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**Conflict of interest:** No

**Introduction and Objectives:** Primary biliary cholangitis is a chronic and progressive autoimmune liver disease, whose prognosis can be improved by normalizing alkaline phosphatase and bilirubin. While ursodeoxycholic acid (UDCA) is first line standard of care, approximately 40% of patients exhibit incomplete response. We aimed to identify prognostic markers for deep response to UDCA therapy at presentation.

**Patients / Materials and Methods:** Data from the Brazilian Cholestasis Study Group cohort were analyzed retrospectively. Patients were assessed for deep response (defined as normalization of alkaline phosphatase and bilirubin) after 1 year of UDCA treatment. With the purpose of selecting the set of relevant variables related to the deep response for a parsimonious multivariate model, we applied the Varrank algorithm. Additionally, the performance of the UDCA response score in predicting deep response was evaluated.

**Results and Discussion:** A total of 297 patients were analyzed, with 57.2% achieving an adequate response according to the Toronto criteria, while 22.9% reached deep response. Cirrhosis (OR 0.460; 95% CI 0.225-0.942; p=0.034) and elevated baseline alkaline phosphatase levels (OR 0.629; 95% CI 0.513-0.770; p<0.001) were associated with reduced odds of deep response. The UDCA response score exhibited moderate discrimination power (AUROC=0.769) but lacked calibration.

**Conclusions:** Baseline ALP, and cirrhosis at diagnosis emerge as the most important prognostic factors to predict normalization of alkaline phosphatase and bilirubin after UDCA. The UDCA response score is inadequate for predicting deep response in the Brazilian PBC population.

https://doi.org/10.1016/j.aohep.2024.101723

## P-110 CHANGES IN THE CLINICAL PRESENTATION OF PRIMARY BILIARY CHOLANGITIS (PBC) OVER THE YEARS IN A UNIVERSITY CENTER IN ARGENTINA

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**Conflict of interest:** No

**Introduction and Objectives:** The clinical presentation of primary biliary cholangitis (PBC) has changed globally over time. However, these data have not been sufficiently analyzed in our setting. *Objective:* To analyze changes in the clinical presentation of PBC over the last 40 years in a university center in Argentina.

**Patients / Materials and Methods:** A retrospective study including 596 patients, divided into four groups according to the year of diagnosis: <1990 (N=113), 1990-1999 (N=206), 2000-2009 (N=151), and >2009 (N=106). Variables analyzed included age at diagnosis, disease stage, clinical presentation (asymptomatic or symptomatic), biochemical stages (according to Rotterdam criteria), and histological stages.

**Results and Discussion:** The female-to-male ratio was 24:1 and remained stable over time. There was an increase in the mean age at diagnosis, from 54.3 years (±11.6) before 1990 to 57.2 years (±12.2) after 2009 (p=0.0185). The symptomatic clinical variant decreased from 73.7% to 50.0% (p<0.001), while early biochemical stage diagnosis increased from 18.0% to 77.4% (p<0.001) over the same period. Advanced histological stages (III-IV) decreased from 60.2% before 1990 to 20.8% after 2009 (p<0.001).

**Conclusions:** Over time, patients with PBC have shown a change in their clinical presentation, characterized by an older age at diagnosis, earlier biochemical and histological stages, and a predominance of asymptomatic clinical forms. These findings are consistent with global reports and may be attributable to better knowledge of the disease, greater availability and access to diagnostic tests, and possibly changes in environmental triggers over time.

https://doi.org/10.1016/j.aohep.2024.101724

## P-111 CHARACTERIZATION OF PATIENTS WITH PRIMARY SCLEROSING CHOLANGITIS, IN TWO REFERENCE CENTERS, FROM 2011 TO 2023

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**Conflict of interest:** No

**Introduction and Objectives:** Primary sclerosing cholangitis (PSC) is a chronic cholestatic disease, characterized by inflammation with fibrosis and obliteration of the intrahepatic and extrahepatic bile ducts. The process of chronic cholestasis eventually leads to biliary cirrhosis. It is associated with ulcerative colitis (UC) in most cases. *Objectives:* To describe clinical, laboratory and imaging characteristics of patients with PSC, in two reference centers for liver diseases, from 2011 to 2023.

**Patients / Materials and Methods:** Observational, descriptive, retrospective study. Excel is used for data collection. The variables were expressed in frequency, range, mean and percentage.

**Results and Discussion:** 16,347 records were reviewed, of which, 36 (0.22%) had the diagnosis of PSC. Four had incomplete medical records so 32 were included. Fifty nine percent were