

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

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#23

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

Josefina Pages Maronese¹, Federico Piñero¹, Graciela Castro Narro², Yahvé Iván López Méndez³, Ignacio Roca⁴, Nicolas Dominguez⁴, Fernando Cairo⁴, Angelo Z. Mattos⁵, Natalia Baumgartner Ayres⁶, Bertha Eliana Cárdenas Ramírez⁷, Estefania Liza Baca⁸, Julio Benitez Perez⁹, Alejandra Villamil¹⁰, Alexandra Ginesta¹¹, Rodrigo Zapata¹², Gustavo Pereira¹³, Florencia Antinucci¹⁴, Aldo Torre Delgadillo¹⁵, Marcelo Silva¹, Manuel Mendizabal¹

¹ Hospital Universitario Austral, Argentina.
² Instituto Nacional de Ciencias Médicas y Nutrición “Salvador Zubiran”-Hospital Medica Sur, México.
³ Hospital Medica Sur, México.
⁴ Hospital El Cruce, Argentina.
⁵ Universidade Federal de Ciências da Saúde de Porto Alegre. Irmandade Santa Casa de Misericórdia de Porto Alegre, Brasil.
⁶ Irmandade Santa Casa de Misericórdia de Porto Alegre, Brasil.
⁷ Hospital Nacional Guillermo Almenara, Perú.
⁸ Hospital Nacional Edgardo Rebagliati Martins, Perú.
⁹ Complejo Asistencial Dr. Sotero del Rio, Chile.
¹⁰ Hospital Italiano de Buenos Aires, Argentina.
¹¹ Clínica Alemana de Santiago, Chile.

¹² Clínica Alemana de Santiago. Universidad del Desarrollo, Chile.
¹³ Hospital Federal de de Bonsucesso, Brasil.
¹⁴ Hospital Alemán, Argentina.
¹⁵ Centro Médico ABC, México.

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.

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#49

HEPATITIS C SCREENING AND GENDER DISPARITIES IN POSITIVITY RATES IN ARGENTINA

Manuel Barbero¹, Ignacio Roca¹, Nicolas Dominguez¹, Lucia Navarro¹, Omar Galdame¹, Fernando Cairo¹

¹ Hospital El Cruce, Argentina.

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.

Materials and Methods: We conducted a retrospective study of 108,276 anti-HCV tests performed on 74,503 adults between 2015–2023. Samples were collected from 64 low- and intermediate-complexity public health centers and one tertiary hospital. Variables included age, sex, testing site, and HCV result. We used t-tests and chi-square tests for group comparisons. Mortality was compared with a matched HCV-negative control group.

Results: Of the 74,503 individuals tested, 1,101 (1.48%) were HCV-positive. Women comprised 80% of those tested but had a positivity rate of only 0.76% (451/59,602), while men (20% of the tested population) had a positivity rate of 4.29% (639/14,901), representing 58% of all positive cases. Positivity was higher in the tertiary hospital (5.1%) than in peripheral centers (0.5%). At the time of analysis, 25% of HCV-positive individuals were deceased. Mortality risk was significantly higher in HCV-positive patients versus matched controls (OR: 4.9, 95% CI: 3.7–6.4; $p < 0.001$).

Conclusions: Men are less frequently tested but show a markedly higher HCV positivity rate. These findings highlight gender gaps in detection and support implementing targeted screening and linkage-to-care strategies to improve outcomes in underdiagnosed populations.

Conflict of interest: None

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#52

TEMPORAL TRENDS IN CHARACTERISTICS AND OUTCOMES OF SIMULTANEOUS LIVER–KIDNEY TRANSPLANT RECIPIENTS IN LATIN AMERICA FROM 2003 TO 2025

Jorge Carlos Martinez Morales¹, Valeria Descalzi², Adrián Gadano¹, Graciela Elia Castro Narro³, Mario Vilatoba⁴, Alina Zerega⁵, Fernando Cairo⁶, Manuel Mendizabal⁷, Wellington Andraus⁸, Josefina Pagés⁷, Ignacio Roca⁶, Maria Laura Reyes Toso², Pedro Marin-Castro⁸, Fernanda Maria Farage Osório⁹, Elodie Hyppolito¹⁰, Carlos Benitez¹¹, Alvaro Urzua¹², Paulo Lisboa Bittencourt¹³, Adriana Varon¹⁴, Gilberto Mejia¹⁵, Bertha Eliana Cárdenas Ramírez¹⁶, Julia Brutti¹⁷, Romina Rey¹⁸, Renato Palma-Fernández¹⁹, José Huygens Parente-García¹⁰, Diego Hernan Giunta²⁰, Sebastián Marciano¹

¹ Unidad de Hepatología y Trasplante Hepático. Hospital Italiano de Buenos Aires. Buenos Aires. Argentina.

