

THE USE OF IMMUNOTHERAPY IN HCC

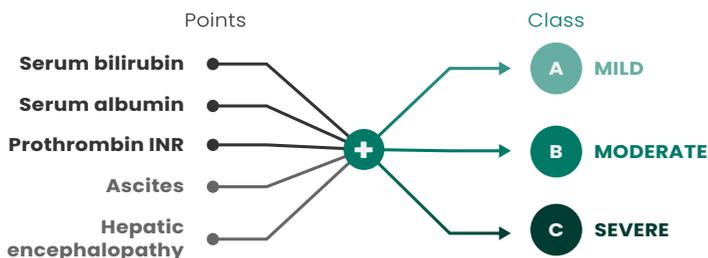
IN-DEPTH SUBGROUP ANALYSES AND CHALLENGES



The **Child-Pugh** and **ALBI** scoring systems are methods to assess liver function

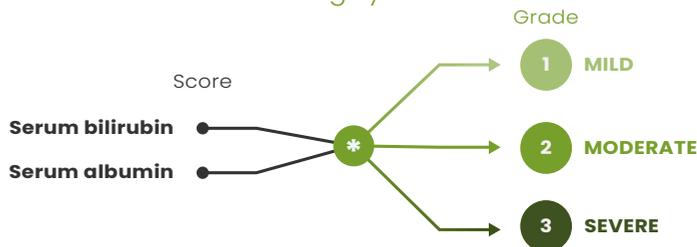
CHILD-PUGH

Scoring system



ALBI

Scoring system



$$*ALBI\ score = -0.085 \times (\text{albumin g/L}) + 0.66 \times \log(\text{bilirubin } \mu\text{mol/L})$$

The ALBI scoring system is **more objective** and **easier to retrieve** than the Child-Pugh scoring system and helps to **further divide** patients with compensated cirrhosis into subgroups to **predict clinical outcome of IO in patients with HCC**.

Given the expanding treatment options, including IO and IO combinations, there is a need to understand whether **specific patient groups** benefit more from one therapy than another



Subgroup analyses on the efficacy and safety of IO combinations for patients with HCC

IO combination	Atezolizumab (IO) + bevacizumab (anti-VEGF) versus sorafenib¹	Tremelimumab (IO) + durvalumab (IO) versus sorafenib³
SUBGROUP: Liver function	<p>Median OS (months)²</p> <p>ALBI Grade 1 Atezolizumab + bevacizumab vs Sorafenib: >28* vs 11.7</p> <p>ALBI Grade 2 Atezolizumab + bevacizumab vs Sorafenib: 15.4 vs 12.2</p>	<p>OS hazard ratios⁴</p> <p>ALBI Grade 1: 0.79 (Favours treme + durva)</p> <p>ALBI Grade 2 & 3: 0.83 (Favours treme + durva)</p> <p>Full analysis set: 0.78 (Favours treme + durva)</p>
THE SAFETY PROFILES ACROSS SUBGROUPS BASED ON LIVER FUNCTION WERE GENERALLY CONSISTENT		
SUBGROUP: Etiology	<p>OS hazard ratios¹</p> <p>All patients: 0.66 (Favours atezo + bev)</p> <p>HBV-HCC: 0.58 (Favours atezo + bev)</p> <p>HCV-HCC: 0.43 (Favours atezo + bev)</p> <p>Non-viral HCC: 1.05 (Favours sorafenib)</p>	<p>OS hazard ratios⁵</p> <p>All patients: 0.77 (Favours treme + durva)</p> <p>HBV-HCC: 0.64 (Favours treme + durva)</p> <p>HCV-HCC: 1.06 (Favours sorafenib)</p> <p>Non-viral HCC: 0.73 (Favours treme + durva)</p>
THERE ARE NOT ENOUGH MATURE DATA AVAILABLE TO GUIDE TREATMENT DECISIONS FOR THESE PATIENT SUBGROUPS		

ALBI, albumin bilirubin; atezo, atezolizumab; beva, bevacizumab; durva, durvalumab; HBV, hepatitis B virus; HCC, hepatocellular carcinoma; HCV, hepatitis C virus; HR, hazard ratio; IO, immunotherapy; OS, overall survival; treme, tremelimumab

1. Cheng, Ann-Lii, et al. Journal of hepatology. 2022;76(4):862-73; 2. Kudo M, et al. ILCA (Virtual) 2021. Abstract #O-18. Oral presentation; 3. Abou-Alfa, Ghasan K, et al. NEJM Evidence. 2022;1:8; 4. Vogel A, et al. Ann Oncol. 2022;33 suppl 9:S1454-84 (ESMO Asia 2022 poster presentation 79-P); 5. Chan LS, et al. Ann Oncol. 2022;33 suppl 9:S869-70 (ESMO 2022 poster presentation 714-P)

This programme is developed by Dr Aiwu Ruth He (Medstar Georgetown University Hospital, USA) and Prof. Peter R. Galle (University Medical Centre Mainz, Germany) on behalf of HCC CONNECT, an international group of experts in the field of hepatocellular carcinoma and is an initiative of COR2ED. The programme is supported by an independent educational grant from AstraZeneca. The programme is therefore independent; the content is not influenced by the supporter and is under the sole responsibility of the experts. The views expressed are the personal opinions of the experts. They do not necessarily represent the views of the experts' institutions.

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