

The Benefit Of Chemotherapy In Treatment Of Advanced Cholangiocarcinoma (NEMROCK Experience).

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Background:

Cholangiocarcinoma (CCA) is a rare malignant tumor and unfortunately, the prognosis of the patients is generally poor. In Egypt , the incidence rate of biliary tract carcinoma is vary by geographical stratum. Its incidence range between 0.3 in lower Egypt to 1.6 in upper Egypt and 710 new cases are estimate in 2020 with female-to-male ratios 1.4. Surgical resection is the only curative treatment which is possible in about 10% of the patients but the 5-year survival rate remains disappointing. Nevertheless, patients with advanced disease are treated with palliative chemotherapy which has a significant benefit as compared to best supportive care, increasing the need for effective cancer treatment.

The Aim

This is a retrospective study reviewed the epidemiological features and the impact of chemotherapy on our Egyptian patients with advanced CCA presented to our center.

Patients and methods:

A total of 44 patients with advanced or metastatic CCA were treated with palliative chemotherapy from January 2005 to October 2016. The patient's characteristics were reviewed and analyzed: age; gender; ECOG performance status (PS). In addition to, primary tumor site (intrahepatic bile ducts, hilar ,distal bile ducts and the ampulla of Vater), stage of the disease, surgery, site of metastasis, biliary drainage, total bilirubin level, tumor marker level (CEA and CA19-9), treatment modalities, response according to RECIST criteria (6). All Clinical variables were correlated with overall survival (OS) and progression-free survival (PFS).

Results:

The median age was 53 years (range 31–75years), with female to male ratio 1.37. Hilar tumor was the most common site of the tumor in 50% of patients and 18(40.9%) patients had advanced local disease. The median OS and PFS times of all patients was 9 and 7 months respectively. On univariant analysis , good performance status($P=0.009$) and combined chemotherapy ($P= 0.001$) were significantly correlated with long survival. Meanwhile, low bilirubin level ($<5\text{mol/L}$) and treated with combined chemotherapy were significantly correlated with long PFS($P=0.004$ and $P=0.001$ respectively). Combined treatment modalities were the only factor statistically associated with improved OS (HR 0.204 (95% CI, 0.041- 1.003, $P=0.05$) and PFS (HR 0.148 (95% CI,0.028- 0.781) after multivariate analysis.

Conclusion

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The present study findings support the role of gemcitabine doublet with platinum or 5FU as the first-line regimen in advanced or metastatic CCA. In addition, TACE offered prolonged survival to the patients when offered prior to systemic therapy. However, in view of the rarity of CCA in Egypt, we encourage large multi-institutional randomized trials to evaluate the efficiency of gemcitabine doublets in the adjuvant setting in an attempt to reduce the commonly encountered recurrence and dissemination in CCA.