Introduction and Objectives: Background: WHO aims for HCV elimination by 2030, targeting a 80% reduction in incidence and a 65% reduction in mortality, with 90% diagnosed and 80% treatment coverage compared to 2015. Uruguay, with a population of 3.4 million, has low HCV prevalence and universal treatment access, but testing and treatment rates are low. Objective: To assess the feasibility of HCV elimination and compare the burden and budget impacts of various testing strategies in Uruguay.

Patients / Materials and Methods: Methods: Disease burden and budget impact projections were generated using a decision-analytic model, The Hep C Elimination Tool, developed by Massachusetts General Hospital with support from the Coalition for Global Hepatitis Elimination and calibrated with Uruguayan parameters.

Results and Discussion: With 100% follow-up for confirmatory testing and treatment initiation, 42 strategies meet three elimination goals by 2030.

The strategy with the greatest death reductionuses a 30% annual screening rate and 80% treatment rate, requiring 3,220,000 people to be tested (800,000/annual from 2024-2026) and 20,000 treated (5,000/annual from 2024-2026) by 2030. This achieves 91% diagnosis and treatment coverage, with reductions in incidence of 89%, prevalence of 91%, decompensated cirrhosis of 74%, HCC of 46% and mortality of 56%, costing $121.63 million from 2022-2050.

The most gradual strategy uses a 15% annual screening rate and 70% treatment rate, requiring 3,190,000 people to be tested (400,000/annual from 2023-2029) and 19,035 treated (2,500/annual from 2024-2029) by 2030. This achieves 90% diagnosis and 85% treatment coverage, with reductions in incidence of 82%, prevalence of 85%, decompensated cirrhosis of 66%, HCC of 34% and mortality of 30%, costing $132.92 million from 2022-2050.

Conclusions: Uruguay can achieve WHO HCV elimination incidence goal and diagnosis and treatment targets by 2030. Mathematical modeling can inform policymakers about the impact of different interventions on HCV burden, supporting informed and cost-effective decision-making.

https://doi.org/10.1016/j.aohep.2024.101607

OP- 10 - NON-STEROIDAL ANTI-INFLAMMATORY DRUGS: A COMPARATIVE ANALYSIS BETWEEN THE SPANISH AND LATINDILI NETWORKS

FERNANDO BESSONE[1], Ismael Alvarez Alvarez[2], Nelia Hernandez[3], Maria Isabel Schinoni[4], Inmaculada Medina Caliz[2], Hugo Tanno[1], Hao Niu[2], Maria Virginia Reggiardo[1], Federico Tanno[1], Gabriel Rifrani[1], Ezequiel Ridruejo[5], Manuel Mendizabal[6], Raymundo Paraná[4], Eduardo Luis Fassio[7], Daiana Arnedillo[1], Antonella Cordone[1], Daniela Chiodi[3], Gisela Gualano[8], Javier Brahm[9], Maria Isabel Lucena Gonzalez[2], Raúl Jesus Andrade[2]

[1] *Hospital Provincial del Centenario. Universidad Nacional de Rosario, Rosario, Argentina*
[2] *Hospital Universitario Virgen de la Victoria. Universidad de Málga, Málaga, España*
[3] *Hospital de Clínicas, Montevideo, Uruguay*
[4] *Facultad de Medicina. Universidad Federal de Bahia, Salvador de Bahia, Brasil*
[5] *Departamento de Medicina CEMIC, Buenos Aires, Argentina*
[6] *Hospital Universitario Austral, Buenos Aires, Argentina*
[7] *Hospital Alejandro Posadas, Buenos Aires, Argentina*
[8] *Instituto Modelo de Endoscopía y Gastroenterología (IMEG), Santiago del Estero, Argentina*
[9] *Clínica Universidad de los Andes, Santiago de Chile, Chile*

Conflict of interest: No

Introduction and Objectives: Background: Non-steroidal anti-inflammatory drugs (NSAIDs) represent a frequent cause of drug-induced liver injury (DILI). Aim: To compare demographics, clinical characteristics and outcomes of NSAIDs-induced liver injury between the LATINDILI and the Spanish DILI Registries.

Patients / Materials and Methods: We analyzed 49 out of 468 LATINDILI cases (10,5%) and 82 out of 1254 Spanish DILI Registry cases (14%) induced by NSAIDs.

Results and Discussion: In Spanish DILI cases, ibuprofen (33%), diclofenac (18%) and nimesulide (11%), were the most frequent culprit drugs, while diclofenac (33%), nimesulide (29%), ibuprofen (18%) and etoricoxib (10%) were the most common offending agents in LATINDILI cases. Surprisingly, etoricoxib was far more frequent in LATINDILI (10%) than in the Spanish DILI Registry (1.2%). Females predominated in Latin American cases (73%) compared to Spanish cases (47%) (p=0.011). Also, there was a trend towards a higher hospitalization rate in Spanish cases (63%) compared to LATINDILI cases (43%). (p=0.057). Notably, Hy's law showed to have drug-specific predictive value, with ibuprofen, nimesulide and etoricoxib associated with fatal outcomes, whereas DILI due to other AINEs did not have a worse outcome. We separately analyzed cases due to the most frequent culprits in each registry (ibuprofen and diclofenac). Notably, one patient died and one patient underwent liver transplantation linked to ibuprofen in the Spanish DILI Registry, while no death nor liver transplants were recorded in the LATINDILI due to ibuprofen. Likewise, no fatal outcome related to diclofenac were observed in these registries

Conclusions: Differences in the incidence of DILI due to NSAIDs may reflect different prescribing patterns and public health policies in distinct countries. Ibuprofen can cause serious liver damage, and different doses in the OTC market and genetic factors may explain the differences in frequencies between registries. Hy's law prognostic performance varies between NSAIDs and is highest for nimesulide and ibuprofen. Etoricoxib DILI needs further investigation.

