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**Introduction and Objectives:** Single intravenous albumin infusions are indicated for specific events in decompensated cirrhosis. However, long-term albumin (LTA) use has been debated due to discrepant trial results. In light of recent additional evidence, we evaluated the impact of LTA on mortality in patients with cirrhosis and ascites through a meta-analysis of clinical trials.

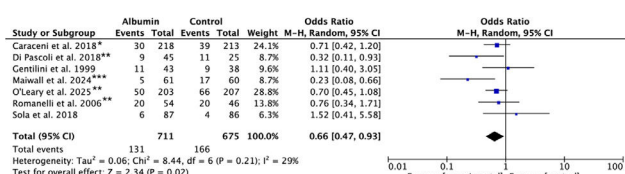
**Materials and Methods:** A systematic review and meta-analysis of randomized and non-randomized trials since 1995 was conducted using PubMed, with manual searches of conference abstracts in the past two years. Eligible studies enrolled adults with cirrhosis and ascites, compared  $\geq 4$  weeks of LTA to standard care or placebo, and reported  $\geq 12$ -month mortality. A random-effects model was used to calculate odds ratios (ORs) and 95% confidence intervals (CIs). Heterogeneity was evaluated using  $\chi^2$  and  $I^2$  statistics.

**Results:** Of 22 studies, 7 met inclusion criteria. Exclusions were due to absent albumin intervention, short treatment duration, or no control group. A total of 711 and 675 patients were included in albumin and control groups, respectively. Death occurred in 131 and 166, respectively. Twelve-month mortality was obtained from all but two trials, which reported 20 and 24-month mortality. The pooled OR for up-to-24 -month mortality was 0.66 [95% CI: 0.47–0.93], indicating a 34% mortality reduction with LTA (Figure).  $\tau^2$  and  $I^2$  indicated low heterogeneity.

**Conclusions:** This meta-analysis estimates that, on average, LTA was associated with a one-third reduction in mortality in patients with cirrhosis and ascites. Future analyses of individual-level mortality predictors and other liver-related complications may help identify patients more likely to benefit from LTA.

**Conflict of interest:** Yes, Cristina Coll-Ortega, Elisabet Viayna, and Thomas Ardiles are employees of Grifols. Rahul Rajkumar is an employee of Boston Strategic Partners, Inc.

### Forest plot of odds of mortality up to 24 months with long-term albumin use

\* Likely censored for LT, TIPS,  $\geq 3$  paracenteses/month, withdrawal (due to refusal or medical judgment)

\*\* Censored for LT

\*\*\* Censored for LT and TIPS

Note: 12-month mortality was gathered from publications or authors; 20 and 24 months were considered for Gentilini et al. and Romanelli et al., respectively. Caraceni et al., Gentilini et al., Maiwall et al., Romanelli et al., and Sola et al. were investigator-initiated trials, whereas O'Leary et al. was an industry-sponsored trial. LT, Liver transplantation; TIPS, Transjugular intrahepatic portosystemic shunt

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## #117

### LIVER FIBROSIS IN INDIVIDUALS WITH METABOLIC DYSFUNCTION—ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) IN LATIN AMERICA: INTERIM RESULTS FROM THE STELLA STUDY

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**Introduction and Objectives:** Prospective data on liver-fibrosis risk among Latin Americans with MASLD remain scarce, although genetic susceptibility and lifestyle behaviors may heighten vulnerability. This multinational, prospective study aims to define the principal determinants of fibrosis in this high-risk population across Latin America.

**Materials and Methods:** We performed a cross-sectional baseline analysis of the STELLA study, which is prospectively enrolling adults with MASLD (2023 criteria) at 10 centers (Argentina 15.1%, Brazil 66.2%, Chile 5.9%, Colombia 1.9%, Mexico 0.3%, Peru 10.6%). Alcohol intake, dietary patterns, and vibration-controlled transient elastography (VCTE) were assessed in all participants. When biopsy was unavailable, fibrosis was staged by liver stiffness measurements (LSMs) on VCTE cut-offs (advanced  $\geq 8.8$  kPa, cirrhosis  $\geq 11.8$  kPa). Factors associated with liver stiffness were examined with multivariable linear regression adjusted for age, sex, body mass index (BMI), type 2 diabetes mellitus (T2DM), hypertension, and dyslipidemia.

