

Efficacy and safety of atezolizumab plus bevacizumab as first-line
therapy in unresectable Hepatocellular Carcinoma (uHCC) patients
with Child-Pugh B compared with Child-Pugh A: A systematic review

by

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Abstract

Background:

Hepatocellular carcinoma (HCC) is one of the forms of primary liver cancer and it accounts for 75-85% of liver cancer cases. The majority of patients in randomized controlled trials (RCTs) of systemic therapy have preserved liver function defined as Child-Pugh class A (CP-A), and it is unknown the treatment effect among CP-B patients. As several real-world studies have started to be reported after the approval of atezolizumab plus bevacizumab (atezo-bev) in unresectable HCC (uHCC), the study aims to conduct a systematic review to build scientific evidence of atezo-bev as a first-line treatment in uHCC with CP-B patients compared with CP-A patients.

Methods:

Two databases (PubMed and EMBASE) were used to search the literature. The search strategies used terms covering atezolizumab AND bevacizumab AND liver. The Critical Assessment Skill Program (CASP) checklist was used to assess the quality of the included studies.

Results:

Four articles were identified as eligible; from these, 346 patients with CP-A and 143 patients with CP-B were identified. The overall response rate (ORR) in CP-B (11.1-40.62%) was similar to the ORR in CP-A (26-45.83%). The median overall survival (mOS) and median progression-free survival (mPFS) were relatively shorter in CP-B than in CP-A (mOS: 16.8-not reached in CP-A vs. 3.3-9 months in CP-B, mPFS: 7.6-18 months in CP-A,

3.0-8 months in CP-B). Notably, two studies concluded there was no significant difference in the incidence of total adverse events (AEs) of any grade and grade ≥ 3 between CP-A and CP-B. One study also mentioned the number of total AEs of any grade in CP-B was not dissimilar to that in CP-A, while the number of total grade ≥ 3 AEs was higher in CP-B (44.4% in CP-B vs. 15.8% in CP-A).

Conclusion: The systematic review demonstrated that the new first-line combination therapy of atezo-bev in uHCC with CP-B is distinctly well-tolerable and radiologically effective, though survival time is limited compared with CP-A. More robust evidence based on large prospective studies and even RCTs are necessary to assist selecting uHCC patients who balance efficacy and safety most.

Keywords:

Hepatocellular carcinoma; atezolizumab; bevacizumab; Child-Pugh classification