

# Edinburgh National Service for the Management of Resectable Perihilar Cholangiocarcinoma

<b>National Perihilar MDT</b>	: Edinburgh Tuesday & Friday
<b>Email Address</b>	: <a href="mailto:loth.riehpbmdt@nhslothian.scot.nhs.uk">loth.riehpbmdt@nhslothian.scot.nhs.uk</a>
<b>Referral Form</b>	: See Appendix
<b>MDT Coordinator</b>	: Sheila Hoskins : <a href="mailto:Sheila.Hoskins@nhslothian.scot.nhs.uk">Sheila.Hoskins@nhslothian.scot.nhs.uk</a>
<b>Hilar Cholangiocarcinoma CNS</b>	: Lorraine Kirkpatrick : <a href="mailto:Lorraine.Kirkpatrick@nhslothian.scot.nhs.uk">Lorraine.Kirkpatrick@nhslothian.scot.nhs.uk</a> : 0131-2423647 / 07974879787
<b>HPB CNS</b>	: Jess Woods : Olivia McGinley
<b>Surgical Leads</b>	: Professor. S.J. Wigmore : Ms. A. Adair : Professor. E.M. Harrison

## Protocol

### Presentation:

Most patients with Hilar CCA present with Jaundice, abnormal liver function tests or incidental findings of radiological stricture, mass, or dilatation of the biliary tree on imaging. Some patients have pruritis.

### Investigations to be performed locally:

#### Imaging:

Most patients will have an ultrasound at presentation

#### Further Imaging required:

Triple Phase contrast enhanced CT (arterial and portal venous phase to assess for respectability) Chest, Abdomen, and Pelvis.

MRCP and MRI with liver specific contrast for further evaluation and staging.

#### Blood Tests:

LFTs, Albumin, U&E, FBC, INR, clotting.

Also send: CA19-9, AFP and IgGS if the referring hospital has access to this.

All patients should be discussed at the local/regional MDT.

Early telephone contact with the Cancer Centre HPB Consultant is advised to guide biliary drainage options. ERCP is avoided in many cases.

Referral to the National Service for resectable Hilar Cholangiocarcinoma should be made by referral to the HPB MDT via email using the attached referral form.

In more urgent cases please contact the duty HPB Consultant via switchboard to expedite care.

**Referral to the National Service:**

All patients with the presumed diagnosis of Hilar Cholangiocarcinoma should be referred to the National Service.

**Excluding:**

Patients unwilling to consider surgery.

Patients not fit for a general anaesthetic due to co-morbidity.

Obvious metastatic disease excluding Perihilar lymph nodes (Lymph node involvement is present in 30-40% of all patients eligible for surgical treatment N1 Hilar CCA may still often be considered suitable for surgical management.)

In the above situations the patient care should remain with the local teams for ongoing care.

**No biliary drainage should be attempted via ERCP or PTB ahead of discussion with the National Service.  
No Biopsy should be attempted ahead of discussion with the National Service.**

After MDT discussion if the patient has potentially resectable disease transfer directly to Edinburgh or Outpatient clinic review will be made.

All patients discussed at the MDT and found not to be potentially resectable will continue their management locally unless complex biliary drainage is required and is not available via the referring hospital.

**The MDT outcome will be fed back:**

Provisional via email, formal via post, and if urgent intervention is required then via phone call.

