[16] *Clínica Las Condes, Chile.*
[17] *Fundación Cardioinfantil, Colombia.*
[18] *Universidad Javeriana, Colombia.*
[19] *Hospital de la Samaritana, Colombia.*
[20] *Hospital Rafael Ángel Calderón Guardia, Costa Rica.*
[21] *Hospital San Rafael, Colombia.*
[22] *Instituto de Gastroenterología de Cuba.*
[23] *Hospital Eugenio Espejo, Ecuador.*
[24] *Hospital Especialidades Alfredo Paulson, Ecuador.*
[25] *Gastroclínica, Brasil.*
[26] *CECIAM, El Salvador.*
[27] *Hospital del Valle, Honduras.*
[28] *Hospital Civil de Guadalajara Fray Antonio Alcalde, México.*
[29] *Hospital Militar Escuela "Dr. Alejandro Dávila Bolaños", Nicaragua.*
[30] *Hospital Santo Tomás, Panamá.*
[31] *Clínica Hospital San Fernando, Panamá..*
[32] *Hospital de Clínicas. Universidad Nacional de Asunción, Paraguay.*
[33] *Hospital Nacional Arzobispo Loayza, Peru.*
[34] *Hospital Central de la Fuerza Aérea del Perú.*
[35] *Hospital San José, Chile.*
[36] *Gastroenterology and Hepatic Wellness Center, Puerto Rico.*
[37] *Centro Médico Docente La Trinidad, Venezuela.*
[38] *Programa Nacional de Trasplante Hepático y Servicio de Hepatología. Hospital Central de Las Fuerzas Armadas, España.*

Introduction and Objectives: Viral hepatitis elimination remains a major challenge in Latin America due to disparities in access to diagnosis, treatment, and follow-up. The REVIRAL study aims to assess disease burden, evaluate healthcare delivery models, and propose strategies to achieve elimination targets.

Materials and Methods: REVIRAL is a multicenter, retrospective study combining database review and prospective surveys targeting healthcare professionals and patient organizations across 22 countries. Key focus areas include: hepatitis B, C, and D epidemiology in high-risk groups; identification of diagnosed but untreated individuals; evaluation of screening methods for the general population; analysis of national plan coverage; availability of diagnostic tools and treatment access; and implementation of microelimination strategies in priority settings.

Results: Findings reveal major disparities in regional responses. Thirteen countries report a national plan, but implementation varies. Health systems range from full public coverage to patient-funded models. Serology for hepatitis B and C is widely available, but molecular testing is fully accessible in only 10 countries. Universal high-risk screening exists in five nations but lacks territorial consistency. Six countries have microelimination strategies in prisons or dialysis centers, though not widespread. Treatment is free in nine countries; elsewhere, patients bear significant costs, with uneven coverage. Hepatitis B vaccination rates are optimal (≥75%) in only 10 countries. Treatment registries are scarce, limiting impact evaluation. Access delays range from 2–6 months. Despite effective therapies, only 10–20% of diagnosed patients receive treatment, indicating persistent economic, administrative, and equity barriers.

Conclusions: REVIRAL highlights the urgent need to strengthen surveillance systems, enhance inter-agency coordination, and promote equitable access to care. Key recommendations include establishing real-time monitoring, optimizing patient identification, and tailoring strategies to each country's context.

Conflict of interest: None

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VALIDATION OF AGILE-3+ AND AGILE-4 SCORES FOR NONINVASIVE DETECTION OF FIBROSIS AND CIRRHOSIS IN METABOLIC DYSFUNCTION–ASSOCIATED STEATOTIC LIVER DISEASE IN LATIN AMERICA

Carlos Esteban Coronel Castillo[1], Luis Antonio Díaz Piga[2], Natalia Baeza[3], Francisco Idalsoaga[3], Daniel Cabrera Garcia[4], Fernando Javier Barreyro[5], Sebastian Marciano[6], Jorge Martinez Morales[6], Cristiane Villela Nogueira[7], Nathalie Leite[7], Gil Salles[7], Claudia Regina Cardoso[7], Claudia Alves Couto[8], Rafael Theodoro[8], Mísia Joyner de Sousa Dias Monteiro[8], Mario Guimaraes Pessoa[9], Mario Reis Alvares-da Silva[10], Bruno Basso[10], Gabriella Jonko[10], Fatima Higuera de la Tijera[1], Constanza D. Sabate[11], Manuel Mendizabal[11], Mazen Noureddin[12], Naim Alkhouri[13], Winston Dunn[14], Rohit Loomba[2], Claudia P. Oliveira[9], Adrian Gadano[6], Marco Arrese[3], Juan Pablo Arab[15]

