THE PERFORMANCE OF NON-INVASIVE SERUM TESTS IN PREDICTING CLINICALLY SIGNIFICANT PORTAL HYPERTENSION AND POSTHEPATECTOMY LIVER FAILURE IN PATIENTS WITH CIRRHOSIS COMPLICATED WITH HEPATOCELLULAR CARCINOMA

I. Nenu[1,2], I. Minciuna[1], C. Crisan[2], C. Radu[1,2], E. Mois[1,2], F. Graur[1,2], N. Al-Hadjar[1,2], M. Platon-Lupsor[1,2], R. Badea[1,2], Z. Sparchez[1,2], M. Tantau[1,2], F.G. Adriana[2], H. Stefanescu[1] and B. Procopet[1,2]

[1] Regional Institute of Gastroenterology and Hepatology "Prof. Dr. O. Fodor", Cluj-Napoca, Romania
[2] University of Medicine and Pharmacy "Iuliu Hatieganu", Cluj-Napoca, Romania

INTRODUCTION

Hepatic resection is a curative therapeutic option of hepatocellular carcinoma (HCC), but proper patient selection (based on tumor size and the presence of portal hypertension - PHT) is essential for prognosis (1).

AIM

The aim of the study was to evaluate whether serum liver tests may identify the patients with clinically significant portal hypertension (CSPH), and thus at risk to develop post-hepatectomy liver failure (PHLF).

Their performances were compared with liver stiffness measurement (LSM).

