Abstract IDDF2021-ABS-0070 Table 1 Baseline characteristics

		n	Percentage
Age (years)			62.8 ± 10.1
Sex	Male	97	91.5%
	Female	9	8.5%
Aetiology	HBV	80	75.5%
	HCV	8	7.5%
	HBV+HCV	1	0.9%
	Others	17	16.0%
Serum albumin (g/l)	Albumin ≥ 36	69	65.1%
	Albumin < 36	37	34.9%
Total bilirubin (mmol/l)	Bilirubin ≤ 17	64	60.4%
	Bilirubin > 17	42	39.6%
AFP (ng/ml)	AFP ≤ 400	71	67%
	AFP > 400	35	33%
Tumor size (cm)	≤ 7	68	64.2%
	> 7	38	35.8%
HAP	HAP A	19	17.9%
	HAP B	41	38.7%
	HAP C	31	29.2%
	HAP D	15	14.2%

Abstract IDDF2021-ABS-0070 Table 2 Cumulative proportion surviving at the time

HAP	6 months		12 months		24 months		36 months		Means for survival time (months)
	n	(%)	n	(%)	n	(%)	n	(%)	
A	0	100	0	100	1	92.3	1	92.3	37.5±1.2
B	1	97.4	1	97.4	3	88.9	5	72.5	40.8±2.9
C	3	88.9	5	79.9	8	58.3	10	31.1	24.0±2.5
D	4	66.7	4	66.7	5	54.2	6	27.1	20.4±4.1

(IDDF2021-ABS-0070 Table 1). The median follow-up time was 37.5±1.2 months for HAP A, 40.8±2.9 months for HAP B, 24.0±2.5 months for HAP C and 20.4±4.1 months for HAP D. There were no deaths at the first year in HAP A. The cumulative proportion surviving at first years for HAP B, C, D was 97.4; 77.9 and 66.7, respectively. At 36 months, this percentage for HAP A, B, C and D was 92.3; 72.5; 31.1 and 27.1, respectively, (IDDF2021-ABS-0070 Table 2). Survival of all subgroups differed significantly from each other (each $p < 0.05$) (IDDF2021-ABS-0070 Figure 2. Kaplan-Meier curve for HAP score). Area under the curve for receiver operating characteristic of HAP score was 0.71 and higher than this of ALBI grade (0.57) (IDDF2021-ABS-0070 Figure 3. ROC curves for HAP score and ALBI grade), indicating a significant performance of HAP score compared with ALBI grade in prognosis of HCC treated with TACE.

Conclusions HAP is a useful score to assist for the management decisions of patients with HCC requiring TACE due to its value in predicting mortality and survival.

IDDF2021-ABS-0071

TUMOR BURDEN SCORE AS A NEW PROGNOSTIC MARKER FOR PATIENTS WITH HEPATOCELLULAR CARCINOMA UNDERGOING TRANSARTERIAL CHEMOEMBOLIZATION

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Background Tumor size and numbers are major determinants of tumor burden in hepatocellular carcinoma (HCC). Patients with HCC undergoing transarterial chemoembolization (TACE) have variable outcomes due to heterogeneity of tumor burden. Recently, tumor burden score (TBS) was proposed to evaluate the extent of tumor involvement. However, the prognostic accuracy of TBS has not been evaluated in HCC. This study aimed to assess its prognostic role in HCC patients undergoing TACE.

Methods A total of 935 treatment-naïve HCC patients receiving TACE were retrospectively analyzed. Multivariate Cox proportional hazard model was used to determine independent prognostic predictors. TBS was defined as the distance from the origin of the Cartesian plane and the comparison of two variables: maximum tumor size (X-axis) and number of tumors (Y-axis) so that $TBS^2 = (\text{maximum tumor diameter})^2 + (\text{number of tumors})^2$. Patients have divided accordingly into three groups: high TBS (over 13.74), medium TBS (3.36-13.74), and low TBS (less than 3.36).

