Conclusions: The education provided by the nursing staff to potential donors in the first THADV program in Colombia is effective, well-regarded, and crucial for the program's long-term success and sustainability.

https://doi.org/10.1016/j.aohep.2024.101644

P-31 ACUTE LIVER FAILURE DUE TO WILSON'S DISEASE IN COSTA RICA: A LOOK AT GENETICS

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Conflict of interest: No

Introduction and Objectives: Acute liver failure (ALF) can be defined as a complex clinical syndrome characterized by coagulopathy, alteration in liver biochemistry and encephalopathy in a patient without underlying chronic liver disease. An exception occurs in patients with Wilson's Disease (WD) manifested precisely by ALF. Costa Rica is known as a country with a high incidence of WD, a pioneer in the study of the genetics of this disease, documenting more than 1,161 pathogenic variants. Taking advantage of the work of the genetics laboratory of the National Children's Hospital, we undertook the task of assessing the genetic spectrum of patients with FHA due to Wilson in the last 2 years in our country. *Objective*: To analyze and describe the genetic spectrum of acute liver failure due to WD in Costa Rica during the last two years.

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

Results and Discussion: During the period (2022-2023), 86 patients with WD variants were identified, of which 30 had confirmatory genetics of the disease. 4 of them presented as having FHA, being managed with a liver transplant, and to this day all of them are alive. It was evident that 100% of the patients presented the c.3809A>G variant, with half of the patients being homozygous and the other half being c.3207C>A / c.3809A>G compound heterozygotes.

Conclusions: The c.3809A>G variant was found in all patients who presented ALF due to Wilson's disease in Costa Rica in the last 2 years. There is a lack of studies that assess the association between this variant and more aggressive presentations of the disease, however these results allow us to open a debate about the study of genetics as a predictor of ALF due to WD.

https://doi.org/10.1016/j.aohep.2024.101645

P-32 ACCESSIBILITY TO SEQUENTIAL SYSTEMIC TREATMENT AFTER TACE: IMPACT ON SURVIVAL IN A LATIN AMERICAN PROSPECTIVE COHORT

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Conflict of interest: No

Introduction and Objectives: Stopping rules following transarterial chemoembolization (TACE), either tumor progression or “unTACEable” progression are needed. Avoiding liver decompensation after TACE may lead better access to systemic treatment and survival. These scenarios are unknown in our region. We aimed to evaluate accessibility to systemic therapy following TACE and its impact on survival.

Patients / Materials and Methods: A multicenter prospective cohort study conducted in Latin America, included HCC patients receiving TACE from May 15, 2018 to March 15, 2024. We excluded patients on the liver transplant waiting list, or Child Pugh C. Survival since first TACE was compared between groups accessing (A) and not accessing (no-A) to systemic therapy after TACE through Cox proportional hazard survival analysis, and adjusted treatment effect was further evaluated using a propensity score (PS) and inverse probability treatment weighting (IPTW).

Results and Discussion: rom 258 receiving TACE, 188 were included after excluding 33 patients on the waiting list and 37 Child C (Table). Access to any systemic therapy was 46.8% (95% CI 39.5-54.2%), within a median time from TACE to first line of 9 months (range 3.7-17.0). In group A (n=88) systemic treatments following TACE were sorafenib 62.5%, atezolizumab + bevacizumab 31.8%, and lenvatinib 4.5%. Paradoxically, while presenting better liver function reserve, liver decompensation after TACE was more frequent in group A (7% vs 0%; P=0.004), without significant differences regarding median number of TACEs, modality, or tumor burden. Median survival since first TACE between groups was A 37.4 months vs no-A 29.8 months [HR 0.69 (95% CI 0.44-1.10), adjusted for the HAP score (Figure), which was unchanged after PS and IPTW.