treatment received, and survival outcomes. Statistical analysis was performed using descriptive statistics, medians and interquartile ranges for continuous variables and absolute and relative frequencies for categorical data.

Results: Most patients were male (63.3%) with a mean age of 66 ± 9.1 years. Perihilar tumors were the most frequent subtype (46.7%), followed by intrahepatic tumors (36.7%). Jaundice (73.3%) and abdominal pain (56.7%) were the most common presenting symptoms. A history of smoking (60%) and alcohol use (40%) was frequent. Diagnostic imaging was initiated with ultrasound in 93.3% of cases complemented by CT scans (83.3%) and MRCP (70%). Elevated CA 19-9 levels were observed in 80% of patients. Only 23.3% of patients were eligible for curative surgery. Most received palliative chemotherapy. Biliary drainage was required in 43.3%. Overall survival was 43% at one year and declined to 20% at two years.

Conclusions: These results highlight the need for earlier recognition and timely referral to specialized, multidisciplinary centers to improve the management and prognosis of this challenging disease.

Conflict of interest: None

Clinical and Diagnostic Finding	Frequency / Percentage
Total patients	30
Most common type	Perihilar (n=14, 46.7%)
Average age	66 ± 9.1 years
Male sex	n=19 (63.3%)
Jaundice	n=22 (73.3%)
Abdominal pain	n=17 (56.7%)
Weight loss	n=15 (50%)
Primary sclerosing cholangitis	n=4 (13%)
Chronic liver disease	n=8 (26.7%)
Smoking	n=18 (60%)
Alcohol use	n=12 (40%)
Ultrasound as initial study	n=28 (93.3%)
Computed tomography	n=25 (83.3%)
MR cholangiography	n=21 (70%)
ERCP performed	n=17 (56.7%)
Elevated CA 19-9	n=24 (80%)
Eligible for curative surgery	n=7 (23.3%)
Chemotherapy (cisplatin + gemcitabine)	n=17 (56.7%)
Biliary drainage (endoscopic / IR)	n=11 (38%) / n=19 (62%)
Palliative care only	n=6 (20%)
12-month survival	n=13 (43%)
24-month survival	n=6 (20%)

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MICROPLANNING WORKSHOPS: STRUCTURING CARE PATHWAYS AS A STRATEGY FOR VIRAL HEPATITIS ELIMINATION

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Introduction and Objectives: Viral hepatitis represents a significant public health issue in Brazil. Considering the territorial diversity and challenges in service organization, specific strategies are necessary to support states and municipalities in addressing the disease.To present the experience of microplanning workshops conducted by the Ministry of Health to support the development and implementation of the Viral Hepatitis Care Pathway (VHCP) across territories as a strategy to eliminate the disease by 2030.

Materials and Methods: The workshops use active learning methodologies, including dialogued presentations and group dynamics, to identify challenges, facilitators, and strategies for implementing the VHCP. Activities were adapted to each state's context. To evaluate learning, a questionnaire with 10 questions on viral hepatitis was administered before and after the theoretical content.

Results: In 2024, six workshops were held, five in the North Region (Acre, Amapá, Pará, Rondônia, and Roraima) and one in the Southeast (including Rio de Janeiro, São Paulo, Espírito Santo, and Minas Gerais), training around 500 professionals. There was a significant increase in knowledge about viral hepatitis. Challenges identified included high staff turnover, shortage of qualified teams, difficulty accessing remote populations, low adherence to testing and vaccination efforts, and lack of protocols. Facilitators included the availability of supplies, vaccination, training sessions, dialogue with communities, and the presence of professionals in management roles. In 2025, the Guide for the Elimination of Viral Hepatitis was launched, along with an operationalization workshop for managers. Six more workshops are planned for the second semester, and a Best Practices Seal will be awarded to health regions that formalize the care line in CIB (Bipartite Interagency Commission).

Conclusions: The workshops and the guide strengthen the organization of services and contribute to the elimination of viral hepatitis. The Best Practices Seal recognizes the efforts of territories in responding to the disease.

Conflict of interest: None

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OMEGA-5 FATTY ACID NANO AS AN ADJUVANT THAT REDUCES OXIDA-INFLAMMATION IN PATIENTS WITH SEVERE ALCOHOL-ASSOCIATED HEPATITIS

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Introduction and Objectives: Severe alcohol-associated hepatitis (SAAH) is characterized by antioxidant deficiencies and heightened inflammation. Omega-5 fatty acid (nano=Granagard®) has been shown antioxidant and anti-inflammatory properties.

To evaluate the efficacy of Omega-5 fatty acid (nano) as an adjuvant to prednisone in modulating oxidative and proinflammatory parameters in SAAH.

Patients / Materials and Methods: Randomized, double-blind, placebo-controlled clinical trial (NCT 03732586) was conducted at a single center in Mexico. Patients with confirmed SAAH (MDF ≥32)