Science For A Better Life

Clinical Study Synopsis

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The study listed may include approved and non-approved formulations or treatment regimens. Data may differ from published or presented data and are a reflection of the limited information provided here. The results from a single trial need to be considered in the context of the totality of the available clinical research results for a drug. The results from a single study may not reflect the overall results for a drug.

Title	**O**utcomes of HCC **p**atients treated with TACE followed or not followed by sorafenib and the influence of **tim**ing to **i**nitiate **s**orafenib
Keywords	Hepatocellular carcinoma, sorafenib, TACE, TACE non-eligibility, BCLC
Rationale and background	Hepatocellular carcinoma (HCC) is the most common primary malignancy of the liver. Transarterial chemoembolization (TACE) is currently the recommended treatment option for patients with intermediate HCC (Barcelona Clinic Liver Cancer [BCLC] stage B) with multinodular tumors without vascular invasion or extrahepatic spread. However, as intermediate stage HCC comprises a heterogeneous group of patients who vary considerably in terms of disease extent and liver function, TACE may not address the needs of all the patients.
Research question and objectives	This study collected data of patients who were treated with TACE followed by sorafenib for HCC or without sorafenib after TACE. Outcomes of patients were analyzed in relation to the timing of initiation of sorafenib. In addition, practice patterns of the investigators involved in the care of patients with HCC under real-life conditions were evaluated. The primary objective of this study was the comparison of two cohorts of HCC patients regarding overall survival (OS) from time of TACE non-eligibility. The two cohorts of special interest were defined based on the investigators' treatment decisions (i.e. patients with early start of sorafenib treatment vs. patients without early start of sorafenib treatment).
Study Design	Non-interventional, international, prospective, open-label, multi-center study.
Setting	25 countries in the region Europe/Canada, Asia Pacific and Latin America. The enrollment period was planned to be 18 months with a minimum follow-up period of 18 months resulting in total study duration of 36 months.
Subjects and Study Size, including dropouts	Overall, 1676 patients were enrolled and 1650 patients received TACE (overall TACE population). In the overall TACE population, 42.1% of patients died and 25.5% of patients prematurely discontinued the study. The population of TACE administered patients who became TACE non-eligible after initial TACE based the criteria specified in the protocol included 507 patients. A total of 515 patients received sorafenib.
Variables and Data sources	Data were collected from medical records including historic data and data documented during visits that took place in routine practice.
Results	In patients who became TACE non-eligible during the study based

	on the criteria specified in the protocol, the median OS was 590 days (95% confidence interval [CI]: 474;695 days). As allocation bias was not corrected for, no comparison between the cohorts (patients with early start of sorafenib treatment vs. patients without early start of sorafenib treatment, each based on the investigators' treatment decisions) can be made. The study indicated multiple TACE treatments prior to sorafenib therapy in a substantial number of patients. A total of 400 sorafenib-treated patients (77.7%) experienced treatment-emergent adverse events (TEAEs). In 52.6% of patients, the TEAEs were related to sorafenib treatment. Overall, the most frequently reported TEAEs were diarrhea (18.4%), palmar-plantar erythrodysesthesia syndrome (17.7%), and neoplasms benign malignant and unspecified (incl cysts and polyps) – other, specify (12.8%).
Discussion	Overall, it could be shown that TACE treatment varies greatly between patients and does not necessarily adhere to treatment guidelines with respect to TACE non-eligibility. The overall safety profile of sorafenib observed in this study is in line with the known profile.
Marketing Authorisation Holder(s)	Bayer AG
Names and affiliations of principal investigators	Contact details of the principal and/or coordinating investigators for each country and site participating in the study are listed in a stand-alone document (see Annex 1) which is available upon request.