Title: Evaluation of clinico-pathological aspects, prognostic factors and outcome of biliary tract cancer: a 5 years Tunisian monocenter experience.

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Introduction/Background

- Biliary tract cancer (BTC) are rare but highly fatal malignancies
- <1% of all human cancers
- 3% of all gastrointestinal cancers
- 10-15% of all primary liver cancers
- Seventh decade

Figure 1: anatomic classification

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Introduction/Background

- Tunisian population
- Epidemiological features
- Outcome
- Prognosis
- Potential prognostic factors
Methodology

• Retrospective study
• 60 cases of BTC [2012-2016]
• Clinical, radiological, pathological and therapeutic results
• Published literature
• Kaplan_Meier survival analysis
• Log-rank test and Cox regression
Methodology

- This abstract has not been published previously
- No conflict of interest to declare
Results/Findings

- Median age: 58 [31-84]
- Sex-ratio 1.3
## Results/Findings

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number / (percentage of cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metastatic at diagnosis</td>
<td>34 (57%)</td>
</tr>
<tr>
<td>Metastasis localization:</td>
<td></td>
</tr>
<tr>
<td>• Liver+++</td>
<td>(71%)</td>
</tr>
<tr>
<td>• Peritoneum</td>
<td>(36%)</td>
</tr>
<tr>
<td>Curative surgery</td>
<td>11</td>
</tr>
<tr>
<td>Adjuvant GEMCITABINE</td>
<td>5</td>
</tr>
<tr>
<td>Neoadjuvant chemotherapy (CT)</td>
<td>13</td>
</tr>
<tr>
<td>GEMOX</td>
<td>8</td>
</tr>
<tr>
<td>GEMCIS</td>
<td>3</td>
</tr>
<tr>
<td>GEMCITABINE</td>
<td>2</td>
</tr>
<tr>
<td>First line CT: GEMCITABINE</td>
<td>24</td>
</tr>
</tbody>
</table>
Results/Findings

Figure 4: overall survivor depending on the stage
Results/Findings

Figure 5: overall survival depending on the performance status

P=0.000
Results/Findings

**Figure 6: overall survival depending on adjuvant CT**

P = 0.033
Results/Findings

Figure 7: overall survival depending on curative surgery

\( P = 0.039 \)
Results/Findings

Figure 8: overall survival depending on a second line CT
In multivariate analysis, only performance status was defined as a solo independent prognostic factor for OS ($p = 0.04$).
Conclusions/Recommendations

• **Younger** population with BTC in Tunisia (58 vs 70)
• **Locally advanced or metastatic stages +++**
• **Poor prognosis**
• **Improve diagnosis in earlier stages**
Conclusions/Recommendations

- BTC still has a poor outcome
- 20% suitable for surgical resection
- OS < 10%
- BILCAP trial: 6 months of Adjuvant capecitabine
- Median OS from 36 to 53 months
Conclusions/Recommendations

- Targeted therapies (EGFR, VEGF): Negative findings
- Clinical trials
- Molecular profiling+++
Thank you...