Treatment patterns in advanced hepatocellular carcinoma patients in Spain

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Introduction

- Globally, hepatocellular carcinoma (HCC) is the sixth-most common cancer and the most common primary liver malignancy.[1,2] Moreover, HCC is the fourth-leading cause of cancer-related death worldwide, causing 250,000–1,000,000 deaths annually[2,3]
- In Spain, HCC is the twelfth-most common cancer with an estimated incidence of 6,499 cases in 2019[4]
- Patients with advanced HCC (aHCC) have a particularly poor prognosis with unacceptably low survival rates, poor quality of life and limited treatment options[5,6]
- Several recent clinical trials of systemic therapies in aHCC have published results; however, limited evidence exists on real-world treatment patterns. There is also a dearth of information on healthcare resource use (HCRU) and supportive therapies utilized in aHCC. This study aims to fill these evidence gaps

Methods

Study design:

- A retrospective, non-interventional survey of 52 Spanish physicians was conducted between February-March 2018
- Physician inclusion criteria at the time of enrollment were:
  - In practice >2 years
  - Initiated and saw through treatment completion ≥2 aHCC patients on systemic first line (1L) or second line (2L) therapy in the past 2 years to ensure capture of response
  - Provided informed consent to participate in the study
- Inclusion criteria for patient medical records of the included physicians were:
  - Aged ≥8 years at the time of enrollment for this study
  - Diagnosed with aHCC as the primary tumor and not the result of another cancer metastasized to the liver; Child-Pugh A/B status at 1L initiation
  - Initiated 1L or 2L systemic therapy for aHCC within 24 months (maximum) and 3 months (minimum) from date of initiation of study and completed 1L or 2L systemic therapy at date of study collection, respectively; or for patients on 2L, is on BSC or was given BSC after 1L
- Descriptive statistics compared 1L systemic therapy, sorafenib versus other

Results

Patient sample

- 125 patients from Spain were identified and included, with mean age at 1L of 65.3±10.4 years and 84.0% male. Comorbidities (Table 1)

Table 1. Demographic characteristics and comorbidities

Patient Characteristics	Total (N=125)	Other treatments (n=31)	Sorafenib (n=94)
Age, mean (SD)	65 (10)	68 (13)	64 (9)
Male, n (%)	105 (84.0)	25 (80.1)	80 (85.1)
Current or former smoker, n (%)	107 (85.4)	27 (87.1)	80 (85.1)
Alcoholism, n (%)	41 (32.8)	8 (25.8)	33 (35.1)
Hepatitis C, n (%)	20 (16.0)	3 (9.7)	17 (18.1)
Hepatitis B, n (%)	7 (5.6)	0	7 (7.5)
NASH or NAFLD	12 (8.0)	5 (16.1)	5 (5.3)

NASH, nonalcoholic steatohepatitis; NAFLD, nonalcoholic fatty liver disease

Table 2. Liver clinical characteristics

Liver clinical characteristics	Total (N=125)	Other treatments (n=31)	Sorafenib (n=94)
Portal vein invasion, n (%)			
Yes	78 (62.4)	18 (58.1)	60 (63.8)
No			
Fibrosis score[a] n (%)	31 (24.8)	11 (35.5)	20 (21.3)
0-4			
5-6	71 (56.8)	19 (61.3)	52 (55.3)
Distant metastasis n (%)			
Yes	58 (46.4)	11 (35.5)	47 (50.0)
No	64 (51.2)	19 (61.3)	45 (47.9)
ECOG at 1L initiation, n (%)			
0	22 (17.6)	10 (32.3)	12 (12.8)
1	62 (49.6)	8 (25.8)	54 (57.5)
2	28 (22.4)	6 (19.4)	22 (23.4)
3	9 (7.2)	4 (12.9)	5 (5.3)
Child-Pugh stage, n (%)			
A	44 (35.2)	6 (19.4)	38 (40.4)
B	49 (39.2)	12 (38.7)	37 (39.4)

