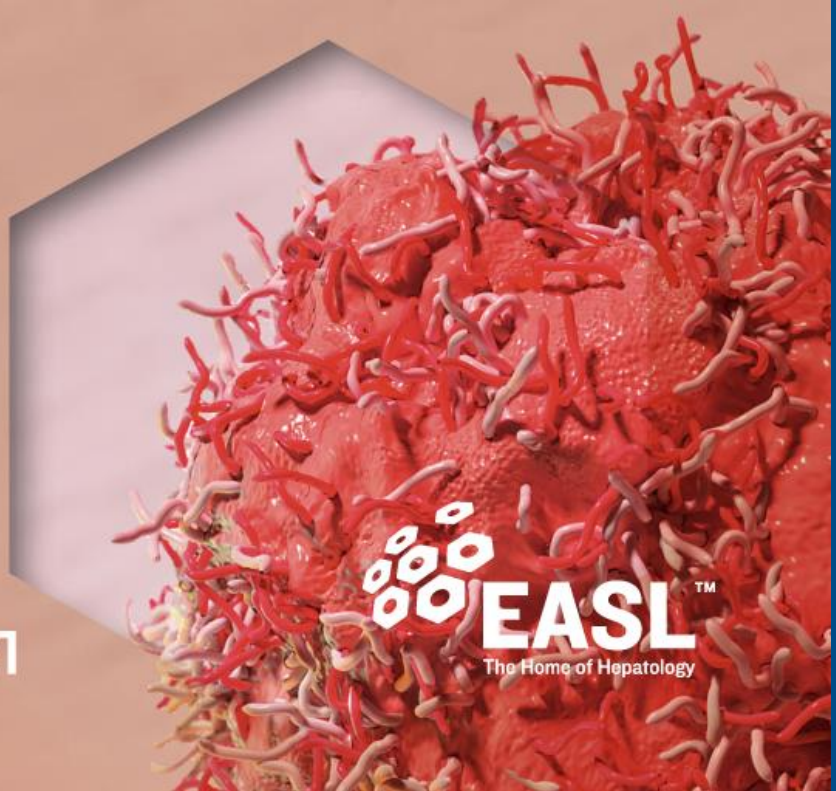


DIGITAL LIVER CANCER SUMMIT

5-6 FEBRUARY 2021



Press & Media Kit



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ABOUT EASL

EASL, the European Association for the Study of the Liver, founded in 1966, is a medical association dedicated to pursuing excellence in liver research, to the clinical practice of liver disorders, and to providing education to all those interested in hepatology. As of 2021, EASL serves more than 4,200 members.

EASL engages globally with all stakeholders in the field of hepatology, worldwide. Our aim is to spread knowledge and expertise in best practices and the latest scientific breakthroughs in this field. We advocate for the benefit of patients and advise European and national health authorities. EASL runs topical conferences, schools, and related educational meetings. Our journals, the Journal of Hepatology and JHEP Reports, provide an international forum for the publication of original articles, reviews, and letters to the Editor, describing the latest science in hepatology. Our eLearning hub, EASL Campus, offers more than 4,100 resources on hepatology and liver research.

ABOUT DIGITAL LIVER CANCER SUMMIT 2021

The two-day Digital Liver Cancer Summit 2021, building on EASL's success of Digital International Liver Congress™ 2020, puts delegates at the forefront of research, development, and strategies for treating patients. In a dynamic, exciting, interactive, digital environment.

Join Digital Liver Cancer Summit 2021 to get the absolute latest on basic, translational, and clinical data – including on hepatocellular carcinoma, cholangiocarcinoma, and rare primary liver cancers. The comprehensive updates offered at the summit will directly impact future clinical practice worldwide, because all the new data related to clinical trials will be presented to participants and discussed intensely. Digital Liver Cancer Summit 2021 is taking place 5–6 February 2021.

CONTACT

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PRESS RELEASE

EMBARGO: 00:01 CET, THURSDAY, 4 FEBRUARY 2021

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

As the globe faces all-time high threat from liver cancer, the liver community fights back with robust action-plan

Digital Liver Cancer Summit 2021: As the latest data suggests, liver cancer is now the third-most deadly cancer in the world, claiming nearly 1 million lives in 2020, the liver community takes robust action to tackle the burden posed by the disease.

4 February: Liver cancer has become an increasingly serious public health threat, and high-quality research and seminal developments into the disease are now more important than ever. According to the “Cancer Today” report published in December 2020 by the World Health Organization (WHO),ⁱ liver cancer has risen to become the third-most deadly and sixth-most prevalent malignancy worldwide, with at least 830,180 people dying from the disease in 2020. Amongst patients with cirrhosis, liver cancer is the leading cause of death.

EASL has made it its mission to tackle this threat head on and champion the research, studies, education, and awareness behind life-saving treatments and cures critical to reducing this burden. By facilitating seminal meetings and communication among specialists across Europe, the organisation aims to ensure all those involved with treating liver disease can realise their full potential in curing and preventing it. EASL continues to act as a leading advisor to European health authorities and organisations concerning liver cancer, the provision of clinical services and advocating the need for greater research funding. As collaboration is key to optimising resources and knowledge, EASL is building strong relationships with patient associations and public health organisations, so that more lives can be saved and improved.

