

## Clinical predictors of poor outcomes in hepatocellular carcinoma of nonviral aetiology

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### Abstract:

INTRODUCTION & OBJECTIVES: Clinical predictors for prognosis of NASH and alcohol related (non-viral) hepatocellular carcinoma (nvHCC) is poorly described. METHODS: Patients with nvHCC, from a tertiary referral hepatobiliary clinic were prospectively screened. Clinical evaluation, liver biochemistry, pre-treatment AFP (pt-AFP) and contrast enhanced CT abdomen were performed. HCC was diagnosed using American Association for the Study of Liver Disease guidelines, and TNM staged. nvHCC was diagnosed in HCC negative for HBsAg, anti-HCV antibody, autoimmune and metabolic screening. Child-Turcotte-Pugh (CTP) and Model for End-stage Liver Disease (MELD) scores were calculated. Cox regression analysis was used to identify the factors associated with mortality. RESULTS: A total of 472 patients with nvHCC [age-64 (12-88) years; males-417 (88.3%)] were screened [261 (61.1%) had diabetes; 212 (48.8%) were regular, 85 (19.6%) social, 137 (31.6%) nonconsumers of alcohol]. 358 (83.4%) had cirrhosis [Child A (58.3%), B (32.8%), C (8.9%); median CTP 6 (1-14), MELD 11 (5-40)]. 170 (42.2%) HCCs were TNM stage 3, with median diameter 6cm (0.9-26.5). 239 (71.6%) had no vascular or visceral invasion. Median pt-AFP was 26.6ng/ml (1.16-100,000) [pt-AFP>200ng/ml: n=90 (31.4%) pt-AFP>400ng/ml: n=68 (23.8%)]. Gender, alcohol use (consumer/not), diabetes (present/absent), cirrhosis (present/absent), Child-class (A or B/C), total diameter (<5cm or ≥5cm), nodularity (single/multiple), vascular invasion (present/absent), TNM stage (early/late) and pt-AFP level (<200 or ≥200ng/ml) were assessed as predictors of mortality. On bivariate analysis, Child B/C class (p<0.05), vascular invasion (p<0.001), TNM stage 3 and 4 (p<0.05) and pt-AFP≥200ng/ml (<0.05) were predictive of death. On multivariate analysis, TNM stage 3/4 (p<0.05, HR=2.07 and 4.07 respectively) and pt-AFP level≥200ng/ml (p<0.05, HR=1.71) remained independently predictive of death. CONCLUSION: Among patients with nvHCC, TNM stage 3/4 and pt-AFP≥200ng/ml independently predicts death.

### Description:

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