



THE UNIVERSITY *of* EDINBURGH
Centre for Inflammation Research

Pre-malignant biliary lesions

Liver EQA meeting

7th November 2019



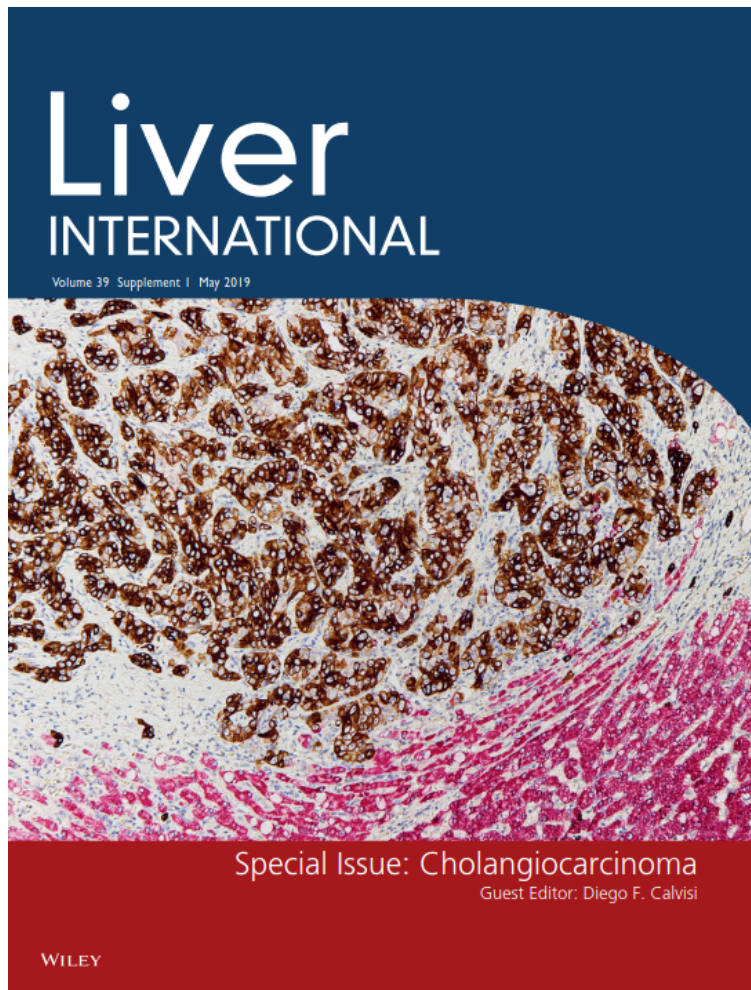
European Network for the Study
of Cholangiocarcinoma



CA18122 - EUROPEAN CHOLANGIOCARCINOMA NETWORK

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Liver INTERNATIONAL



CONTENTS: VOLUME 39 SUPPLEMENT 1, May 2019

EDITORIAL

- 5 Cholangiocarcinoma: State-of-the art knowledge and challenges
J. M. Banales, V. Cardinale, R. I. Macias, J. B. Andersen, C. Braconi, G. Carpino, D. Alvaro & D. F. Calvisi