Table. Comparison of clinical presentation of DILI episode according to the most frequent individual AINEs registered in the Latin American DILI (LATINDILI) Network and the Spanish DILI Registry (at least 5 cases registered).

Culprit agents	n (%)	Age (y)	Pattern of DILI, n (%)			Female sex n (%)	Eosinophilia n (%)	Lymphopenia n (%)	Hy's law n (%)	True Hy's law (death/liver transplant) n (%)	nR-based Hy's law n (%)	True nR-based Hy´s law (death/liver transplant) n (%)
			Hep	Chol	Mix							
Spanish DILI Registry												
Ibuprofen	27 (33)	50±18	13 (48)	3 (11)	11 (41)	13 (48)	5 (20)	5 (22)	5 (20)	1 (20)	6 (24)	2 (33)
Diclofenac	15 (18)	60±20	14 (93)	1 (6.7)	0 (0)	6 (40)	1 (7.7)	2 (14)	7 (54)	0 (0)	7 (54)	0 (0)
Nimesulide	9 (11)	58±14	7 (78)	2 (22)	0 (0)	8 (89)	3 (33)	2 (25)	7 (78)	1 (14)	7 (78)	1 (14)
LATINDILI Network												
Diclofenac	16 (33)	55±11	11 (69)	5 (31)	0 (0)	10 (63)	2 (13)	3 (19)	6 (38)	0 (0)	6 (38)	0 (0)
Nimesulide	14 (29)	57±16	8 (57)	0 (0)	6 (43)	12 (86)	2 (14)	1 (7.1)	6 (50)	3 (50)	7 (58)	3 (43)
Ibuprofen	9 (18)	44±14	8 (89)	1 (11)	0 (0)	6 (67)	1 (13)	1 (13)	4 (50)	0 (0)	4 (50)	0 (0)
Etoricoxib	5 (10)	45±19	5 (100)	0 (0)	0 (0)	4 (80)	0 (0)	1 (20)	4 (80)	1 (25)	4 (80)	1 (25)

https://doi.org/10.1016/j.aohep.2024.101608

OP- 11 Detection Strategy for Patients with Viral Hepatitis Using Laboratory Records of Blood Samples for HBsAg and HCV Antibodies: PANRELINK

Fernando Cairo[1], Lucia Navarro[1], Nicolas Dominguez[1], Ignacio Roca[1], Omar Galdame[1], Laura Gonzalez[1], Lucia Guillen[1], Stella Loudet[1], Manuel Barbero[1]

[1] *HOSPITAL EL CRUCE, BUENOS AIRES, Argentina*

Conflict of interest: No

Introduction and Objectives: Patients diagnosed with viral hepatitis often fail to follow up, a problem exacerbated by the pandemic. The "relink" strategy aims to reconnect these patients to ensure they receive the necessary follow-up and treatment.

The objective of our work was to generate a PANRELINK program based on the analysis of blood samples tested for HBsAg and anti-HCV antibodies from the reference laboratory database at Hospital El Cruce and to implement a relink strategy for patients with positive results.

Patients / Materials and Methods: We analyzed the results of blood samples tested for HBsAg and HCV antibodies by chemiluminescence, conducted at the reference laboratory from 2012 to 2022. Samples were stratified by origin (primary care centers [CAP] vs. medium and high complexity hospitals [MHC]). Statistical analyses chi-squared and t-tests.

Results and Discussion: A total of 108,261 blood samples were tested for HBsAg, with a test positivity rate (TPR) of 0.28% (306/108,261). For HCV, 106,917 samples were tested, with a TPR of 1.09% (1,162/106,917). When stratified by sample origin, TPR for HBsAg was 0.11% (101/86,609) in CAP and 0.96% (205/21,652) in MHC ($p<0.001$). For HCV, TPR was 0.43% (384/88,625) in CAP and 4.34% (778/17,130) in MHC ($p<0.001$). Among HBsAg-positive patients, 11% (34/306) were already in treatment at the time of relink, 16% (49/306) had died, 11% (33/306) were acute cases, and 52% (163/306) were potential candidates for relink. Among HCV-positive patients, 21% (242/1,162) had been treated, 25% (289/1,162) had died, 6% (67/1,162) were in treatment at the time of relink, 2% (26/1,162) were false positives, and 46% (538/1,162) were potential candidates for relink. In HCV-positive patients, a relink program was implemented. The phone contact rate with patients for reconnection was 16% (86/538) on the first call. The low contact rate was due to phone number changes. The attendance rate was 70% (60/86).

