

most common etiologies (30% each), and 80% were Child-Pugh A. Adequate HL was found in 79.6% (mean SAHL-S score: 15.3). Knowledge was highest for treatment (77%) and lowest for signs/symptoms (65%).

Multivariable analysis identified higher education (OR 1.81), number of dependents (OR 2.03), and employment (OR 2.2) as positive predictors of HL. Older age (OR 0.95) and hypertension (OR 0.32) were negatively associated.

Conclusions: One in five cirrhotic patients had suboptimal HL, especially regarding symptom recognition. Sociodemographic and clinical factors should guide patient-centered interventions.

Conflict of interest: None

Table

Variable				n = 93
Female sex				61.2%
Mean age (SD), years				63.9 (11.7)
In a relationship				74.2%
Completed secondary education				35.5%
Urban residence				86%
Unemployed/retired/pensioned				60%
MASLD etiology				30%
Cryptogenic etiology				30%
Child-Pugh A				80%
Mean SAHL-S score				15.33
Adequate health literacy				79.6%
Basal Characteristics				

Factor	Odds Ratio (OR)	95% Confidence Interval (CI)	p-value
Education level	1,81	1.24 – 2.61	<0.001
Number of dependents	2,03	1.23 – 3.33	0.01
Employment status (employed)	2,2	1.09 – 4.51	0.03
Age	0,95	0.90 – 0.99	0.02
History of hypertension	0,32	0.12 – 0.85	0.02

Multivariate Analysis of Factors Associated With Health Literacy in Cirrhotic Patients

<https://doi.org/10.1016/j.aohep.2025.101953>

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MELD 3.0 PERFORMANCE: EXTERNAL VALIDATION IN A LATIN AMERICAN TRANSPLANT LIVER COHORT

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Introduction and Objectives: The MELD 3.0 score has demonstrated superior discriminatory performance for predicting 90-day waitlist mortality among liver transplant (LT) candidates in the US. This study aimed to validate the MELD 3.0 in a Latin American cohort.

Materials and Methods: Retrospective cohort study including adults LT candidates listed between 2016-2023 across five Latin American countries. Baseline data were registered at listing. Cox regression model was performed, with 90-day mortality as the primary outcome and LT as censored observation. Discriminative performance was assessed using Harrell’s c-index for MELD, MELD-Na and MELD 3.0. Net Reclassification Index (NRI) was also calculated.

Results: We included 1,013 patients: mean age 51 years (±11.8); 41.4% females, 25.8% obese, 58.1% ascites and 38.3% had encephalopathy were present in 58.1% and 38.3% of cases, respectively. Median MELD score was 16.9 (IQR 13.3–21.1), MELD-Na 18.3 (IQR 14.6–24), and MELD 3.0 19.5 (IQR 15.1–24.8). At 90 days, 26.3% underwent LT and 66.8% remained on the waitlist. The mortality incidence was 29.4 deaths per 1,000 patient-months, with a cumulative mortality of 8.3% (95% CI 6.6–10.4%) at 3 months. Hazard ratios for 90-day mortality were: MELD 1.15 (95% CI 1.12-1.19), MELD-Na 1.16 (95% CI 1.13-1.20), and MELD 3.0 1.15 (95% CI 1.12-1.19). Harrell’s c-index showed no significant differences (Table 1). NRI showed no significant improvement in risk reclassification using MELD 3.0.

Conclusions: In a region showing high waitlist mortality, MELD 3.0 did not demonstrate superior predictive performance over MELD or MELD-Na. These findings highlight the need for regional validation of predictive models before implementation in transplant prioritization policies.

Conflict of interest: None

Table 1: Discriminative Performance of MELD-Based Scores for Predicting 90-Day Waitlist Mortality

Model	Harrell’s C-index	95% Confidence Interval	p vs MELD	p vs MELD-Na
MELD	0.809	0.76 – 0.86	—	—
MELD-Na	0.821	0.77 – 0.86	0.41	—
MELD 3.0	0.822	0.78 – 0.87	0.27	0.88
MELD 3.0 (no Alb)	0.822	0.78 – 0.87	0.25	0.81

Note: All models evaluated at the time of listing. No statistically significant difference in discrimination was observed between scores.

<https://doi.org/10.1016/j.aohep.2025.101954>

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HEPATITIS C SCREENING AND GENDER DISPARITIES IN POSITIVITY RATES IN ARGENTINA

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Introduction and Objectives: Hepatitis C virus (HCV) infection is a major public health issue in Argentina. Despite effective antiviral therapies, many cases remain undiagnosed. Gender-based differences in healthcare access may influence screening practices and positivity rates.

To estimate overall HCV seropositivity, assess differences in testing and positivity rates by gender, and evaluate the association between HCV infection and mortality.