

FEASIBILITY, CLINICAL SUCCESS AND SAFETY PROFILE OF INTRADUCTAL RADIOFREQUENCY ABLATION IN THE MANAGEMENT OF INOPERABLE PERIHILAR CHOLANGIOCARCINOMA PATIENTS: INTERIM ANALYSIS OF THE COMBORFA RANDOMIZED CLINICAL TRIAL

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UEG Week Copenhagen 2023

Poster

Hepatobiliary

October 15, 2023

Interim analysis of a randomized controlled trial suggests that ERCP-guided radiofrequency ablation with plastic stenting in inoperable perihilar cholangiocarcinoma is technically feasible with no increased complication rate compared to stenting alone.

KEY POINTS

- In 15 patients with inoperable perihilar cholangiocarcinoma (6 RFA plus stenting, 9 stenting alone), technical success was achieved in 14/15 patients and clinical success in 13/15 patients.
- There was no significant difference in moderate and severe adverse events between the RFA arm (4 events) and control arm (7 events, $p=0.64$).
- Cholangitis occurred in 4 patients in the control arm versus 1 patient in the RFA arm; other complications included bleeding, cholecystitis, perforation, and severe pancreatitis.
- Most complications were managed endoscopically, with 1 case requiring surgery and 1 death at 30 days post-procedure.
- The authors conclude RFA is feasible even in high-grade hilar strictures with no additional increase in complication rate, though this represents preliminary data from an ongoing trial.

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