**BACKGROUND**

- Liver metastases (LiverMet) create a unique immunosuppressive microenvironment leading to immune escape.

**OBJECTIVES**

- We aimed to measure the benefit of adding bevacizumab to chemotherapy or chemoimmunotherapy in the first-line treatment of nonsquamous aNSCLC.

**METHODS**

- Retrospective post-hoc analysis
- Data from IMPower130/150
- EGFR/ALK/XRRA wild-type non-squamous aNSCLC
- VxLI/platinum

**RESULTS**

**Patients’ characteristics**

- Out of 1,523 evaluable patients, 20.4% (n=311), 46.4% (n=707), 19.7% (n=300), and 13.8% (n=205) received CT+IT+AA, CT+IT+AA, and CT, respectively. 13.9% (n=212) of the patients had LiverMet.

Patients’ baseline characteristics are summarized in Table 1.

**Prognostic impact of LM**

- LM were associated with shorter PFS and OS in patients treated with CT+AA and patients CT+IT (Table 2). In patients treated with CT, a poorer OS was found for patients with LiverMet, but no difference was observed in PFS.

**Benefit of AA in patients with LiverMet**

- Of all analyzed variables, only LiverMet+ patients yielded substantial OS benefit of CT+IT+AA vs. CT+IT (HR for PFS 0.45, p<0.001).

- In LM+ patients treated with CT+IT, the addition of bevacizumab significantly improved PFS and OS (Figure 4).

**CONCLUSION**

- LiverMet are associated with poorer outcomes in patients treated with CT, CT+AA, CT+IT but not with CT+IT+AA.
- Anti-VEGF therapies should be further investigated in LiverMet+ aNSCLC in combination with IT-based regimens.