# Addition of durvalumab, bevacizumab to TACE beneficial in liver cancer

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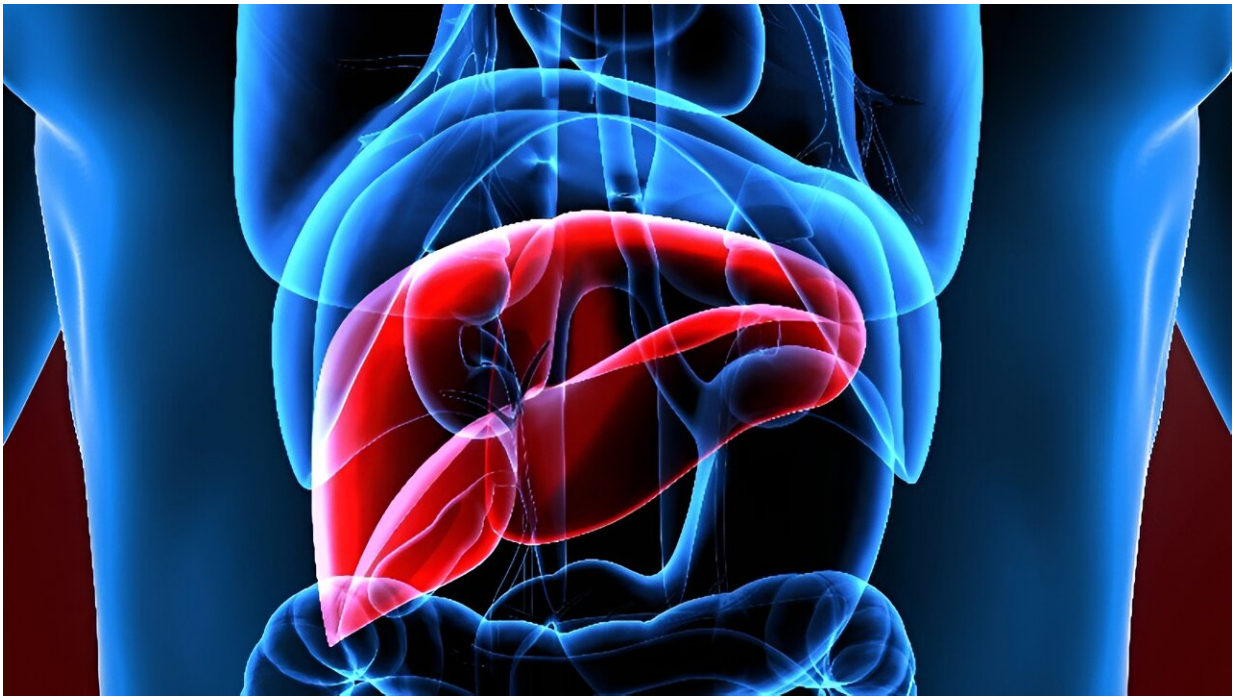

For patients with embolization-eligible unresectable hepatocellular carcinoma (uHCC), the addition of durvalumab (D) and bevacizumab (B) to transarterial chemoembolization (TACE) improves progression-free survival (PFS), according to a study presented at the American Society of Clinical Oncology annual Gastrointestinal Cancers Symposium, held from Jan. 18 to 20 in San Francisco.

Riccardo Lencioni, M.D., from the University of Pisa School of Medicine in Italy, and colleagues randomly assigned patients with embolization-eligible uHCC to D + B + TACE, D + TACE, or TACE in a 1:1:1 ratio (204, 207, and 205 patients, respectively). The primary end point was PFS for D + B + TACE versus TACE.

The researchers found that PFS was significantly improved for D + B + TACE versus TACE (median, 15.0 versus 8.2 months; hazard ratio, 0.77). Across most prespecified subgroups, the results were consistent. The secondary end point of PFS for D + TACE versus TACE did not reach statistical significance. The objective response rate was 43.6, 41.0, and 29.6%, respectively, and median time to progression was 22.0, 11.5, and 10.0 months, respectively, for D + B + TACE, D + TACE, and TACE. Maximum grade 3/4 treatment-related adverse events occurred in 32.5, 15.1, and 13.5%, respectively; 0, 1.3, and 2.0%, respectively, died due to treatment-related adverse events.

"These results of the EMERALD-1 trial have the potential to establish a new standard of care for the treatment of unresectable hepatocellular carcinoma," Cathy Eng, M.D., ASCO expert in gastrointestinal cancers, said in a statement.