Key recommendations from the British Society of Gastroenterology 2023 guidelines for the diagnosis and management of cholangiocarcinoma

This resource is intended for UK healthcare professionals involved in the care of patients with cholangiocarcinoma or advanced biliary tract cancer only.

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BTC, biliary tract cancer; MHRA, Medicines and Healthcare products Regulatory Agency.
IMFINZI Prescribing Information. United Kingdom.

This material has been developed and funded by AstraZeneca.
GB-62629 | January 2025

British Society of Gastroenterology 2023 guidelines on the diagnosis and management of cholangiocarcinoma

The BSG clinical practice guidelines for cholangiocarcinoma (CCA), a subtype of biliary tract cancer, were updated in 2023 to support HCPs in the diagnosis and management of patients with CCA. The guidelines emphasise that a multidisciplinary approach should be undertaken at centres with expertise across all relevant specialities - including surgery, interventional radiology, endoscopy, hepatobiliary medicine, oncology and pathology. Listed below are the key recommendations from this 2023 update.

Summary of key recommendations: management of CCA and aBTC

Pathology

Ensure tissue is available for molecular profiling to inform treatment decisions, particularly when considering immunohistochemistry on lesional biopsy material

Presentation

Having completed imaging, all patients should undergo **a detailed review** of clinical presentation, examination findings, blood investigations and imaging, ideally at a regionally coordinated **hepatobiliary MDT meeting**, with prompt assessment of the results and communication with the patient

Inoperable distal CCA causing distal malignant tract obstruction

Patients with distal malignant tract obstruction with inoperable disease from distal CCA should undergo **an EUS/ERCP or standalone ERCP** to confirm a pathological diagnosis and have their jaundice palliated

Systemic therapy

Cisplatin plus gemcitabine chemotherapy is recommended as the **first-line treatment** in patients with **aBTC**. Immunotherapy may be added to CisGem chemotherapy, if approved and available, cognisant of the magnitude of benefit and toxicities

Palliative care

All patients with **incurable CCA** should have **access to a palliative care assessment** to fully evaluate their holistic care needs. Evidence suggests that early palliative care involvement is associated with higher health-related quality of life and lower rates of depression. Good symptom control should be delivered alongside active oncology management

Patients/public perspective

All patients diagnosed with CCA should have **access to a hepatobiliary cancer nurse specialist** who can provide expertise and support to the patient and their immediate family

Click this link HERE for the full BSG guidelines

Please note that this link will direct you to a third-party website not affiliated with AstraZeneca.

aBTC, advanced biliary tract cancer; BSG, British Society of Gastroenterology; CCA, cholangiocarcinoma; CisGem, cisplatin plus gemcitabine; ERCP, endoscopic retrograde cholangiopancreatography; EUS, endoscopic ultrasound; HCP, healthcare professional; MDT, multidisciplinary team.

Rushbrook SM, et al. *Gut*. 2023;73(1):16–46.