

Supported in part by an educational grant from



International Society of Gastrointestinal Oncology

2010 Gastrointestinal Oncology Conference

September 23-25, 2010

ABSTRACTS

[Hepatobiliary Cancer](#)

abstr 1022

Chemotherapy Outcomes for the Treatment of Unresectable Intrahepatic Cholangiocarcinoma: A Retrospective Analysis

Karen R. Eckmann

Departments of Pharmacy, The University of Texas M. D. Anderson Cancer Center, Houston, TX

Background: Intrahepatic cholangiocarcinoma (IHC) is a relatively rare tumor that arises from the bile ducts within the liver. Patients with unresectable cholangiocarcinoma typically survive less than 10 months. Due to the low incidence of these tumors, few randomized trials have been conducted to identify a preferred chemotherapeutic strategy for patients with unresectable disease. The primary objective of this project was to determine the overall tumor control rates of chemotherapeutic regimens used for first-line treatment of unresectable intrahepatic cholangiocarcinoma. Secondary objectives included duration of response, overall survival, and prognostic factors.

Methods: M. D. Anderson Cancer Center patients with unresectable IHC who received first-line chemotherapy from January 1, 2005 to October 31, 2009 were reviewed. Eighty-five patients met inclusion criteria and were eligible for analysis. Data collected included date of diagnosis, baseline characteristics (including age at diagnosis, sex, prior malignancy, total bilirubin, CA 19-9, extent of disease, site of disease, and prior treatment for disease), first-line chemotherapy regimen, date of first cycle, response, date of progression, toxicity data, and mortality.

Results: The most commonly used regimen was gemcitabine/cisplatin [gem/cis] (53 patients, 62%). There was no significant difference between tumor control rates with gem/cis (72% PR/SD, 28% PD) and with other regimens (69% PR/SD, 31% PD). There was also no significant difference between overall survival with the use of gem/cis (15.2 months) or alternative regimens (13.9 months). A decrease in overall survival was seen with elevated baseline CA 19-9, an initial diagnosis of unknown primary tumor, and prior treatment with chemoradiation.

Conclusion: A preferred first-line regimen for unresectable intrahepatic cholangiocarcinoma has not been determined due to a lack of randomized, controlled trials. In this retrospective review, both gem/cis and alternative regimens (including capecitabine/oxaliplatin, gemcitabine/capecitabine, and gemcitabine/oxaliplatin) were effective regimens in maintaining disease control in this population. Further research is needed, with multicenter collaboration to obtain larger homogenous populations, to determine an optimal first-line regimen in advanced intrahepatic cholangiocarcinoma.