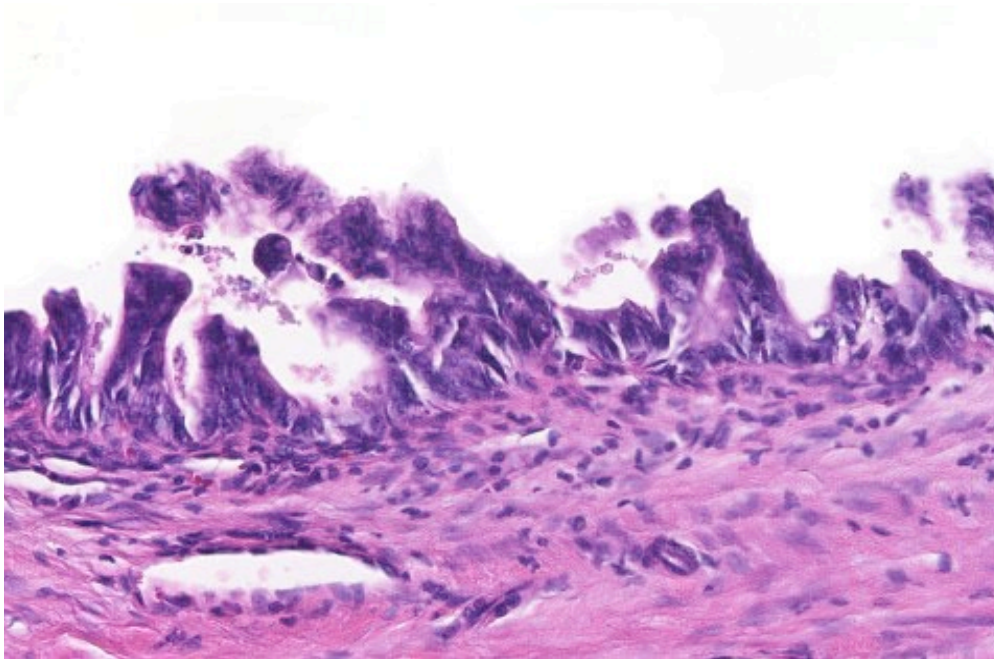
REVIEW ARTICLES

- 7 Anatomical, histomorphological and molecular classification of cholangiocarcinoma
T. Kendall, J. Verheij, E. Gaudio, M. Evert, M. Guido, B. Goeppert & G. Carpino
- 19 Cholangiocarcinoma: Epidemiology and risk factors
S. A. Khan, S. Tavolari & G. Brandi
- 32 Molecular perturbations in cholangiocarcinoma: Is it time for precision medicine?
C. Braconi, S. Roessler, B. Kruk, F. Lammert, M. Krawczyk & J. B. Andersen
- 43 Signalling networks in cholangiocarcinoma: Molecular pathogenesis, targeted therapies and drug resistance
L. Fouassier, M. Marzoni, M. B. Afonso, S. Dooley, K. Gaston, G. Giannelli, C. M. P. Rodrigues, E. Lozano, S. Mancarella, O. Segatto, J. Vaquero, J. J. G. Marin & C. Coussaux
- 63 The tumour microenvironment and immune milieu of cholangiocarcinoma
L. Fabris, M. J. Perugorria, J. Mertens, N. K. Björkström, T. Cramer, A. Leo, A. Solinas, H. Sanger, V. Lukacs-Kornek, A. Monček, A. Siebenhütter & M. Strzabosko
- 79 Experimental models to unravel the molecular pathogenesis, cell of origin and stem cell properties of cholangiocarcinoma
S. Vicent, R. Lieshout, A. Saborowski, M. M. A. Verstegen, C. Raggi, S. Recalcati, P. Invernizzi, L. J. W. van der Laan, D. Alvaro, D. F. Calvisi & V. Cardinale
- 96 Clinical presentation, diagnosis and staging of cholangiocarcinoma
A. Forner, G. Vidili, M. Rengo, L. Bujanda, M. Ponz-Sarvisé & A. Lamarca
- 108 Diagnostic and prognostic biomarkers in cholangiocarcinoma
R. I. R. Macias, M. Kornek, P. M. Rodrigues, N. A. Paiva, R. E. Castro, S. Urban, S. P. Pereira, M. Cadamuro, C. Rupp, S. H. Loosen, T. Luedde & J. M. Banales
- 123 Medical treatment for cholangiocarcinoma
J. Adeva, B. Sangro, M. Salati, J. Edeline, A. La Casta, A. Bittoni, R. Berardi, J. Bruix & J. W. Valle
- 143 Surgery for cholangiocarcinoma
U. Cillo, C. Fondevila, M. Donadon, E. Gringeri, F. Mucchegiani, H. J. Schlitt, J. N. M. Ijzermans, M. Vivarelli, K. Zeniewicz, S. W. M. Olde Damink & B. Groot Koerkamp

