Cholangiocarcinoma is a **Heterogeneous Cancer**
A Mutation of 'several Origins'

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**Pronunciation**
Cholangio + carcinoma
Chol – angio + car -cinoma

**'Chol’e'** means Bile:
**'angio'** means vessel: Duct
**'carcinoma'** - cancer of skin or tissue

**Type of Mutation**
Cholangiocarcinoma is an Adenocarcinoma

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**Primary Origin (1) Intrahepatic**
Begins in the bile ducts within the Liver

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**Primary Origin (2) Extrahepatic**
Begins in the bile ducts outside the Liver
Extrahepatic also has 2 subgroups

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Prepared by Steve Holmes
www.thepatientcollective.com
Origin 2 - Extrahepatic

Extrahepatic - further defined
- Perihilar - Hilum Region
- Distal in the Distal Region

Also see Ampulla
bottom of Distal Region

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### CHOLANGIO 101

**Cholangiocarcinoma is an Adenocarcinoma**

| **1** | Adenocarcinoma is a mutation that forms in the Mucus Secreting Glands of the Mucus Membrane |
| **2** | The Mucus Membrane is the layer of protection around our bodies digestive tract and organs |
| **3** | The Mucus Membrane also has its own protective layer called Epithelium - A Skin Layer that protects the mucus membrane. |
| **4** | The Mucus Secreting Glands specialise in secreting mucus (a clear fluid) that provides protection to the epithelial layers |
| **5** | The cancer spreads undetected to other parts of the body within these secretions |

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Adenocarcinoma's are Common

BILE DUCT
PANCREAS
COLON
PROSTATE
LUNG
BREAST
ESOPHAGUS

WHY IS ADENOCARCINOMA MORE AGGRESSIVE IN CHOLANGIOCARCINOMA

Cholangiocarcinoma is so lethal because during the early stages, when the tumor would be most treatable with surgery there are usually no symptoms. It tends to be discovered at advanced (Metastatic) stages when pain or jaundice occur.
CHOLANGIOCARCINOMA

STATISTICS

- NO CURE
- NO EARLY DETECTION
- SURGERY IS THE ONLY POTENTIALLY CURATIVE OPTION

RARE
1 - 3 CASES PER 100,000

SURVIVAL
UNTREATED
1 YR - 50%
2 YR - 20%
5 YR - 0%

SURVIVAL
TREATED
5 YEAR ALL
8 - 10%

SURVIVAL
TREATED
5 YEAR METASTATIC
LESS < 1%

AUSTRALIA
NEWLY DIAGNOSED PER YEAR
900 +

USA
NEWLY DIAGNOSED PER YEAR
8000 - 9000

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CHOLANGIO 101

Cholangiocarcinoma Staging

1. The cancer has grown into the bile duct wall but it has not grown all the way through the wall. It has not spread to lymph nodes or distant sites.

2. The tumor has grown into a blood vessel or there are multiple tumors. It has not spread to nearby lymph nodes or distant sites.

3. Cancer has spread to nearby lymph nodes, or tissues

4. The cancer has spread (metastasised) to other organs such as the Pancreas, Liver or Lungs, away from the original primary site.

This is a generalised indication of stages. There are many different interpretations, such as T2a T2 b M1 etc.
CHOLANGIO 101
Cholangiocarcinoma
Treatment Options

This is the standard order in which your medical team will assess.

1. **Surgery**
   *Potentially Curative*
   - Liver resection
   - Liver transplant
   - Whipple Operation

2. **Chemotherapy**
   First line Option is Gem/Cis

3. **Radiation**
   Targeted Therapy and other options available

4. **Immunotherapy**
   *Potentially Curative*
   New option that is used after other options have failed

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### Terminologies

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<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Primary</td>
<td>This is where the cancer started in the bile duct. Intrahepatic: inside the liver or Extrahepatic: outside the liver</td>
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<tr>
<td>Mutation</td>
<td>Caused by mistakes during cell division, or they may be caused by exposure to DNA-damaging agents in the environment.</td>
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<td>Metastasis</td>
<td>The cancer has spread away from its primary location</td>
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<td>CA 19-9</td>
<td>A measure in a blood test (carbohydrate antigen) a tumor marker that is observes elevations on serums. Not always an accurate measurement.</td>
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<tr>
<td>Whipple</td>
<td>Surgical, a significant operation typically removing all or part of multiple sites such as gallbladder, head of the pancreas and stomach</td>
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