
HCC
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MEETING SUMMARY

EASL 2017, AMSTERDAM, THE NETHERLANDS
APRIL 19TH TO 23RD 2017

DR JEAN-CHARLES NAULT

JEAN VERDIER HOSPITAL, BONDY, FRANCE

THE CHANGING LANDSCAPE IN THE TREATMENT OF HEPATOCELLULAR CARCINOMA (HCC)

CONSENSUS ABOUT HCC SCREENING

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EASL	AASLD	APASL
Cirrhosis	Cirrhosis	Cirrhosis
Familial history of HCC	Familial history of HCC	
Active chronic hepatitis	Asian Men > 40 years old	
	Asian Women > 50 years old	
	African	

Ultrasonography every 6 months

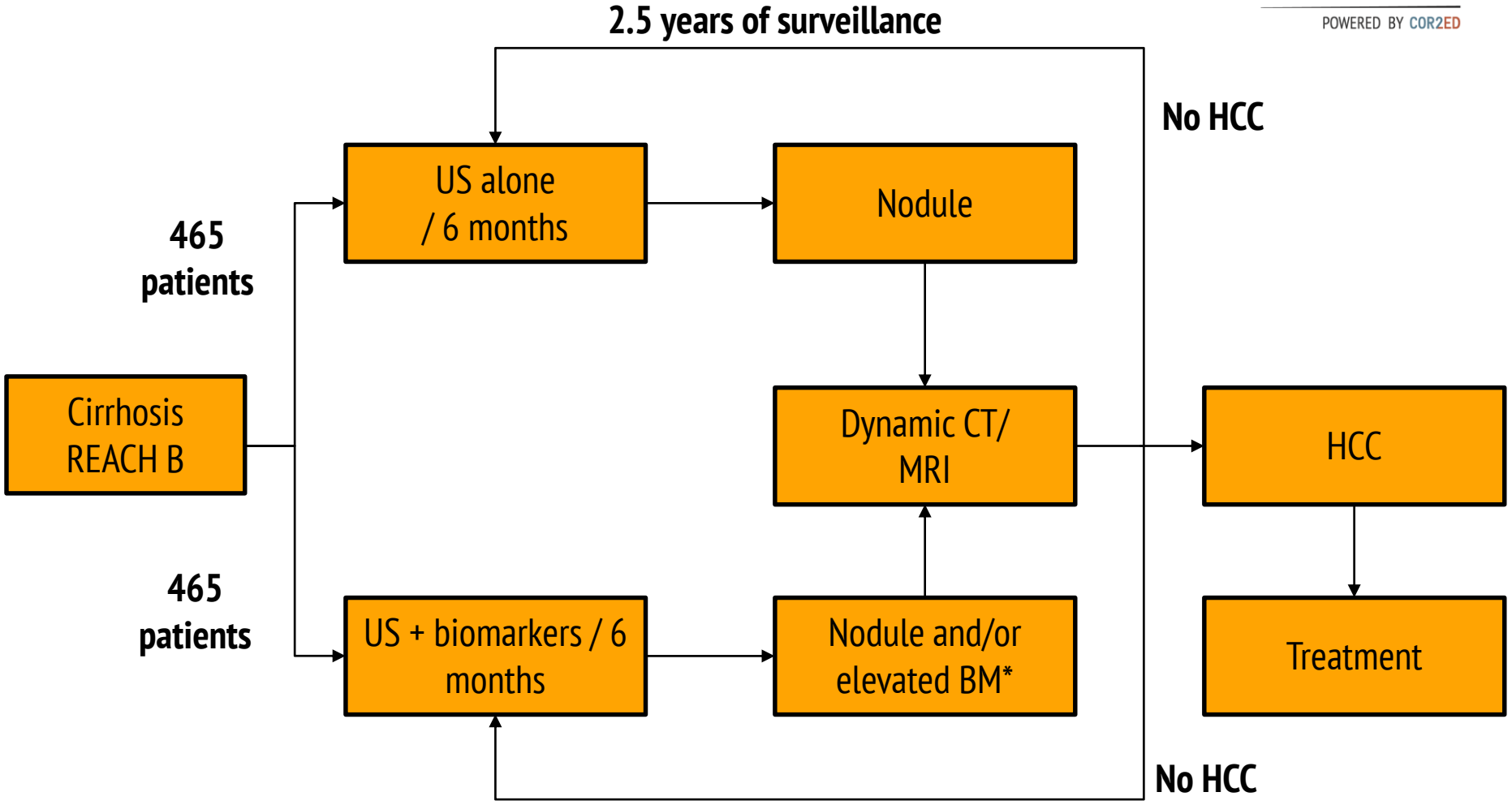
Ultrasonography and AFP every 6 months

Bruix J, et al. Hepatology 2011; Omata M, et al. Hepatol Int 2010 ; EASL J Hepatol 2012

