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Liver transplantation for hepatocellular carcinoma: evaluation of the alpha-fetoprotein model in a multicenter cohort from Latin America.

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Abstract

BACKGROUND & AIMS: The French **alpha-fetoprotein (AFP) model** has recently shown superior results compared to Milan criteria (MC) for prediction of **hepatocellular carcinoma (HCC)** recurrence after **liver transplantation (LT)** in European populations. The aim of this study was to explore the predictive capacity of the **AFP model** for HCC recurrence in a **Latin-American cohort**.

METHODS:

Three hundred twenty-seven patients with HCC were included from a total of 2018 patients transplanted at 15 centres. Serum AFP and imaging data were both recorded at listing. Predictability was assessed by the Net Reclassification Improvement (NRI) method.

RESULTS: Overall, 82 and 79% of the patients were within MC and the AFP **model** respectively. NRI showed a superior predictability of the AFP **model** against MC. Patients with an AFP score >2 points had higher risk of recurrence at 5 years Hazard Ratio (HR) of 3.15 (P = 0.0001) and lower patient survival (HR = 1.51; P = 0.03). Among patients exceeding MC, a score ≤2 points identified a subgroup of patients with lower recurrence (5% vs 42%; P = 0.013) and higher survival rates (84% vs 45%; P = 0.038). In cases treated with bridging procedures, following restaging, a score >2 points identified a higher recurrence (HR 2.2, P = 0.12) and lower survival rate (HR 2.25, P = 0.03). A comparative analysis between HBV and non-HBV patients showed that the AFP **model** performed better in non-HBV patients.

CONCLUSIONS: The AFP **model** could be useful in **Latin-American** countries to better select patients for LT in subgroups presenting with extended criteria. However, particular attention should be focused on patients with HBV.

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KEYWORDS: alpha-fetoprotein; candidate selection; liver cancer; prediction

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