**Hepatic Events and Viral Kinetics in Patients With Hepatitis B Virus (HBV)/HCV-Related, Unresectable Hepatocellular Carcinoma (HCC) Treated With Atezolizumab + Bevacizumab or Sorafenib in IMbrave150**

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**PREMISE**

- **Based on the Phase II IMbrave150 study results, atezolizumab plus programmed cell death-ligand 1 (PD-L1) inhibition has demonstrated substantial clinical benefit in patients with unresectable HCC, including a 13% reduction in the risk of death and a 21% reduction in the risk of progression or death, compared to sorafenib.**

**RESULTS**

- **In the IMbrave150 study, patients with unresectable HCC were randomized 1:1 to receive either atezolizumab plus bevacizumab or sorafenib. Atezolizumab plus bevacizumab demonstrated a 3-year overall survival (OS) benefit of 20% compared to sorafenib (24.9% vs 20.4%, respectively, HR 0.80, 95% CI 0.67-0.96).**

**SAFETY**

- **Atezolizumab plus bevacizumab reduced the risk of death by 42% and the risk of progression or death by 41% vs sorafenib.**

**CONCLUSIONS**

- **Atezolizumab plus bevacizumab may be a promising therapeutic option for patients with unresectable HCC, particularly in those who have advanced disease and a high risk of progression or death.**

**AUTHOR EMAIL**

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