



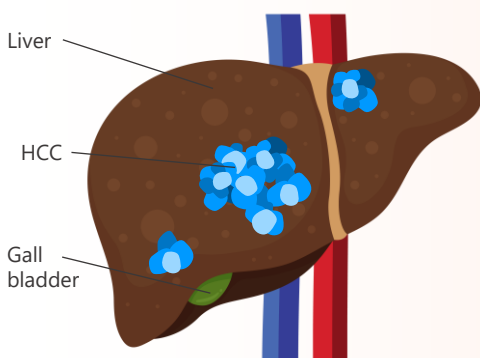
# TREATMENTS FOR UNRESECTABLE HEPATOCELLULAR CARCINOMA



Around **740 people** are diagnosed with liver cancer **every year** in Singapore. It is one of the **leading causes** of cancer-related **deaths** locally.<sup>1</sup>

There are different types of liver cancer depending on which cells are affected. **Hepatocellular carcinoma (HCC)** is the most common type.

## How is HCC treated?



Treatment options depend on the patient's overall health, liver function, and the size and location of the tumour. Some patients can have surgery to remove the tumour from the liver. If the cancer cannot be removed by surgery (**unresectable**), some patients may be suitable for other options like a liver transplant or non-surgical therapies directed at the affected parts of the liver. Drug treatments can also be used to help control the growth of the tumour.

Doctors usually recommend **immunotherapy combinations** or **targeted therapy** as **initial** drug treatment for patients with unresectable HCC who have adequate liver function.

### Drug treatment options include:

Immunotherapy combinations

Immunotherapy helps the immune system **find** and kill cancer cells. Some work **better** when used together, or with other drugs, such as bevacizumab which stops cells from growing blood vessels and can slow cancer growth.

There are **2** immunotherapy combinations approved for use in Singapore for treating unresectable HCC.



Atezolizumab plus bevacizumab



Durvalumab plus tremelimumab

Targeted therapy

**Targeted therapy** are drugs that **block** specific proteins that help the cancer **grow**. These drugs slow or **stop** the growth of cancer cells.

There are **2** targeted therapies commonly used to treat patients with unresectable HCC. These drugs are known as **tyrosine kinase inhibitors (TKIs)**.



Lenvatinib



Sorafenib

Legend: Tablets Capsules Slow drip into a vein



Published studies show that these therapies are **effective** for treating patients with **unresectable HCC**.

- For patients who have not received drug treatment for unresectable HCC before, **lenvatinib** and **sorafenib** are effective treatment options. Immunotherapy combinations (**atezolizumab plus bevacizumab**, and **durvalumab plus tremelimumab** followed by **durvalumab alone**) are **more effective** than **sorafenib** in **extending** patients' survival.
- They have **different** side effects from each other. Please consult your doctor about the side effects before starting treatment.

ACE reviewed all available clinical evidence and received clinical advice from doctors about each treatment. Treatment prices were negotiated with the companies to improve their value for money (cost-effectiveness).<sup>2,3</sup>



**Cash or MediSave** needed **every month** after subsidy and MediShield Life for a **middle-income patient** receiving **outpatient** treatment at **public hospitals**∗:

### Immunotherapy combinations

Atezolizumab  
+ bevacizumab biosimilar (Mvasi)

**\$100 to \$300<sup>#</sup>**

Subsidised ✓

MediShield  
Life: \$3000 ✓

Durvalumab +  
one-time tremelimumab

**\$300 to \$400**

Subsidised ✓

MediShield  
Life: \$3600 ✓

followed by

Durvalumab

**\$100 to \$1,500<sup>#</sup>**

Subsidised ✓

MediShield  
Life: \$1800 ✓

Atezolizumab  
+ bevacizumab biosimilar  
(Avamab, Vegzelma)

**\$300 to \$3,500<sup>#</sup>**

Subsidised ✗

MediShield  
Life: \$3000 ✓

Atezolizumab  
+ bevacizumab (Avastin)

**\$5,000 to \$13,500<sup>#</sup>**

Subsidised ✗

MediShield  
Life: \$3000 ✓

### Targeted therapy

Sorafenib

**\$50 to \$100**

Subsidised ✓

MediShield  
Life: \$1200 ✓

Lenvatinib

**\$300 to \$500**

Subsidised ✓

MediShield  
Life: \$1200 ✓

## Key recommendations

**Atezolizumab plus bevacizumab biosimilar (Mvasi), durvalumab plus tremelimumab, lenvatinib, and sorafenib** were **recommended** for government funding because they are **effective** and provide the best value for money for treating patients with unresectable HCC who have adequate liver function and have not received drug treatment for this condition before.<sup>4</sup>

Talk to your **doctor** to discuss which treatment is suitable for you. You can also speak to a **medical social worker** if you need further financial assistance, or you can reach out to **local patient support groups** if you want to meet people with similar experiences.<sup>5</sup>

#### Sources:

1. Health Promotion Board National Registry of Diseases Office. Singapore Cancer Registry 50th Anniversary Monograph 1968 to 2017.
2. ACE Technology Guidance, Lenvatinib and sorafenib for treating advanced hepatocellular carcinoma. January 2022.
3. ACE Technology Guidance, Durvalumab in combination with tremelimumab for treating unresectable hepatocellular carcinoma. June 2025.
4. Ministry of Health, Singapore. Cancer Drug List.
5. SGH Liver & Pancreas Support Group, and the Singapore Cancer Society

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