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Summary

CLINICAL SIGNIFICANCE OF CONVERSION THERAPY AND STRATEGIC SEQUENTIAL MANAGEMENT FOR PRIMARY PROGRESSIVE DISEASE IN UNRESECTABLE HEPATOCELLULAR CARCINOMA TREATED WITH ATEZOLIZUMAB PLUS BEVACIZUMAB: A LARGE-SCALE MULTICENTER STUDY (HIVE-J GROUP)

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In a multicenter retrospective study of 1,087 patients with unresectable HCC treated with Atezolizumab plus Bevacizumab, conversion therapy was achieved in 6.2% of patients with median time to conversion of 8.3 months, yielding 4-year survival of 71.1%, while primary progressive disease patients benefited significantly from sequential ICI-based therapy with median OS of 22.4 months.

KEY POINTS

- Overall efficacy in the cohort showed ORR 30.3%, DCR 77.0%, and median OS 23.3 months with median follow-up of 14.7 months.
- Conversion therapy (resection or locoregional) was achieved in 67 patients (6.2%), with conversion rates of 14.9% among PR-or-better responders versus 3.5% in stable disease, occurring at median 8.3 months.
- Converters achieved exceptional survival with 1/2/3/4-year OS rates of 96.9%, 89.5%, 82.0%, and 71.1%; independent predictors were PR or better (HR 3.4, P<0.001) and mALBI 1+2a (HR 6.2, P=0.0486).
- Primary progressive disease occurred in 250 patients (23.0%); 174 (69.6%) received post-treatments with median OS varying by strategy: BSC 4.0 months, MTA 14.1 months, locoregional 14.9 months, and ICI continuation 22.4 months (P<0.0001).

- Independent favorable prognostic factors for primary PD included NLR <3, Child-Pugh 5, within Up-to-7 criteria, and introduction of sequential therapy.
- Patients with preserved liver function who continued or switched to another ICI-based regimen demonstrated the most promising survival outcomes among non-responders to initial Atezolizumab plus Bevacizumab.

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