P-81 LIVER TRANSPLANTATION FOR PRIMARY BILIARY CHOLANGITIS (PBC): 25-YEAR EXPERIENCE.

Manuella Sobral Andrade Oliveira[1],
Thaís Assis Vilela[1],
Marcus Vinícius Gomes Acevedo Garcia[1],
Michelle Braga Harriz[1],
Luiz Augusto D'Albuquerque Carneiro[1],
Eduardo Luiz Cançado Rachid[1],
Débora Raquel Terrabuio Benedita[1]

[1] *Hospital das Clínicas, University of Sao Paulo School of Medicine, São Paulo, Brasil*

Conflict of interest: No

Introduction and Objectives: Ten-year survival after liver transplantation (LT) in PBC is around 80%; disease recurrence (DR) occurs in 17-46%, with patient and graft survival impact. OBJECTIVES: To evaluate the epidemiological profile of patients transplanted due to PBC and recurrence risk factors.

Patients / Materials and Methods: Retrospective cohort analysis from 1997 to 2022. Until 2002, standard immunosuppression (IS) was with cyclosporine (CYA); later tacrolimus (TAC). From 2019, preemptive ursodeoxycholic acid (UDCA) was started in the first 3 months of LT to prevent DR (46.2%).

Results and Discussion: 28 patients were evaluated, 96.4% female with 52.4±9.7years at LT (2 living donor). The pre-LT data are shown in Table 1. Five patients were transplanted due to exception points (3 pruritus, 1 refractory ascites, 1 encephalopathy). After LT, 11 presented acute cellular rejection (ACR) (2 cases during the switch of TAC to CYA to prevent DR) and 4 CMV infection (14.3%). The DR rate was 46.4% in 6.34±5.5 years post-LT, most of them stage I. At relapse, 53.9% were using CYA. Four patients (14.3%) died. The preemptive use of UDCA was associated with a lower risk of recurrence (25 × 71.4%, p=0.047). There was no impact of recurrence on patient survival.

Conclusions: In literature CYA is associated with a lower risk of DR and greater survival, however, in our cohort, > 50% were using the medication at relapse. Some cases of ACR occurred at the shift of TAC to CYA. It's important to discuss the ideal time to IS conversion, particularly during the first 6 months and to use preemptive UDCA to reduce DR. Although almost 50% of patients relapsed, deaths were not related to recurrence. The preemptive use of UDCA post-LT appears to be associated with lower DR, with no impact on survival, probably due to the short follow-up period.

Table 1: Pre-LT data

Gender n(%)	
Male	1 (3.57 %)
Female	27 (96.42%)
Age (mean ± SD) (years)	
At diagnosis of PBC	46.6±10
At Liver transplant	52,45±9.7
Pré LT complications n (%)	
Ascites	9 (35.7)
Upper Gastrointestinal Bleeding	7 (25)
Encephalopathy	4 (14.3)
Spontaneous bacterial peritonitis	2 (7.1)
LT indications n (%)	
Loss of function	23 (82.1%)
Exception points	5 (17,8%)
Donor age (mean ± SD) (years)	39.42±15
Donor/recipient sex disparity n (%)	11 (39.6 %)

Table 2: Post-LT data

Preemptive UDCA n (%)	12 (46.2)
Acute cellular rejection n (%)	11 (39.3)
Exchange of TAC for CYA	2 (7.1)
Cytomegalovirus	4 (14.3)
PBC recurrence n (%)	13 (46.4)
Use of CYA	7/13 (5.9)
Deaths n (%)	4 (14.3)
Early complications	2 (7.14)
HBV de novo	1 (3.5)
Pancreatic neoplasm	1 (3.5)
10-year survival	85%

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P-82 IMPACT OF HEPATITIS C VIRUS ERADICATION WITH DIRECT ANTIVIRAL DRUGS ON GLYCEMIC CONTROL AFTER LIVER TRANSPLANTATION

Alicia Araújo de Oliveira[1], Samanta Teixeira Bastos[1],
Claudia Cristina Tavares de Souza[2],
Eduardo de Souza Martins Fernandes[1],
Henrique Sérgio Moraes Coelho[1],
Cristiane Villela-Nogueira[1], Nathalie Carvalho Leite[1]

[1] *UNIVERSIDADE FEDERAL DO RIO DE JANEIRO, Rio de Janeiro, Brasil*
[2] *HOSPITAL SÃO FRANCISCO NA PROVIDÊNCIA DE DEUS, Rio de Janeiro, Brasil*

Conflict of interest: No

Introduction and Objectives: Liver transplant patients have increased risk of type 2 diabetes (T2DM). Although hepatitis C virus (HCV) is an independent risk factor for insulin resistance and T2DM, there is no consensus on the impact of antiviral treatment on sustained glycemic control, particularly in liver transplant patients with HCV (HCV-LT). *Objective:* Evaluate the impact of viral HCV eradication with direct antiviral drugs on long term glycemic control of HCV-liver transplanted (HCV-LT) patients.