[1] *Departamento de Gastroenterología. Hospital General de México "Dr. Eduardo Liceaga".*
[2] *MASLD Research Center. Division of Gastroenterology and Hepatology. University of California, USA.*
[3] *Departamento de Gastroenterología. Escuela de Medicina. Pontificia Universidad Católica de Chile.*
[4] *Centro de Investigación e Innovación en Biomedicina. Facultad de Medicina. Universidad de los Andes. Santiago, Chile.*
[5] *Departamento de Gastroenterología. Escuela de Medicina. Universidad Nacional de Misiones, Argentina.*
[6] *Sección de Hepatología. Hospital Italiano de Buenos Aires, Argentina.*
[7] *División de Hepatología. Escuela de Medicina. Hospital Universitário Clementino Fraga Filho. Universidade Federal do Rio de Janeiro, Brasil.*
[8] *Instituto Alfa de Gastroenterologia. Hospital das Clínicas da Universidade Federal de Minas Gerais, Brasil.*
[9] *Gastroenterology Department. Laboratório de Investigação. Hospital das Clínicas de São Paulo. Faculdade de Medicina. Universidade de São Paulo, Brasil.*
[10] *Departamento de Gastroenterologia. Hospital de Clínicas de Porto Alegre, Brasil.*
[11] *Unidad de Hígado y Trasplante Hepático. Hospital Universitario Austral, Argentina.*
[12] *Houston Methodist Hospital, USA.*
[13] *Department of Hepatology. Arizona Liver Health, USA.*
[14] *University of Kansas Medical Center, USA.*
[15] *Division of Gastroenterology. Hepatology. and Nutrition. Department of Internal Medicine. Virginia Commonwealth University School of Medicine, USA.*

Introduction and Objectives: Early detection of liver fibrosis in Metabolic Dysfunction–Associated Steatotic Liver Disease (MASLD) is crucial for preventing progression to cirrhosis. The Agile-3+ and Agile-4 scores are designed to identify advanced fibrosis and cirrhosis, respectively, but their performance in Latin American populations is unknown. This study aimed to validate Agile-3+ and Agile-4 scores in predicting advanced fibrosis and cirrhosis in a well-characterized cohort of Latin American patients.

Materials and Methods: Multicenter cross-sectional study with 770 patients from 10 centers across Brazil, Argentina, Chile, and Mexico, all diagnosed with MASLD per 2023 criteria. Liver fibrosis was

assessed by vibration-controlled transient elastography (VCTE). Scores (FIB-4, Agile-3+, Agile-4) were calculated from biochemical and clinical data. Diagnostic accuracy for detecting advanced fibrosis (≥F3) and cirrhosis (F4) was evaluated using ROC curves and Youden index.

Results: Median age was 59 years; 60% were men. Median BMI was 33.3 kg/m^2; 69.6% had type 2 diabetes. Median liver stiffness was 9.1 kPa; 29.9% had advanced fibrosis, and 10.5% cirrhosis. Agile-4 outperformed VCTE stiffness in predicting advanced fibrosis (AUROC 0.765, p=0.037) and demonstrated superior accuracy for cirrhosis (AUROC 0.875, p=0.003) (Figure 1). The optimal cut-offs for Agile-4 were ≥0.159 (rule out cirrhosis with 90% sensitivity) and ≥0.366 (rule in cirrhosis with 90% specificity).

Conclusions: In this Latin American MASLD cohort, Agile-4 score demonstrated superior noninvasive rule-out performance for advanced fibrosis and cirrhosis. Incorporating these thresholds into VCTE algorithms could reduce unnecessary biopsies and improve streamline MASLD care pathways.

Conflict of interest: Yes, receives support from the Chilean government through the Fondo Nacional de Desarrollo Científico y Tecnológico (FONDECYT 1241450).

Figure 1. Area Under the Curve Performance of VCTE with AGILE 3, and AGILE 4 for predicting Advanced fibrosis and Cirrhosis

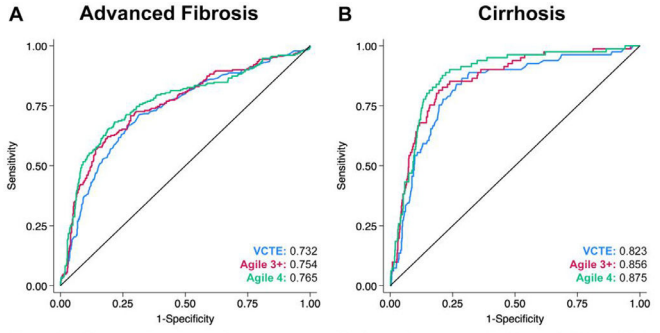

Figure. Receiver-operating characteristic curves comparing the performance of vibration-controlled transient elastography (VCTE) liver stiffness measurements with Agile-3+ and Agile-4 scores in predicting (A) advanced fibrosis and (B) cirrhosis.

