

HCC: SYSTEMIC THERAPY FIRST LINE

Akshjot Puri, MD

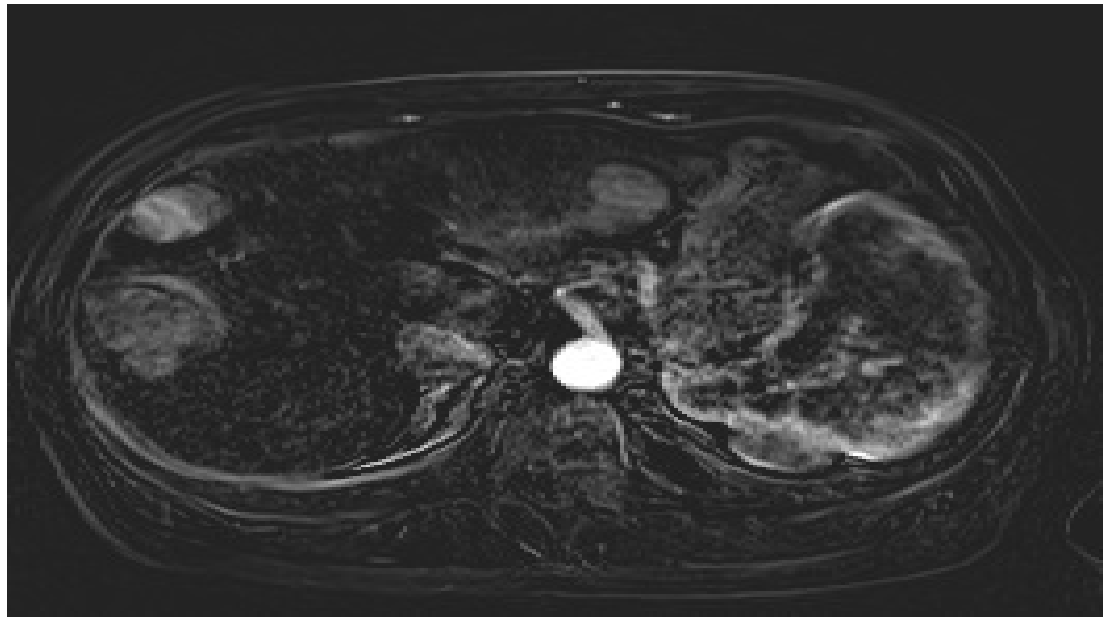
Post Graduate Year 5

MENTOR: Madappa N. Kundranda, MD. PhD.



CASE

A 72 yo female with history of HCV cirrhosis (Child Pugh A) is found to have liver masses on screening ultrasound



AFP 1072

BCLC Stage B.

