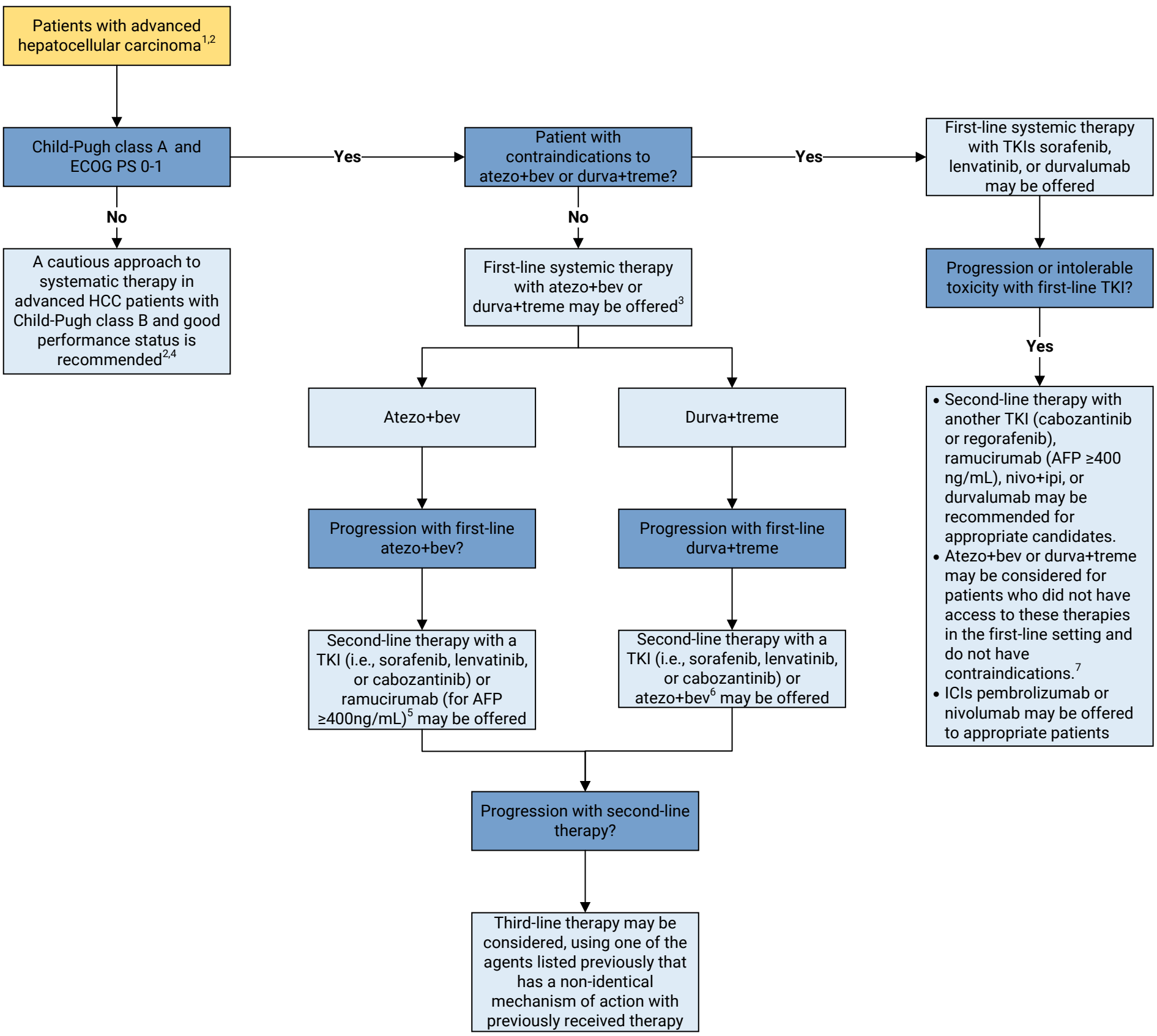
ASCO Guidelines

Systemic Therapy for Advanced Hepatocellular Carcinoma Algorithm



Notes.
[1] The target population includes patients who are no longer candidates for surgical or liver-directed therapies, i.e. patients with characteristics such as multifocal and/or infiltrative disease within the liver, vascular invasion or extrahepatic spread.
[2] Treatment options should be discussed within a multidisciplinary team.
[3] Patients in the IMbrave150 trial of atezo+bevwere required to have undergone esophagogastroduodenoscopy (EGD) within 6 months of trial initiation and to have received treatment for esophageal varices when necessary.
[4] Considerations include underlying liver function, bleeding risk, presence of portal hypertension, extent of extrahepatic spread, tumor burden, and major vascular invasion.
[5] While there is currently no published evidence to support a recommendation for durva+treme, the ASCO Advanced HCC Expert Panel agreed that this option may be considered following first-line treatment with atezo+bev.
[6] There is no data available to select patients for atezo+bev vs. second-line therapy with a TKI.
[7] Pembrolizumab or nivolumab are reasonable options that may be considered for appropriate candidates following first-line therapy with sorafenib or lenvatinib.
Abbreviations. AFP, alpha fetoprotein; atezo+bev, atezolizumab+bevacizumab; durva+treme, durvalumab + tremelimumab; ECOG PS, Eastern Cooperative Oncology Group performance status; HCC, hepatocellular carcinoma; ICI, immune checkpoint inhibitor; nivo_ipi, nivolumab + ipilimumab; TKI, tyrosine kinase inhibitor.

This algorithm is derived from recommendations in Systematic Therapy for Advanced Hepatocellular Carcinoma: ASCO Guideline Update. This is a tool based on an ASCO Guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.