

EL SISTEMA BCLC PARA EL CARCINOMA HEPATOCELULAR EN 2024

María Reig

Head of Liver Oncology Unit - BCLC group

Consultant of Liver Unit

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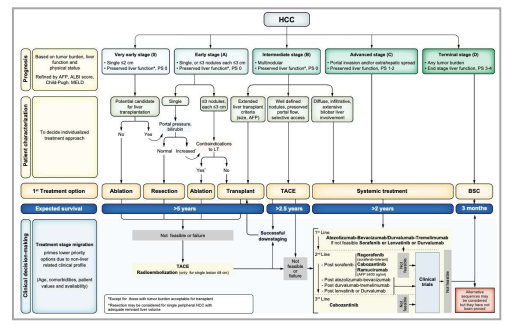
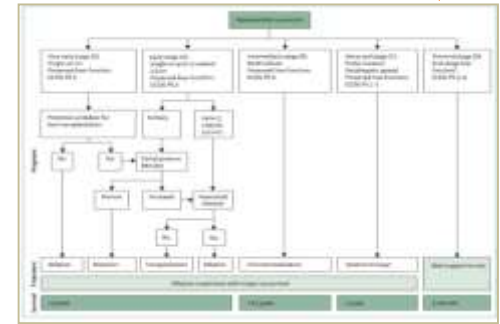
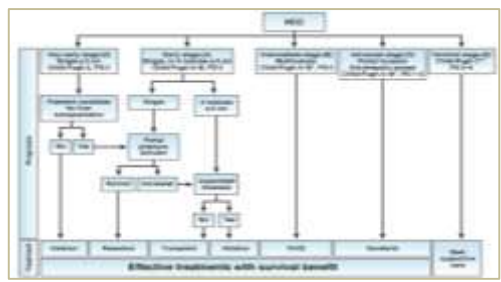
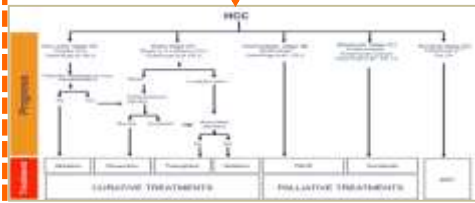
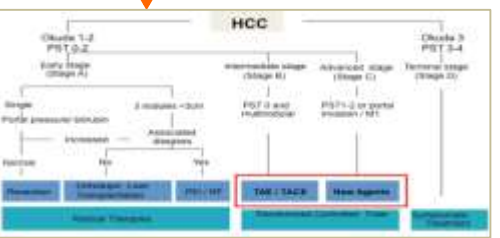


Maria Reig Disclosures

I have an interest in relation to one or more organizations that could be perceived as a possible conflict of interest in the context of the subject of this presentation.

- **Employment:** Head of Liver Oncology Unit. Hospital Clinic Barcelona. Director of BCLC group at IDIBAPS/CIBEREHD.
- **Consultant or Advisory Role:** AstraZeneca, Bayer, BMS, Eli Lilly, Geneos, Ipsen, Merck, Roche, Universal DX, Engitix Therapeutics
- **Research Funding:** Yes (ISCIII, CIBER)
- **Speaking:** AstraZeneca, Bayer, BMS, Eli Lilly, Gilead, Roche, Guerbet, Biotoscana Farma S.A.
- **Travel support:** Astrazeneca, Roche, Bayer, BMS, Lilly, Ipsen
- **Principal or sub-Investigator of drug under development:** Abbvie, BMS, Adaptimmune, Nerviano, Bayer, Ipsen, Astrazeneca, Terumo, Incyte, Roche, Boston Scientific,
- **Grant Research Support (to the institution):** Bayer, Ipsen
- **Educational Support (to the institution):** Bayer, Astrazeneca, BMS, Eisai- Merck MSD, Roche, Ipsen, Lilly, Terumo, Next, Boston Scientific, Ciscar Medical, Eventy 03 LLC (Egypt)

1999 2003 2008 2012 2014 2016 2018 2022 2024-2025



Do we need a new version?

REVIEW | ARTICLES IN PRESS

BCLC strategy for prognosis prediction and treatment recommendation Barcelona Clinic Liver Cancer (BCLC) staging system. The 2022 update

M. Reig [✉](#) • A. Forner • J. Rimola • ... J. Fuster • C. Ayuso • J. Bruix [✉](#) • [Show all authors](#)

PDF [7 MB]

Figures

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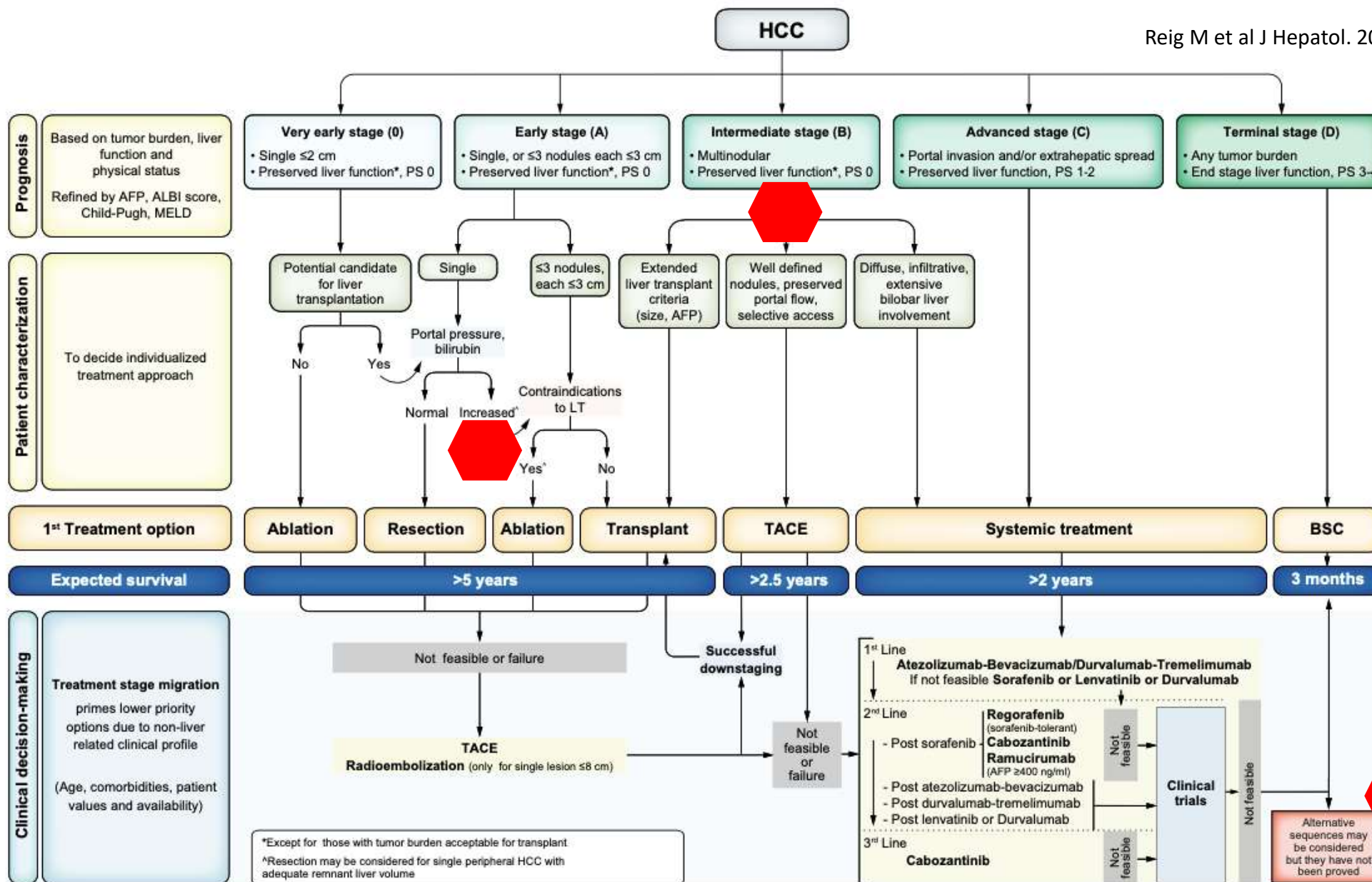
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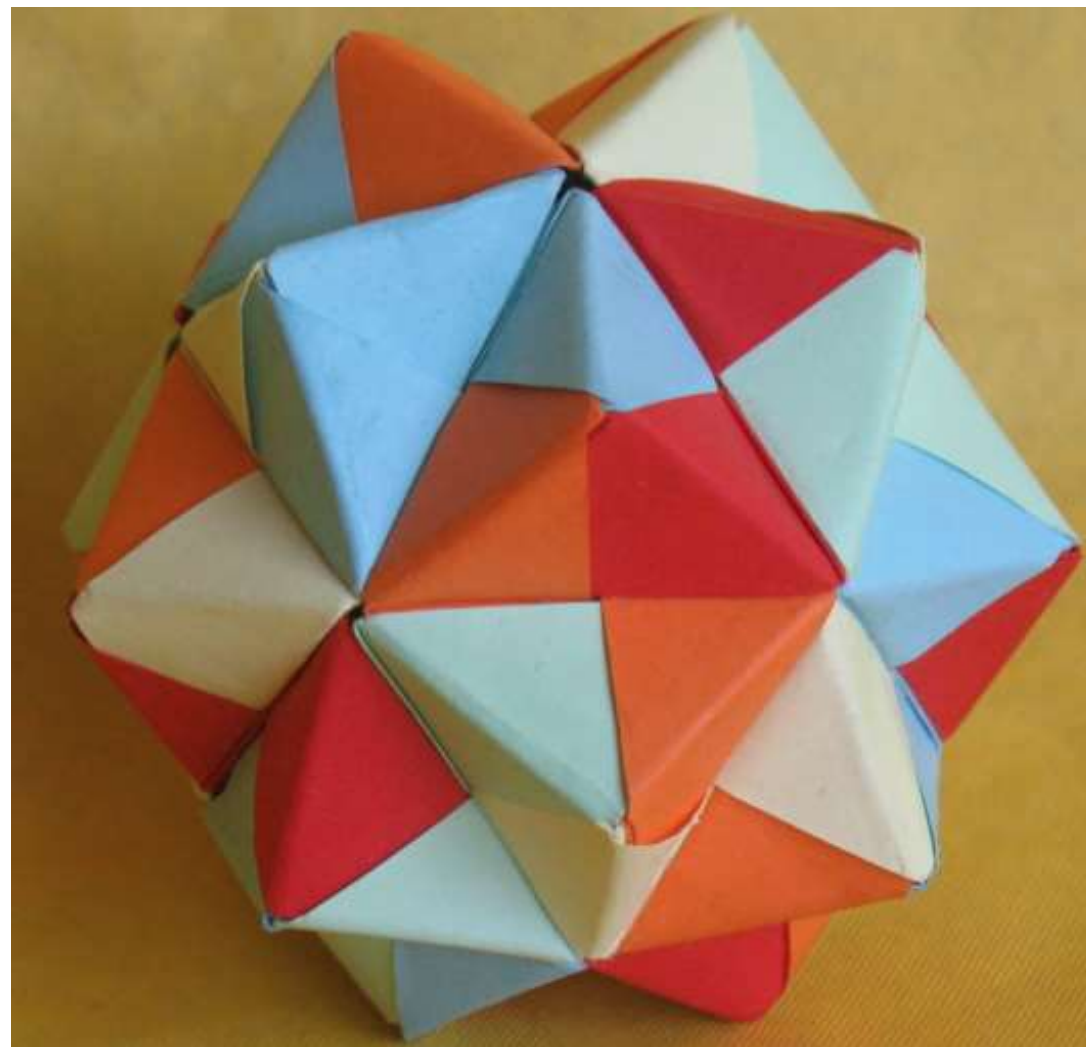
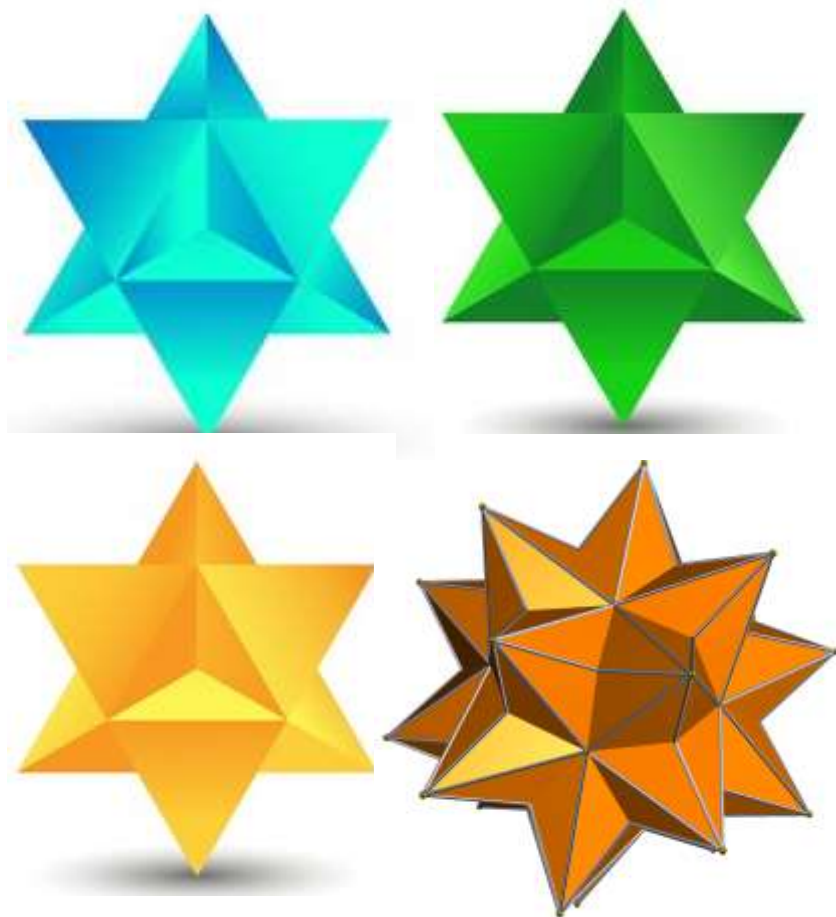
Reprints

