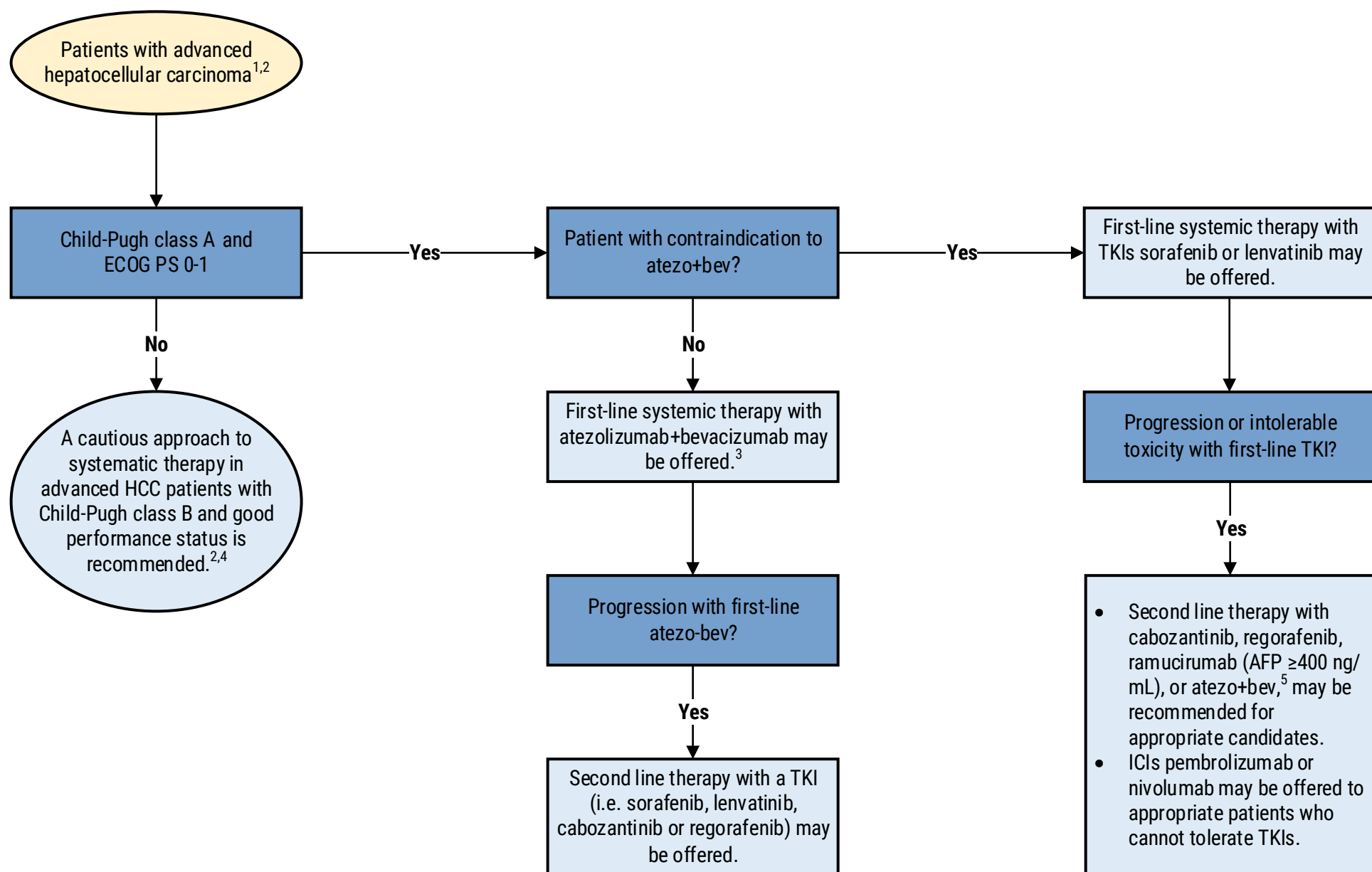


## Systemic Therapy for Advanced Hepatocellular Carcinoma Algorithm



### Notes.

<sup>1</sup> The target population includes patients who are no longer candidates for surgical or liver-directed therapies, i.e. patients with characteristics such as multifocal and/or infiltrative disease within the liver, vascular invasion or extrahepatic spread.

<sup>2</sup> Treatment options should be discussed within a multidisciplinary team.

<sup>3</sup> Patients in the IMBrave150 trial were required to have undergone esophagogastroduodenoscopy (EGD) within 6 months of trial initiation and to have received treatment for esophageal varices when necessary.

<sup>4</sup> Considerations include underlying liver function, bleeding risk, presence of portal hypertension, extent of extrahepatic spread, tumor burden, and major vascular invasion.

<sup>5</sup> It is likely that most patients being considered for atezo+bev in the second-line setting did not have access to this combination when they started first-line treatment. Consideration of nivolumab+ipilimumab as an option for second-line therapy and third-line therapy is discussed within the full ASCO guideline.

**Abbreviations.** AFP, alpha fetoprotein; atezo+bev, atezolizumab+bevacizumab; ECOG PS, Eastern Cooperative Oncology Group Performance Status; HCC, hepatocellular carcinoma; ICI, immune checkpoint inhibitor; TKI, tyrosine kinase inhibitor.

This algorithm is derived from recommendations in Systemic Therapy for Advanced Hepatocellular Carcinoma: ASCO Guideline. This is a tool based on an ASCO Guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.