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Summary

HCC: Novel treatment options in advanced diseases

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Digestive Oncology | Hepatobiliary | Mechanisms & Personalised Medicine | Radiology & Imaging

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The speaker reviewed the evolution of systemic therapy for advanced hepatocellular carcinoma, from the approval of sorafenib in 2007 to three current first-line immunotherapy-based options that have achieved unprecedented response rates and long-term survival in some patients.

KEY POINTS

- Three first-line regimens are now standard: atezolizumab plus bevacizumab (Imbrave150) improved survival from 13.4 to 19.2 months with 30% response rates; durvalumab plus tremelimumab (Himalaya) improved survival from 13.8 to 16.4 months with 21% of patients alive at four years; and nivolumab plus ipilimumab (Checkmate 90) achieved the first two-year median overall survival (24 months) with 36% response rates, as stated by the speaker.
- The speaker presented safety data from the ongoing Mont-Blanc phase two study testing triplet therapy combining PD-L1, CTLA-4, and VEGF inhibition, reporting no increased adverse events or liver function deterioration in the first 25 patients in the triplet arm compared to doublet therapy.
- A phase one CAR-T cell therapy study targeting GPC3 with a dominant negative TGF-beta receptor achieved a 56% response rate in the second-line setting with manageable toxicity, which the speaker described as unprecedented results.
- The speaker stated that patient selection between regimens should consider individual risk profiles, recommending caution with VEGF inhibitors in patients with high-grade varices or recent thromboembolism, and with dual checkpoint blockade in patients with autoimmune disease or contraindications to high-dose steroids.
- While three phase three trials combining immunotherapy with TACE showed improved response rates and progression-free survival, the speaker stated that combination treatments are not done routinely outside clinical studies pending overall survival data.

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