Request

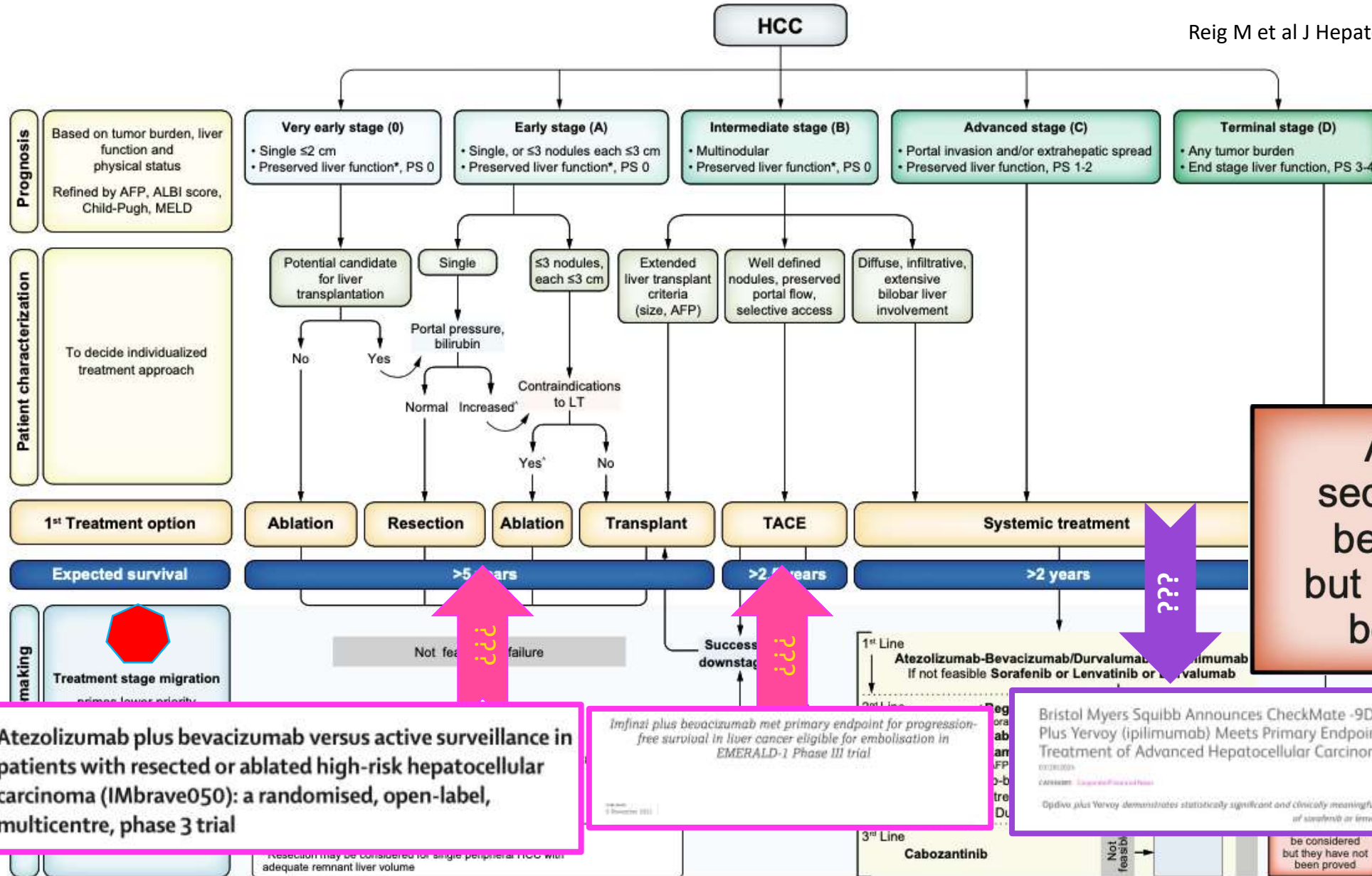


Reig M et al J Hepatol. 2022 Mar;76(3):681-693.





Reig M et al J Hepatol. 2022 Mar;76(3):681-693.



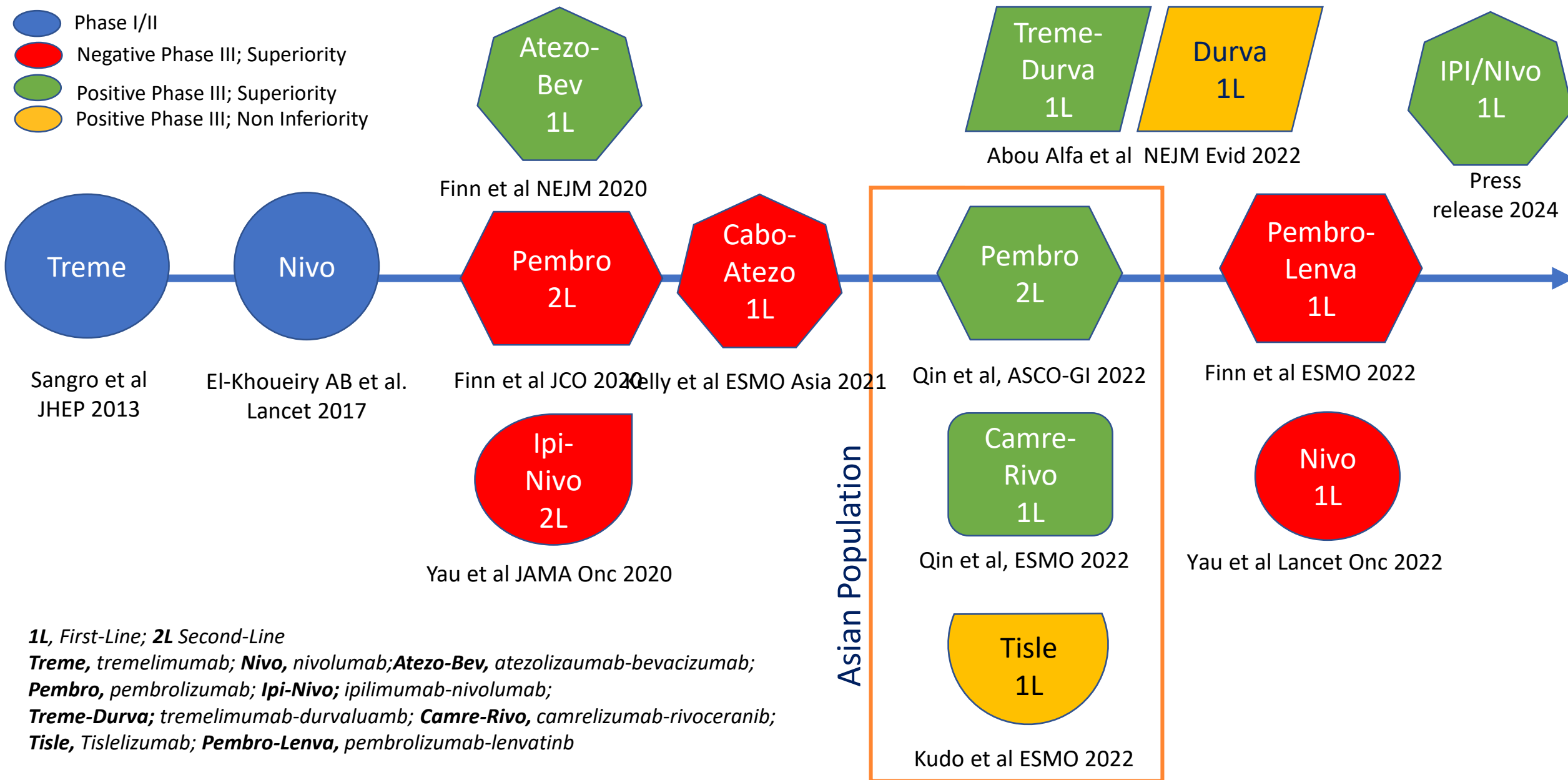
Atezolizumab plus bevacizumab versus active surveillance in patients with resected or ablated high-risk hepatocellular carcinoma (IMbrave050): a randomised, open-label, multicentre, phase 3 trial

