Categorical data are expressed as proportions, and compared using χ² or Fisher tests. Continuous data are expressed as mean ± SD or median [Q1-Q3], or median values [95CI], according to case, and are compared using a non-parametric Wilcoxon or Mood test. Overall survival, defined as the time interval between HCC diagnosis and death or the last follow-up, was the endpoint used in the analysis. Univariate and multivariate analyses were used to determine the NIACE survival score for the HCC classification. Univariate survival curves were estimated using the Kaplan-Meier method, and the differences in survival rate between groups were compared using the log-rank test. The likelihood ratio (LR) was calculated in order to evaluate the homogeneity of each staging system: a high value indicates small differences in survival between patients classed in the same group by each system. The Akaike information criterion (AIC) and the area under the receiver operating curves (AUC-ROC) were also used to evaluate the discriminatory capability of a given model. For all of the tests, a value of p<0.05 was considered to indicate statistical significance. All analyses were performed using the SAS statistical software version 9.1 (SAS Institute Inc, Cary, NC).