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AASLD 2017 - Washington DC, USA

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THE CHANGING LANDSCAPE IN THE TREATMENT OF HCC

DISCLAIMER

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The views expressed within this presentation are the personal opinion of the author. They do not necessarily represent the views of the author's academic institution or the rest of the HCC CONNECT group

DECREASE IN ALPHA-FETOPROTEIN FROM >1000 TO <500 ng/mL IN WAITLISTED PATIENTS WITH HCC RESULTED IN IMPROVED POST-TRANSPLANT SURVIVAL AND REDUCED RISK OF TUMOR RECURRENCE: VALIDATION OF THE CURRENT NATIONAL POLICY

Francis Yao et al. AASLD Washington DC 2017

STUDY OVERVIEW

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Background:

- High alpha-fetoprotein (AFP) >1000 ng/mL is associated with poor outcome after liver transplant (LT) for HCC
- New national policy requiring a decrease in the AFP to <500 ng/mL before LT

Study aim:

- To evaluate the effects of a reduction in AFP from >1000 ng/mL to different AFP thresholds before LT on survival and HCC recurrence after LT

Methods:

- 390 patients in the UNOS registry were identified who underwent LT between January 2005 and September 2015 and had AFP >1000 ng/mL at least once prior to LT with tumor burden initially within Milan criteria or within UCSF criteria downstaged

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UNOS = United Network for Organ Sharing

RESULTS

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- 5 year post-LT survival for those with AFP >1000 ng/mL at LT was 48.8%, versus 67.0% with those between 101-499 ng/mL ($p<0.0001$) and 88.4% for those with AFP <100 ng/mL ($p<0.0001$)
- Probability of HCC recurrence at 5 years was 35% with AFP >1000 ng/mL versus 13.3% for AFP between 101-499 ng/mL ($p=0.0006$) and 7.2% for AFP <100 ($p<0.0001$)
- Median time for the decrease in AFP from >1000 ng/mL to 101-499 ng/mL and to <100 ng/mL was 88 days and 181 days, respectively
- Liver directed therapy was not performed in 45.4% of patients with AFP >1000 ng/mL at LT vs 12.8% with AFP of 101-499 ng/mL and 10.3% of those with AFP decreased to <100 ng/mL

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ERADICATION OF HCV INDUCED BY DIRECT-ACTING ANTIVIRALS IS ASSOCIATED WITH A 79% REDUCTION IN HCC RISK

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STUDY OVERVIEW

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Background and aims:

- Unclear if direct acting antiviral (DAA) treatment-induced sustained virologic response (SVR) reduces the risk of HCC patients with HCV

Methods:

- Evaluation of 62,051 patients who underwent 83,695 antiviral treatment regimens in the VA national healthcare system between 1999-2015
  - 3 subgroups: IFN only, DAA + IFN, DAA only

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DAA: direct acting antiviral, SVR: sustained virologic response, HCC: HepatoCellular Carcinoma, HCV: Hepatitis C Virus, IFN: Interferon

RESULTS

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- Among all patients, SVR was associated with a 70% reduction in the risk of HCC (AHR 0.30, 95% CI 0.26-0.35)
- Similar risk reduction in all 3 studied groups
- Incidence of HCC was highest in patients with cirrhosis and treatment failure (2.7 per 100 patient-years)

Conclusions

- DAA-induced SVR is associated with a 79% reduction in risk of HCC

NIVOLUMAB IN SORAFENIB-NAÏVE AND -EXPERIENCED PATIENTS WITH ADVANCED HCC: SURVIVAL, HEPATIC SAFETY, AND BIOMARKER ASSESSMENTS IN CheckMate 040

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STUDY OVERVIEW

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Background:

- Updated survival, hepatic safety, and biomarker analyses with extended follow up on patients with HCC treated with nivolumab, an anti-PD-1 inhibitor

Methods:

- Patients naïve to or previously treated with sorafenib received nivolumab in phase 1/2 dose-escalation and expansion cohorts Q2W
- Primary endpoints were safety/tolerability and objective response rate
- Secondary endpoints included overall survival, duration of response, and disease control rate

RESULTS

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- 262 patients with median follow-up of 14-16 months
- Overall, 98% of patients had Child-Pugh scores of 5-6 and 68% had extrahepatic metastases
- The 18 month overall survival rate was 57% in sorafenib-naïve patients and 44% in patients with prior treatment with sorafenib
- Objective response rates were 14-20%
- Median duration of response was 16.59-19.35 months
- Grade 3/4 treatment related ALT/AST elevations were 5-9% in sorafenib-naïve patients and 3-4% in sorafenib-experienced patients

Conclusion

- Nivolumab demonstrated long-term survival, durable tumor responses, and manageable overall and hepatic safety profiles, regardless of prior sorafenib treatment in patients with advanced HCC with extended follow-up

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AST: aspartate transaminase; ALT: alanine transaminase

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