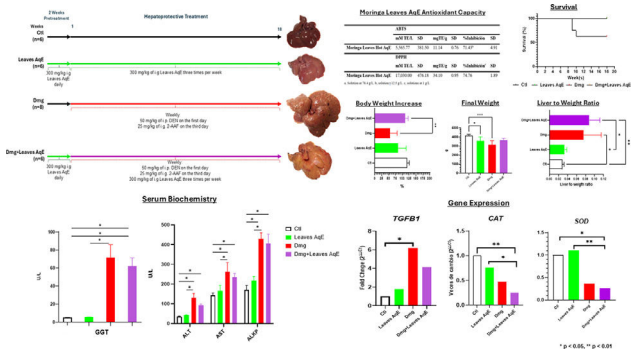
supplementation with this extract increased survival as well as the tendency to reduce the expression of TGFB1 induced by chemical damage.

**Conflict of interest:** None

**Moringa images ALEH**




https://doi.org/10.1016/j.aohep.2025.102061

**#146**

## INCIDENCE AND PREDICTORS OF POST-TRANSPLANT MALIGNANCY IN LIVER TRANSPLANT RECIPIENTS: A SINGLE-CENTRE COHORT STUDY

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**Introduction and Objectives:** Cancer is a major long-term complication after liver transplantation (LT). We aimed to characterize its incidence and risk factors in LT recipients at a Canadian center.

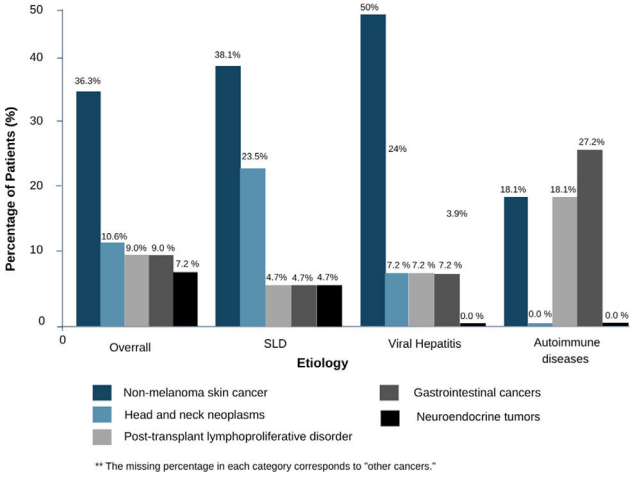
**Materials and Methods:** Retrospective cohort of patients who underwent LT from 2007–2018, with at least 60 months of follow-up. Demographic, clinical, and oncologic data were analyzed using Cox regression.

**Results:** We included 575 LT recipients (30% women, median age 53.6 years). Main etiologies were ALD (22.9%), HCV (20.8%), MASLD (13.3%), and PSC (11.1%). HCC was present at LT in 25.7%. During follow-up, 55 patients (9.7%) developed cancer, most commonly non-melanoma skin cancer (3.5% of all recipients), followed by head and neck tumors (1.0%), PTLD (0.9%), gastrointestinal cancers (0.9%), and neuroendocrine tumors (0.7%). Mean time to cancer diagnosis was 27.3±19.1 months. Additionally, 20 patients (3.4%) developed post-LT HCC, with 90% being recurrences. Cancer types differed by underlying etiology (p=0.004): non-melanoma skin cancers predominated in SLD and viral hepatitis, while GI cancers were most common in autoimmune liver disease. Among those with prior HCC, 16.8% developed a non-HCC cancer, mostly skin cancer. In multivariate analysis, pre-LT HCC was independently associated with post-LT non-HCC cancer (HR 2.66; 95% CI 1.39–5.07; p=0.003), while age, gender, alcohol or tobacco use, and liver disease etiology were not.

**Conclusions:** Cancer occurred in nearly 10% of LT recipients, mostly within three years. A history of HCC at LT tripled the risk of subsequent non-HCC cancer, highlighting the importance of targeted cancer surveillance in this high-risk population.

