Sp=83%,PPV=61% and NPV=93%) and for the detection of gastroesophageal varices was 4.4 KPa (S=83%,Sp=77%, PPV=66% and NPV=91%).

Conclusions: MRE elastography is a reliable tool to adequately exclude non-invasively the presence of portosystemic shunts and gastresophageal varices and help identify patients at low risk for the development of related complications.

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P-41 MICRORNAs FROM EVs AS POTENTIAL LIVER FIBROSIS NON-INVASIVE BIOMARKERS IN CHRONIC HEPATITIS C

Victoria Cairoli[1], Marcela De Sousa[2], Jean Carla Sejas[2], María Victoria Preciado[1], Pamela Valva[1]

[1] *Instituto Multidisciplinario de Investigaciones en Patologías Pediátricas (IMIPP-CONICET-GCBA), Ciudad Autónoma de Buenos Aires, Argentina*
[2] *Unidad Hepatología, Hospital de Agudos J.M Ramos Mejía, Ciudad Autónoma de Buenos Aires, Argentina*

Conflict of interest: No

Introduction and Objectives: Liver fibrosis evaluation is essential in management of chronic hepatitis C (CHC). Extracellular vesicles (EVs) are essential components of liquid biopsy. MicroRNAs (miRNAs) within EVs could serve as biomarkers of damage due to their role in regulating fibrogenesis through gene expression modulation. The objective was: evaluate plasma derived (p)EVs-miRNAs as biomarkers of significant fibrosis (F≥2) in CHC.

Patients / Materials and Methods: pEVs were isolated using exoRNeasy kit (QIAGEN) from 50 CHC cases (36% F≥2, assessed by liver fibrosis). miRNA-enriched RNA was extracted, sequenced by NGS and significant differential expression (SDE) analysis was performed between F≥2 and F<2 cases [fold change (FC)≥1.5; false discovery rate (FDR)≤0.2]. Diagnostic value of SDE miRNAs was assessed using ROC curves analysis. A score to predict significant fibrosis was generated by a binomial logistic regression model and its performance was compared with those of APRI and FIB-4 indexes. Plasma expression of SDE miRNAs was evaluated by RT-qPCR.

Results and Discussion: SDE analysis showed upregulation of miR-122-5p (FC=3.06, FDR<0.001) and downregulation of miR-92a-3p (FC=-1.5, FDR=0.051) in pEVs from F≥2 individuals. Each miRNA showed moderate power to discriminate F≥2 cases, but excellent power in the generated score ($AUROC_{miR-122}$=0.746; $AUROC_{miR-92a}$=0.767; $AUROC_{score}$=0.858). By APRI and FIB-4 indexes, 15 and 14 cases were classified as indeterminate, respectively. The score managed to correctly classify 11 APRI and 13 FIB-4 misclassified cases (Table 1). In plasma, no differences were observed in miRNA expression between fibrosis stages ($p\text{-value}_{miR-122}$=0.874; $p\text{-value}_{miR-92a}$=0.650).

Conclusions: Different stages of liver fibrosis showed specific pEVs-miRNA expression signatures. The combined evaluation of miR-122 and miR-92a in the score demonstrated excellent performance for discriminating F≥2 cases and improve APRI and FIB-4 performances. Direct plasma evaluation did not reflect the profiles observed in pEVs, highlighting the value of pEVs as potential biomarkers of liver fibrosis.

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P-42 ASSESSING THE TRAINING NEEDS OF PERUVIAN HEALTHCARE PROFESSIONALS

CESAR CASTRO VILLALOBOS[1], Rommel Zambrano Huilla[1], Rosario Mayorga Márquez[1], Jorge Garavito Rentería[1], Luis Antonio Díaz Piga[2]

[1] *HOSPITAL ARZOBISPO LOAYZA, Lima, Perú*
[2] *PONTIFICIA UNIVERSIDAD CATOLICA DE CHILE, Santiago de Chile, Chile*

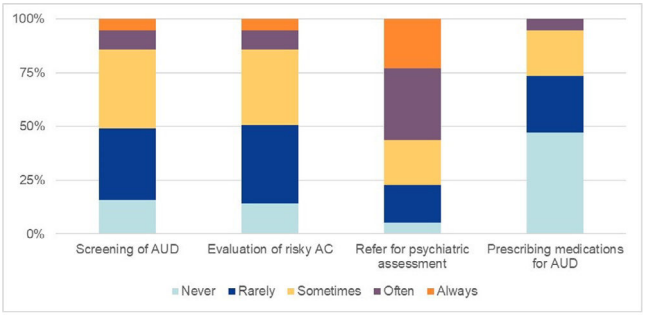
Conflict of interest: No

Introduction and Objectives: Alcohol-associated liver disease (ALD) is the most frequent cause of cirrhosis in Western countries. Although Peru does not have the highest alcohol per capita consumption, the prevalence of alcohol-related health consequences is extremely high. To overcome the higher burden of disease due to alcohol, we aimed to assess the understanding and knowledge gaps in the management of alcohol use disorder (AUD) and ALD in Peruvian healthcare providers.

Patients / Materials and Methods: We performed a non-probabilistic survey among physicians who are involved in the assessment and treatment of patients with ALD. Firstly, we developed fourteen questions from an expert panel on ALD in Latin America. Once the instrument was refined, it was submitted to physicians through the Peruvian Association for the Study of the Liver (APEH). The questionnaire included demographic data, assessment of alcohol intake in clinical practice, AUD treatment, and treatment of alcohol-associated hepatitis.

Results and Discussion: Fifty-seven healthcare professionals were recruited. Median age was 39 [34–51] years old, and 51% were women. Eighty-one percent of physicians were gastroenterologists and the median experience time was 7 [2–17]. Most physicians do not assess alcohol intake routinely (86%) and only 14% screen for AUD. Also, about 75% rarely or never prescribe medications for AUD, while only 56% refer to addition therapist routinely. Finally, only 19% perform a management of alcohol-associated hepatitis in line with the current recommendation, and 11% of participants do not use any international guidelines for managing ALD.

Conclusions: There is a huge gap in the clinical skills to assess and manage AUD and ALD properly. Training opportunities are urgently needed in the Peruvian health care providers to early detect and treat AUD and its striking consequences.



Assessment of diary clinical practice