**INTRODUCTION**

Treatment with atezolizumab + bevacizumab has been approved globally for patients with unresectable HCC who have not received prior systemic therapy, based on results of IMbrave150 who were treated with atezolizumab + bevacizumab for previously untreated, intermediate- or high-intermediate-risk patients with HCC, BCLC stage A or B. Patients with elevated AFP (≥400 ng/mL) were excluded from the study. Here we explore if bevacizumab being skipped due to clinical reasons was associated with different efficacy compared with those who had never skipped bevacizumab in this post hoc analysis of IMbrave150 who were treated with atezolizumab + bevacizumab for the treatment of patients with intermediate- or high-intermediate-risk HCC, BCLC stage A or B. The rate of bevacizumab reintroduction was 78.3% (Figure 4).

**RESULTS**

- Of the 210 patients who received 26 months of atezolizumab + bevacizumab, 69 were assigned to Group A-1 (bevacizumab ever skipped) and 141 were assigned to Group A-2 (bevacizumab never skipped).
- No obvious differences between groups were observed in the distribution of baseline characteristics (Table 1).

**PATIENTS AND METHODS**

- The IMbrave150 study design (NCT03434379) is shown in Figure 1.
- Study design of the Phase III IMbrave150 trial.

**EFFICACY**

- At the data cutoff of Aug 20, 2020, stratified HR for OS was 1.04 (95% CI: 0.64, 1.69; Figure 2).

**SAFETY**

- Safety results are shown in Tables 2 and 3. A higher incidence of proteinuria and hypothyroidism were observed in Group A-1 (210% increase compared with Group A-2).

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**DISCLOSURES**

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**REFERENCES**