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 (SRV) 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=14;7.7%), viral hepatitis (n=5;2.7%), cirrhosis (n=4;2.2%), gallstones (n=10;5.5%), primary sclerosing cholangitis (n=11;6%) and 21.3%(n=39) had no known-risk factor. Intrahepatic CCA was the predominant type (n=73;39.9%), followed by distal (n=49;26.8%) and perihilar (n=38;20.8%). Regional lymph-node invasion was found in 74 (40.4%) and metastasis in 79 (43.2%) patients. Upon diagnosis, 88 patients (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 (Gemcitabine+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 (n=39;95%CI:11.6-34.1) under surgery, 10.4 (n=87;95%CI:8.4-13.6) under chemotherapy and 2.5 (n=30;95%CI:1.5-3.9) 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.

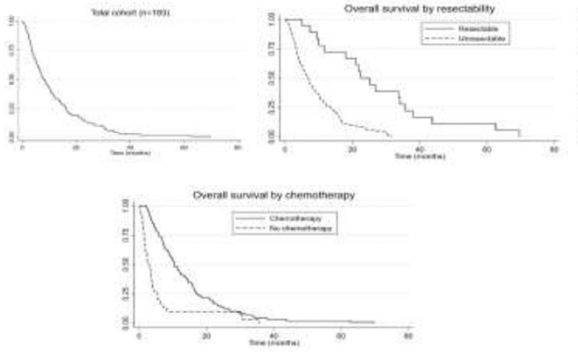

Figure 1: Kaplan Meier curves. Left: total cohort; Middle: resectable CCA versus unresectable; Right: candidates to palliative modalities submitted to chemotherapy versus no-chemotherapy

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P-11 POTENTIALLY HEPATOTOXIC DRUGS ARE STILL BEING PRESCRIBED TO LIVER DISEASE PATIENTS UNDER TERTIARY CARE: IT IS TIME TO SAY ENOUGH

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Introduction and Aim: Drug-induced liver injury (DILI) manifests as a spectrum of clinical presentations that carries morbidity and mortality. Patients with chronic liver disease (CLD), particularly hospitalized, are at high risk for developing DILI. We aimed to investigate the use of potentially hepatotoxic drugs (PHD) in patients with CLD in a tertiary university hospital.

Materials and Method: Adult (≥ 18 years-old) with CLD admitted to the hospital from January 2016 to December 2018 were evaluated regarding PHD, assessing the risk of DILI and liver enzymes behavior after exposure.

Results: From 931 hospitalized patients with CLD, 291 (31.3%) were exposed to hepatotoxic drugs during their hospitalization. Of those, 244 (83.8%) were cirrhotic. The most frequent causes of liver disease were hepatitis C (41.2%), followed by alcohol (13.2%), hepatitis C/alcohol (11.7%) and non-alcoholic fatty liver disease (5.8%). Decompensated cirrhosis (46.7%) was the main reason for hospital admission. The most often prescribed PHD were antibiotics (67.7%), cardiovascular drugs (34.4%), neuromodulators (26.1%) and anesthetics (19.9%). After exposure, 113 patients (38.8%) presented significant elevated liver enzymes. Surprisingly, PHD were more often prescribed in GI/Liver unit (48.8%) followed by emergency/intensive care unit (28.5%). A total of 65 patients (22%) died, however in neither case was it possible to safely infer causal relationship among PHD, liver enzymes and death.

Conclusion: PHD prescription is frequent in patients with CLD even in a tertiary university hospital and in the gastroenterology and hepatology department, exposing these patients to an additional risk.

Conflict of interest statement: The authors have nothing to disclose.

Keywords: Liver diseases, drug-induced liver injury, acute-on-chronic liver failure, acute liver failure

TABLE 1
Baseline characteristics of all patients, cause of chronic liver disease and drugs.

Characteristics		N	N %
Gender	Woman	136	46.7
	Men	155	53.3
Clinical decompensation	Ascites	121	41.6
	Digestive Bleeding	45	15.5
	Spontaneous Bacterial Peritonitis	29	10
	Impaired kidney function	97	33.3
	Hepatic Encephalopathy (HE)	77	26.5
	ACLF	9	3.1
	Cirrhosis	244	83.8
Etiology of Chronic Liver disease	HCV	120	41.2
	Alcoholic disease	39	13.4
	HCV/alcoholic	34	11.7
	NAFLD	17	5.8
	HBV	11	3.8
	Cholestatic disease	10	3.4
	Autoimmune hepatitis	4	1,4
	HCV + NAFLD	1	0.3
	Other	36	12.3
	No data	14	4.8
Drug	Antibiotics	197	67.7
	NSAIDs	24	8.2
	Antifungal	21	7.2
	Antineoplastic	4	1.4
	Neuromodulators	76	26.1
	Antiviral	19	6.5
	Antithyroid	14	4.8
	Statins	18	6.2
	Antituberculosis	4	1.4
	Cardiovascular	100	34.4
	Anesthetics	58	19.9
Cause of hospitalization	Decompensated cirrhosis	136	46.7
	HCC	54	18.6
	Others	101	34.7
Department of diagnostic	Emergency/ICU	83	28.5
	Hospitalization GAS/HEP	142	48.8
	Hospitalization /Others	66	22.7
Death		65	22

ACLF, acute-on-chronic liver failure; HBV, hepatitis B virus; HCV, hepatitis C virus; NAFLD, Non-alcoholic fatty liver disease; HCC hepatocellular carcinoma; GAS/HEP hepatology; NSAIDs, nonsteroidal anti-inflammatory drugs; ICU, intensive care unit.

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P-12 QUALITATIVE EVALUATION OF NATURAL PRODUCTS USED BY PATIENTS IN A BRAZILIAN HEPATOTOXICITY AMBULATORY

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