“With liver cancer posing an increasingly major burden on Europe, EASL is well placed to play a crucial role in turning the tide,” said Prof. Maria Reig of BCLC group from Hospital Clinic of Barcelona, Spain, and EASL Governing Board member. “We have established a

clear strategy for driving novel advancements in the field of liver cancer and developed a comprehensive programme to accommodate this, helping to ensure everyone operating in the liver cancer community gets the support they need”.

Education is a central priority with EASL offering educational opportunities at every level, whether through dedicated schools or in-depth masterclasses, as well as open-access educational resources on liver cancer developed with leading experts across the globe. These diverse resources range from the online HCC management course, to clinical practice guidelines, and a collection of articles from the *Journal of Hepatology*.

EASL’s cancer strategy is more than ever focused on fostering partnerships across the globe with patient organisations and other stakeholders. Prof. Maria Buti, Professor of Medicine at the Internal Medicine and Hepatology Department, Hospital General Universitari Valle Hebron, Barcelona, and EASL EU Policy Councillor commented: “Science must focus on the individual, from prevention and early diagnosis to treatment and care. By working together with our partners, combining forces and focus, we can reduce suffering and improve quality of life for patients and survivors of liver cancer.”

Digital Liver Cancer Summit (LCS) 2021, which will take place on 5 and 6 February, spearheads research, development, and strategies for treating patients, in a dynamic, exciting, and interactive digital environment. The event offers delegates the latest on basic, translational, and clinical data – including on hepatocellular carcinoma, cholangiocarcinoma, and rare primary liver cancers. All new information will be presented to, and debated with, participants and as such, directly impact future clinical practice worldwide.

Prior to Digital LCS, EASL is holding a Patient Synergies Roundtable on 4 February 2021 – which also marks World Cancer Day – exploring the needs of liver cancer patients and their families. The discussion will focus on investing in a more joined-up approach to improve the life of patients with liver cancer.

Liver cancer has consistently been one of the most pivotal topics at EASL’s flagship event, the International Liver Congress™ (ILC). This event involves collaborations with the International Liver Cancer Association (ILCA) and the European Network for the Study of Cholangiocarcinoma (ENS-CCA), alongside interactive activities such as think tanks, symposia, and meet the experts, as well as abstract sessions, oral sessions, and posters.

In 2020, the European Commission launched an open public consultation on Europe's Beating Cancer Plan of which the Action Plan is expected this year. EASL's strategy is aligned with the EU aims, working on prevention, cure, and quality of life. The implementation process of the EU Cancer Plan is expected to help facilitate partnerships and greater support of clinical research in liver cancer. At the EU level, EASL will continue to focus on prevention, advocating the Farm to Fork Strategy to promote healthy diets, as well as the role of tobacco and alcohol taxation. EASL is also committed to improving quality of life for patients and survivors, as well as avoiding discrimination.

EASL's prestigious journals – the *Journal of Hepatology* and *JHEP Reports*– have been instrumental in driving the liver cancer agenda. These publications provide a crucial platform to showcase outstanding research articles that directly contribute to the improvement of diagnostic tools, treatments and ultimately, patient lives.

In 2020, the *Journal of Hepatology* was awarded the highest-ever impact factor of 20.852, confirming its status as a top-tier journal. *JHEP Reports* was recently accepted for indexing by Scopus, the largest abstract and citation database of peer-reviewed literature and a testament to the quality of the journal.

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PRESS RELEASE

EMBARGO: 00:01 CET, FRIDAY, 5 FEBRUARY 2021

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

Global survey reveals heavy toll of COVID-19 first wave on liver cancer care

Digital Liver Cancer Summit 2021: A global survey assessing the impact of COVID-19 on liver cancer has revealed delays in the screening, diagnosis, and treatment of the disease, with experts issuing stark warnings on liver cancer survival rates.

5 February: The delays of screening programmes, diagnostic imaging and biopsies, cuts in the numbers of physicians available to treat liver cancer patients, cancellations of surgery, and a drop in the number of patients entered on clinical trials, were just some of the issues reported in the poll.

The global Liver Cancer Outcomes in Covid-19 (CERO-19) Survey led by the Barcelona Clinic Liver Cancer (BCLC) group from Hospital Clinic of Barcelona, CIBEREH, and the Ospedale Maggiore Policlinico of Milan included 76 high-volume cancer treatment centres which participated during the first wave of the COVID-19 pandemic between March and June 2020, finding that 87% of centres modified clinical practice for liver cancer patients. These centres spanned Europe, North America, South America, Africa, and Asia.

Globally, around 800,000 people are diagnosed with liver cancer every year, accounting for 700,000 deaths.ⁱ

The findings, presented today at the European Association for the Study of the Liver (EASL)'s Digital Liver Cancer Summit 2021, revealed a catalogue of interruptions to diagnosis and care. A total of 40.8% of centres said they had changed diagnostic procedures, 80.9% had altered screening programmes, and 39.5% had modified imaging studies for staging or treatment response evaluation.