Imfinzi plus bevacizumab met primary endpoint for progression-free survival in liver cancer eligible for embolisation in EMERALD-1 Phase III trial

Bristol Myers Squibb Announces CheckMate -9DW Trial Evaluating Opdivo (nivolumab) Plus Yervoy (ipilimumab) Meets Primary Endpoint of Overall Survival for the First-Line Treatment of Advanced Hepatocellular Carcinoma

Opdivo plus Yervoy demonstrates statistically significant and clinically meaningful improvement in overall survival compared to investigator's choice of sorafenib or lenvatinib

- Phase I/II
- Negative Phase III; Superiority
- Positive Phase III; Superiority
- Positive Phase III; Non Inferiority



Prognosis

Based on tumor burden, liver function and physical status

Refined by AFP, ALBI score, Child-Pugh, MELD

Patient characterization

To decide individualized treatment approach

1st Treatment option

Expected survival

Clinical decision-making

Treatment stage migration
primes lower priority options due to non-liver related clinical profile

(Age, comorbidities, patient values and availability)

Evidence-based



Expected survival

Regulatory approvals?

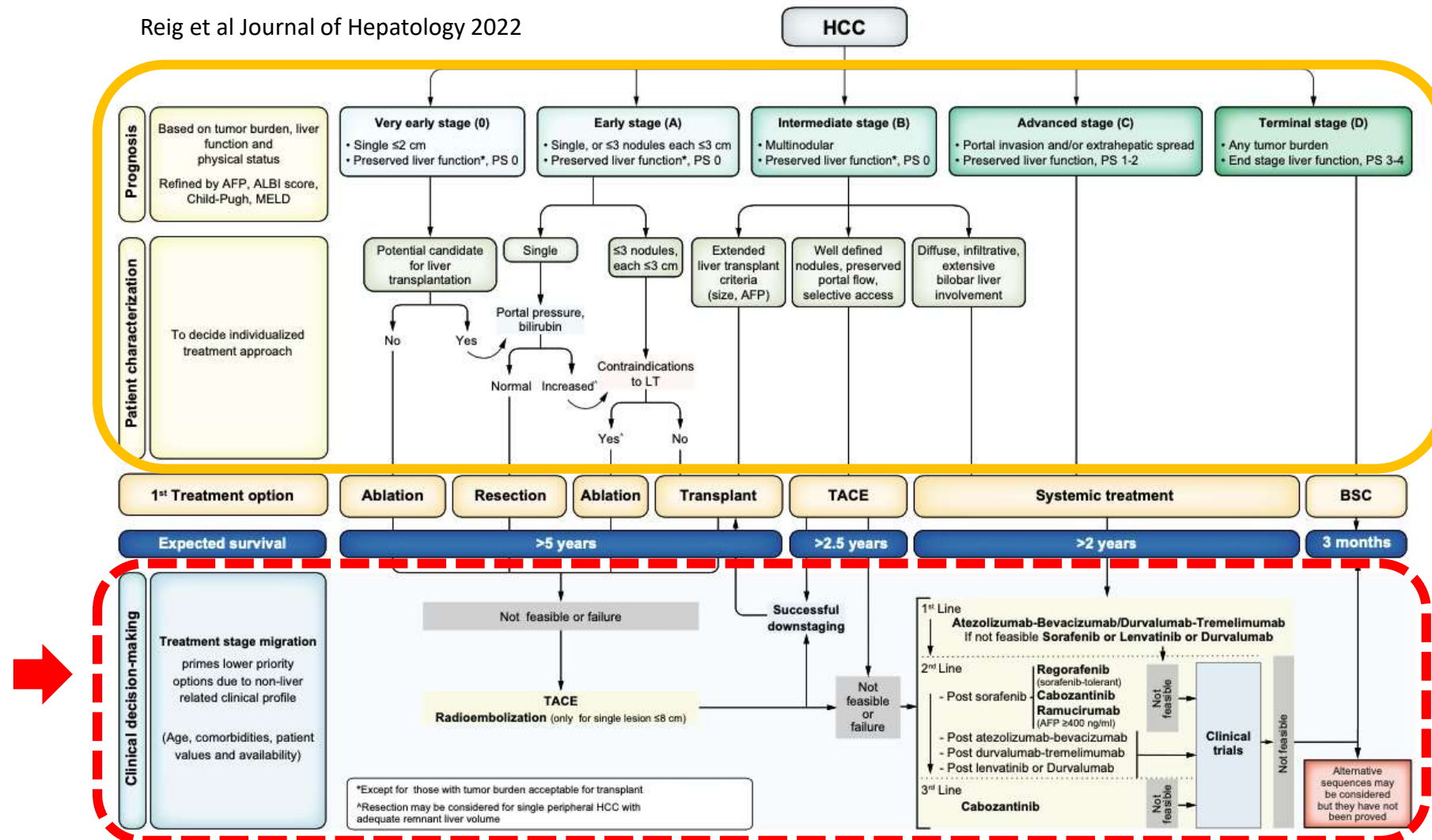
Clinical-Practice

Physicians – Multidisciplinary Teams --> RESPONSABILITY

‘Shared-Decision Making’ and ‘Value-Based Healthcare’

Manage 'subjectivity,' 'complexity,' or 'uncertainty' in the clinical decision-making process in Liver Cancer

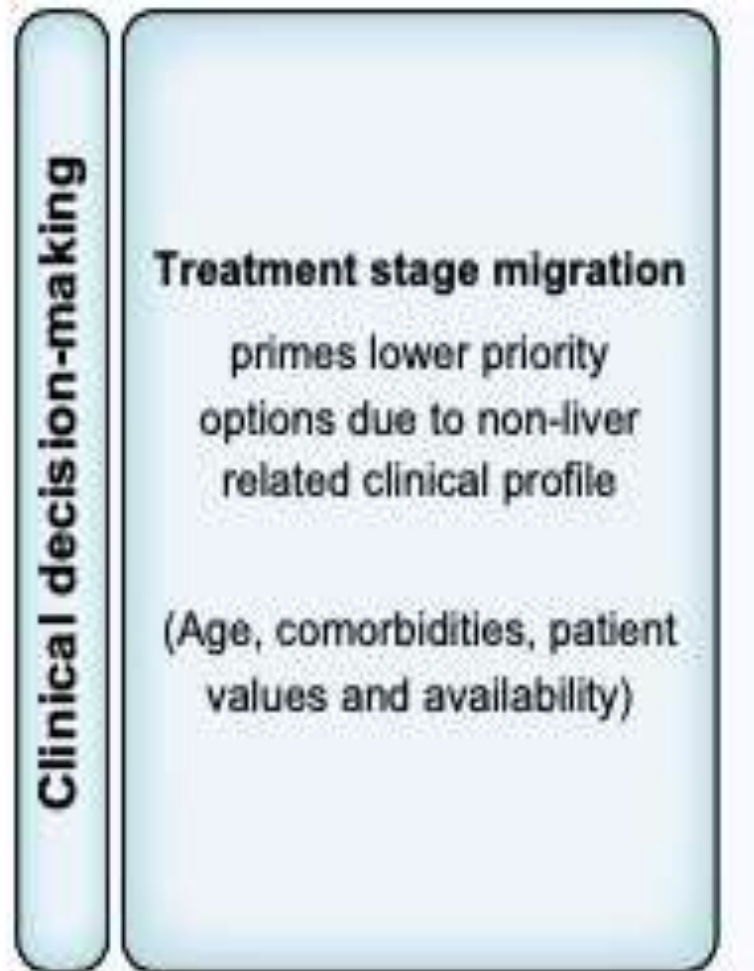
Reig et al Journal of Hepatology 2022



These are objective data derived from tomography, laboratory tests, and other assessments that have a defined value

They are subjective, complex, or unknown data in ~50 % of clinical decisions

Physician – Multidisciplinary Team --> RESPONSABILITY
‘Shared-Decision Making’ and ‘Value-Based Healthcare’



- Age
- Comorbidities
- Patient values
- Treatment availability
- HCC location
- Techniques (type of ablation, surgery or material for loco-regional treatments)
- Type of systemic treatments
- Etc.

HCC, hepatocelular carcinoma; .

