

P-10 SEROPREVALENCE OF CHRONIC HEPATITIS C INFECTION AND VIROLOGICAL CURE WITH A DAILY ADMINISTRATION SYSTEM OF NS3/4A PROTEASE INHIBITOR AND NS5A INHIBITOR IN IMPRISONED PATIENTS.

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Conflict of interest: No

Introduction and Objectives: Hepatitis C infection has a high prevalence in social rehabilitation centers and prisons; however, patient migration, lack of adherence monitoring and risk practices are determinants for abandoning treatment. **Objectives:** Determine the seroprevalence in patients deprived of their liberty in social rehabilitation centers for chronic hepatitis C infection, as well as evaluate the effectiveness of daily provision of antivirals in patients who are deprived of their liberty.

Patients / Materials and Methods: Information was collected through the national hepatitis C elimination program database in patients screened for HIV infection, syphilis and hepatitis C during the period 2021-2024 in Baja California Sur, Mexico. Mass screening tests were performed with serological antigen and PCR for hepatitis C. Those patients with a positive viral load were treated with direct-acting antivirals for 2 months and a viral load was performed to verify sustained viral response. During this period, medical teams supplied the drug in a controlled manner provided by the health services in prisons. To keep the rehabilitation centers free of hepatitis C, serologies were implemented under informed consent for newly admitted people that were admitted.

Results and Discussion: 3452 rapid tests were performed, of which 77 tests (2.23%) were reactive with positive viral load in 76 cases (98.07%), all patients were male (100%), with an average age of 42.1 years. Of the patients studied, the main risk factor was intravenous drug use (98%). Viral loads were measured 3 months after treatment where 98.68% had virological cure, 1.3% migrated from a social rehabilitation center and 0% presented virological failure.

Conclusions: The intervention of health services continuously and jointly with the penal system is a determining factor in achieving virological cure and rehabilitation centers free of hepatitis C.

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P-11 REAL-WORLD DATA WITH PANGENOTYPIC DIRECT-ACTING ANTIVIRALS IN LATINAMERICA: PRELIMINARY RESULTS OF THE SVR10K STUDY

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Introduction and Objectives: A previous real-world data (RWD) analysis demonstrated high effectiveness of sofosbuvir/velpatasvir (SOF/VEL) without ribavirin in > 6,000 HCV patients from 12 clinical cohorts across Australia, Canada, Europe & USA. Expand this research initiative with the ongoing SVR10K study, to include even more patients from additional geographical areas, which will allow to show SOF/VEL effectiveness across multiple diverse populations, including Latin-American (LATAM) region.

Patients / Materials and Methods: This RWD analysis includes patients ≥ 18 years treated with SOF/VEL without RBV for 12 weeks, as decided by the treating HCP, from 13 sites across Brazil, Colombia, Hong Kong, Mexico, Singapore, Sweden, Spain, Taiwan, and the United Arab Emirates. Age, sex, treatment experienced (TE), cirrhosis stage (no decompensated included), genotype, coinfections, time to treatment initiation (TTI) from HCV diagnosis, and SVR were analyzed for LATAM region.

Results and Discussion: Overall, 7,027 patients have been included up to now, 13% (n=890) of them from four sites in the LATAM region (Table). There, median age was 54.5 [IQR 43.2-63.5], where males 51%, and age > 50 years in 62%. Genotype 3 was present in 14%, cirrhotic (CC) 34%, TE 8%, while HIV, HBV and HDV coinfection was reported in 7.2%, 0.3%, and 0.0%, respectively. The TTI was available in 94%, with 28% having ≤30 days (In Brazil 57%). In terms of effectiveness, SVR was achieved in 99.6% of the treated population (n=788); being 98.2% in GT3 patients (n=112), 99.6% in CC patients (n=279), and 97.4% in GT3 CC patients (n=38).

Conclusions: Results on treatment effectiveness in LATAM region did not differ from RWD studies of patients in the North-Western countries, reinforcing that HCV treatment guidelines are globally applicable, and supporting the efficacy of panfibrotic, pangenotypic, and pangeographic DAA therapy. Although with positive signs, there is still a significant room for improvement in the time to treatment initiation in the LATAM region.

Table: Key demographics, Time to Treatment initiation, and SVR rate of patients by region and country

	Overall LATAM	Mexico**	Brazil	Colombia
# patients	890	454	293	143
Median age, y [IQR]	54.5 [43.2; 63.5]	50.9 [40.9; 59.5]	58.6 [47.8; 65.9]	61.3 [40.3; 68.9]
Male, %	50.9	52.9	47.1	52.4
≥50 y, % (male and female)	61.9	53.7	72.2	67.4
≥50 y male, %	30.5	29.7	35.4	22.5
≥50 y female, %	31.4	24.0	36.8	45.0
Genotype 3, %	14.4	11.0	25.3	2.8
Cirrhosis stage, %	33.9	48.5	14.0	28.7
# patients	837	451	291	95
Time to Treatment ≤ 1 month, %	27.5	10.6	57.1	17.9
# patients	788	440	237	111
Overall SVR, % *	99.6	99.5	100.0	99.1
SVR in GT3 patients, %	98.2	95.7	100.0	100.0
SVR in cirrhotic patients, %	99.6	99.5	100.0	100.0
SVR in GT3 & cirrhotic patients, %	97.4	96.0	100.0	100.0

