



# Patient Journey

Approccio personalizzato al  
paziente e esperienze a  
confronto:  
**Epatocarcinoma e  
Colangiocarcinoma**

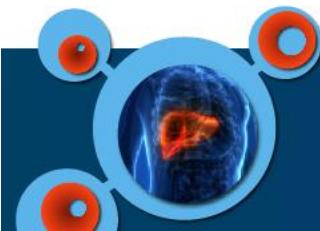
**01 Febbraio 2024**  
**VERONA**  
**CROWNE PLAZA**  
**Via Belgio, 16**

Patient Journey, Verona 01/02/2024

# LA GESTIONE DEL PAZIENTE CON COLANGIOCARCINOMA ALL'INTERNO DI UN GRUPPO ONCOLOGICO MULTIDISCIPLINARE: UN CASO CLINICO

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Direttore Prof. Umberto Cillo



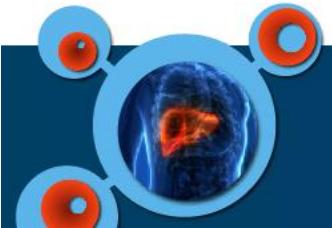
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01 Febbraio 2024  
1222-2022  
800 ANNI  
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# Z.F., male, 52 y.o.

- Healthy man, no chronic diseases, no allergies
- **01/2021** itching, jaundice (bilirubin total/direct 14.7/10.8 mg/dL), **hyperchromic urines, hypochromic stools**
- Admission Gastroenterology ward (Brescia)
- **11/01/2021 T-A CT scan** with cm: enlargement of left bile duct (11mm) and slightly less of the right one, sustained by a **2cmx2 cm mass at the confluence of the common ducts**. Excluded gallbladder. **Hilar lymphadenopathy max 17mm**.
- **12/01/2021 MRI with cm**: confirmation of 22x20mm mass involving the R and L hepatic ducts and the confluence of the 2nd order right branches (accessories?) for S4b and S2. Right and left artery non involved



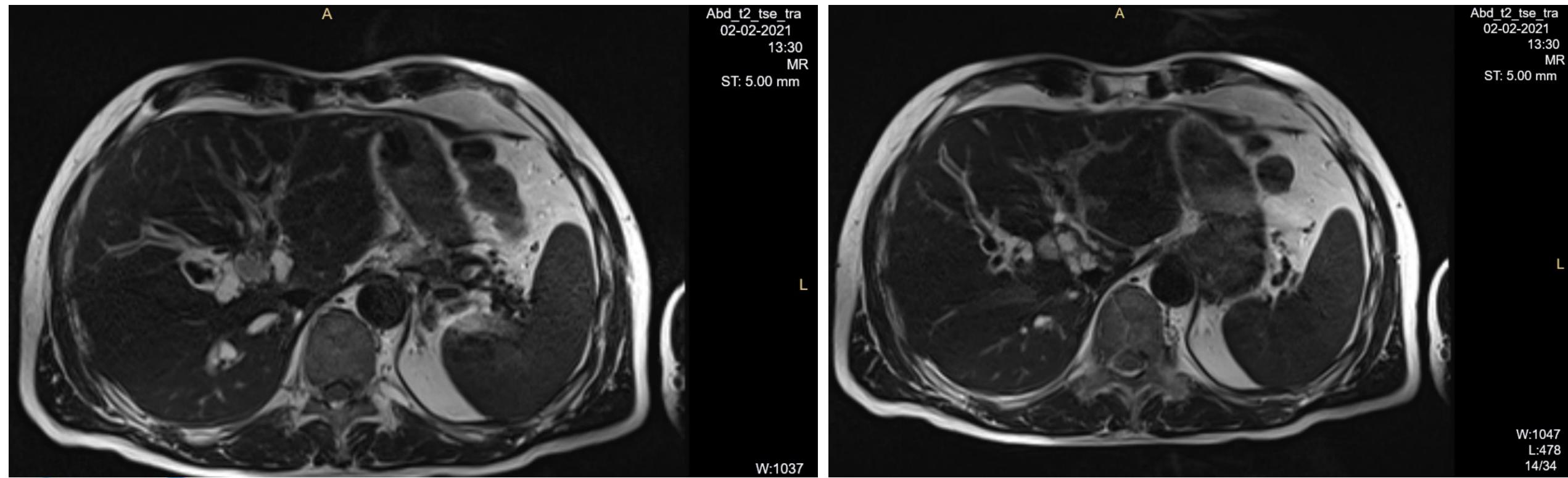
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# Z.F., male, 52 y.o.

