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Summary

Endoscopic treatment of cholangiocarcinoma (CCC): Advancing the endoscopic toolbox

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Endoscopy | Mechanisms & Personalised Medicine | Hepatobiliary | Digestive Oncology

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Endoscopic management of cholangiocarcinoma centers on biliary drainage to enable oncologic treatment, with evolving roles for suprapapillary stenting, EUS-guided drainage, and ablative techniques that may modestly prolong survival.

KEY POINTS

- The speaker stated that bilirubin must be below 2 mg/dL for oncologists to initiate cholangiocarcinoma treatment, making biliary drainage a prerequisite for therapy.
- Plastic stents are indicated for preoperative drainage because they allow tailored multi-segment drainage and are removable, while uncovered metal stents are reserved for palliation to avoid side-branch obstruction.
- Japanese studies reported that suprapapillary stents without sphincterotomy prolong time to reintervention in patients receiving neoadjuvant chemotherapy, though the speaker expressed surprise at these findings and noted experience is limited to Asia.
- A meta-analysis of 750 patients showed radiofrequency ablation appeared to prolong survival but the benefit was described by the speaker as small (more than one month) with no impact on stent patency, and the speaker stated evidence for both RFA and photodynamic therapy is very limited.
- EUS-guided biliary drainage can complement ERCP in expert centers but carries adverse event rates of 5 to 35 percent in small published series, and guidelines offer only conditional recommendation with very low quality evidence.
- Digital cholangioscopy enables targeted biopsy and was reported to change surgical planning in a study of patients evaluated after neoadjuvant chemotherapy, though the speaker noted biopsy sensitivity remains suboptimal due to small sample size.

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