Risk factors for death by change of treatment strategy post ablation

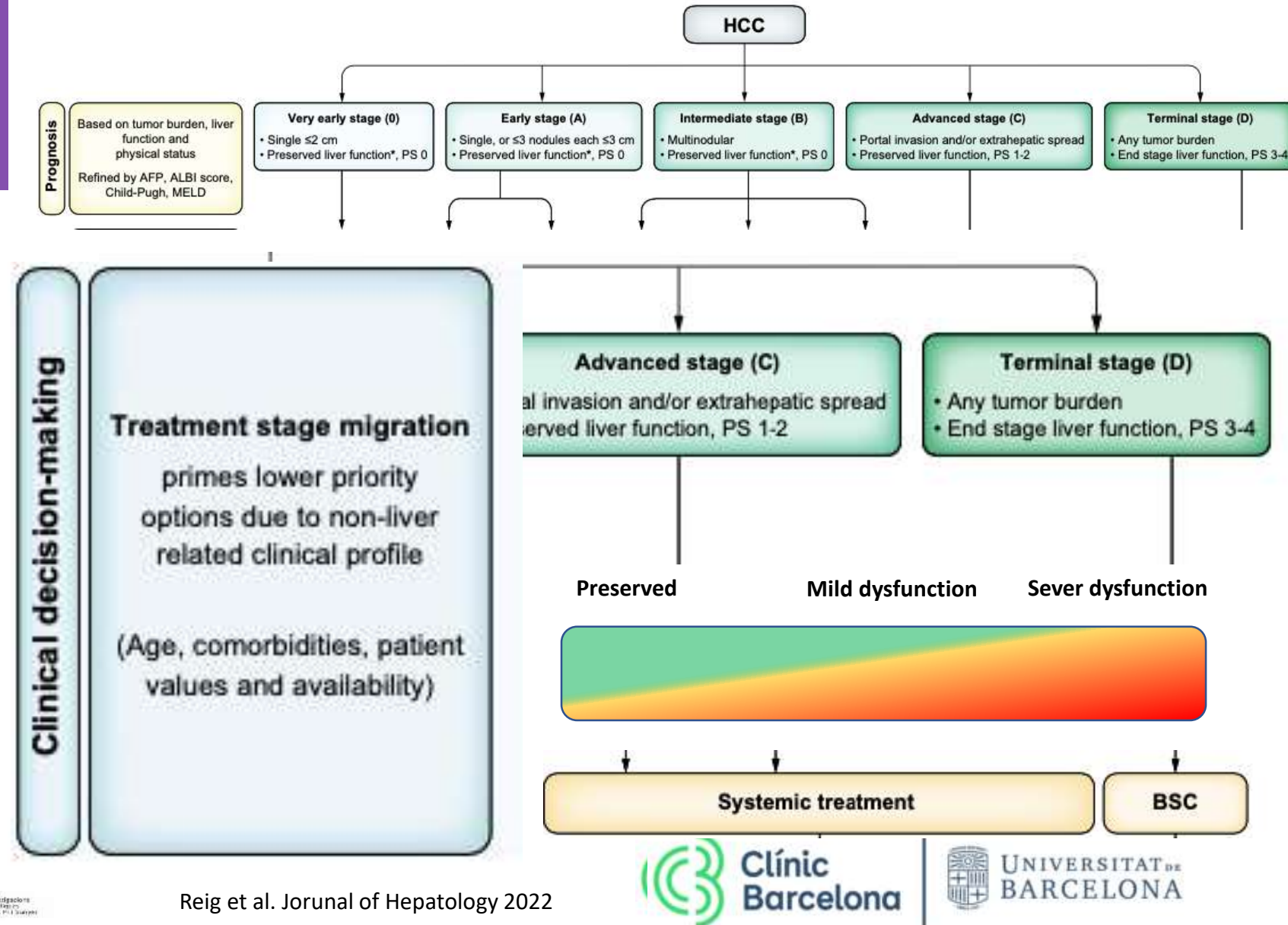
Event	Parameter	Contrasts	HR (95%CI)	p-value (contrast)	pvalue (parameter)
Death	Change of treatment strategy (td)	BSC for UTP-comorbidities vs. TACE or systemic treatment.	2 (1.04 - 3.82)	0.0369	<.0001
		BSC for UTP-HCC vs. BSC for UTP-liver dysfunction.	3.23 (1.36 - 7.65)	0.0079	
		BSC for UTP-HCC vs. BSC for UTP-comorbidities.	3.65 (1.53 - 8.26)	0.0035	
		BSC for UTP-liver dysfunction vs. BSC for UTP-comorbidities.	1.13 (0.53 - 2.42)	0.7470	

td: time-dependent; HCC: Hepatocellular carcinoma; BSC: Best support care; UTP-liver dysfunction: Untreatable progression due liver dysfunction; UTP-comorbidities: Untreatable progression due comorbidities; UTP-HCC: Untreatable progression due symptomatic progression; TACE: Transarterial chemoembolization.

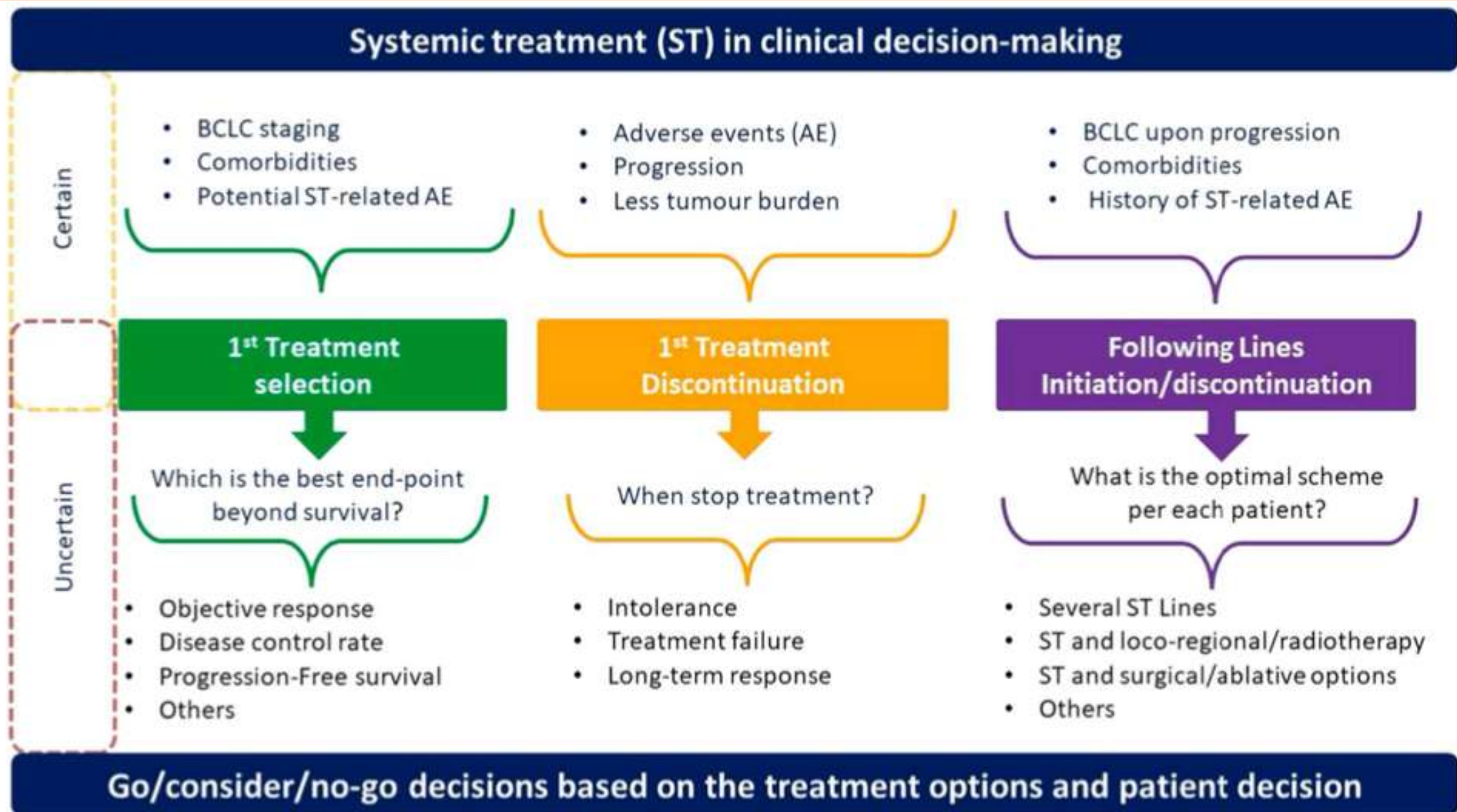
Liver Function Paves the Way, But It's Not the Only Factor!

- Tumor Burden
- Symptoms
- Comorbidities
- Treatment options
- Line of treatment

Impaired liver function and systemic treatment



Certain and uncertain factors that influence the decision-making process



Certain

Uncertain

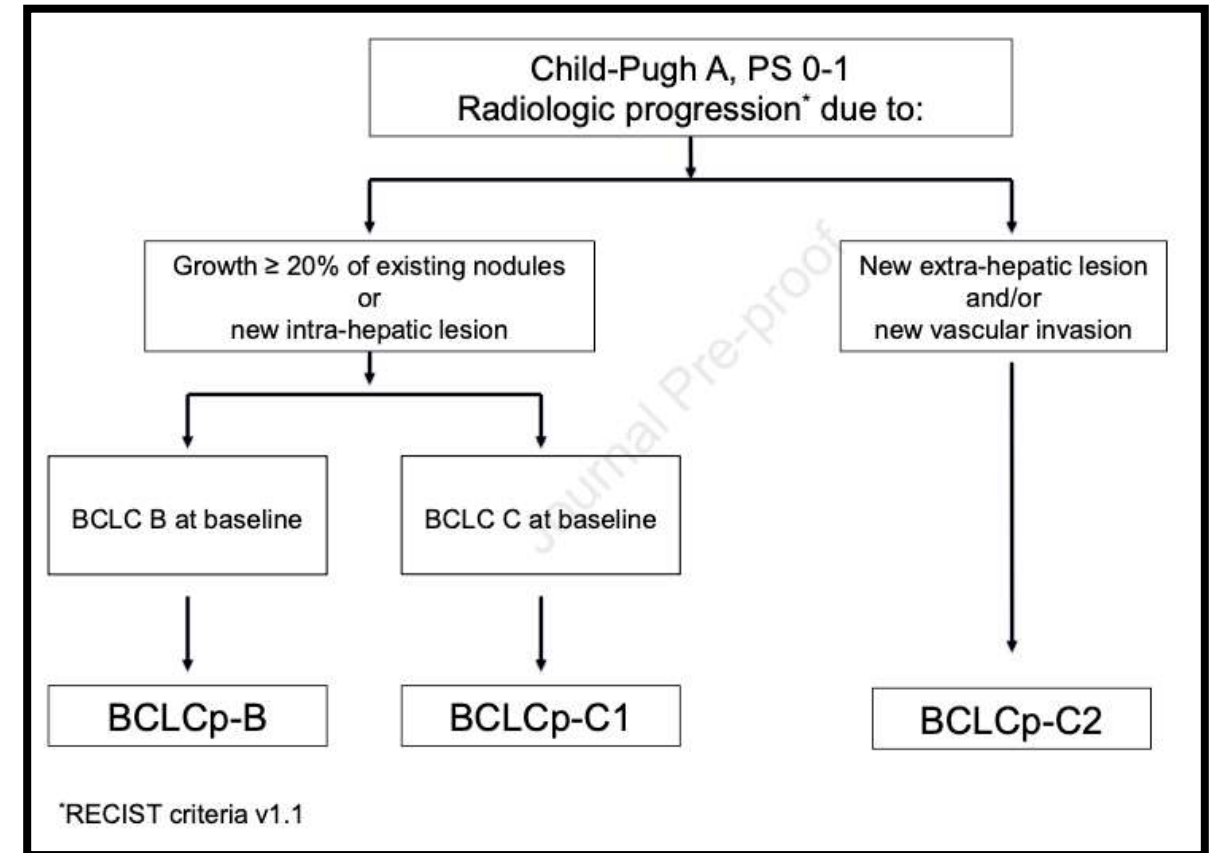
- Severe Adverse events (AE)
- Symptomatic progression
- Patient decision

1st Treatment Discontinuation

When is the right time for discontinuing?