**Conflict of interest:** None

**Distribution of cancer types by pre-transplant liver disease etiology**




https://doi.org/10.1016/j.aohep.2025.102062

**#147**

## THERAPEUTIC PLASMA EXCHANGE-INDUCED SHIFTS IN BILE SALT COMPOSITION IN ALCOHOL-ASSOCIATED HEPATITIS: INSIGHTS INTO MECHANISMS AND THERAPEUTIC POTENTIAL

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**Introduction and Objectives:** Severe alcohol-associated hepatitis (sAH) is an acute liver disease with high mortality. While plasma exchange (TPE) improves survival in ACLF, its role in sAH is unknown. This pilot study evaluated TPE's effect on bile acid (BA) profiles and clinical outcomes.

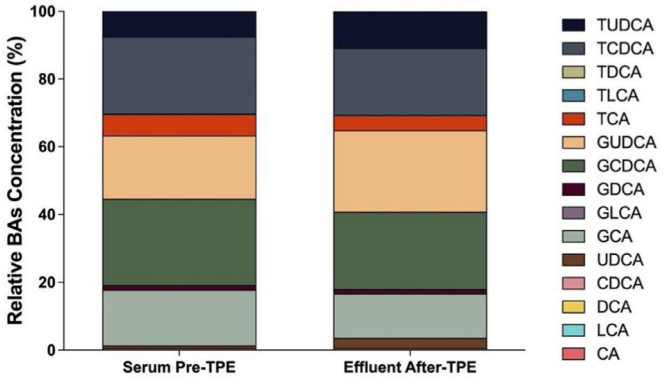
**Materials and Methods:** We retrospectively analyzed 11 patients with sAH treated with five TPE sessions at a center in Banská Bystrica, Slovakia. Serum and effluent BA concentrations were quantified by liquid chromatography-tandem mass spectrometry. Clinical and laboratory data were collected pre- and post-TPE.

**Results:** The median age was 48.7 years; two (18%) were women. Median MELD decreased from 34.3 to 24.6 post-TPE. Five patients (45.5%) died. BA composition between serum and effluent was similar (p=0.689), but UDCA concentrations differed significantly (399.6 vs. 669.4 ng/mL; p=0.04). Before TPE, deceased patients had higher levels of total BA (75,213 vs. 44,736 ng/mL; p=0.026), glycine-conjugated BA (49,769 vs. 28,350 ng/mL; p=0.013), total conjugated BA (73,837 vs. 43,881 ng/mL; p=0.026), G-UDCA (19,038 vs. 7,819 ng/mL; p=0.021), LCA (6.34 vs. 4.62 ng/mL; p=0.048), and G-CDCA (21,132 vs. 11,370 ng/mL; p=0.012). In the effluent, deceased patients had higher total unconjugated BA (3,512 vs. 871 ng/mL; p=0.032), UDCA (3,353 vs. 520 ng/mL; p=0.026), and DCA (25.9 vs. 17.5 ng/mL; p=0.047).

**Conclusions:** Patients who died had distinct BA profiles before and after TPE. These findings suggest TPE modifies circulating BA, and specific profiles may predict poor outcomes. Larger studies are needed to clarify their clinical relevance.

**Conflict of interest:** None

**Distribution of bile salts in pre-TPE plasma and post-TPE effluent.**




https://doi.org/10.1016/j.aohep.2025.102063

**#149**

## HEPATITIS C AMONG PEOPLE EXPERIENCING HOMELESSNESS IN CHILE: PREVALENCE AND ASSOCIATED FACTORS

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**Introduction and Objectives:** Hepatitis C virus (HCV) poses a global health threat, especially among people experiencing homelessness (PEH), but data from Latin America are scarce.

**Materials and Methods:** We prospectively screened 800 PEH in Santiago, Chile, using rapid HCV antibody tests with confirmatory RNA testing. Sociodemographic and clinical data were collected through structured interviews.

**Results:** We identified four HCV-positive individuals, corresponding to a prevalence of 0.5%. The median age was 44.1 years (±14.8), and 39.7% of the cohort were women. At screening, 63.5% lived on the street and 36.5% in shelters. All four HCV-positive individuals were Chilean; three were men. Two had tattoos and reported high-risk sexual behavior; one had a history of blood transfusion. Three reported heavy alcohol use and two used cocaine, though none had a history of injection drug use. Two had cirrhosis. All received support