中文題目:低正常血清胎兒蛋白值的肝細胞癌患者之預後及其影響因子 英文題目:The outcomes and prognostic factors of patients with hepatocellular carcinoma and with low-normal serum alpha fetoprotein levels 作者:陳倩<sup>1</sup>,傅家駒<sup>2</sup>,蘇建維<sup>2</sup> 服務單位:<sup>1</sup>台北榮民總醫院內科部,<sup>2</sup>台北榮民總醫院肝膽腸胃部

**Backgrounds & Aims**: Alpha fetoprotein (AFP) is the most widely used tumor marker for hepatocellular carcinoma (HCC). Serum AFP level > 20ng/mL is considered abnormal according to the current international guidelines. Nevertheless, few studies have investigated the prognostic factors of HCC patients with low-normal serum AFP levels ( $\leq 7$  ng/mL).

**Methods**: We retrospectively enrolled 1,385 patients with HCC and low-normal serum AFP levels from 2008 to 2020. Overall survival (OS) rates were calculated by the Kaplan-Meier method, and analyses of the prognostic factors were performed using a Cox proportional hazard model.

**Results**: After a median follow-up of 32 months, 527 patients died, and the 5-year OS rate was 57.4%. A multivariate analysis showed the independent prognostic factors of poor OS were alkaline phosphatase > 100U/L (hazard ratio HR 1.375, 95% confidence interval CI 1.065-1.774, p<0.001); higher albumin-bilirubin (ALBI) grades (grade 1 as reference, grade 2: HR: 1.610, 95% confidence interval CI: 1.242-2.087, p<0.001; grade 3: HR: 4.270, 95% CI: 2.921-6.241, p< 0.001); the presence of vascular invasion (HR: 2.732, 95% CI: 2.144-3.480, p<0.001), tumor size  $\geq$  5 cm (HR: 1.791, 95% CI: 1.408-2.279, p<0.001), and non-curative treatment modalities (HR: 3.960, 95% CI: 3.087-5.081, p<0.001).

**Conclusion**: For patients with HCC and with low-normal AFP levels, liver functional reserve, tumor factors and treatment modalities were the independent factors predictive of prognoses.