*In effectiveness population, excludes patients who did not have a valid SVR status because of non-virological reasons or unknown reasons; ** Two sites

Key outcomes for LATAM in SVR10K study

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P-12 METHYL GROUP DONOR SUPPLEMENTATION IN A MetALD MODEL: REGULATION OF GUT MICROBIOTA AND METABOLIC PARAMETERS

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Conflict of interest: No

Introduction and Objectives: Patients who meet both MASLD (Metabolic dysfunction-associated steatotic liver disease) and alcohol-related fatty liver disease (ALD) criteria are categorized as having Met-ALD (Metabolic and alcohol-related liver disease) and its damage is characterized by metabolic dysfunction, gut dysbiosis and liver inflammation, resulting in steatosis and fibrosis. Methyl group donor supplementation in MASLD demonstrated metabolic benefits; we expect to corroborate those effects in MetALD and look for microbiota changes induced by methyl availability.

Patients / Materials and Methods: Twenty-four C57BL/6J male mice (25 ± 2g) were randomly assigned to 1) Control group (ND n=8); 2) MetALD (20% ethanol in water+45% fat diet); 3) Met-ALD + MetMix (MetALD + methyl donors: methionine, betaine, zinc sulfate, choline, B9, B6 and B12). Each group maintained their respective diet/supplementation for 20 weeks. Liver, epididymal fat and body weight were weighted at sacrifice and liver enzymes, adipokines and lipid profile were measured on serum. Histopathological evaluation was performed on liver, adipose and colon tissues. Gene expression of IL6 and TNF-α was analyzed, while 16S rRNA gene sequencing in fecal DNA assessed gut microbiota.

Results and Discussion: Methyl donor supplementation decreased (p<0.05) body and epididymal fat weight, and reduced cholesterol, HDL, and LDL serum levels. A reduction (n.s.) in AST, ALT, TG, VLDL, insulin, leptin, glucagon, and resistin, and the mRNA levels of IL-6 and TNF-α were also observed. Hepatic steatosis and adipocyte area revealed a significant decrease (p<0.05) in MetALD + Met-Mix group. Intestinal crypts tended to be restored in length, similar to the control group. Microbiota Beta diversity was comparable between groups, while alpha diversity and Firmicutes/Bacteroidetes

ratio showed a trend towards increase due to Firmicutes enrichment following supplementation.

Conclusions: Methyl donor supplementation improved body weight and lipid profile and reduced liver steatosis and adipocyte area, boosting the abundance and diversity of gut microbiota.

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P-13 EVALUATION OF UNDIAGNOSED ALCOHOLIC LIVER DISEASE IN PATIENTS WITH METABOLIC DYSFUNCTION-ASSOCIATED FATTY LIVER DISEASE USING THE ANI SCORE

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Conflict of interest: No

Introduction and Objectives: The 2024 EASL-EASD-EASO guidelines on Steatotic Liver Disease emphasize the distinction between Metabolic Dysfunction-Associated Steatotic Liver Disease (MAFLD) and the subcategories with significant alcohol consumption: Alcoholic Liver Disease (ALD) and Metabolic ALD (MetALD). To this aim, a systematic record of alcohol consumption and/or validated biomarkers is recommended.

To evaluate the likelihood of associated but unrecognized alcohol-related liver disease (MetALD/ALD) in patients managed for MAFLD.

Patients / Materials and Methods: A single-center retrospective study that analyzes the probability of MetALD/ALD using the ALD/NAFLD (ANI) score in patients diagnosed with MAFLD during May/June 2024. MAFLD was defined by the presence of hepatic steatosis with alcohol intake <20/30 g/day (iwomen/men), at least one cardiovascular risk factor, and no other discernible cause. Patients with suspected advanced chronic liver disease were excluded. A probability of MetALD/ALD was considered if ANI>0 (indicative of a probability >50%). Sociodemographic variables, alcohol consumption, and hepatic fibrosis were recorded and compared between the ANI>0 and ANI<0 groups, with significance level set at p<0.05.

Results and Discussion: 85 patients were included, average age 61.8±9.7 years, 52.9% male. Alcohol consumption was documented in medical history for 63.3% (54/85) of patients, with 53.4% (29/54) reporting no consumption. Per ANI score, 21.2% (18/85) were identified as having a probability of MetALD/ALD (ANI>0), with half of these (9/18) showing a probability >90%. Alcohol intake (10-20/30 g/day) was significantly higher in the ANI>0 group, consisting solely of males. Hepatic fibrosis was more pronounced in this group (7.6±3.6 vs 5.9±1.7) but did not reach statistical significance.

Conclusions: The significant prevalence of unrecognized MetALD/ALD by ANI score suggests that alcohol consumption may be underreported in the ANI>0 group. Therefore, the inclusion of the ANI score as a biomarker for accurate differentiation MAFLD from MetALD/ALD appears to be beneficial.