

# Cholangiocarcinoma UK – survey results

7<sup>th</sup> December

Hassan Z Malik



# 36

**Total Responses.**

**Majority of HPB resectional centres in the UK have contributed to this survey**

Date Created: Thursday, March 08, 2018

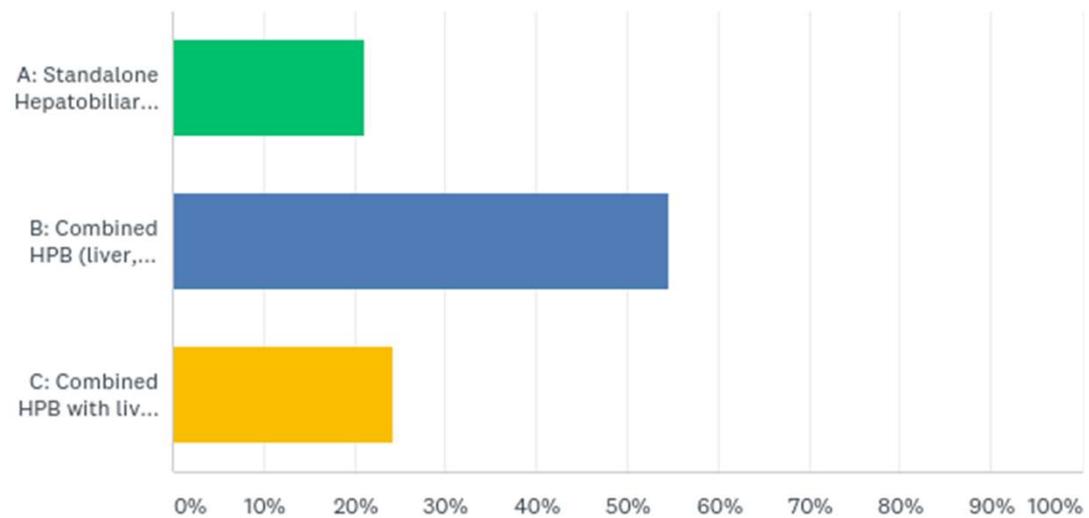
Complete Responses: 36

# Centre infrastructure



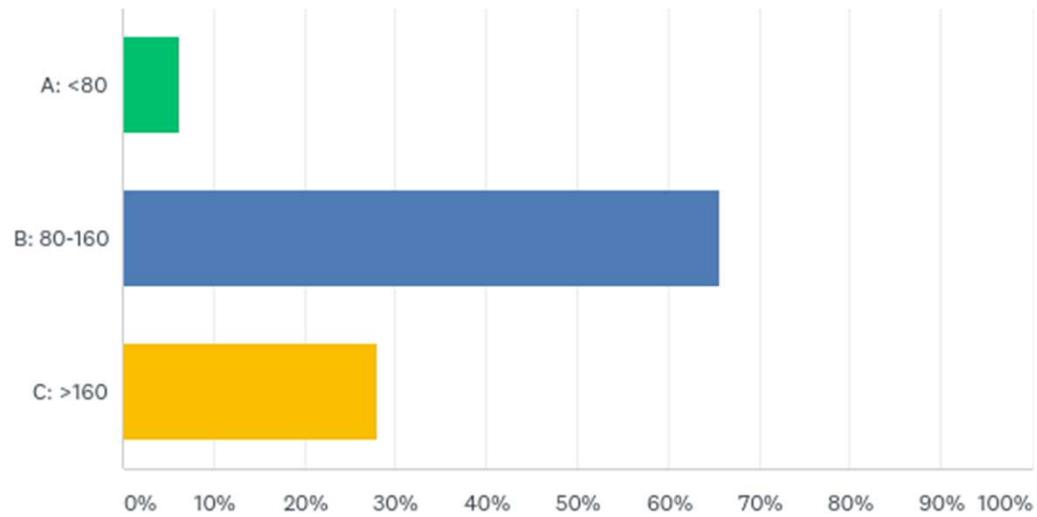
## Please describe your center:

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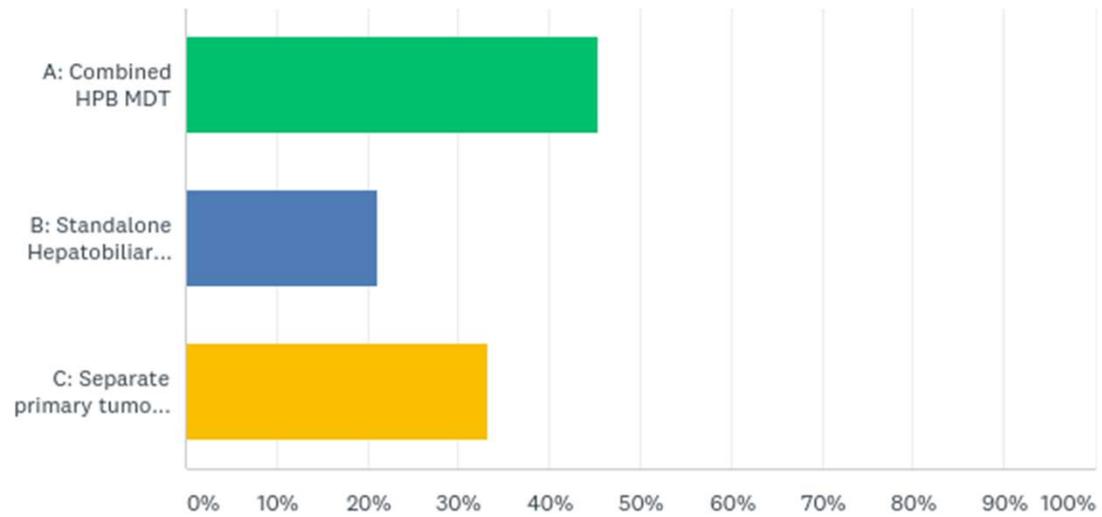
## Average numbers of liver resections per year :

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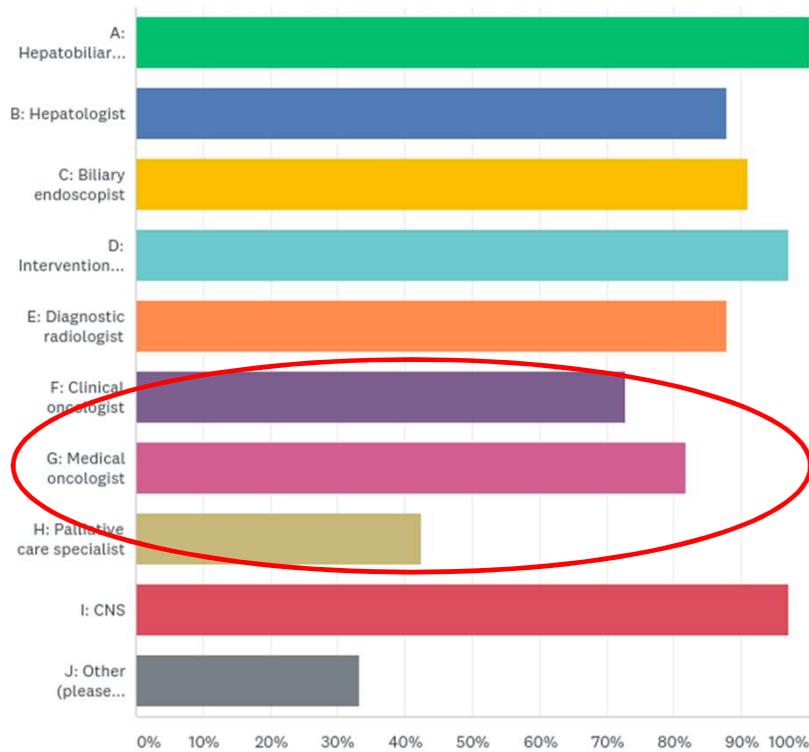


