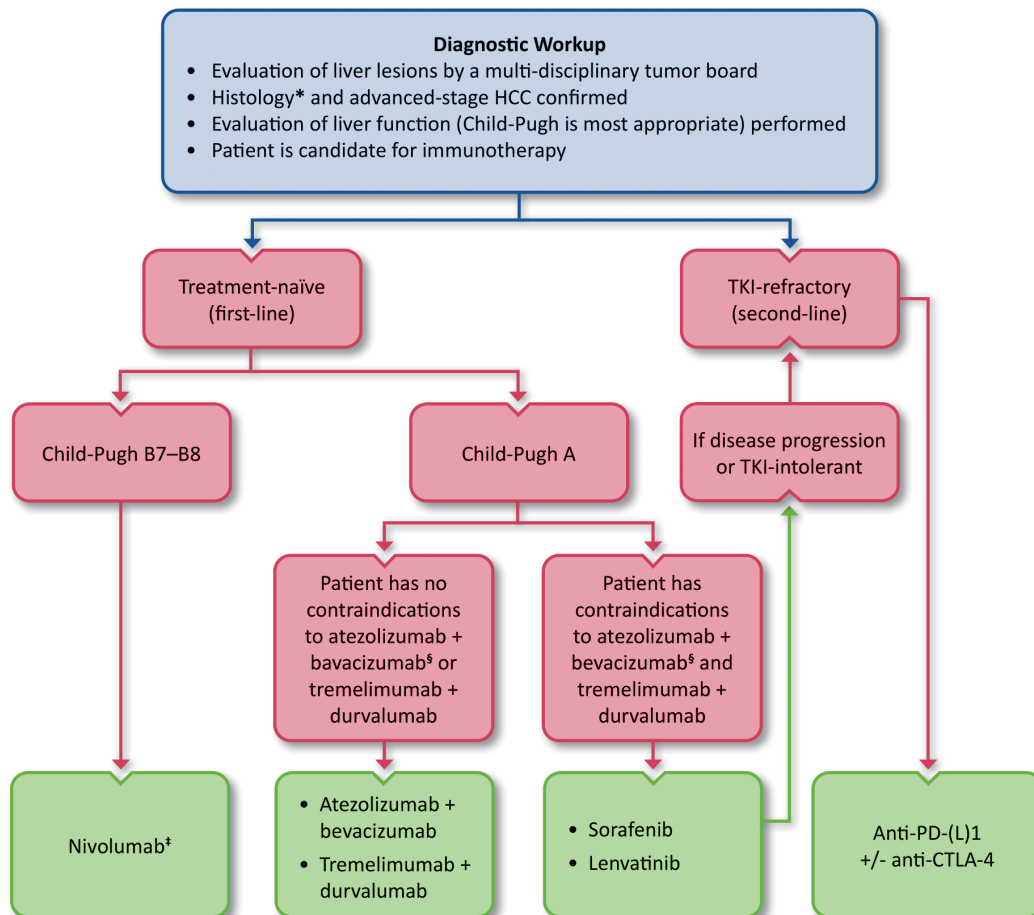


Society for Immunotherapy of Cancer (SITC) clinical practice guideline on immunotherapy for the treatment of hepatocellular carcinoma

Update v1.1(A): A treatment algorithm for HCC able 2 was generated following the original publication. For the full guideline text and other updates included in v1.1(A), please see <https://jitc.bmj.com/content/9/9/e002794>.

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: **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](#)