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Drug Treatment of Cholangiocarcinoma

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Message from the Guest Editor

Cholangiocarcinoma (CGC) is the second most common type of primary liver cancer after hepatocellular carcinoma (HCC), accounting for 10–20% of all primary liver tumors. It is commonly referred to as biliary tree cancer since it emerges anywhere along the biliary tract. It is considered a rare cancer, and approximately 8000 individuals in the United States are diagnosed with it each year. Only a small percentage of cases can be cured by surgical intervention (i.e., liver resection (LR) and liver transplantation (LT)). The first-line chemotherapy regimen of gemcitabine and cisplatin, combined with immunotherapy with durvalumab, has been shown to improve median overall survival. Since the Food and Drug Administration (FDA) approved the isocitrate dehydrogenase (IDH) 1 inhibitor ivosidenib in 2021, there has been a surge in interest in targeted therapy for CCA patients with mutations in fibroblast growth factor receptor (FGFR) 2, neurotrophic receptor tyrosine kinase (NTRK), B-raf kinase (BRAF), and HER2.

This Special Issue will highlight the current state of CCA therapies.

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