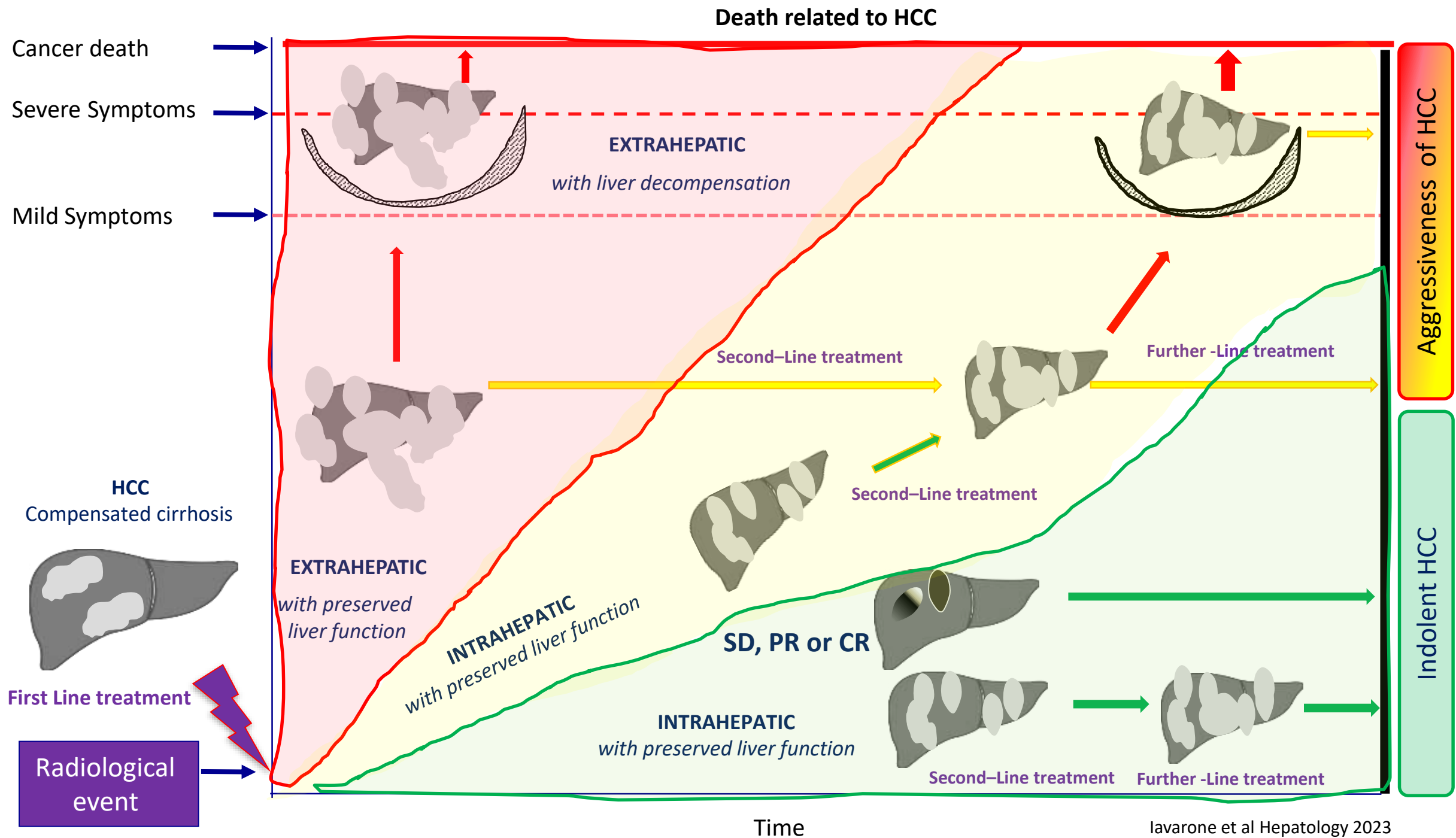
- Treatment failure
 - **Pattern of progression**
 - **Intolerance**
- Substantial response
 - **Less tumour burden (Downsizing)**
 - **Downstaging**

BCLC upon progression



Reig M et al. Hepatology 2013;58:2023–31

Go/consider/no-go decisions based on the treatment options and patient decision



Impact of Pattern of progression on Post-Progression Survival

Sorafenib

Iavarone et al. Hepatology 2015; Ogasawara et al Invest New Drugs. 2016;

Regorafenib

Bruix et al. Lancet. 2016

Tivantinib

Rimassa et al. Lancet Oncol. 2018

Ramucirumab

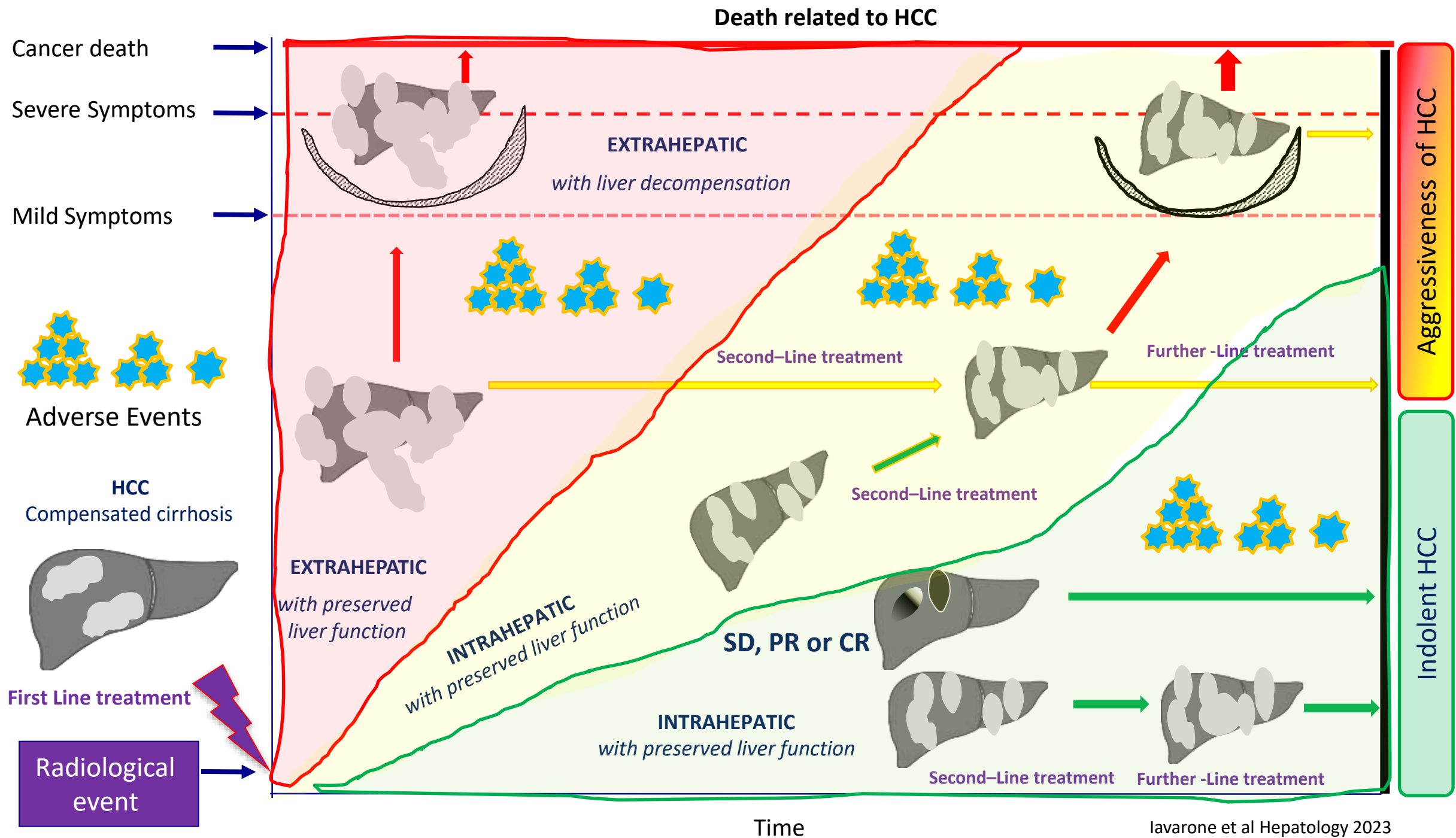
Reig et al Liver International 2021

Radioembolization

de la Torre-Aláez et al. Cardiovasc Intervent Radiol 2020

Atezolizumab-Bevacizumab

Talbot et al. Liver International 2022; Campani et al Hepatology 2023



Certain

- BCLC upon progression
- Comorbidities and the history of AE with previous ST

Following Lines Initiation

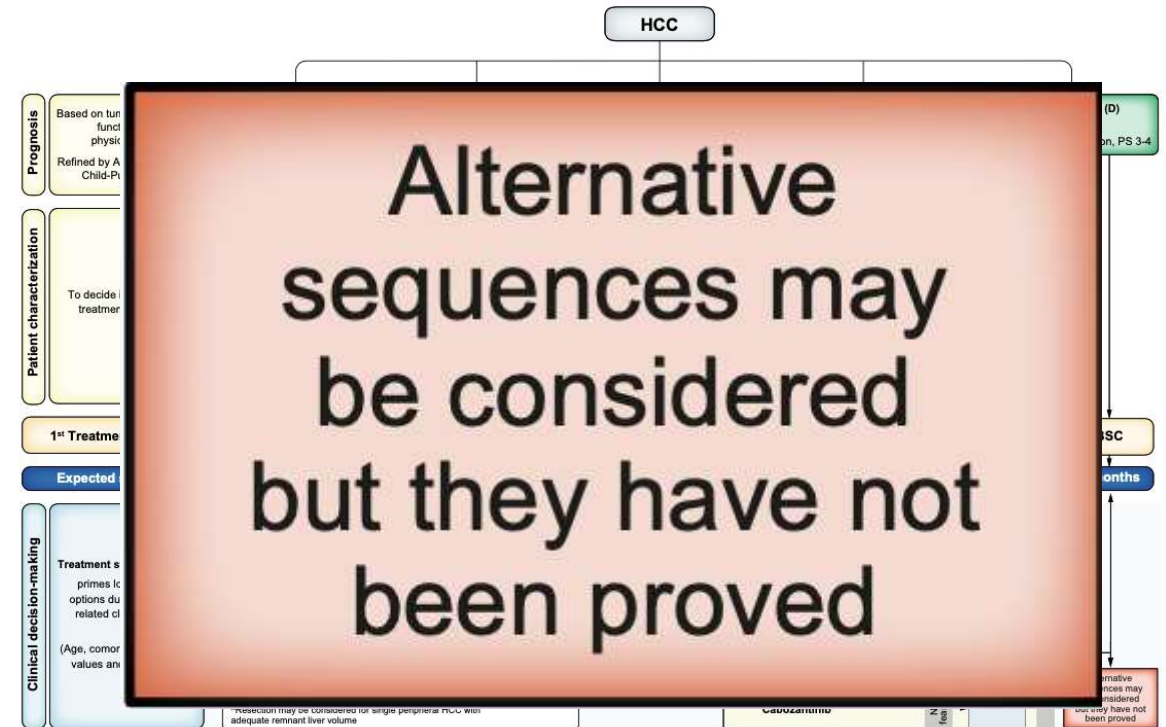
What is the optimal scheme per each patient?

