

# PRACTICAL INSIGHTS FOR EARLY DIAGNOSIS AND MANAGEMENT OF BILIARY TRACT CANCERS

## Referral Pathways and Accelerating Diagnosis of Biliary Tract Cancer

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# Diagnostic Bottlenecks and their Impact

- Non-specific symptoms → misattribution.
- Rare cancer → limited awareness.
- Delays in access to imaging (ultrasound, CT, MRI, MRCP).
- Fragmented communication between care levels.
- Delays in diagnosis and thus treatment in an aggressive cancer.

- “Time is life”.



CT: Computed tomography; MRI: Magnetic resonance imaging; MRCP: Magnetic Resonance Cholangiopancreatography

# Role of Primary Care Physician



- Early recognition of subtle signs:
  - ✓ Pain-free jaundice.
  - ✓ Elevation of liver enzymes.
  - ✓ Ascites.
  - ✓ B-symptoms.
  - ✓ Pain in right upper abdomen or Couvoisier sign.
  - ✓ Especially in vulnerable patient groups (e.g. cirrhosis, chronic infections e.g. hepatitis B/C, CED, PSC)<sup>1,2</sup>.
- Training and awareness programs.
- Direct referral to imaging and/or specialized centres.

**CED:** Convection-Enhanced Delivery; **PSC:** Primary Sclerosing Cholangitis

1. Ghouri YA, Mian I, Blechacz B. Cancer review: Cholangiocarcinoma. J Carcinog. 2015 Feb 23;14:1. doi:10.4103/1477-3163.151940.

2. Wernberg JA, Lucarelli DD. Gallbladder cancer. Surg Clin North Am. 2014 Apr;94(2):343-60. doi:10.1016/j.suc.2014.01.009.

# Referral Models in Europe

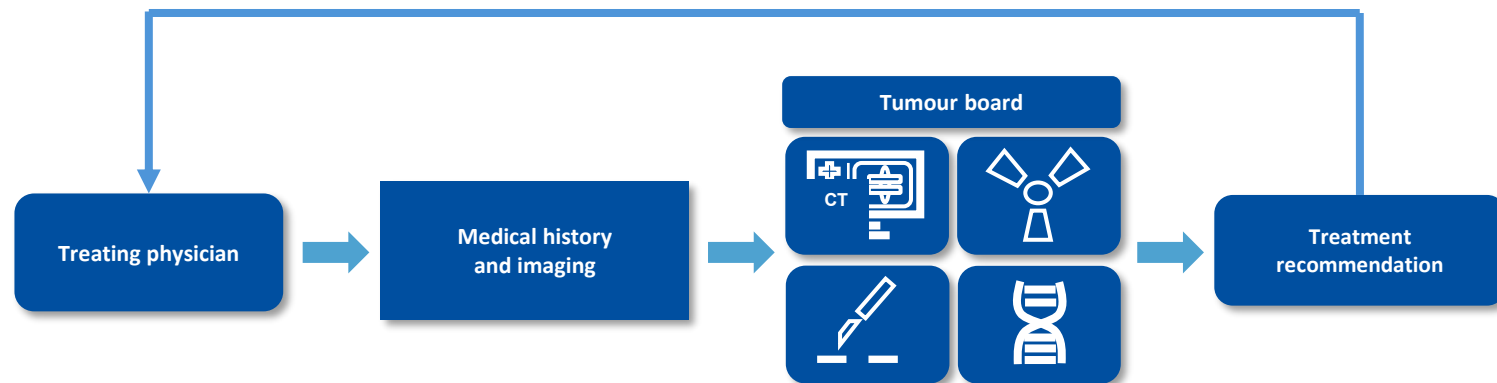


- Direct GP access to first-line imaging or specialized centre.
- One-stop hepatobiliary diagnostic clinics.
- Digital referral & tracking platforms. 
- Different approaches in Europe:
  - ✓ **UK:** “urgent cancer referral”<sup>3</sup>.
  - ✓ **Schweden/Denmark:** “vårdförlopp/pakkeforløb - The Cancer Patient Pathways”<sup>4</sup>.
  - ✓ **Germany:** Centralized regional cancer centers and “CITO-Code”<sup>5</sup>.
  - ✓ **Netherlands:** electronic ZorgDomain combined with regional centres<sup>6</sup>.
- Completion of diagnostic steps.
- Discussion in specialized centres/specialists.