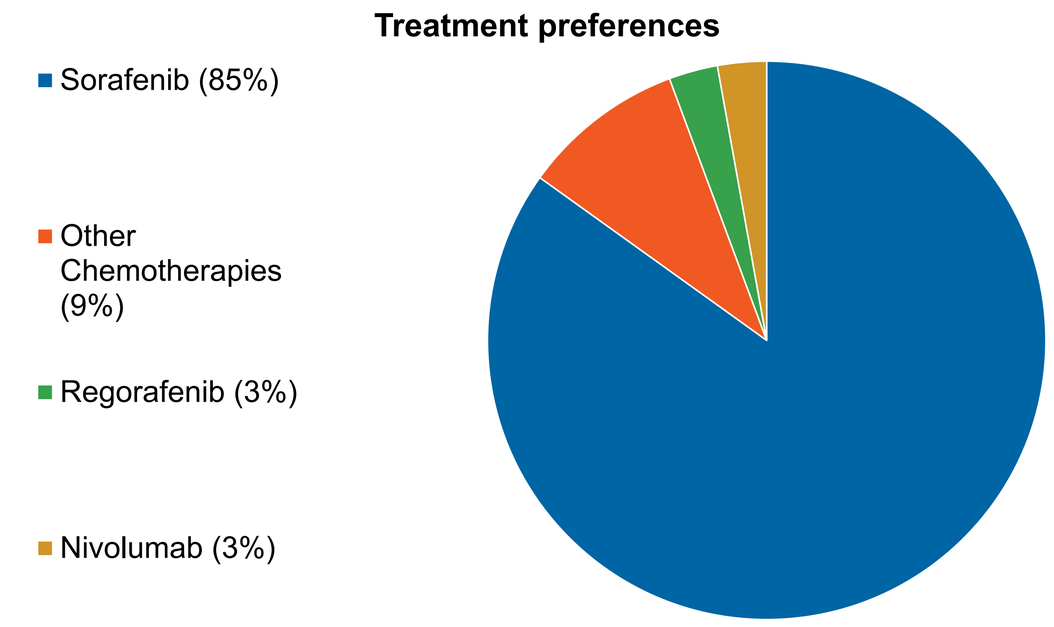
[a]0 = none, 4 = moderate fibrosis, 5 = severe fibrosis, 6 = cirrhosis)

Liver clinical characteristics	Total (N=125)	Other treatments (n=31)	Sorafenib (n=94)
Barcelona Clinic Liver Cancer stage at diagnosis, n (%)			
A	16 (12.8)	3 (9.7)	13 (13.8)
B	14 (11.2)	3 (9.7)	11 (11.7)
C	52 (41.6)	8 (25.8)	44 (46.8)
D	18 (14.4)	9 (29.0)	9 (9.6)
Alpha-fetoprotein expression level at diagnosis > 400ng/mL, n (%)	66 (62.9)	17 (73.9)	49 (59.8)

Physician treatment decisions

- Physicians based HCC treatment decisions on: personal experience (38.5%), guidelines (78.9%), and over 90% believe there is a great unmet need for more efficacious aHCC treatment. Physicians treated 75.2% of their profiled HCC patients with sorafenib and 24.8% with other regimens (Figure 1)

Figure 1. Treatment regimen for 1L HCC



Dosing characteristics

- Dose or schedule intensity (Table 3) was reduced in 33.0% of patients receiving sorafenib versus others 6.5% (p<0.001), and a difference was also shown for treatment duration (p=0.005)

Table 3. Dosing characteristics

Dosing intensity or schedule reduced, n (%)	1L Treatment Group: Total (N=125)	Other treatments (n=31)	Sorafenib (n=94)	P-value
Yes	33 (26.4)	2 (6.5)	31 (33.0)	<0.001
Sorafenib 1L dosage (oral), n (%)				
200 mg	80 (85.1)	0	80 (85.1)	
400 mg	14 (14.9)	0	14 (14.9)	

Limitations

- This is a retrospective, physician –reported review of self-selected clinical cases
- The sampling frame is a convenience simple and may not represent the entire physician population

Conclusions

- Understanding patterns and determinants of 1L therapy is important as the systemic treatment landscape of HCC is evolving to address unmet needs
- In this real world chart survey of Spanish physicians, sorafenib remains the most commonly used 1L systemic therapy for aHCC
- However, other therapies are used in 24.8% of patients. Over 90% of physicians believe there is a great unmet need for more efficacious aHCC treatments

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