P-102 PERFORMANCE OF NONINVASIVE METHODS TO GRADUATE FIBROSIS AND INFLAMMATION IN A GROUP OF PATIENTS WITH AUTOIMMUNE HEPATITIS

VIVIAN ROTMAN[1], ANDREIA SILVA EVANGELISTA[1], MARIA CHIARA CHINDAMO[1], ALINE MOURA FERRAZ[1], Nathalia Carraro[1], Debora Canoilas[1], Lais Souza Veiga[1], Rebecca Nogueira Matos[1], Daniella Moutta[1], João Marcello Neto[1], Ana Carolina Ferreira Netto Cardoso[1], Renata M Perez[1]

[1] *UNIVERSIDADE FEDERAL DO RIO DE JANEIRO, Rio de Janeiro, Brasil*

Conflict of interest: No

Introduction and Objectives: Liver biopsy is considered the gold standard to define fibrosis stage and inflammation degree in Autoimmune Hepatitis (AIH). Noninvasive methods have been utilized for these purposes, However, the respective accuracies in different populations have not been clarified. *AIMS:* Investigate the performance of TE and APRI and of serum IgG and γ-glob levels in defining liver fibrosis and inflammation degree, respectively, in a group of patients with AIH.

Patients / Materials and Methods: Prospective study involving patients with AIH who underwent liver biopsy (classified by Metavir and Ishak) and TE (FibroScan, Echosens 502), with a maximum interval of 6 months between the two procedures. Laboratory parameters for APRI, IgG and γ-glob were obtained within a maximum interval of 3 months from the biopsy. The performances were compared with liver biopsies using ROC curves.

Results and Discussion: 63 patients with AIH were included (88% female; mean age 43 $\pm$ 18 years), platelets levels: 214.524 $\pm$72.121/μL. Medians: IgG:1530, APRI: 0.4 and TE: 8.8 kPA. Liver fragments had $\geq$ 8 complete portal spaces. Thirty-four patients (54%) had advanced fibrosis (F$\geq$3 METAVIR) and 67% had inflammation A$\leq$1 by METAVIR and A<6 by ISHAK. Correlations of IgG and γ-glob with inflammation were poor (R=0.21; P=0.20 and R=0.29; P=0.09, respectively). Regarding fibrosis, the best correlation was with TE (R=0.61; P<0.001), AUROC value of 0.84 (95% IC:0.73-0.92; P<0.0001) and moderate correlation was observed with APRI (R=0.44; P<0.001), AUROC value of 0.78 (95% IC: 0.66-0.88; P<0.001). The best cutoff of TE to define advanced fibrosis was 7.9 kPA (sensitivity:84%; specificity=74%). Regarding APRI, the best cutoff for advanced fibrosis was 0.24 (sensitivity: 97%; specificity=50%).

Conclusions: Compared to APRI, TE showed the best performance in defining advanced fibrosis, with good accuracy. APRI had a moderate correlation with fibrosis. None IgG nor γ-glob showed good correlations with inflammation. Further studies are needed to confirm these findings.

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P-103 AN ELEVATED BASELINE LEVEL OF ALKALINE PHOSPHATASE, ALANINE AMINOTRANSFERASE, AND ASPARTATE AMINOTRANSFERASE PREDICT A LACK OF BIOCHEMICAL RESPONSE TO UDCA THERAPY AMONG HISPANIC PATIENTS LIVING WITH PRIMARY BILIARY CHOLANGITIS

LUIS ALEJANDRO ROSALES RENTERIA[1], José David Prieto Nava[1], Giovanni Francisco Pérez Roa[1], César Salcido Yáñez[1], Adrián Sandez Araiza[1], María Saraí González Huezo[1]

[1] *CENTRO MÉDICO ISSEMYM TOLUCA, Toluca, México*

Conflict of interest: No

Introduction and Objectives: Primary biliary cholangitis (PBC) is a chronic, progressive, autoimmune liver disease characterized by the destruction of the small bile ducts within the liver. Ursodeoxycholic acid (UDCA) is the first-line treatment for PBC, shown to improve liver biochemistry and delay disease progression. However, the response to UDCA therapy is variable among patients, with some failing to achieve a satisfactory biochemical response. Identifying predictors of non-response is crucial for optimizing treatment strategies and improving patient outcomes. Recent evidence has shown a lower biochemical response among patients of Hispanic ethnicity, which is often underrepresented in clinical research. The findings have significant implications for clinical practice, and are of particular interest in countries that have limited access to liver transplantation.

Patients / Materials and Methods: This is a single center, retrospective, propensity score-matched cohort study, which included all patients with PBC confirmed by liver biopsy that were followed by the hepatology clinic from January 1st, 2015 to March 1st 2024 under treatment with UDCA. A biochemical response was defined according to the Toronto criteria, with an alkaline phosphatase (ALP) <1.67 x ULN after 2 years of UDCA therapy. Patients were subdivided on the presence or absence of a biochemical response. The primary outcome was mortality due to a liver related event (LRE), the secondary outcomes were variables associated with non-response.

Results and Discussion: A total of 132 patients were included, 70 were non responders and 62 fulfilled Toronto criteria of response. The predominant gender was female in both groups (96.78% and 96%) with a median of 56 years of age for the non-responders and 58 years for those who did. Mortality due to LRE in the no response vs responders group was 41% vs 6.2%, respectively, a difference which was statistically significant (OR 3.67, 95% CI [1.608, 8.411], p<0.001). Factors associated with incomplete response were statistically significant for a baseline level of ALP > 2 x ULN (OR 5.3, 95% CI [2.433, 11.649], p<0.001), a baseline level of ALT > ULN (OR 5.3, 95% CI [2.429, 11.845], p<0.001) and a baseline level of AST > ULN (OR 7.8, 95% CI [3.554, 17.159] p<0.001). All of these variables remained ss after multivariate regression analysis.

Conclusions: Among patients with PBC that receive initial therapy with UDCA, a baseline increased ALP, AST and ALT are associated with an incomplete biochemical response, identifying patients that might benefit from early initiation of additional therapies. Prospective studies are needed.

Variables	Toronto criteria(n=62)	No response(n= 70)
Age mean(years)	58	56
Gender= Female –no. (%)	96.7 %	96 %
T2D	12%	14%
HBP	8%	6%
Previous diuretic therapy	11%	9%
Cirrhosis	63%	60%
CTP mean	A (6)	A (6)
Liver related events	27%	35%

Table 1. *Baseline patient characteristics.*