Oncology Clinical Pathways
Biliary Tract Cancer

April 2025 – V1.2025

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Biliary Tract Cancer – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

Atomic Veterans exposed to ionizing radiation

- Cancer of the bile ducts and gall bladder

Gulf War and Post 9/11 Veterans

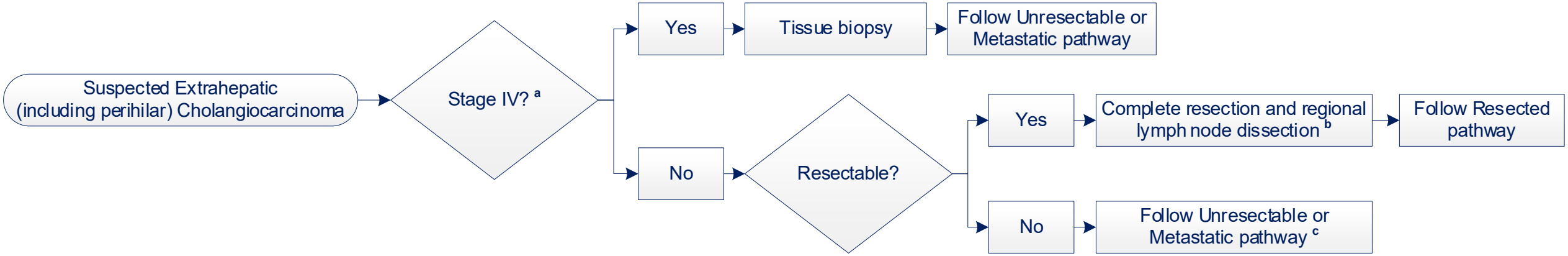
If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if you served in the *Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- Gastrointestinal cancer of any type

* The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit U.S. Department of Veterans Affairs - Presumptive Disability Benefits (va.gov)

Biliary Tract Cancer – Suspected Extrahepatic Cholangiocarcinoma



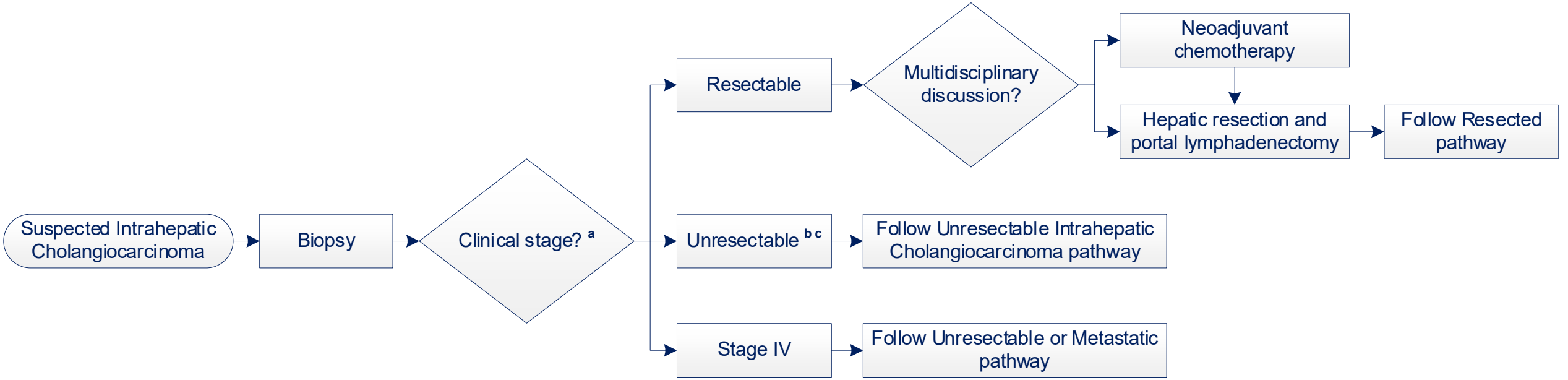
Clinical trial(s) and shared decision making always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Stage** multiphase CT or MRI + contrast, CT chest, labs (CEA, CA 19-9, AFP, LFTs, viral hepatitis serologies); contrast MRI with MRCP preferred for evaluating gallbladder masses and tumors with bile duct involvement; delayed phase imaging preferred for intrahepatic bile duct cancer

[b] **Resectable** pancreaticoduodenectomy required for distal bile duct tumors and major hepatic resection for proximal perihilar tumors

