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Use of ICI combination regimens in patients with intermediate-stage HCC

### Announcer:

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### Dr. Abou-Alfa:

This is CME on ReachMD and I'm Dr. Ghassan Abou-Alfa from Sloan Kettering, New York.

Immune checkpoint inhibitor combinations have been examined in patients with intermediate stage HCC. Let's briefly review the clinical data.

As you know, the HIMALAYA study that looked into the combination of tremelimumab plus durvalumab, which now called the STRIDE regimen, versus sorafenib, and also looked into single-agent durvalumab versus sorafenib for noninferiority, showed improvement in survival and in the study, we know very well that patients with BCLC stage B and C were eligible for getting on the study.

As such, looking at the subgroup analysis, which of course included many patients, actually, I would say, close about 30% or so of the patients were in the BCLC B. We can see clearly here there was clear benefit for the therapy, same as it was of course, for the BCLC C patients as well.

Same thing applies for the subgroup of the durvalumab versus sorafenib. We can see clearly here that there was equivalence. Remember this is noninferiority, so please read it as noninferiority. And you can see, again one more time that, yes, this advantage was favored for both the BCLC B and the BCLC C.

As you know, the IMbrave-150, the study that looked at atezolizumab plus bevacizumab compared to sorafenib, which also show the improvement in survival. In that study, also, patients with BCLC B intermediate stage were eligible for the study. As such, the analysis of this specific population showed an improved survival in favor of the atezolizumab plus bevacizumab 25.8-month compared to sorafenib 21.9-month with the hazard ratio 0.63.

The progression-free survival also was in favor of the atezolizumab plus bevacizumab in this patient with BCLC B. We can see a 12.6-month in favor of the atezolizumab plus bevacizumab compared to 8.6-month for the sorafenib with the hazard ratio of 0.64.

What does this data tell us? If anything, it shows that, number one, the benefit from the durvalumab plus tremelimumab, as well as the benefit from the atezolizumab plus bevacizumab are present and are apparent in both BCLC C and BCLC B patients. And, if anything, no doubt that clearly, a certain population of patients that are in BCLC B might benefit from the systemic therapy. As we know, this already has been addressed in the updated version of the BCLC guidelines and BCLC staging system.

If anything, it does not mean that we have to just treat everybody that way, but this is really an opportunity for discussing among different colleagues for different specialties that we do all of us in multidisciplinary tumor board.

Well, this was a brief, but hopefully useful for you. My time is up and thanks again for listening.

**Announcer:**

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