Conclusions: The study reveals that a significant proportion of patients with viral hepatitis do not receive adequate follow-up, highlighting the need for effective reconnection strategies. The PANRELINK strategy was effective in identifying patients from laboratory records. This PANRELINK modality can serve as a replicable high-volume model in other health contexts, improving long-term health outcomes and reducing the disease burden. Addressing communication barriers, such as phone number changes, is crucial to improve contact and attendance rates in future reconnection initiatives.

https://doi.org/10.1016/j.aohep.2024.101609

O-12 DECIPHERING WILSON'S DISEASE IN COSTA RICA: AN INNOVATIVE GENETIC APPROACH

Danny Alvarado[1], Jorge Andres Herrera Corrales[1], Mildred Jimenez[1], Karina Hidalgo[1], Fernanda Vasquez[1], Francisco Vargas[1], Jorge Vargas[1], Francisco Hevia Urrutia[1]

[1] *CAJA COSTARRICENSE DEL SEGURO SOCIAL, San Jose, Costa Rica*

Conflict of interest: No

Introduction and Objectives: In a recent article from the American Journal of Human Genetics, the genetic behavior of variants associated with Wilson's Disease (WD) is analyzed, alongside the worldwide discovery of the responsible gene. The variant c.3809A>G (p.Asn1270Ser) is highlighted, with a prevalence of 61% in Costa Rica, differing from that observed in Europe and the United States, and originally described in Sicily. The Genetics Center of the National Children's Hospital has been instrumental in identifying a specific genetic pattern among Costa Ricans with WD. Additionally, a novel worldwide variant in heterozygosity has been discovered in Nicaraguan patients, solidifying Costa Rica as a country with a high incidence of WD and significant contributions to the genetic study of the disease, which has documented over 1161 pathogenic variants. Objective: To analyze and describe the genetic spectrum of these variants in Costa Rica over the past two years, aiming to establish a comprehensive genetic map in a population with a high incidence of WD.

Patients / Materials and Methods: Molecular Sequencing (Sanger NGS) for molecular confirmation, as well as MLPA techniques and Copy Number Variations (CNVs) analysis.

Results and Discussion: During the period (2022-2023), 86 patients with WD variants were identified, including 19 homozygotes, 11 compound heterozygotes, and 56 carriers. There was a significant gender distribution, with a female predominance among homozygotes (58%) and male predominance among compound heterozygotes (64%). The ages of the patients varied widely, with an average age of 20 years for homozygotes and 21 years for compound heterozygotes. Multiple genetic variants were identified in genes such as ATP7B, including p.N1270S and others.

Conclusions: The importance of genetic research in understanding complex hereditary diseases like WD is underscored. The high prevalence of the c.3809A>G variant in Costa Rica highlights regional genetic diversity and the need to adapt diagnostic and treatment strategies to the specific genetic characteristics of each population.

https://doi.org/10.1016/j.aohep.2024.101610

OP-13 CHOLANGIOCARCINOMA IN LATIN AMERICA: A MULTICENTER OBSERVATIONAL STUDY ALERTS ON ETHNICAL DISPARITIES IN TUMOR PRESENTATION AND OUTCOME

Leonardo G Da Fonseca[1], Laura Izquierdo Sanchez[2], Pedro H Hashizume[1], Yanina Carlino[3], Estefanía Liza Baca[4], Cristina Zambrano[5], Santiago Sepulveda[6], Andrea Bolomo[3], Pedro M Rodrigues[7], Ioana Riaño[7], Andre Boonstra[8], Jose D Debes[9], Luis Bujanda[7], Flair J Carrilho[1], Marco Arrese[6], Juan C Roa[6], Enrique Carrera[10], Javier Díaz Ferrer[4], Domingo Balderramo[3], Claudia P Oliveira[11], Jesus M Banales[7]

[1] *Instituto do Cancer do Estado de Sao Paulo (ICESP), SAO PAULO, Brasil*
[2] *IIS BIOGIPUZKOA, SAN SEBASTIAN, España*
[3] *Hospital Privado Universitario de Córdoba, CORDOBA, Argentina*
[4] *Hospital Nacional Edgardo Rebagliati Martins-Essalud, LIMA, Perú*
[5] *Hospital de Especialidades Carlos Andrade Marín, QUITO, Ecuador*
[6] *Pontificia Universidad Católica de Chile, SANTIAGO DE CHILE, Chile*
[7] *Biogipuzkoa Health Research Institute - Donostia University Hospital, SAN SEBASTIAN, España*
[8] *Erasmus MC University Medical Center, ROTTERDAM, Holanda (see netherlands)*
[9] *University of Minnesota, MINNESOTA, Estados Unidos (EEUU)*
[10] *Hospital Especialidades Eugenio Espejo, QUITO, Ecuador*
[11] *Universidade de São Paulo São Paulo, SAO PAULO, Brasil*

Conflict of interest: No

Introduction and Objectives: Cholangiocarcinoma (CCA) represents a global health challenge, with rising incidence and mortality