Not a transplant or resection candidate

QUESTION 1

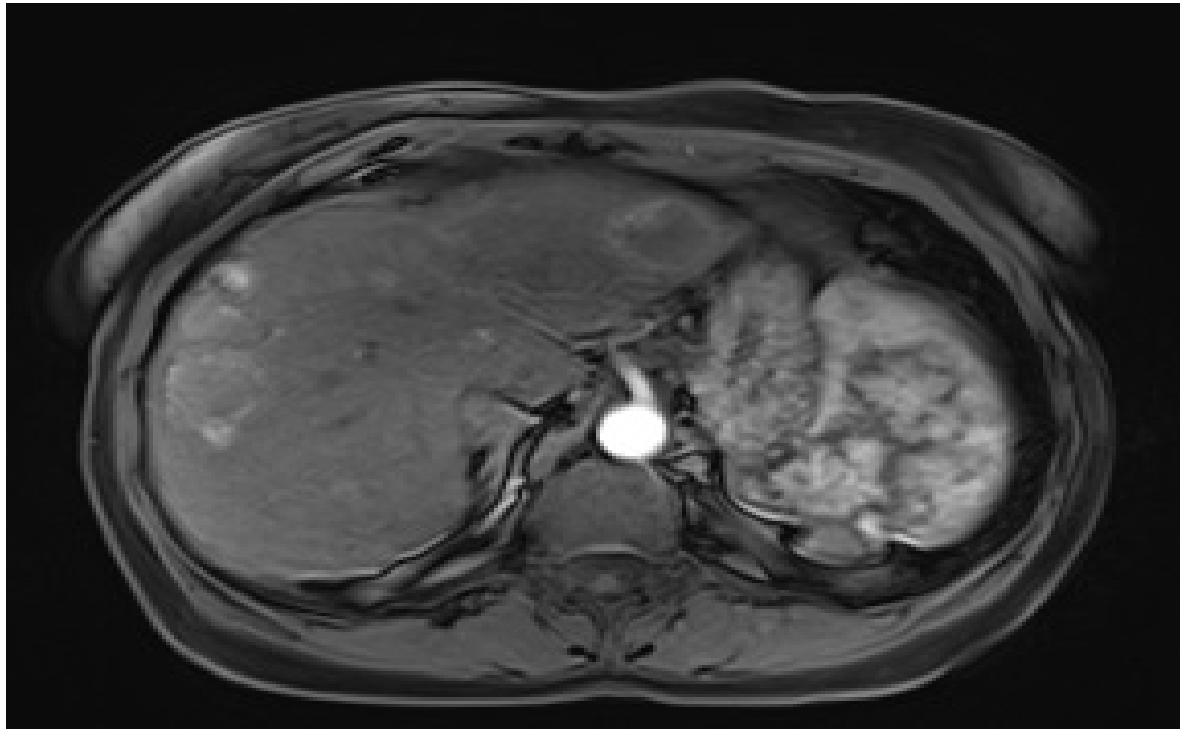


What would be a first line treatment choice for this patient?

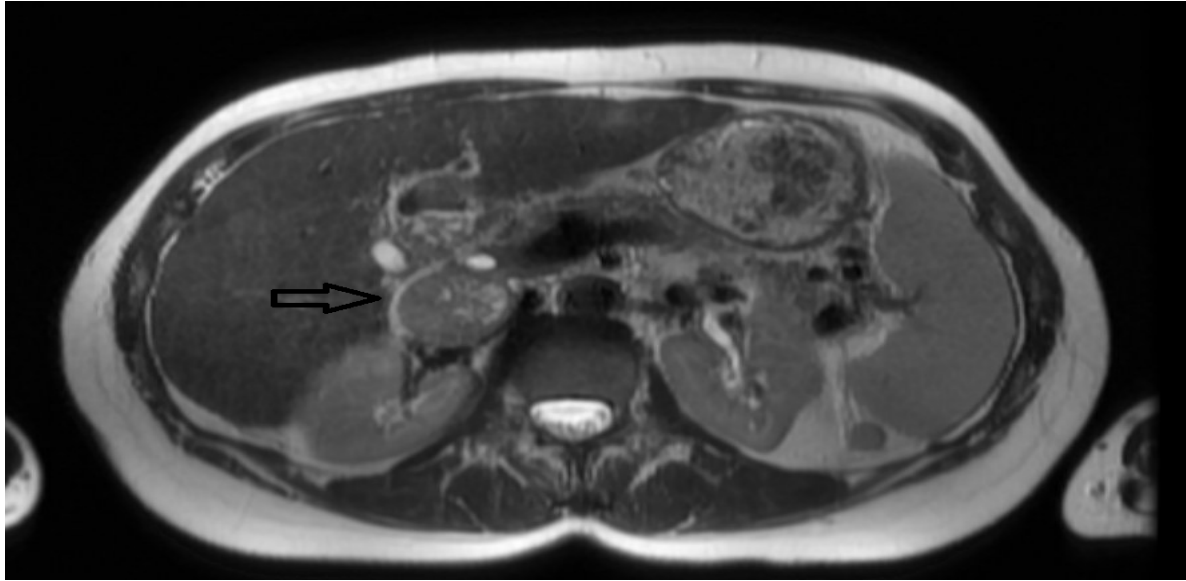
- A. Y90 arterial embolization
- B. TACE
- C. Lenvatinib
- D. Liver directed therapy + Lenvatinib
- E. Sorafenib

At 5 months from diagnosis

Y90 to right and left hepatic arteries with favorable treatment response
AFP 1072 → 27



At 9 months from diagnosis



AFP 1072 → 27 → 82

Started on Lenvatinib-> unable to tolerate due to nausea, headaches and hot flashes

Started on Sorafenib-> unable to tolerate due to chest pain few hours after medication, severe hand foot syndrome being unable to walk and extreme sensitivity to hot water, nose bleeds

QUESTION 2



What is the next choice of systemic therapy for this patient?

- A. Cabozantinib
- B. Ramucirumab
- C. Regorafenib
- D. Nivolumab
- E. Pembrolizumab

CASE

- Patient was started on Nivolumab
- After the 2nd infusion patient developed a diffuse rash involving the face and upper trunk



QUESTION 3



What is the next step in therapy for this patient?

- A. Discontinue Nivolumab
- B. Start oral steroids
- C. Switch to Regorafenib
- D. Initiate topical steroids and continue to hold nivolumab

CASE



- Patient was started topical steroids
- Nivolumab was reinitiated after resolution of the rash
- Restaging scans after 3 months demonstrated a partial response