Precursor lesions of cholangiocarcinoma

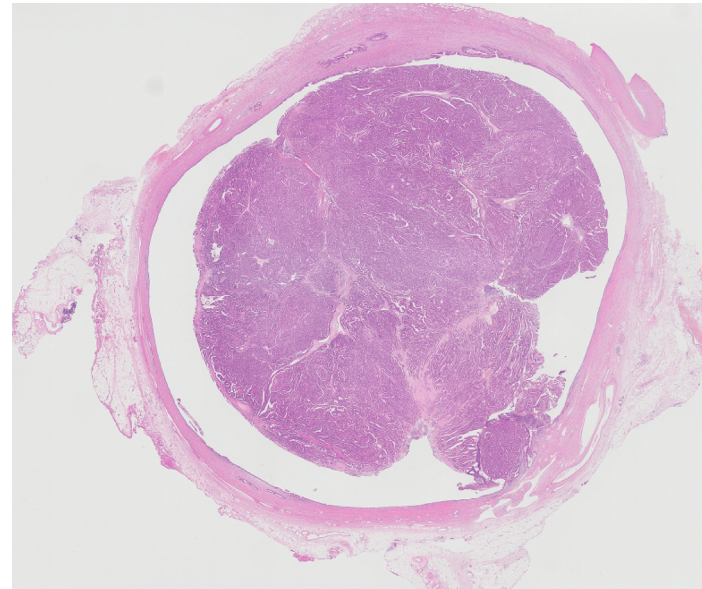
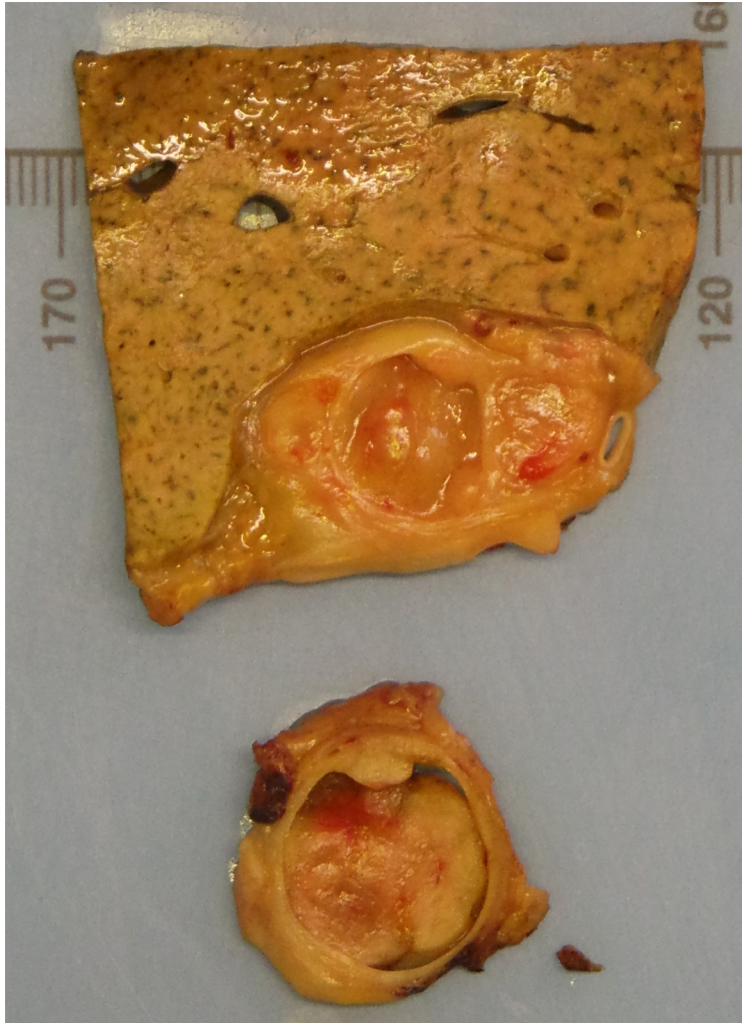
- Biliary epithelial neoplasia (BillIN)
- Intraductal papillary neoplasms of the bile duct (IPNB)
- Mucinous cystic neoplasm (MCN)
- Intraductal tubulopapillary neoplasms (ITPN)
- ?? VMC