GP: General Practitioner

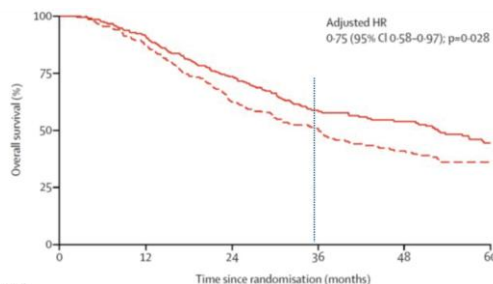
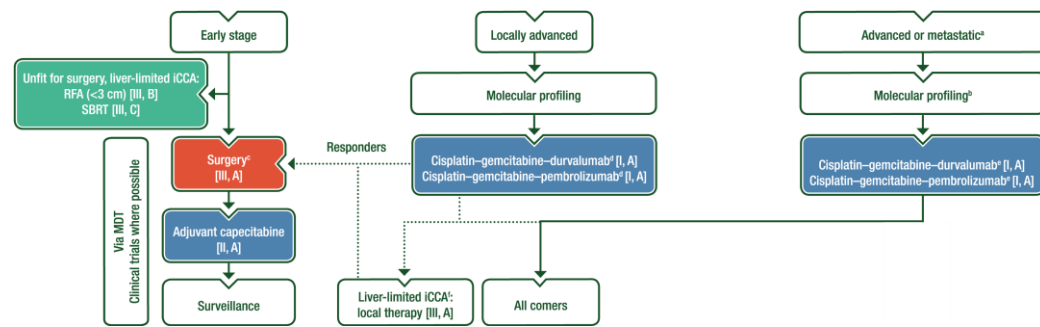
3. National Institute for Health and Care Excellence (NICE). Suspected cancer: recognition and referral. London: NICE; 2025 Apr 7 (NICE Clinical Guideline, No. 12). Available from: <https://www.ncbi.nlm.nih.gov/books/NBK55330>. 4. Damhus CS, Brodersen JB, Nielsen GL. Diagnostic flow for all patients referred with non-specific symptoms of cancer to a diagnostic centre in Denmark: A descriptive study. Eur J Gen Pract. 2024;30(1). doi:10.1080/13814788.2023.2296108. 5. <https://www.bundesgesundheitsministerium.de/terminservice-und-versorgungsgesetz.html>. 6. <https://www.avl.nl/en/referrers/#patientdoorverwijze>.

# Multidisciplinary Coordination at Centres - Tumour Boards



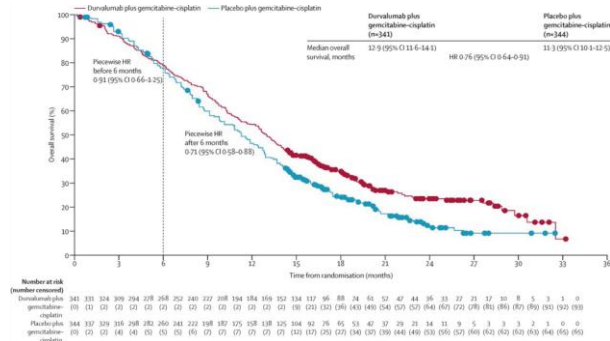
- Early case discussion prevents duplication and ensures high quality.
- Centralized referral networks ensure equal access.

# Treatment Algorithm



| Number at risk<br>(number censored) |         |
|-------------------------------------|---------|
| Capecitabine group                  | 210 (0) |
| Observation group                   | 220 (0) |

