or reduce the need for liver biopsy. These findings warrant further investigation in broader clinical settings.

Conflict of interest: None

	Comparison	AUC	p-value	Cut-off	Sensitivity	Specificity
IGFBP-6	F0 vs F1F2	0.756	0.001	6.515	0.848	0.886
IGFBP-2	F0 vs F3F4	0.711	0.003	47.56	0.747	0.857
IGFBP-3	F0 vs F3F4	0.66	0.023	25.89	0.739	0.8
IGFBP-4	F0 vs F3F4	0.754	0	8.4326	0.709	0.886
IGFBP-5	F0 vs F3F4	0.722	0.002	7.5211	0.788	0.886
IGFBP-6	F0 vs F3F4	0.689	0.007	6.515	0.848	0.886
IGFBP-7	F0 vs F3F4	0.714	0.002	3.665	0.65	0.914
MMP-7	F1F2 vs F3F4	0.72	0.006	0.8047	0.818	0.559
IL-10	F1F2 vs F3F4	0.679	0.009	5.5545	0.619	0.846

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#198

INFLUENTIAL VARIABLES FOR THE DIAGNOSIS OF HEPATOCELLULAR CARCINOMA IN HIGH-RISK PATIENTS.

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is a fearsome neoplasia with patients at well-identified risk who require surveillance.

To identify variables that are influential in the diagnosis of hepatocellular carcinoma in at-risk individuals.

Materials and Methods: A cross-sectional descriptive study with an analytical component was conducted across three tertiary care centers between July 2024 and April 2025. A total of 291 patients at risk for HCC were included; 11 were diagnosed with HCC. Independent variables assessed included age, sex, risk group, cirrhosis etiology, serum alpha-fetoprotein (AFP), and PIVKA-II levels. HCC diagnosis served as the dependent variable. Categorical variables were summarized as frequencies and percentages; continuous variables as means and standard deviations (SD). Univariate and multivariate logistic regression analyses were performed to identify factors significantly associated with HCC.

Results: The mean age was 62 ± 10.3 years, with a predominance of patients aged ≤62. The most common risk group was liver cirrhosis (91.1%), with a slight predominance of females. In univariate analysis, liver cirrhosis, AFP ≥ 20 ng/mL, and PIVKA-II ≥ 28.4 ng/mL were significantly associated with HCC diagnosis. Multivariate analysis showed that these same variables were statistically significantly associated with the diagnosis of hepatocellular carcinoma.

Conclusions: In at-risk patients, the presence of cirrhosis, elevated AFP (≥ 20 ng/mL) and elevated PIVKA-II (≥ 28.4 ng/mL) are strongly associated with the diagnosis of hepatocellular carcinoma.

Conflict of interest: None

Variables	Univariate analysis				Multivariate analysis			
	p-value	**OR** not adjusted	95% C.I. for **OR**		p-value	Adjusted **OR**	95% C.I. for **OR**	
			Lower	Superior			Lower	Superior
Age ≤ 62 y	0.894	0.960	0.524	1.757	0.512	0.755	0.325	1.751
Sex (female)	0.111	0.334	0.087	1.287	0.021	0.082	0.010	0.686
Cirrhosis	0.044	4.190	1.040	16.887	0.016	18.758	1.720	204.585
Alcohol-induced	0.786	1.336	0.166	10.775	0.996	0.993	0.050	19.837
MASLD	0.155	0.399	0.113	1.414	-	-	-	-
Chronic viral hepatitis	0.044	0.239	0.059	0.962	0.057	0.076	0.005	1.080
AFP ≥ 20 ng/L	<0.001	15.833	4.303	58.262	<0.001	34.059	4.973	233.255
PIVKA ≥ 28,4 ng/L	0.006	18.182	2.294	144.117	0.005	41.788	3.110	561.572

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#201

DIAGNOSTIC ACCURACY OF NON INVASIVE TESTS FOR FIBROSIS IN METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE

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Introduction and Objectives: Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most common chronic liver disorder. Fibrosis stage drives hepatic morbidity and mortality. Non-invasive tests (NITs) can replace liver biopsy (LB) in routine practice, yet their performance under the new MASLD terminology has not been assessed in Argentina. Thus, our aim was to assess the accuracy of six NITs for detecting significant fibrosis (SF ≥ F2) and advanced fibrosis (AF ≥ F3) in MASLD.

Materials and Methods: We carried out a cross-sectional multicenter study of 219 adults with MASLD who underwent liver biopsy (2019-2024). Secondary steatosis was excluded. Fibrosis was graded with the Kleiner system. APRI, FIB-4, NAFLD Fibrosis Score (NFS), SAFE, Forns, and transient elastography liver stiffness (TE; FibroScan®) were evaluated. Diagnostic accuracy was expressed as AUROC, sensitivity (Se), specificity (Sp), positive (PPV) and negative predictive value (NPV). Optimal cut-offs were derived with Youden's index; the two best AUROCs were compared using DeLong's test.

Results: Median age 54 years; 52 % women; BMI 31 kg/m^2; diabetes 32 %; NASH 57 %. Fibrosis distribution: F0 18 %, F1 27 %, F2 24 %, F3 12 %, F4 19 %. For SF, TE and SAFE had the highest AUROCs (0.95 and 0.75). TE cut-off 7.8 kPa achieved Se 92 %, Sp 95 %, PPV 96 %, NPV 90 %. For AF, TE and SAFE again led (0.96 and 0.79); TE cut-off 8.9 kPa provided Se 96 %, Sp 90 %, PPV 81 %, NPV 98 % (DeLong $p < 0.001$) (Table).

