IMPACT OF BASELINE CLINICOPATHOLOGICAL FACTORS ON RESPONSE TO SORAFENIB AND OVERALL SURVIVAL IN EGYPTIAN PATIENTS WITH ADVANCED HCC

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Background: According to the results of a number of phase 3 randomized studies, sorafenib is the only approved systemic therapy for advanced HCC; however the issue of high economic cost remains challenging particularly in low income countries like Egypt; thus we have conducted this retrospective analysis of our HCC patients treated with sorafenib to determine which patients benefit most from this costly treatment.

Methods: HCC patients treated at Ain shams university hospitals, clinical oncology department (Cairo, Egypt) in the period between2010-2012 were reviewed. Eligible patients were those who had complete information on date of diagnosis, histopathological or radiological confirmation of the diagnosis and received sorafenib for advanced HCC not eligible for or progressed after surgery or locoregional therapy. We investigated the impact of baseline clinicopathological factors (age, gender, child status, performance score, BCLC tumor stage, cause of chronic liver disease, median baseline alpha fetoprotein level and previous treatment received for HCC) on overall survival (OS) in an adjusted Cox regression model.

Results: 41 patients were included in the analysis fulfilling the inclusion criteria. At a median follow up period of 13 months, the median PFS for the whole group was 6.1 months (95% CI 3.2-8.7); the median OS for the whole group is 7.05 months (95% CI 5.58-8.43). Complete response was observed in only one patient (0.02%), partial response in 5 patients (12%), stable disease in 20 patients (50%). multivariate analysis identified 3 baseline characteristics that were prognostic indicators for overall survival: ECOG performance status (median OS for ECOG 1 = 7.01months and for ECOG 2 = 3.03 months), Child–Pugh status (median OS for Child A = 12.04 months and for Child B = 5.23 months), and median baseline levels of alpha-fetoprotein.

Conclusion: In limited resource countries like Egypt, we suggest that the use of Sorafenib for the treatment of advanced HCC cases should be restricted to a highly selected subgroup of patients with good performance and child A liver function.