RELIABILITY OF THE TORONTO HCC RISK INDEX IN PREDICTING THE OCCURRENCE OF HEPATOCELLULAR CARCINOMA

Nadia Maamouri

UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 15, 2023

A retrospective study of 120 cirrhotic patients evaluated the Toronto Hepatocellular Carcinoma Risk Index (THRI) for predicting HCC occurrence over 8 years, finding that higher THRI scores were significantly associated with HCC development.

KEY POINTS

- Patients who developed HCC had significantly higher mean THRI scores than those who did not (264.8 versus 232.3, p=0.008), and 25 of 120 patients (20.8%) developed HCC during follow-up.
- THRI stratified patients into three risk groups: low risk (<120, 4.2% of patients, 0% developed HCC), intermediate risk (120-240, 48.3% of patients, 12% developed HCC), and high risk (>240, 47.5% of patients, 31.6% developed HCC).
- The AUROC for THRI predicting HCC was 0.649 (95% CI 0.533-0.765), with a cutoff value of 235.5 yielding 72% sensitivity and 50% specificity.
- THRI is based on etiology, age, sex, and platelet count; the study cohort had mean age 57 years and comprised predominantly hepatitis C (49%) and hepatitis B (31%) cirrhosis.
- The study authors concluded that THRI appears effective for predicting HCC occurrence and identifying high-risk populations for early screening.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/3a907a98-743b-11ee-864c-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.