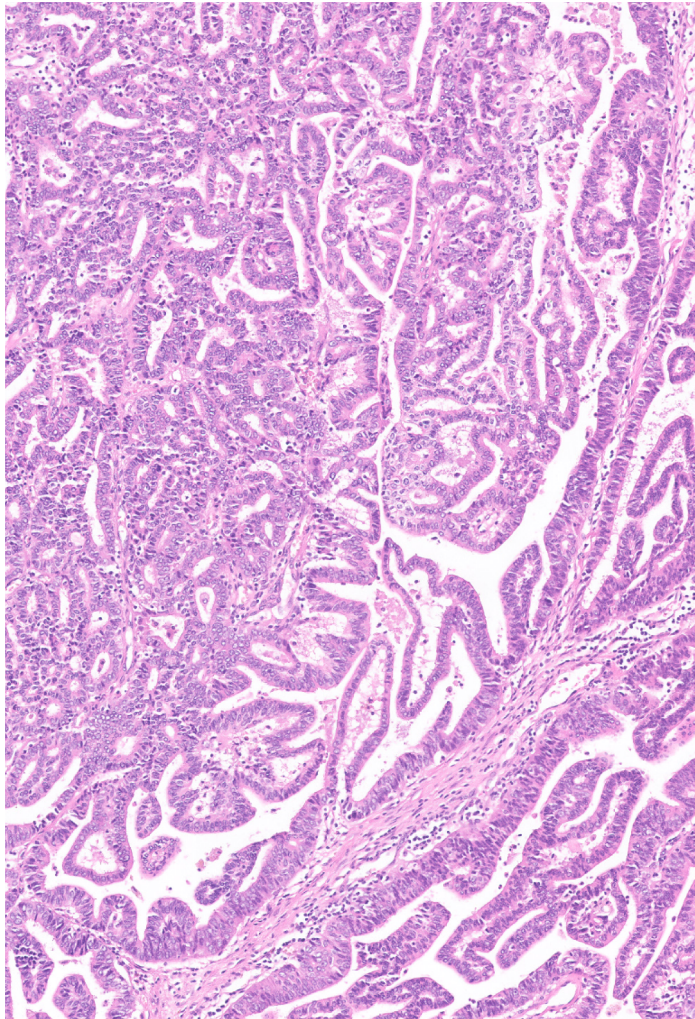
Biliary epithelial neoplasia



- Flat or micropapillary dysplasia
- Relationship with biliary injury
- Found in 37% PSC explants
- More frequent in PSC-associated CCA; 83% BilIN 2-3
- Described in non biliary CLD

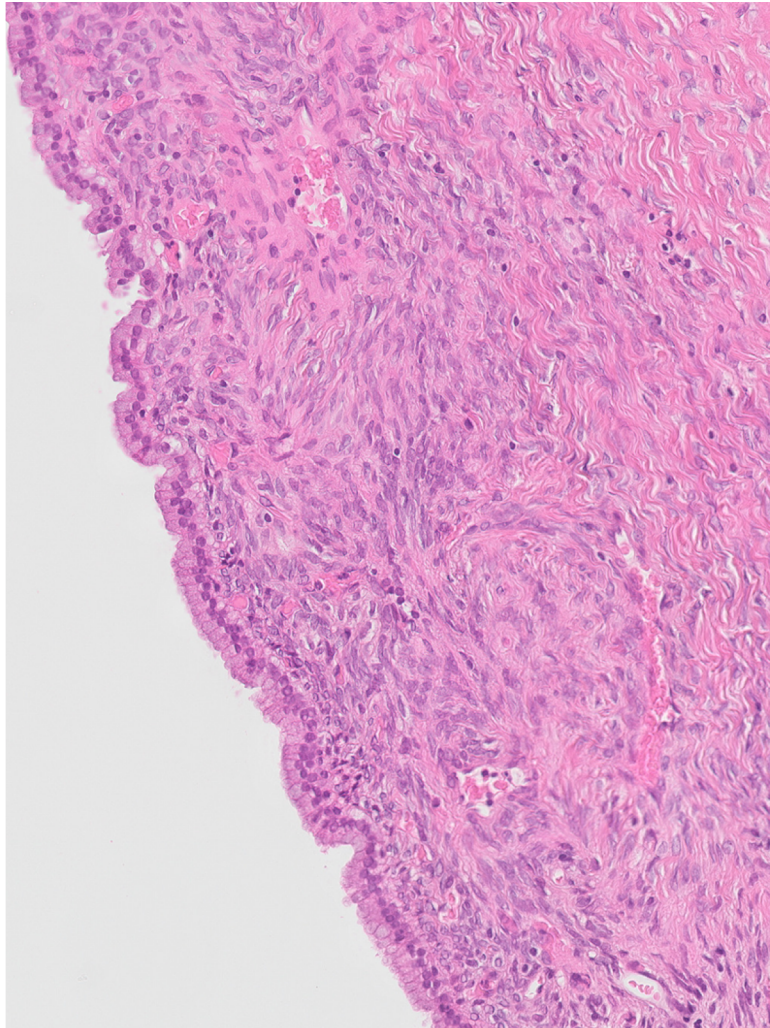
Intraductal papillary neoplasms of the bile duct





