

BLEEDING ISSUES

MANAGEMENT OF BLEEDING RISK IN PATIENTS WITH HEPATOCELLULAR CARCINOMA RECEIVING SYSTEMIC THERAPY: A SURVEY OF CLINICAL PRACTICE

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Background and Aims. Combination therapy of atezolizumab and bevacizumab is one of the proposed first-line treatment options for patients with advanced hepatocellular carcinoma (HCC). As vascular endothelial growth factor inhibitor, bevacizumab increases the risk of gastrointestinal bleeding, particularly in HCC patients with cirrhosis and portal hypertension. Although guidelines recommend endoscopic screening for varices, proposed standardized management in this population is lacking. Therefore, this study investigates prevention and treatment strategies by expert opinion.

Methods. This study encompasses an online survey distributed to hepatologists and medical oncologist in Dutch and Belgian HCC expertise centres. The primary aim was to gather experts' insights into current clinical practice for prevention and management strategies of both varices and variceal bleeding in HCC patients receiving systemic therapy.

Results. A total of 35 respondents completed the survey, of

which 97% consider the potential presence of varices before initiating atezolizumab-bevacizumab in patients with underlying cirrhosis, using gastroscopy (55%) or following Baveno VII criteria (36%). In case of low-risk varices, 82% of respondents would start a non-selective beta-blocker (NSBB) before initiating atezolizumab-bevacizumab and 55% before tyrosine kinase inhibitor. For high-risk varices, 44% opt to start atezolizumab-bevacizumab after NSBB initiation in combination with complete eradication of varices, using endoscopic band ligation. Different approaches among specialists became apparent.

Conclusions. This study demonstrates heterogeneity in variceal screening and prophylactic strategies among HCC specialists. This variability reflects the lack of evidence-based guidance and may affect treatment safety and efficacy, underscoring the need for standardized approaches to optimize bleeding risk management in this population.