

Addition of durvalumab, bevacizumab to TACE beneficial in liver cancer

January 29 2024, by Elana Gotkine



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.

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Citation: Addition of durvalumab, bevacizumab to TACE beneficial in liver cancer (2024, January 29) retrieved 12 May 2024 from <https://medicalxpress.com/news/2024-01-addition-durvalumab-bevacizumab-tace-beneficial.html>

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