

and in *E. coli*, 5.3% (vs. 0.3%). Methicillin resistance among *S. aureus* was higher in Latin American (32%) than in Europe (16%). Other pathogens also showed higher resistance (Table).

Conclusions: The elevated resistance rates observed in Latin American patients with cirrhosis demand attention. In a region where regulatory gaps at multiple levels may contribute to antibiotic misuse, these findings call for urgent action to strengthen rational antibiotic use and implement effective stewardship strategies.

Conflict of interest: None

Comparative Antibiotic Resistance Profile of Invasive Bacterial Isolates: Latin American vs. EARS-Net		
Antibiotics	Percentage of total with resistance phenotype Latin American	Percentage of total with resistance phenotype EARS-net
<i>Escherichia coli</i>	(n=94)	(n=147,939)
Aminopenicillins	49%	55%
Fluoroquinolones	46.2%	24%
3rd gen cephalosporins	28.7%	16%
Aminoglycosides	6.4%	11%
Carbapenems	5.3%	0.3%
3rd gen cephalosporins + FQ + AG	3.2%	6%
<i>Klebsiella pneumoniae</i>	(n=59)	(n=48,741)
Fluoroquinolones	56%	34%
3rd gen cephalosporins	54.2%	35%
Carbapenems	45.8%	13%
Aminoglycosides	28%	24%
3rd gen cephalosporins + FQ + AG	28%	21%
<i>Pseudomonas aeruginosa</i>	(n=12)	(n=22,045)
Ceftazidime	30%	16%
Fluoroquinolones	25%	18%
Piperacillin-tazobactam	25%	19%
Aminoglycosides	16.7%	9.5%
Carbapenems	16.7%	19%
Combined resistance*	16.7%	13%
<i>Acinetobacter species</i>	(n=10)	(n=8,843)
Fluoroquinolones	70%	42%
Carbapenems	70%	40%
Aminoglycosides	50%	37%
Combined resistance**	62.5%	35%
<i>Staphylococcus aureus</i>	(n=38)	(n=75,205)
Methicillin	31.60%	16%
<i>Enterococcus faecium</i>	(n=13)	(n=21,436)
Vancomycin	54%	20%

Combined resistance* Piperacillin-tazobactam + Fluoroquinolones + Ceftazidime + Aminoglycosides + Carbapenems.
Combined resistance** Fluoroquinolones + Aminoglycosides + Carbapenems
FQ: Fluoroquinolones, AG: Aminoglycosides

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BRIDGING THE GAP IN HCC CARE: FIRST REAL-WORLD ANALYSIS OF BCLC ADHERENCE AND SURVIVAL IN A CENTRAL AMERICAN POPULATION

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is a major global health burden. The Barcelona Clinic Liver Cancer (BCLC) staging system provides evidence-based treatment guidance,

but real-world adherence remains limited, particularly in Latin America.

Assess adherence to the 2022 BCLC first-line treatment recommendations and their impact on survival in a prospective cohort from a liver transplant (LT) center.

Materials and Methods: Prospective cohort study included 260 adults diagnosed with HCC between 2018 and 2024. Adherence was defined as receipt of first-line therapy consistent with BCLC stage. Multivariate logistic regression identified predictors of adherence, and Kaplan-Meier analysis evaluated survival outcomes.

Results: Overall adherence to BCLC was 47.8%, with substantial variability by stage: 44.9% in BCLC 0/A, 53.7% in B, 23.1% in C, and 93.5% in D ($p < 0.001$). Only 26.3% of patients received potentially curative therapy. Among 53 LT-eligible patients, 45% underwent transplantation, while 30.2% progressed or died before listing. Logistic regression identified Child-Pugh class B/C (aOR: 3.82; $p < 0.001$) and ECOG > 0 (aOR: 5.04; $p = 0.022$) as independent predictors of adherence, while BCLC stages B, C, and D exhibited a strong inverse association. Adherence proved significantly prolonged median overall survival (722 vs. 535 days; $p = 0.001$), with marked benefit in stages 0/A (1,404 vs. 807 days; $p = 0.005$) and C (492 vs. 168 days; $p = 0.029$).

Conclusions: Adherence to BCLC treatment significantly improves survival, yet remains suboptimal—particularly in intermediate stages. This highlights the need for tailored strategies to improve implementation and equity in HCC care in resource-limited settings.

Conflict of interest: None

Kaplan-Meier survival curves comparing adherent and non-adherent patients stratified by BCLC stage.

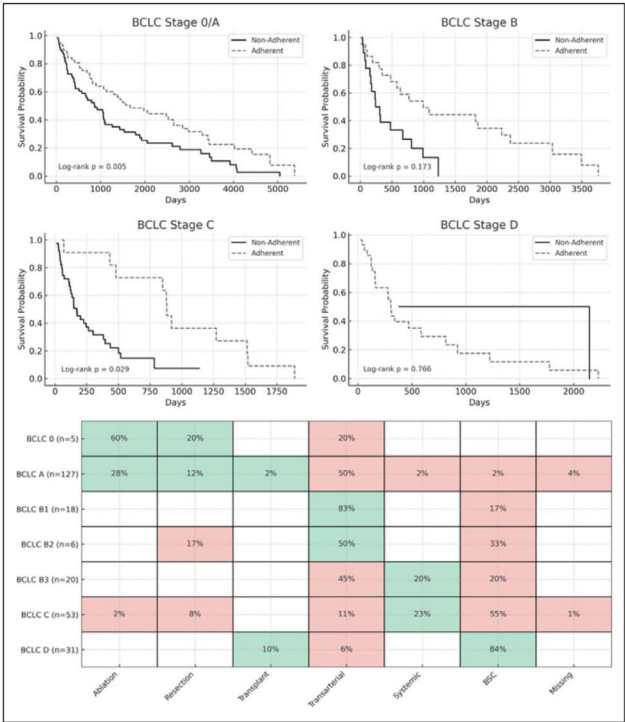


Figure 1. Kaplan-Meier survival curves comparing adherent and non-adherent patients stratified by BCLC stage. Significant survival differences were observed in stages 0/A ($p = 0.005$) and C ($p = 0.029$). Below, the distribution of first-line treatments by BCLC stage is shown. Green indicates BCLC-adherent treatments, and orange indicates non-adherent therapies. Percentages represent the proportion of patients receiving each treatment per stage. Abbreviations: BSC = Best Supportive Care; BCLC = Barcelona Clinic Liver Cancer.

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