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FIBRATES SEEM TO BE EQUALLY EFFECTIVE AS SECOND-LINE THERAPY IN PRIMARY BILIARY CHOLANGITIS, WITH BIOCHEMICAL RESPONSE PLATEAUING AT 6 MONTHS

Guilherme Grossi Lopes Cançado¹,
 María Lucía Ferraz²,
 Debora Raquel Benedita Terrabuio³,
 Alejandra Villamil⁴, Lorena Castro Solari⁵,
 Graciela Elia Castro-Narro⁶, Ezequiel Ridruejo⁷,
 Cristiane A. Vilella-Nogueira⁸, Malen L. Fernandes⁹,
 Daniela Chiodi¹⁰, Carla Enrique¹¹,
 Paulo Lisboa Bittencourt¹², Gustavo Pereira¹³,
 Fernando Bessone¹⁴, Eira Cerda¹⁵, Rodrigo Zapata¹⁶,
 Hugo Cheinquer¹⁷, Álvaro Urzúa¹⁸,
 Manuel Mendizabal¹⁹,
 Liliana Sampaio Costa Mendes²⁰,
 Pablo Andrés Coste Murillo²¹,
 Janaina L. Narciso-Schiavon²², Fernanda A. Gelape²³,
 Vinicius A. Santos²³, Raimundo de Araujo Gama²⁴,
 Ana Cristina Amaral²⁴, Mario Guimarães Pessoa²⁵,
 Sarah Rufino²⁶, Eduardo Luiz Rachid Cançado²⁶,
 Andreína Fragens²⁷, Natalia Sobenko²⁷,
 Franco Weisser Vuskovic²⁸,
 Gabriel Mezzano Puentes²⁸, Mirta Peralta²⁹,
 Harlim Rodrigues⁹, Livia Vilella Nogueira⁸,
 Vivian Rotman⁸, Federico Orozco¹¹,
 Nelia Hernandez¹⁰, Claudia Alves Couto¹

¹ Hospital das Clínicas da Universidade Federal de Minas Gerais, Brasil.

² Universidade Federal de São Paulo, Brasil.

³ Hospital das Clínicas da Universidade de São Paulo, Brasil.

⁴ Hospital Italiano de Buenos Aires, Argentina.

⁵ Clínica Universidad de los Andes, Chile.

⁶ Instituto Nacional de Ciencias Médicas y Nutrición "Salvador Zubirán", México.

⁷ Centro de Educación Médica e Investigaciones Clínicas Norberto Quirno, Argentina.

⁸ Universidade Federal do Rio de Janeiro, Brasil.

⁹ Instituto de Gastroenterología de Cuba.

¹⁰ Unidad Académica de Gastroenterología. Hospital de Clínicas, Uruguay.

¹¹ Hospital Alemán. Buenos Aires, Argentina.

¹² Hospital Português. Salvador. Bahia, Brasil.

¹³ Hospital Federal de Bonsucesso. Brasil.

¹⁴ Hospital Provincial del Centenario, Argentina.

¹⁵ Hospital Central Militar. México.

¹⁶ Clínica Alemana de Santiago. Facultad de Medicina. Universidad del Desarrollo, Chile.

¹⁷ Hospital das Clínicas de Porto Alegre, Brasil.

¹⁸ Hospital Clínico Universidad de Chile.

¹⁹ Hospital Universitario Austral, Argentina.

²⁰ Hospital de Base do Distrito Federal, Brasil.

²¹ Hospital Dr. Rafael Ángel Calderón Guardia. Costa Rica.

²² Universidade Federal de Santa Catarina, Brasil.

²³ Universidade Federal de Minas Gerais, Brasil.

²⁴ Universidade Federal de São Paulo. Brasil.

²⁵ São Paulo. Brasil

²⁶ Hospital das Clínicas da Universidade de São Paulo. Brasil.

²⁷ Hospital Italiano de Buenos Aires. Argentina.

²⁸ Clínica Universidad de los Andes. Chile.

²⁹ Hospital F. J. Muñoz. Buenos Aires, Argentina.

Introduction and Objectives: Approximately 40% of patients with primary biliary cholangitis (PBC) exhibit an incomplete biochemical response to ursodeoxycholic acid (UDCA) and require second-line therapy. Fibrates are widely available in Latin America and commonly used off-label in this setting. We aimed to evaluate clinical and biochemical outcomes in PBC patients with incomplete UDCA response treated with different fibrates.

Materials and Methods: This ongoing, retrospective, multicenter cohort study (ALLATIN), sponsored by ALEH, includes PBC patients from several Latin American countries. For this analysis, only patients with incomplete response (based on biochemical criteria or physician judgment), who received fibrates, were included.

Results: Among 1,204 patients, 342 received fibrates; 263 (76.7%) were treated for incomplete UDCA response (93.2% female; mean age: 50 ± 11 years; 76.5% AMA-positive; 19.6% with cirrhosis). Bezafibrate, fenofibrate, and ciprofibrate were used in 72.2%, 7.2%, and 17.9% of cases. Median ALP before fibrates was 1.9xULN (IQR 1.4-3.0); median time from UDCA start to fibrate use was 30 months (IQR 13-69). At 6 months (n=153), ALP normalization occurred in 42.5%, while 67.3% and 50.3% met Toronto and POISE criteria, respectively; 30.9% achieved deep response (normal ALP and bilirubin <0.6xULN). At 12 months (n=150), rates remained stable. No differences were observed across fibrate types (p>0.4). Liver transplantation or death occurred in 24 patients (9.1%) over 87 months (IQR 44-135), associated with cirrhosis at diagnosis (OR 9.9; 95%CI 3.3-29.9; p<0.001) and response at 6 months by Toronto criteria (OR 0.31; 95%CI 0.1-0.9; p=0.035). Discontinuation occurred in 13.7%; adverse events included renal injury (n=1), myalgia (n=4), liver injury (n=4), and abdominal pain (n=4).

Conclusions: Fibrates showed high efficacy regardless of agent used. Biochemical response plateaued by 6 months and predicted long-term outcomes. These findings support early assessment and a pragmatic approach to second-line therapy in PBC, independent of fibrate type.

Conflict of interest: Yes, Gilead and ALEH

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FUELING THE FIRE: INFECTIONS TRIGGER AND MALNUTRITION DRIVES SEVERE ACLF IN CIRRHOSIS

Silvia Cvekova¹

¹ The University Hospital Olomouc. II Department of Internal Medicine. Faculty of Medicine and Dentistry. Palacky University Olomouc, Czech Republic.

Introduction and Objectives: Cirrhosis-associated immune dysfunction (CAID) increases the risk of infections, which are the most common trigger of acute-on-chronic liver failure (ACLF), a syndrome with high short-term mortality. Malnutrition may further impair immune function and affect the course of ACLF. This study aimed to elucidate the interplay between nutritional status, cirrhosis etiology, infection type, their combined impact on ACLF severity and clinical outcomes.

Materials and Methods: A retrospective analysis of 19 cirrhotic patients with ACLF treated between February 2023 and January 2024 at a tertiary centre was conducted. Data included infection type, nutritional status, cirrhosis etiology, ACLF grade, and in-hospital mortality.

Results: A total of 19 patients (6 females [32%], 13 males [68%]), median age of 68 years (range 40–80) were included. Infections were the trigger for ACLF in 13 patients (68%), most commonly respiratory. Fungal or polymicrobial infections were identified in 6 patients