Uncertain

- Several ST Lines
- ST and loco-regional/radiotherapy
- ST and surgical/ablative options
- Others

What is the alternative?

What is the evidence to deciding the discontinuation?



Go/consider/no-go decisions based on the treatment options and patient decision

Certain

- BCLC upon progression
- Comorbidities and the history of AE with previous ST

Following Lines Initiation

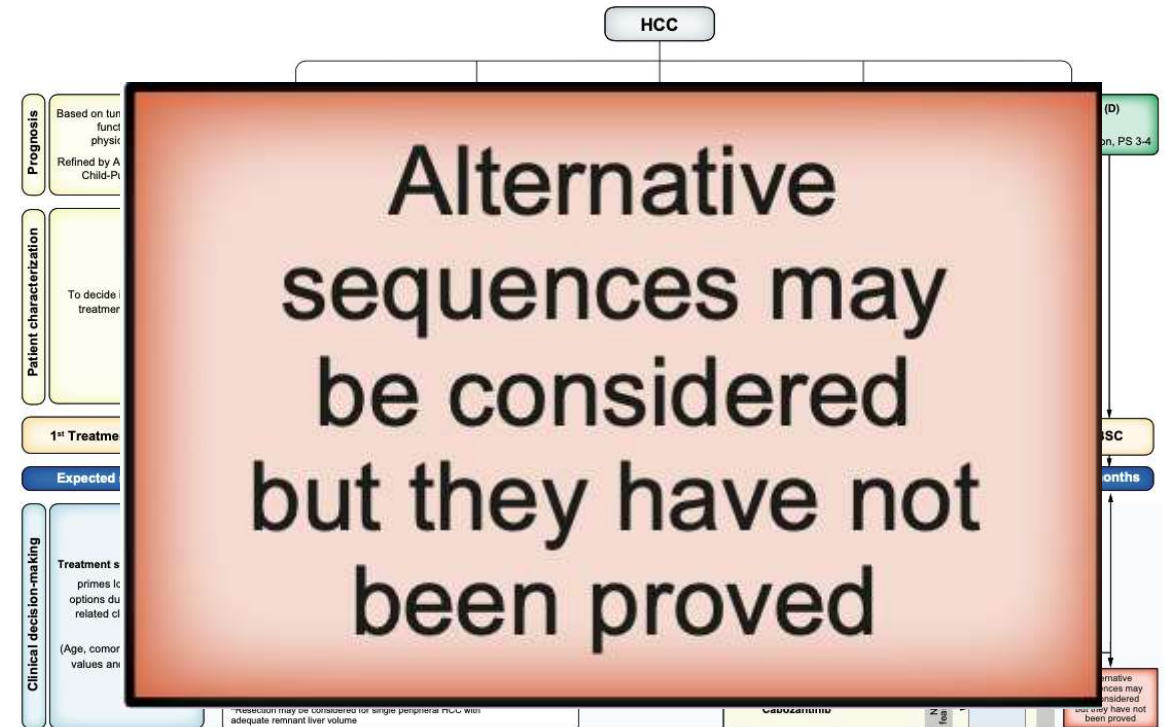
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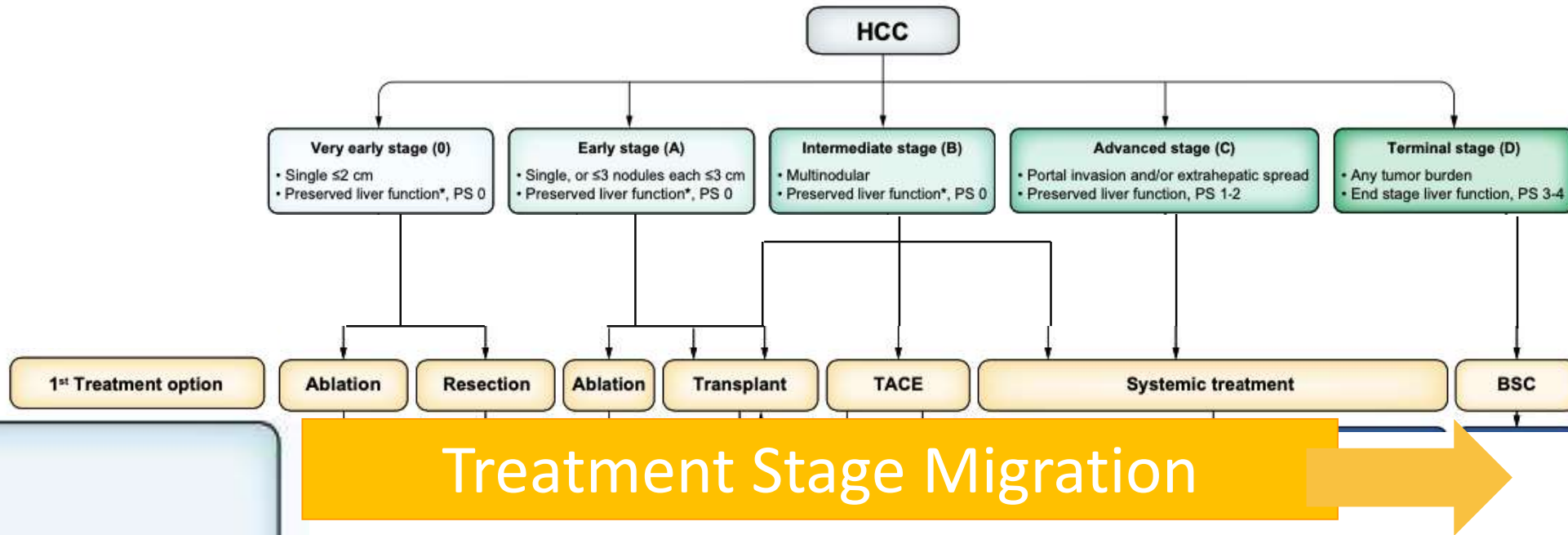
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Go/consider/no-go decisions based on the treatment options and patient decision



Clinical decision-making

Treatment stage migration

primes lower priority options due to non-liver related clinical profile

(Age, comorbidities, patient values and availability)

Radioembolisation with Y90-resin microspheres followed by nivolumab for advanced hepatocellular carcinoma (CA 209-678): a single arm, single centre, phase 2 trial

Tai et al Lancet gastroenterology and Hepatology 2021

Nivolumab after selective internal radiation therapy for the treatment of hepatocellular carcinoma: a phase 2, single-arm study

Nivolumab, No esta aprobado

De la Torre et al Immunother Cancer 20221

Alternative sequences may be considered but they have not been proved

Reig M et al J Hepatol. 2022 Mar;76(3):681-693.

Certain

- BCLC upon progression
- Comorbidities and the history of AE with previous ST

Following Lines Initiation

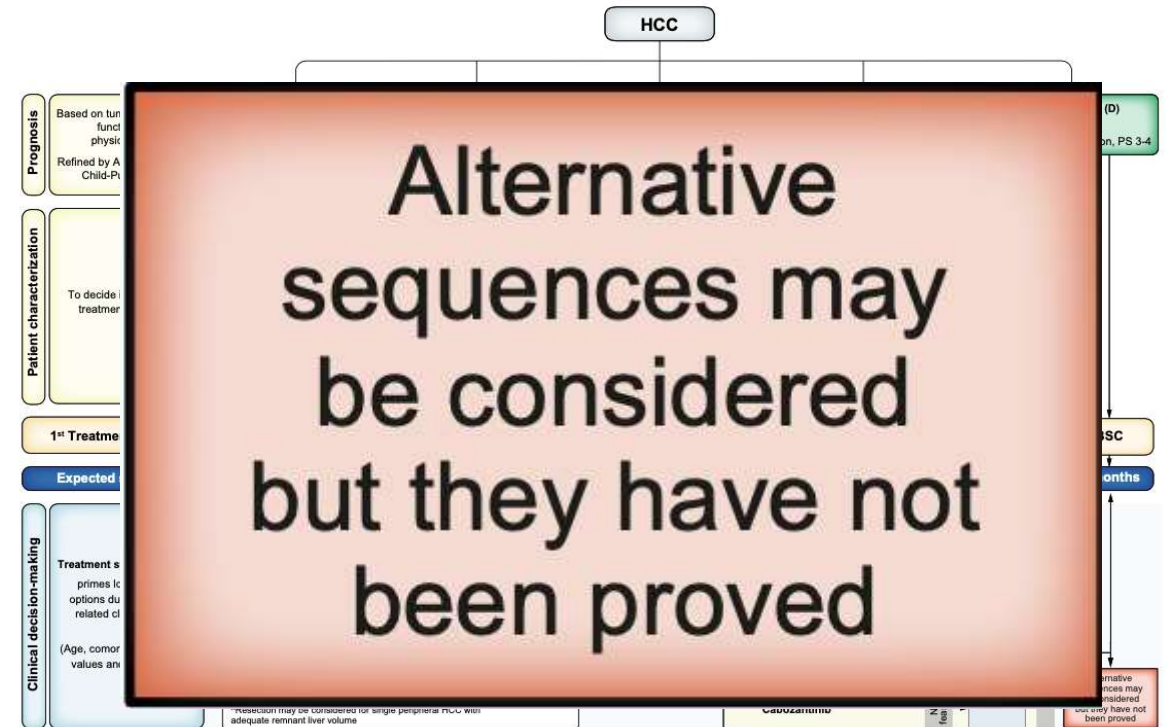
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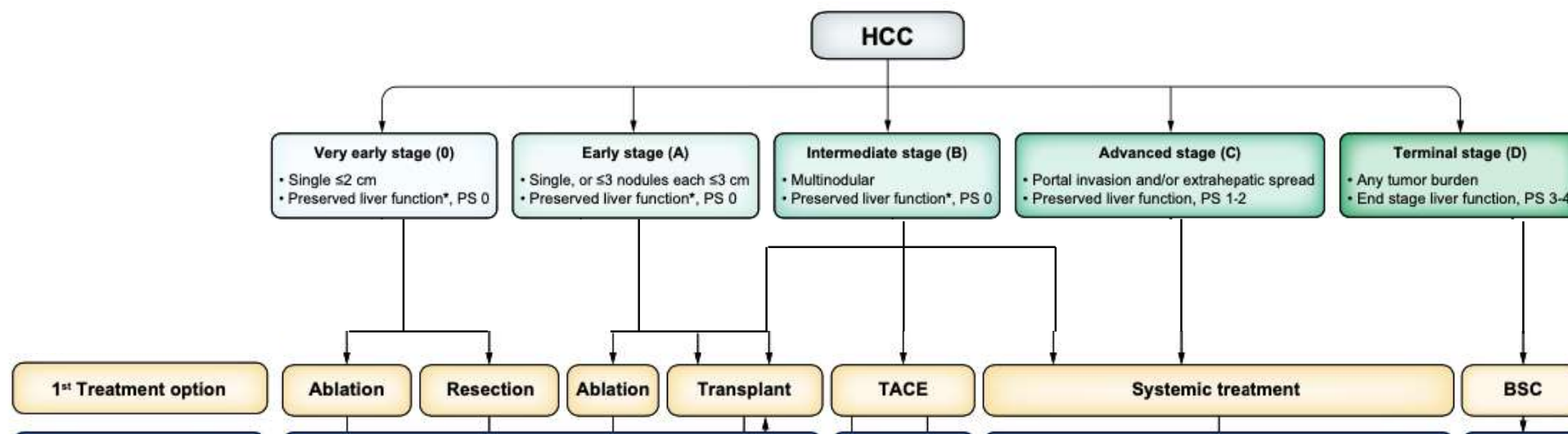
- Several ST Lines
- ST and loco-regional/radiotherapy
- **ST and surgical/ablative options**
- Others

What is the alternative?