## Please describe your MDT arrangement:

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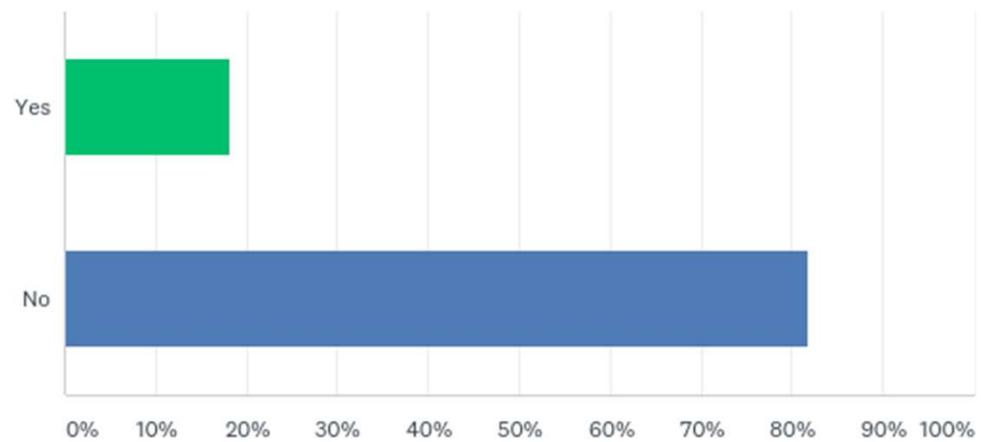


## Please describe composition of your MDT:



## Do you have a CNS with a specialist interest in cholangiocarcinoma?

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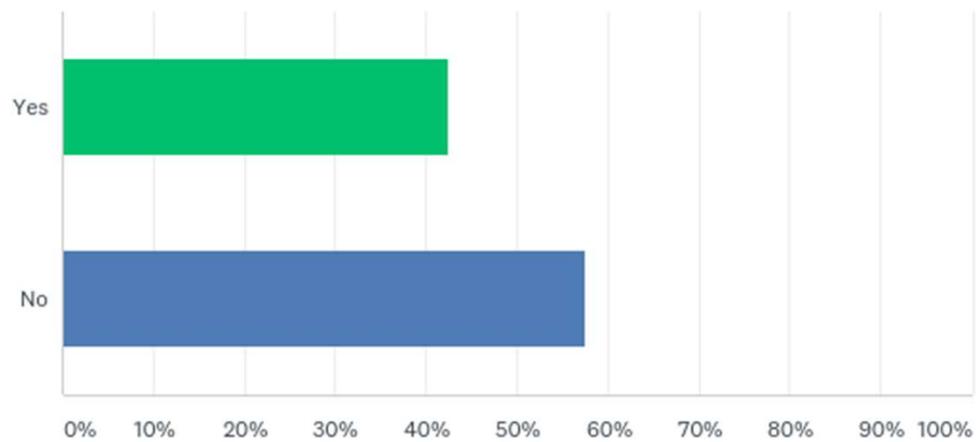
## What information resources are available to your patients?

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| ANSWER CHOICES   | RESPONSES |    |
|--|-----------|----|
| A: Patient information leaflet for stenting – ERCP/PTC | 90.91%    | 30 |
| B: Patient information leaflet on cholangiocarcinoma   | 42.42%    | 14 |
| C: Patient information leaflet on liver surgery        | 90.91%    | 30 |
| D: Patient information leaflet on Chemotherapy         | 72.73%    | 24 |
| E: Patient information leaflet on Radiotherapy         | 42.42%    | 14 |
| F: Patient information leaflet on Supportive care      | 63.64%    | 21 |
| Total Respondents: 33                                  |           |    |

## Do you refer your patients with cholangiocarcinoma to a web resource?

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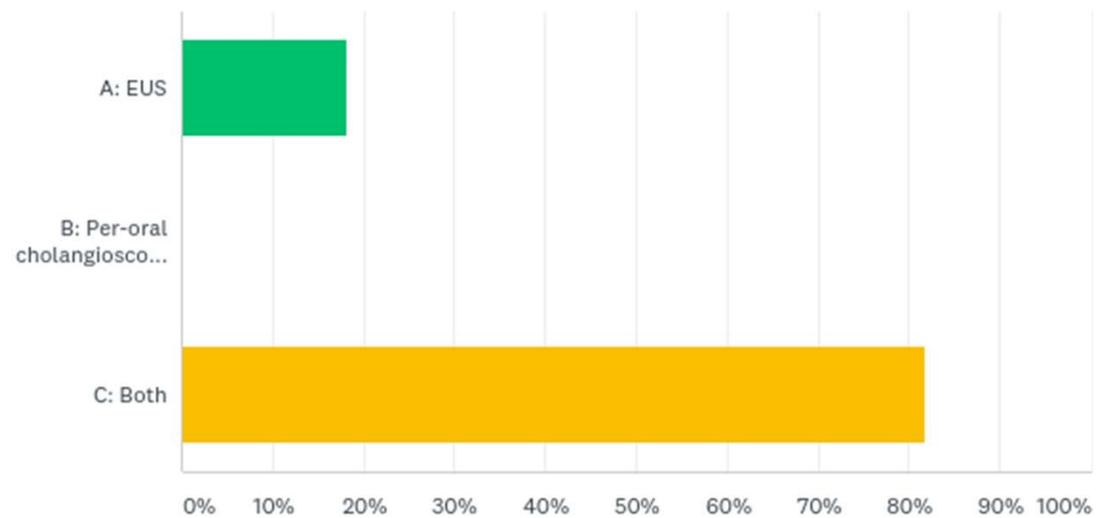


# Diagnostics and Biliary drainage practice



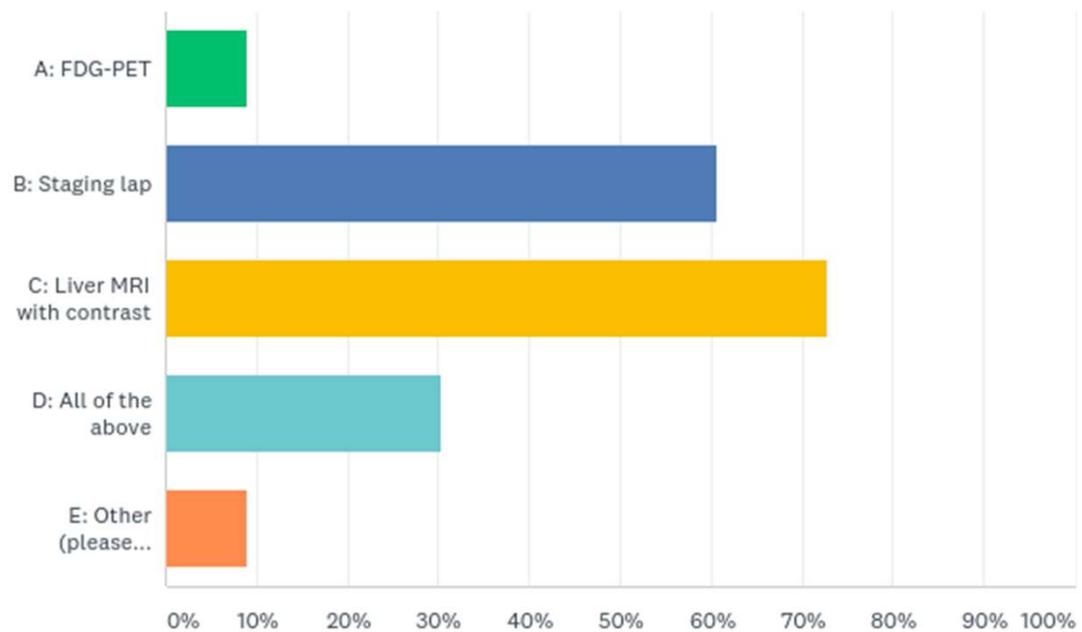
## Does your center have access to:

