

Differences in Presentation and Management Patterns in Patients with Hepatocellular Carcinoma (HCC): Data from HCC Registry in Asia

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BACKGROUND

- HCC is the 6th most common cancer worldwide and 2nd most common cause of cancer related deaths, with > 70% of cases in Asia^{1,2}.
- Less than 20% of HCC are amendable to surgery at time of diagnosis³ – and important differences exist in the reported outcomes for Asia-Pacific and Western populations in recent studies for sorafenib⁴, cabozantinib⁵, regorafenib⁶, and lenvatinib⁷.
- The current limited real-world data on the diagnosis, presentation, and management of HCC in different countries hampers the development of sound policies.

METHODS

The HCC Registry in Asia (AHCC08) is a multi-country (9 countries: Singapore, China, Japan, South Korea, Taiwan, Hong Kong, Thailand, Australia and New Zealand) longitudinal cohort study of HCC patients diagnosed between 2013 and 2019 (ClinicalTrials.gov: NCT03233360). Eligible patients attending routine visits are approached by their treating physician and invited to participate in the registry, and informed consent (IC) obtained as per local legislation. Treatment decisions and clinical management of patients are in accordance with local clinical practices and at the discretion of the treating physician. Retrospectively identified eligible patients who have died prior to the start of the registry are included by their treating physician if eligible. We present early data on diagnosis, etiology, stage at presentation, and treatment modalities of HCC from China [CN] (5 centers), Singapore [SG] (3 centers), South Korea [SK] (4 centers), and Japan [JP] (2 centers).

RESULTS

Table 1 | Demographic and Baseline characteristics.

Variables	China (N = 436)	Japan (N = 34)	Singapore (N = 102)	South Korea (N = 85)
Gender, n(%)				
• Female	49 (11.2)	10 (29.4)	19 (18.6)	20 (23.5)
• Male	387 (88.8)	24 (70.6)	83 (81.4)	65 (76.5)
Drinking Status, n(%)				
• Never	277 (63.5)	10 (29.4)	56 (54.9)	29 (34.1)
• 1-14 units/week*	82 (18.8)	13 (38.2)	20 (19.6)	23 (27)
• 15+ units/week*	71 (16.3)	9 (26.5)	18 (17.7)	7 (8.2)
• Unknown	6 (1.4)	2 (5.9)	8 (7.8)	26 (30.6)
Initial confirmatory diagnosis, n(%)				
• AASLD imaging criteria	55 (12.6)	NA	67 (65.7)	54 (63.5)
• APASL imaging criteria	2 (0.5)	NA	82 (80.4)	17 (20)
• Radiology	275 (63.1)	6 (17.6)	15 (14.7)	23 (27.1)
• Space occupying lesion in liver and AFP > 400 in patient with chronic viral hepatitis or cirrhosis from any cause	141 (32.3)	31 (91.2)	33 (32.4)	14 (16.5)
• Pending	1 (0.2)	3 (8.8)	NA	14 (16.5)

*1 unit means 1 beer, or 1 glass of wine or 1 shot of liquor; **Percentage may add up to more than 100% if subjects have more than one mode of confirmatory diagnosis

Table 2 | First line and second line therapies for management of HCC (all stages at presentation).