² Unidad de Trasplante Hepático y Hepatología. Fundación Favaloro. Buenos Aires. Argentina.

³ Departamento de Gastroenterología del Instituto Nacional de Ciencias Médicas y Nutrición "Salvador Zubirán". Ciudad de México. México.

⁴ Departamento de Trasplantes del Instituto Nacional de Ciencias Médicas y Nutrición "Salvador Zubirán". Ciudad de México. México.

⁵ Unidad de Trasplante Hepático del Sanatorio Allende. Córdoba. Argentina.

⁶ Unidad de Hepatología y Trasplante Hepático. Hospital de Alta Complejidad "El Cruce". Florencio Varela. Provincia de Buenos Aires. Argentina.

⁷ Unidad de Hepatología y Trasplante Hepático del Hospital Universitario Austral. Pilar. Provincia de Buenos Aires. Argentina.

⁸ Trasplante Hepático y Órganos de los Aparatos Digestivos. Hospital das Clínicas. São Paulo. Brasil.

⁹ Unidade de Transplante Hepático do Hospital das Clínicas da Universidade Federal de Minas Gerais. Minas Gerais. Brasil.

¹⁰ Hospital Universitário Walter Cantídio. Universidade Federal do Ceará. Fortaleza. Brasil.

¹¹ Hepatología de Trasplante. Instituto de Trasplante. Hospital Clínico UC-Christus. Santiago de Chile. Chile.

¹² Sección de Gastroenterología y Unidad de Trasplante. Hospital Clínico Universidad de Chile. Santiago de Chile. Chile.

¹³ Unidade de Gastroenterologia e Hepatologia. Hospital Português da Bahia. Salvador. Bahia. Brasil.

¹⁴ Servicio de Hepatología. La Cardio - Fundación Cardio Infantil. Bogotá. Colombia.

¹⁵ Servicio de Trasplante. La Cardio - Fundación Cardio Infantil. Bogotá. Colombia.

¹⁶ Servicio de Trasplante Hepático. Hospital Nacional "Guillermo Almenara". Lima. Perú.

¹⁷ Unidad de Trasplante Hepático. Hospital Alemán. Buenos Aires. Argentina.

¹⁸ Unidad Bi-Institucional de Trasplante Hepático. Programa Nacional de Trasplante Hepático. Montevideo. Uruguay.

¹⁹ Departamento de Gastroenterología. Facultad de Medicina. Pontificia Universidad Católica de Chile. Santiago de Chile. Chile.

²⁰ Universidad Hospital Italiano de Buenos Aires. Buenos Aires. Argentina.

Introduction and Objectives: Tracking simultaneous liver–kidney transplantation SLKT trends supports clinical decision-making, center-level improvements, and regional policy development. We aimed to describe changes in donor and recipient characteristics, transplant indications, and 1-year outcomes in Latin America from 2003 to 2025.

Materials and Methods: Retrospective cohort study including SLKT recipients from seven Latin American countries. Data were analyzed across six eras: 2003–2009, 2010–2013, 2014–2016, 2017–2018, 2019–2021, and 2022–2025. Outcomes included 1-year patient survival and 1-year renal function (estimated glomerular filtration rate (eGFR) ≥ 45 mL/min/1.73 m², a surrogate of adequate graft performance linked to favorable long-term outcomes).

Results: A total of 305 patients were included. Recipient age and sex remained stable. Diabetes prevalence increased from 6% to 46%; hypertension and dyslipidemia varied minimally. Indications for liver transplantation shifted: cirrhosis declined from 82% to 56%, while polycystic disease rose to 26%. HCV-related cirrhosis fell from 38% to 18%; MASLD increased from 11% to 37%. Alcohol-related cirrhosis fluctuated, peaking at 48%. Diabetes became the leading indication for kidney transplantation, while glomerulonephritis declined. MELD exceptions increased, reaching 50% by 2022–2025. Donor characteristics remained stable. One-year survival improved from 66% (95% CI, 49–82) to 92% (95% CI, 84–100). Approximately 70% of recipients met the threshold of eGFR ≥ 45 across all periods.

Conclusions: Despite a more complex recipient profile and evolving transplant indications, SLKT outcomes in Latin America have shown steady improvement over the past two decades. This progress reflects the growing expertise and coordination within transplant systems, highlighting the need to sustain region-specific data collection efforts.

Conflict of interest: None