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## Prediction of post-resection prognosis with ADV score for huge hepatocellular carcinoma ≥13 cm

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**Introduction** : Multiplication of  $\alpha$ -fetoprotein, des- $\gamma$ -carboxy prothrombin and tumor volume (ADV score) is a surrogate marker for post-resection prognosis of hepatocellular carcinoma (HCC). The objective of this study was to validate the predictive power of ADV score-based prognostic prediction model for patients with solitary huge HCC.

**Methods** : Of 3,018 patients, 100 patients who underwent hepatic resection for solitary HCC  $\geq$ 13 cm during the study period between 2008 and 2012 were selected.

**Results** : Median tumor diameter and tumor volume were 15.0 cm and 886 mL, respectively. Tumor recurrence and overall survival (OS) rates were 70.7% and 66.0% at 1 year, and 84.9% and 34.0% at 5 years, respectively. Microvascular invasion was the only independent risk factor for disease-free survival (DFS) and OS. DFS and OS stratified by ADV score with 1log intervals showed significant prognostic contrasts (p=0.007 and p=0.017, respectively). DFS and OS stratified by ADV score with a cutoff of 8log showed significant prognostic contrasts (p=0.014 and p=0.042, respectively). Combination of MVI and ADV score with a cutoff of 8log also showed significant prognostic contrasts in DFS (p<0.001) and OS (p=0.001) according to the number of risk factors.

**Conclusions** : The prognostic prediction model with ADV score with or without combination of MVI could reliably predict the risk of tumor recurrence and long-term patient survival outcomes in patients with solitary huge HCCs  $\geq$ 13 cm. Results of this study suggest that our prognostic prediction models can be used to guide surgical treatment and post-resection follow-up for patients with huge HCCs.

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