

THE IMPACT OF NUCLEOS(T)IDE ANALOGUES ON THE WAITING LIST FOR LIVER TRANSPLANTATION IN A SINGLE TERTIARY CENTER

Umberto Cillo

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Poster

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A retrospective study of 284 HBsAg-positive patients waitlisted for liver transplantation between 2006 and 2020 demonstrates that high-barrier nucleos(t)ide analogues significantly reduce waitlist mortality and improve survival.

KEY POINTS

- HBV patients treated with high-barrier nucleos(t)ide analogues had significantly lower waitlist mortality ($p=0.041$) and significantly higher survival after waitlist inclusion ($p=0.018$) compared to those without such treatment.
- Among 284 HBsAg-positive patients, 32.6% were HDV co-infected; HCC prevalence was significantly higher in HBV patients versus HBsAg-negative patients ($p=0.008$), but HDV co-infection was associated with lower HCC rates (22% vs 66%, $p<0.001$).
- Post-transplant outcomes were favorable with combination therapy of nucleos(t)ide analogues and HBIG, yielding only 2 cases of transient HBV relapse without clinical sequelae and overall survival of 83.5% at both 1 and 5 years.
- HBV patients had similar waitlist outcomes to non-HBV patients in terms of transplant likelihood, de-listing rate, and death, with no significant survival difference between those transplanted for decompensated cirrhosis versus HCC.

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