

Radiation Therapy and Durvalumab in Cholangiocarcinoma: Survival Outcomes



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BACKGROUND

- Cholangiocarcinoma is an aggressive malignancy; many patients are not surgical candidates
- Radiation therapy is commonly used, but the optimal approach and role of immunotherapy remain unclear

OBJECTIVE

- Evaluate survival outcomes and prognostic factors in patients with intrahepatic cholangiocarcinoma treated with radiation therapy

METHODS

Patients with intrahepatic cholangiocarcinoma treated with RT (2015–2025), n = 38



Data collected:

OS, PFS, RT type, durvalumab, chemotherapy, time to RT



Analysis:

Kaplan–Meier + log-rank tests

RESULTS

Survival Outcomes

From RT:

- OS: 23 months
- PFS: 8 months

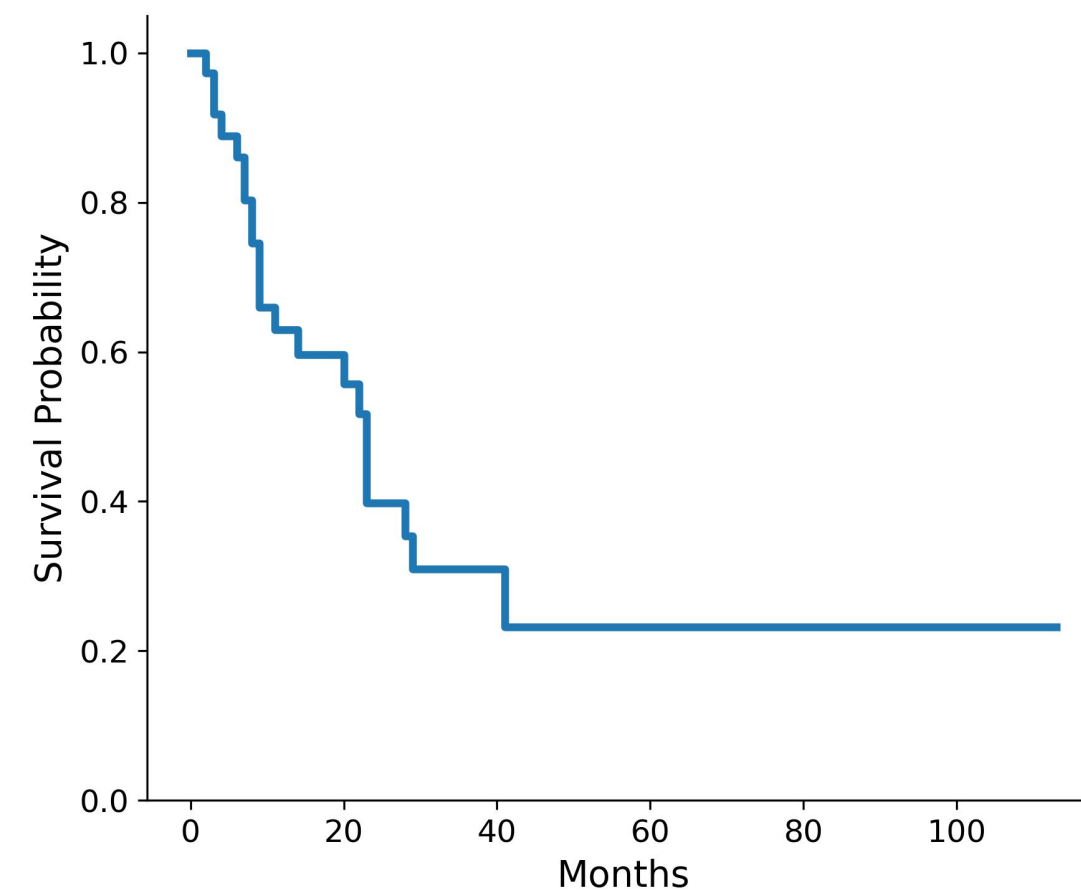
From Diagnosis:

