中文題目：術前的白蛋白-膽色素評分(ALBI)可預測非 B 型及非 C 型肝炎之肝癌的病人接受根除性切除手術的預後

英文題目：Preoperative ALBI grade predicts the outcomes in non-B non-C HCC patients undergoing primary curative resection

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Background

The albumin-bilirubin (ALBI) grade has been validated as a significant predictor for hepatocellular carcinoma (HCC). However, there is little information about the ALBI grade in patients with non-B non-C HCC (NBNC-HCC) receiving surgery.

Aim

This study aimed to evaluate ALBI grade as a prognostic factor in patients with NBNC-HCC after primary curative resection.

Method

This retrospective study enrolled 2137 HCC patients, who received HCC resection between January 2001 and April 2016 at Kaohsiung Chang Gung Memorial Hospital. With exclusion criteria of patients who have chronic hepatitis B or chronic hepatitis C, and prior HCC treatment before resection and received liver transplantation and BCLC stage B or C, finally we enrolled 168 NBNC-HCC patients receiving primary curative resection. ALBI score used for grading as well as clinicopathologic features was analyzed. The formula of ALBI score is log10 [albumin (mg/dL) x 17.1] x 0.66 – albumin (g/dL) x 0.85.

Result

There were 66 (39.3%), 98 (58.3%), and 4 (2.4%) patients who were stratified into ALBI grade I, II, and III, respectively. Patients with ALBI grade II/III had older age (p = 0.002), hypoalbuminemia (p <0.001), and Child Pugh B (p = 0.009). Patients with ALBI grade II/III had poor overall survival compared with those with ALBI grade I (p = 0.003). The patients without liver cirrhosis also had the better survival rate in ALBI grade 1 group (P = 0.012). In multivariate analysis, tumor number (p = 0.001) and tumor stages (pTNM stages) (p = 0.007) were independent prognostic factors for recurrence. In predictors for mortality, AFP (p = 0.004), ALBI grade (p = 0.004), tumor number (P=0.003) and tumor stages (pTNM stages) (p <0.001) were independent prognostic factors.

Conclusion

Preoperative ALBI grade can be used to predict the mortality in patients with NBNC-HCC after primary curative resection.