Conclusions: n this Argentinian MASLD cohort, TE outperformed five serum-based NITs for identifying SF and AF, but required higher thresholds than those reported in Europe and the United States.

Regional multicentre studies are needed to validate MASLD-specific cut-offs and optimise NIT use.

Conflict of interest: None

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#202

EVALUATION OF METABOLIC FACTORS IN THE DEVELOPMENT OF HEPATOCARCINOMA IN PATIENTS WITH CHRONIC LIVER DISEASE.

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the most common type of liver cancer. Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) is currently among the main etiologies for its development. This study aims to evaluate the impact of metabolic factors on HCC development in patients with chronic liver disease.

Materials and Methods: This was an observational, retrospective, descriptive, analytical, case-control study. A total of 198 patients were included: 98 with cirrhosis without HCC and 100 with cirrhosis and HCC. Metabolic factors, such as diabetes, obesity, hypertension, and dyslipidemia, were evaluated in relation to the development of HCC.

Results: A total of 198 patients with cirrhosis were included, average age was 58.9+/-10.8 years, 112 (56.6%) men, 62 (31.3%) diabetic, 53 (26.8%) hypertensive, dyslipidemic 17 (8.6%), overweight/obese 110 (55.5%). The only metabolic factor associated with increased risk of HCC was diabetes 40/62 vs. 60/136 non-diabetics (OR=2.3; 95%CI: 1.2-4.3; p=0.008).

Conclusions: The rising prevalence of MASLD as a cause for cirrhosis implies that the prevalence of HCC will increase. In this study, diabetes was shown to be an important risk factor for the development of HCC. Its identification is crucial to initiate preventative measures from the primary level of care.

Conflict of interest: None

Etiology of cirrhosis in patients with hepatocarcinoma.

ETIOLOGY	FREQUENCY	PERCENTAGE %	VALID PERCENTAGE %	CUMULATIVE PERCENTAGE
OH	66	33.3	33.3	33.3
HEPATITIS C	23	11.6	11.6	44.9
HAI	1	.5	.5	45.5
MASLD	59	29.8	29.8	75.3
HEPATITIS B	4	2	2	77.3
CBP	7	3.5	3.5	80.8
METALD	24	12.1	12.1	92.9
NON-AFFILIATED	13	6.6	6.6	99.5
NOT APPLICABLE	1	.5	.5	100.0
TOTAL	198	100%	100%	

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#203

PROGNOSTIC ABILITY OF DIFFERENT SCORING SYSTEMS TO PREDICT VERY EARLY MORTALITY IN PATIENTS WITH CIRRHOSIS AND ACUTE-ON-CHRONIC LIVER FAILURE (ACLF)

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Introduction and Objectives: ACLF is characterized by acute deterioration of liver function with significant systemic inflammation and high long-term mortality. The aim of this work is to validate the prognostic ability of different scoring systems to predict very early mortality (7 days) in Mexican patients with cirrhosis and ACLF.

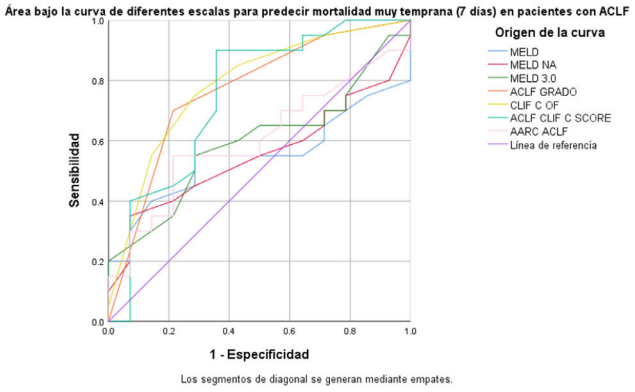
Materials and Methods: An observational, retrospective, descriptive, analytical and cohort study was performed. Forty patients with diagnosis of ACLF were included. The different prognostic scores such as MELD, MELD 3.0, CLIF-C ACLF, CLIF-C OF and AARC ACLF were calculated. ROC curves were constructed and the area under the curve was evaluated for each prognostic scale looking for the best sensitivity and specificity to predict very early 7-day mortality. An area under the curve greater than .075 and a value of p<0.01 were considered optimal.

Results: Forty patients with cirrhosis were included, mean age 49.95±10.68 (29.02-70.88), 27 (68%) were men, the main reason for admission was hepatic encephalopathy in 18 patients (45%), the most common ACLF grade was grade 2 (45%), 33 patients (85%) were admitted with some degree of acute kidney injury, the average days of hospital stay were 11. 85±6.59 (-1.07-24.77) and the total number of deaths was 22 (55%). The AUROC of the scales are shown in Figure 1.

Conclusions: CLIF C OF appears to be the best predictor scoring system for very early mortality in the first seven days of hospitalization in patients with ACLF.

Conflict of interest: None

Area under the curve of different scales for predicting very early mortality (7 Days) in patients with ACLF



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#207

EVALUATION OF OXIDATIVE STRESS MARKERS IN DISEASES ASSOCIATED WITH ALCOHOL CONSUMPTION.

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