- OS: 32 months
- PFS: 16 months

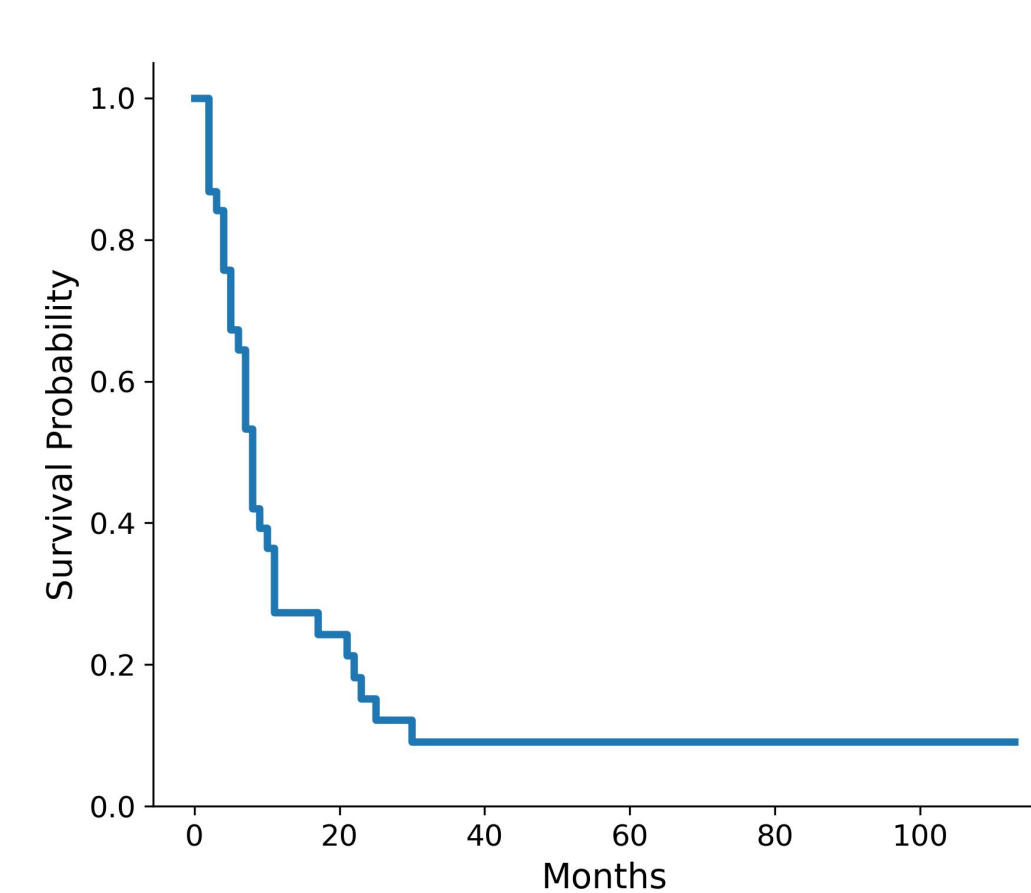
Key Findings

- SBRT associated with improved OS from diagnosis ($p = 0.025$)
- Time to RT >6.5 months associated with improved OS from diagnosis ($p = 0.009$)
- No significant association between durvalumab and OS or PFS

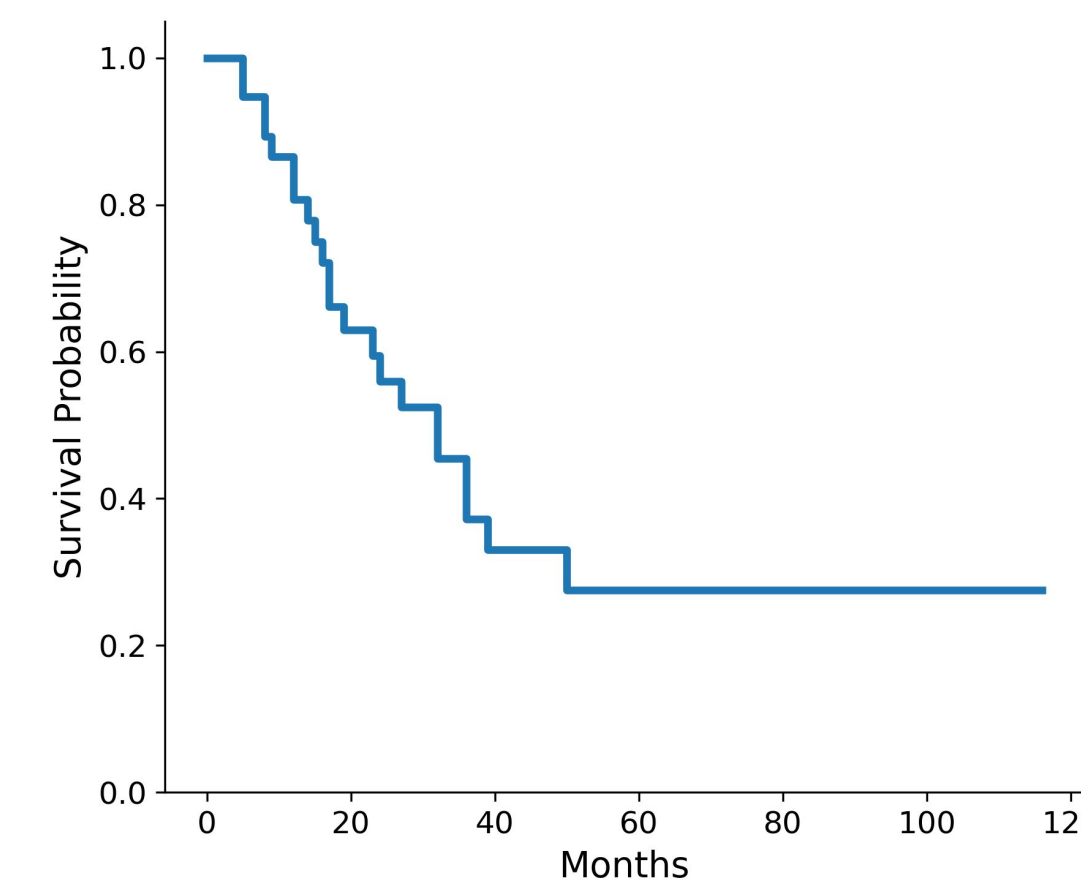
OS (RT)



