Abstract #3: Preliminary evidence of safety and tolerability of atezolizumab plus bevacizumab in patients with hepatocellular carcinoma and Child-Pugh A and B cirrhosis: a real-world study.

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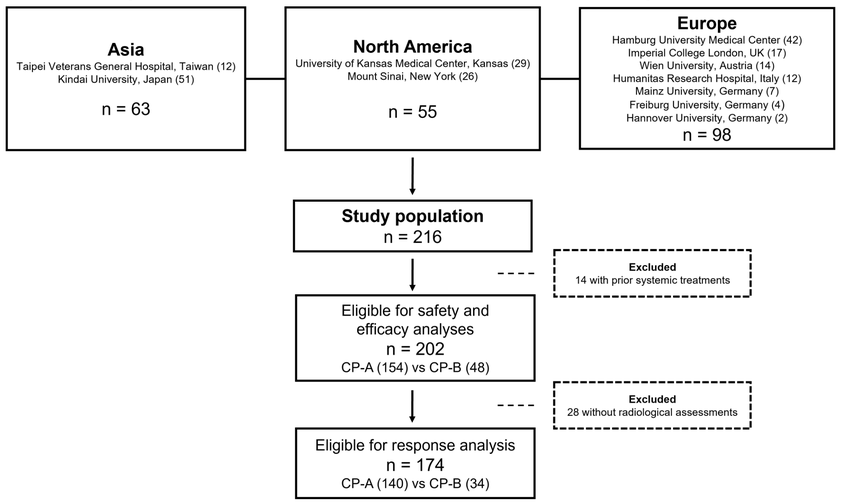
Background

- **Atezolizumab plus bevacizumab** (A+B) is the new standard of care for first-line treatment of advanced hepatocellular carcinoma (HCC). No evidence exists as to its use in **routine clinical practice** in patients (pts) with impaired liver function.

Methods

- Retrospective, multi-center observational study.



- **Efficacy outcomes**: Overall survival, progression-free survival, overall response rate (ORR), disease control rate (DCR) according to RECIST v 1.1
- **Safety outcomes**: treatment-related adverse events (trAEs) according to CTCAE 5.0
- Included in the analysis only pts without prior systemic treatments

Atezolizumab plus bevacizumab: **tolerability** and **response** were **comparable** in **Child-Pugh A and B** patients

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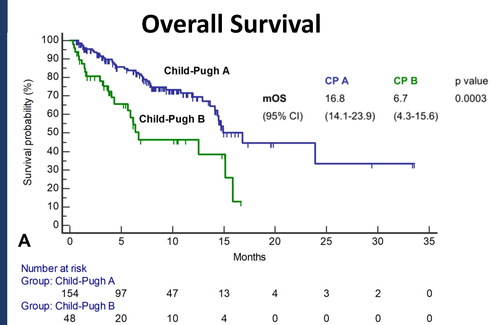
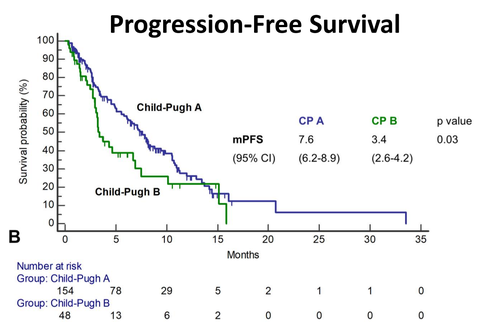
Results

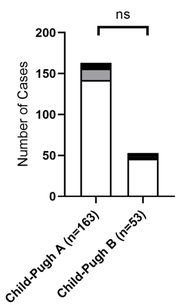
- **216 total pts – 202 eligible**

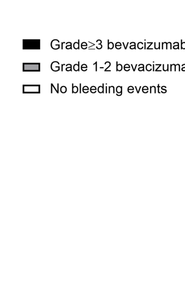
- 144 pts had BCLC C stage HCC (71%), secondary to hepatitis C (n= 72; 36%), hepatitis B (n= 35; 17%), and non-viral etiologies (n= 92; 46%). Pts were mostly of performance status (PS) ECOG 0 (n= 127; 63%)
- Liver function was classified as **Child-Pugh (CP) A in 154 pts (77%), B7 in 21 (10%), B8 in 21 (10%), and B9 in 6 (3%)**.

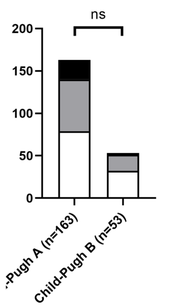


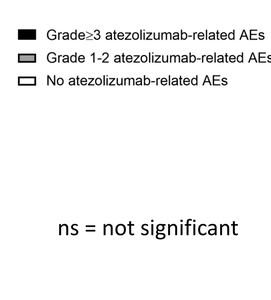


- **ORR** and **DCR** were **25%** and **73%** respectively, with **no difference across CP classes.**
- TrAEs of any grade were documented in 143 pts (71%): 56 pts (28%) had trAEs of G≥3: 25 (13%) atezolizumab-related and 31 (15%) bevacizumab-related. **The rate of trAEs did not significantly differ across CP classes.**









ns = not significant

- At pre-treatment upper endoscopy, gastro-esophageal varices were found in 58% of pts and graded as 1 (30%), 2 (17%) and 3 (11%) respectively. **Presence and grade of varices was not associated to bevacizumab-related bleeding events.**