

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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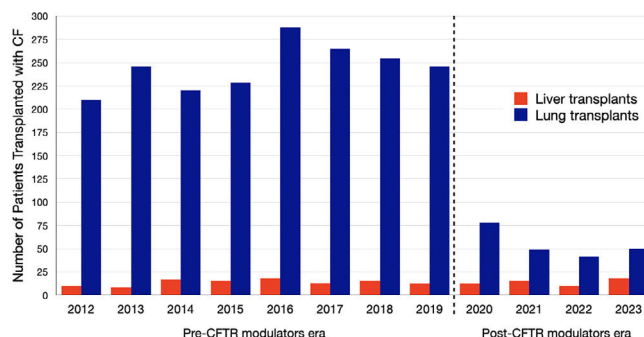
Conflict of interest: No

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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Conflict of interest: No

Introduction and Objectives: Liver transplantation (LT) is the definitive treatment for decompensated cirrhosis and liver failure. Patients with ascites refractory to the use of diuretics fit the criteria for a special situation, according to technical note No. 32/2021, issued in 2021 by the Ministry of Health (MS). Cases with refractory ascites now directly and immediately receive 29 points on the MELD score. Thus, changes in the waiting time for LT are expected after the aforementioned technical standard, but the real impact on morbidity and mortality is unknown.

This study aims to compare the waiting time for LT for refractory ascites before and after technical note No. 32/2021. In addition, the study will also evaluate the proportion of those transplanted for refractory ascites after the 2021 resolution.

Patients / Materials and Methods: The electronic medical records of patients undergoing LT in a tertiary service during the years before (2018 and 2019) and after (2022 and 2023) technical note No. 32/2021 were evaluated. Patients undergoing LT of both sexes and aged 18 or over were included. The data was stored in a spreadsheet and compared.

Results and Discussion: There was a 59-day reduction in the median waiting time, considering the interval between the special situation being granted and the actual LT being performed. In addition, there was a 5.85% increase in the number of LT for refractory ascites, considering the years 2018 and 2019 *versus* 2022 and 2023.

Conclusions: The implementation of technical note No. 32/2021 correlated with a reduction in the waiting time for LT for patients with refractory ascites. In addition, the implementation of this resolution was also correlated with a small increase in the number of transplants for refractory ascites. Despite the initial results, a longer observation period is needed for more in-depth analyses of survival and morbidity.

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P-86 SHORT TERM RESULTS OF TRANSPLANTED ACLF PATIENTS IN A YOUNG TRANSPLANT PROGRAM IN CHILE

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Conflict of interest: No

Introduction and Objectives: Pts with ACLF should be assessed for liver transplant (LT) due to the high mortality without LT (28-day mortality: grade 1 = 14.6%, 2 = 32%, 3 = 78.6%). There is a survival benefit for ACLF grades 2-3 with LT (85-89% at 3-months and 70-80% at 3-years). Grade 2, and specially grade 3 ACLF pts remain a challenge for LT teams. New scoring systems (eg. SALT-M) have been developed to assist decision-making. There is limited data on this topic in Chile and Latin America. **Aim:** To characterize ACLF pts who underwent LT in our center between January 2020 and March 2024.

Patients / Materials and Methods: Observational retrospective study. Clinical and laboratory data were collected. The cohort was divided into 3 groups based on ACLF grade. We calculated ACLF scores and assessed outcomes at 28-days and 3-months after LT.

Results and Discussion: A total of 100 LT were performed between January 2020 and March 2024. 31 pts (31%) had ACLF before LT. Table 1 shows general data of ACLF LT pts. Alcohol and autoimmune were the most frequent etiologies. Infection was the most frequent extrahepatic comorbidity before and after LT (80.7% and 93.6% respectively). Length of stay (LOS) was influenced by the grade of ACLF, with grade 3 patients having the longest ICU stay (20.92 days). 28-day and 3-month survival rates were 90.3% and 87.1%, respectively. Only grade 3 ACLF LT pts showed a difference between 28-day and 3-month survival. Multi organ dysfunction syndrome (MODS) was the main reported cause of death (75%).

Conclusions: Short term outcomes were consistent with national and international data. Infections were the main complication before and after LT. SALT-M score correlates with ACLF severity but would not have changed the decision to perform LT. A prolonged LOS is expected in ACLF LT pts.

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P-87 transcultural adaptation of the Mediterranean diet to the dietary habits of each geographical region of Argentina for the treatment of metabolic dysfunction-associated steatotic liver disease (MASLD)

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Conflict of interest: No

Introduction and Objectives: The progressive increase in the prevalence of MASLD and its impact on morbidity and mortality require dietary options for its prevention and treatment, with the Mediterranean diet (MD) being the most scientifically supported. This study analyzes the similarities and differences of this diet with respect to the dietary habits of the different regions of Argentina,