

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

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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

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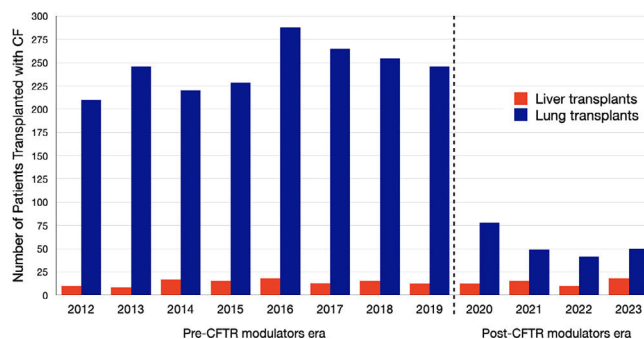
Conflict of interest: No

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

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