focusing on the content of flavonoids, carotenoids, and Omega 3, 6 and 9 fatty acids. *Objective:* To compare the content of flavonoids, carotenoids, and omegas 3, 6 and 9 between the MD and the usual consumption according to regions of Argentina, for a transcultural adaptation.

Patients / Materials and Methods: Observational, cross-sectional, and descriptive study. A survey was conducted with 225 individuals to evaluate dietary habits. The primary data were quantitatively transformed for the calculation of the aforementioned nutrient content, in selected foods from both diets. Chi2 was used to establish correlations between variables.

Results and Discussion: The comparison of both diets shows that the nutrients analyzed were found to be below that suggested, with a high Omega6/Omega3 ratio. (Table1) To meet the recommendations, it is only necessary to increase the consumption of the analyzed food sources. Significant relationships were found (chi2, P between 0.0001 and 0.04) in the comparison of olive/fish consumption vs geographical region, vegetables/sex/pathologies vs BMI, and physical activity vs referred pathology.

Conclusions: Adaptation would be possible in all regions of the Argentine Republic through the substitution of non-locally produced foods with regional products that allow reaching the nutrient amounts, considering cost and culinary traditions. Some adaptation suggestions are the inclusion of chocolate, chia, amaranth, quinoa, and the replacement of olive oil with canola, chia, flax, grape or soybean oil. The proposed adapted Mediterranean diet provides the recommended amount of nutrients and its cost is similar to that of the usual Argentine diet.

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P-88 rs641738 MBOAT7 POLYMORPHISM AS A PREDICTOR OF FIBROSIS IN METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD)

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Conflict of interest: No

Introduction and Objectives: Recent studies have indicated that certain polymorphisms may be associated with the progression of metabolic dysfunction-associated steatotic liver disease (MASLD).

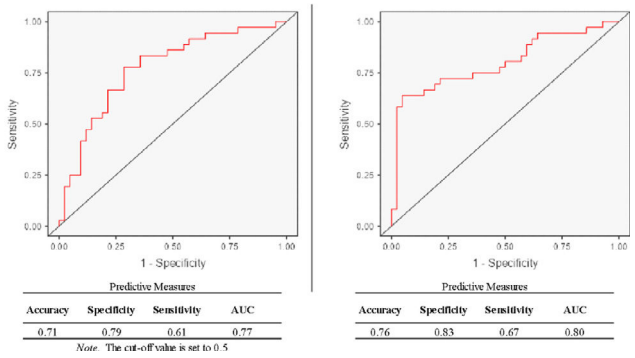
To construct a predictive fibrosis score and evaluate the association of the risk genetic polymorphisms rs738409 PNPLA3, rs58542926 TM6SF2, rs641738 MBOAT7, rs1260326 and rs780094 GCKR, rs72613567 HSD17B13 and rs2642438 MARC1 in MASLD.

Patients / Materials and Methods: This cross-sectional and retrospective study analyzed 212 biopsy-proven MASLD patient samples from the Hospital das Clínicas, Faculty of Medicine, University of São Paulo. Samples were divided into two groups: Group 1: absent and mild fibrosis (F0-1, n=113) and Group 2: significant and advanced fibrosis (F2-4, n=99). Demographic, laboratory, and histological data were compared, along with their association and frequency with the polymorphisms. Genotyping was performed by real-time PCR allele discrimination, and statistical analysis was conducted using Jasp® and Jamovi® software. The significance level adopted was 5%.