METHOD

111 patients with compensated cirrhosis and HCC referred to hepatic resection between 2015 and 2020 in the Regional Institute of Gastroenterology and Hepatology Cluj-Napoca were included.
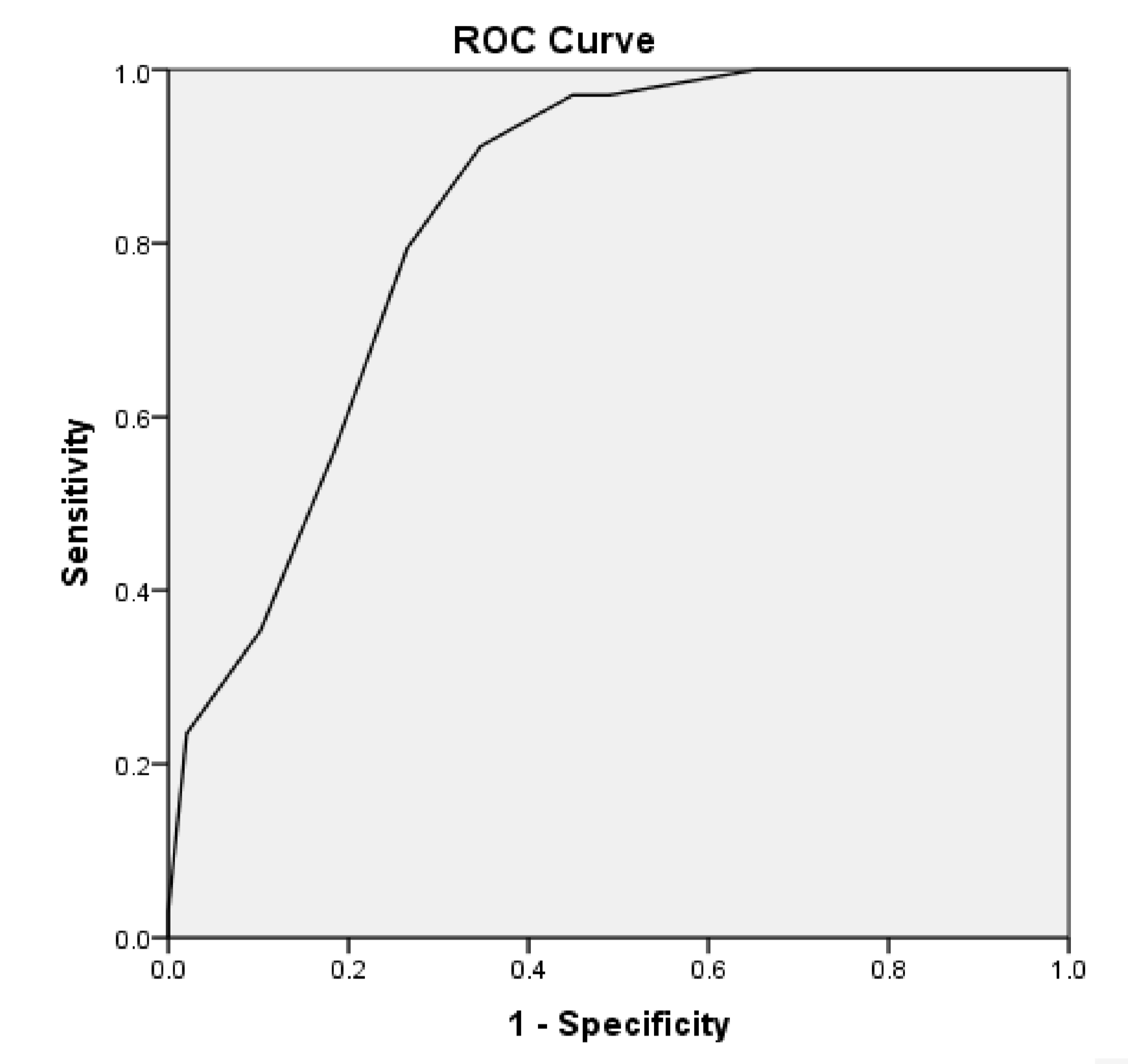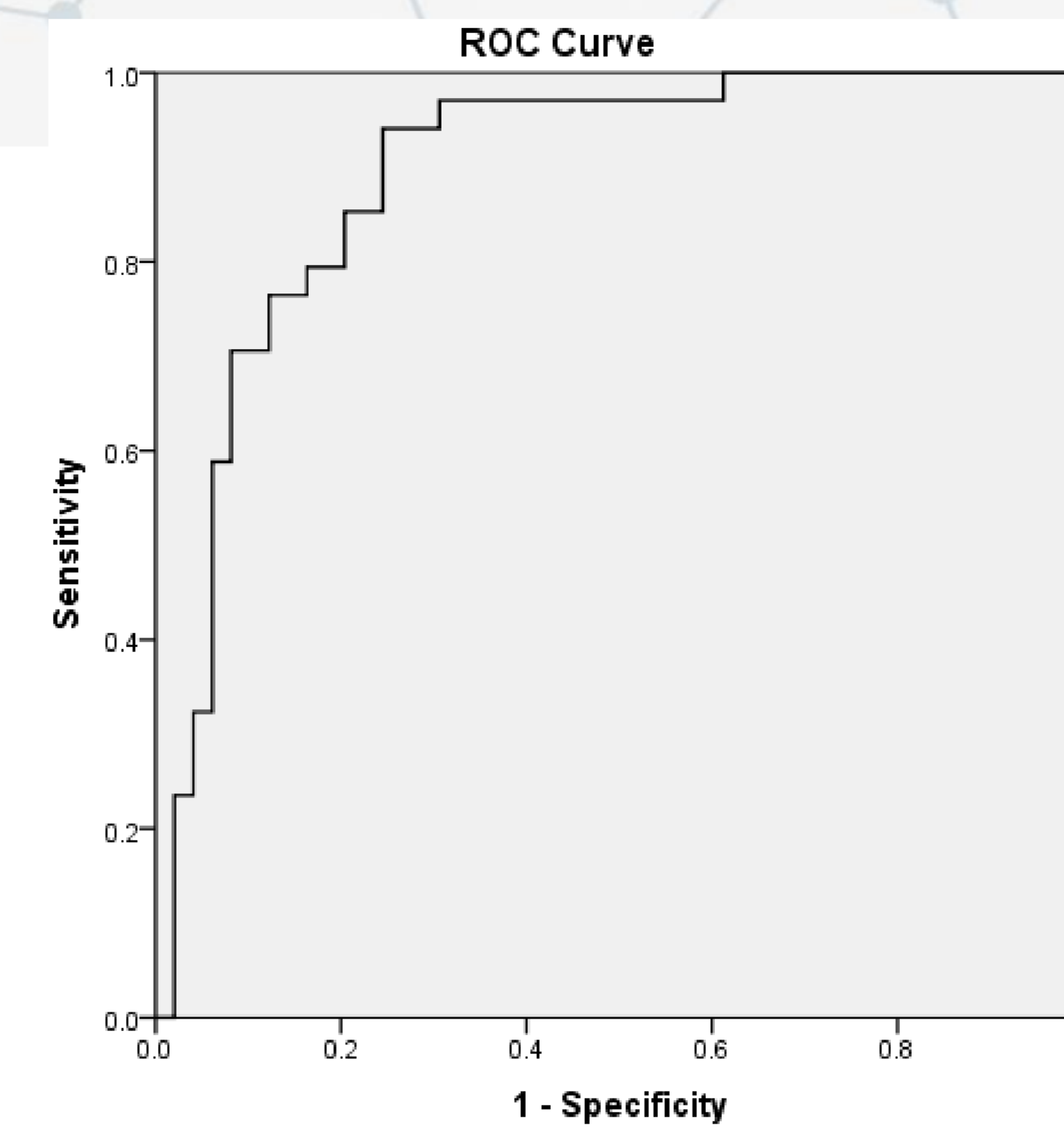