[c] **Transplant candidate** if patient is a potential transplant candidate, place referral to transplant center; avoid fine needle biopsy; unresectable perihilar or hilar cholangiocarcinomas (CCAs) ≤3 cm without metastases and nodal disease may be considered for liver transplantation

Biliary Tract Cancer – Suspected Intrahepatic Cholangiocarcinoma



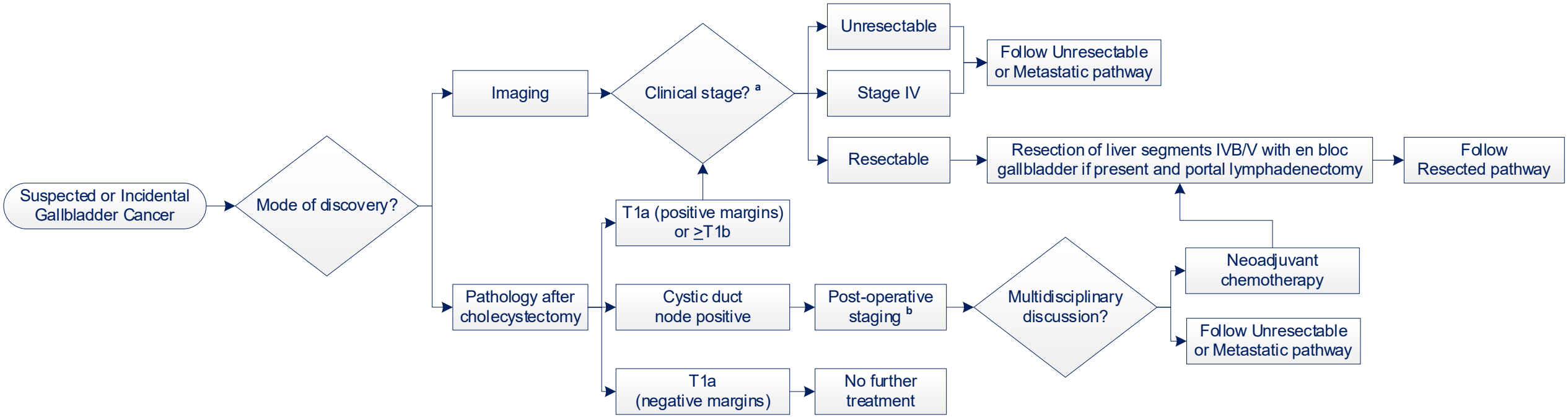
Clinical trial(s) and shared decision making always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Clinical stage** multiphase CT or MRI + contrast, CT chest, labs (CEA, CA 19-9, AFP, LFTs, viral hepatitis serologies); contrast MRI with MRCP preferred for evaluating gallbladder masses and tumors with bile duct involvement; delayed phase imaging preferred for intrahepatic bile duct cancer

[b] **Unresectable** includes both anatomically unresectable or patient is not a candidate for resection

[c] **Transplant candidate** in highly selective patients if transplant is considered, place referral to transplant center prior to biopsy