Country	First Line	Second Line	n%	Country	First Line	Second Line	n%
China	Surgical Procedure	Surgical Procedure	39.9%	Japan	Surgical Procedure	Surgical Procedure	55.9%
	Surgical Procedure	Surgical Procedure	2.3%		Surgical Procedure	Loco-regional Therapy	20.6%
	Surgical Procedure	Loco-regional Therapy	22.5%		Surgical Procedure	Systemic Therapy	8.8%
	Surgical Procedure	Systemic Therapy	3.4%		Loco-regional Therapy	Loco-regional Therapy	2.9%
	Loco-regional Therapy	Loco-regional Therapy	23.9%		Loco-regional Therapy	Surgical Procedure	2.9%
	Loco-regional Therapy	Loco-regional Therapy	0.2%		Surgical Procedure	Surgical Procedure	12.7%
	Loco-regional Therapy	Surgical Procedure	2.1%	Surgical Procedure	Loco-regional Therapy	2.9%	
	Loco-regional Therapy	Systemic Therapy	0.5%	Surgical Procedure	Systemic Therapy	4.9%	
	Systemic Therapy	Systemic Therapy	1.1%	Systemic Therapy	Systemic Therapy	12.7%	
	Systemic Therapy	Loco-regional Therapy	0.5%	Systemic Therapy	Systemic Therapy	4.9%	
South Korea	Surgical Procedure	Surgical Procedure	12.9%	Systemic Therapy	Loco-regional Therapy	2.0%	
	Surgical Procedure	Loco-regional Therapy	2.4%	Systemic Therapy	Surgical Procedure	1.0%	
	Surgical Procedure	Systemic Therapy	1.2%	Loco-regional Therapy	Loco-regional Therapy	13.7%	
	Loco-regional Therapy	Loco-regional Therapy	1.2%	Loco-regional Therapy	Loco-regional Therapy	4.9%	
	Loco-regional Therapy	Surgical Procedure	2.4%	Loco-regional Therapy	Systemic Therapy	8.8%	
	Loco-regional Therapy	Systemic Therapy	1.2%	Loco-regional Therapy	Surgical Procedure	7.8%	
	Systemic Therapy	Systemic Therapy	1.2%				
	Systemic Therapy	Systemic Therapy	1.2%				

Surgical Procedure includes liver resection, RFA, transplantation and TAE; Loco-regional Therapy includes TACE and TAI; Systemic Therapy includes Sorafenib and other chemotherapy agents

Figure 1 | Age distribution at presentation.

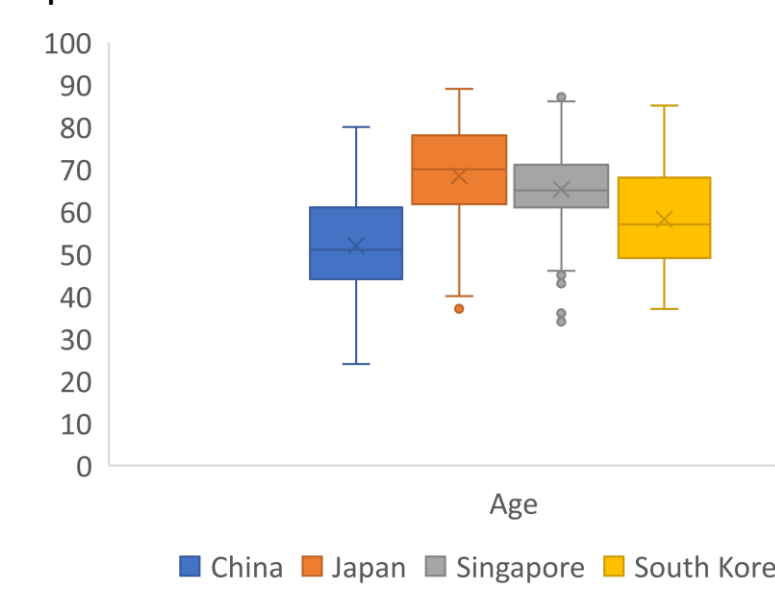


Figure 2 | Drinking Status at presentation.