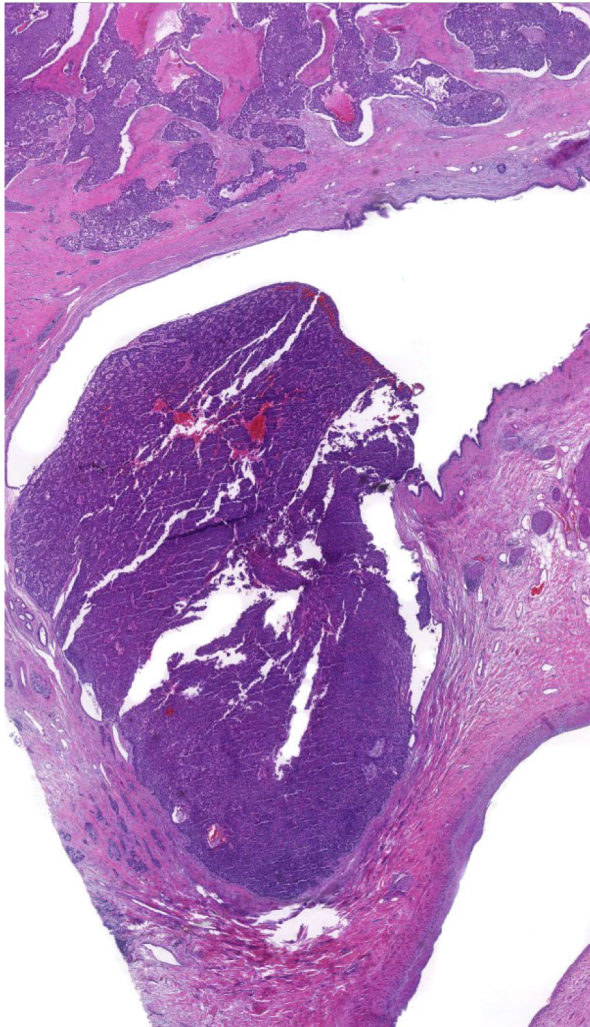
- Biliary adenoma-carcinoma sequence
- Many prior names
- Present as LDO
- Cytological types: **pancreaticobiliary, intestinal, gastric, oncocytic**
- Associated invasive CCA in 50% of cases, any subtype (pancreaticobiliary greatest)
- East: hepatolithiasis, fluke. West: sporadic
- Excellent prognosis if no atypia/stalk invasion.

Mucinous cystic neoplasm



- EQA favourite
- < 5% of cystic liver lesions
- Multilocular with septation
- Simple biliary type epithelium, usually little atypia
- Ovarian-type stroma
- Low rate of malignancy; usually confined to cystic neoplasm
- Excellent prognosis if non-invasive or cyst-restricted

Intraductal tubulopapillary neoplasms



- Recent description in pancreas, then biliary counterpart
- Pancreas: solid and nodular, dilate ducts. Necrosis and HG dysplasia.
- Biliary: fewer described. Similar morphology and growth as pancreas
- Invasive component in ? 70-80%
- But, good prognosis vs IPNBs overall ? Present earlier, molecular differences