Patients / Materials and Methods: A retrospective cohort of HCV-LT recipients with sustained virological response (SVR) after direct-antiviral treatment (DAA) was included in this longitudinal study. Clinical and laboratory data were collected before antiviral treatment and sequentially after SVR. A Cox Regression analysis was performed to evaluate the variables associated with glycated hemoglobin (A1C) on target (≤ 7% and ≤ 5.6% with and without T2DM) at the end of the follow-up period.

Results and Discussion: Overall, 140 eligible HCV-LT patients were included (64% male, 63 ± 9 yrs, 15% with BMI ≥ 30 kg/m2, 64% with T2DM) and followed for 43 (19-70) months. After LT, 79% used tacrolimus, 34% Sirolimus and 14% prednisone. Before treatment 71% had A1C on target. At follow up this rate increased to 77%, with add-on insulin/increased doses in 14%, withdraw/reduced doses in 12% and diet/oral treatment in 76% of HCV-LT patients.

On multivariate Cox analysis, A1C on target at follow-up were independently associated with diet/oral treatment (HR:2.77; 95%CI,1.33-5.78;p=0.006) and time between LT and end of DAA treatment (HR:0.996; 95%CI,0.992-1.000;p=0.045), adjusted for age, gender, weight gain and immunosuppressants.

Conclusions: Over 70% of HCV-LT patients with SVR remained in good glycemic control over time, which was associated with initial and long-lasting non-insulin treatment. Of note, A1C on target was

inversely associated with time from transplant to the end of DAA and subsequent HCV eradication, despite other important factors for long-term glycemic control.

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P-83 REDUCTION OF LIVER STIFFNESS AFTER ANTICOPPER THERAPY IN WILSON'S DISEASE

Maria Chiara Chindamo[1], Vivian Rotman[1], Nathalia Carrano Eduardo de Castro[1], Debora Canoilas[1], Marcela Giannini Costa[1], Mariana Costa de Almeida[1], Andreia Silva Evangelista[1], Ubiratan Cassano Santos[1], Fernanda Luiza Valladares Calçado[1], Leticia Cancella Nabuco[1], Renata de Mello Perez[1]

[1] *FEDERAL UNIVERSITY OF RIO DE JANEIRO, RIO DE JANEIRO, Brasil*

Conflict of interest: No

Introduction and Objectives: Liver stiffness (LS) is increased in fibrosis related to chronic liver diseases. Nevertheless, other factors such as liver inflammation, congestion and intrahepatic deposits may also affect hepatic elasticity. We hypothesized that Wilson's disease (WD) intrahepatic copper accumulation can lead to an increase in LS. The aim of this study is to assess the changes in LS during treatment of patients with different presentations of WD.

Patients / Materials and Methods: We included patients with confirmed diagnosis of WD (Leipzig score ≥4) under regular use of chelating agents or zinc salts, between 2014 and 2024. Patients who have undergone at least two transient hepatic elastography (THE; Fibroscan, ECHOSENS) during clinical follow-up, were included. The minimum interval between each elastography was one year. Patients submitted to liver transplantation were excluded. Variations in liver stiffness between the last and first THE, the anticopper therapy used, and the main WD manifestations, were evaluated.

Results and Discussion: Thirteen patients were included: mean age of 28.8 ± 9.9 years; 54% female. Seven (54%) patients presented predominantly neurologic manifestation and six (46%) hepatic manifestations; 92% used chelating agents. The mean initial LS was 12.2 ± 14.8 kPa (median 7.5 kPa; ranging from 3.8 to 59.3), decreasing during treatment to 7.7 ± 4.6 kPa (median 6.3 kPa; ranging from 3.9 to 18.9) at a mean follow-up interval of 4.9 ± 2.8 years (ranging from 1 to 10) ($p < 0.0001$). Eight (61%) patients observed a median reduction of 2.3 kPa and five presented a median elevation of 0.3 kPa. There was no difference in LS variations according to clinical presentation of WD (p=0.387).

