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

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Background

HCC is one of the leading causes of cancer-related death worldwide.3 Many patients present with advanced disease and therefore have a poor prognosis.2 Certain HCC biomarkers may be prognostic factors, with a potential clinical role in the 1L treatment of unresectable HCC.3

Methods

• The study design has been previously described.5,6 Systemic therapy-naive adults with histologically 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, intolerable toxicity, 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 (≤3 vs >3) as predictors of OS.

Results

Baseline Characteristics

At data cutoff (July 11, 2022), minimum study follow-up was 33 months.

• Demographics and baseline characteristics for biomarkers were generally balanced across arms (Table 1).

Prognostic Biomarkers Analysis

• Tislelizumab demonstrated numerically longer (≥3 months) median OS versus sorafenib in the biomarker subgroup categories ALBI grade 1 (Figure 1), NLR ≤3 (Figure 2), and PLR (>141) (Figure 3).

• The biomarker subgroups ≤3 and PLR >141 demonstrated numerically shorter median OS for tislelizumab versus sorafenib.

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.

Conclusions

This exploratory analysis examined the effects of ALBI grade, platelet count, PLR, and NLR as predictors of OS in RATIONALE-301.

References


Disclosures

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