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Summary

ALBI AND AFP FOR RISK STRATIFICATION IN MULTIDISCIPLINARY TUMOUR BOARD–MANAGED HEPATOCELLULAR CARCINOMA: A REAL-WORLD SINGAPORE COHORT

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UEG Week Barcelona 2026 | Presentation

Radiology & Imaging | Hepatobiliary | Digestive Oncology

October 19, 2026

In a real-world multidisciplinary tumour board cohort of 289 HCC patients, the ALBI grade robustly stratified survival across tumour burden, performance status, and treatment pathways, with alpha-fetoprotein adding independent prognostic value beyond liver reserve alone.

KEY POINTS

- ALBI demonstrated clear stepwise survival separation in the overall cohort, with median OS not reached for ALBI 1 (37.4% of patients), 21.4 months for ALBI 2 (49.1%), and 8.6 months for ALBI 3 (13.5%), p<0.001.
- ALBI remained prognostic within and beyond up-to-7 tumour burden criteria, with greatest separation among locoregional therapy candidates (p<0.001).
- On multivariable analysis, ALBI was a strong independent predictor of mortality (HR approximately 2.8 per grade increase, p<0.001), and AFP provided additional prognostic value (HR approximately 1.4 per $\log_{10}$ increase, p<0.001), significantly improving model fit.
- A simple 3×2 ALBI–AFP risk matrix in locoregional therapy candidates identified a low-risk group (ALBI 1, AFP <20 ng/mL) with favourable survival and a very high-risk group (ALBI 3, AFP ≥20 ng/mL) with poor outcomes (p<0.001).
- Child-Pugh class and composite tumour–liver scores including up7-ALBI did not improve prognostic performance beyond ALBI alone.
- The presenter framed the ALBI–AFP framework as a practical prognostic tool for MDT-based decision-making and patient counselling, particularly in locoregional therapy candidates.

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