Impact of Risk Factors on Overall Survival in Patients With Unresectable Hepatocellular Carcinoma Treated With First-line Tislelizumab

Masatoshi Kudo,1 Richard S. Finn,2 Tim Meyer,3 Sonjoi Boierry,4 Songli Li,5 Xiaoyi Chen,5 Ramil Abdrashitov,6 Andrew X. Zhu,7 Arndt Vogel,8 Shukui Qin9

Background

HCC is one of the leading causes of cancer-related death worldwide. Most patients present with advanced disease and therefore have a poor prognosis. Certain HCC biomarkers may be prognostic factors, with a potential clinical role in the 1L treatment of unresectable HCC.

Methods

• The study design has been previously described.8• Systemic therapy-naïve adults with historically confirmed, unresectable HCC were randomized (1:1) to receive tislelizumab 200 mg intravenously every 3 weeks or sorafenib 400 mg orally twice a day until disease progression, intolerability, or withdrawal of consent.
• The primary endpoint was OS; key secondary endpoints included objective response rate, progression-free survival, and duration of response by blinded independent review committee, per RECIST v1.1; safety was also investigated.
• This exploratory analysis examined OS in subgroups of patients defined by ALBI grade (≤2 vs 1), platelet count (>150K vs ≤150K), PLR (>141 vs ≤141), and NLR (≥2 vs <2) as predictors of OS.

Results

Prognostic Biomarkers Analysis (Ctd.):
• The analysis suggests that ALBI grade could have prognostic value for OS, irrespective of treatment.
• OS by potential risk factors in the intent-to-treat (ITT) analysis set is shown in Figure 4.

For patients with a more favorable balance between systemic inflammation and immunity, tislelizumab demonstrated numerically improved median OS compared with sorafenib for platelet-lymphocyte ratio (PLR) ≤141, and neutrophil-lymphocyte ratio (NLR) ≤3. For patients with PLR >141 or NLR >3 median OS was longer on sorafenib.

References


Acknowledgments

Acknowledgments are to be included with the author names.

Disclosures

Disclosures are to be included with the author names.