



## **Selected Abstracts of the Liver Cancer Summit 2022 of EASL**

### ***TRANSCRIPT***

#### **00:14 --> 01:02 – Alejandro Forner**

Hi, welcome to this ILCA podcast. In this episode we are going to discuss the best abstracts for the liver cancer summit 2022. The first study that I would like to discuss with all of you is a multicenter prospective observational study. The study was presented by Richard Finn, and this is the regorafenib in patients with unresectable HCC included in clinical routine practice and this is an exploratory analysis of safety and overall survival, the study called REFINE study. As I have said, this is an ongoing prospective and observational study including patients with unresectable HCC in whom the decision to be treated with regorafenib was made by the treating physician, and the primary objective of this study was to characterize the safety in the real-world practice.

#### **01:03 --> 02:27 – Alejandro Forner**

The secondary objectives were to assess the effectiveness in the real-world practice based on overall survival, progression-free survival, time to progression and response rate. In this study, doctor Finn presented 1008 evaluable patients treated with regorafenib and the median observationally period of time was 8.6 months. As expected, most of the patients, 62%, were at advanced stage, in most cases the liver function was preserved but I would like to highlight that 12% of cases, the Child-Pugh B, but the most important point it was that in most of the patients, 84%, the regorafenib was initiated in a second line, but I would like also to stress that in 14% of cases, regorafenib was started as a third or beyond line, and in nine percent of patients, the regorafenib was started after the immune checkpoint inhibitor. Also, the author declared that the 99 cases (10%), the patients were intolerant to sorafenib, but were not a clear definition of intolerance. The main result of the study, the safety profile, the safety profile was the expected according to the trial already presented.

#### **02:28 --> 03:36 – Alejandro Forner**

The main side effects were hand foot syndrome, diarrhea and fatigue, that were present in 20-30% of cases being the expected as already published and according to the safety, the median overall survival of the whole cohort was 12.9 months, and also the authors specified the median OS according to the line of the therapy, according also to the use of immune checkpoint inhibitors in the prior lines, and also according to the presence of tolerance or intolerance to sorafenib, and there were not any significant difference according to this subgroup analysis. Therefore, these real world REFINE study supports the safety and effectiveness of regorafenib in a broader population with unresectable HCC who had been treated prior with sorafenib or with other systemic treatments including immunotherapy and the final analysis will be presented when all patients have a follow up of 24 months.

**03:37 --> 05:12 – Alejandro Forner**

Another study that I would like to discuss with was a study presented by Wei Lu from China and this was a multicenter study aimed to evaluate the efficacy of the combination therapy with Lenvatinib, PD1 inhibitors and transarterial therapies. This was retrospective study including patients with intermediate-advanced HCC from a Chinese center, and this study the primary endpoint was progression free survival and the secondary endpoints were overall survival and overall response rate. This was a retrospective study, the authors identified 98 patients treated with lenvatinib and PD-1 inhibitor and transarterial embolization and 54 patients treated with Lenvatinib and PD1 inhibitor. The median follow-up was 40 months and the main results of this study was that the median overall survival in the group of patients treated with Lenvatinib plus PD-1 inhibitor plus transarterial embolization was 15 months compared to 9 months in those patients with Lenvatinib plus PD-1 inhibitor. This efficacy was maintained after propensity score analysis and according to these results the authors conclude that the combination of lenvatinib plus PD-1 inhibitor plus transarterial embolization can improve the survival compared with lenvatinib plus PD-1 inhibitor alone, and there is now a need of prospective large study to confirm these results.

**05:13 --> 07:46 – Alejandro Forner**

Also I would like to comment the study presented by Thomas Talbot, and in this study the aim was to characterize the clinical features and radiologic patterns of disease progression post immune checkpoint inhibitors and to evaluate the relationship with the clinical outcome and for this study the authors conducted a multicenter study including 13 international centers and the study included a total of 604 HCC patients treated with immune checkpoint inhibitors and they experience progression disease and finally they evaluate the baseline clinical characteristics according to to the receipt of any post-progression anticancer therapy. The main results of the study was first able that near 20% of cases authors continue with immune checkpoint inhibitors despite the presence of progression disease and in 12% of cases the immune checkpoint inhibitor was use without a subsequent tyrosine kinase inhibitor. The median post-progression survival of the whole cohort was for 5.3 months, and the median post-progression follow up was 20 months. According to the study and the multivariate analysis, basically the main results of this analysis was that the presence of a new vascular invasion and the presence of a deterioration of the performance were the two only independent prognostic factors for worse postprogression survival and according to the analysis, the best results were obtaining to those patients that were treated with immune checkpoint inhibitors beyond progression disease and they were afterwards followed by tyrosine kinase inhibitor, and in this population, the median OS was near 15 months and the worst results were in those cases that they had just intrahepatic growth progression during the follow up. Accordingly, the main conclusion of this study was that the presence of new vascular invasion and the intrahepatic growth after immune checkpoint inhibitors had the poorer prognosis after progression and also, as expected, the deterioration of the performance status and the deterioration of liver function appears to be determinants for clinical strategy after presence of progressive disease with immune checkpoint inhibitors and this was the main results of this study.

