

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)	8 (47)	4 (33)	12 (41)	0.683
Private	9 (53)	8 (67)	17 (59)	
Education				
Media	8 (47)	5 (42)	13 (45)	0.537
Superior	9 (53)	7 (58)	16 (55)	
Monthly income allocated to medicines				
< 3%	7 (41)	4 (33)	11 (38)	0.364
3 – 10%	6 (35)	2 (17)	8 (28)	
> 10%	4 (24)	6 (50)	10 (34)	
Clinical information				
Nº of chronic diseases	1 (2 – 3)	0.5 (1 – 2)	1 (2 – 2)	0.047
Nº of medicines used daily				
≤ 5	8 (47)	6 (50)	14 (48)	1
> 5	9 (53)	6 (50)	15 (52)	
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	15 (88)	12 (100)	27 (93)	0.323
Cyclosporine	1 (6)	3 (25)	4 (14)	
Tacrolimus	14 (82)	9 (75)	23 (79)	
Antiproliferatives				
Mycophenolate mofetil	11 (65)	6 (50)	17 (56)	0.471
mTOR inhibitors	5 (29)	4 (33)	9 (31)	0.264
Everolimus	5 (29)	2 (17)	7 (24)	
Rapamycin	0 (0)	2 (17)	2 (7)	
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-feto-protein 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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