What is the evidence to deciding the discontinuation?



Go/consider/no-go decisions based on the treatment options and patient decision



Treatment Stage Migration

Downsizing

Clinical decision-making

Treatment stage migration

primes lower priority options due to non-liver related clinical profile

(Age, comorbidities, patient values and availability)

Sequential transarterial chemoembolisation and stereotactic body radiotherapy followed by immunotherapy as conversion therapy for patients with locally advanced, unresectable hepatocellular carcinoma (START-FIT): a single-arm, phase 2 trial

Chiang et al Lancet Gastroenterol Hepatol 2023; 8: 169–78

Alternative sequences may be considered but they have not been proved

Reig M et al J Hepatol. 2022 Mar;76(3):681-693.

Potential Candidate

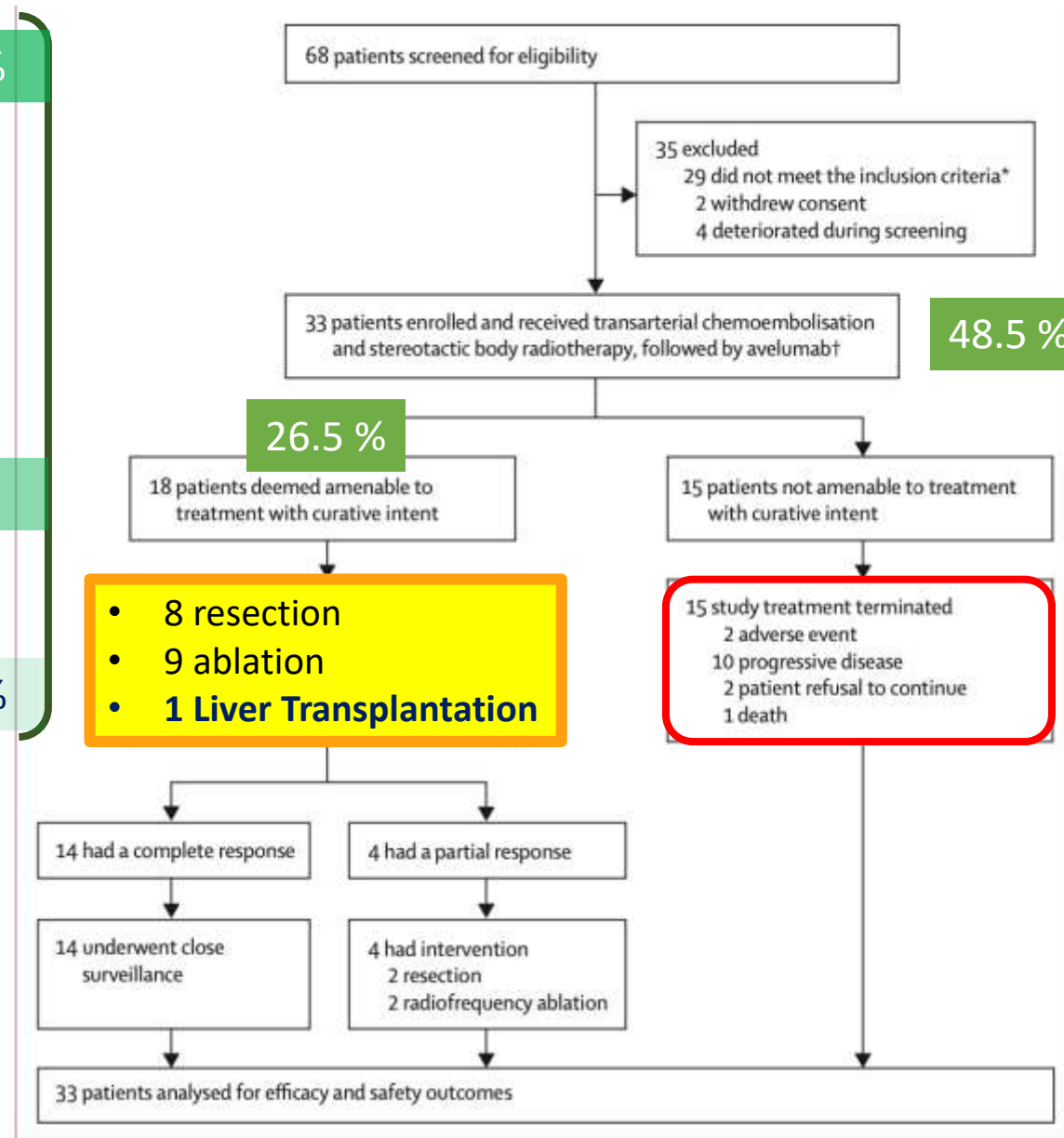
5.6%

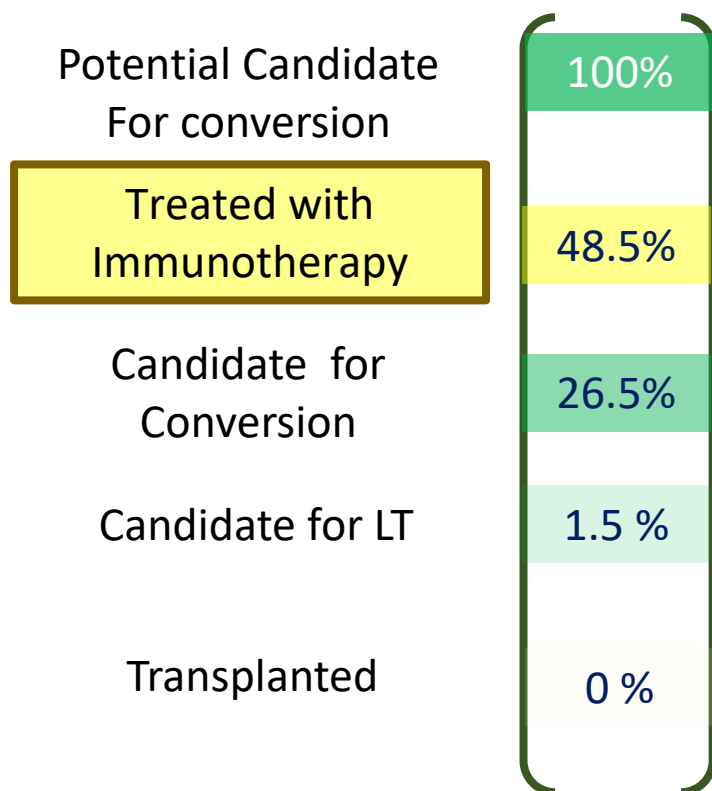
Candidate for
Conversion

3 %

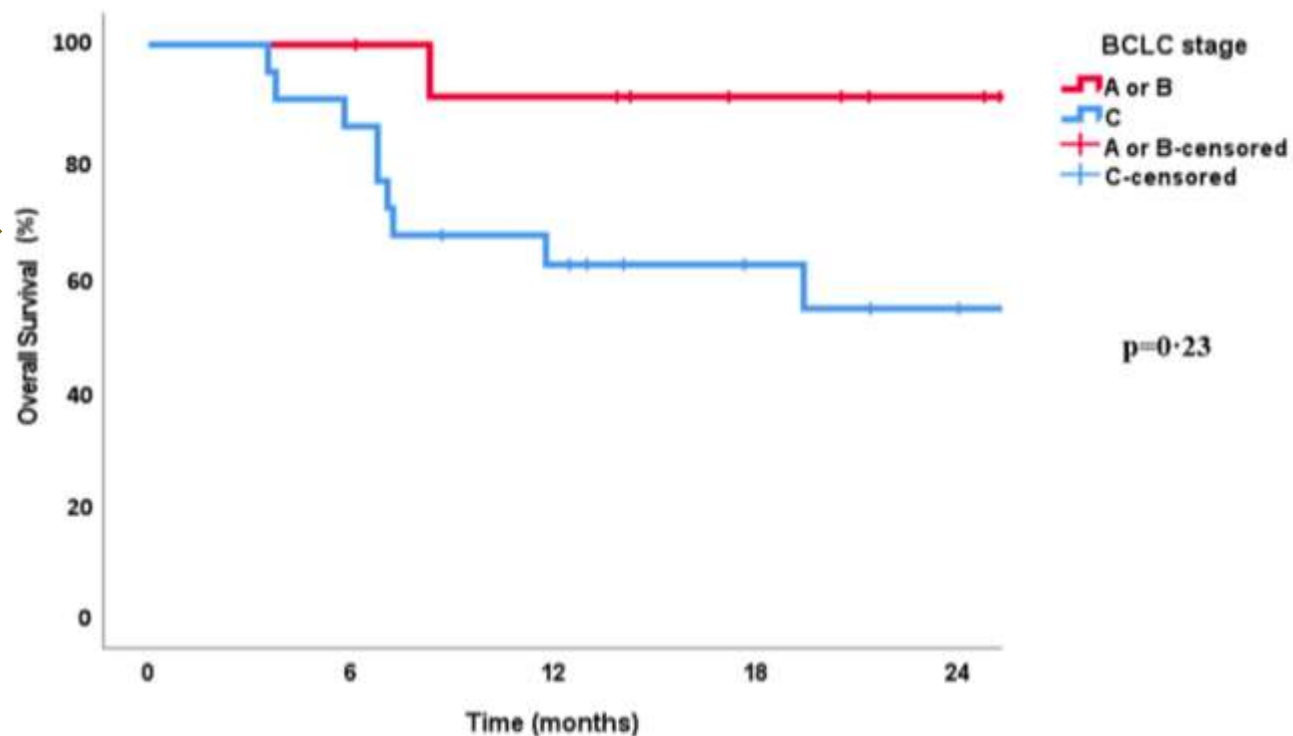
Candidate for LT

1.5 %





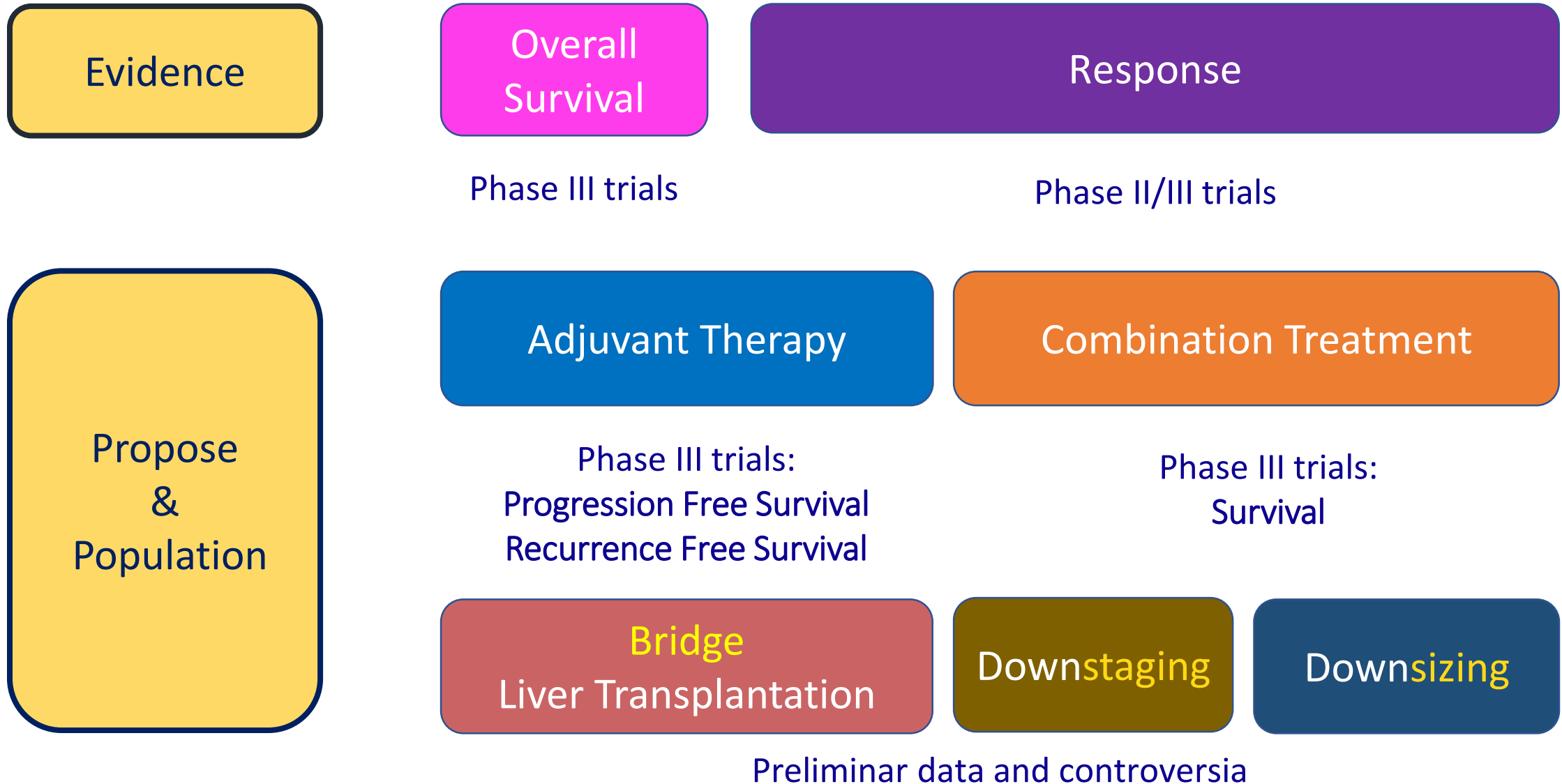
Overall Survival (n=33)



Number at risk (censored)

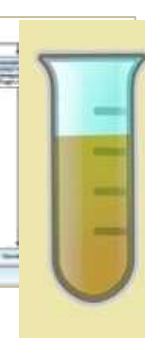
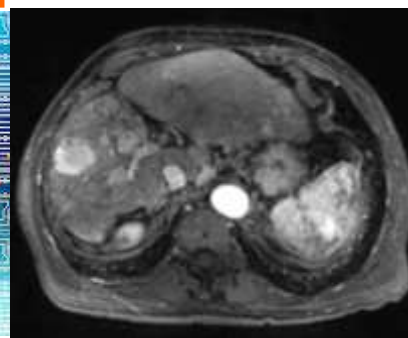
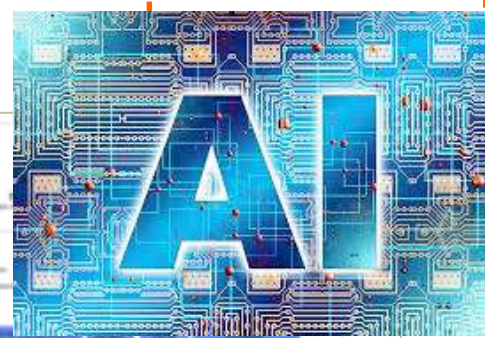
