

Introduction and Objectives: Patients with liver cirrhosis and infections may develop Acute-on-Chronic Liver Failure (ACLF), significantly reducing survival. Neutrophil-to-Lymphocyte Ratio (NLR) and C-Reactive Protein (CRP) are key inflammatory biomarkers.

This study aimed to analyze NLR and CRP levels in cirrhotic patients, categorizing them into three groups: those with “bacterial infections”, those with “no infections”, and those with “other infections” (fungal/viral).

Materials and Methods: A retrospective, analytical study was conducted on cirrhotic patients from 2023-2024. Data analyzed included age, sex, Child-Pugh score, and median NLR and CRP, stratified into three groups. Statistical analysis involved Chi-square, Kruskal-Wallis, and Dunn’s post-hoc tests.

Results: Of 220 patients, 66.4% (n=146) were male, with a median age of 61. Child C scores were prevalent in “bacterial infection” patients (63.8%, n=37); Child B dominated in “other infections” (41.2%, n=14) and “no infections” (49.2%, n=63), with p<0.001. Among 162 patients with CRP data, the “bacterial infection” group (n=47) had a median CRP of 59.8 (IQR=34.79–82.8), significantly higher than the “no infection” (n=87): 14.2 (IQR: 6-34) and “other infections” (n=28): 26.94 (4.26-60.4) groups (p<0.001). The bacterial group also showed a higher median NLR [6.17 (IQR=3.19-10.77)] versus “no infections” [3.53(1.99-6.05)] and other infections [3.97 (2.44-11.27)] (p=0.002), with statistical significance between bacterial and no infection groups.

Conclusions: Cirrhotic patients with bacterial infections exhibited higher NLR and CRP values, especially compared to those without infections. This suggests NLR and CRP are valuable biomarkers for detecting infections in cirrhotic patients.

Conflict of interest: None

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CLINICAL CHARACTERISTICS AND SAFETY PROFILE OF ATEZOLIZUMAB/BEVACIZUMAB IN CARCINOMA HEPATOCELLULAR: EXPERIENCE OF A CENTER OF REFERENCE NATIONAL IN PERU

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Introduction and Objectives: The high disease burden and limited survival of cirrhotic patients with hepatocarcinoma have led to the emphasis on the combination of atezolizumab and bevacizumab as first-line therapy.

To describe the clinical characteristics of patients with hepatocarcinoma treated with Atezolizumab/Bevacizumab in a Peruvian hospital.

Materials and Methods: Descriptive cross-sectional study that included adult patients diagnosed with hepatocarcinoma treated with Atezolizumab/Bevacizumab in the Liver and Transplant Service of the Edgardo Rebagliati Martins National Hospital.

Results: Twenty-three patients were evaluated, with a predominance of males (60.9%) and a preserved functional status in the entire cohort (100% with ECOG 0-1). All patients had compensated liver function (Child-Pugh A). The most common etiology of cirrhosis was metabolically associated steatotic liver disease (MASLD), with a prevalence of 52.2%. Regarding tumor stage, 43.5% were in intermediate stage (BCLC B) and 26.1% in advanced stage (BCLC C). The median survival from the start of treatment to the last follow-up was 13 months

(interquartile range: 8). a 17). Treatment was well tolerated, with no adverse events reported in 86.9% of patients. According to RECIST criteria, 34.8% had a complete tumor response or stable disease. Five patients (21.7%) died during overall follow-up.

Conclusions: In this Peruvian cohort of patients with hepatocarcinoma, treatment with Atezolizumab/Bevacizumab showed acceptable survival.

Conflict of interest: None

Table 1. Clinical characteristics of the study population (n = 23)

Characteristic??	n (%)
Sex	
Female	9 (39.1)
Male	14 (60.9)
Age	
<40 years old	1 (4.4)
41 to 60 years old	1 (4.4)
61 to 75 years old	15 (65.2)
> 75 years	6 (26.1)
Etiology of HCC	
MASLD	12 (52.2)
Cholestasis	5 (21.7)
ALD	2 (8.7)
Hepatitis C	2 (8.7)
Hepatitis B	1 (4.4)
Autoimmune hepatitis	1 (4.4)
Albi Score	
Grade 1	7 (30.4)
Grade 2	15 (65.2)
Grade 3	1 (4.4)
Child Pugh	
A-5	10 (43.5)
A-6	13 (56.5)
Degree of varicose veins	
Grade 1	10 (43.5)
Grade 2	3 (13.0)
Grade 3	1 (4.4)
Does not present varicose veins	9 (39.1)
Tube treatment for esophageal varices	
No	18 (78.3)
Yes	5 (21.7)
Number of comorbidities*	1 (1 - 2)
HBP	13 (56.5)
DM2	10 (43.5)
Obesity	6 (26.1)
Overall survival from start of treatment to last follow-up in months*	13 (8 - 17)
Mortality Subanalysis?	
3 months (23 patients)	4.35%
6 months (22 patients)	4.54%
12 months (14 patients)	14.3%
Adverse effect of treatment	
None	20 (87.5)
Nephrotic syndrome?	1 (4.4)
Pulmonary thromboembolism	1 (4.4)
Pneumonitis	1 (4.4)
Local regional treatment	
No	15 (65.2)
RFA	2 (8.7)
TACE	6 (26.1)
Tumor resection?	
No	19 (82.6)
Yes	4 (17.4)
Vascular metastasis	
No	21 (91.3)
Yes	2 (8.7)
Extrahepatic metastasis	
No	18 (78.3)
Yes	5 (21.7)
Death	
No	19 (82.6)
Yes	4 (17.4)

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