12/01/2021 MRI with cm



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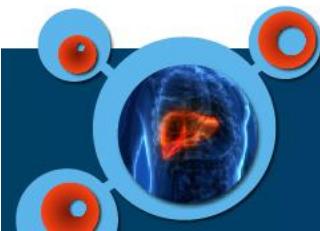
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# Z.F., male, 52 y.o.

- **15/01/21 Oncological markers** : CEA <2ug/L, Ca 19.9 13 U/mL, AFP 2.5 ug/L
- **08/02/21 ERCP**: hilar stenosis -> brushing (**atypical epithelial cells, suspicious of cancer**)
- **02/02/2021 PET-RMN** hypermetabolism of the mass **SUV max 5.5**



**pCCA**



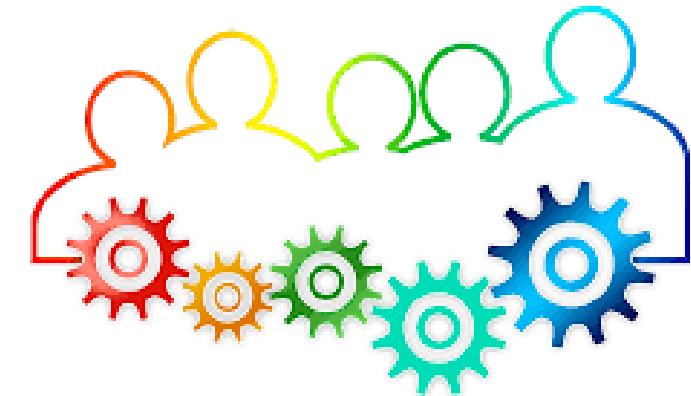
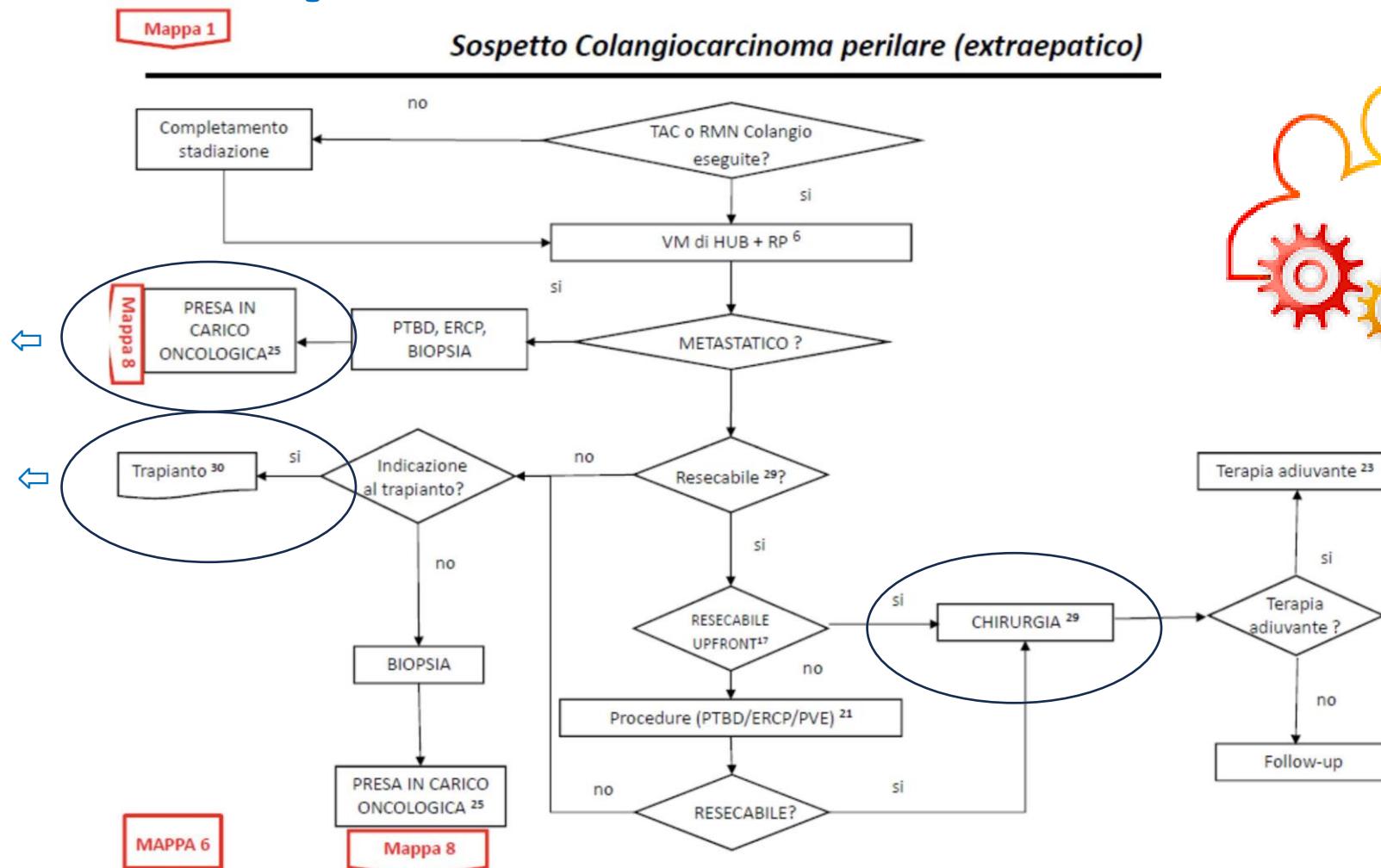
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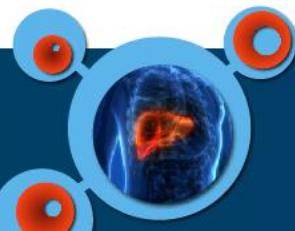
# pCCA PDTA - Padova

GEM-CIS  
11.7 m survival  
  
OS  
70% at 10 years



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# pCCA PDTA - Padova

ALIBERTI CAMILLO

ANGELI PAOLO

BASSI NICOLO'

BURRA PATRIZIA

CILLO UMBERTO

CRIVELLARI GINO

DEI TOS ANGELO PAOLO

D'ONOFRIO MIRKO

FARINATI FABIO

GAGLIARDI GIUSEPPE

GION MASSIMO

GRINGERI ENRICO

GUGLIELMI ALFREDO

LONARDI SARA

MANEA KATIA

MASSANI MARCO

MAZZAROTTO RENZO

MELISI DAVIDE

MESCOLI CLAUDIA

MORABITO ALBERTO

MORANA GIOVANNI

PALLINI PAOLO

PASTORELLI DAVIDE



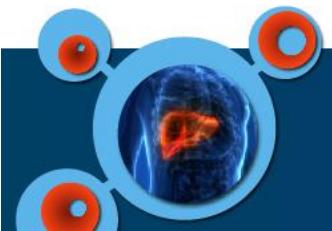
## PDTA Epatobiliare



Coordinatori: Umberto Cillo, Alfredo Guglielmi, Nicolò Bassi, Vittorina Zagonel

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# and Mayo protocol enrollment

