Overview

Useful For
Calculation of the GALAD model score for hepatocellular carcinoma development in patients with chronic liver disease

Method Name
Only orderable as part of a profile. For more information see HCCGS / Hepatocellular Carcinoma Risk Panel with GALAD Score, Serum

Gender, Age, Alpha-fetoprotein L3% (AFP-L3), AFP, Des-gamma-carboxy prothrombin (GALAD) Model Score Calculation

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required
Only orderable as part of a profile. For more information see HCCGS / Hepatocellular Carcinoma Risk Panel with GALAD Score, Serum

Container/Tube:
Preferred: Red top
Acceptable: Serum gel

Specimen Volume: 0.5 mL
Specimen Minimum Volume
0.25 mL

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
<th>Reject</th>
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<tbody>
<tr>
<td>Gross lipemia</td>
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Specimen Stability Information

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<th>Specimen Type</th>
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Clinical and Interpretive

Clinical Information

Biomarkers of hepatocellular carcinoma (HCC) include alpha fetoprotein (AFP), third electrophoretic form of lentil lectin-reactive AFP (AFP-L3), and des-carboxy-prothrombin (DCP). The GALAD model combines these three biomarkers with the patient’s gender and age to estimate the probability of HCC in patients with chronic liver disease based on the following equation:  

\[ Z = -10.08 + 0.09 \times \text{age} + 1.67 \times \text{sex} + 2.34 \log(10)(\text{AFP}) + 0.04 \times \text{AFP-L3} + 1.33 \times \log(10)(\text{DCP}), \]

where sex = 1 for males, 0 for females. The probability estimate of HCC is calculated as follow:  

\[ \Pr(\text{HCC}) = \exp(Z)/(1 + \exp(Z)). \]

The GALAD model has been demonstrated to have higher diagnostic accuracy for the detection of HCC when compared to the use AFP, AFP-L3, and DCP markers alone or in combination. The performance of the GALAD score has also been reported to be superior to ultrasound for HCC detection.

Reference Values

Only orderable as part of a profile. For more information see HCCGS / Hepatocellular Carcinoma Risk Panel with GALAD Score, Serum

Not applicable

Interpretation

The probability of the presence of hepatocellular carcinoma (HCC) is estimated from the GALAD model score. Higher GALAD model scores correlate with increased risk of HCC. The area under the curve (AUC) of a receiver operating characteristic (ROC) curve of the GALAD score was 0.95 for all HCC detection, and 0.92 for the detection of early stage HCC. Additionally, the AUC of the GALAD score (0.95) was higher than that of ultrasound alone for all HCC detection (AUC of 0.82, \( P < 0.01 \)).

The sensitivity and specificity performance characteristics of the GALAD score for HCC will be influenced by the selected GALAD score cut-off. For example at an optimal AUC cutoff of -0.76, the GALAD score had 91% sensitivity and 85% specificity for HCC detection. At a more specific GALAD score cutoff of 0.88, the observed sensitivity was 80% for HCC detection with an observed specificity of 97%.

The GALAD model was developed and validated in patient cohorts with a prevalence of HCC ranging from 35% to 49%. The performance of the model may be altered in populations with different HCC prevalence. In addition, the clinical performance of the GALAD score varies by etiology of HCC and therefore may be different in different regions of the world.

Cautions

The total alpha-fetoprotein (AFP) and AFP-L3% test values must be obtained using the uTASWako i30 in the GALAD score calculation.

Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease. Total AFP and AFP-L3% values are not interpretable during pregnancy for the investigation of malignant disease.

Des-gamma-carboxy prothrombin (DCP)-producing tumors other than hepatocellular carcinoma (HCC) can show elevated DCP values.

Medication containing vitamin K preparations may cause a negative bias with DCP values. Medication containing vitamin K antagonist or antibiotic may cause a positive bias with DCP values.
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedures, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results. Whenever the test results do not fit the clinical picture, the laboratory should be consulted regarding possible assay interference.

Clinical Reference


Method Description

Testing for total alpha-fetoprotein (AFP), %L3AFP, and des-gamma-carboxy prothrombin (DCP) is performed using the uTASWako i30 instrument and the test system reagents.(Package insert: uTASWako i30 DCP. Wako Diagnostics, Richmond, VA V 11.03.08K02)

The GALAD model is a statistical model for estimating the likelihood of hepatocellular carcinoma (HCC) in patients with chronic liver disease. The GALAD score is calculated based on gender, age, and measured concentrations of AFL-L3, AFP, and DCP.

PDF Report

No

Day(s) and Time(s) Test Performed

Monday, Wednesday, Friday; 10 a.m.

Analytic Time

Same day/1 day

Maximum Laboratory Time

3 days

Specimen Retention Time

12 months
Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
Not Applicable

LOINC® Information

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<td>GALAD Model Score</td>
<td>In Process</td>
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</table>

<table>
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