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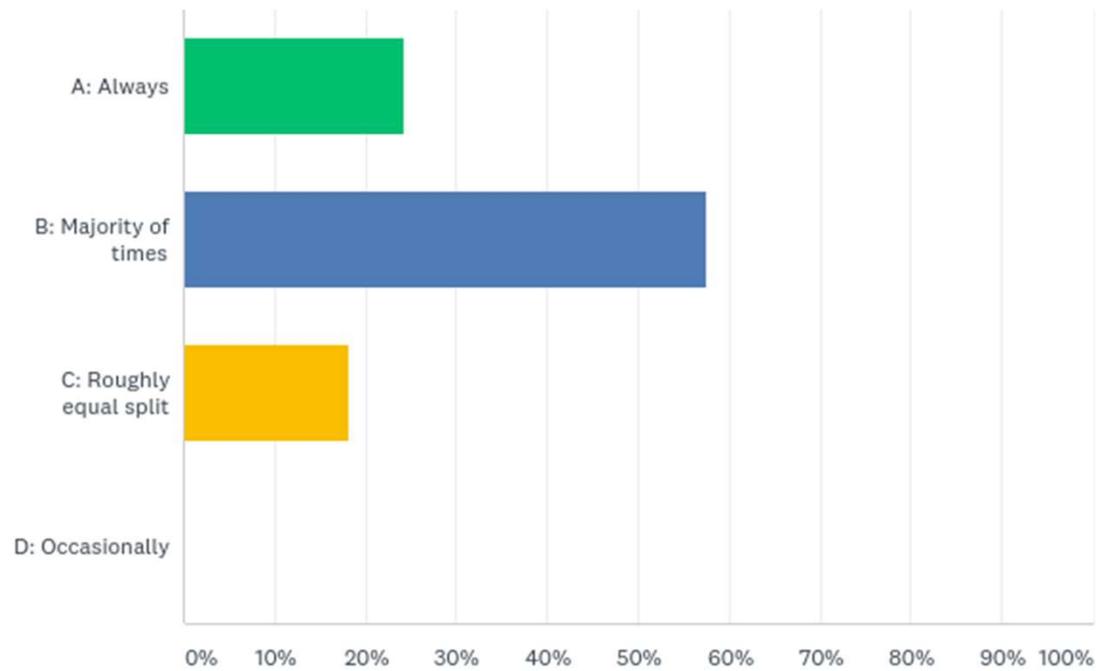
## Beyond CT scanning, what other staging modalities do you use routinely prior to resection of hilar cholangiocarcinoma:

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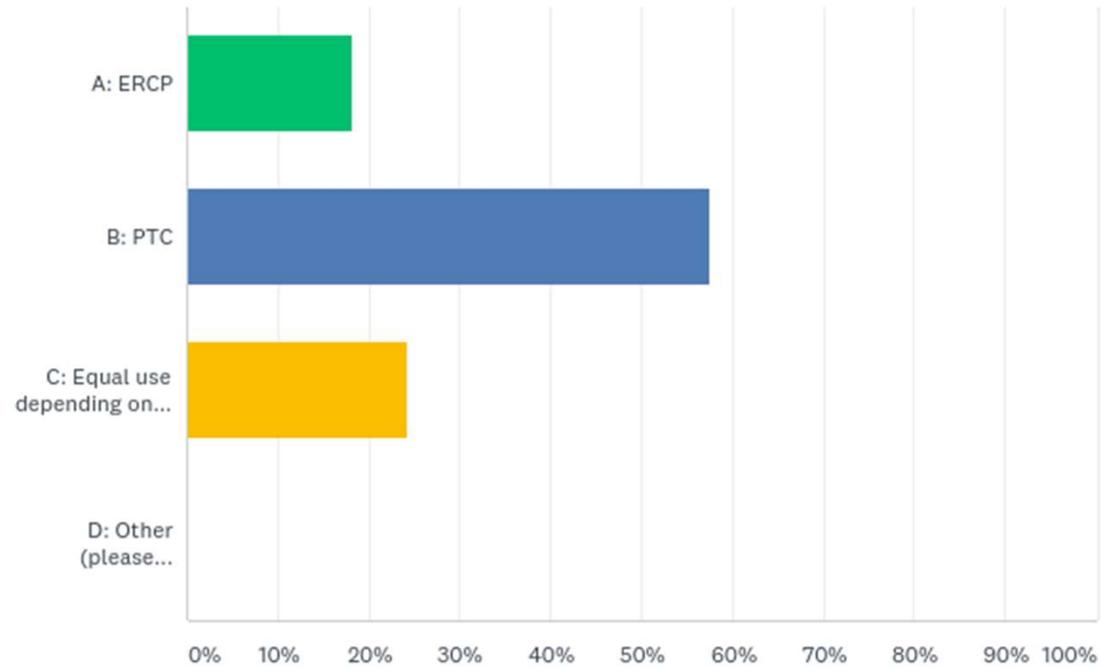
## Is biliary drainage for hilar tumours undertaken at your center (as opposed to referring hospitals) ?

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## What is your preferred approach for biliary drainage:

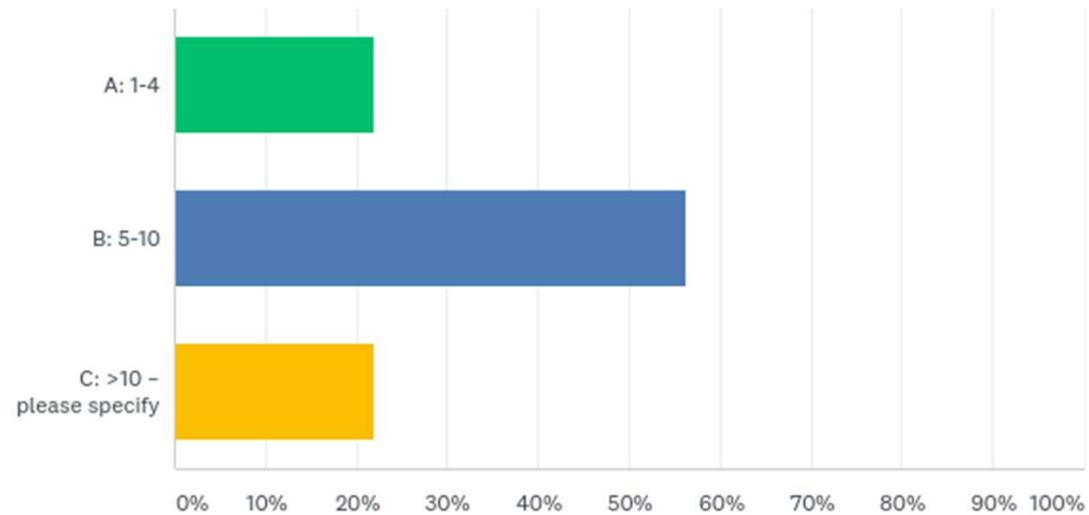
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# Surgical practice

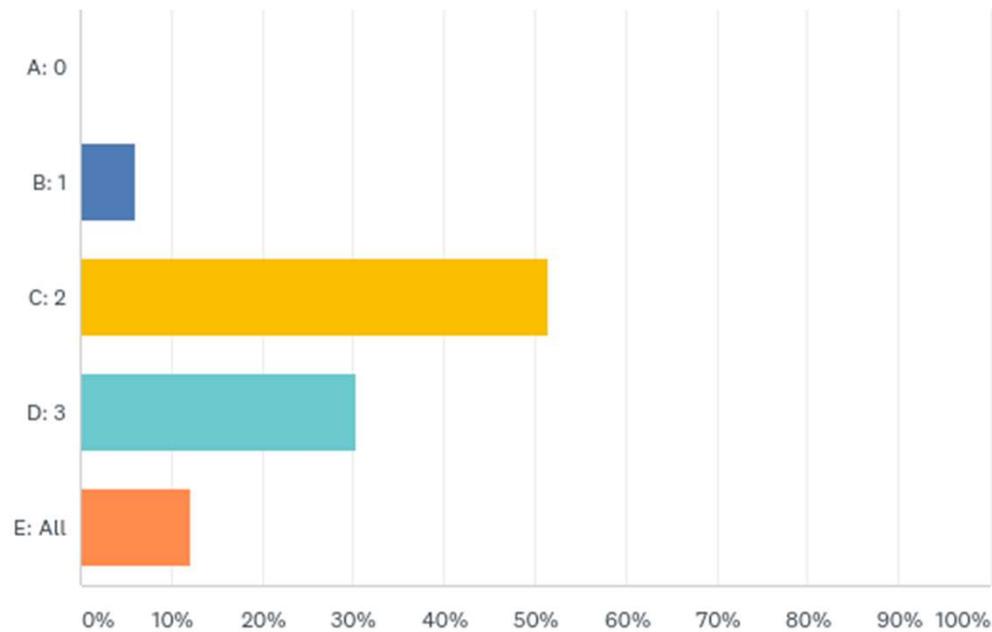
## Average numbers of resections for peri-hilar cholangiocarcinoma your center performs per year:

