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Summary

COMBINING LOCAL AND SYSTEMIC THERAPY IN A MULTIMODAL TREATMENT OF BILIARY CANCER - ROLE OF ENDOBILIARY RADIOFREQUENCY ABLATION IN PATIENTS UNDER SYSTEMIC THERAPY

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A retrospective study of 32 patients with unresectable biliary tract cancer evaluated endobiliary radiofrequency ablation combined with chemotherapy with or without immunotherapy, reporting longer stent patency and follow-up in patients receiving systemic therapy.

KEY POINTS

- Endobiliary RFA was performed in 32 patients with biliary tract cancer, with 20 receiving subsequent systemic therapy: 13 received cisplatin-gemcitabine chemotherapy and 7 received chemotherapy plus immunotherapy (durvalumab in 6, pembrolizumab in 1)
- Mean stent patency was 299 days in patients with systemic therapy versus 189 days in patients without therapy (p=0.032), with no significant difference between chemotherapy alone and chemotherapy plus immunotherapy groups
- Mean follow-up was 362 days in patients with systemic therapy versus a significantly shorter period in patients without systemic therapy (p=0.025)
- No stent occlusions occurred in the immunotherapy group, while two patients in the chemotherapy-only group experienced stent occlusion requiring plastic stent placement
- The authors conclude this multimodal approach is promising for managing biliary stenosis with a good safety profile and can be considered for patients with unresectable biliary tract cancers

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