

A CASE REPORT OF SORAFENIB AS PALLIATIVE THERAPY IN REFRACTORY ADVANCED CHOLANGIOCARCINOMA

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Introduction :

Cholangiocarcinoma(CCa) is the second common primary hepatic tumor arising from bile ducts and the prognosis is poor. It is 4th common of all gastrointestinal cancers and the incidence is 8 cases per 100,000 persons in a year in Korea. Dysregulations of the mitogen-activated protein kinase(MAPK) pathway associated with proliferative advantages of tumors are often observed in CCa. Radical surgical resection or local radiotherapy would be offered as treatment options in CCa. Sorafenib is an oral multi-kinase inhibitor that inhibits tumor growth by targeting the MAPK pathway at the level of Raf kinase induces tumor cell apoptosis and also potentially inhibits vascular endothelial growth factor receptor VEGFR-1, VEGFR-2, VEGFR-3 and platelet-derived growth factor receptor(PDGFR) beta, Flt3, and C-KIT receptors. Sorafenib has been approved in both inoperable hepatocellular carcinoma and renal cell carcinoma in effective clinical antitumor activity. There were some cases that advanced CCa also derived benefit in treatment of sorafenib. However, sorafenib for advanced CCa in palliative setting is rarely reported in Korea.

Methods : 53 year-old-man was diagnosed Bismuth type IV hilar CCa by endoscopic retrograde cholangiopancreatography(ERCP) and magnetic resonance angiography(MRA). It was inoperable because of multiple metastatic lung nodules. He was treated with radiotherapy on the primary lesion and two different regimens of chemotherapy. But, the disease was still in progressive status in follow-up periods. Sorafenib was administered at 400mg twice a day orally in palliation.

Results : Underlying hilar CCa was in stable condition with followed image study. Metastatic multiple lung nodules showed marked internal nodular necrosis and cavitory changes. CA19-9 level decreased from 132 U/ml to 16.6 U/ml. There were no adverse events and grade 3 or 4 toxicity observed.

Conclusions : Sorafenib showed positive result in our patient and might be one of options for palliative therapy. It needs to be confirmed with larger clinical trials in advanced CCa.

