P-9 SAFETY AND EFFECTIVENESS OF DIRECT ACTING AGENTS FOR HCV TREATMENT AFTER LIVER TRANSPLANTATION IN RIO DE JANEIRO (BRAZIL)

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Introduction: Data concerning HCV treatment using direct acting agents (DAAs) after liver transplantation (LT) remain scarce in Brazil.

Aims: To describe safety and effectiveness of HCV treatment using DAAs in LT recipients in a single center from Rio de Janeiro (Brazil).

Methods: This retrospective observational study included adults with HCV infection treated by interferon-free regimens after LT. Recurrent infection in the graft was defined by liver biopsy or persistent elevated aminotransferases, in the absence of vascular and biliary tract complications. Presence of cirrhosis was defined by histological analysis of the graft. Patients were treated from August/2015 to December/2019 according to the Brazilian guidelines. Sustained virological response (SVR) was defined by undetectable HCV-RNA 12 weeks after the end-of-treatment and reported as per-protocol.

Results: 116 patients, 63% male, median age 62 (IQR, 57-66) years. 75% genotype 1 and 62% with hepatocellular carcinoma (HCC) previous to LT were included. The overall SVR rate was 96.6% (95%CI, 91.1-98.7). There was no significant difference in SVR rates according to clinical/demographic characteristics, HCV genotype or presence of cirrhosis in the graft. SVR rates were similar in individuals with or without history of HCC before LT [95.8% (95%CI 87.6-98.7) vs 97.7% (95%CI, 85.0-99.7%)], p=0.588. Asthenia was the most frequent adverse event [23.3% (95%CI 16.4-32.0)] and no serious adverse events were observed. The use of ribavirin independently associated with incidence of at least one adverse event [OR=8.71 (95%CI 3.17-23.99)].

Conclusion: HCV treatment with DAAs were safe and highly effective after LT in a real-life cohort in Brazil.

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P-10 LATIN AMERICAN REGISTRY OF CHOLANGIOCARCINOMA: CLINICAL FEATURES, MANAGEMENT AND OUTCOMES

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Introduction: Cholangiocarcinoma (CCA) includes a heterogeneous group of biliary cancers with dismal prognosis and increasing incidence. Information on epidemiology and risk factors are scarce, particularly in Latin America.

Aim: Describe and analyze a multicentric cohort of CCA patients from Latin America.

Methods: The Ibero-Latin American Research Network on Cholangiocarcinoma (ILARN-CCA) Registry and ESCALON consortium (www.escalon.eu) collected data from patients diagnosed from 2010 and onwards.

Results: 183 patients with histologically/cytologically confirmed CCA were included from 5 tertiary hospitals (Brazil, Argentina, Chile, Ecuador and Peru). Median age at diagnosis was 62 years-old (IQR:25-87) and 55.7% were women. Most frequent risk factors were overweight/obesity (n=68;31.1%), diabetes (n=35;19.1%), NAFLD (n=48.1%) required upfront biliary stenting prior to main treatments, consisting in resection (n=39;21.3%) or palliative modalities (n=135;73.8%). Recurrence occurred in 64.1%(n=25), with median time-to-recurrence of 13.5 months (95%CI:6.5-18.8). Chemotherapy was delivered to 120 patients (Gemicitabine+Cisplatin: n=105;87.5%) with a median progression-free survival of 4.2 months (95%CI:3.4-4.9). Median overall survival of the entire cohort was 8.2 months (n=183;95%CI:6.3-10.2), 22.5 months (n=39;95%CI:11.6-34.1) under surgery, 10.4 months (n=87;95%CI:8.4-13.6) under chemotherapy and 2.5 months (n=30;95%CI:1.3-3.9) without active treatments (log-rank p<0.001).

Conclusion: CCA is associated to diverse etiologies in Latin-America, particularly metabolic disorders. Surgical resection shows favorable outcome, highlighting the need of surveillance strategies in individuals at risk.