

with the first lentiviral candidate (siHBV-1), targeting S/Pol genes of HBV (108 TU/mL), three days later. Quantification of HBV proteins using chemiluminescence and HBV DNA using quantitative PCR (qPCR) was performed throughout the post-transfection period.

Results and Discussion: Effective silencing of HBsAg expression was observed in cells infected with siHBV-1, with undetectable levels from the third day post-infection compared to untreated controls ($p < 0.002$). Furthermore, HBV DNA was undetectable by qPCR, indicating successful silencing of HBV genotype A in vitro. The production of lentiviral candidates siHBV-2 and siHBV-3 is currently under evaluation. Flow cytometry will be used to determine the transduction rates in Huh7 cells once the tests are completed. Future investigations will explore combinations of these three siHBV vectors to optimize HBV silencing.

Conclusions: Lentiviral vector-mediated RNAi offers a promising approach for sustained suppression of HBV replication and gene expression, potentially promoting HBV clearance in chronic carriers.

<https://doi.org/10.1016/j.aohep.2024.101615>

P-2 RECAM VS. RUCAM: ADVANCING THE DIAGNOSIS OF IDIOSYNCRATIC DILI WITH A REVISED ELECTRONIC APPROACH.

Sara Pillajo¹, Daniela Chiodi¹, Ximena Pazos¹, Adriana Sánchez², Inmaculada Medina-Cáliz³, Fernando Bessone⁴, María Isabel Lucena³, Nelia Hernandez¹

¹ HOSPITAL DE CLINICAS, Montevideo, Uruguay

² HOSPITAL DE CLÍNICAS, Montevideo, Uruguay

³ Hospital Universitario Virgen de la Victoria, Málaga, España

⁴ Hospital Provincial del Centenario, Rosario, Argentina

Conflict of interest: No

Introduction and Objectives: Background: RUCAM has been a cornerstone in the causality assessment of DILI for the last three decades. However, the emergence of the Revised Electronic Causality Assessment Method (RECAM) promises enhanced accuracy and efficiency. Aim: to compare both scales and assess RECAM's performance in a prospective DILI registry.

Patients / Materials and Methods: The analysis was conducted on well-vetted DILI cases from a prospective multicenter cohort from a single country, in which RUCAM initially assessed causality. After applying the RECAM, the results and significant causes of discrepancy were analyzed

Results and Discussion: among 180 DILI-suspicions induced by conventional agents, RUCAM excluded 3.8% of cases and classified 38.8% as highly probable, 41.6% as probable, and 15.5% as possible. RECAM upgraded 66 cases (36.7%), downgraded 42 (23.3%), and left 72 (40%) unchanged. RECAM upgraded seven cases excluded by RUCAM to probable (3) or possible (4) and excluded one case considered probable by RUCAM. The figure shows the flow of classifications from RUCAM to RECAM. Variability in results between the RECAM and RUCAM was mainly due to differences in the domains assessing latency, particularly prolonged onsets (>60 days after drug initiation or >30 days after cessation accounted for 42.5% of differences), and the lack of Virus E serology as a determining factor.

Conclusions: RECAM proved to be a straightforward tool for evaluating DILI causality in clinical practice, offering improved objectivity when used prospectively and with all critical information available (particularly hepatitis virus markers). However, it is crucial to remain vigilant and pay particular attention to drugs with a long latency period.

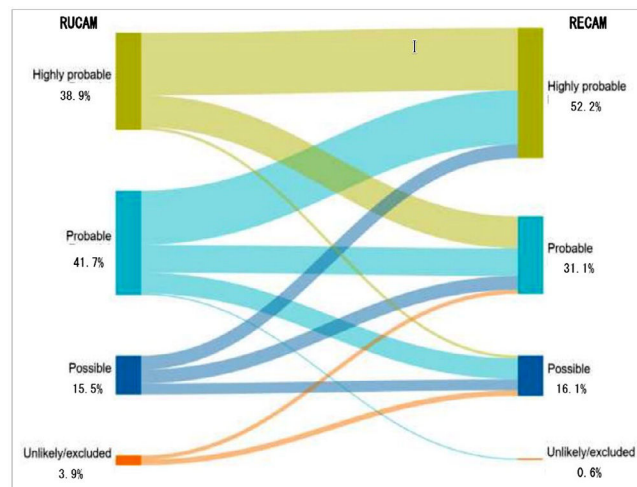


Figure: The flow of classifications from RUCAM to RECAM shows shifts into higher likelihood categories of DILI and how the revised method reclassifies cases initially categorized by the previous method.

<https://doi.org/10.1016/j.aohep.2024.101616>

P-3 FACTORS ASSOCIATED WITH AN IMPROVEMENT IN SEQUENTIAL LIVER STIFFNESS MEASURES BY TRANSIENT ELASTOGRAPHY IN MASLD PATIENTS WITH PREDIABETES AND TYPE 2 DIABETES.

Lorrane Viana Santos¹, Claudia Regina Lopes Cardoso¹, Gil Fernando Salles¹, Ana Carolina Cardoso¹, Cristiane Villela-Nogueira¹, Nathalie Carvalho Leite¹

¹ UNIVERSIDADE FEDERAL DO RIO DE JANEIRO, Rio de Janeiro, Brasil

Conflict of interest: No

Introduction and Objectives: There is increasing evidence that a $\geq 20\%$ decrease in sequential liver stiffness measurements (Δ LSM) by transient elastography (TE) is associated with a lower risk of long-term liver-related outcomes and mortality in patients with MASLD. Objective: We aimed to evaluate factors associated with $\geq 20\%$ decrease in Δ LSM in MASLD patients with prediabetes (Pre-DM) and type 2 diabetes (T2DM).

Patients / Materials and Methods: MASLD adults with PreDM or T2DM with two consecutive reliable LSMs by transient TE (Fibroscan Touch 502) were included. Clinical, biochemical and elastography data were collected at baseline and follow-up. PNPLA3 (rs738409 C>G) genotypes were determined. A multivariate logistic regression analysis was performed to evaluate the variables independently associated with $\geq 20\%$ decrease in Δ LSM. All data were analyzed using the statistical package SPSS (vs.24.0,IBM), a p-value < 0.05 was regarded as significant.

Results and Discussion: 294 patients were included (70% female, 60 ± 10 y, 63% with BMI ≥ 30 kg/m²): 14% had PreDM and 86% T2DM. Genotyping of PNPLA3 was identified as CC in 46% and CG+GG in 54%. At the first TE, 10% had LSM > 15 kPa [median 7.0 kPa (5.1-10.1)]. Overall, 31% experienced a $\geq 20\%$ decrease in Δ LSM on a 38 (26-52) months interval.