Argentina. **METHODS:** Data from medical charts were collected from 4 centers. Eligible patients were ≥18 years old, diagnosed with unresectable or metastatic GC, between January 2009 and June 2016, had received 1st-line chemotherapy treatment, had ≥3 months of follow-up after 1st-line discontinuation, and had not participated in a clinical trial. Data were summarized using descriptive statistics. **RESULTS:** This preliminary report includes 69 patients. Mean age was 57.6 (SD 12.3) years and 84.1% of patients were male; 76.8% and 45% progressed to second and third-line therapies, respectively. ECOG performance status (PS) during 1st-line treatment was PS=0 in 33.9%, PS=1 in 62.9%, and PS=2 in 3.2%.Prior to initiation 2º line, it was PS=0 in 32.1%, PS=1 in 52.8%, and PS=2 in 3.8%. Fifteen and twenty different regimens were used as 1st- and 2nd-line treatments, respectively. Epirubicin+Oxaliplatin+Capecitabine (24;34.8%), Capecitabine +Oxaliplatin (19; 27.5%), and Fluorouracil+Oxaliplatin+Lec ovorin (6; 8.7%) were the most frequent 1st-line regimens, while Capecitabine (11; 20.8%), Docetaxel(10; 18.9%) and Irinotecan (6; 11.3%) prevailed in 2nd-line treatment. About one third of patients (35%) were hospitalized at any time after the diagnosis of unresectable or metastatic GC. **CONCLUSIONS:** Treatment patterns for patients with AGC in Argentinian institutions are highly heterogeneous. The results of this study may contribute to the development of new strategies and guidelines for AGC management in Argentina.

GASTROINTESTINAL DISORDERS – Clinical Outcomes Studies

PGI1
SYSTEMATIC REVIEW OF OBSERVATIONAL STUDIES OF INTERFERON-FREE TREATMENTS FOR CHRONIC HEPATITIS C

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OBJECTIVES: To evaluate the effectiveness of the interferon-free (IFN-free) therapies for hepatitis C. **METHODS:** A systematic review of observational studies was performed following PRISMA and Cochrane recommendations. Cohorts studies comparing the use of second generation direct acting antiviral (DAA) agents, the IFN-free schemes, were included. The electronic search was conducted in Pubmed, Scopus, Cochrane Library, International Pharmaceutical Abstracts and Web of Science. Data on baseline characteristics and effectiveness of drugs were collected. The primary outcome was sustained virological response 12 weeks after treatment end (SVR 12) and was analyzed in an overall evaluation and by treatment. **RESULTS:** Fifty-one records were included (34,272 patients). Most of patients had hepatitis C virus (HCV) genotype 1, and were treated for 12 weeks. Overall, 90% of patients from all cohorts reached SVR12. Rates per treatment were: sofosbuvir + ledipasvir ± ribavirin (RBV) (93%); paritaprevir/ritonavir + ombitasvir + dasabuvir ± RBV (92%); sofosbuvir + daclatasvir ± RBV (91%); daclatasvir + asunaprevir (90%); sofosbuvir + simeprevir ± RBV (87%); and sofosbuvir + RBV (80%). Posteriorly, subanalysis will be performed considering patients characteristics (e.g. liver transplant, cirrhosis, fibrosis stage, HCV genotype, and age), which will be analyzed using the software Comprehensive Meta-Analysis. **CONCLUSIONS:** This systematic review included a substantial number of treatments. All IFN-free therapies for chronic hepatitis C presented favorable results for the evaluated effectiveness outcome. Therefore, second generation DAA agents seem to be a good treatment option for chronic hepatitis C. The subanalysis that will be performed will allow further conclusions.

