HCC connect

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Supported by an Independent Educational Grant from BAYER

MEETING SUMMARY

AASLD 2016, BOSTON - USA
NOVEMBER 11TH TO 15TH 2016

DR. SADAHISA OGASAWARA
CHIBA UNIVERSITY, CHIBA, JAPAN

BIOMARKERS AND MOLECULAR PATHOLOGY FOR FUTURE TREATMENTS OF HCC

FGF19 IMMUNOSTAINING AS BIOMARKER FOR TRIAL ENRICHMENT TESTING FGFR4 INHIBITORS IN HCC

AGRIN MOEINI ET AL

ABSTRACT #1240

SUMMARY

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- The goal of this study was to evaluate FGF19 as biomarker for trial enrichment with FGFR4 inhibitors and to assess of FGFR4 inhibitor efficacy in HCC patient derived xenograft models

- It was concluded that FGF19 immunostaining accurately identifies patents with FGF19 overexpression, which represent around 25% of HCC population

- These results provide a rationale for trial enrichment in the first in human study testing with selective FGFR4 inhibitors in patients with HCC

RESULTS

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- Overexpression of FGF19: 23% (33/143)
- Focal high level of FGF19: 8% (11/143)
- FGF amplification by FISH assay and NanoString copy number assay: sensitivity = 100%, accuracy = 97%
- FGF19 over over expression by NanoString gene expression assay: accuracy = 83%
- Detection of FGF19 amplification by anti-FGF19 immunostaining: accuracy = 87%
- Detection of FGF19 overexpression by anti FGF19 immunostaining: accuracy = 67%

AN RNA-BASED SIGNATURE ENABLES HIGH SPECIFICITY DETECTION OF CIRCULATING TUMOR CELLS IN HCC

IRUN BHAN ET AL

ABSTRACT #LB20

AN RNA-BASED SIGNATURE ENABLES HIGH SPECIFICITY DETECTION OF CIRCULATING TUMOR CELLS IN HCC

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Combining droplet digital PCR with the CTC-iChip yields a high-throughput, highly specific detection mechanism for HCC CTCs

AN RNA-BASED SIGNATURE ENABLES HIGH SPECIFICITY DETECTION OF CIRCULATING TUMOR CELLS IN HCC

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- HCC derived CTCs in 9/16 (56%) untreated HCC patients versus 1/31 (3%) at-risk patients (P <0.0001)

- Positive CTC-scores declined in treated patients: positive scores were found in 9 of 32 (28% patients receiving therapy and only 1/15 (7%) patients who had undergone curative therapies (resection, local ablation, or liver transplantation)

- Serum AFP and CTC-score together provide superior HCC detection than either single method

PHASE II STUDIES WITH REFAMETINIB OR REFAMETINIB PLUS SORAFENIB IN PATIENTS WITH RAS-MUTANT HCC

JOSEP M LLOVET ET AL

ABSTRACT #1237

OBJECTIVE & DESIGN

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- Primary objective: the central radiological assessment of objective tumor response (CR + PR) according to mRECIST

- Single arm, open-label, phase II studies in which patients were selected for treatment based on harboring mutations in KRAS/NRAS, determined using cell-free circulating tumor DNA (ctDNA)

RESULTS

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- The presence of RAS mutation of refametinib monotherapy: 6.5% (32/493)
- The presence of RAS mutation of refametinib + sorafenib: 3.3% (27/815)
- KRAS/NRAS mutations were detected using confirmatory NGS plasma samples from 12/27 (44.4%) of patients with mutated RAS (refametinib monotherapy: n = 15, refametinib + sorafenib: n = 12); NGS accuracy was 91.7% (11/12).
- No patients receiving refametinib monotherapy or refametinib + sorafenib combination therapy achieved a CR or PR according to mRECIST

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