### Internal request: Consider the results of the Phase III IMbrave150 study evaluating atezolizumab in combination with bevacizumab for first-line treatment of patients with hepatocellular carcinoma (HCC) (Child-Pugh Class A only).

**Panel Discussion/References**

Based on the review of the data in the noted references, the panel consensus was to include atezolizumab + bevacizumab as a first-line preferred treatment option for the following patients with HCC (Child-Pugh Class A only):

- those with unresectable disease and not a transplant candidate
- inoperable by performance status or comorbidity, or have local disease with minimal extrahepatic disease only
- those with metastatic disease or extensive tumor burden.

(See submission for references.)

- This is a category 2A recommendation.

<table>
<thead>
<tr>
<th>Institution Vote</th>
<th>YES</th>
<th>NO</th>
<th>ABSTAIN</th>
<th>ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>1</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

### External request: Submissions from Genentech, Inc. (9/27/19 and 11/23/19) to consider the inclusion of atezolizumab in combination with bevacizumab as an initial first-line treatment option for patients with unresectable HCC who have not received prior systemic therapy.

**Panel Discussion/References**

Based on the review of the data in the noted references, the panel consensus was to include atezolizumab + bevacizumab as a first-line preferred treatment option for the following patients with HCC (Child-Pugh Class A only):

- those with unresectable disease and not a transplant candidate
- inoperable by performance status or comorbidity, or have local disease with minimal extrahepatic disease only
- those with metastatic disease or extensive tumor burden.

(See submission for references.)

- This is a category 2A recommendation.

<table>
<thead>
<tr>
<th>Institution Vote</th>
<th>YES</th>
<th>NO</th>
<th>ABSTAIN</th>
<th>ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>1</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

### Internal request: In response to the FDA approval of nivolumab + ipilimumab for the treatment of hepatocellular carcinoma (HCC), the panel requested the addition of this combination therapy for this indication.

**Panel Discussion/References**

Based on the review of the data in the noted references, and the recent FDA approval, the panel consensus was to include nivolumab + ipilimumab as subsequent-line therapy option for patients with HCC who have not been previously treated with a checkpoint inhibitor (Child-Pugh Class A only). (See submission for references.)

- This is a category 2A recommendation.

<table>
<thead>
<tr>
<th>Institution Vote</th>
<th>YES</th>
<th>NO</th>
<th>ABSTAIN</th>
<th>ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>1</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

### External request: Submissions from Bristol-Myers Squibb (6/11/19 and 3/11/20) to consider adding nivolumab + ipilimumab as a category 1 recommendation for the treatment of patients with HCC who have been previously treated with sorafenib.

**Panel Discussion/References**

The panel consensus was to wait for publication of the data to review the category 1 designation.