Biliary Tract Cancer – Suspected or Incidental Gallbladder Cancer

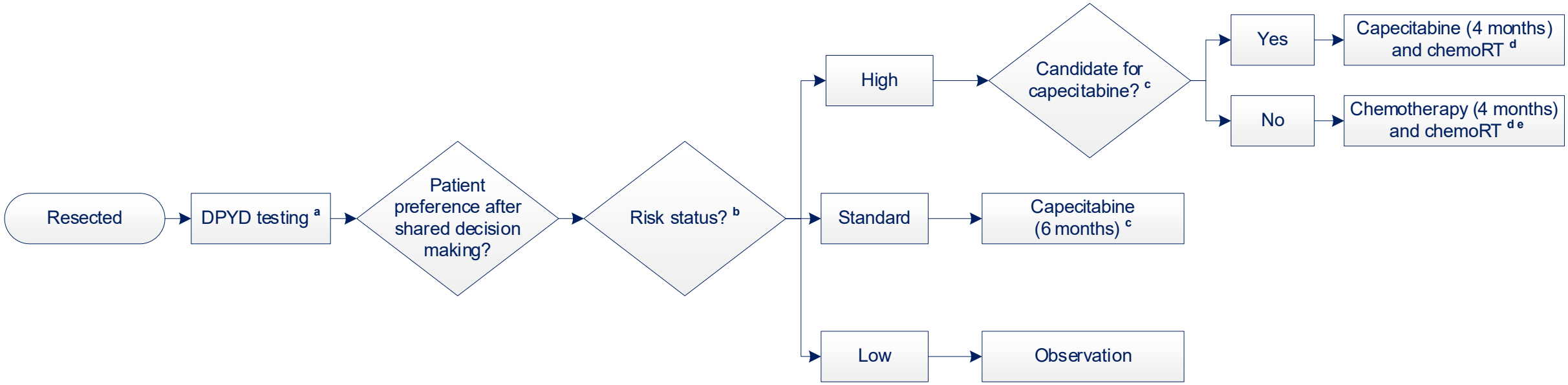


Clinical trial(s) and shared decision making always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Clinical stage** multiphase CT or MRI + contrast, CT chest, labs (CEA, CA 19-9, AFP, LFTs, viral hepatitis serologies), fine needle aspiration/core biopsy; contrast MRI with MRCP preferred for evaluating gallbladder masses and tumors with bile duct involvement; delayed phase imaging preferred for intrahepatic bile duct cancer

[b] **Post-op staging** includes multiphasic CT abdomen/pelvis, contrast MRI, chest CT, CEA, CA 19-9

Biliary Tract Cancer – Resected



Clinical trial(s) and shared decision making always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Perform DPYD testing if not already performed** if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD results if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life; for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.

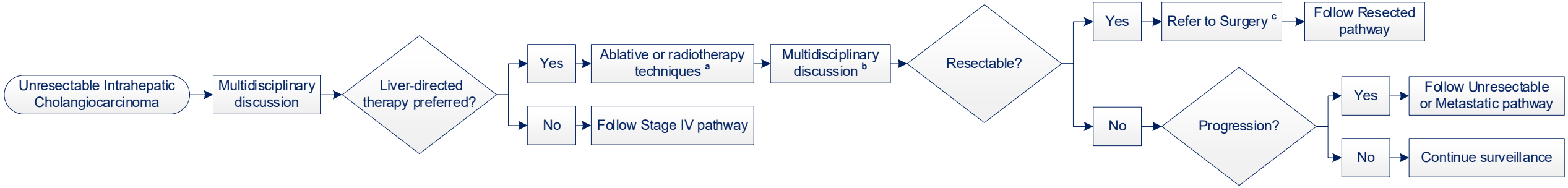
[b] **Risk status** patients with R1 (positive margins); lymph node disease will be considered high risk; T1NO gallbladder cancers will be considered low risk; all other patients will be considered standard risk

[c] **Candidate for capecitabine** avoid capecitabine if adherence issues, unable to self-report toxicity or severe renal impairment (CrCl < 30 min/ml)

[d] **ChemoRT** if R1 resection, consider capecitabine and RT or protracted infusion 5-fluorouracil and RT before systemic capecitabine; should consider protracted infusion 5-fluorouracil and RT

[e] **Chemotherapy** consider gemcitabine-based chemotherapy regimen

Biliary Tract Cancer – Unresectable Intrahepatic Cholangiocarcinoma



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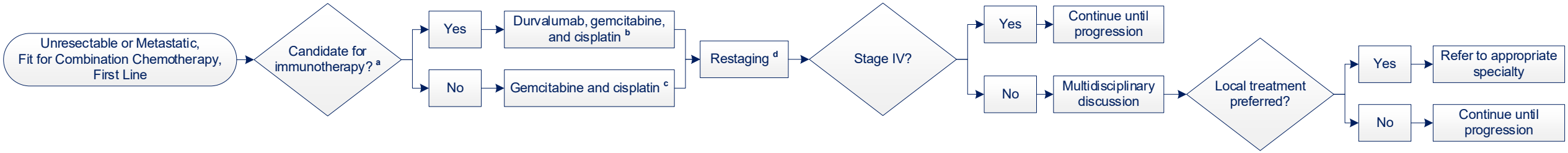
[a] **Ablative or radiotherapy techniques** include external beam radiation, thermal ablation with microwave or RFA, radiation segmentectomy (y90), irreversible electroporation, transarterial chemoembolization, or histotripsy based on multidisciplinary discussion and availability

[b] **Multidisciplinary discussion** perform at time of restaging

[c] **Surgery** referral to hepato-biliary surgery if available

Biliary Tract Cancer – Unresectable or Metastatic, Fit for Combination Chemotherapy, First Line