Results TBS tended to increase with the increasing size and number of tumors in this study (IDDF2021-ABS-0071 Figure 1. The association of TBS with tumor diameter and numbers). The Cox model showed that serum creatinine $\geq 1.2\text{mg/dl}$ (hazard ratio(HR):1.296, 95% confidence interval (CI):1.077-1.559, $p=0.006$), serum α -fetoprotein $\geq 400\text{ng/dl}$ (HR:2.245, 95% CI:1.905-2.465, $p<0.001$), vascular invasion (HR:1.870, 95% CI: 1.520-2.301, $p<0.001$), medium TBS (HR:1.489, 95% CI:1.206-1.839, $p<0.001$), high TBS (HR:2.563, 95% CI:1.823-3.602, $p<0.001$), albumin-bilirubin (ALBI) grade 2-3 (HR:1.521, 95% CI:1.291-1.792, $p<0.001$),

Abstract IDDF2021-ABS-0071 Figure 1

Abstract IDDF2021-ABS-0071 Figure 2

performance status 1(HR:1.362,95%CI:1.127-1.647, $p<0.001$) and status 2(HR:1.553,95%CI: 1.237-1.948, $p<0.001$) were associated with increased mortality. High TBS had decreased overall survival in comparison with medium TBS and low TBS ($p<0.001$, IDDF2021-ABS-0071 Figure 2. The survival distribution of different TBS in HCC patients undergoing TACE). Patients with high TBS had poor overall survival in Barcelona Clinic Liver Cancer (BCLC) stage B/C and different ALBI grades.

Conclusions TBS is a feasible new prognostic surrogate marker of tumor burden in HCC and can well discriminate survival in patients undergoing TACE across different baseline characteristics.

IDDF2021-ABS-0077

EFFICACY AND SAFETY OF TENOFOVIR ALAFENAMIDE (TAF) VS TENOFOVIR DISOPROXIL FUMARATE (TDF) IN EAST ASIAN CHRONIC HEPATITIS B PATIENTS FOLLOWING 5-YEARS OF TREATMENT

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Background Pivotal studies GS-US-320-0108 (HBeAg-negative) and GS-US-320-0110 (HBeAg-positive), demonstrated non-inferior antiviral efficacy of TAF vs. TDF with superior renal/bone safety through 5-years, after up to 3 years of double-blind (DB) treatment, open-label (OL) TAF was available through year 8. We analyzed TAF efficacy and safety among patients of Asian Ethnicity in Studies 108/110.

Methods Efficacy was assessed by individual study and included virologic, biochemical, and serologic assessments. Safety data were pooled including estimated GFR (by Cockcroft-Gault method; eGFR_{CG}) and hip and spine bone mineral density (BMD) changes.

Results Among 1298 patients randomized and treated, 591 (45.5%) were Asian (TAF n=410, while n=84 and n=106 received TDF-OL-TAF-3 years and TDF-OL-TAF-2 years, respectively. Virologic control was achieved and maintained in patients receiving TAF (95%) and for TDF-OL-TAF-3 years (100%) and TDF-OL-TAF-2 years (98%). ALT normalization rates were comparable among groups (TAF: 79%, TDF-OL-TAF-3 years: 80%; TDF-OL-TAF-2-years: 79%). HBeAg loss/seroconversion was similar (TAF: 38.6%/27.4%, TDF-OL-TAF-3 years: 46.9%/37.5%; TDF-OL-TAF-2-years: 47.1%/29.4%). Rates of HBsAg loss/seroconversion were similar in all groups ($\leq 1\%$). Rates of Grade $\frac{3}{4}$ adverse events (AEs) and AEs leading to discontinuation were low (1.5%) among all 3 groups. After experiencing declines in eGFR_{CG} and in hip/spine BMD over 2 or 3 years of TDF treatment, renal and bone outcomes were improved following the switch to OL TAF.

Conclusions After 5 years of treatment, virologic suppression remained high, and TAF was safe and well-tolerated with improved renal and bone safety among patients of Asian Ethnicity switching from TDF.

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SWITCHING FROM TENOFOVIR DISOPROXIL FUMARATE (TDF) AND/OR OTHER ORAL ANTIVIRALS (OAVS) TO TENOFOVIR ALAFENAMIDE (TAF) IN VIRALLY SUPPRESSED CHRONIC HEPATITIS B (CHB) PATIENTS WITH MODERATE OR SEVERE RENAL IMPAIRMENT, OR WITH END-STAGE RENAL DISEASE (ESRD)

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Background We have previously shown in renally impaired (RI) CHB patients, including those with ESRD on HD, that switching to TAF from TDF and/or other OAVs maintains high rates of viral suppression with stable bone and renal safety parameters at Week 48. Here we present the final Week 96 results.