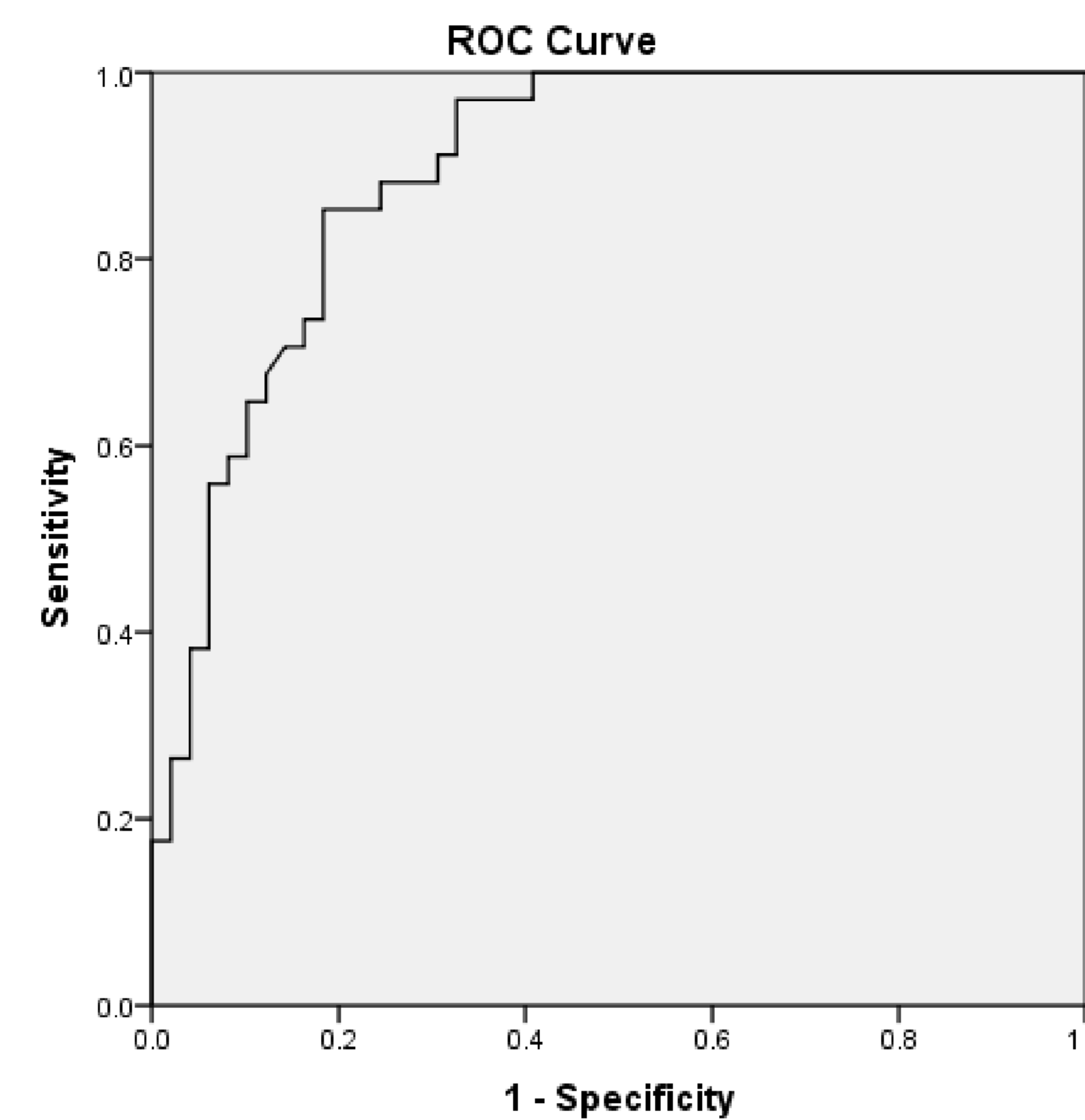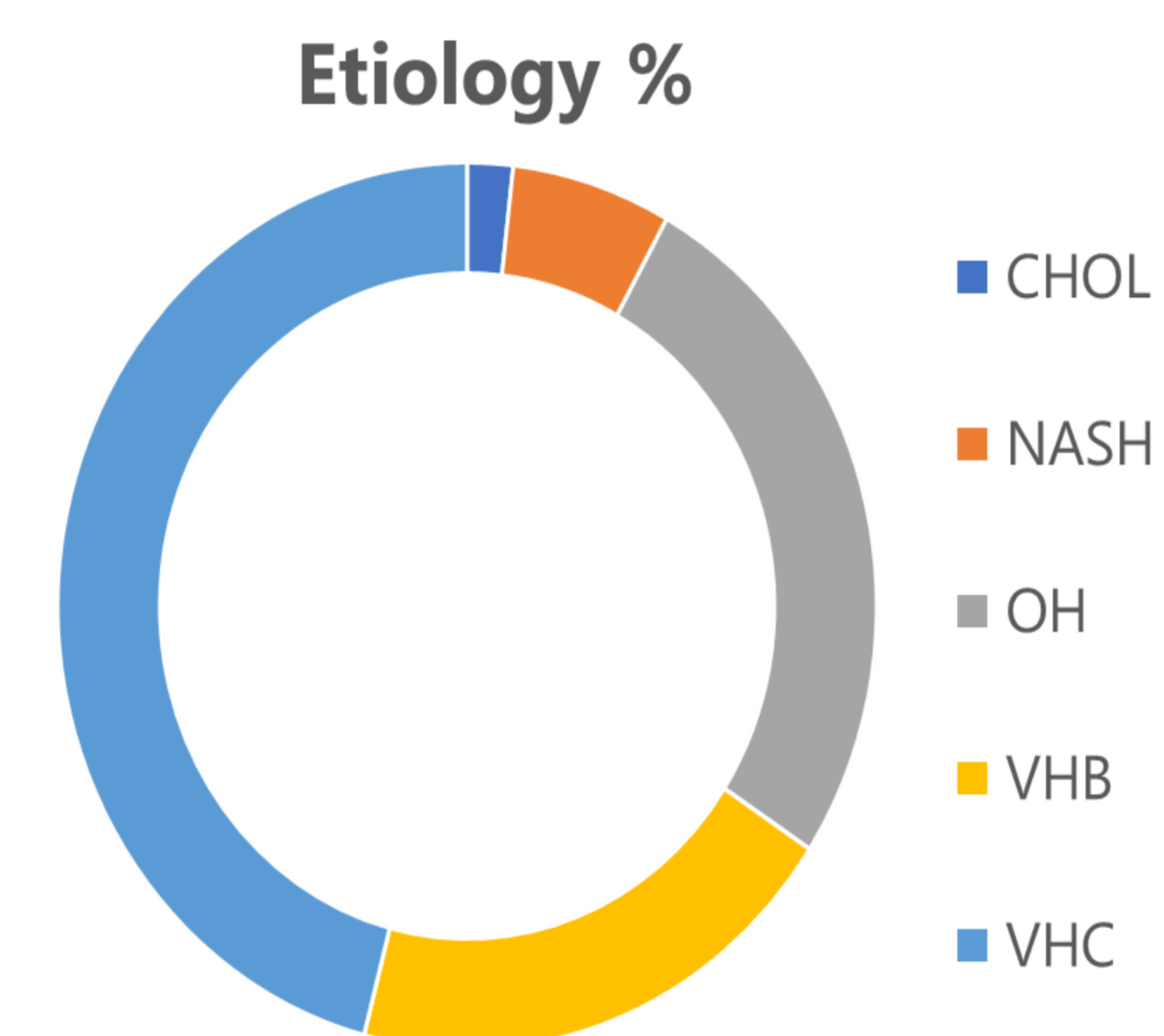
Presence of **CSPH** was defined as:
· HVPG ≥ 10 mmHg or presence of esophageal varices;