Results and Discussion: Most patients were female (146; 68.9%) with an average age of 56 years and were obese (BMI of 30.7). Group 1 had a higher frequency of dyslipidemia and NAS score 0-4 (71%), higher total cholesterol levels, and lower levels of AST, ALT, GGT, and alpha-fetoprotein compared to Group 2 ($p < 0.05$). The regression model (ROC Curve) used the TT genotype of the MBOAT7 gene associated with age, ALT, AST, GGT, TG, HDL, LDL, and total cholesterol to predict fibrosis (AUC: 0.77; Sen: 0.61; Spe: 0.79; Acc: 0.71; R^2: 0.14) (Fig. 1A). Another model with AFP (n = 76) showed (AUC: 0.80; Sen: 0.67; Spe: 0.83; Acc: 0.76; R^2: 0.24) (Fig. 1B). The polymorphisms of the PNPLA3, TM6SF2, GCKR, HSD17B13, and MARC1 genes did not demonstrate risk or protection in this cohort.

Conclusions: This study underscores the rs641738 MBOAT7 polymorphism as a potential predictor of fibrosis in MASLD, highlighting its value in clinical assessment and management.

Figure – ROC Curve



Predictive Measures

Accuracy	Specificity	Sensitivity	AUC
0.71	0.79	0.61	0.77

Note. The cut-off value is set to 0.5

Predictive Measures

Accuracy	Specificity	Sensitivity	AUC
0.76	0.83	0.67	0.80

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P-89 ADHERENCE TO IMMUNOSUPPRESSIVE THERAPY IN LIVER TRANSPLANT PATIENTS: FACTORS ASSOCIATED TO COMPLIANCE AND IMPACT ON QUALITY OF LIFE

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Conflict of interest: No

Introduction and Objectives: One of the primary challenges following liver transplantation is preventing graft rejection, for which immunosuppressive therapy is essential. The success of this therapy depends, among other factors, on patient adherence to the prescribed medication regimen. The aim was to evaluate adherence to immunosuppressive therapy and the possible factors associated to adherence in liver transplant patients.

Patients / Materials and Methods: This is an analytical, observational, cross-sectional study conducted with liver transplant patients between 2004 and 2023 at Hospital Clínico Universidad de Chile. Participants were required to complete two self-administered questionnaires: the "Simplified Medication Adherence Questionnaire" (SMAQ) to assess adherence (classified as adherent or non-adherent) and the "European Quality of Life-5 Dimensions" (EQ-5D) to assess quality of life. Additionally, a form was used to collect sociodemographic and clinical data, supplemented with information from the hospital's medical records. All data were recorded using the REDCap® platform.

Results and Discussion: The study included 29 patients with a median post-transplant follow-up of 37 months (range: 1 – 237 months). Of these patients, 41% (12 patients) were identified as non-adherent to immunosuppressive therapy, with occasional forgetfulness being the primary cause. Analysis revealed that younger patients, those with less comorbidity, and those with a longer time since transplantation were less adherent to the therapy. Tacrolimus was the most commonly used drug, and no significant differences in adherence were found based on the type of immunosuppressant used. Adherent patients reported a better quality of life compared to non-adherent patients.

Conclusions: A significant proportion of liver transplant patients exhibit non-adherence to immunosuppressive therapy. Factors such as medication forgetfulness, time since transplantation, and the presence of chronic illnesses impact adherence. It is recommended to enhance patient-provider relationships, regularly assess adherence, and provide patient education to improve quality of life and minimize the risk of graft rejection.

Table. Comparison of sociodemographic and clinical variables according to immunosuppressive therapy adherence in liver transplant patients