- **12/01/2021** left external PTBD
- **27/01/2021** right external PTBD

**02/03/2021-22/03/2021: CT-RT, 12 cycles**

## RESTADIATION

**30/04/2021 CT scan: SD.** Exclusion of S7, part of S8 and S1 biliary tree

- Cholangitis, **07/05/2021** right external PTBD (confluenze S7-S8 and S1)
- **14/05/21** PET-RM involvement of all the hepatic hilum; **91x43mm** mass infiltrating both lobes. Reduction of SUV 3.5 (vs 5.5)
- **17/05/21** hand assisted laparoscopy. Nodal sampling (12a2). Non extrahepatic spread.

## MULTIDISCIPLINARY EVALUATION: OLTX waiting list enrollment

- 06/21 admission for cholangitis; **29/06/2021** PTBD substitution; 01/07/21 left external PTBD substitution
- **CT scan 05/08/21:** SD

Ca 19.9 preOLTX 10.3



x1.44  
W:315  
L:45  
125/330

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# OLTX Mayo protocol

**10/09/2021:** OLTx (prot. MAYO); duration: 9h 35 min

*Frozen sections: multiple biopsies of hepatic hilum and nodes -> no infiltration. Distal coledocus section -> negative*

**Classic technique, hepaticojejunumostomy** with ductoplasty for enlargement.

CIT 526 min (318 min hypotermic machine perfusion). WIT tot 43 min (partial wit 30 min)

**HE: peri-hilar adenocarcinoma of extrahepatic biliary tree (i.e Klatskin tumor), perineural invasion, mucinous lakes with isolated neoplasm. 4 nodes (+frozen sections), negative. T2aN0M0, stage II**

## COMPLICATIONS:

- *E. Coli isolation from the wound (no antibiotic treatment)*
- *biliary fistula (conservative management)*
- X POD: abdominal pain -> CT scan: 4 small hypoperfusion areas (S6/S7, S3, S4b), small abdominal collections-> pericaval (40x25mm) and perihepatic (left lobus, 37x18mm)

## Immunosoppression:

- induction: basilixamab;
- maintenance: tacrolimus (advagraf), everolimus

Discharge: XIII POD



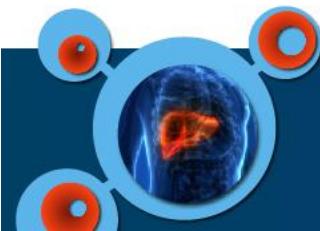
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# Follow up

- **10/12/2021 CT scan: negative**
- 08/02/22 abdomen MRI + T CT scan: negative (S5 11mm, benign)
- MGUS IGGk IGGlambda (3g/L), CMV and EBV reactivation (treated with Valganciclovir)-> follow up
- **03/2022 admission for colangyties**
- **from 06/2022** recurrent colangyties. Ca 19.9 17 (17/06/2022)
- 09/2022 itching, biliary acid increasing (150) -> anticipation of the MRI
- **21-26/09/2022 admission for acute pancreatitis. Ca 19.9 10409**



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# Follow up

- **13/09/2022 MRI** with hepatospecific cm and colangio MRI: absence of signal confluence right hepatic duct and of the left one, before the confluence without dilatation.  
**Dilatation of Wirsung duct and secondary ducts body-tail pancreas till the head.**
- **23/09/2022 CT scan with cm:** confirmation of dilatation of Wirsung (7mm istmus; 3-4mm head) sustained by **suspected for neoplasm 10mm in periampullar region.**  
**Suspected hepatic metastases (9mm S5 subglossian; S7/S6/S5 10mm, 5mm)**
- Repeated with thorax **29/09/2022:** distal coledocous dilatation occupied by mass 12mm; adjacent suspected node
  - **28/09/2022 EUS:** 14mm hypoechoic mass, prepapillary region, clear boundaries, dilatation of Wirsung. FNB: pancreatic parenchyma with infiltration of moderate differentiated adenoca with mucinous aspects (MSS, pMMR)
  - **10/2022 admission for cholangitis**



