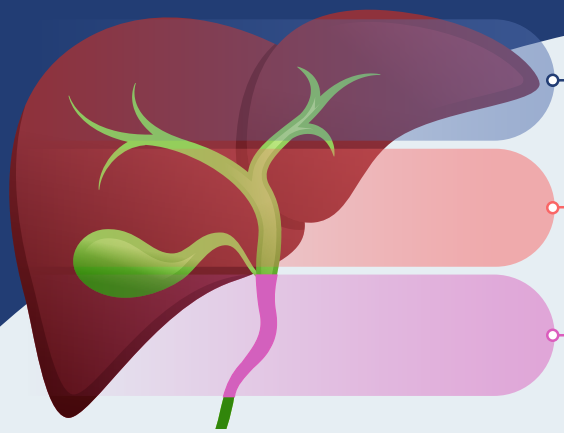
CONSIDER...
CHOLANGIOCARCINOMA

What is cholangiocarcinoma?

Cholangiocarcinoma (CCA) is a bile duct cancer consisting of three subtypes[1]:



Intrahepatic CCA (iCCA)
Found on the periphery of the second-order bile ducts

Perihilar CCA (pCCA)
Situated in the right and/or left hepatic duct and/or at their junction, and is the most common form in the U.S. (50–60% of all CCAs)

Distal CCA (dCCA)
Occurs in the common bile duct

Prevalence

CCA is rare in western countries, with a global incidence of 0.3–6 per 100,000 persons per year, rising to >6 per 100,000 persons in southeast Asia, and as high as 85 per 100,000 persons in northeastern Thailand, thought to be due to the risk of liver fluke infections found along the Mekong River.[1,2]

Symptoms

During the early stages, CCA is commonly asymptomatic, but some patients do experience symptoms. These symptoms are often similar to other diseases.[1,5]

Risk factors

The majority of CCA cases are sporadic without any identifiable risk factor present. General factors associated with CCA include[1–5]; age (>65 years old), obesity, diabetes mellitus, and nonalcoholic fatty liver disease.

Other risk factors, known to cause long-term inflammation, which are most commonly associated with CCA are[1,3]:

- Primary sclerosing cholangitis
- Choledochal cyst
- Caroli disease
- Bile duct stones/gallstones
- Liver scarring (cirrhosis)
- Chronic hepatitis B
- Chronic hepatitis C
- Infection with liver flukes: Opisthorchis viverrini, Clonorchis sinensis
- Cholelithiasis
- Chronic pancreatitis

If your patients fall into any of the risk categories above, run a liver function test.

Global Cholangiocarcinoma Alliance

The #GCA has a shared vision to raise the awareness of #CCA to improve prevention, survival, and the quality of life of patients with CCA globally.

For more information and support, visit our website or get in touch!

globalccaalliance.com

#ConsiderCholangiocarcinoma

REFERENCES: 1. Banales JM, Marin JJ, Lamarca et al. Cholangiocarcinoma 2020: the next horizon in mechanisms and management. *Nat Rev Gastroenterol Hepatol*. 2020;17(9):557-588. DOI: 10.1038/s41575-020-0310-z. **2.** Alsaleh M, Leftley Z, Barbera TA, et al. Cholangiocarcinoma: a guide for the nonspecialist. *Int J Gen Med*. 2019;12: 13-23. DOI: 10.2147/IJGM.S186854. **3.** AMMF The Cholangiocarcinoma Charity. Causes and risk factors. https://ammf.org.uk/causes-and-risk-factors/. Accessed Feb 3, 2022. **4.** American Cancer Society. Bile duct risk factors. https://www.cancer.org/cancer/bile-duct-cancer/causes-risks-prevention/risk-factors.html. Accessed Feb 3, 2022. **5.** Banales JM, Cardinale V, Carpino G et al. Expert consensus document: Cholangiocarcinoma: current knowledge and future perspectives consensus statement from the European Network for the Study of Cholangiocarcinoma (ENS-CCA). *Nat Rev Gastroenterol Hepatol*. 2016;13(5):261-280. DOI: 10.1038/nrgastro.2016.51.