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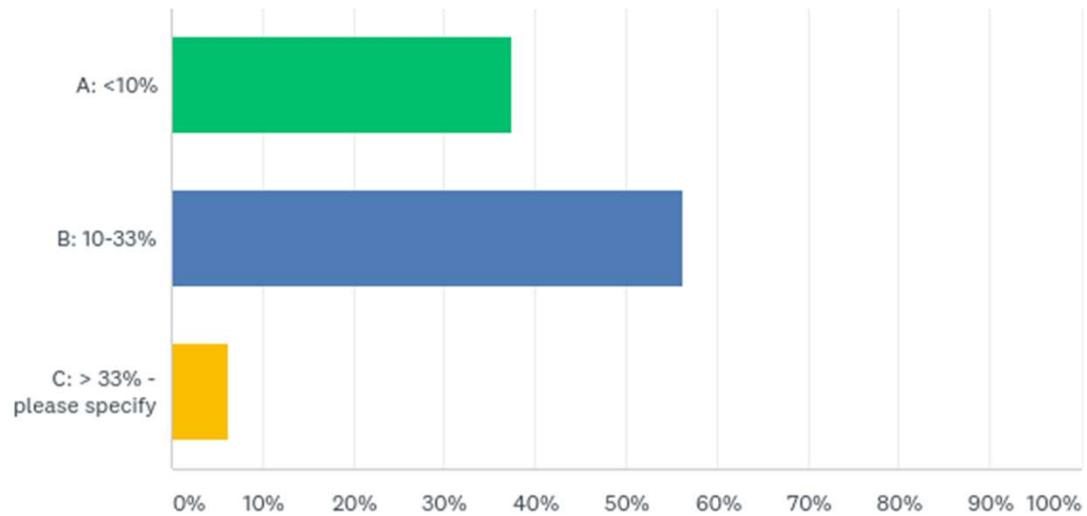
## How many surgeons in your centre undertake resections for peri-hilar cholangiocarcinoma:

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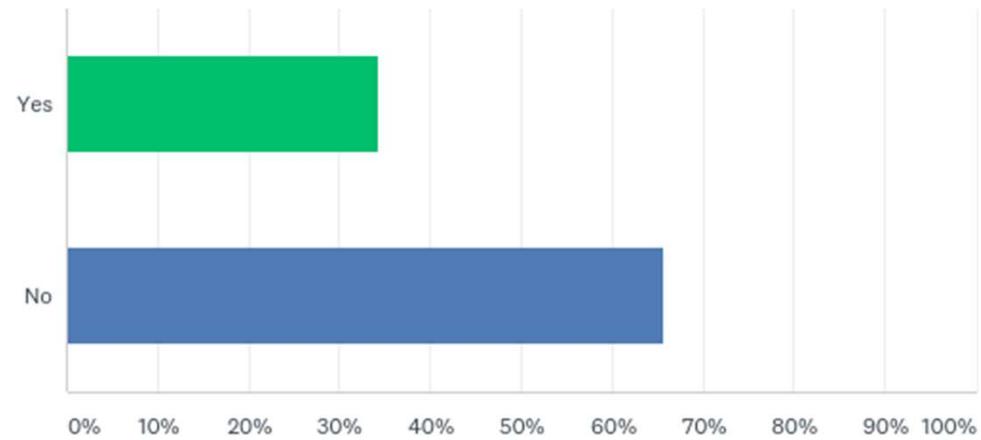
## What proportion of patients with peri-hilar cholangiocarcinoma undergo vascular resections in your institution:

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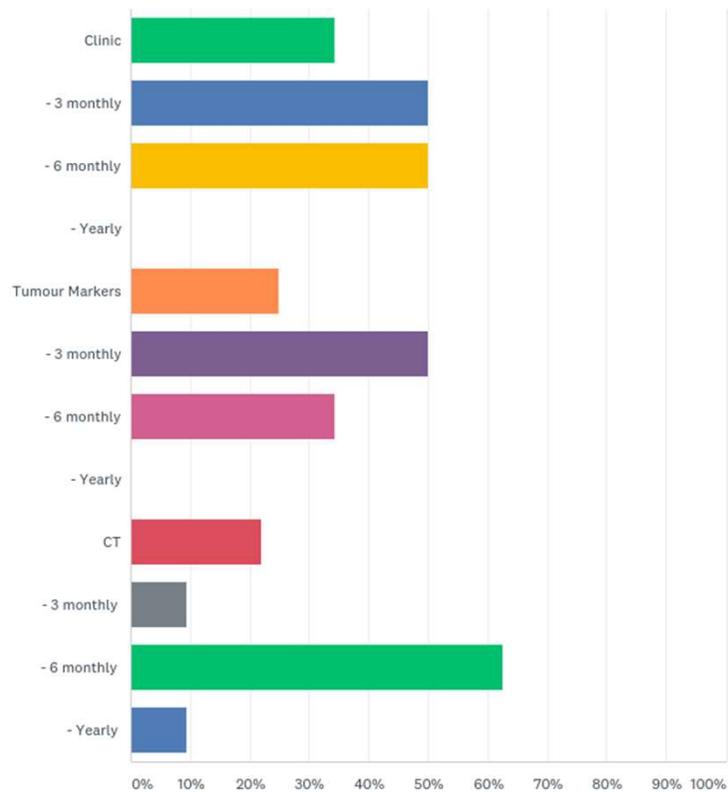


## Has your institution undertaken ALPPS procedures for peri-hilar/intra-hepatic cholangiocarcinoma resections:

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## What is your follow-up protocol after resection for perihilar/intra-hepatic cholangiocarcinoma in the first 2-years:

