

Changing surgical practice in management of intrahepatic cholangiocarcinoma during the pandemic. Is bridging with systemic therapy safe for our patients?

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Dear Editor

With regard to the article named 'HPB surgery in the time of COVID' by Alsaoudi and colleagues,¹ SARS-CoV-2 has become a pandemic spreading in every geographical region worldwide with over 1.5 million associated deaths already reported. With all the lights of scientific community shed upon new coronavirus, management of biliary malignancies such as intrahepatic cholangiocarcinoma has been significantly neglected. The cancellation of elective surgical cancer cases and associated redistribution of health care resources, with priority given on enhancing intensive care unit capacity, has forced oncologists and hepatobiliary surgeons to refer patients to initiation of chemotherapy as bridging therapy and method of disease control, despite the lack of strong scientific evidence.

The majority of biliary cancer patients will require ICU stay due to the extent of operations they undergo. Studies have highlighted the adverse effects of delay to surgery in patients with biliary malignancies. In our hospital, which is considered in Greece a high volume centre with over with over 70 hepatobiliary cancer cases per year performed, since the initiation of this pandemic, 9 patients were evaluated for possible resectability of intrahepatic cholangiocarcinoma. 8 of them found resectable, whereas 1 unre-

sectable due to major vascular invasion. However, due to limited hospital resources and ICU beds, all of resectable cases were initially referred to initiation of chemotherapy. Unfortunately, 3 of them showed progression of disease while on chemotherapy, despite the fact that initially had resectable lesions.

The aforementioned change in clinical practice poses an ethical challenge which health care system administrators should deal with, as a significant number of patients have no chance to curative resections. However, the great numbers of resectable intrahepatic cholangiocarcinoma cases referred for systemic chemotherapy may assist physicians to fully appreciate the effects of the implementation of neoadjuvant treatment in resectable biliary tract cases.

Disclosure: The authors have no other conflicts of interest to declare.

References

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