PREDICTIVE ABILITY OF THE CRP-ALBUMIN RATIO FOR SURVIVAL IN PATIENTS WITH HEPATOCELLULAR CARCINOMA WHO WERE TREATED WITH ATEZOLIZUMAB/ BEVACIZUMAB

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C-reactive protein-to-albumin ratio independently predicts survival in patients with unresectable hepatocellular carcinoma treated with atezolizumab plus bevacizumab.

KEY POINTS

- In 289 patients treated with atezolizumab plus bevacizumab across three Japanese centers (September 2020–December 2024), median progression-free survival was 6.8 months (95% CI, 5.4–9.8) and median overall survival was 26.5 months (95% CI, 21.4–29.9).
- CAR ≥0.056 was independently associated with shorter overall survival (HR, 2.042; 95% CI, 1.386–3.008; p<0.001) and progression-free survival (HR, 1.471; 95% CI, 1.105–1.957; p=0.008) in multivariate analysis.
- Patients with high CAR had significantly lower objective response rates (p=0.011) and worse radiological responses (p=0.002) according to RECIST 1.1 criteria.
- CAR demonstrated superior long-term prognostic performance compared to neutrophil-to-lymphocyte ratio, with significantly better AUROC values after 24 months.
- This multicenter retrospective study suggests CAR is a readily available biomarker for risk stratification in unresectable HCC treated with immunotherapy-based combination therapy.

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