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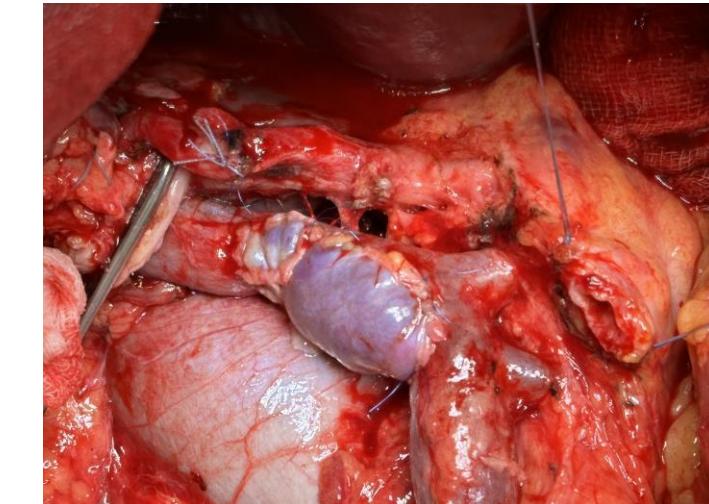
## 21/11/2022: DCP

- Frozen sections: pancreatic and biliary section -> negative
- Demolition of the hepatic-jejunum anastomoses; Pancreatic-jejunum anastomosis (sec Blumgart) gastrojejunostomy Roux-Y; portal repair with peritoneal patch. Intra-Wirsung drainage.

*HE: Ampullary mucinous adenocarcinoma (mucinous component 60%), intestinal differentiation, with ampullary adenomatous tubulo-villous component with high grade dysplasia. PanIN low grade. 18 negative nodes. TNM T3b N0, Stage IIB. KRAS mutated G12D*

### COMPLICATIONS:

3 POD abdominal pain -> CT scan: sub-hepatic collection 4 cm  
Pancreatic fistula, antibiotic treatment, observation



Discharge: X POD

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# Follow up

01/23 admission for abdominal pain after drainage washing; just observation and discharge

**09/02/23 MRI with cm and colangioMRI: no recurrence**

02/2023 Ca 19.9 232 (in jenuary 54) -> repetition 03/07/23: 44 -> 05/10/2023: 161

08/04/23 CT scan: no recurrence

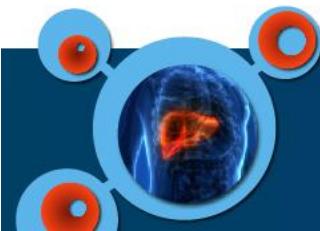
Ca 19.9 03/07/23: 44

01/06/2023 CT scan: no recurrence

05/10/2023 CT scan: no recurrence

**25/01/2024 oncological evaluation: no recurrence, continues follow up**

**Alive after 4 years,  
no recurrence**



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**Più tardi:** 52 anni e la corsa contro il (doppio) tumore



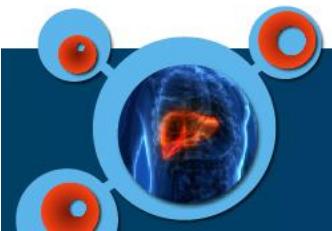
di Lilina Golia

15 set 2023 | 12:00

Il podista di Lumezzane ha subito un trapianto di fegato e lotta con un cancro al pancreas ma ha ripreso a correre

# CONCLUSIONS

- MULTIDISCIPLINARITY
- HUB CENTER
- SPECIALIZED LIVER SURGEON AND  
SPECIALIZED TEAM
- TRANSPLANT ONCOLOGY



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