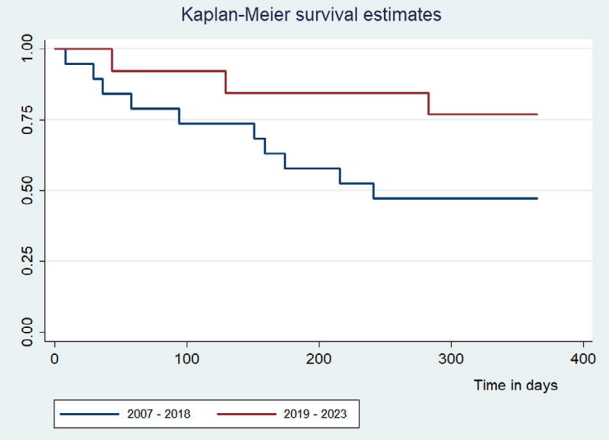
gastrointestinal bleeding (59%), followed by refractory ascites (36%). Additionally, 33.3% presented some degree of portal vein thrombosis, and 33.3% had reported hepatic encephalopathy episodes before the procedure. The average MELD Na score was 15.4. Only three patients experienced hemorrhagic complications related to the procedure, with one resulting in death. 53.8% reported some degree of hepatic encephalopathy after the procedure. One-year survival was analyzed, showing 47.4% in patients whose procedure was performed before 2019 versus 76.9% in the period between 2020 and 2023 (p 0.095). Four patients underwent transplants after TIPS, without complications.

Conclusions: We have observed a progressive increase in the indication for TIPS over time at our center, with half of the cases concentrated in the last four years. In addition, survival outcomes appear to be better, probably due to improved patient selection and more timely indications. The procedure was safe, with a low rate of acute complications and an incidence of encephalopathy similar to that reported in the literature. Longer-term follow-up will allow us to verify its effectiveness in our population



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P-52 CHARACTERIZATION OF SERUM METABOLOMIC PROFILE BY NMR IN PATIENTS WITH VARIOUS DEGREES OF HEPATIC ENCEPHALOPATHY.

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Conflict of interest: No

Introduction and Objectives: Hepatic encephalopathy (HE) is a complication of liver failure whose clinical identification is commonly delayed. Measurement of parameters reflecting HE would be desirable in clinical practice. Metabolomic study using nuclear magnetic resonance (NMR) represents a strategy in this regard, with advantages such as detecting numerous types of metabolites. *Objetive:* To characterize the serum metabolomic profile (SMP) of various clinical stages of HE severity using NMR.

Patients / Materials and Methods: Observational, cross-sectional, analytical, prospective study. Anthropometric, hematologic, and biochemical parameters were evaluated in patients >18 years: 15 controls (C), 18 hepatopathy without HE (HSHE), 11 minimal HE (HEM), 9 West Haven (WH) I, 12 WHII, 9 WHIII, and 8 WHIV. SMP was analyzed by NMR, characterizing the profile per patient, study group, and analyzed by PLS-DA using MetaboAnalyst 5.0 platform.

Results and Discussion: Signals from 45 metabolites were assigned, quantifying 43. PLS-DA showed differences in SMP between groups, with metabolite concentrations decreasing as HE severity increased, except for 3-methylhistidine, which increased with HE severity. Acetone, lysine, glycerol, and serine were higher in C compared to HSHE and HEM; proline, cysteine, threonine, alanine, 3-hydroxybutyrate, and isoleucine were higher in HEM or HSHE compared to WHI and WHII. The metabolite/creatinine index identified 14 metabolites that differentiated the groups (3-methylhistidine, acetone, proline, 3-hydroxybutyrate, lysine, cysteine, threonine, glycerol, glycine, lactate, alanine, serine, valine, and isoleucine).

Conclusions: SMP differed among the groups, with metabolites implicated in severe HE including arginine, isoleucine, valine, alanine, histidine, threonine, glycerol, serine, tyrosine, glutamine, phenylalanine, formate, ornithine, tau-methylhistidine, and methionine. Implicated metabolic pathways were phenylalanine, tyrosine, and tryptophan; phenylalanine; histidine; glycine, serine, and threonine; glutathione. WH has an objective and measurable explanation using metabolomics.

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P-53 IMMUNE-MEDIATED ADVERSE EVENTS FOLLOWING ATEZOLIZUMAB PLUS BEVACIZUMAB IS ASSOCIATED WITH DECREASED SURVIVAL IN PATIENTS WITH CIRRHOSIS

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Conflict of interest: No

Introduction and Objectives: Clinical trials evaluating the efficacy of first line systemic immune therapies for patients with advanced hepatocellular carcinoma (HCC) have recruited a lower proportion of patients with cirrhosis. In this group of patients, immune related adverse events (irAEs) may lead to decreased prognostic outcomes. The aim of this study was describe the incidence rate of irAEs and its impact on survival.

Patients / Materials and Methods: A multicenter prospective Latin-American cohort study was conducted including HCC patients who received A+B since its regional approval, either as first or subsequent systemic lines, to March 15, 2024. Overall survival since A+B, and survival since date of irAE was compared between patients developing and not developing irAEs (date since A+B), through Cox proportional hazard analysis (Harrell's c-index).