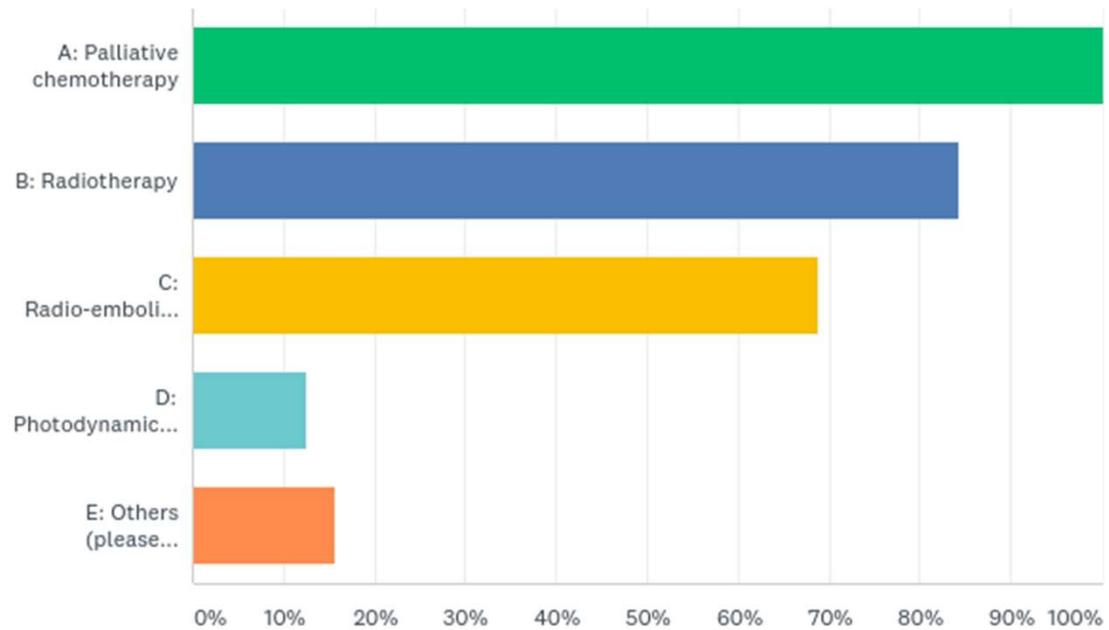


# Non operative practice



## What palliative options are available in your network:

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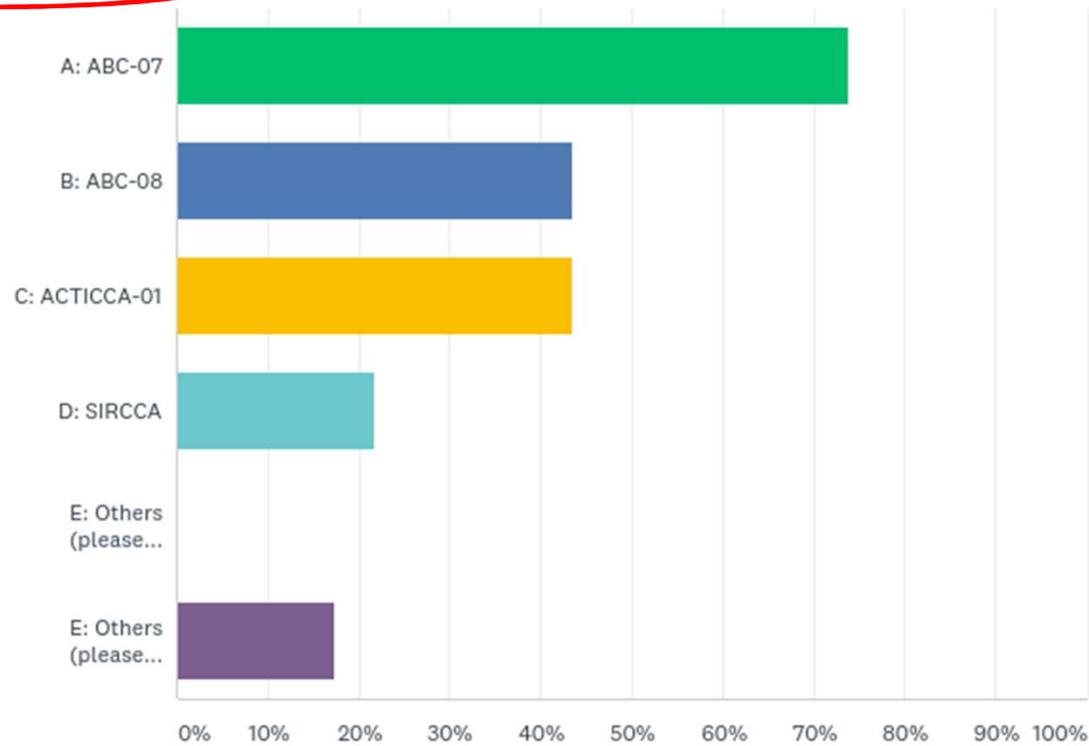


# Research



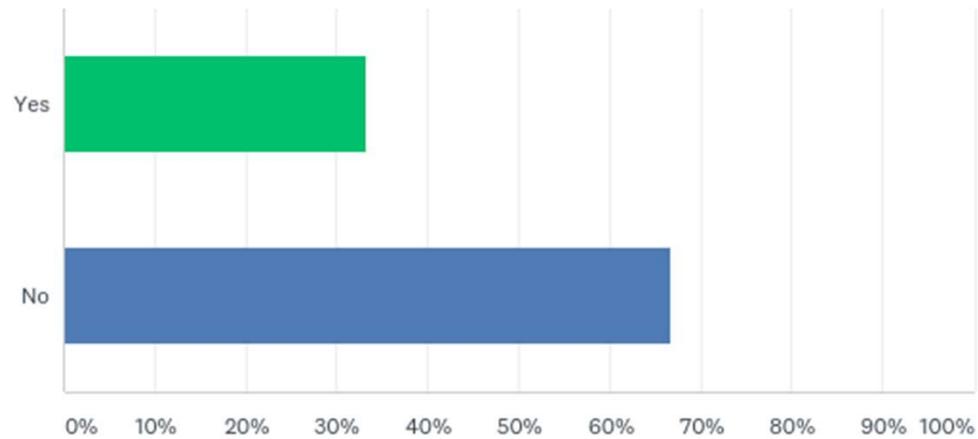
## Which of the following NIHR portfolio studies in cholangiocarcinoma are open/will be opening within your group:

Answered: 23 Skipped: 13



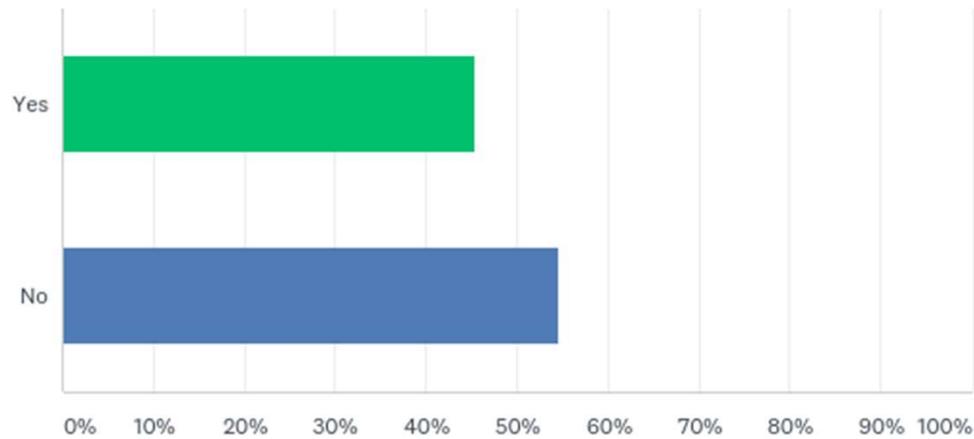
## Is there a translational research program in cholangiocarcinoma embedded within your service?

Answered: 16 Skipped: 20



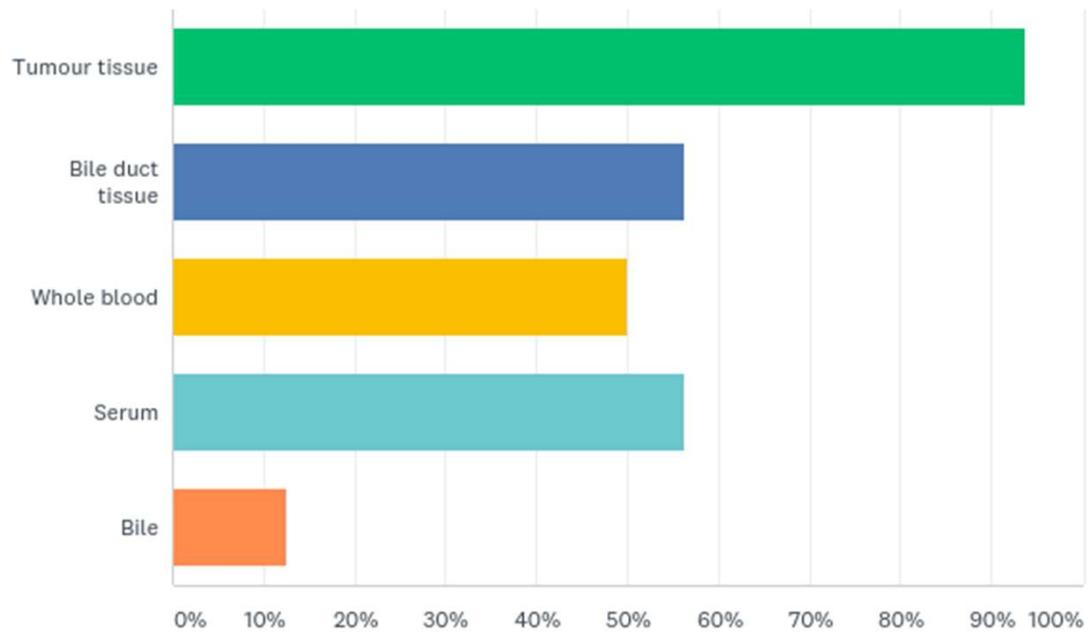
## Do you have a prospectively maintained biobank for cholangiocarcinoma?