A RANDOMIZED CONTROLLED TRIAL OF US VS US + BIOMARKERS FOR THE DIAGNOSIS OF HCC: AN INTERIM REPORT

Sherman M, Feld J, Yamada H, Mori Y, Janssen H et al.

STUDY DESIGN



* AFP > 100 ng/ml, L3 > 10%, DCP > 2 ng/ml

Sherman M, Feld J, Yamada H, Mori Y, Janssen H. Presented at EASL 2017

RESULTS

		Group A (US) n=9	Group B (US + BM) n=13
Etiology of CLD	HCV HBV ASH/NASH PBC	5 2 1 1	5 6 1 1
Cirrhosis, n (%)		9 (100)	12 (92)
Size at diagnosis Within Milan		1.2-2.8 cm 9 (100)	1.2-4.1 cm 11 (85)
Found by US only		4	5
Found by BM/GALAD only		NA	4/1
Found by US + BM		NA	3
Found by other		5	1

Sherman M, Feld J, Yamada H, Mori Y, Janssen H. Presented at EASL 2017

CONCLUSION

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- **Interim analysis only**
- Biomarkers seem to increase sensitivity to detect curable HCC
- However, it also increased false positive rate that led to additionnal CT/MRI
- Final analysis of this randomized controlled trial is warranted to draw strong conclusions

Sherman M, Feld J, Yamada H, Mori Y, Janssen H. Presented at EASL 2017

DEVELOPMENT AND VALIDATION OF A SURVIVAL CALCULATOR FOR HCC PATIENTS UNDERGOING LIVER TRANSPLANTATION: THE METRO TICKET 2.0 MODEL

Sposito C et al.

SUMMARY

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- Development of a **survival calculator in the pre-transplant setting** in 1018 patients treated by liver transplantation for HCC

- Validation in an external cohort of 341 patients treated by liver transplantation for HCC

- Creation of a score in the training cohort and tested in the validation cohort

http://www.hcc-olt-metroticket.org

SURVIVAL CALCULATOR

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Pre-operative radiology + alpha-fetoprotein

