A Single-Center Preliminary Experience with Systemic Chemo-Immunotherapy in Combination with Hepatic Arterial Infusion Floxuridine in Patients with Liver-Confined Intrahepatic Cholangiocarcinoma

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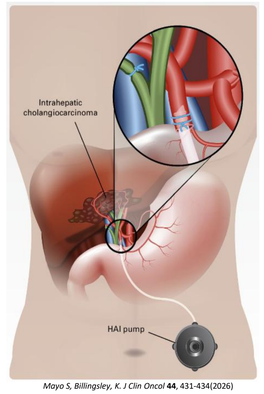
BACKGROUND

- The majority of patients with intrahepatic cholangiocarcinoma (iCCA) have unresectable or multifocal disease.[1,2]
- Standard of care is gemcitabine/cisplatin (GC) and immune checkpoint inhibition (IO) with durvalumab (GCD) or pembrolizumab (GCP).
- Survival after first-line systemic therapy remains poor[3]:
  - median PFS ~ 7.1 months
  - median OS ~12.8 months
- Hepatic arterial infusion (HAI) therapy provides continuous liver-directed therapy while minimizing systemic toxicity.[4]
- HAI therapy with floxuridine may provide an effective treatment for patients with unresectable iCCA.[5-8]



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Methods

- A single-institution, prospective database (IRB#24387) collated outcomes for pts with liver-confined, unresectable iCCA between 2023-2025 that were treated with GCD/GCP followed by addition of HAI (floxuridine starting: 0.054 mg/kg/day).
- Data collected included timing and number of GCD/GCP cycles before/after HAI, adverse events (AEs, including immune-related AEs [irAEs]), maximal tumor response, disease control rate (DCR) at 6-months, and overall survival (OS).

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Acknowledgements:

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RESULTS

Table 1: Summary Demographics	
Patients, no.	10
Median age at diagnosis, years (range)	66 (46-78)
Sex, no (%)	
F	8 (80)
M	2 (20)
Race, ethnicity, no. (%)	
White, Non-Hispanic	9 (90)
American Indian/Alaska Native, Non-Hispanic	1 (10)

Figure 1. Swimmer plot summary of outcomes

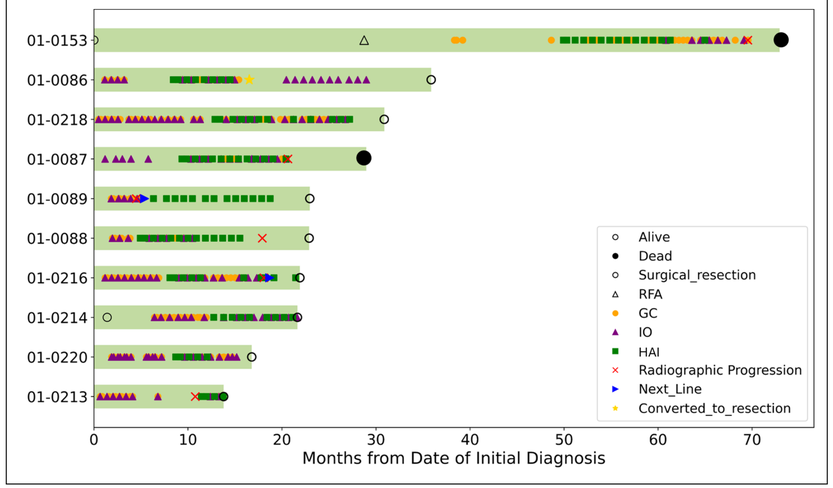
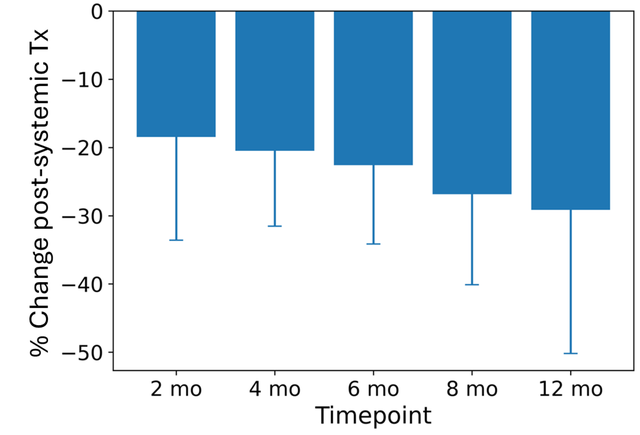


Table 3: Summary Outcomes	
Median HAI therapy treatments, no. (range)	7 (3-20)
Median dominant tumor size, baseline, cm (range)	8.9 (3.5-14.7)
Patients converted to resectable status, no. (%)	1 (10)
Disease control rate, 6mo, %	60
Overall survival, 12mo, %	100
Overall survival, 24mo, %	100
Median follow-up time since diagnosis, months (range)	22.9 (13.8-72.9)

Table 2: Summary Treatment Events	
Median systemic treatments prior to HAI placement, no. (range)	7 (3-15)
Immune checkpoint inhibitor used, no. (%)	
Durvalumab	8 (80)
Pembrolizumab	1 (10)
Mixed	1 (10)
Post-HAI placement hospital length of stay, days (range)	4.5 (4-7)
Time to HAI therapy initiation after pump placement, days (range)	15.5 (11-47)
Clavien-Dindo grade III adverse events, no. (%)	1 (10)
CTCAE grade II immune-associated adverse events, no. (%)	1 (10)

Figure 2. Median % change in tumor size after adding HAI therapy



CONCLUSIONS

- **The addition of HAI to GC+IO appears safe**
  - **No biliary stenting was required for pts with biliary sclerosis.**
- **Addition of HAI to GC+IO greatly reduces tumor size**
- **Preliminary findings support a potential for HAI to provide superior hepatic disease control compared to GC+IO alone,**
- **Further clinical trials are warranted.**