Answered: 16 Skipped: 20



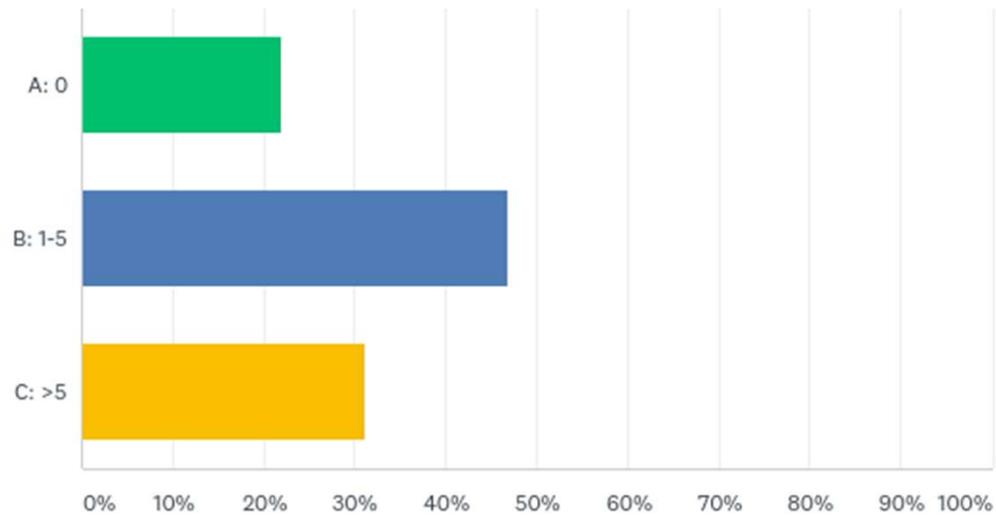
## If yes, what samples are stored:

Answered: 16 Skipped: 20



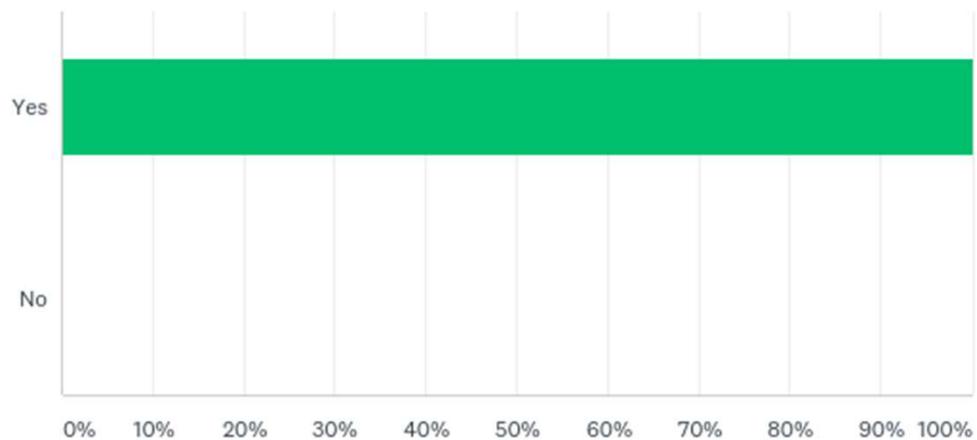
## How many papers (clinical and basic science) in the field of biliary tract cancer has your group published in the last 5 years?

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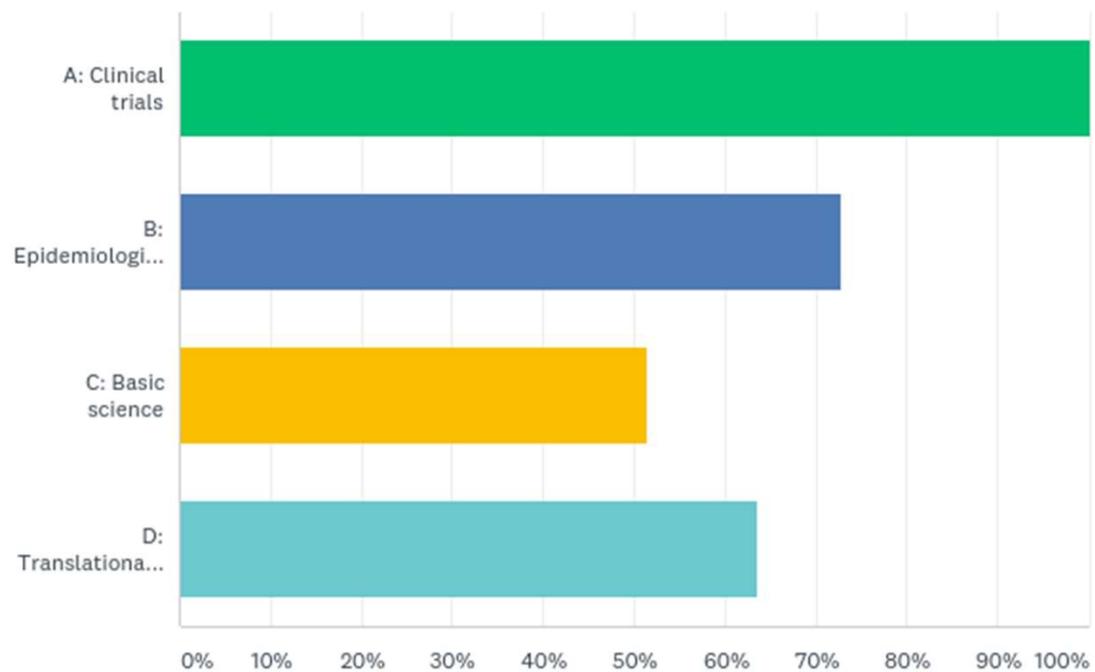
## Would your group be interested in collaborating in research within the field of cholangiocarcinoma?

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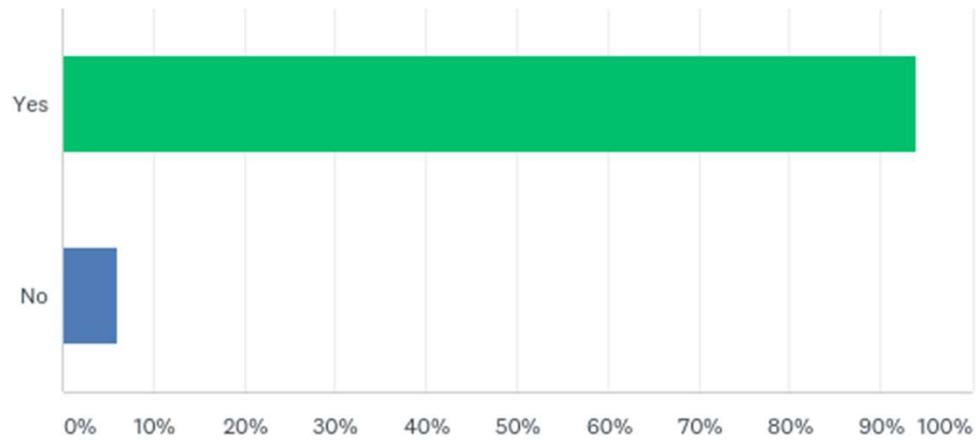
## If yes, what areas would be of interest to your group?

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## Would your group be interested in collaborating in a national virtual biobank for cholangiocarcinoma?