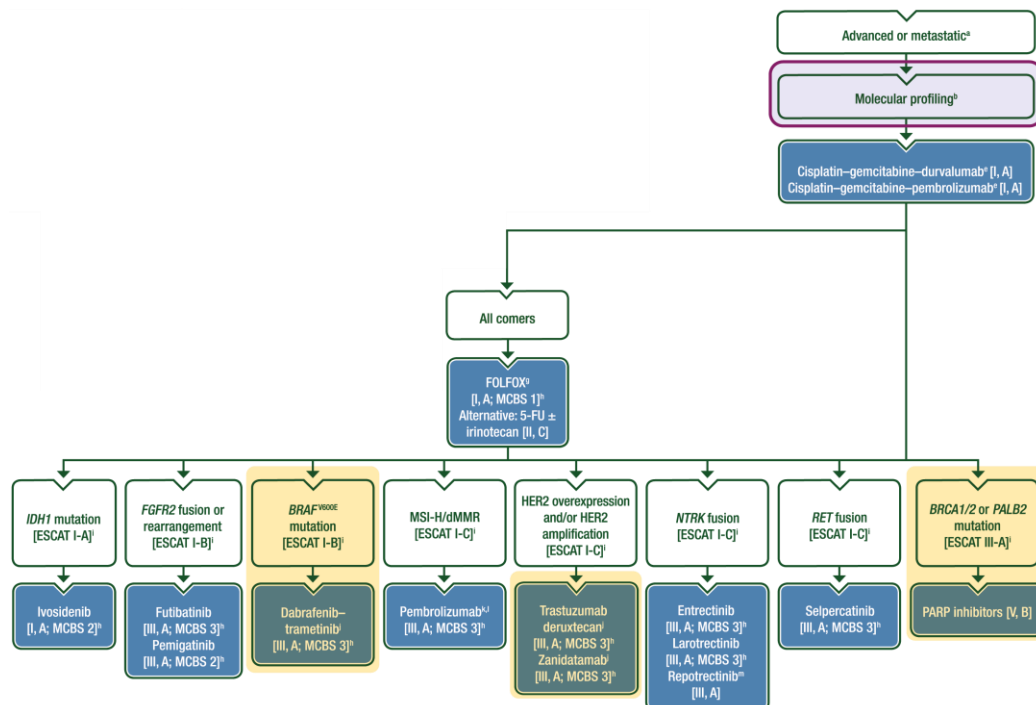
|         |         |          |         |         |
|---------|---------|----------|---------|---------|
| 190 (2) | 152 (3) | 105 (21) | 83 (35) | 56 (49) |
| 190 (3) | 134 (5) | 92 (23)  | 64 (34) | 44 (47) |



**ICCA:** intrahepatic cholangiocarcinoma; **RFA:** Radiofrequency Ablation. **SBRT:** Stereotactic Body Radiation Therapy

7. Vogel A, Ducreux M; ESMO Guidelines Committee. ESMO Clinical Practice Guideline interim update on the management of biliary tract cancer. ESMO Open. 2025 Jan;10(1):104003. doi:10.1016/j.esmoop.2024.104003. 8. John N Primrose et al. Capecitabine compared with observation in resected biliary tract cancer (BILCAP): a randomised, controlled, multicentre, phase 3 study; The Lancet Oncology, Volume 20, Issue 5, 2019, Pages 663-673, ISSN 1470-2045. 9. Do-Youn Oh et al. Durvalumab or placebo plus gemcitabine and cisplatin in participants with advanced biliary tract cancer (TOPAZ-1): updated overall survival from a randomised phase 3 study, The Lancet Gastroenterology & Hepatology, Volume 9, Issue 8, 2024, Pages 694-704.

# Treatment Algorithm in the Metastatic Setting



BTC: Biliary Tract Cancer; IDH1: Isocitrate Dehydrogenase 1; FGFR2: Fibroblast Growth Factor Receptor 2; HER2: Human Epidermal Growth Factor Receptor 2; ICCA: intrahepatic cholangiocarcinoma; MSI: Microsatellite Instability; NTRK: Neurotrophic Tyrosine Receptor Kinase; RET: Rearranged during Transfection; BRCA 1/2: Breast Cancer gene 1/2; PALB2: Partner And Localizer of BRCA2; MCBS: Magnitude of Clinical Benefit Scale; PARP: Poly (ADP-Ribose) Polymerase;

10. Vogel A, Ducreux M; ESMO Guidelines Committee. ESMO Clinical Practice Guideline interim update on the management of biliary tract cancer. ESMO Open. 2025 Jan;10(1):104003. doi:10.1016/j.esmoop.2024.104003.

# Treatment Algorithm in the Metastatic Setting



11. Abou-Alfa GK, Sahai V, Hollebecque A, Vaccaro G, Melisi D, Al-Rajabi R, et al. Pemigatinib for previously treated, locally advanced or metastatic cholangiocarcinoma: a multicentre, open-label, phase 2 study. *Lancet Oncol* 2020;21(5):671–84.



# Conclusions

- Biliary tract cancer patients need fast, coordinated pathways for diagnostic and treatment approach.
- Awareness in GPs.
- Quick referral options to specialized centres.
  - ✓ Multidisciplinary care ensures optimal outcomes.
  - ✓ Evaluation of participation in trial.
  - ✓ Optimal treatment algorithm.
- Earlier treatment, better patient survival.

GPs: General Practitioners