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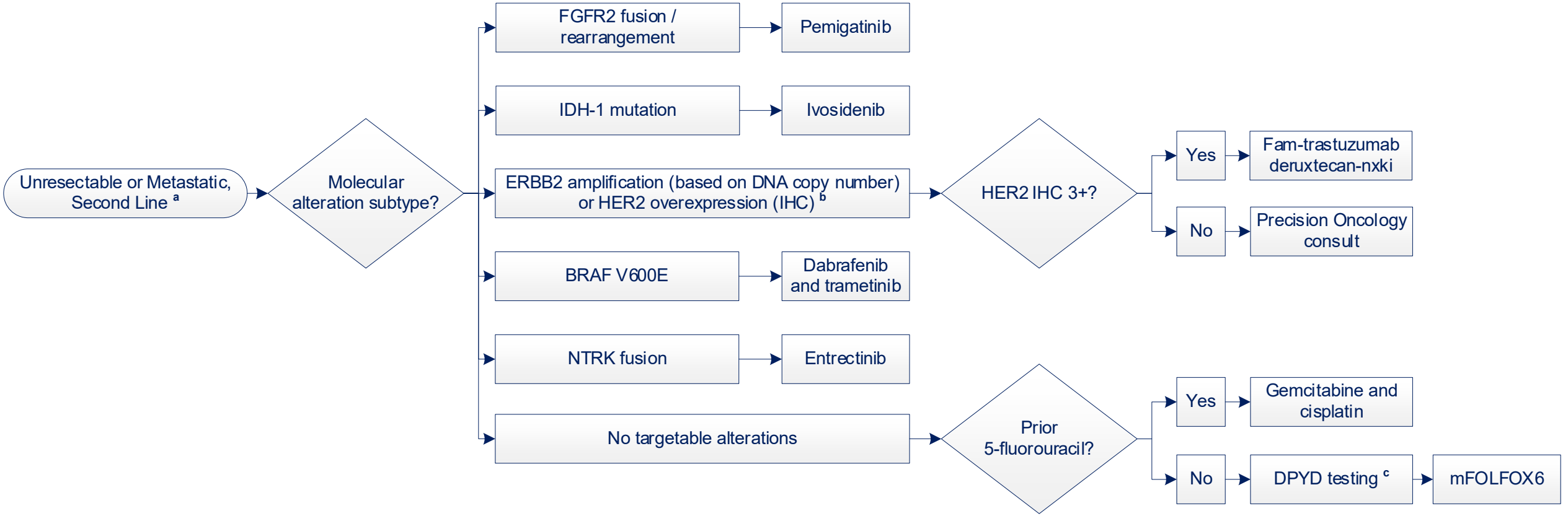
[a] **Candidate for immunotherapy** prior recipients of solid organ transplant or those with uncontrolled autoimmune/inflammatory condition should not be offered immunotherapy

[b] **Durvalumab, gemcitabine, and cisplatin** recommend continuation of chemotherapy for up to 8 cycles provided clinical tolerance followed by durvalumab maintenance for up to 2 years

[c] **Gemcitabine and cisplatin** recommend continuation of chemotherapy for up to 8 cycles provided clinical tolerance

[d] **Restaging** as per institutional standards

Biliary Tract Cancer – Unresectable or Metastatic, Second Line



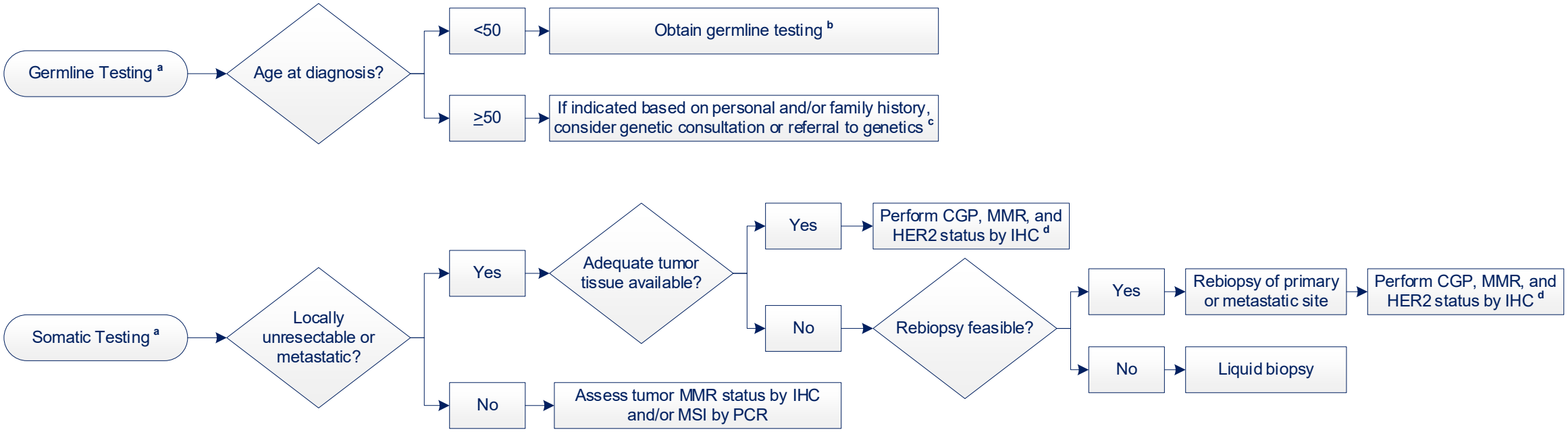
Clinical trial(s) and shared decision making always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Second line** prior progression on first line chemotherapy or relapse within 6 versus 12 months of completion of adjuvant treatment