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## Survey demonstrates variation

**Is this variation unacceptable?**

# Variations in health care – The King's fund

## The good, the bad and the inexplicable

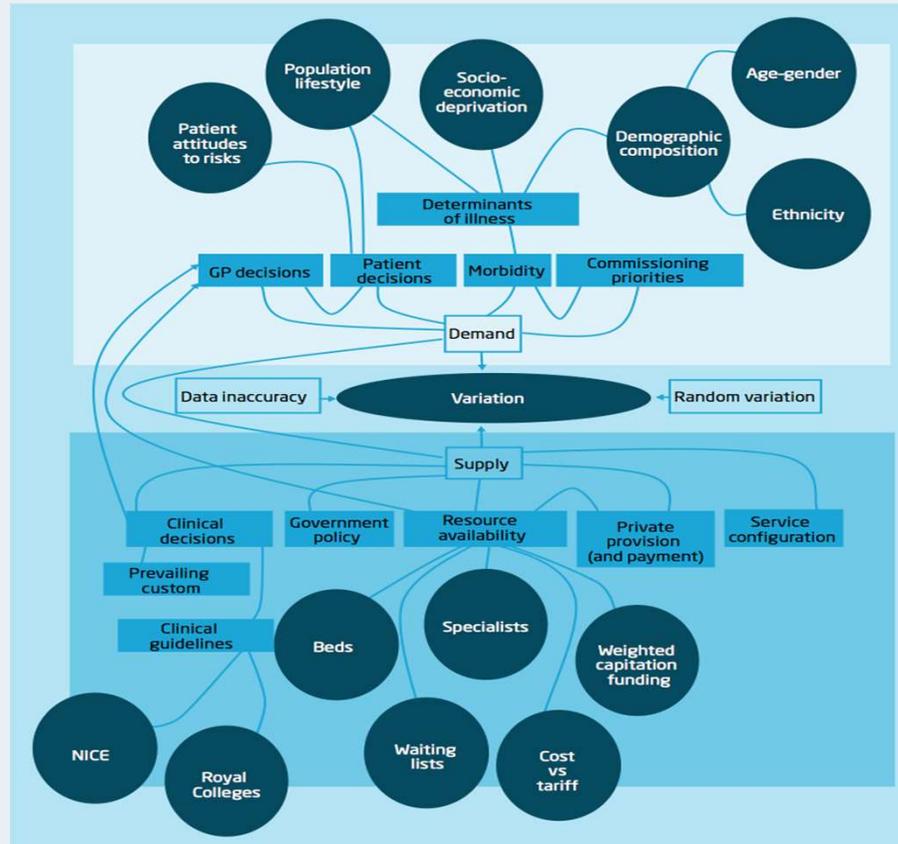
*If all variation were bad, solutions would be easy. The difficulty is in reducing the bad variation, which reflects the limits of professional knowledge and failures in its application, while preserving the good variation that makes care patient centred. When we fail, we provide services to patients who don't need or wouldn't choose them while we withhold the same services from people who do or would, generally making far more costly errors of overuse than of underuse.*

(Mulley 2010)

