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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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## 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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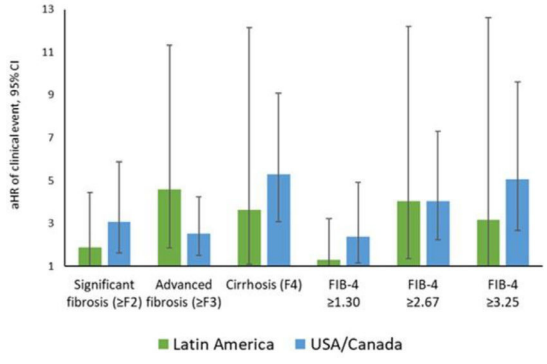
**Introduction and Objectives:** MASLD is highly prevalent worldwide. We evaluated performance of NITs and predictors of outcomes in patients with MASLD from Latin America (LA) as compared to North America (NA).

**Patients and Methods:** The Global-MASLD project enrolled MASLD patients with liver biopsies and NITs (FIB-4, liver stiffness measurement (LSM) by transient elastography). NITs' performance to predict advanced fibrosis (AF=F3-F4) and outcomes was assessed.

**Results:** A total of 3,904 MASLD patients were included [N=892 from 5 LA countries (Argentina, Brazil, Chile, Cuba, Mexico) and N=3012 from NA (USA/Canada). MASLD patients from LA were older, had lower BMI (obesity 64% vs. 85%), more lean MASLD (5.6% vs. 2.7%), more T2D (49% vs. 38%) ($p<0.001$) but similar rates of AF ($p=0.56$). Clinico-demographic predictors of AF included older age and T2D ($p<0.05$). The NIT accuracy was lower in LA-MASLD than NA-MASLD: AUC (95% CI) of FIB-4 0.75 (0.71-0.79) vs. 0.81 (0.79-0.83), LSM 0.73 (0.67-0.80) vs. 0.78 (0.75-0.81), Agile-3+ 0.76 (0.70-0.82) for both LA and NA. Sensitivity of 80% (low-risk, screening cutoff) was achieved with FIB-4 ≥1.01 in LA vs. FIB-4 ≥1.17 in NA; specificity of 95% (high-risk, diagnostic cutoff) with FIB-4 ≥2.35 vs. FIB-4 ≥2.40. In adjusted (age, sex, T2D) proportional hazards models, fibrosis severity by histology or NITs was associated with adverse outcomes (death, decompensation, HCC) in both groups (adjusted hazard ratios (aHR) >1.0) (Figure).

**Conclusions:** MASLD patients from LA have more T2D but less obesity than NA. Common NITs have lower accuracy in LA-MASLD. Histologic and NIT stage of fibrosis are independent predictors of adverse outcomes in both groups.

**Conflict of interest:** None

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## ACCELERATED PROGRESSION TO CIRRHOSIS AND HEPATIC DECOMPENSATION IN METALD AND ALD COMPARED TO MASLD: A GLOBAL STUDY

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