173P - Dose escalation STRATegy of regorafenib in Advanced HepatoCellular Carcinoma: phase II STRATA-HCC trial

Leonardo Da Fonseca,, Mello MCP, Gomes LT, Gregorio JVAM, Bariani GM, Brandao EP, Ikeoka LT, Pereira HS, Costa RA, Hoff PM, Sabbaga J.
Instituto do Câncer do Estado de São Paulo - Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo - Brazil.

BACKGROUND

- Regorafenib prolonged overall survival (OS) after progression on sorafenib in the phase 3 RESORCE trial with the standard-dose strategy: 160 mg/day orally for 21 days of a 28-day cycle. (Bruix J et al. Lancet 2017)
- In the RESORCE study, the median treatment duration was 3.6 months, and 25% of patients were discontinued in the regorafenib group.
- Despite limited supportive evidence, various dosing schedules are used to alleviate toxicities.
- This trial aims to evaluate the safety and efficacy of an escalated regorafenib dosing schedule in patients with unresectable hepatocellular carcinoma (HCC).

METHODS

STRATA-HCC is a phase II prospective single-arm study (NCT05622136)

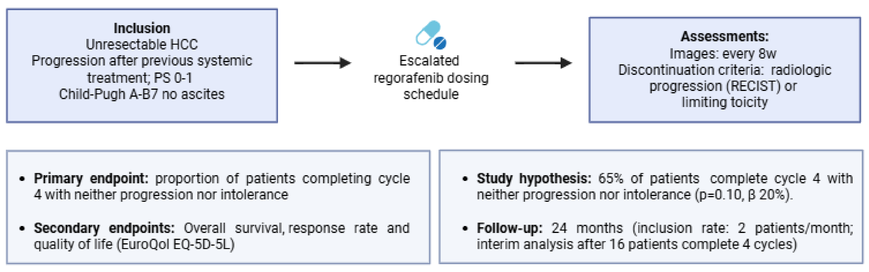

Figure 1: Study design

Regimen according to RESORCE trial

Week	1	2	3	4
Daily dose	160 mg	160 mg	160 mg	Off treatment

STRAT-aHCC regimen- dose escalation (cycles 1 and 2)

Week	1	2	3	4
Daily dose	80 mg	120 mg	160 mg	Off treatment

Figure 2: Standard regimen according to the RESORCE trial (Bruix J et al, 2017) and the experimental regimen: starting 80 mg/d with weekly escalation, per 40 mg increment, to 160 mg/d. If no significant drug-related adverse events occurred during cycles 1-2, the maximum tolerated dose (MTD) was given from cycle 3 on.

RESULTS

- 25 patients were recruited between October/2023 and December/2024 (follow-up updated on March 1st, 2025);
- 11 patients under treatment; 14 patients have discontinued (n=9 deaths; n=5 follow-up)

Baseline characteristics	N=25 (100%)
Median age, (IQR)	64 (58-69)
Male, n(%)	20 (80%)
BCLC stage B / C, n (%)	7 (28%) / 18 (72%)
Child-Pugh A / B, n(%)	23 (92%) / 2 (8%)
Performance status 0 / 1 , n(%)	11 (44%) / 14 (56%)
Cirrhosis, n (%)	21 (84%)
Hepatitis C, n (%)	14 (56%)
Hepatitis B, n (%)	6 (24%)
Alcohol-related liver disease, n (%)	3 (12%)
Metabolic-associated steatosis, n (%)	4 (16%)
Median number of previous systemic lines (IQR)	1 (1-2)
Previous immunotherapy, n(%)	8 (32%)
≥ 2 previous lines	5 (20%)
Previous liver transplantation	4 (16%)

Survival Curve: entire cohort (n=25)

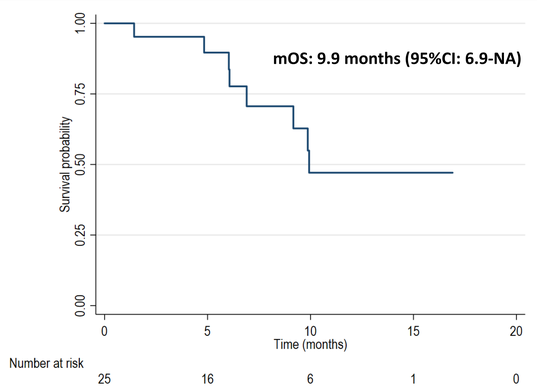

Figure 3: Kaplan Meier curve showing median overall survival (mOS)= 9.9 months (6.9-NA). CI: confidence interval; NA: not achieved.

Safety analysis	N=25 (100%)
Primary endpoint analysis	
• Completed 4 cycles n (%)	18 (72%)
Reason for not completing 4 cycles	
• Limiting toxicity	2 (8%)
• Disease progression	5 (20%)
Maximum tolerated dose (MTD)	
• 80 mg/d	11 (44%)
• 120 mg/d	13 (52%)
• 160 mg/d	1 (4%)
Treatment-related grade ≥2 events:	
• Fatigue	5 (20%)
• Hand-foot skin reaction	3 (12%)
• Hypertension	3 (12%)
• Diarrhoea	2 (8%)
• Nausea	2 (8%)
• Bleeding	1 (4%)
• Reduced appetite	1 (4%)

Other efficacy endpoints

Endpoints	Population	Result (95%CI)
Entire cohort	n=25	
1-year survival rate		47.1% (20.6-69.8%)
Disease control rate		88%
1 previous line (regorafenib 2nd line)	N= 15	
1-year survival rate		66.9% (32.4-86.7%)
Disease control rate		86.7%

CONCLUSION

- A dose-escalation strategy based on individualized adjustment of regorafenib allowed treatment benefits with a favorable safety profile, representing an alternative approach after first-line treatment.

Contact: Leonardo da Fonseca (l.fonseca@fm.usp.br)
IIR with funding by Bayer (IIR 0027 Brazil)