

# LIVER TRANSPLANTATION FOR PERI-HILAR CHOLANGIOCARCINOMA

V7. 10/06/2024

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## INDICATIONS

- Non-resectable hilar CC
- < 30 mm radial diameter
- M0/N0 at definitive pathology
- CA19-9 < 1000 UI/mL w/o cholangitis

## CONTRA-INDICATIONS

- Extra-hepatic disease
- > 30 mm radial diameter
- N1 including at hepatic pedicle
- Invasion of duodenum
- Vascular invasion
- Any contra-indication to LT/NCR

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## INITIAL DIAGNOSIS

- Positive cytology or biopsy
- Mass lesion on cross sectional imaging with malignant appearing stricture
- Malignant appearing stricture with suspicious cytology and/or FISH polysomy
- Malignant appearing stricture + CA19-9 > 100 UI/mL w/o cholangitis

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## INITIAL ASSESSMENT

- IgG4/PNEo/DPD deficit
- CAP-CT scan
- MR scan with MRCP
- PET-scan
- ERCP with spyglass, biliary brushings and biopsies
- EUS-FNA of regional lymph nodes

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## INCLUSION IN TRANSPLANT PATHWAY

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## RADIOCHEMOTHERAPY

- 4-5 weeks
- EBRT 45Gy + boost (up to 60-75 Gy)
- Oral Capecitabin

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## RE-ASSESSMENT

- 4 weeks after completion of RT
- CT and MR-scans
- CA19-9

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## STAGING LAPAROTOMY

- > Peritoneal carcinomatosis
- > Duodenal invasion
- > Lymphadenectomy ++

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## LT LISTING

- If N0/M0/CA19-9 < 1000 UI/mL
- Median MELD
- Maintenance oral Capecitabin 2/3 weeks

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## LT PROCEDURE

- Anastomoses outside of radiation field
- Frozen section of distal common bile duct
- Roux-en-Y

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## POST LT MANAGEMENT

- Adjuvant chemotherapy if factors associated with bad prognosis on pathology