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EXPLORING THE ROLE OF METABOLIC DYSFUNCTION IN ALCOHOL-ASSOCIATED HEPATITIS: A GLOBAL STUDY

María Ignacia Pérez Garayar[1], Vania Cari Gormaz[1], Ignacio Téllez[1], Francisco Idalsoaga[2], Gene Im[3], Bastian Alcayaga[1], Muzzafar Haque[4], Stephanie Rutledge[3], Hanna Blaney[5], Pojsakorn Danpanichkul[6], Arun Valsan[7], Gowripriya Nair[7], Gustavo Ayares[8], Renata Farías[8], Jorge Arnold[8], Pedro Acuña[8], Kaanthi Rama[9], Carlos Esteban Coronel-Castillo[10], María Ayala-Valverde[11], Carolina Ramirez-Cadiz[12], Vinay Jahagirdar[13], Winston Dunn[14], Heer Mehta[14], Maria Poca[15], German Soriano[15], Berta Cuyas[15], Joaquin Cabezas[16], Victor Echavarría[16], Meritxell Ventura Cots[17], Juan G. Abraldes[18], Mustafa Al-Karaghouli[18], Lubomir Skladaný[19], Daniel J. Havaj[19], Karolina Sulejova[19], Svetlana Adamcova Selcanova[19], Prasun K. Jalal[20], Mohamed A. Elfeki[20], Mohamad Ali Ibrahim[21], Katherine Maldonado[22], Juan Pablo Roblero[23], Daniela Simian[23], José Antonio Velarde-Ruiz[24], Jacqueline Córdova-Gallardo[25], Fátima Higuera-de-la-Tijera[26], Rita Silva[27], Cristina Melo Rocha[28], Roberta C. Araujo[29], Gustavo Henrique Pereira[30], Fernando Bessone[31], Mario Tanno[31], Ayelen Kisch[32], Manuel Mendizabal[33], Sebastián Marciano[34], Gonzalo Gomez Perdiguero[34], Pedro Montes[35], Patricia Guerra Salazar[36], Geraldine Ramos[36], Enrique Carrera[37], Kristina R. Chacko[38], Nyingi Kemmer[39], Saurabh Agrawal[39], Luciana Lofego Goncalves[40], Oluwatosin Oguntoye[41], Douglas Simonetto[42], Arun J. Sanyal[7], Rohit Loomba[43], Vijay H. Shah[44], Patrick S. Kamath[44], Marco Arrese[8], Ramon Bataller[45], Luis Antonio Díaz[8], Juan Pablo Arab[8]

[1] *School of Medicine. Faculty of Medicine. Pontificia Universidad Católica de Chile.*
[2] *Department of Medicine. Division of Gastroenterology. Western University. London Health Sciences Center. London. Ontario. Canada.*
[3] *Center for Liver Disease and Transplantation. Columbia University Vagelos College of Physicians and Surgeons, USA.*
[4] *Department of Internal Medicine. College of Medicine. University of Saskatchewan, Canada.*
[5] *MedStar Georgetown University Hospital. Medstar Transplant Hepatology Institute, USA.*
[6] *Department of Internal Medicine. Texas Tech University Health Sciences Center, USA.*
[7] *Department of Gastroenterology. Hepatology Division. Amrita Institute of Medical Sciences and Research Centre, India.*
[8] *Department of Gastroenterology. School of Medicine. Pontificia Universidad Católica de Chile.*
[9] *Division of Gastroenterology. Hepatology. and Nutrition. Department of Internal Medicine. Virginia Commonwealth University School of Medicine. Richmond, USA.*
[10] *Department of Gastroenterology. Hospital General de México "Dr. Eduardo Liceaga", Chile.*
[11] *Internal Medicine Service. Hospital El Pino, Chile.*
[12] *Department of Anesthesiology. Virginia Commonwealth University School of Medicine, USA.*
[13] *Division of Gastroenterology. Hepatology. and Nutrition. Department of Internal Medicine. Virginia Commonwealth University School of Medicine.*
[14] *Division of Gastroenterology. Department of Medicine. University of Kansas Medical Center, USA.*
[15] *Department of Gastroenterology. Hospital de la Santa Creu i Sant Pau. Institut de Recerca Sant Pau (IR SANT PAU). Universitat Autònoma de Barcelona. CIBERehd, España.*
[16] *Gastroenterology and Hepatology Department. University Hospital Marqués de Valdecilla, España.*
[17] *Liver Unit. Hospital Vall D'Hebron. Universitat Autònoma de Barcelona. CIBERehd, España.*
[18] *Division of Gastroenterology. Liver Unit. University of Alberta. Edmonton, Canada.*
[19] *Division of Hepatology. Gastroenterology. and Liver Transplantation. Department of Internal Medicine II. Slovak Medical University. F. D. Roosevelt University Hospital, Slovak Republic.*