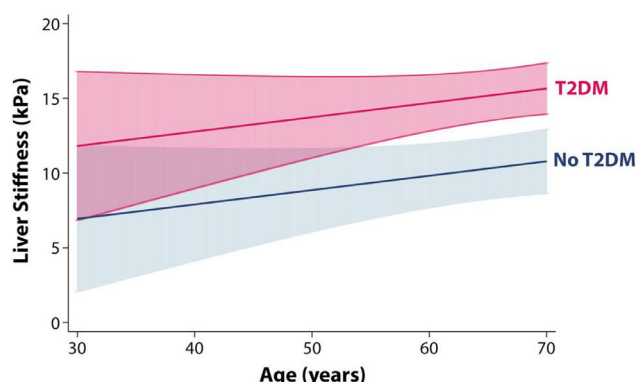
**Results:** A total of 370 participants were analyzed (median age 66 [58–73] years; 66.7% women; median BMI 30.9 [27.5–34.8] kg/m<sup>2</sup>). The prevalence of T2DM was 55.8%, hypertension 38.3%, and dyslipidemia 39.4%. The median alcohol intake was 0 [0–28] grams/week. Median liver stiffness was 9.2 [6.1–16.6] kPa, with advanced fibrosis present in 53.2% and cirrhosis in 18.8%. In the adjusted model, female sex ( $\beta = +3.0$  kPa; 95%CI 0.2–5.8;  $p = 0.034$ ), T2DM ( $\beta = +4.9$  kPa; 95%CI 2.2–7.6;  $p < 0.001$ ), and dyslipidemia ( $\beta = +3.9$  kPa; 95%CI 1.2–6.5;  $p = 0.005$ ) were independently associated with higher LSM values, with T2DM showing the strongest effect (Figure).

**Conclusions:** In this well-characterized cohort of Latin-American adults with MASLD, female sex, T2DM, and dyslipidemia emerged as leading risk factors for liver fibrosis. The STELLA project, including a larger sample and longitudinal follow-up, may further clarify the natural history of MASLD in Latin America (FONDECYT 1241450).

**Conflict of interest:** None

**Figure.** Adjusted association between age and liver stiffness measurement by vibration-controlled transient elastography (VCTE), according to the presence or absence of type 2 diabetes mellitus (T2DM). Model was adjusted for sex, body mass index, hypertension, and dyslipidemia. Higher stiffness values indicate greater hepatic fibrosis.

**Predictive Liver Stiffness Measurements on VCTE by T2DM status (95% CIs)**



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## #119

### SOCIAL AND HEALTH VULNERABILITY ANALYSIS AMONG PEOPLE WHO INJECT DRUGS IN ARMENIA, COLOMBIA

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**Introduction and Objectives:** People who inject drugs (PWID) face significant barriers to accessing healthcare, which increases their vulnerability to infections such as hepatitis C virus (HCV). Stigmatization, marginalization, and unsafe injection practices further elevate the risk of infection and hinder opportunities for timely diagnosis and treatment.

**Objective:** To characterize social and health vulnerability among PWID in Armenia, Colombia, and to determine the prevalence of HCV infection according to vulnerability levels.

**Materials and Methods:** A cross-sectional study was conducted using Respondent Driven Sampling (RDS) among 205 PWID between may 2024 and october 2024. Sociodemographic, drug use, and health condition data were collected through structured interviews. Rapid anti-HCV testing was performed, with confirmatory HCV RNA testing. A social vulnerability index was constructed using K-means cluster analysis to classify participants into low, medium, and high vulnerability groups.

**Results:** The HCV antibody testing was positive in 84% (172/205 cases).

The overall prevalence of HCV (with detectable viremia by quantitative measurement of HCV RNA) was 54.15% (111/205 cases).

High vulnerability was observed in 44.88% of participants and was significantly associated with higher HCV prevalence (29.35%;  $p=0.025$ ). Key vulnerability factors included a history of incarceration (43.9%) and homelessness (40.49%). Most participants had low educational attainment (48.29% completed only primary education) and reported low monthly income levels.

**Conclusions:** There is a high burden of HCV infection among PWID in Armenia, particularly among those with higher social vulnerability. These findings highlight the urgent need for harm reduction strategies, systematic screening, and expanded access to antiviral treatment for highly marginalized populations.

**Conflict of interest:** Yes, 1. JAVIER HERNANDEZ-BLANCO: Gilead research grant, Gilead Speaker.

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## #124

### REVIRAL: ROADMAP FOR THE ELIMINATION OF VIRAL HEPATITIS IN LATIN AMERICA

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