Quick Facts About Bile Duct Cancer

What is the bile duct?
The bile ducts are a series of thin tubes that join to form one main tube called the common bile duct. The common bile duct is about 10 centimetres to 15 centimetres long. It drains a fluid called bile from the liver and gallbladder into the small intestine, where the bile helps digest fats in food.
What is bile duct cancer?

Bile duct cancer can start in any part of the bile ducts. When normal cells change and start to grow out of control, a tumour (or mass of cells) can form. At first, the cells are precancerous meaning they are abnormal but not yet cancer. If the precancerous cells change into cancerous or malignant cells, and/or spread to other areas of the body (like the liver or pancreas), the condition is then called bile duct cancer.

The most common type of bile duct cancers is adenocarcinoma, also called cholangiocarcinoma where cancer cells develop in mucus glands (group of cells that produce fluid) that line the inside of the bile duct. Bile duct cancer is divided into 3 groups based on the cancer’s location.

- Intrahepatic bile duct cancers (within the liver)
- Perihilar bile duct cancers (ducts leaving the liver)
- Distal bile duct cancers (ducts closer to the small intestine)

What are the common symptoms of bile duct cancer?

- Jaundice (yellow skin)
- Itchiness all over your body
- Light-coloured stools or dark yellow urine
- Abdomen pain
- Appetite loss or weight loss
- Nausea or vomiting
- Fever (a temperature of 37.5° Celsius or higher)
What does stage mean?

Once a diagnosis of cancer has been made, the cancer will be given a stage. Stage is used to describe a cancer, such as:

- where the cancer is located
- if or where it has spread
- if it is affecting other organs in the body (like the liver)

There are 5 stages for bile duct cancer:

**Stage 0**: There is no sign of cancer in the bile duct.

**Stage 1**: The cancer is found in the bile duct.

**Stage 2**: The cancer has spread through the walls of the bile duct, but has not spread to nearby lymph nodes or other tissue and organs.

**Stage 3**: The cancer has spread to the main blood vessels that carry blood to and from the liver, the intestines, the stomach, the abdomen wall and possibly the lymph nodes.

**Stage 4**: The tumour has spread to other far away parts of the body, like the lungs.

What does grade mean?

Grade describes how much the tumour looks and acts like normal tissue under a microscope. There are 4 grades (Grade 1 to Grade 4).

Lower grade cells look and act similar to normal cells. They are slow-growing and less likely to spread.

Higher grade cells look and act abnormally. They grow faster and are more likely to spread. The grade of cancer can help predict how quickly the cancer might grow.
How is bile duct cancer treated?

The treatment you get depends on many things such as the tumour’s type, its location, stage and grade. Treatments for bile duct cancer may be used separately or together. There are 4 types of treatment:

1. **Surgery:** If possible, surgery is done to remove the tumour. Surgery is generally helpful in the earlier stages of the cancer. If the tumour cannot be removed, surgery may be done to ease symptoms (palliative surgery).

2. **Chemotherapy:** Chemotherapy is the use of drugs to kill or control cancer cells. It is most often used when surgery can not be offered because the cancer has spread outside of the bile duct tumour. It is also considered in some earlier stage cases after surgery.

3. **Radiation therapy:** Radiation therapy can be used as a treatment or to control the symptoms and pain of advanced disease. Radiation therapy involves using high-energy x-rays or other particles to kill cancer cells. Sometimes doctors give radiation to shrink a tumour so it is easier to remove during surgery.

4. **Supportive and Palliative therapy:** Palliative therapy is treatment given to help control or reduce symptoms caused by advanced cancer. The focus of care is on quality of life and comfort and can be offered by a team at the hospital or at home.

Other supportive care considered includes procedures to relieve blockage of the bile ducts or bowel, to ease pain and prevent jaundice or bowel blockage. This can be done by either placing a tube or, sometimes, a biliary or bowel bypass operation. Other supports can include removing fluid from the abdomen with a needle (paracentesis) or pain medicines to relieve discomfort.
Coping with bile duct cancer

Dealing with the news of a cancer diagnosis can be very difficult. You are not alone. If you have any concerns or needs, please tell your health care team. They are here to care and support you through this time. Also, as a patient here at the Princess Margaret Cancer Centre, you have access to many resources to help you throughout your cancer journey.

These include:

- **Social workers** who can help you better cope with your diagnosis and help you access more resources

- **Registered Dietitians** that specialize in cancer and can help you with your nutrition and diet concerns

- **The Patient & Family Library** (on the main floor), where you have access to a wide range of resources (like books, electronic books, audiobooks, DVDs), and you can ask a librarian to search for specific health information. You can also ask for a video about bile duct drainage issues.

- **ELLICSR**: the Health, Wellness & Cancer Survivorship Centre, where patients and their families can find information on health and wellness, speak with healthcare professionals, meet other patients, and take part in health and wellness programs like gentle exercise and cooking classes. ELLICSR is located in the basement of the Peter Munk Building in the Toronto General Hospital.

- **The Palliative Care team** who can provide the care, comfort and support needed for those with advanced cancer.

For more information about these supports or other services available to you, please ask a member of your health care team (such as your doctor or nurse).
Questions to ask your doctor

Speaking to your health care team is important in helping you make decisions about your health care. Sometimes preparing a list of questions you want to ask can be helpful. Here is a list of common questions that will be covered in your consultation.

You may want to ask your team these or other questions if anything is missed or you need more information:

Here is a list of common questions you may want to ask your doctor:

1. What type of bile duct cancer do I have?
2. Can you explain my pathology report (test results) to me?
3. What stage is my bile duct cancer?
4. What grade is my bile duct cancer?
5. Can you explain my treatment options?
6. What clinical trials are open to me?
7. How will this treatment benefit me?
8. What is the expected timeline for my treatment plan?
9. How will this treatment affect my daily life?
10. Will I be able to work, exercise or do my usual daily activities?
11. What are the possible long-term side effects of my cancer treatment?
12. Where can I find emotional support for me and my family?
13. Who do I call if I have questions or a problem?
14. Is there anything else I should know?
Other medical terms to know

- **Benign**: A tumour that is not cancerous.
- **Bile duct**: The tubes that drain the liver into the small bowel.
- **Biopsy**: The removal of a small cell sample that is used to check for cancer under a microscope.
- **Dysplasia**: An abnormal growth of precancerous cells.
- **Duodenum**: The upper portion of the small intestine.
- **Gallbladder**: A small, pear-shaped organ located under the liver. This organ concentrates and stores bile (a fluid that helps digestion).
- **Liver**: An organ located under your lungs and diaphragm (muscles that help move your lungs). The liver collects and filters blood from the intestines, removing the waste form the body. It also stores energy and makes protein.
- **Lymph node**: A tiny, bean-shaped organ that is found throughout your body. They are an important part of your immune system, and help your body recognize and fight infection.
- **Malignant**: A tumour that is cancerous.
- **Metastasis**: The spread of cancer from where the cancer began to another part of the body.
- **Oncologist**: A doctor who specializes in treating people with cancer.
- **Prognosis**: Chance of recovery.
- **Radiation Oncologist**: A doctor who specializes in treating cancer using radiation therapy (high energy x-rays).
- **Surgical Oncologist**: A doctor who specializes in treating cancer using surgery.
- **Tumour**: A mass of cells that needs a biopsy or removal.