[b] **ERBB2 amplification** there is insufficient clinical trial evidence to use ERBB2 RNA overexpression in treatment decision making

[c] **Perform DPYD testing if not already performed** if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD results if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life; for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.

Biliary Tract Cancer – Molecular Testing



Clinical trial(s) and shared decision making always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Molecular testing** perform for all pathologically confirmed biliary tract cancers

[b] **Germline testing** for bile duct cancer should include at minimum the following genes: BRCA1, BRCA2, BAP1, PALB2, EPCAM (deletion), MLH1, MSH2, MSH6, PMS2

[c] **Personal and family history** consider germline testing if there is a personal history of other cancers (e.g., breast, ovarian, pancreas, colorectal, gastric, endometrial) or family history of a close relative with bile duct cancer or multiple relatives with other cancers

[d] **CGP** with platform that uses DNA and RNA based testing or DNA and RNA based CGP

CGP comprehensive genomic profiling
IHC immunohistochemistry
MMR mismatch repair
MSI microsatellite instability
PCR polymerase chain reaction

Biliary Tract Cancer – Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Localized, Resectable, Metastatic or Unresectable	PGx	DPYD Testing*	Fulgent	Yes	Blood, Saliva
Localized, Resectable Disease	IHC**	MLH1, MSH2, MSH6, PMS2	Local VA or locally contracted vendor	No	Tumor Tissue
	PCR**	Microsatellite instability (MSI) status by PCR	Regional Testing Center (GLA)	Yes	Tumor Tissue and Normal Tissue or Blood
Metastatic or Unresectable Cholangiocarcinoma	Somatic NGS***	CGP using both DNA and RNA based methodology	Tempus	Yes	Tumor Tissue****, Blood
	IHC***	HER2	Foundation Medicine	Yes (when ordered with CGP)	Tumor Tissue
	IHC***	MLH1, MSH2, MSH6, and PMS2	Tempus	Yes (when ordered with CGP)	Tumor Tissue
Age <50	Germline NGS****	Germline NGS panel	Fulgent Prevention Genetics	Yes Yes	Saliva, Blood
Personal or Family History of Other Bile Duct Cancers, Multiple Cancers, or Other Lynch-Associated Cancers	Germline NGS****	Germline NGS panel	Fulgent Prevention Genetics	Yes Yes	Saliva, Blood
Deficient MMR or MSI-H Tumor	Germline NGS****	If full germline testing not performed, perform Germline Lynch testing if: 1) MSH2 or MSH6 loss by IHC or 2) MLH1 or PMS2 loss by IHC and MLH1 unmethylated or 3) MSI-H without IHC testing and MLH1 unmethylated	Fulgent Prevention Genetics	Yes Yes	Saliva, Blood

* Perform DPYD Testing If not already Performed; if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD testing if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life; for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.

** Localized, resectable disease needs either IHC or PCR to assess MMR status

*** Metastatic or unresectable disease should perform BOTH IHC and NGS for MMR status

**** Tissue testing strongly preferred because it is the only method for RNA based testing. Liquid testing is suboptimal but acceptable only if adequate tissue cannot be obtained

***** Germline testing should include at a minimum BRCA1, BRCA2, BAP1, PALB2, EPCAM (deletion), MLH1, MSH2, MSH6, and PMS2; Alternatively, the VA Common Hereditary POC panel can be performed; For genetic online ordering, refer to CCGS page for further details