PGI2
BOCEPREVIR AND TELAPREVIR EFFECTIVENESS AND SAFETY IN A BRAZILIAN COHORT OF CHRONIC HEPATITIS C GENOTYPE 1 PATIENTS: A MULTICENTRIC LONGITUDINAL STUDY

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OBJECTIVES: Safety and efficacy of protease inhibitors for chronic hepatitis C (CHC) treatment were showed previously, however, the Brazilian population has been poorly represented in these investigations. Therefore, this study aimed to describe the effectiveness in terms of rapid virological response (RVR) and sustained virological response (SVR) of boceprevir and telaprevir-based regimens as well as safety of these two drugs in Brazil. **METHODS:** A prospective longitudinal cohort study was conducted in five public centers in the State of Paraná, South of Brazil. Data from medical charts from adults with CHC genotype 1 with advanced fibrosis (METAVIR score F3 or F4) treated with boceprevir or telaprevir were collected and summarized. Multivariate analysis was performed to investigate the influence of independent variables (i.e. baseline viral load, RVR) on SVR achievement. **RESULTS:** A total of 121 patients (15.7% in boceprevir group and 84.3% in telaprevir group) were included. The mean age was 51.0 years, 63.6% were male and 33.1% were cirrhotic. Of the total cohort, 67 patients (55.4%) completed the 48 weeks of treatment (eight in boceprevir group and 59 in telaprevir group). Of the completers, RVR was achieved by 25.0% and 86.4% in boceprevir and telaprevir groups (p<0.001), respectively, and SVR by 75.0% and 81.4% in boceprevir and telaprevir groups (p=0.670), respectively. None of the evaluated factors had influence on SVR. Overall, 148 different adverse events were reported. Nausea was the most frequent adverse event with boceprevir (73.7%) and pruritus with telaprevir (80.2%). Regarding tolerability, 57.9% of patients had the treatment suspended in boceprevir group and 42.2% in telaprevir group. **CONCLUSIONS:** SVR was more likely with telaprevir-based regimen than with boceprevir. Both protease inhibitors promoted several adverse events, highlighting the need of measures to improve treatment compliance, particularly in countries where the first-generation DAAs are the only treatment option for CHC patients.

PGI3
PREVALENCE AND ANTIMICROBIAL SENSITIVITY OF SALMONELLA FROM FECAL AND MILK SAMPLES OF LACTATING COWS, DEBRE-ZEIT, ETHIOPIA

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OBJECTIVES: To determine the prevalence and antimicrobial susceptibility of Salmonella isolates from lactating cows by collecting milk and faecal samples from selected dairy farms. **METHODS:** Samples were pre-enriched in buffered peptone water followed by selective enrichment using tetrathionate and Rapaport-Vassilidis broths. Isolation and identification was made by inoculating the selectively enriched sample onto Xylose Lysine Deoxycholate agar followed by confirmation of presumptive colonies using different biochemical tests and by polymerase chain reaction. The Kibry Bauer disk diffusion method was used for antimicrobial sensitivity testing. **RESULTS:** From the total cows 8.16% were shaded Salmonella. Even though all isolates were 100% susceptible to amikacin, amoxacilin/clavulnicacid, ampicillin, cefoxitin, trimetotoprim/sulfametoxazol, trimethoprim, gentamicin and ceftriaxone but they were developed resistance to nitrofurantaion (83.3%, Sulfisoxazole (50%) and streptomycin (33.3%). **CONCLUSIONS:** These results might be an indication for the development of a considerable risk in the treatment of clinical cases. Therefore, wise use of antimicrobials must be practiced to combat the ever increasing situation of antimicrobial resistance.