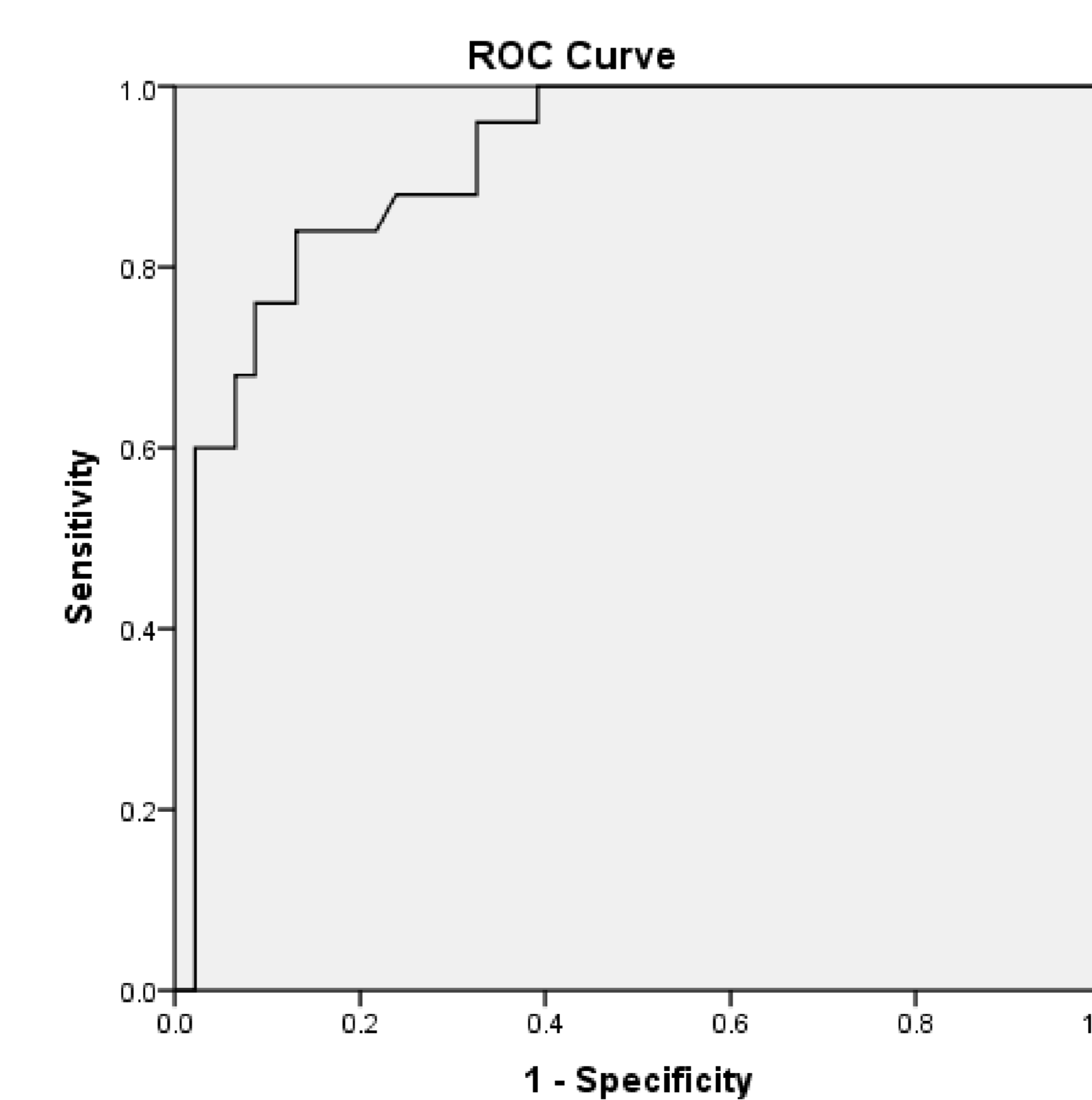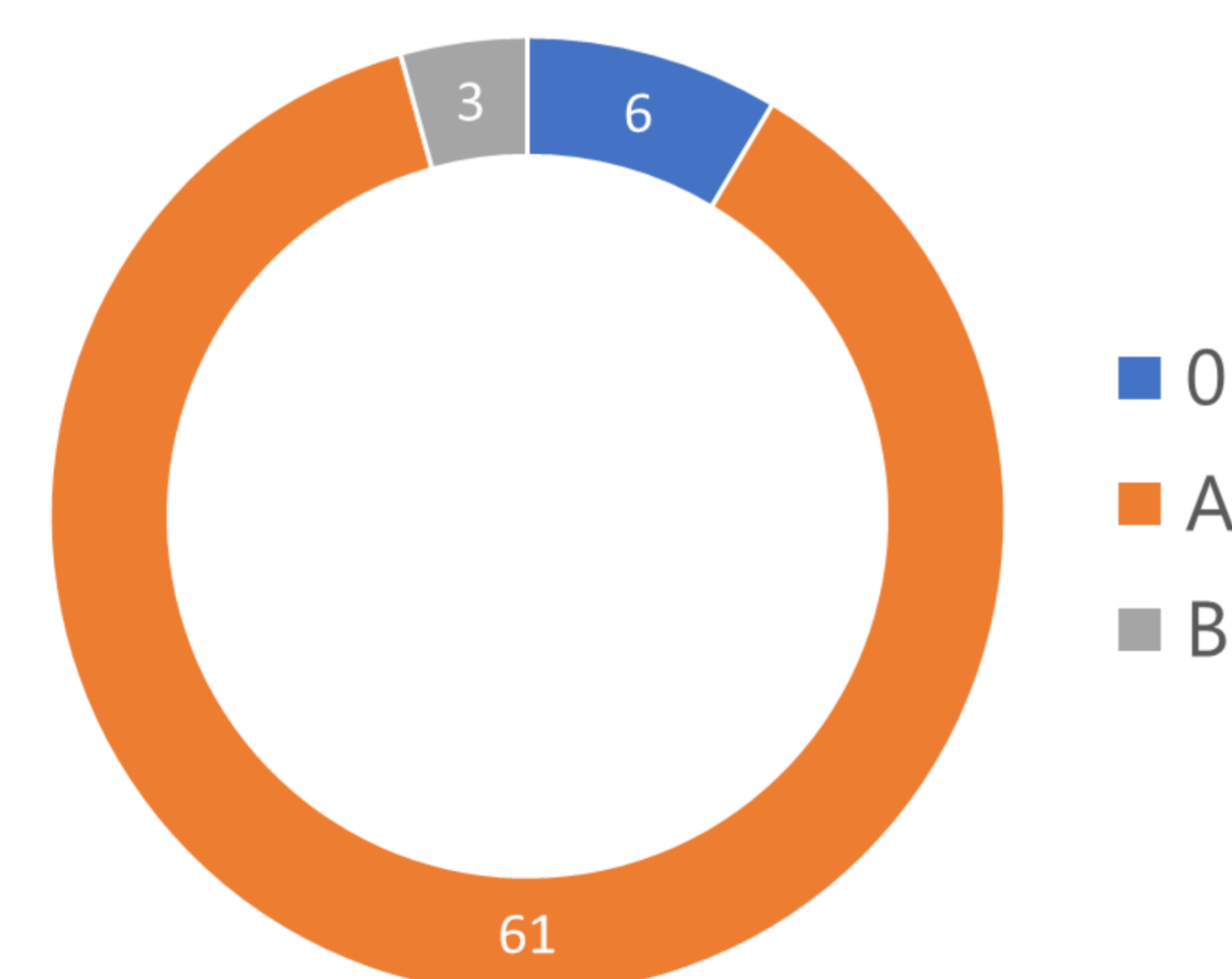· splenomegaly;
· thrombocytopenia (<100.000/mm^3)