**07:47 --> 10:01 – Alejandro Forner**

Another study that I would like to discuss with you was presented by Elia Gigante and the aim was to describe the effectiveness of first line systemic treatments in patients with hepatocholangiocarcinoma, this is a very rare tumor. The authors conducted a multicenter study evaluating the outcome of combined hepatocholangiocarcinoma from eleven centers and this outcome was compared with a cohort of 225 HCC patients treated with sorafenib and 94 patients with cholangiocarcinoma treated with platinum-based chemotherapy. A total of 83 patients with combined hepatocellularcholangiocarcinoma were identified in this study. The main difference among patients with HCC and cholangiocarcinoma was that in most cases patients with combined hepatocholangiocarcinoma had less extrahepatic disease compared with the intrahepatic cholangiocarcinoma and according to the multivariate analysis, the main drivers of

poor outcome was basically the poor liver function according to the ALBI score and the main aim of the study was to assess the outcome after systemic therapy and according to the results, the authors analyzed the median overall survival of the whole cohort of patients with combined hepatocellularcholangiocarcinoma treated with systemic therapy and there were no significant difference compared with the cohort of CCA treated with systemic therapy or the cohort of HCC patients treated with sorafenib and the median OS obtained with sorafenib was 8.3 months compared with near 12 months with chemotherapy without any significant difference. Accordingly, the authors conclude that the main driver for prognosis of cHCC-CCA was the liver function impairment based on the ALBI score, and there were no differences according to the treatment approach if you use sorafenib or a platinum based systemic chemotherapy.

#### **10:02 --> 11:05 – Alejandro Forner**

Another study that I would like to comment with you is the combination of lenvatinib with or without a drug eluting beads TACE in patients with advanced HCC. This is a real life, multicenter, retrospective study coming from China, and the authors recruited a total of 144 patients treated with lenvatinib plus TACE with DC beads and they compared with a cohort of 69 patients treated with lenvatinib as a first line. The main results of the study were that the median overall survival of the patients treated with lenvatinib plus TACE was near 16 months and was significantly superior to patients treated with Lenvatinib as a first-line, single agent, and after propensity score model, the differences on median OS was maintained. According to these results, the authors conclude that the combination of lenva plus TACE may be a good option and obviously this is a retrospective study and the authors conclude that this is a signal of potential efficacy but we need perspective studies to confirm the finding.

#### **11:06 --> 14:02 – Alejandro Forner**

And finally, I would like to discuss two studies coming from an analysis of the European liver transplant registry. The first analysis the authors evaluated the outcome of patients with cHCC-CCA treated with liver transplantation. This study is a retrospective study and the authors identified 115 patients with cHCC-CCA from 22 centers and they analyzed the outcome after liver transplantation. According to the explant analysis, only 30% of patients were within Milan criteria and in 40% of cases major vascular invasion was present, and in 33% of cases the tumor differentiation was poor. According to this analysis, and this is the main result that presented the authors, if you consider the Milan criteria when you analyze the outcomes, in 30% of patients within Milan, the 5-year OS OS obtaining in this population was 56%, with a cumulative recurrence of 23%. The authors conclude that if we have a cHCC-CCA that is within Milan criteria, the long-term outcome after liver transplantation is the expected outcome compared with other indications such as HCC. Also, the same group of authors analyzed the same database, the European Liver Transplant registry, but in this case the authors explore the potential efficacy of liver transplantation for fibrolamellar HCC. Again, the authors analyzed this database and they finally identified 35 cases from 25 centers. The main findings of this analysis were that in most cases, the tumor was beyond Milan criteria, the median size of the of the biggest nodule was 60 millimeters, and according to this analysis, the overall survival for patients with fibrolamellar HCC with single lesion was a 5-years survival of 65%. Also, the cumulative incidence of recurrence in single lesion was 43%, and there are the main results of this retrospective analysis, and accordingly, the authors conclude that also fibrolamellar HCC may be an indication for liver transplantation, and the best results are obtained in those patients with single tumors and in the we are able to offer a 5-years survival acceptable for the field of liver transplantation, and these are all the papers that I wanted to discuss with you. Thank you very much for your attention.