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IKF-035/ABC-HCC: A phase IIIb, randomized, multicenter, open-label trial of atezolizumab plus bevacizumab versus transarterial chemoembolization (TACE) in intermediate-stage hepatocellular carcinoma

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Background

Transarterial chemoembolization (TACE) is standard of care (soc) for intermediate stage (BCLC B) hepatocellular carcinoma (HCC). The IMbrave150 phase 3 study showed that the combination of the anti-PD-L1 antibody atezolizumab and the anti-VEGF antibody bevacizumab (atezo/bev) extend survival compared to sorafenib in 1L treatment of advanced and intermediate HCC failing/unsuited for TACE. However, it is unknown if atezo/bev is more efficacious than TACE in intermediate stage HCC patients (pts) who would be treated with TACE per soc. While several trials assess the benefit of adding systemic therapy to TACE, the ABC-HCC trial directly compares systemic treatment with atezo/bev vs. TACE, using a group sequential design with two planned interim analyses (IA) to assess efficacy/futility.

Methods

ABC-HCC is an international phase 3b, randomized, multicenter, open-label, investigator-initiated trial directly comparing atezo/bev vs. TACE in intermediate HCC or HCC with indication for TACE according to the treating physician. 320 pts with confirmed HCC (not amenable to curative surgery/ablation, liver transplantation, but amenable to TACE, no extrahepatic spread, no macrovascular invasion except for Vp1/2, ECOG $\leq$ 1, Child-Pugh A/B7) are randomized (1:1) to receive systemic treatment (Arm A: atezo, 1,200 mg IV; bev, 15 mg/kg IV; Q3W; max. 24 months) or TACE (Arm B). Imaging (CT/MRI) is performed Q8W to determine the primary endpoint time to failure of treatment strategy (TTFS). Here, we report on the first efficacy/futility IA at 33% information time (85 events).

Results

To date, 206 pts have been enrolled at 54 centers. At data cut-off (06/13/2025), 194 pts were randomized, of whom 168 pts were included in the IA (Arm A: 87; Arm B: 81). 100 events were observed for TTFS (Arm A: 44; Arm B: 56). Median TTFS was 14.6 months in Arm A vs. 9.5 months in Arm B with a HR of 0.55 (95% CI [0.36, 0.83]). Based on these results, the trial was continued.

Conclusions

The first IA provides important insights into the efficacy of atezo/bev vs. TACE in intermediate stage HCC. Based on these findings, the trial is progressing to the 2nd IA at 66% information time (169 events).

Clinical trial identification

IKF No: IKF-035; NCT04803994; EudraCT 2020-004210-35; EU CT: 2024-512953-26-00; Roche: MO42581; AIO: AIO-HEP-0321/ass.

Legal entity responsible for the study

IKF - The Frankfurt Institute of Clinical Cancer Research.

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Disclosure

P.R. Galle: Financial Interests, Personal, Advisory Board: Bayer, Roche, BMS, AstraZeneca; Financial Interests, Personal, Invited Speaker: BMS, AstraZeneca; Financial Interests, Personal, Coordinating PI: Roche. J. 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