Thermal ablation plus toripalimab in patients with advanced hepatocellular carcinoma: Phase I results from a multicenter, open-label, controlled phase I/II trial (IR11330)

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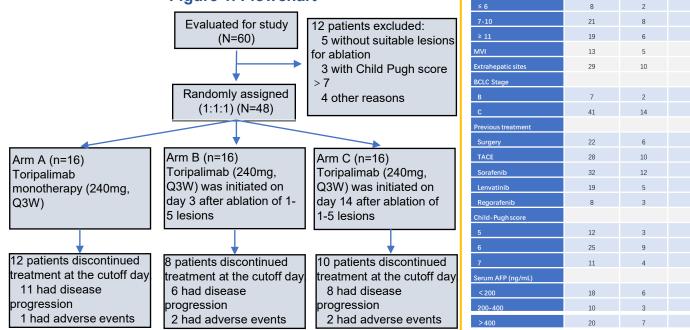
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Background

Thermal ablation has been showed to induce immunogenic cell death and enhance the effect of PD-1 blockade in preclinical study. The trial was designed to evaluated the safety and efficacy of ablation plus toripalimab in advanced HCC. Phase I results on time scheduling, safety and preliminary antitumor activity are reported.(NCT02974738)

Methods

Figure 1. Flowchart



3 Results

Table 1. Baseline of characteristics										
haracteristics	All (n=48)	Arm A (n=16)	Arm B (n=16)	Arm C (n=16)	<i>P</i> value					
ge (year)	54 (21-74)	53 (21-74)	57 (42-74)	51 (32-74)	0.336					
ender					0.859					
Vale	42	15	14	13						
erformance status					0.933					
)	21	6	7	8						
L	27	10	9	8						
iology					0.859					
Hepatitis B virus	42	13	14	15						
Hepatitis C virus	2	1	0	1						
o. of tumor					0.977					
≤ 6	8	2	3	3						
7-10	21	8	7	6						
≥ 11	19	6	6	7						
VI	13	5	3	5	0.775					
trahepatic sites	29	10	11	8	0.661					
CLC Stage					1.000					
3	7	2	3	2						
:	41	14	13	14						
evious treatment					NA					
Surgery	22	6	8	8						
TACE	28	10	8	6						
Sorafenib	32	12	9	11						
.envatinib	19	5	9	5						
Regorafenib	8	3	1	4						
nild-Pugh score					0.977					
5	12	3	5	4						
3	25	9	8	8						
,	11	4	3	4						
erum AFP (ng/mL)					0.979					
< 200	18	6	7	5						
200-400	10	3	3	4						

Table 2. Objective response rate n (%)

	Arm A	Arm B∗	Arm C*	<i>P</i> value 1	<i>P</i> value 2	<i>P</i> value 3
ORR	3 (18.8)	6 (37.5)	5 (31.3)	0.433	0.685	1.000
DCR	12 (75.0%)	12 (75%)	11 (68.8)	1.000	1.000	1.000
CR	0	2 (12.5)	0			
PR	3 (18.8)	4 (25.0)	5 (31.3)			
SD	9 (61.6)	6 (37.5))	6 (37.5))			

* Evaluation of lesions outside of ablation area

P value 1: Arm A vs. Arm B; P value 2: Arm A vs. Arm C; P value 3: Arm B vs. Arm C;

Conclusions

- Toripalimab monotherapy showed definite antitumor activity in previously treated HCC.
- Sequential subtotal thermal ablation and toripalimab led to a substantial increase of ORR, especially timing of toripalimab sooner after ablation.
- There were no unexpected toxicities resulting from both timing schedules of combination.
- Starting of toripalimab on day 3 after ablation was recommended for phase II evaluation.