

Clinical Utility of the aMAP Score for Predicting Hepatocellular Carcinoma Development in Patients with Chronic Hepatitis B

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Risk score	Calculation	Cut-off point
aMAP	$((0.06 \times \text{age} + 0.89 \times \text{sex (Male: 1, Female: 0)} + 0.48 \times ((\log_{10} \text{bilirubin} \times 0.66) + (\text{albumin} \times -0.085)) - 0.01 \times \text{platelets}) + 7.4) / 14.77 \times 100$, age is in years, bilirubin in $\mu\text{mol/L}$, albumin in g/L and platelets in $103/\text{mm}^3$	Low-risk: <50 Medium-risk: 50–60 High-risk: >60
REACH-B	Male sex: 2 points+Age: 30–34 (0 points), 35–39 (1 point), 40–44 (2 points), 45–49 (3 points), 50–54 (4 points), 55–59 (5 points), 60–65 (6 points)+ALT (IU/L): 15–<45 (1 point), ≥ 45 (2 points)+ HBeAg positivity: 2 points+HBV DNA copies/mL <9999 (0 points), 10,000–99,999 (3 points), 100,000–999,999 (5 points), >1,000,000 (4 points)	Low-risk: 0–8 Medium-risk: 9–11 High-risk: 12–17
CU-HCC	Age (>50 y=3; $\leq 50=0$)+albumin ($\leq 3.5=20$; >3.5=0)+bilirubin (>1=1.5; $\leq 1=0$)+HBV DNA (<4 log copies/mL=0; 4–6=1; >6=4)+cirrhosis (yes=15; no=0)	Low-risk: <5 Medium-risk: 5–19 High-risk: ≥ 20
PAGE-B	Sex (male=6; female=0)+age (16–29 years=0; 30–39 years=2; 40–49 years=4; 50–59 years=6; 60–69 years=8; ≥ 70 years=10+platelet ($\geq 200,000/\text{mm}^3=0$; 100,000–199,999/ $\text{mm}^3=6$; $\leq 100,000/\text{mm}^3=9$)	Low-risk: <10 Medium-risk: 10–17 High-risk: >17

mPAGE-B	Sex (male=2; female=0)+age (<30 years=0; 30–39 years=3; 40–49 years=5; 50–59 years=7; 60–69 years=9; ≥70 years=11)+platelet (≥250 =0; 200–250=2; 150–200=3; 100–150=4; <100=5)+albumin (≥4.0=0; 3.5–4.0=1; 3.0–3.5 =2; <3=3), albumin is in g/dL and platelets in 10 ³ /mm ³	Low-risk: <9 Medium-risk: 9–12 High-risk: >12
Albumin-Bilirubin (ALBI) score	$(\log_{10} \text{bilirubin } [\mu\text{mol/L}] \times 0.66) + (\text{albumin [g/L]} \times -0.0852)$	ALBI grade 1: score ≤ -2.60 ALBI grade 2: > -2.60 to ≤ -1.39 ALBI grade 3: > -1.39

Table S1. Summary of predictive hepatocellular carcinoma scores used in patients with chronic hepatitis B

ALT, alanine aminotransferase; HBeAg, hepatitis B e antigen; HBV, hepatitis B virus

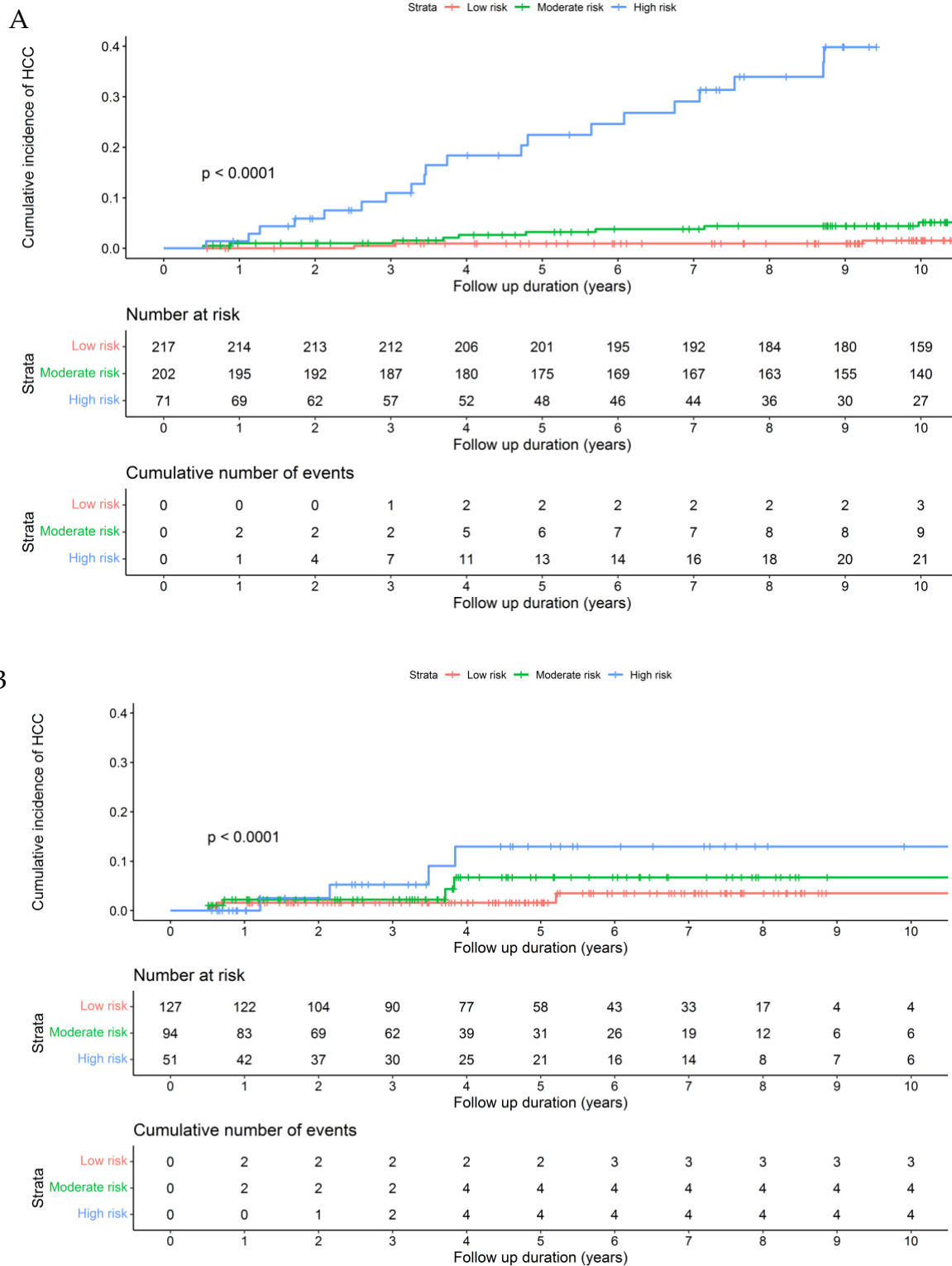


Figure S1: Cumulative incidence of HCC development according to the aMAP score, stratified by CHB diagnosis before (Figure S1A) and after 2014 (Figure S1B).