Hepatocellular Carcinoma Update

Issue 1, 2017 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, radiation oncologists and other healthcare providers involved in the treatment of hepatocellular carcinoma (HCC).

OVERVIEW OF ACTIVITY

HCC, the most common form of liver cancer, is the third leading cause of cancer-related death worldwide. The rising incidence, multiple etiologies, genetic heterogeneity and concurrent chronic liver disease challenge the selection of treatment for patients with this cancer. HCC is often diagnosed in the advanced stage and as such is associated with a poor prognosis. Recent breakthroughs in the understanding of the etiology and pathogenesis of HCC have led to the advent of new treatment modalities and investigational therapies, and in order to offer optimal patient care, the practicing oncologist must be well informed of these advances. To bridge the gap between research and patient care, this issue of *Hepatocellular Carcinoma Update* uses one-on-one discussions with leading oncology investigators. By providing access to the latest research developments and expert perspectives on the disease, this CME program will assist medical oncologists and gastroenterology specialists in the formulation of up-to-date clinical management strategies for HCC.

LEARNING OBJECTIVES

- Appraise available clinical trial data guiding the use of systemic therapies for patients with advanced HCC.
- Review the efficacy and safety data with regorafenib, and formulate a plan to incorporate this information into the treatment of HCC in patients who experience disease progression on sorafenib.
- Understand the scientific rationale for and recall available clinical data with investigational immune checkpoint inhibitors in the treatment of HCC.
- Recall available and emerging data with other investigational agents currently in clinical trials for HCC, and counsel appropriately selected patients about trial participation.

ACCREDITATION STATEMENT

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AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2 Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/HCCU117/Video/CME**.

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess conflicts of interest with faculty, planners and managers of CME activities. Conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent physician reviewer for fair balance, scientific

objectivity of studies referenced and patient care recommendations.

FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

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Select Publications

Bruix J et al. **Regorafenib for patients with hepatocellular carcinoma who progressed on sorafenib treatment (RESORCE): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet* 2017;389(10064):56-66.

Cainap C et al. **Linifanib versus sorafenib in patients with advanced hepatocellular carcinoma: Results of a randomized phase III trial.** *J Clin Oncol* 2015;33(2):172-9.

Cheng AL et al. **Sunitinib versus sorafenib in advanced hepatocellular cancer: Results of a randomized phase III trial.** *J Clin Oncol* 2013;31(32):4067-75.

Cheng AL et al. **Efficacy and safety of sorafenib in patients in the Asia-Pacific region with advanced hepatocellular carcinoma: A phase III randomised, double-blind, placebo-controlled trial.** *Lancet Oncol* 2009;10(1):25-34.

Duffy AG et al. **Tremelimumab: A monoclonal antibody against CTLA-4 — in combination with subtotal ablation (trans catheter arterial chemoembolization [TACE], radiofrequency ablation [RFA] or cryoablation) in patients with hepatocellular carcinoma (HCC) and biliary tract carcinoma (BTC).** Gastrointestinal Cancers Symposium 2016;**Abstract 270**.

El-Khoueiry AB et al. **Phase I/II safety and antitumor activity of nivolumab (nivo) in patients (pts) with advanced hepatocellular carcinoma: Interim analysis of the CheckMate-040 dose escalation study.** *Proc ASCO* 2016;**Abstract 4012**.

Fang P et al. **Efficacy and safety of bevacizumab for the treatment of advanced hepatocellular carcinoma: A systematic review of phase II trials.** *PLoS One* 2012;7(12):e49717.

Finn RS et al. **A multicenter, open-label, phase 3 trial to compare the efficacy and safety of lenvatinib (E7080) versus sorafenib in first-line treatment of subjects with unresectable hepatocellular carcinoma.** *Proc ASCO* 2014;**Abstract TPS4153**.

Frenette CT. **The role of regorafenib in hepatocellular carcinoma.** *Clin Adv Hematol Oncol* 2017;15(2):121-3.

Ikeda K et al. **Phase 2 study of lenvatinib in patients with advanced hepatocellular carcinoma.** *J Gastroenterol* 2017;52(4):512-9.

Johnson PJ et al. **Brivanib versus sorafenib as first-line therapy in patients with unresectable, advanced hepatocellular carcinoma: Results from the randomized phase III BRISK-FL study.** *J Clin Oncol* 2013;31(28):3517-24.

Kudo M. **Recent trends in the management of hepatocellular carcinoma with special emphasis on treatment with regorafenib and immune checkpoint inhibitors.** *Dig Dis* 2016;34(6):714-30.

Lencioni R et al. **Sorafenib or placebo plus TACE with doxorubicin-eluting beads for intermediate stage HCC: The SPACE trial.** *J Hepatol* 2016;64(5):1090-8.

Llovet JM et al. **Sorafenib in advanced hepatocellular carcinoma.** *N Engl J Med* 2008;359(4):378-90.

Longo V et al. **Immunotherapeutic approaches for hepatocellular carcinoma.** *Oncotarget* 2017;8(20):33897-910.

Sangro B et al. **A randomized, multicenter, phase 3 study of nivolumab vs sorafenib as first-line treatment in patients (pts) with advanced hepatocellular carcinoma (HCC): CheckMate-459.** *Proc ASCO* 2016;**Abstract TPS4147**.

Sangro B et al. **A clinical trial of CTLA-4 blockade with tremelimumab in patients with hepatocellular carcinoma and chronic hepatitis C.** *J Hepatol* 2013;59(1):81-8.

Zhu AX et al. **Ramucirumab versus placebo as second-line treatment in patients with advanced hepatocellular carcinoma following first-line therapy with sorafenib (REACH): A randomised, double-blind, multicentre, phase 3 trial.** *Lancet Oncol* 2015;16(7):859-70.

Zhu AX et al. **SEARCH: A phase III, randomized, double-blind, placebo-controlled trial of sorafenib plus erlotinib in patients with advanced hepatocellular carcinoma.** *J Clin Oncol* 2015;33(6):559-66.