

中文題目：控制良好的病毒血症可以降低慢性病毒性肝炎病人使用樂衛瑪治療肝癌的惡化

英文題目：Well-controlled Viremia Reduces the Progression of Hepatocellular Carcinoma in Chronic Viral Hepatitis Patients Treated with Lenvatinib

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Background: Lenvatinib has been approved as one of the first-line treatments for advanced hepatocellular carcinoma (HCC) due to its high treatment efficacy, and some studies reported that patients with hepatitis B virus-related HCC (HBV-HCC) seemed to have better prognosis than hepatitis C virus-related HCC (HCV-HCC). However, these studies didn't provide the information about viremia status, the important factor associated with viral reaction. Hence, we attempted to elucidate the efficacy of concurrent lenvatinib and anti-viral treatment for HCC patients with HBV or HCV infection in real world.

Methods: Between Apr 2018 and Dec 2021, 160 unresectable HCC patients receiving first-line lenvatinib were evaluated. High-potency nucleoside analogs were used for HBV control, whereas direct-acting antivirals were administered for HCV eradication. Well-controlled viremia was defined as patients who had undetectable viremia, or who had been receiving antivirals at least six months before lenvatinib.

Results: We recruited 73 (67.6%) HBV-HCC patients and 35 (32.4%) HCV-HCC patients. Using lenvatinib, progression-free survival (PFS) and overall survival (OS) rates between these two groups were not different. Before lenvatinib, 52.1% of HBV-HCC patients and 88.6% of HCV-HCC patients had well-controlled viremia. Patients with well-controlled viremia had better PFS (11.5 vs 3.0 months, $p < 0.001$) and OS (25.9 vs 12.8 months, $p = 0.018$) than those who had uncontrolled viremia. Furthermore, well-controlled viremia was associated with tumor progression in multivariate analysis (Hazard ratio: 0.26, 95% confidence interval: 0.14-0.48, $p < 0.001$). Regarding OS, post-treatment after lenvatinib failure and albumin-bilirubin grade were two independent factors in multivariate analysis.

Conclusions: In real-life, HBV or HCV infection did not contribute to the progression of HCC patients receiving first-line lenvatinib, but well-controlled viremia could indeed reduce the risk of tumor progression. Hence, when clinicians start to administer lenvatinib in HBV- or HCV-HCC patients, concurrent use of antivirals for viremia control is necessary for those patients with detectable viremia.

Keywords: Hepatitis B virus; Hepatitis C virus; Hepatocellular carcinoma; Lenvatinib; Well-controlled viremia