The non-invasive serum tests were: **APRI, FIB-4, NLR, eLIFT, ALBI**

The performance of non-invasive tests in predicting CSPH and prognosis were assessed by **AUROC curves**.

RESULTS

Etiology %
- CHOL
- NASH
- OH
- VHB
- VHC

APRI
AUROC=0.87, 95%CI:0.79-0.95; p<0.05

FIB-4
AUROC=0.88, 95%CI:0.81-0.96; p<0.05

eLIFT
AUROC=0.83, 95%CI:0.73-0.92; p<0.05

BCLC Classification %
- 0 : 6
- A : 61
- B : 3

LSM
AUROC=0.913, 95%CI:0.84-0.98; p<0.05

APRI, FIB4, eLIFT and LSM were good predictors of CSPH.

ALBI and NLR were not capable of predicting CSPH.

Regarding the prediction of **PHLF**, although the statistical significance was not reached, **LSM, APRI and FIB-4 have a tendency to predict it.**

CONCLUSIONS

Although LSM, APRI, FIB-4 and eLIFT may identify patients with CSPH in patients with HCC submitted to hepatic resection, they are not capable to predict prognosis in this clinical setting.

REFERENCES

European Association For The Study Of The Liver. EASL clinical practice guidelines: **management of hepatocellular carcinoma.** Journal of hepatology. 2018 Jul 1;69(1):182-236. https://doi.org/10.1016/j.jhep.2018.03.019 (2018).

ACKNOWLEDGEMENTS

CONTACT INFORMATION

iuliana.nenu@gmail.com

Epidemiology, Staging and Prognosis
Iulia Minciuna

P-069

ILCA2020