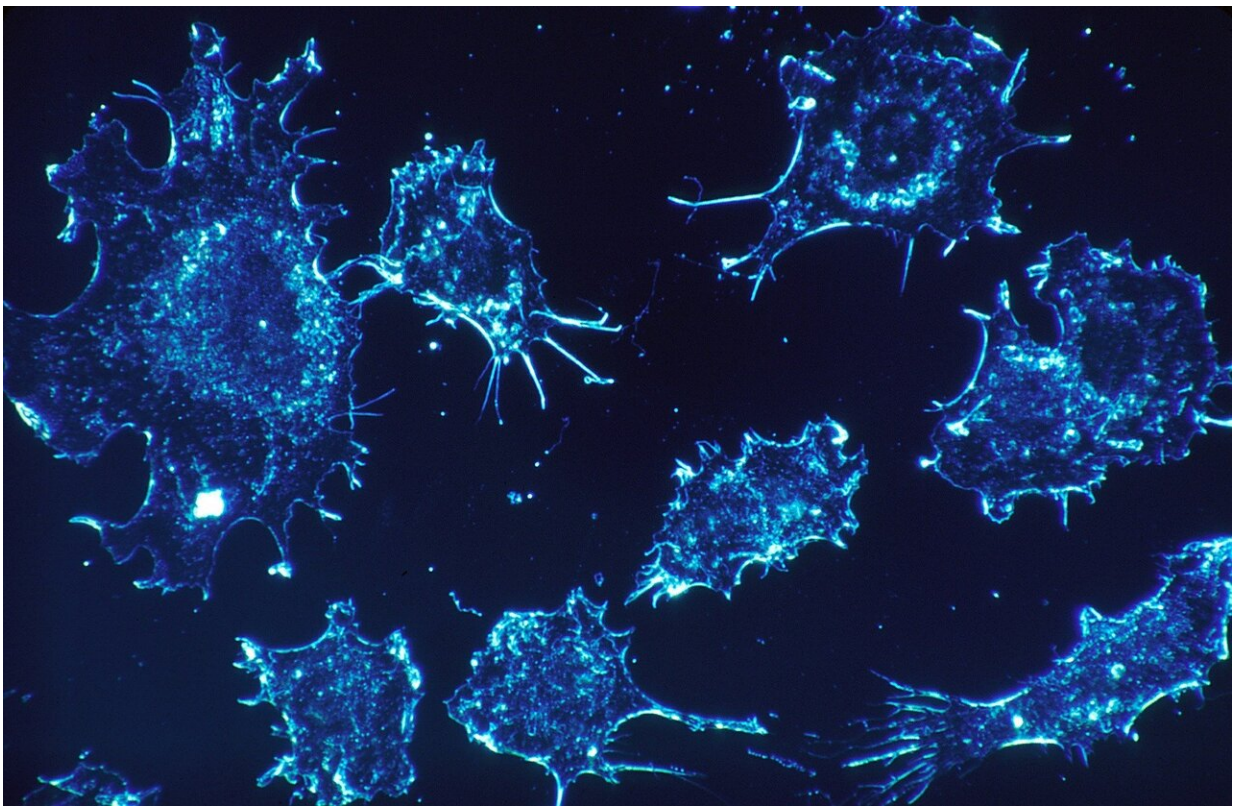


New data on emerging treatments for liver cancer raise hope for advanced disease patients

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New treatment options for people with advanced or unresectable hepatocellular carcinoma (HCC) may now be a step closer after three

research groups presented safety and efficacy data at the Digital International Liver Congress (DILC) 2020. After a decade in which systemic treatment for advanced HCC was limited to a single option, sorafenib, these results build on other developments in recent years that could significantly improve the lives of patients with this difficult-to-treat condition.

Liver cancer is the second-most common cause of cancer fatalities worldwide, with HCC accounting for over 90% of primary liver cancers. Around 90% of HCCs are associated with widespread risk factors such as chronic hepatitis B and C infection, nonalcoholic fatty liver disease (NAFLD), alcohol intake and aflatoxin exposure. The prognosis for patients with HCC remains poor; in Europe, for example, the three-year survival rates for patients diagnosed with any-stage HCC while under surveillance is estimated to be 47.3%, and as low as 21.8% for those diagnosed while not under surveillance. However, an increasing number of emerging treatments in recent years have the potential to improve this outlook.

The IMbrave150 study, presented at DILC 2020 and now published in the *New England Journal of Medicine*, investigated the combination of atezolizumab and bevacizumab (atezo+bev) against the standard systemic therapy, sorafenib. In this randomized, open-label trial, patients with unresectable HCC who had not received prior systemic therapy were treated with either atezolizumab 1,200 mg intravenously (IV) + bevacizumab 15 mg/kg IV or sorafenib 400 mg twice daily.

Improvements in overall survival and [progression-free survival](#) with the [combination therapy](#) have been previously reported in this trial. Median treatment durations were 7.4 months for atezolizumab, 6.9 months for bevacizumab and 2.8 months for sorafenib. Adverse events (AEs) of grade 3-4 were reported in 57% of patients receiving atezo+bev (n=329) and 55% of those receiving sorafenib (n=156). The most severe grade 5 AEs occurred in 5% and 6% of patients, respectively, and more patients

receiving atezo+bev than sorafenib required corticosteroid treatment (12% vs 3%). The rate of immune-mediated hepatitis was comparable between treatments, while other AEs of special interest also occurred at similar rates and were mostly mild (grade 1-2).

"Atezo+bev was generally well-tolerated, and adverse events of interest in this class of therapy were manageable," said Professor Michel Ducreux of the Gustave Roussy Cancer Center in France. "Combined with previous efficacy results, these data suggest that atezo+bev should be considered as the new standard of care in patients with unresectable HCC who have not received previous systemic therapy."

A combination of the multikinase inhibitor lenvatinib and pembrolizumab, an antiprogrammed death receptor-1 monoclonal antibody, has also been investigated in a Phase 1b study in a first-line population. Patients received lenvatinib 12 mg/day (8 mg/day if weighing

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