Predicting post-resection recurrence of hepatocellular carcinoma: Spleen stiffness *vs.* ALBI grade

To the Editor:

We read with interest the paper "Role of liver and spleen stiffness in predicting the recurrence of hepatocellular carcinoma after resection" by Dr. Marasco *et al.* published in *Journal of Hepatology*.[1] In this prospective study including 175 patients with hepatocellular carcinoma (HCC) undergoing surgical resection, the authors demonstrate that spleen stiffness is an independent predictor of tumor recurrence. The main reason for this novel conclusion is that spleen stiffness could be a surrogate marker of portal hypertension which may predispose patients to liver carcinogenesis. Although this finding is interesting, the analysis, however, is not very comprehensive. A potential defect is that the role of albumin-bilirubin (ALBI) grade has not been fully evaluated in the multivariate model of this study.

The management and prognosis of HCC depend not only on tumor burden itself but also heavily on liver functional reserve. The idea of using ALBI grade, a simple and objective parameter of hepatic reserve derived from the calculation of ALBI score, as a new prognostic marker for HCC has been introduced since 2015.[2] Since then, independent studies showed that ALBI grade may provide reliable prognostic information for patients with HCC across different cancer stages or undergoing different treatment strategies.[3–6] In addition, its prognostic performance may outweigh the currently used models such as Child-Pugh and model for end-stage liver disease score. As indicated in a previous study, for HCC patients who are Child-Pugh class A, ALBI grade can further differentiate between 2 prognostic groups.[7] Moreover, ALBI grade has recently been demonstrated to link with post-resection tumor recurrence in a large surgical cohort,[8] and it was suggested that ALBI grade be incorporated into prediction models for this specific patient entity.[9]

These lines of evidence suggest that the ALBI grade, a potentially better biomarker of liver functional reserve and survival predictor, should be considered as an indispensable parameter to be analyzed in the studies related to outcome prediction of patients with HCC. In summary, a more in-depth evaluation that includes the ALBI grade in the statistical model is required to consolidate the authors' conclusions. Future studies should be directed to evaluate if the implementation of ALBI grade-based model is a feasible approach to further enhance the prognostic performance in patients with HCC.

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Conflict of interest

The authors declare no conflicts of interest that pertain to this work.

Please refer to the accompanying ICMJE disclosure forms for further details.

Authors' contributions

Guarantor of the article: Teh-Ia Huo. Specific author contributions: T.-H. Huo and P.-H. Liu performed the research. C.-Y. Hsu, P.-H. Liu and T.-I. Huo designed the study and wrote the paper. All authors approved the final version of the manuscript.

Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jhep.2018.11.020.

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