**Patients with complex biliary drainage requirements:**

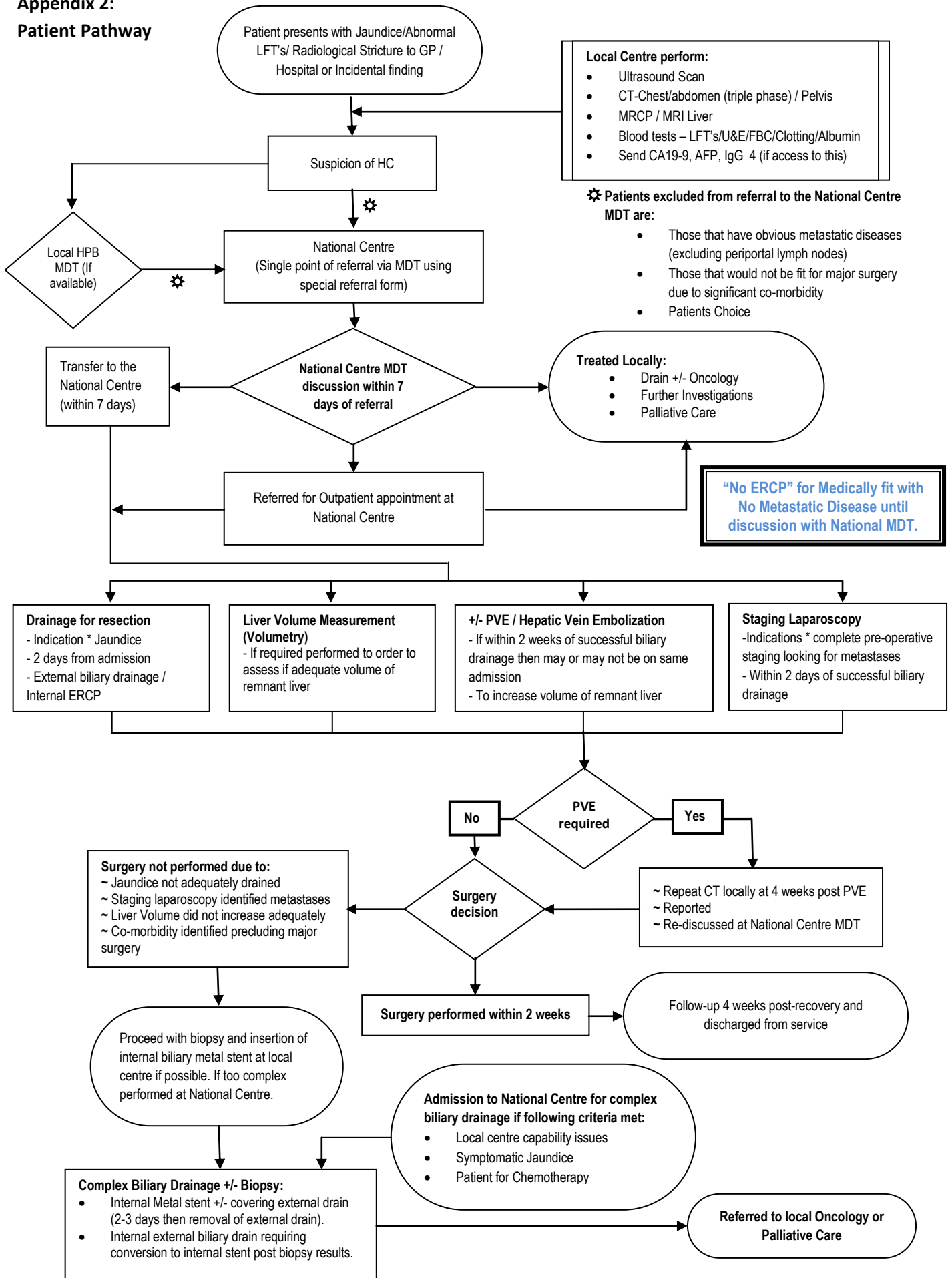
The National Service also accepts cases for complex biliary drainage in patients with symptomatic jaundice or candidates for chemotherapy where the patient would not be a resection candidate (see above exclusions)

This service is available for all NHS Lothian Patients or where drainage is not possible locally/regionally out with NHS Lothian.

Referral to the service should be made to the Edinburgh HPB MDT using the attached referral form and emailed to the above address.

In situations where the patient is significantly jaundiced and an inpatient, please contact the duty HPB Consultant via switchboard to expedite care.

**Appendix 2:  
Patient Pathway**



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