A MODIFIED CHARLSON COMORBIDITY INDEX TO IMPROVE MANAGEMENT OF PATIENTS WITH HEPATOCELLULAR CARCINOMA: A STEP TOWARDS PRECISION MEDICINE

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A modified Charlson comorbidity index that excludes cirrhosis and HCC better stratified 385 HCC patients into risk groups and independently predicted mortality compared to the standard index.

KEY POINTS

- The modified CCI distributed patients into 21% high-risk, 48% intermediate-risk, and 31% low-risk groups, whereas standard CCI classified 94% as high-risk, demonstrating superior discrimination.
- High-risk and intermediate-risk modified CCI groups had significantly shorter median overall survival compared to low-risk patients (37 vs 49 vs 67 months, p=0.007), with the effect confirmed in early-stage BCLC 0/A patients.
- Modified CCI high-risk class independently predicted mortality (HR 1.36, 95%CI 1.09-1.70, p=0.006) alongside Child-Pugh class, varices, BCLC stage, and AFP greater than 200 ng/mL.
- No differences in adherence to BCLC 2022 treatment algorithm or access to treatment were observed among modified CCI risk classes.
- This retrospective single-center study of 385 patients suggests that comorbidity assessment using modified CCI may inform prognostic evaluation in HCC patients.

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