**Introduction**

- **HIMALAYA** is a randomized, open-label, multicenter, global, Phase 3 study (Figure 1).
- Safety was summarized descriptively in the safety analysis set, consisting of all participants who received ≥1 dose of study treatment.
- imAEs were defined as AE(s) of special interest associated with drug exposure and consistent with severe-mediated clinical events, with at least one criterion for which an alternate etiology was clear.
- Frequencies of any imAEs and imAEs by category were captured overall and at specific time points after the start of study treatment (data cut-off: August 27, 2021).

**Objective**

- This exploratory post hoc analysis assessed temporal patterns of imAEs in participants with unresectable hepatocellular carcinoma (HCC) treated with the STRIDE (Single Tremelimumab Regimen in Direct HCC Analysis) regimen in the HIMALAYA study.

**Conclusions**

- Most imAEs that occurred with STRIDE were low grade and manageable by treatment guidelines.
- The percentage of participants with an event is the number of participants who experienced at least 1 imAE event at each time interval divided by the number of participants in the safety analysis set.

**Results**

**What were the findings of this research and what are the implications?**

- The percentage of participants with at least one grade ≥3 event is shown in Figure 1.
- The percentage of participants with at least one grade ≥3 event is shown in Figure 2.
- The percentage of participants with at least one grade ≥3 event is shown in Figure 3.
- The percentage of participants with at least one grade ≥3 event is shown in Figure 4.
- The percentage of participants with at least one grade ≥3 event is shown in Figure 5.

**Figure 1. HIMALAYA study design**

- **Study population**: Adults with unresectable HCC
- **Dose**: 15 mg/kg tremelimumab
- **Schedule**: D1 (start of cycle 1) and D15 (start of cycle 2)
- **Duration**: 3 cycles at 4 week intervals
- **Endpoints**: Primary: OS; secondary: safety

**Figure 2. Frequency of imAEs for A) STRIDE and B) durvalumab overall and at different time points in the safety analysis set**

- Median total duration of treatment was 5.5 (0.4–43.1) months for STRIDE (n=386) and 5.3 (2.4–42.4) months for durvalumab monotherapy (n=113).
- Overall, any grade imAEs were more frequent with STRIDE than with durvalumab monotherapy (Figure 2A and B).
- Any grade imAEs and Grade 3 or higher imAEs with STRIDE occurred at all time points assessed and were generally stable to occur within the first 3 months after treatment initiation (Figure 2B).
- Most imAEs with STRIDE were low grade, especially those that occurred after the first 3 months of treatment.
- The temporal patterns of imAEs in participants with these events was slightly higher for STRIDE compared with durvalumab monotherapy (Figure 2B).
- The most common any grade imAE categories with STRIDE included hepatic events, diabetes, colitis, dermatitis, rash, pancreatitis, and endocrine events.
- The most common any grade imAE categories with STRIDE included hepatic events, diabetes, colitis, dermatitis, rash, pancreatitis, and endocrine events.
- For STRIDE, the first occurrence of imAEs of diabetes or colitis and rash occurred most frequently within the first month after treatment initiation, hepatic and pancreatic events peaked 1 month after treatment initiation, and endocrine disorders were the most common between 1 and 3 months after treatment initiation (Figure 5A and B).
- Similarly, for durvalumab monotherapy, imAEs across categories were more common earlier on after treatment initiation (Figure 5C and D).

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**Disclosures**

- No conflicts of interest were reported. All authors contributed to the writing of the manuscript and approved the final version for submission.

**References**

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