Guidelines Development Group for the British Society of Gastroenterology guidelines for the diagnosis and management of cholangiocarcinoma

We have recently published in *Gut* the British Society of Gastroenterology (BSG) guidelines for the diagnosis and management of cholangiocarcinoma.[1] In the guidelines we recommended cisplatin plus gemcitabine (CisGem) chemotherapy as first-line systemic treatment in patients with advanced biliary tract cancer (BTC), and that immunotherapy may be added to CisGem chemotherapy if approved and available (Recommendation 39). A few weeks after the guidelines were published, the UK's National Institute for Health and Care Excellence approved and recommended the use of durvalumab plus gemcitabine and cisplatin as an option for treating locally advanced, unresectable or metastatic BTC in adults,[2] and we believe this triple combination should be first line. This was also approved by the Scottish Medicines Consortium in November 2023 and thus represents a new standard of care for cholangiocarcinoma treatment, but this is not specifically mentioned in the latest published BSG guidelines.

Furthermore, at the time of publication of the BSG guidelines, there was little consensus as to the frequency of clinical follow-up following resection for cholangiocarcinoma. However, as patients are at risk of complications related to treatment, as well as the high rate of cholangiocarcinoma recurrence, follow-up is carried out in practice by most centres. Following the recent publication of the ESMO Guidelines Committee's Clinical Practice Guideline for diagnosis, treatment and follow-up of BTC,[3] we also now recommend that follow-up is undertaken following cholangiocarcinoma-resection, and this may consist of 3 to 6-monthly visits during the first 2 years and 6 to 12-monthly visits for up to 5 years, or as clinically indicated. A combination of clinical examination, laboratory investigations, tumour markers and CT scan of the thorax, abdomen and pelvis may be appropriate.[3]

These updates have been endorsed by all authors on the guideline writing panel as well as the Liver Committee of the BSG. We request that these important updates, via this letter, be linked to the online BSG guidelines for the diagnosis and management of cholangiocarcinoma.

Shahid A Khan,[1] **Simon M Rushbrook**,[2] **Timothy James Kendall**,[3,4] **Yoh Zen**,[5] **Raneem Albazaz**,[6] **Prakash Manoharan**,[7] **Stephen P Pereira**,[8] **Richard Sturgess**,[9] **Brian R Davidson**,[10] **Hassan Z Malik**,[11] **Derek Manas**,[12] **Nigel Heaton**,[13] **K Raj Prasad**,[14] **Juan W Valle**,[15] **Rebecca Goody**,[16] **Maria Hawkins**,[8,17] **Wendy Prentice**,[18] **Helen Morement**,[19] **Martine Walmsley**,[20] **John Bridgewater**[21]

[1]Hepatology and Gastroenterology Section, Department of Medicine, Imperial College London, London, UK
[2]Department of Hepatology, Norfolk and Norwich University Hospitals NHS Trust, Norwich, UK
[3]University of Edinburgh MRC Centre for Inflammation Research, Edinburgh, UK
[4]Division of Pathology, University of Edinburgh, Edinburgh, UK
[5]King's College London, London, UK
[6]Department of Radiology, Leeds Teaching Hospitals NHS Trust, Leeds, UK
[7]Christie Hospital, Manchester, UK
[8]University College London, London, UK
[9]Digestive Diseases Unit, Aintree University Hospitals NHS Foundation Trust, Liverpool, UK
[10]Surgery, Royal Free Campus, UCL Medical School, London, UK
[11]Surgery, University Hospital Aintree, Liverpool, UK
[12]Newcastle University, Newcastle upon Tyne, UK
[13]Department of Hepatobiliary and Pancreatic Surgery, King's College London, London, UK
[14]John Goligher Colorectal Unit, St. James University Hospital, Leeds, UK
[15]Medical Oncology, The Christie NHS Foundation Trust/University of Manchester, Manchester, UK
[16]St James's University Hospital, Leeds, UK
[17]Department of Medical Physics and Biomedical Engineering, University College London, London, UK
[18]King's College Hospital, London, UK
[19]AMMF, Essex, UK
[20]Chair of Trustees PSC Support, Didcot, UK
[21]Department of Oncology, UCL Cancer Institute, University College London, London, UK

Correspondence to Dr Shahid A Khan; shahid.khan@imperial.ac.uk

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ORCID iDs
Shahid A Khan http://orcid.org/0000-0003-2538-0911
Timothy James Kendall http://orcid.org/0000-0002-4174-2786

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