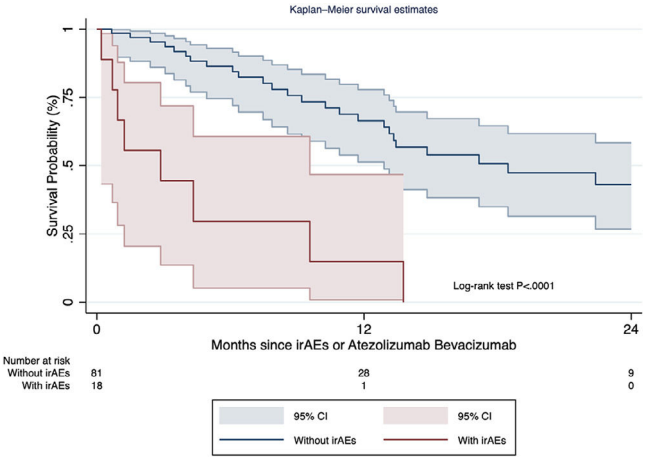
Results and Discussion: Overall, 99 patients treated with A+B were included (n=8 received it as second line post sorafenib), 82.3% presented cirrhosis. The median treatment duration was 6 months [number of cycles 5 (range 3-11.5)], with a median overall survival of 17.0 months (range 12.6-19.8). Over a median follow-up of 7.7 months (range 4.5-17.2), the irAE incidence rate was 2.1 cases per 100 persons-months [cumulative incidence 18.1% (95% CI 11.1-27.2%); n=18]. Median time to irAE was 2.3 months (range 1.4-4.8), most frequently hepatitis (n=6), thyroiditis (n=5), and 8/18 required steroids (Table). Follow-up and treatment duration times were similar regardless irAEs occurrence. On multivariable Cox regression model, AFP values before A+B >400ng/ml [HR 2.9 (95% CI 1.1-7.6)], adjusted for HCC diffuse intrahepatic pattern was associated with irAE development (c-statistic 0.66). Patients developing irAEs presented decreased overall and post-irAE survival [median 2.9 months vs 18.5 months; HR 6.2 (95% CI 2.7-14.2); P<.0001] (Figure).

Conclusions: Cautions management in patients with irAEs is of relevant importance in our region, highlighting the role of onco-hepatologists in the clinical-decision making process of these patients.

VARIABLE	*irAEs* *n=18 (18.1%)*	*Without irAEs* *n=81 (81.2%)*	*P values*
Age, years (± SD)	68 ± 8	67 ± 9	0.62
Gender, Male, n (%)	15 (83.3)	63 (77.8)	0.44
Obesity, n (%)	4 (23.5)	14 (17.9)	0.41
Comorbidities, n (%)	10 (55.6)	48 (59.3)	0.48
Cirrhosis, n (%)	16 (88.9)	66 (81.5)	0.35
Etiology of liver disease, n (%)			
Viral/non-viral	9 (50.0)/9 (50.0)	29 (35.8)/52 (64.2)	0.20
Hepatitis C	8 (44.4)	22 (27.2)	0.12
Metabolic associated steatotic liver disease	4 (22.2)	27 (33.3)	0.27
Alcoholic liver disease	-	9 (11.1)	0.10
Child Pugh A/B, n (%)	14 (77.8)/4 (22.2)	67 (82.7)/14 (17.3)	0.42
Prior decompensation, n (%)	-	16 (24.2)	0.02
ECOG 0-1, n (%)	18 (100)	77 (95.1)	0.44
Median total Bilirubin, mg/dl (IQR)	0.8 (0.7-1.6)	0.9 (0.6-1.3)	0.66
Median Albumin, g/dl (IQR)	3.8 (3.6-4.2)	3.8 (3.3-4.1)	0.51
Median INR, (IQR)	1.1 (1.0-1.2)	1.0 (1.0-1.2)	0.82
Median serum AFP, ng/ml (IQR)	150.7 (5.4-1624.9)	28.5 (4.9-487.7)	0.30
AFP ≥100 ng/ml, n (%)	9 (50.0)	22 (27.2)	0.06
AFP ≥400 ng/ml, n (%)	7 (38.9)	16 (19.7)	0.08
Macrovascular tumor invasion, n (%)	6 (33.3)	32 (39.5)	0.42
Metastatic disease, n (%)	8 (44.4)	25 (30.9)	0.20
BCLC before atezolizumab + bevacizumab, n (%)			
B	5 (27.8)	24 (29.6)	0.56
C	13 (72.2)	57 (70.4)	

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

Comparison between patients with and without immune related adverse events



Comparative survival between patients with or without irAEs.

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P-54 ANALYSIS OF FACTORS ASSOCIATED WITH STEATOTIC LIVER DISEASE IN SUBJECTS WITH INFLAMMATORY BOWEL DISEASE: A RETROSPECTIVE CROSS-SECTIONAL STUDY IN THE CHILEAN POPULATION

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