# SWORD data 2016-17 – CCA resections

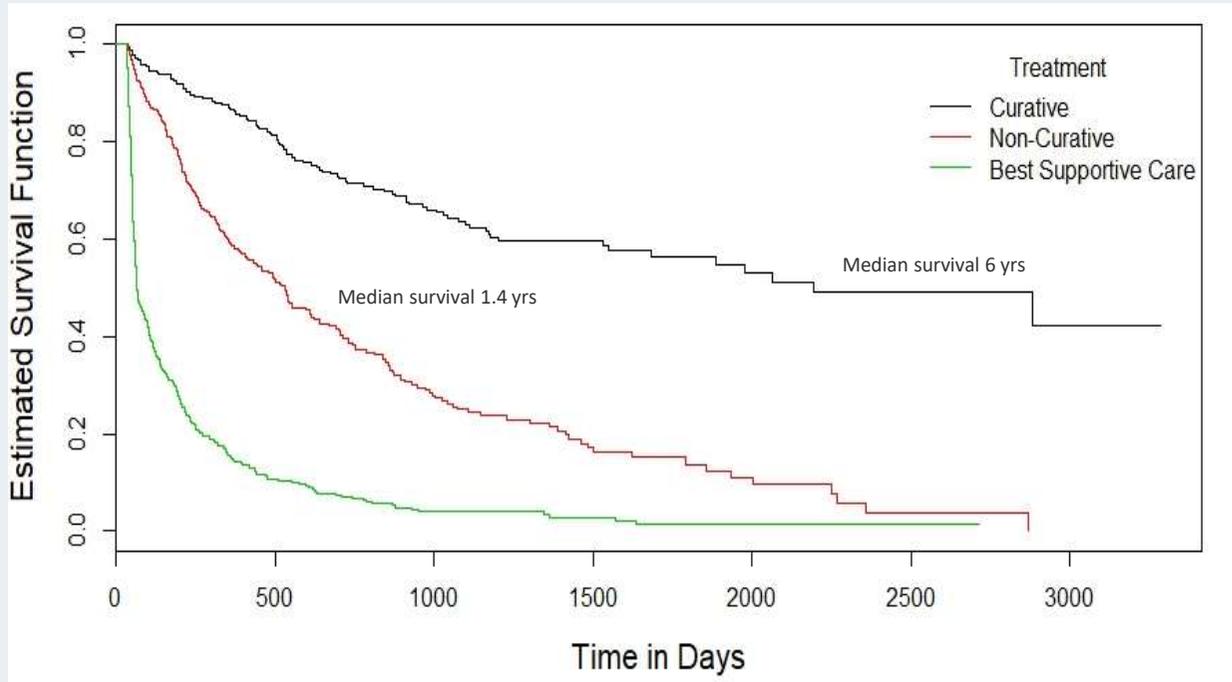


# Mapping causes of variation



**Cholangiocarcinoma (CCA) is a tumour of  
unmet need**

# Liverpool data 2009-2016



HCC

837 patients

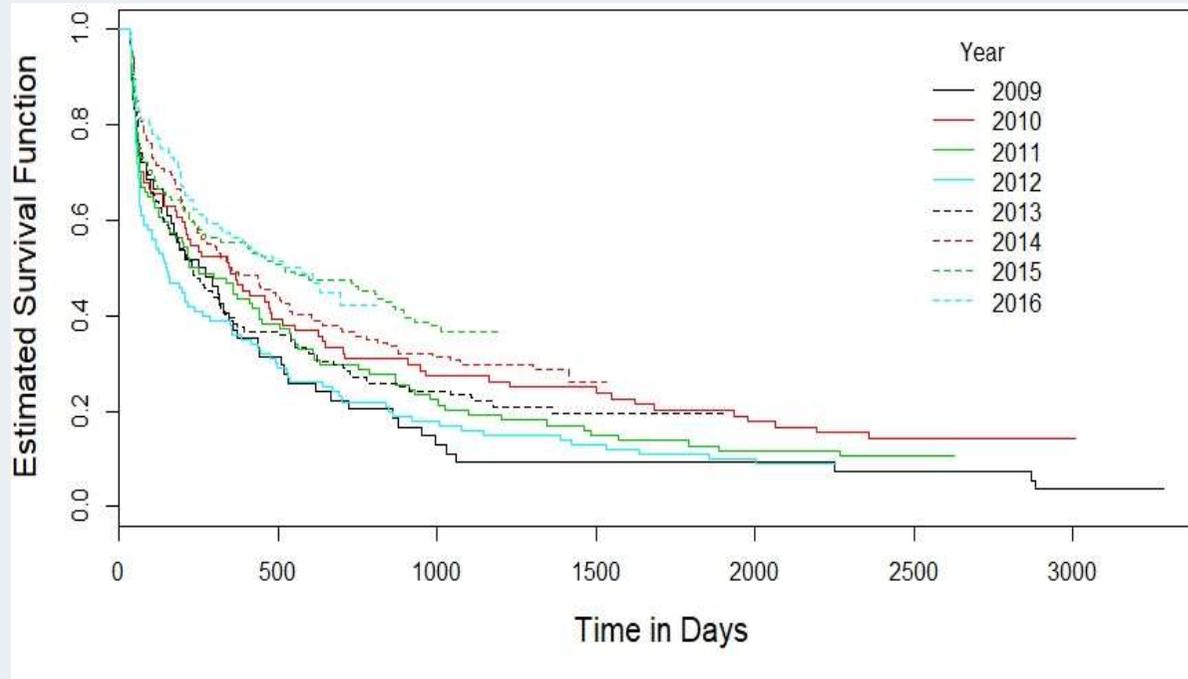
Curative intent treatment in 27%

Additional 27% received active intervention: TACE and clinical trials

Best supportive care 46%



## Liverpool data 2009-2016



HCC

837 patients

Curative intent  
treatment in 27%

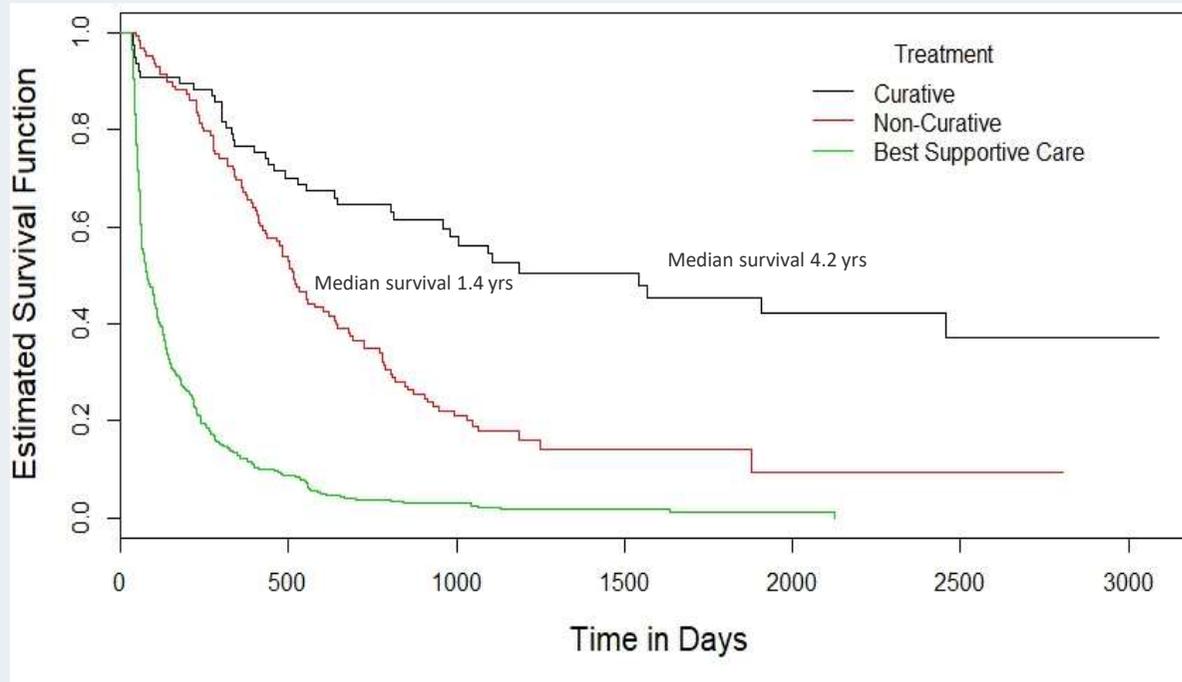
Additional 27%  
received active  
intervention:  
TACE and clinical trials

Best supportive care 46%

$P < 0.001$



## Liverpool data 2009-2016



CCA

393 hilar CCA patients

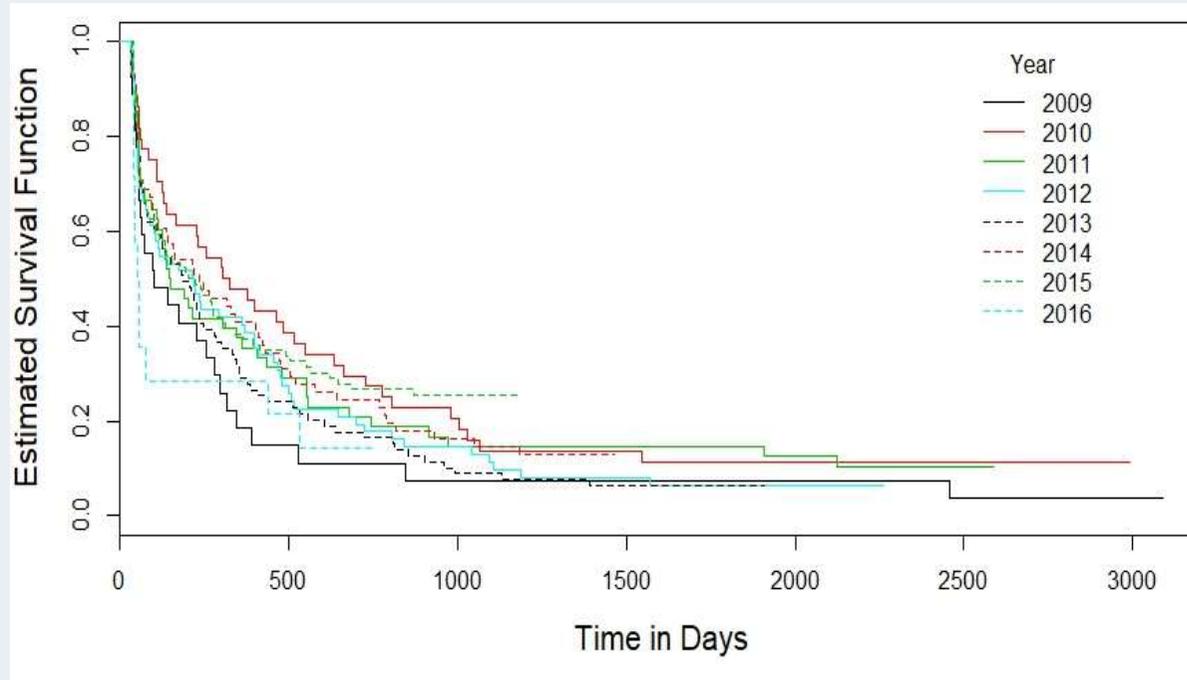
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Additional 24% of patients received active intervention:  
Palliative chemo with active stent management and clinical trials

57% Best supportive care



## Liverpool data 2009-2016



CCA

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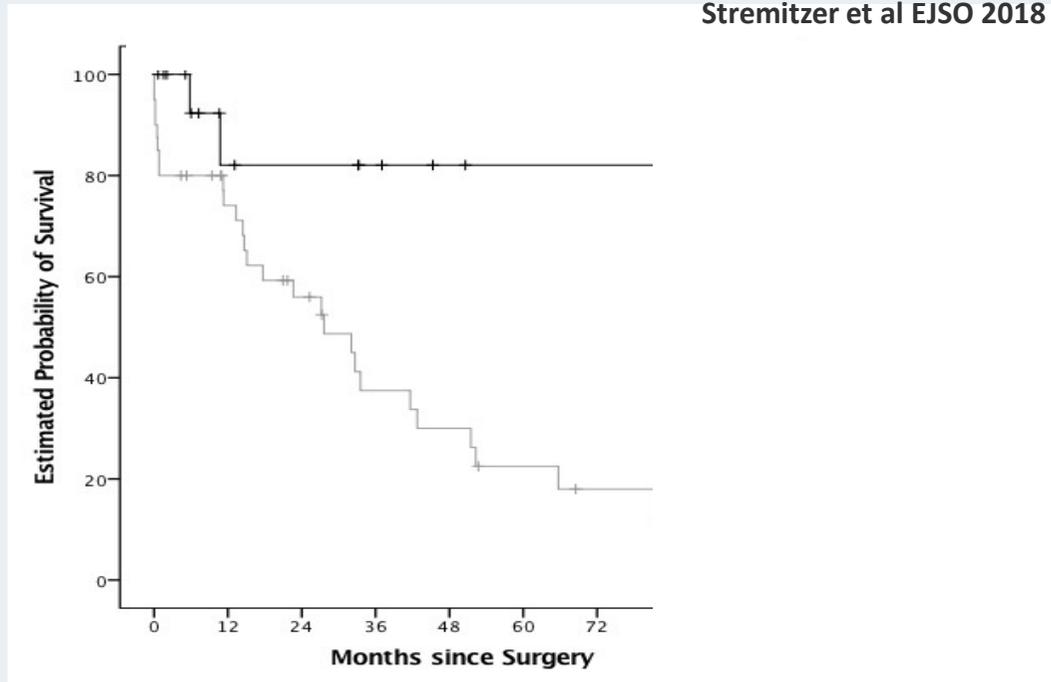
P=0.093



## Outcomes for resection in early stage (<3cm; N0) peri-hilar CCA



Stremitzer et al EJSO 2018



30% of series were  
“early stage”  
peri-hilar CCA

Non PSC patients

P<0.001



**Start the conversation**  
**Development of centres of expertise?**