

Adjuvant Chemo-Radiation therapy for IHCC

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The biliary tract or the biliary drainage system includes the intra- and extrahepatic bile ducts and the gallbladder. The term cholangiocarcinoma refers to all tumors arising from bile duct epithelium. Cholangiocarcinomas are characterized by their rarity, difficulty in diagnosis, and overall poor prognosis. This leads to a paucity of data from which to define the natural history and optimal treatment regimens. Overall, these are highly lethal cancers with a few reported long-term survivors.^{1,2} While Cholangiocarcinoma is generally rare in Western countries³, it is more common in Korea, with an estimate of 3500 cases diagnosed annually.⁴ In addition, there has been a marked global increase in mortality from intrahepatic cholangiocarcinoma.⁵ Currently, surgical resection remains the only potentially curative treatment, but many patients develop recurrence.⁶ Thus, effective postoperative adjuvant therapy is required to prolong survival in patients with intrahepatic cholangiocarcinoma undergoing surgery. However, no standard postoperative treatment has been established yet.

Among several different new anticancer drugs currently being investigated in the treatment of advanced cholangiocarcinoma, gemcitabine has generated particular interest.⁷ Depending on the patient's general condition, observation, a clinical trial, fluoropyrimidine-based, or gemcitabine-based chemotherapy is recommended for adjuvant treatment according to the guidelines of the National Comprehensive Cancer Network. A phase II clinical trial of gemcitabine as an adjuvant treatment for cholangiocarcinoma after surgical resection has been

conducted from January 2010 at the National Cancer Center of Korea (ClinicalTrials.gov number, NCT01043172).

References

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