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Introduction and Objectives: Limited data exist on non-invasive clinical algorithms for MetALD and ALD. We aimed to (1) quantify the false-negative rate of standard algorithms combining Fibrosis-4 index (FIB-4) and vibration-controlled transient elastography (VCTE) for detecting advanced fibrosis in MetALD and ALD, and (2) evaluate the diagnostic accuracy of FIB-4 for advanced fibrosis in MetALD.

Materials and Methods: Retrospective cohort including 764 well-characterized adults with MetALD (n=334, 43.7%) or ALD (n=430, 56.3%) from 14 countries (2003–2025) according to the 2023 criteria; other concomitant liver diseases were excluded. All underwent VCTE (>8 kPa considered elevated); 244 (31.9%) also had liver biopsy. FIB-4 was categorized as low risk <1.3, indeterminate 1.3–2.67 (2.0–2.67 if ≥65 years), and high risk >2.67. Analysis included AUROC curves.

Results: Mean age was 49.5 years (IQR 41–59); 73.1% were male; mean BMI 28.0 kg/m² (IQR 24.1–31.6); 32.2% had diabetes. Median FIB-4 was 1.57 (IQR 0.92–3.29); median LSM 8.6 kPa (IQR 5.9–22.3). Among those biopsied (n=244), 14.3% had F3 and 11.9% had cirrhosis (F4). Of the low FIB-4 group, 28.1% had elevated VCTE (32.0% MetALD; 24.9% ALD). Sixteen participants classified as low-risk by both FIB-4 and LSM had ≥F3 fibrosis on biopsy—false-negative rate 6.6% overall (5.7% MetALD; 7.4% ALD) (Figure). In MetALD, FIB-4 yielded an AUROC of 0.736 (95%CI:0.610–0.863) for ≥F3 fibrosis; the optimal cut-point was ≥1.65 (sensitivity 74%, specificity 73%). Applying ≥1.65 to participants over 65 years with MetALD reduced the false-negative rate to 2.0%, while the referral rate rose only from 30.3% to 33.6%.

Conclusions: Standard noninvasive pathways combining FIB-4 and VCTE had low false-negative rates for advanced fibrosis in MetALD and ALD. In patients with MetALD aged +65 years, lowering the FIB-4 threshold to ≥1.65 may improve advanced fibrosis detection.

Conflict of interest: None

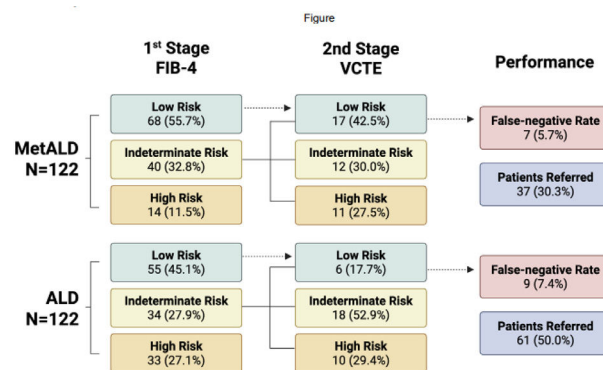


Figure: Performance of the clinical algorithms using the Fibrosis-4 index (FIB-4) and vibration-controlled transient elastography (VCTE) to detect advanced fibrosis in metabolic dysfunction-associated steatotic liver disease (MetALD) and alcohol-associated liver disease (ALD).

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#95

CHOLANGIOCARCINOMA IN INDIVIDUALS WITH CHRONIC LIVER DISEASE IS DIAGNOSED EARLIER, LEADING TO BETTER PROGNOSIS

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Introduction and Objectives: Cholangiocarcinoma (CCA) incidence and mortality are rising globally. Chronic liver diseases (CLD) are recognized risk factors. This study aimed to compare the clinical presentation and outcomes of CCA in patients with and without CLD, using data from the International CCA Registry.

Patients and Methods: The international CCA Registry is a multicenter observational study enrolling cases from 54 centers across Latin America, Europe, and Asia (2010–2024).

Results: Among 3,693 patients enrolled, 916 had CLD and 2,777 did not. Common CLD conditions were fatty liver disease, cirrhosis, viral hepatitis, and primary sclerosing cholangitis. Compared to non-

CLD patients, those with CLD were more often male (69% vs. 53%), younger at diagnosis (63 vs. 66 years), and had higher rates of metabolic risk factors, alcohol use, and smoking. Intrahepatic CCA was more frequent in CLD patients (64% vs. 43%), whereas distal CCA was more common in non-CLD cases (20% vs. 9%). CLD patients had better performance status (ECOG 0: 53% vs. 35%), lower CA19-9 levels (59.0 vs. 134.5 U/mL), and more localized disease (56% vs. 48%). Curative-intent surgery was more frequent in the CLD group (59% vs. 48%), translating into longer median overall survival (12.3 vs. 11.0 months) and higher 5-year survival (OR = 1.67; $p < 0.001$). The benefit was especially evident in intrahepatic CCA. Treatment responses were comparable between groups.

Conclusions: CCA is diagnosed at earlier stages in individuals with CLD, likely due to certain clinical surveillance, leading to better prognosis. Prospective validation and standardized surveillance protocols are warrant.

Conflict of interest: None

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#98

PERFORMANCE OF NON-INVASIVE TESTS (NITS) AND PREDICTORS OF OUTCOMES IN PATIENTS WITH METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) FROM LATIN AMERICA AND NORTH AMERICA

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