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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).

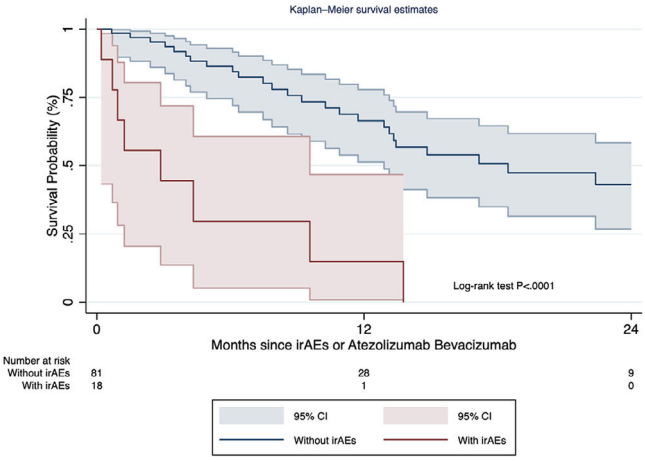
Results and Discussion: Overall, 99 patients treated with A+B were included (n=8 received it as second line post sorafenib), 82.3% presented cirrhosis. The median treatment duration was 6 months [number of cycles 5 (range 3-11.5)], with a median overall survival of 17.0 months (range 12.6-19.8). Over 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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Conflict of interest: No

Introduction and Objectives: Inflammatory bowel disease (IBD) is a globally increasing condition. There is growing interest in the comorbidities associated with IBD, including steatotic liver disease (SLD). SLD has been demonstrated in individuals with IBD, even in the absence of other metabolic factors. Few studies have evaluated this association in the Latin American population. *Objectives:* The study aims to evaluate the frequency of SLD in Chilean subjects with IBD and its association with clinical and metabolic variables.

Patients / Materials and Methods: We conducted a retrospective cross-sectional study of 148 adults with IBD (Crohn's disease: 89, ulcerative colitis: 46, and unclassified colitis: 13) who had abdominal imaging such as ultrasound, CT, or MRI in the last 15 years. Patients were considered to have SLD if this diagnosis was reported in the imaging report. Differences between groups were evaluated using chi-square and non-parametric tests.

Results and Discussion: The median age of this cohort was 48 years (Q1: 37, Q3: 63 years), and 85 (57.4%) were female. Thirty patients (20.2%) had SLD. Subjects with SLD had significantly higher weight (75.8 vs 66kg, p<0.001) and body mass index (27.6 vs 22.6kg/m^2, p<0.001) compared with subjects without SLD. In multivariate analysis, this association remained significant independently of age, sex, and IBD disease activity (p<0.001). The use of corticosteroids showed a 100% association with SLD (p<0.001). No significant association was observed between SLD and other treatments or variables such as age, sex, type or activity of IBD, gallstones, triglyceridemia, glucose, or smoking.

Conclusions: The frequency of SLD in Chilean patients with IBD is within the lower range of previous reports in other series. In our sample, the variables associated with SLD in subjects with IBD were elevated BMI and corticosteroid therapy.

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P-55 FIRST EVALUATION ALBI SCORE COULD BE A TOOL FOR RISK STRATIFICATION OF HCC DEVELOPMENT IN PATIENTS WITH CHRONIC HEPATITIS C AND CIRRHOSIS

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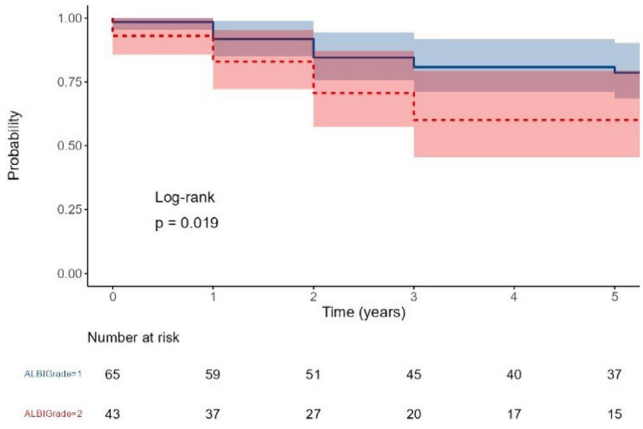
Conflict of interest: No

Introduction and Objectives: Hepatitis C virus (HCV) still is the leading cause of hepatocellular carcinoma (HCC) in Brazil, even after the new treatments with DAAs. HCC surveillance is recommended based on liver fibrosis, whereby patients with advanced fibrosis are suitable for screening. Therefore, there is a need for tools to improve risk stratification in this population. Our aim was to assess whether the ALBI score performed at first evaluation of patients with HCV-related cirrhosis could stratify the risk of developing HCC.

Patients / Materials and Methods: This study included 108 patients with HCV-related cirrhosis evaluated in the outpatient units in Hospital de Clínicas da Faculdade de Medicina da Universidade de São Paulo, Brazil. Clinical data from the first evaluation and ALBI score with first the laboratory tests were used for the statistical analysis. The last follow-up was at the last HCC screening image in patients who did not develop HCC and at HCC diagnosis in those who did. The statistical analyses were performed using Jamovi software version 2.3.23.

Results and Discussion: During follow-up, with a mean duration of 5.28 ± 4.72 years, 32 patients developed HCC. Patients who developed HCC had significantly lower albumin values (p=0.039) and a higher proportion of ALBI grade 2 (p=0.036) at the first outpatient assessment. Evaluating HCC risk over time by Kaplan-Meier, patients with ALBI grade 2 had a significantly higher risk of developing HCC than patients with ALBI grade 1 (p=0.019) when assessed at 1 year (17% vs. 8.2%), 2 years (29.3% vs. 15.4%), 5 years (40.9% vs. 21.4%) and 10 years (47.4% vs. 23.9%). Patients with ALBI grade 2 had a two-fold higher risk of developing HCC during follow-up (OR 2.27, 95%CI 1.12-4.59, p=0.023).

Conclusions: Assessment of baseline ALBI score can improve HCC risk stratification in patients with HCV-related cirrhosis.



Kaplan-Meier plot for hepatocellular carcinoma risk in HCV-related cirrhosis with ALBI grade 1 and 2 at baseline

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P-56 EXPERIENCE WITH DEXMEDETOMIDINE IN THE MANAGEMENT OF ALCOHOL WITHDRAWAL SYNDROME FOR PATIENTS WITH CIRRHOSIS

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Conflict of interest: No

Introduction and Objectives: Lorazepam is the first-line treatment in patients with alcohol withdrawal syndrome (AWS). In patients with cirrhosis and AWS, the use of dexmedetomidine (DXM) has been poorly studied. The objective of this study is to report the effect of DXM in patients with cirrhosis and AWS.

Patients / Materials and Methods: Observational, retrospective, descriptive and analytical study. Patients with cirrhosis and AWS, treated with lorazepam, DXM, or both, were included. The Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar) data was collected before and after treatment; as well as the days of in-hospital stay (IHS). The quantitative variables were summarized using non-parametric descriptive statistics according to the distribution of the variables (average and range); as well as frequencies and percentages in the case of qualitative variables. To compare between three independent groups, the Kruskal-Wallis (KW) and Jonckheere-Terpstra (JT) tests were used. A significant difference was considered one with a value of p<0.05.

Results and Discussion: 39 patients were included, 37 (94.9%) men, average age 41 (27-66) years, alcohol consumption 287 (64-