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

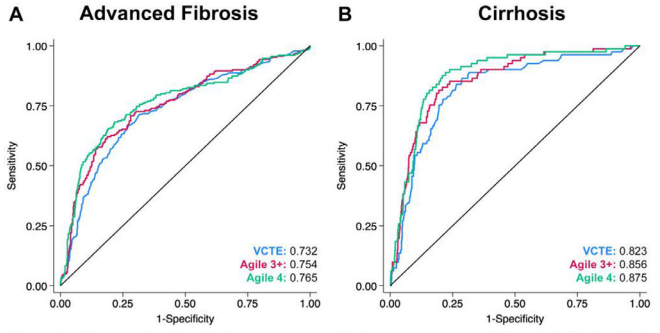

Figure. Receiver-operating characteristic curves comparing the performance of vibration-controlled transient elastography (VCTE) liver stiffness measurements with Agile-3+ and Agile-4 scores in predicting (A) advanced fibrosis and (B) cirrhosis.

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

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Introduction and Objectives: Severe alcohol-associated hepatitis (AH) carries high mortality. Although the role of cardiometabolic risk factors (CMRF)—including obesity, type 2 diabetes mellitus (T2DM), hypertension (HTN), and dyslipidemia (DLP)—has been characterized in steatotic liver disease, their role in the severity of AH remains unclear.

To evaluate the impact of CMRF on mortality and infection risk in AH.

Materials and Methods: Multinational prospective cohort study (2015−2024) including hospitalized patients with severe AH across 24 centers in 14 countries (Global AlcHep Network). Diagnosis of AH was done using NIAAA criteria. Analyses included competing-risk models, with liver transplantation as a competing risk. Models were adjusted by age, sex, ethnicity, history of cirrhosis, CMRF, corticosteroids use, MELD, and ACLF grade.

Results: 935 participants were included. Median BMI was 24.2kg/m2, prevalence of T2DM was 21%, HTN 17%, DLP 7%. In adjusted competing-risk models, age (sHR 1.02, 95%CI: 1.01-1.04; p<0.001), MELD (sHR 1.04, 95%CI: 1.01−1.06; p<0.001), infections (sHR 1.76, 95%CI: 1.28−2.41; p<0.001), and ACLF grade 2 (sHR 1.67, 95%CI: 1.05−2.69; p<0.032) and 3 (sHR 3.06, 95%CI: 1.88−4.99; p<0.001) were associated with higher risk of mortality, while obesity (sHR 0.67, 95%CI: 0.48−0.93; p=0.016) and corticosteroids use (sHR 0.67, 95%CI: 0.49 −0.92; p=0.014) were associated with lower mortality. T2DM, HTN and DLP weren't associated with higher mortality.

Conclusions: Metabolic dysfunction was not associated with increased mortality in AH. Although obesity may be a protective factor, these findings could be explained by a better nutritional status than the lean population.

Conflict of interest: None

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CHARACTERIZATION OF THE UNRECORDED ALCOHOL USE WORLDWIDE: A SYSTEMATIC REVIEW AND SURVEY-BASED STUDY

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Introduction and Objectives: Unrecorded alcohol - products that escape taxation, regulation, and safety checks - represents up to one quarter of world alcohol intake and is strongly linked to hazardous drinking and alcohol-related liver disease. Knowledge gaps regarding unrecorded alcohol worldwide need to be addressed to better inform region-specific harm reduction strategies.

To characterize the population, contemporary consumption patterns, and physicians' interest in unrecorded alcohol worldwide.

Materials and Methods: Cross-sectional survey-based study. Data was collected between August and November 2024, distributing a 19 item electronic questionnaire to hepatology-focused physicians worldwide. Responses were categorized into 15 geographic regions and were analyzed by descriptive statistics.