Conclusions: In patients with WD, LS decreased in most patients during chelating therapy. Intrahepatic copper deposit might influence higher values of LS before anticopper therapy, suggesting the possibility of using THE to evaluate hepatic copper accumulation and to monitor WD treatment.

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P-84 HAVE CFTR MODULATORS CHANGED THE NEED FOR LIVER TRANSPLANTATION AMONG PATIENTS WITH CYSTIC FIBROSIS? AN ANALYSIS OF THE UNOS DATABASE

MANUEL MENDIZABAL[1], Claire Cywes[2], Nicolas Muñoz[2], Amay Banker[3], Christian Bermudez[2], Denis Hadjiliadis[2], Peter Abt[2]

[1] *HOSPITAL UNIVERSITARIO AUSTRAL, Pilar, Argentina*

[2] *Universidad de Pensilvania, Filadelfia, Estados Unidos (EEUU)*

[3] *Sir HN Reliance Hospital, Mumbai, India*

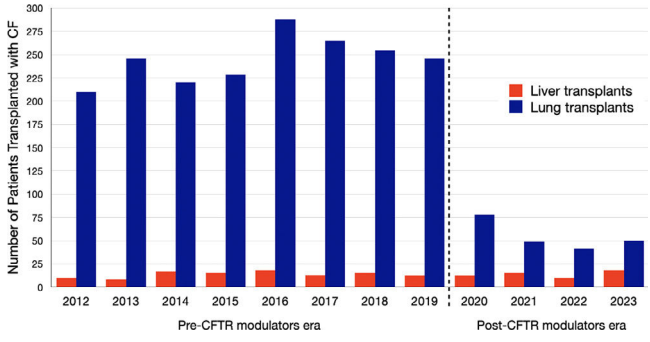
Conflict of interest: No

Introduction and Objectives: The impact of cystic fibrosis (CF) transmembrane conductance regulator (CFTR) modulators on the natural history of liver disease is unknown. The objective of this study is to assess changes in the rates of liver transplantation compared to lung transplantation since the approval of the new CFTR modulators in October 2019.

Patients / Materials and Methods: Patients with CF (PwCF) who were listed for liver or lung transplantation were identified in the OPTN/UNOS database. We compared outcomes between the pre- and post-CFTR modulators eras, 2012-2019 and 2020-2022, respectively.

Results and Discussion: Between 2012-2023, 95,254 liver and 28,715 lung transplants were performed, including 138 (0.09%) and 2,129 (7.4%) transplants in PwCF, respectively. The rate of death on the waitlist was not significantly different between eras in either group. For liver transplantation, the median percentage of CF-related listings per year was similar between the two eras 0.13% (0.11-0.17%) in 2012-2019 vs. 0.12% (0.11-0.13%, p=0.18) in 2020-2023. Similarly, the median percentage of CF-related liver transplants per year was 0.14% (0.12-0.20%) vs. 0.14% (0.11-0.16%, p=0.450) (see figure). For lung transplantation waitlist additions per year decreased from 7.58% (6.72-8.17%) to 1.11% (0.95-1.52%) per year from the pre- to the post-modulator era ($p<0.001$). The median percentage of CF-related transplants per year was 11.18% (10.42-11.94%) in pre-modulator era vs 1.64% (1.56-2.23%) in the post-modulator era ($p<0.001$).

Conclusions: We describe stable liver transplant activity for PwCF in the post-modulator era compared to the pre-modulator era, while the need for lung transplantation declined after the introduction of highly-active CFTR modulators. Long-term data is required to determine the role of CFTR modulators on modifying the need of liver transplantation in PwCF.



Number of liver and lung transplants per year in the pre- and post- highly active CFTR modulators eras.

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P-85 IMPACT OF TECHNICAL NOTE No 32/2021 ON THE RATE OF LIVER TRANSPLANTS FOR REFRACTORY ASCITIS IN A TERTIARY HOSPITAL

Guilherme Massote Fontanini[1], Juarez Roberto de Oliveira Vasconcelos[1], Marcia Guimarães Villanova[1], Fernanda Fernandes Souza[1], Roberta Chaves Araújo[1], Rebbeca Dias Zaia[1], Mariana Carvalho Caleffi[1], Gustavo Pereira Peixoto[1], Isabela Dourado de Carvalho[1]