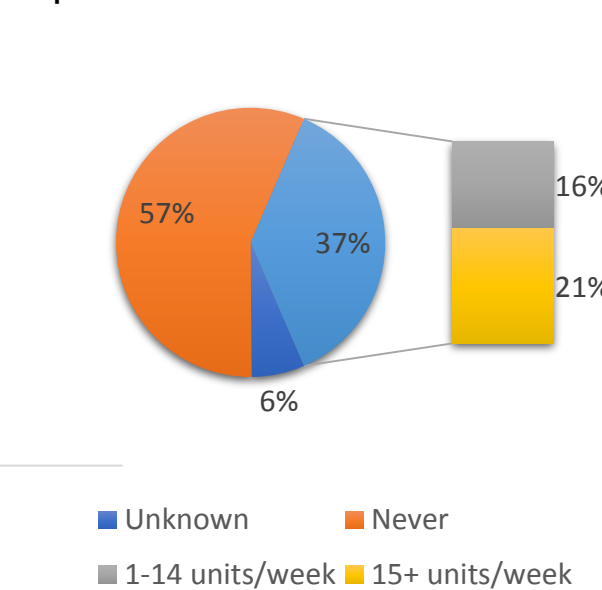


Figure 3 | BCLC stage at presentation.

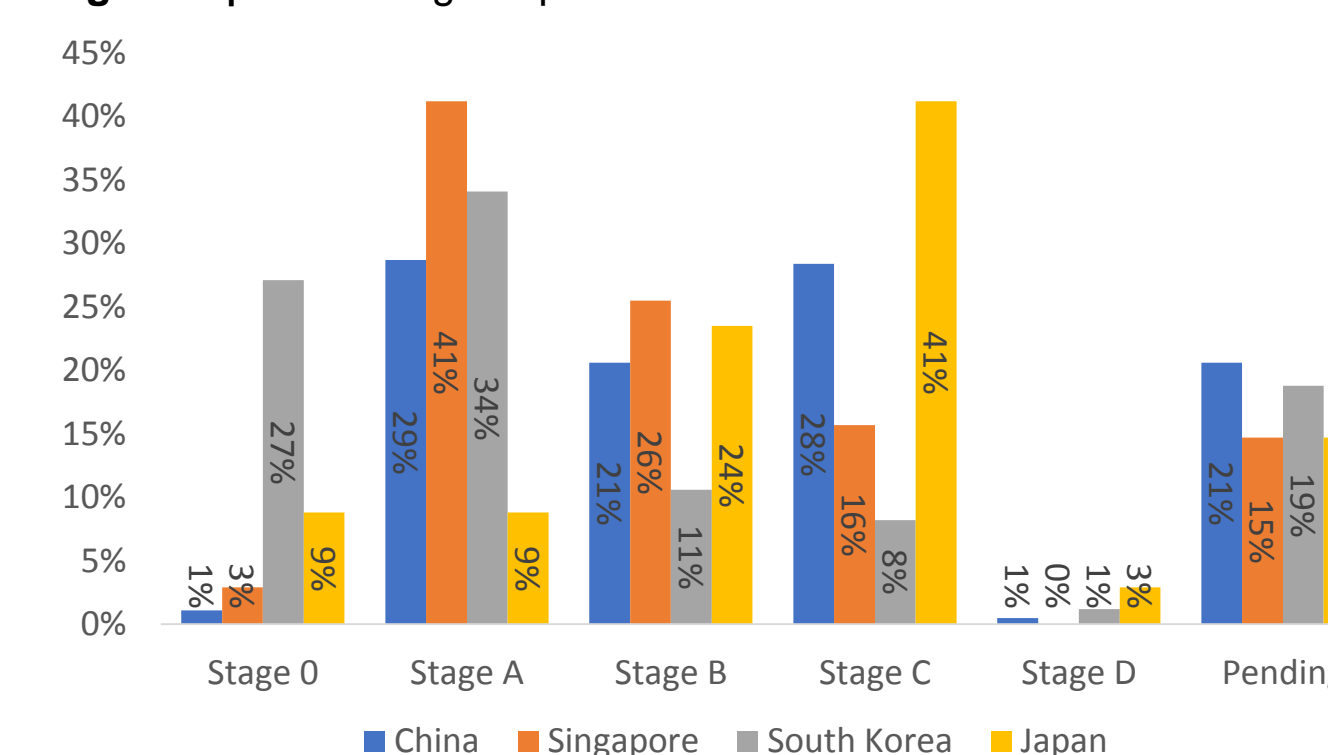
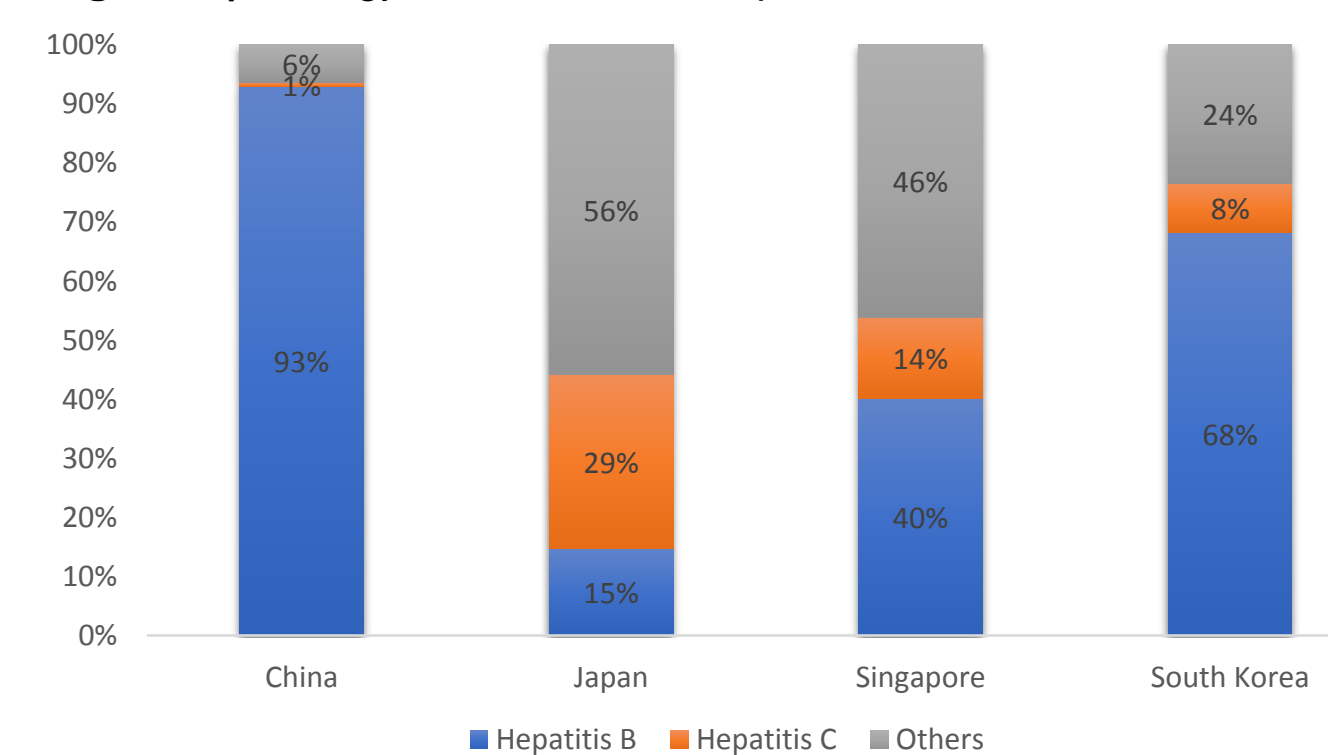


Figure 4 | Etiology of liver disease at presentation.



CONCLUSION

- Patients from China were diagnosed at a younger age, while patients from Japan were diagnosed at an older age.
- 16% consumes 15+ units/week of alcohol and are considered heavy drinkers, and another 21% consumes 1-14 units/week across the 4 geographies
- 77% had Hepatitis B across the 5 geographies, with the highest incidence in China, followed by South Korea. 27% were diagnosed using AASLD/APASL imaging criteria, with the highest utilization in Singapore and South Korea. Later-stage patients (BCLC) were more predominant in Japan.
- In China, liver resection was preferred in first-line HCC treatment in spite of more advanced stage of disease, followed by loco-regional and systemic therapy.

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