uptake, expressed as target-to-background ratio (TBR). The secondary outcome was difference in splenic uptake.

Results: An interim analysis on 11 out of the 24 patients already showed a significant reduction of the left anterior descending artery TBRmax after statin treatment (-16.5%, IQR[-23.0, -6.6], p=0.004). The difference in uptake in the left circumflex and right coronary artery showed a similar trend (respectively -15.4%, IQR[-23.4, 3.9], p=0.08 and -16.4%, IQR[-38.3, 8.1], p=0.08). Interestingly, splenic activity, a marker for myeloid activity, also decreased significantly after statin treatment (19.0%, IQR[10.7-21.3], p=0.03).

Conclusions: In this interim analysis, we show that ^{68}Ga-DOTATATE uptake in coronaries and spleen is attenuated by statin therapy in DM2 patients. This implies that ^{68}Ga-DOTATATE is suitable to be used as a potential read-out in intervention studies using novel anti-inflammatory therapeutics; also in DM2 patients.

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NON-ALCOHOLIC TO METABOLIC ASSOCIATED FATTY LIVER DISEASE: CARDIOVASCULAR IMPLICATIONS OF A CHANGE IN TERMINOLOGY IN PATIENTS LIVING WITH HIV

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Background and Aims : It has recently been suggested that the definition of non-alcoholic fatty liver disease (NAFLD) be changed to Metabolic Associated FLD (MAFLD) to better reflect the complex metabolic aspects of this syndrome. We compared the ability of MAFLD and NAFLD to correctly identify high CV risk patients, sub-clinical atherosclerosis or a history of prior CV events (CVEs) in patients living with HIV (PWH).

Methods: Single center, cross-sectional study of PWH on stable anti-retrovirals. NAFLD was diagnosed by transient liver elastography; published criteria were used to diagnose MAFLD (JHepatol.2020;73(1):202-209). Four mutually exclusive groups were considered: low (<7.5%) vs high (>7.5%) ASCVD risk, subclinical CVD (carotid IMT ≥1 mm and/or coronary calcium score >100), and prior CVEs. The association of NAFLD and MAFLD with the CVD risk groups was explored via a multinominal model adjusted for age, sex, liver fibrosis, HIV duration, nadir CD4 and current CD4 cell count.

Results: We included 1249 PWH (mean age 55 years, 74% men, median HIV duration 24 years). Prevalence of overweight/obesity and diabetes was 40% and 18%. Prevalence of NAFLD and MAFLD and overlapping groups are shown in Fig 1A. Fig 1B shows distribution of NAFLD/MAFLD in the 4 patient categories (p-for-trend <0.001). Both MAFLD and NAFLD were significantly associated with an increased risk of CVD compared to the reference level (ASCVD<7.5%) (all p-values <0.004; Fig 2).

Conclusions: NAFLD and MAFLD perform equally in detecting CVD or its risk. The proposed change in terminology may not help to identify PWH requiring enhanced surveillance and preventative interventions for cardiovascular disease.
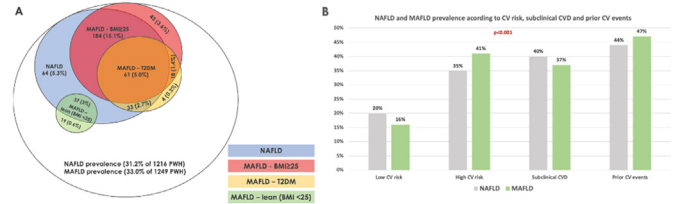

Fig 2