Size of the largest vital tumor: 0 cm
Number of vital nodules: 0
AFP (ng/mL): 5

Calculate

Post-operative pathology*

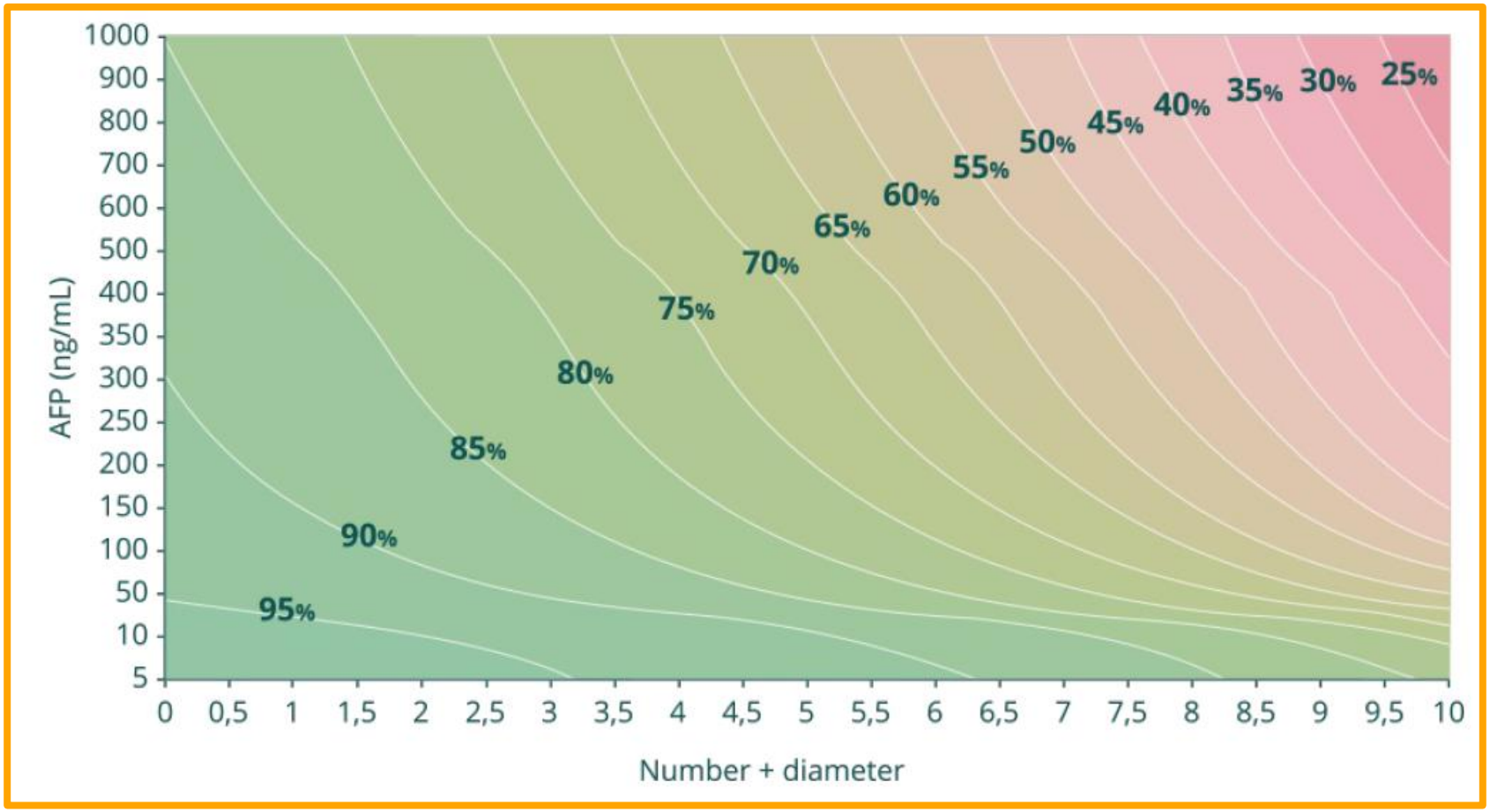
Size of the largest nodule: 0.1 cm
Number of nodules: 1

Calculate

** Mazzaferro V, Llovet JM, Miceli R et al. Predicting survival after liver transplantation in patients with hepatocellular carcinoma beyond the Milan criteria: a retrospective, exploratory analysis. Lancet Oncol. 2009;10(1):35-43.*

