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[Bile Duct Cancer - Treatment Options](#) [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat people with this type of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care, the best proven treatments available, for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Your doctor can help you review all treatment options. For more information, see the [Clinical Trials](#) [3] and [Latest Research](#) [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient's overall treatment plan that combines different types of treatments. This is called a [multidisciplinary team](#) [5].

Descriptions of the most common treatment options for bile duct cancer are listed below. Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient's preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about [making treatment decisions](#) [6].

Surgery

Surgery is the removal of the tumor and surrounding tissue during an operation. A surgical oncologist is a doctor who specializes in treating cancer using surgery. Learn more about [cancer surgery](#) [7].

Surgery for bile duct cancer can be difficult because of the location and sensitivity of the bile duct area. And it has limitations based on how large the tumor is and where it has spread (see the [Stages section](#) [8]). For instance, metastatic cancer cannot be completely removed surgically, and additional treatment will be necessary.

Common surgical treatment options for bile duct include:

Surgical removal of the bile duct. If the tumor has not spread beyond the bile duct, the recommended treatment may involve removing the organ surgically. Lymph nodes may also be removed during the surgery and checked for cancer. Lymph nodes are tiny, bean-shaped organs that help fight infection.

Partial hepatectomy. If the cancer is near the liver, the surgeon will remove part of the liver. The remaining section of liver takes over the functions of the entire liver and can, in some cases, regrow to its normal size within a few weeks.

Whipple procedure. If the cancer is near the pancreas, this type of surgery may be recommended. It is an extensive operation in which the surgeon removes part or all of the pancreas and part of the small intestine, bile duct, and stomach. The surgeon then reconnects the digestive tract and biliary system. To maintain the flow of bile, the remaining part of the bile duct is connected to the small intestine. About 5% to 10% of people do not survive this complicated operation, and 25% to 45% have serious complications, such as bleeding, infection, or leaking of bile or pancreatic juices. An experienced surgeon should always perform this procedure.

Liver transplantation. Complete removal of the liver, called a total hepatectomy, and bile ducts followed by transplantation of a donor liver has been used to treat this type of cancer. However, bile duct cancer tends to recur very quickly after transplantation, so this procedure is very rarely used.

Stent placement and surgical bypass

In some situations, surgery cannot completely remove the tumor. However, surgery can still help relieve symptoms of the cancer and improve the patient's quality of life.

In this situation, a surgeon may be able to bypass the blocked area by connecting a part of the bile duct located before the blockage with a part of the small intestine located beyond the blockage. During this procedure, the surgeon may insert a plastic or metal tube, called a stent, into the bile duct to keep it open.

In addition to its use in surgery, a plastic or metal stent can be passed through the blockage

during either the ERCP procedure or a procedure similar to PTC. (Learn more in the [Diagnosis](#) [9] section.) Although these procedures do not remove the tumor, they can relieve side effects, and people often experience long periods of time when all of their symptoms disappear and quality of life is much better. For both of these procedures, the doctor may insert the stent internally so the person is not aware of it on a daily basis. Sometimes, this is not possible, and a tube will be passed through the liver to redirect the bile outside the body into a bag that will need regular changing. Some doctors suggest that, in these situations, people receive long-term antibiotics to protect against infection.

Radiation therapy

Radiation therapy uses high-energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. When radiation therapy is given using implants, it is called internal radiation therapy or brachytherapy. Occasionally, internal radiation therapy may be used for bile duct cancer.

Radiation therapy can be used for treatment or to control the symptoms and pain of advanced disease. Side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Most side effects go away soon after treatment is finished. Learn more about [radiation therapy](#) [10].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells' ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication.

Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally). A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

Researchers are working to improve chemotherapy by investigating new drugs or new combinations of drugs through [clinical trials](#) [3]. Patients with bile duct cancer may receive chemotherapy by participating in a clinical trial.

Chemotherapy may be used before surgery to shrink the tumor or when surgery is not an option. Research has suggested that the combination of cisplatin (Platinol) and gemcitabine (Gemzar) can lengthen the lives of patients who have bile duct cancer that cannot be removed by surgery. Other drugs that have been used to treat bile duct cancer include fluorouracil (5-FU, Adrucil) and doxorubicin (Adriamycin). Chemotherapy may also be given after surgery to help

prevent a recurrence; however, researchers are still testing how well this approach works in clinical trials.

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished.

Learn more about [chemotherapy](#) [11] and [preparing for treatment](#) [12]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using [searchable drug databases](#) [13].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person with any stage of illness. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and radiation therapy. Talk with your doctor about the goals of each treatment in the treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about [palliative care](#) [14].

Metastatic bile duct cancer

If cancer has spread to another location in the body, it is called metastatic cancer. Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about seeking a [second opinion](#) [15] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#) [3].

Your health care team may recommend a treatment plan that includes a combination of surgery, radiation therapy, and chemotherapy. Supportive care will also be important to help relieve

symptoms and side effects.

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a [support group](#) [16].

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called “no evidence of disease” or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that the cancer will come back. While many remissions are permanent, it's important to talk with your doctor about the possibility of the cancer returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about [coping with the fear of recurrence](#) [17].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence, including whether the cancer's stage has changed. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above, such as surgery, radiation therapy, and chemotherapy; but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about [dealing with cancer recurrence](#) [18].

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and it may be difficult to discuss. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may

want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in a hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about [advanced cancer care planning](#) [19].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#) [20].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links

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- [2] <http://www.cancer.net/about-us>
- [3] <http://www.cancer.net/node/18513>
- [4] <http://www.cancer.net/node/18516>
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