths being liver-related, while 6% underwent liver transplantation. Hepatocellular carcinoma was diagnosed in 1.7% of patients.

Conclusions: In this unprecedented study, the epidemiology of PBC in Latin America appears similar to that in other parts of the world. However, lower rates of AMA positivity were observed, and most patients were still diagnosed with symptomatic disease. Second-line therapy options were limited to the availability of fibrates only.

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