Out of the 76 centres surveyed, just ten said they had made no modifications to clinical practice, and even amongst those centres, three said patients had been reluctant to come to hospital for fear of catching COVID-19, despite services being available.

Dr Sergio Muñoz-Martínez, lead study author, explains, “Our results reflect the impact of COVID-19 on the screening, diagnosis, and treatment of liver cancer patients around the world during the first wave of the pandemic. The modifications in liver cancer management due to this crisis raise the possibility of more patients being diagnosed with a later stage of cancer. These delays impact the diagnosis, identification of tumour progression, treatment allocation, and ultimately prognosis.”ⁱ

Previous studies^{ii,iii} have shown that poorer outcomes are associated with waiting or delaying treatment by two months.

Liver oncology nurses were shown to have taken on a more central role in providing telephone consultations with patients and in the digital transformation of services. “The COVID-19 crisis

has promoted investment in liver oncology nurses to reflect their growing role, as well as in education and counselling of patients and their families,” adds Dr Muñoz-Martínez.

Dr Muñoz-Martínez explained that ongoing research into the effects of COVID-19 in patients with a history of liver cancer, as well in patients where liver cancer was diagnosed during SARS-CoV-2 infection, is essential to identify the real impact of COVID-19 to best inform the most appropriate measures to be adopted in the future, either while this pandemic persists or should another public health crisis emerge.

“Future analyses will provide invaluable information around the clinical effectiveness of the strategies that have been implemented during this devastating health crisis,” commented Dr Muñoz-Martínez.

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PRESS RELEASE

EMBARGO: 00:01 CET, SATURDAY, 6 FEBRUARY 2021

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

Drug combination “breakthrough” gives longest-ever survival in patients with nonresectable liver cancer

Digital Liver Cancer Summit 2021: New follow-up data from a landmark study of liver cancer patients treated with a combination of an immunotherapy drug (atezolizumab) and a monoclonal antibody (bevacizumab) has shown the longest-ever survival time in a frontline phase 3 trial of systemic therapy in advanced hepatocellular carcinoma (HCC), demonstrating a “major breakthrough” in the field.

6 February: The IMbrave150 trial found median overall survival was 19.2 months in patients treated with atezo+bev vs 13.4 months for those treated with sorafenib alone, the current standard treatment (*HR, 0.66 [95% CI, 0.52-0.85]; P=0.0009*). Survival at 18 months was 52% with atezo+bev and 40% in patients treated with sorafenib.

All patients in the trial had nonresectable HCC – the most common form of liver cancer – and had not previously been treated with systemic therapy. A total of 501 patients were treated in the multicentre, open label, randomised controlled trial and the new follow-up figures confirm the superiority of the atezo+bev combination over sorafenib in this group of patients with HCC.

Atezolizumab is an immune checkpoint inhibitor drug, which helps the immune system hunt down and destroy cancer. Bevacizumab is a targeted monoclonal antibody therapy that starves tumours of their blood supply by preventing endothelial growth but also enhances the immune effects of atezolizumab.

The new data, presented today at the European Association for the Study of the Liver (EASL) Liver Cancer Summit 2021, follows the initial publication of trial data¹ with 8.6 months of follow-up which found survival at 12 months was 67.2% with atezo+bev, compared to 54.6% in those treated with sorafenib. This new post-hoc descriptive overall survival analysis included 12 months of additional follow-up from the primary analysis.

Prof. Richard Finn, lead author of the study, commented, “IMbrave150 showed consistent clinically meaningful treatment benefit and safety with an additional 12 months of follow-up. The combination provides the longest survival seen in a front-line Phase III study in advanced HCC, confirming atezo+bev as a standard of care for previously untreated, unresectable HCC.”

“These are highly significant findings for the treatment of patients with HCC. Many thousands of patients worldwide could benefit from this treatment and it can be considered a major breakthrough – the first improvement in treatment for these types of cases in 13 years and a treatment long awaited by doctors.”

The trial enrolled systemic treatment-naïve patients with unresectable HCC, ≥ 1 measurable untreated lesion (RECIST 1.1), Child-Pugh class A liver function and ECOG PS 0/1. Patients were randomised 2:1 to atezo 1200 mg IV q3w + bev 15 mg/kg IV q3w or sorafenib 400 mg

bid until unacceptable toxicity or loss of clinical benefit per investigator. Patients were required to have an upper endoscopy within 6 months of starting the study, to assess for high-risk varices.

Survival benefit with atezo+bev vs sorafenib was generally consistent across subgroups and with the primary analysis. The updated objective response rate (ORR; 29.8% per RECIST 1.1) with atezo+bev was in line with the primary analysis, with more patients achieving complete response (CR; 7.7%) than previously reported. Safety was consistent with the primary analysis, with no new signals identified.

“We now need to understand what is next in front-line liver cancer and how will we build on this data to further improve outcomes beyond the 19.2 months we described. Additionally, we need to evaluate the efficacy for this regimen in earlier stages of HCC.”

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