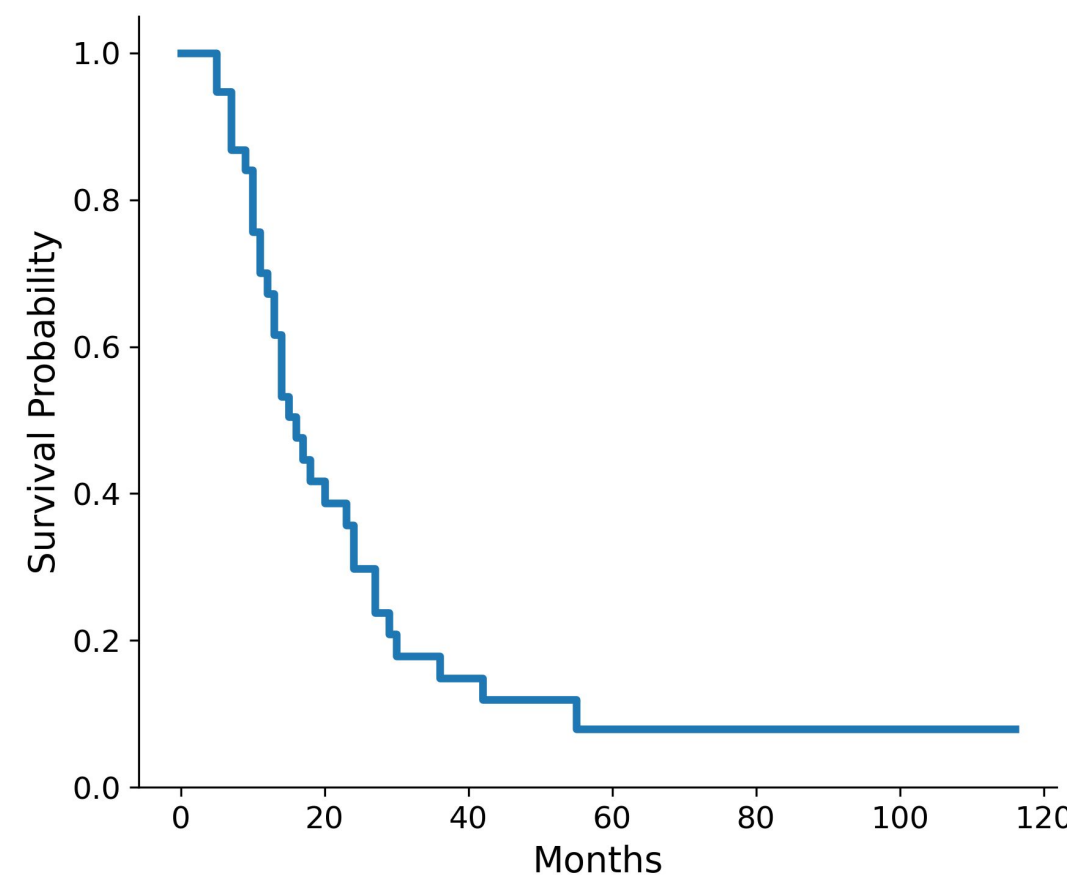
PFS (RT)



OS (Dx)



PFS (Dx)



Kaplan–Meier curves of OS and PFS from RT and diagnosis.

CONCLUSIONS

- Radiation therapy is associated with a median overall survival of approximately 2 years
- SBRT and a longer interval to initiation of radiation therapy are associated with improved survival from time of diagnosis
- No significant association was observed between durvalumab use and survival outcomes
- Findings are limited by retrospective design

FUTURE WORK

- Prospective comparison of SBRT vs fractionated RT
- Evaluation of RT combined with immunotherapy
- Improved patient selection for RT

Background:

Cholangiocarcinoma is a bile duct cancer. Many patients are not able to have surgery, so radiation therapy is often used as treatment.

Methods:

We reviewed 38 patients treated with radiation therapy and evaluated survival and how long their cancer remained under control.

Results:

On average, patients lived about 2 years after treatment. A more targeted type of radiation (called SBRT) and waiting longer before starting radiation were linked to better outcomes. An immunotherapy drug (durvalumab) was not associated with improved survival in this study.

Conclusion:

Radiation therapy is an important treatment option for this cancer. Some approaches may work better for certain patients, but more research is needed to better guide treatment decisions.

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