conjunction with lab-based RNA testing on serum to evaluate SVR4 when indicated.

Results: 65 people were screened with POC HCV RNA of whom 40 had a previous HCV antibody. 11 individuals were found to be HCV RNA positive. Eleven individuals were assessed for SVR, all of whom had both undetectable serum HCV RNA and negative POC HCV RNA results. Among RNA-positive individuals, one was linked to their primary care clinic based on the patient's preference and 10 individuals initiated therapy, receiving the full 8 or 12 weeks of therapy, depending on the chosen regimen. Two individuals remain on treatment; 6 are pending SVR assessment, and 2 achieved SVR, one of whom was pregnant and treated with sofosbuvir/velpatasvir.

Conclusions: POC HCV RNA testing is advantageous in shortening the HCV care cascade, enabling a true test-and-treat model of care for HCV.

Conflict of interest: Yes, speaking/consulting: Abbvie, Gilead, Madrigal, Ipsen, Braeburn, Cepheid

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#42

STATIN-INDUCED LIVER INJURY: DATA FROM URUGUAYAN PROSPECTIVE HEPATOTOXICITY REGISTRY.

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Introduction and Objectives: Statins, widely used for cardiovascular prevention, have been linked to idiosyncratic drug-induced liver injury (DILI). To characterize their clinical features, cases attributed to statins reported to the Uruguayan Hepatotoxicity Registry (UHR) were analyzed.

Materials and Methods: We conducted a descriptive observational study of DILI cases attributed to statins and reported to the UHR between November 2015 and April 2025. Variables assessed included age, sex, type of statin, latency, biochemical pattern, hypersensitivity features, jaundice, severity, and clinical outcomes.

Results: Among 197 DILI cases reported to the UHR, 14 (7.1%) were attributed to statins, predominantly atorvastatin (12 cases). Atorvastatin dose ranged from 10 to 80 mg, and rosuvastatin (the remaining 2 cases) dose was 20 mg. The mean age was 65.1 years. Latency varied widely (mean: 156 days), with the shortest latency (21 days) in the two patients treated with 80 mg of atorvastatin. Liver enzyme normalization occurred in nine patients (mean: 60 days), eight recovered within 180 days, and one at 202 days. One patient had persistent abnormalities at 231 days, while four cases had incomplete follow-up (<180 days). Eosinophilia was the only hypersensitivity feature identified; no cases showed autoimmune-like hepatitis. Detailed characteristics are presented in the attached table.

Conclusions: Statin-related DILI represented a small proportion of UHR cases, despite high population exposure and their classification as high-potential hepatotoxins (category A). This may suggest underreporting or underdiagnosis. Nonetheless, clinical presentation was generally mild, and outcomes were favorable following drug discontinuation, although follow-up was incomplete in several cases.

Conflict of interest: None

Characteristics of the population with statin-induced DILI

	Women	Men	Total
Type of statin			
Atorvastatin	6	6	12
Rosuvastatin	2	0	2
Mean age (years)	64,75	55,67	
Pattern of liver injury			
Hepatocellular	3	4	7
Cholestatic/mixed	5	2	7
Mean latency (days)	202,6	93,5	
Severity			
Mild	8	3	11
Moderate	0	3	3
Severe	0	0	0
RUCAM			
Definite	2	4	6
Probable	6	1	7
Possible		1	1
Unlikely/excluded	0	0	0
Jaundice*	1	3	4
Hypersensitivity			
Yes	0	3	3
No	5	2	7
No data	3	1	4

* One case corresponds to hepatocellular pattern (Hy's Law)

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#43

REAL-WORLD EFFECTIVENESS OF URSODEOXYCHOLIC ACID AND FIBRATES IN URUGUAYAN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS

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Introduction and Objectives: A considerable proportion of patients with primary biliary cholangitis (PBC) fail to achieve an adequate biochemical response to standard therapy with ursodeoxycholic acid (UDCA), which is associated with a poorer prognosis. This study aimed to evaluate the biochemical efficacy and tolerability of combining fibrates with UDCA in a cohort of Uruguayan patients with PBC.

Materials and Methods: A retrospective and descriptive cohort study was conducted. Adult patients with PBC who had persistently elevated alkaline phosphatase (ALP) levels after one year of UDCA treatment (13–15 mg/kg/day) and were subsequently treated with bezafibrate, fenofibrate, or ciprofibrate between 2018 and 2025 were included. Liver function tests were assessed at one and three months. The primary outcome was the ALP value at three months. Complete response was defined as normalization (ALP $\leq 1 \times$ upper limit of normal [ULN]) and partial response as a reduction from baseline without normalization.

Results: Twenty patients (17 women, mean age 51.4 years) met inclusion criteria (see Table). Eleven patients received fenofibrate (160–200 mg/day), seven bezafibrate (200–400 mg/day), and two ciprofibrate (100 mg/day). Three patients discontinued fibrates before three months due to hepatotoxicity (ALTx5 ULN). Among the remaining 17 patients, eight achieved complete response, six showed partial improvement (24–76% improvement from baseline), and three had no biochemical change.

Conclusions: UDCA-fibrate combination therapy was associated with biochemical improvement in the majority of patients. However,