Sposito et al. Presented at EASL 2017

FIVE YEARS' OVERALL SURVIVAL

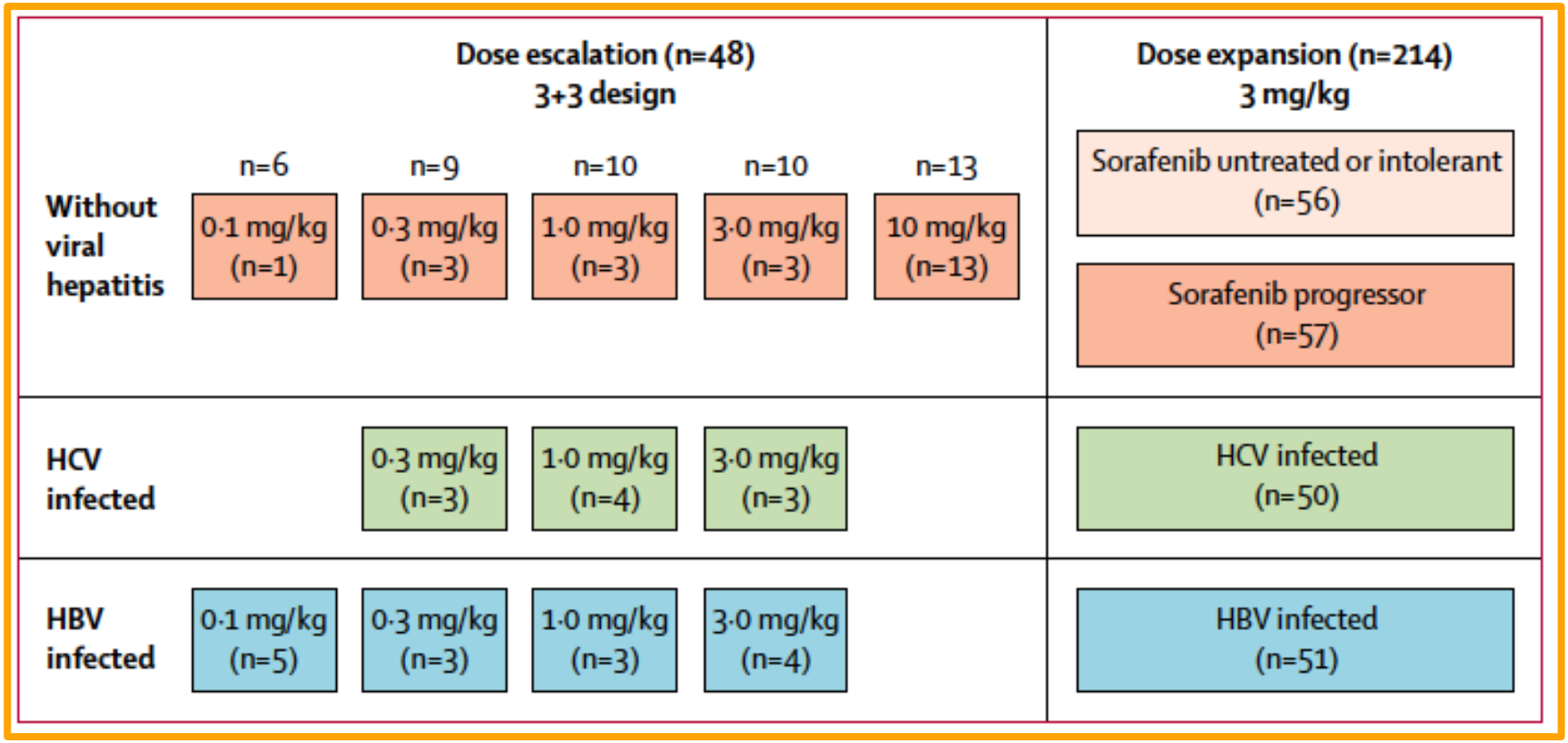


Sposito et al. Presented at EASL 2017

NIVOLUMAB IN SORAFENIB-EXPERIENCED PATIENTS WITH ADVANCED HCC WITH OR WITHOUT CHRONIC HEPATITIS: CHECKMATE 040 STUDY

El-Khoueiry AB et al. Lancet 2017

STUDY DESIGN



NIVOLUMAB EFFICACY RESULTS

	All patients (n=214)
Objective response	42 (20%; 15 to 26)
Complete response	3 (1%)
Partial response	39 (18%)
Stable disease	96 (45%)
Progressive disease	68 (32%)
Not evaluable	8 (4%)
Duration of response	
KM median	9.9 (8.3 to NE)
Ongoing, n/N (%)	28/42 (67%)
Disease control	138 (64%; 58 to 71)
Disease control with stable disease for ≥ 6 months	79 (37%; 30 to 44)
Overall survival	
6 months	83% (78 to 88)
9 months	74% (67 to 79)
KM median	NR
Progression-free survival	
KM median	4.0 (2.9 to 5.4)

Unless otherwise indicated, dataan-Meier estimate. NR=not reached. NE=not estimable. REC 1.1

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- **Median overall survival 15 months (escalation phase)**
- Median overall survival not reached in the expansion phase

Median OS, mo (95% CI)	Escalation cohort (n=48)
Sorafenib naïve	14.1 (3.2-28.6)
Sorafenib treated	15.0 (5.0-18.9)

El-Khoueiry AB et al. Lancet 2017

ACCORDING TO SORAFENIB

	Uninfected untreated / intolerant (n=56)	Uninfected progressor (n=57)
Objective response	13 (23%; 13 to 36)	12 (21%; 11 to 34)
Complete response	0	2 (4%)
Partial response	13 (23%)	10 (18%)
Stable disease	29 (52%)	23 (40%)
Progressive disease	13 (23%)	18 (32%)
Not evaluable	1 (2%)	4 (7%)

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