

# Pronostic value of first transarterial chemoembolization with Hepatoma

## Arterial-Embolization prognostic score in Hepatocellular Carcinoma: real-world data

Y. Reyes-de-la-Mata, E. Pizarro-Baron, P. Frias-Ruiz, C. Martinez-Diaz, M.D. Gil-Sierra, V. Vazquez-Vela.

Contact: ydelamatao1@gmail.com

Hospital Pharmacy. Hospital Universitario Puerto Real. Puerto Real, Cádiz.

4CPS-161

### BACKGROUND AND IMPORTANCE

Transarterial chemoembolization (TACE) is the standard treatment for intermediate-stage hepatocellular carcinoma (HCC), although clinical outcomes vary considerably. The Hepatoma Arterial-embolization Prognostic (HAP) score was developed to stratify prognosis, but its real-world predictive performance remains uncertain.

### OBJECTIVES

To evaluate the prognostic value of the HAP score in patients undergoing a first TACE for HCC and its association with overall survival (OS) and progression-free survival (PFS) in routine clinical practice.

### MATERIAL AND METHODS

A retrospective study was conducted including patients with HCC who underwent a first TACE between January 2023 and January 2025. The HAP score was calculated based on baseline albumin, total bilirubin, alpha-fetoprotein, and maximum tumor diameter. Patients were grouped as A+B (better prognosis) or C+D. Survival outcomes were estimated using Kaplan-Meier analysis and compared using log-rank tests and Cox proportional hazards models.

### RESULTS

Thirty-eight patients were included; 73.6% were classified as HAP A+B and 26.4% as C+D. Baseline characteristics are shown in Table 1.

**Table 1. Baseline characteristics**

Characteristic	A+B	C+D
Male sex (%)	85.7	80
Median age (years, range)	74.5 (58–88)	73 (68–79)
Median albumin (g/dL, range)	4 (2.9–7.1)	3.8 (2.8–3.5)
Median total bilirubin (mg/dL, range)	0.91 (0.21–3.06)	1.4 (1.2–3.6)
Median alpha-fetoprotein (ng/mL, range)	3.9 (<2–943.2)	3.6 (<2–181)
Median tumor size (cm, range)	3.05 (1–7)	3 (1.3–5.2)

Median PFS (A+B): 12.23 months.  
Median PFS (C+D): 6.53 months.  
HR 1.08; p=0.895.

Median OS (A+B): 22.83 months.  
Median OS (C+D): 24.07 months.  
HR 1.69; p=0.667.

### CONCLUSIONS

In this real-world cohort, the HAP score did not show a significant association with OS or PFS after first TACE in HCC patients. Although patients with better HAP categories showed numerically longer PFS, the absence of statistical significance suggests limited prognostic discrimination, likely influenced by small sample size and relatively homogeneous baseline characteristics. Larger prospective studies are needed to clarify the clinical utility of the HAP score.

