

## Patients with Combined hepatocellular-cholangiocarcinoma treated with atezolizumab and bevacizumab

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**Introduction:** Combined hepatocellular-cholangiocarcinoma (cHCC-CCA) is a rare type of primary liver cancer. Recently, atezolizumab plus bevacizumab (A+B) was introduced for patients with HCC. However, the efficacy and safety of A+B for patients with cHCC-CCA remains uncertain. We herein report a case of unresectable cHCC-CCA successfully treated with A+B.

**Case:** A 57-year-old male with a past medical history of chronic hepatitis B was diagnosed with multifocal unresectable HCC in October 2019. After multiple trans-arterial chemotherapy treatments, the patient was found to have disease progression with bone metastasis and peritoneal seedings in May 2022. Prior to initiation of systemic chemotherapy, biopsy was performed (Fig. 1). The diagnosis of cHCC-CCA was confirmed through biopsy based on immunohistochemical staining showing positivity for CK-7 and CK-19. PD-L1 expression was also positive, with a combined positive score of 5. Accordingly, he was initiated on A+B treatment and palliative radiation therapy for bone lesions in May, 2022. After 3 cycles of A+B treatment, the first response evaluation by MRI showed a significant decrease in the size and number of intrahepatic lesions, achieving a partial response (Fig. 2). After 6 cycles of A+B treatment, the patient achieved a complete response. The patient discontinued treatment after a total of 12 cycles of A+B, as he remained in complete remission. He did not experience any treatment-related adverse events. Additionally, He maintained a durable complete remission state even after cessation of A+B until February 2023.

**Result:** Currently, there is no established standard systemic chemotherapy for unresectable cHCC-CCA. We report a case with a favorable response to A+B treatment in cHCC-CCA. Further studies are needed to determine the role of immune checkpoint inhibition therapy in cHCC-CCA.