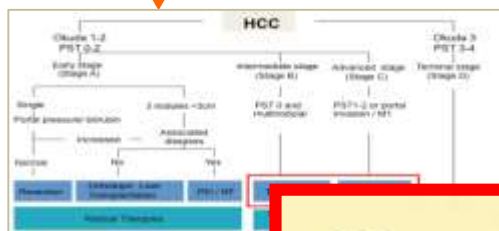
	12 (0)	12 (1)	11 (1)	11 (4)	11 (8)
A or B	21 (0)	18 (0)	14 (1)	14 (5)	13 (7)
C					

Combination of IO based combinations



The BCLC staging system

1999 2003 2008 2012 2014 2016 2018 2022 2024-2025



Precision medicine?
Tailoring medicine?

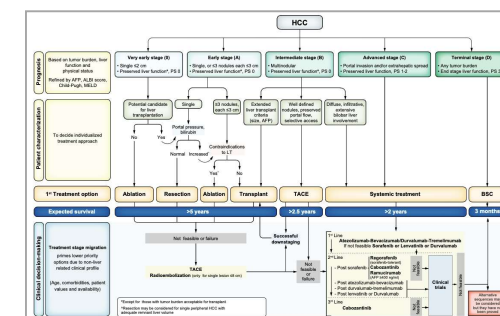
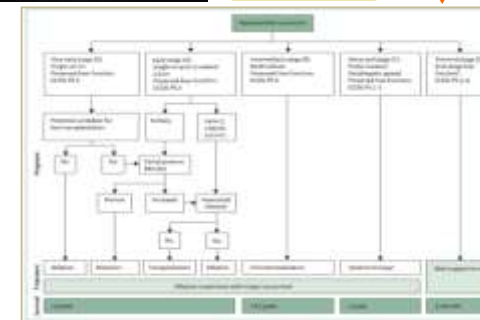
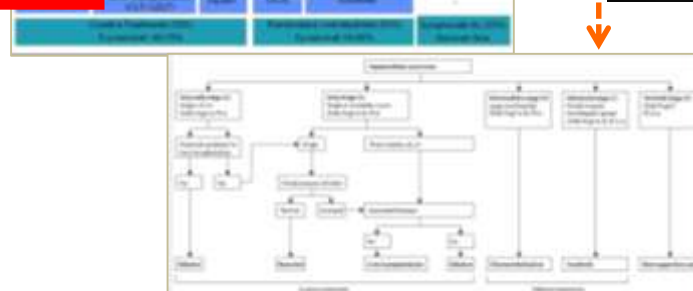
Need a
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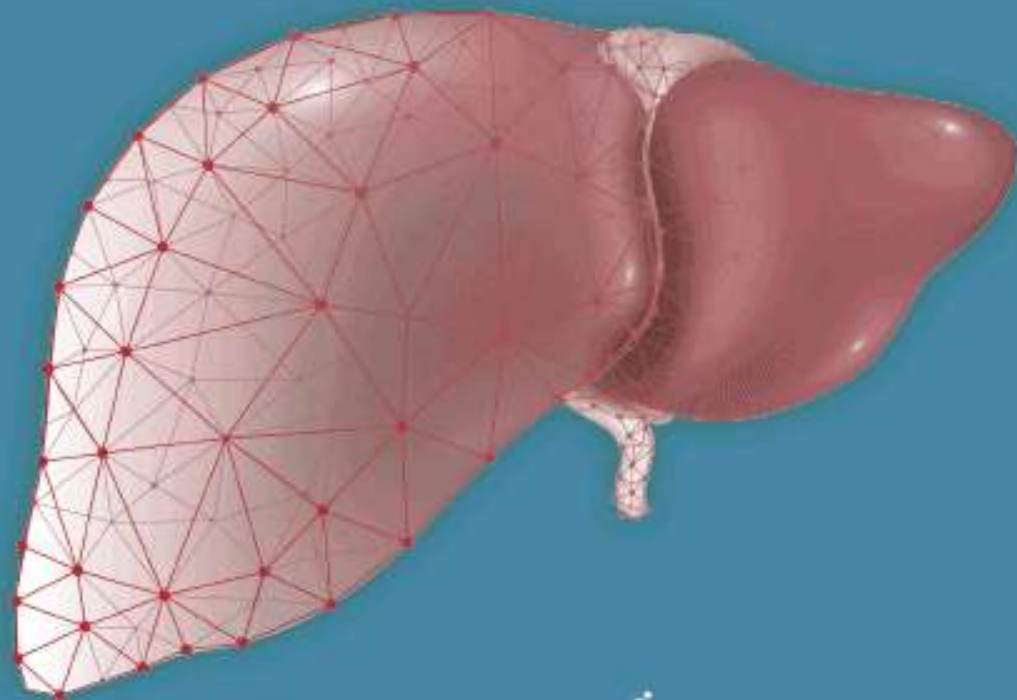
Llovet JM, Bru C, Bruix J. Semin Liver Dis 1999; Llovet JM, Burroughs A, Bruix J. Lancet 2003; Forner A, Reig M, Rodriguez De Lope C, Bruix J. Semin Liver Dis 2010; Forner A, Llovet JM, Bruix J. Lancet 2012; Reig M, Darnell A, Forner A, Rimola J, Ayuso C, Bruix J. Semin Liver Dis 2014; Bruix J, Reig M, Sherman M. Gastroenterology 2016; Forner A, Reig M, Bruix J. Lancet 2018.

BCLC 2024 update

Forging a Multidisciplinary
Ecosystem to Revolutionize
Liver Cancer Management

Paranimf Barcelona University and Digital

November 25th - 26th 2024



L'Academia
The Academy of the Gastroenterologist



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BCLC group 2024

