



Journal of Clinical Gastroenterology. 53(6):464–469, JULY 2019

DOI: 10.1097/MCG.0000000000001085, PMID: 29952857

Issn Print: 0192-0790

Publication Date: July 2019

 Print

Sorafenib for Treatment of Hepatocellular Carcinoma: A Survival Analysis From the South American Liver Research Network

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Abstract

Goals:

We aim to describe the efficacy, safety profile, and variables associated with survival in patients with hepatocellular carcinoma (HCC) treated with sorafenib in South America.

Background:

Sorafenib has been shown to improve survival in patients with advanced HCC. There are few data on sorafenib use for HCC in South America.

Study:

We performed a retrospective analysis of HCC cases treated with sorafenib from 8 medical centers in 5 South American countries, between January 2010 and June 2017. The primary endpoint was overall survival (OS), which was defined as time from sorafenib initiation to death or last follow-up. Risk factors for decreased OS were assessed using Cox proportional hazard regression and log-rank tests.

Results:

Of 1336 evaluated patients, 127 were treated with sorafenib and were included in the study. The median age of individuals was 65 years (interquartile range, 55 to 71) and 70% were male individuals. Median OS in all patients was 8 months (interquartile range, 2 to 17). Variables associated with survival on multivariate analysis were platelets $>/<250,000$ mm³ (2 vs. 8 mo, $P=0.01$) and Barcelona Clinic Liver Cancer (BCLC) stage (A/B, 13 vs. C/D, 6 mo; $P=0.04$). In a subanalysis of patients with BCLC stage C, platelets $>/<250,000$ mm³ were also independently associated with survival (2 vs. 5.5 mo, $P=0.03$). Patients lived longer if they experienced any side effects from sorafenib use (11 vs. 2 mo, $P=0.009$). Patients who stopped sorafenib because of side effects had shorter survival compared with patients who were able to tolerate side effects and continue treatment (7.5 vs. 13 mo, $P=0.01$).

Conclusions:

Pretreatment elevation of platelets and advanced BCLC stage were independently associated with poor survival on sorafenib in a South American cohort.

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