TEXAS ONCOLOGY
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Gallbladder and Bile Duct Cancer

Gallbladder cancer is a rare and aggressive type of biliary cancer. The gallbladder holds and releases bile, a digestive fluid created by the liver, when food is broken down by the stomach and small intestine. Bile is released through the bile duct, which links the gallbladder and liver to the small intestine. Bile duct cancer, also known as cholangiocarcinoma, occurs when cancer cells form in bile ducts. The two forms of bile duct cancer are intrahepatic, which forms in the bile ducts within the liver, and extrahepatic, which develops in the bile ducts outside of the liver. Extrahepatic cholangiocarcinoma can be classified as perihilar or distal based on the region of the bile duct where it is detected. While gallbladder and bile duct cancers are rare, both cancer types can be hard to detect early as symptoms can resemble other biliary system illnesses and there can be difficulty seeing abnormalities of the bile ducts on imaging.

Statistics

- In 2024, an estimated 12,350 new cases of gallbladder and bile ducts cancer were expected to be diagnosed in the United States.
- In 2024, approximately 4,530 gallbladder and bile duct cancer deaths were expected in the United States.

Risk Factors

- **Gallstones:** Gallstones are the most common gallbladder cancer risk factor. About 4 out 5 people diagnosed with gallbladder cancer have a history of gallstone disease.
- **Bile Duct and Liver Conditions:** Chronic bile duct inflammation as well as liver and bile duct diseases can increase the risk of bile duct cancer. Certain conditions including primary sclerosing cholangitis (PSC), bile duct stones, choledochal cyst disease, cirrhosis, hepatitis B or hepatitis C virus infections, liver fluke infections, or bile duct abnormalities are also risk factors for the development of these cancers.
- **Gender:** Women have a higher risk of gallbladder cancer than men.
- **Age:** Gallbladder cancer is most often diagnosed in people ages 65 and older. Bile duct cancer is most often diagnosed in people in their 60s or 70s.
- **Race:** In the United States, Hispanics as well as Native Americans are at an increased risk of gallbladder cancer. Hispanics are also at an increased risk of bile duct cancer.
- **Obesity:** Gallbladder and bile duct cancer risk are higher for people with obesity, who are also at an increased risk of gallstones and non-alcoholic fatty liver disease.
- **Family History:** Those with a family history of gallbladder and bile duct cancers are at slightly higher risk of developing these diseases.
- **Medical History:** Those with porcelain gallbladder, choledochal cysts, gallbladder polyps, primary sclerosing cholangitis, typhoid, or abnormalities of the bile ducts have a higher risk of gallbladder cancer. Bile duct cancer risk increases in those with diabetes or inflammatory bowel diseases such as ulcerative colitis and Crohn's disease.
- **Smoking:** Smokers have an increased risk of gallbladder and bile duct cancers.
- **Alcohol:** Drinking alcohol can increase the risk of bile duct cancer, especially in those with liver problems as a result of alcohol consumption.
- **Exposure:** Those exposed to nitrosamines or chemicals utilized in the rubber and textile industries are at a slightly increased risk of gallbladder cancer. People with a history of exposure to asbestos, radon, and other radioactive chemicals as well as dioxin and polychlorinated biphenyls are at an increased risk of bile duct cancer.

Symptoms

The early stages of gallbladder and bile duct cancers can be hard to detect, as many show little to no symptoms until the later stages. If any of the following symptoms or signs are present, people should immediately consult their physician, as treatment and prognosis vary by stage:

- Jaundice (yellowing of the skin, gums, inner lips, and white of the eyes)
- Abdominal pain, cramping, and bloating
- Nausea and vomiting
- Lumps in the abdomen
- Weight loss
- Itchy skin
- Lighter or clay-colored stools
- Darker urine
- Appetite loss

Prevention

Currently, there are no known ways to prevent gallbladder and bile duct cancers. Taking proactive measures to limit risk factors can decrease the incidence of these cancers. To reduce the risk, people should limit alcohol use, quit smoking, maintain a healthy weight, stay physically active, avoid exposure to certain chemicals and toxins, and seek early treatment for viral hepatitis, cirrhosis, and other diseases that increase risk. It is also important to prevent contact with the hepatitis B and C viruses as best as possible. The hepatitis B virus vaccination is recommended for all infants, children, and high-risk adults.

Treatment Options

Treatment options vary, depending on the stage of either cancer type. Surgery is a mainstay of treatment for these cancer types, and it is the modality with the highest chances of success. Gallbladder and bile duct cancer patients should be evaluated by a specialist hepatobiliary surgeon and a multi-disciplinary specialty care team. Common treatment options for both cancer types include surgery, radiation therapy, chemotherapy, targeted therapy, immunotherapy, and palliative medicine. Gallbladder and bile duct cancer patients may also be eligible for certain clinical trials based on their cancer type, stage, age, and health condition.

About Texas Oncology

With more than 550 physicians and 300 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multidisciplinary care, and includes Texas Breast Specialists, Texas Center for Proton Therapy, Texas Colon & Rectal Specialists, Texas Imaging & Infusion Center, Texas Oncology Surgical Specialists, and Texas Urology Specialists. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at TexasOncology.com.

Sources: American Cancer Society, Centers for Disease Control and Prevention and National Cancer Institute.

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