Treatment Algorithm 1: HCC Immunotherapy Treatment Algorithm

Clinicians should encourage patients’ participation in clinical trials.

* Notwithstanding that LI-RADS-5 is nearly 100% specific for HCC, histologic confirmation is recommended for patients with unresectable disease particularly prior to the initiation of systemic therapy. Histologic diagnosis is mandatory for non-cirrhotic patients.

† §General contraindications to bevacizumab include high risk of cardiac disease, stroke, hemorrhage, hemoptysis, gastrointestinal perforation, or non-healing wounds. (For contraindications to immunotherapy, see the **Patient Selection and Management** section). Consideration should be given to
timing of prior events. Additional contraindications specifically relevant to HCC include untreated or incompletely treated gastroesophageal varices at risk for bleeding

‡ Not FDA-approved at the time of guideline publication

Source: Society for Immunotherapy of Cancer (SITC) clinical practice guideline on immunotherapy for the treatment of hepatocellular carcinoma, SITC HCC CPG informational website – Updates since publication