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

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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

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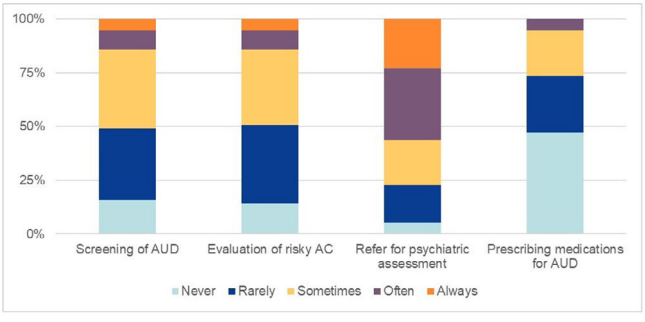
Conflict of interest: No

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

	N = 57
Age (years)	39 (34-51)
Sex (%)	
Women	29 (51)
Medical doctor (%)	
Gastroenterologist	46 (81)
General practitioner	11 (19)
Years of experience	7 (2-17)
Region (%)	
Coast	45 (79)
Highland	12 (21)
Medical center (%)	
Private outpatient	3 (5)
Primary health care	7 (12)
Secondary health care	23 (40)
Tertiary health care	24 (42)

General characteristics

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P-43 PROGNOSTIC MODELS AFTER TRANSARTERIAL CHEMOEMBOLIZATION IN A LATIN AMERICAN PROSPECTIVE COHORT STUDY

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Conflict of interest: No

Introduction and Objectives: With the advent of new therapeutic options for patients with hepatocellular carcinoma (HCC) at intermediate stage of the Barcelona Clinic Liver Cancer (BCLC), regional real-world data regarding prognostic survival factors are significant. The aim of this study was to evaluate pre and post-prognostic survival variables after transarterial chemoembolization (TACE).

Patients / Materials and Methods: A multicenter prospective cohort study was conducted in Argentina, Chile, Brazil, and Colombia, including HCC patients at BCLC B or C stages who were treated with TACE from 2018 to 2024. The effect on survival since date of first TACE was evaluated through Cox proportional hazard survival analysis. Harrell's c-statistic index for model discrimination was estimated through somers-d.

Results and Discussion: Overall, 625 patients were included, of which 41.3% (n=258) received TACE (Table 1), and 4.6% (n=29) selective internal radiation therapy (SIRT). The median number of TACEs procedures was 2 (range 1-3); 54.5% conventional TACE, and 44.7% with drug-eluting beads. Median follow-up since first TACE was 17.7 months, with a median overall survival of 27.3 months (range 21.9-35.1). Radiological objective response rates (ORR) after first and last TACEs were 49.2% (95% CI 42.9-55.5%), and 29.0% (95% CI 22.6-36.1%), with significantly better post TACE survival [HR of 0.48 (95% CI 0.29-0.78); P=0.003]. The pre-TACE prognostic model showed liver decompensation was an independent variable associated with increased post TACE mortality was [HR 2.0 (CI 1.28-3.12)], adjusted for performance status, and the HAP score. Pre and post-TACE model showed that the effect of liver decompensation was adjusted [HR 1.7 (CI 0.98-2.8); P=0.06], when ORR after last TACE was achieved and included in this model [HR 0.48 (CI 0.29-0.79); P=0.004], with a c-statistic index of 0.66 (95% CI 0.60-0.72).

Conclusions: Radiological response after sequential TACE might reduce the negative effect of liver decompensation on post-TACE survival. However, cautious TACE stopping rules should be considered.

Table 1. Patient and tumor characteristics immediately before transarterial chemoembolization (TACE).

VARIABLE	*TACE n=258 (41.3%)*
Age, years (± SD)	66 ± 9
Male gender, n (%)	192 (74.4)
Cirrhosis, n (%)	231 (89.5)
Median total Bilirubin, mg/dl (IQR)	1.1 (0.8-1.6)
Median Albumin, g/dl (IQR)	3.6 (3.1-4.0)
Median INR, (IQR)	1.2 (1.0-1.3)
Mild Ascites, n (%)	27 (10.5)
Child Pugh A/B/C, n (%)	162 (62.8)/54 (20.9)/42 (16.3)
Prior decompensation, n (%)	73 (28.3)
ECOG 0-1, n (%)	252 (97.7)
Median number of HCC nodules, (IQR)	2 (1-3)
Median target lesion diameter, mm (IQR)	45 (33-60)
Median serum AFP, ng/ml (IQR)	17.7 (5.0-147)
AFP ≥400 ng/ml, n (%)	34 (17.5)
BCLC before TACE, n (%)	
0	4 (1.5)
A	57 (22.1)
B	135 (52.3)
C	20 (7.7)
D	42 (16.3)
HAP score before TACE, n (%)	
A	54 (20.9)
B	98 (38.0)
C	76 (29.5)
D	30 (11.6)

Abbreviations: HCC: hepatocellular carcinoma, AFP: alpha-fetoprotein; IQR: interquartile range.

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