

Nexavar® (sorafenib) – Stivarga® (regorafenib): Improving survival in HCC



The most common form of primary liver cancer is hepatocellular carcinoma (HCC)¹

>841,000

cases of liver cancer are diagnosed each year²

75 - 85%

of liver cancers worldwide are HCC³

4th leading cause

of cancer-related deaths globally³

2007

Sorafenib (marketed as Nexavar®) is approved for the treatment of certain forms of unresectable HCC.^{4,5}

2017

Regorafenib (marketed as Stivarga®) is approved for the second-line treatment of patients with HCC who have been previously treated with sorafenib.^{6,7}

Regorafenib for second-line HCC is recommended by clinical guidelines worldwide, including **EASL*** in **Europe** and the **NCCN*** in the **U.S.**^{8,9}

In the primary analysis of RESORCE, regorafenib significantly improved median OS (overall survival) in second-line HCC:

RESORCE: A pivotal, Phase III trial of regorafenib in HCC patients who progressed on sorafenib¹⁰

10.6 months

(Primary analysis: Median OS for patients in the regorafenib arm)

374 patients

160 mg regorafenib once daily + BSC*

Randomized 2:1 (double-blind)

Start of study drug

193 patients

Placebo + BSC

7.8 months

(Primary analysis: Median OS for patients in the placebo arm)

*BSC - Best supportive care

Exploratory analysis on the sequence of sorafenib followed by regorafenib or placebo:¹¹

Pre-RESORCE period

(All patients must have tolerated prior sorafenib (according to criteria defined in the study) and progressed during sorafenib treatment)

RESORCE¹¹

(All patients randomized in a 2:1 ratio received either regorafenib or placebo)

26.0 months

(Exploratory analysis: Median time from start of sorafenib treatment to death for patients in the regorafenib arm, calculated retrospectively)

19.2 months

(Exploratory analysis: Median time from start of sorafenib treatment to death for patients in the placebo arm, calculated retrospectively)

Results from the exploratory, retrospective analysis based on the **pivotal Phase III RESORCE trial** suggests that patients with advanced HCC treated with **sorafenib followed by regorafenib** had a median time from the start of sorafenib treatment to death of **26.0 months**, compared with **19.2 months** for those treated with **sorafenib followed by placebo**.¹¹



Safety Results: The safety and tolerability were generally consistent with the known profile of regorafenib.¹¹

The most common adverse events (grade 3 or greater) occurring more frequently in the regorafenib group included hypertension, hand-foot skin reaction, fatigue, hypophosphatemia, lipase increase, platelet count decrease and diarrhea.¹¹

*EASL - European Association for the Study of the Liver, NCCN - National Comprehensive Cancer Network

References: **1.** American Cancer Society. Liver Cancer. 2019. Available at: www.cancer.org/cancer/liver-cancer/about/what-is-liver-cancer.html. Accessed August 2020. **2.** GLOBOCAN 2018: Liver Cancer Factsheet. Available at: <http://gco.iarc.fr/today/data/factsheets/cancers/11-Liver-fact-sheet.pdf>. Accessed August 2020. **3.** Bray F, Ferlay J, et al. Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin. 2018 Nov;68(6):394-424. doi: 10.3322/caac.21492. Epub 2018 Sep 1. **4.** Bayer HealthCare Pharmaceuticals Inc. Nexavar (Sorafenib). 2018. U.S. Food and Drug Administration website. Available at: www.accessdata.fda.gov/drugsatfda_docs/label/2018/021923s020lbl.pdf. Accessed August 2020. **5.** European Medicines Agency. 2020. Nexavar: Product information. 2019. Available at www.ema.europa.eu/en/medicines/human/EPAR/nexavar. Accessed August 2020. **6.** Bayer HealthCare Pharmaceuticals Inc. Stivarga (Regorafenib). 2018. U.S. Food and Drug Administration website. Available at: www.accessdata.fda.gov/drugsatfda_docs/label/2012/203085lbl.pdf. Accessed August 2020. **7.** European Medicines Agency 2020. Stivarga: Product information. 2019. Available at www.ema.europa.eu/en/medicines/human/EPAR/stivarga. Accessed August 2020. **8.** European Association for the Study of the Liver. EASL Clinical Practice Guidelines. J Hepatol 2018;69:182-236. **9.** National Comprehensive Cancer Network. NCCN Guidelines Version 5.2020. Hepatocellular Carcinoma. Available at: www.nccn.org/professionals/physician_gls/pdf/hepatobiliary.pdf. Accessed August 2020. **10.** Bruix J, Qin S, et al. Regorafenib for patients with hepatocellular carcinoma who progressed on sorafenib treatment (RESORCE): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet 2017;389(10064):56-66. **11.** Finn RS, Merle P, et al. Outcomes of sequential treatment with sorafenib followed by regorafenib for HCC: Additional analyses from the phase III RESORCE trial. J Hepatol 2018;69(2):353-358.