PGI4
GENOTYPE AND LIVER FIBROSIS DISTRIBUTION AMONG HEPATITIS C PATIENTS IN A SINGLE CENTER IN THE SOUTH OF BRASIL: A CROSS-SECTIONAL STUDY

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OBJECTIVES: This study aimed to describe the genotype distribution of hepatitis C virus (HCV), as well as the liver fibrosis stages according to the Meta-analysis of Histological Data in Viral Hepatitis (METAVIR) score in Brazilian patients with hepatitis C attended at a public health institution in the South of Brazil. **METHODS:** A cross-sectional study was conducted in a single center in the city of Curitiba, Paraná, Brazil, evaluating adult hepatitis C patients attended between 2013 and 2016. Data of patient's age, gender, HCV genotype and liver fibrosis stage were collected and summarized. Frequencies distributions were obtained by using Action Stat software. **RESULTS:** A total of 452 patients were included. The mean age was 53.8 years and 57.0% were male. Regarding HCV genotype, 59.3% of the patients were infected with genotype 1 (36.1% subtype 1a and 19.0% subtype 1b), 3.3% with genotype 2, 33.6% with genotype 3, 0.9% with genotype 4 and 2.9% had no data on HCV genotype. Of the 255 patients who had records on liver fibrosis, 7.5% were F0, 11.0% were F1, 23.1% were F2, 17.6% were F3 and 40.8% had cirrhosis. Concerning the most prevalent genotypes, the mean age of genotype 1 patients was 53.0 years, 55.0% were male and 38.1% were cirrhotic. Regarding genotype 3 patients, the mean age was 56.4 years, 51.0% were male and 41.3% were cirrhotic. **CONCLUSIONS:** Most of the evaluated patients were cirrhotic. Genotype 1 (mainly the subtype 1a) and genotype 3 were the most prevalent. Considering the lack of evidence regarding epidemiologic data of hepatitis C in Brazil, the frequencies distributions on HCV genotypes and liver fibrosis stages obtained with this study may contribute with future researches, including pharmacoeconomic evaluations.

PGI5
WAITING LIST MORTALITY IMPACT IN HCV CIRRHOTIC PATIENTS

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OBJECTIVES: The infection of hepatitis C virus (HCV) is a leading cause of liver-related morbidity and mortality through its evolution to liver cirrhosis, end-stage liver complications and hepatocellular carcinoma (HCC). Currently, Direct Antiviral Agents (DAAs) have changed the outcomes in this setting. These drugs have been used safely and effectively in cirrhotic patients, including decompensated who is responsible for significant morbidity and mortality and healthcare costs. The prospective study evaluated the mortality rate in cirrhotic patients while awaiting DAAs. **METHODS:** This was conducted in the University Hospital of Botucatu. All HCV-RNA positive patients with cirrhosis were included, considered through biopsy, clinical evidences (ascites, splenomegaly, varices'bleeding history), US, CT, endoscopic or elastography. The end point was death or the beginning of DAAs. The associations between selected factors and death were analyzed considering p<0.05. **RESULTS:** From April 2015 to May 2016, 129 patients were included, all cirrhotics and DAAs indicated: 73% male (94/129), 57.8 ± 12.1 yrs, albumin (ALB) of 3.5 ± 0.6 mg/dl, platelet of 123.4 ± 59.6, mean MELD score of 10.59 ± 3.56. The mean time follow up was 11.2 ± 3.26 months. The number of deaths was 9/129 (6.9%), those patients showed ALB lower and bilirrubins and MELD score higher than the survivers. No statistical differences among death and gender, genotype 1 and 3, history of ascites, or bleeding varices. However, we found between death and albumin less than 3.5 and also less than 2.9 mg/dl (0.03 and 0.006 respectively), in naive patients when compared with experience (0.0002) and patients with MELD higher than 15 (0.017). The survival curve showed a significant association with death between naives patients (0.0005), albumin lower than 2.9 (0.0006), MELD higher than 15 (0.007) and α-pheto protein (APP) higher than 40ng/ml (<.0001) as the only independent factor. **CONCLUSIONS:** Advanced liver disease should be prioritized for DAAs treatment.

GASTROINTESTINAL DISORDERS – Cost Studies

PGI6
HOW DOES HIGH MELD SCORE INCREASES TOTAL EXPENDITURE ON HEALTH SYSTEM? A MICRO-COSTING PROSPECTIVE COHORT STUDY

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