



AB007. S2-1. Liver-directed therapy for cholangiocarcinoma

Sean P. Cleary

Mayo Clinic College of Medicine, Rochester, MN, USA

Correspondence to: Sean P. Cleary. Mayo Clinic College of Medicine, Rochester, MN, USA. Email: cleary.sean@mayo.edu.

Abstract: Surgical resection remains the optimal curative option for cholangiocarcinoma. Unfortunately, <25% of patients will present with resectable disease leading to a significant clinical opportunity for non-surgical therapy. Due to the high frequency of intrahepatic disease recurrence or progression, liver directed therapy hold significant potential therapeutic benefit either alone or in combination with systemic therapy. While endoscopic therapies have been largely used to relieve biliary obstruction, techniques including intra-arterial therapy,

ablation and external radiotherapy have been suggested as primary tumour therapy for liver-limited disease. Intra-arterial techniques include bland and trans-arterial chemo-embolization, radioembolization (Y90) and hepatic arterial infusion chemotherapy. Tumour ablation techniques include radiofrequency and microwave ablation as well as irreversible electroporation. External radiotherapy techniques such as stereotactic body radiotherapy (SBRT) and proton therapy are being applied with increasing precision and efficacy. To date the results of liver directed therapy are based on retrospective case series and systematic reviews as prospective comparative data is currently lacking. The future prospects of liver directed therapy include generation of prospective data as well as potential combination regimens of liver-directed and systemic therapy.

Keywords: Cholangiocarcinoma; liver-directed; embolization; ablation; radiation

Cite this abstract as: Cleary SP. Liver-directed therapy for cholangiocarcinoma. *HepatoBiliary Surg Nutr* 2019;8(Suppl 1):AB007. doi: 10.21037/hbsn.2019.AB007