	Adherent N = 17 (59%)	Non-Adherent N = 12 (41)	Total N = 29 (%)	P value
Sociodemographic information				
Age in years (median;IQR)	65 (58 – 67)	58.5 (45 – 66.5)	64 (54 – 67)	0.297
Male gender	10 (59)	6 (50)	16 (55)	0.716
Health insurance Public (Fonasa) Private	 8 (47) 9 (53)	 4 (33) 8 (67)	 12 (41) 17 (59)	0.683
Education Media Superior	 8 (47) 9 (53)	 5 (42) 7 (58)	 13 (45) 16 (55)	0.537
Monthly income allocated to medicines < 3% 3 – 10% > 10%	 7 (41) 6 (35) 4 (24)	 4 (33) 2 (17) 6 (50)	 11 (38) 8 (28) 10 (34)	0.364
Clinical information				
N° of chronic diseases	1 (2 – 3)	0.5 (1 – 2)	1 (2 – 2)	**0.047**
N° of medicines used daily ≤ 5 > 5	 8 (47) 9 (53)	 6 (50) 6 (50)	 14 (48) 15 (52)	1
Time since transplantation in months (median;IQR)	23 (15 – 40)	80 (32 – 95)	37 (16 – 84)	**0.033**
Immunosuppressive therapy				
Glucocorticoids Prednisone	 7 (41)	 5 (42)	 12 (41)	1
Calcineurin inhibitors Cyclosporine Tacrolimus	15 (88) 1 (6) 14 (82)	12 (100) 3 (25) 9 (75)	27 (93) 4 (14) 23 (79)	0.323
Antiproliferatives Mycophenolate mofetil	 11 (65)	 6 (50)	 17 (56)	0.471
mTOR inhibitors Everolimus Rapamycin	5 (29) 5 (29) 0 (0)	4 (33) 2 (17) 2 (17)	9 (31) 7 (24) 2 (7)	0.264
Quality of Life				
Visual analogue scale (0 – 100) (median;IQR)	92 (50 – 100)	72.5 (70 – 80)	80 (70 – 95)	0.126

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P-90 COMPARISON BETWEEN MILAN CRITERIA, FRENCH ALPHA-FETOPROTEIN MODEL, AND METROTICKET 2.0 FOR LIVER TRANSPLANTATION IN PATIENTS WITH HEPATOCELLULAR CARCINOMA.

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Conflict of interest: No

Introduction and Objectives: Milan criteria (MC) have been the standard for selecting candidates for liver transplantation (LT) for hepatocellular carcinoma (HCC). New strategies including alpha-fetoprotein with tumor number and diameter, such as the French alpha-fetoprotein model (FM) and Metroticket2.0 (MT), improve prediction of recurrence and prognosis. *Objectives:*

To compare these three tools in terms of survival and tumor recurrence.

Patients / Materials and Methods: A cohort study of 79 LT patients with HCC (2006-2020). Patients were divided by MC: within (WMC) and outside (OMC). They were reclassified using FM into low risk (LRFM) and high risk (HRFM), and with Metroticket2.0: ≥75% 5 year survival (MT≥75) and <75% (MT<75). Clinical, histological characteristics and 5-year survival were analyzed.

Results and Discussion: Follow-up was 100% with a median of 65.7 months. 86% received therapy before LT. Median age was 62 years. Overall survival (OS) was 57%, and 7 (9%) patients had recurrence at an average of 10.2 months post-transplant. (range: (5.7-14.8);(2.1 - 38.9)). All recurrences resulted in death. In the WMC cohort (n=67), OS was 66.5 months, with 4 (6%) recurrences. In the OMC cohort (n=12), OS was 58.3 months, with 3 (25%) recurrences. For FM, LRFM patients (n=70) had an OS of 66.2 months, with 4 (6%) recurrences, while HRFM (n=9) had an OS of 41.8 months, with 3 (33%) recurrences. With MT, MT≥75 (n=70) had an OS of 66.9 months, with 4 (6%) recurrences, and MT<75 (n=9) had an OS of 41.8 months, with 3 (33%) recurrences.

Conclusions: LT in HCC has had a 5-year OS above 70% and a recurrence rate of 8%. There is a significant difference in 5-year survival and recurrence for OMC patients, and also with HRFM and MT<75 criteria.

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P-91 NORMALIZATION OF ALKALINE PHOSPHATASE COMPARED TO CONVENTIONAL RESPONSE CRITERIA LEADS TO LOWER LIVER RELATED EVENTS AND MORTALITY IN PATIENTS LIVING WITH PRIMARY BILIARY CHOLANGITIS, TREATED WITH UDCA: A RETROSPECTIVE, PROPENSITY SCORED-MATCHED, COHORT STUDY

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