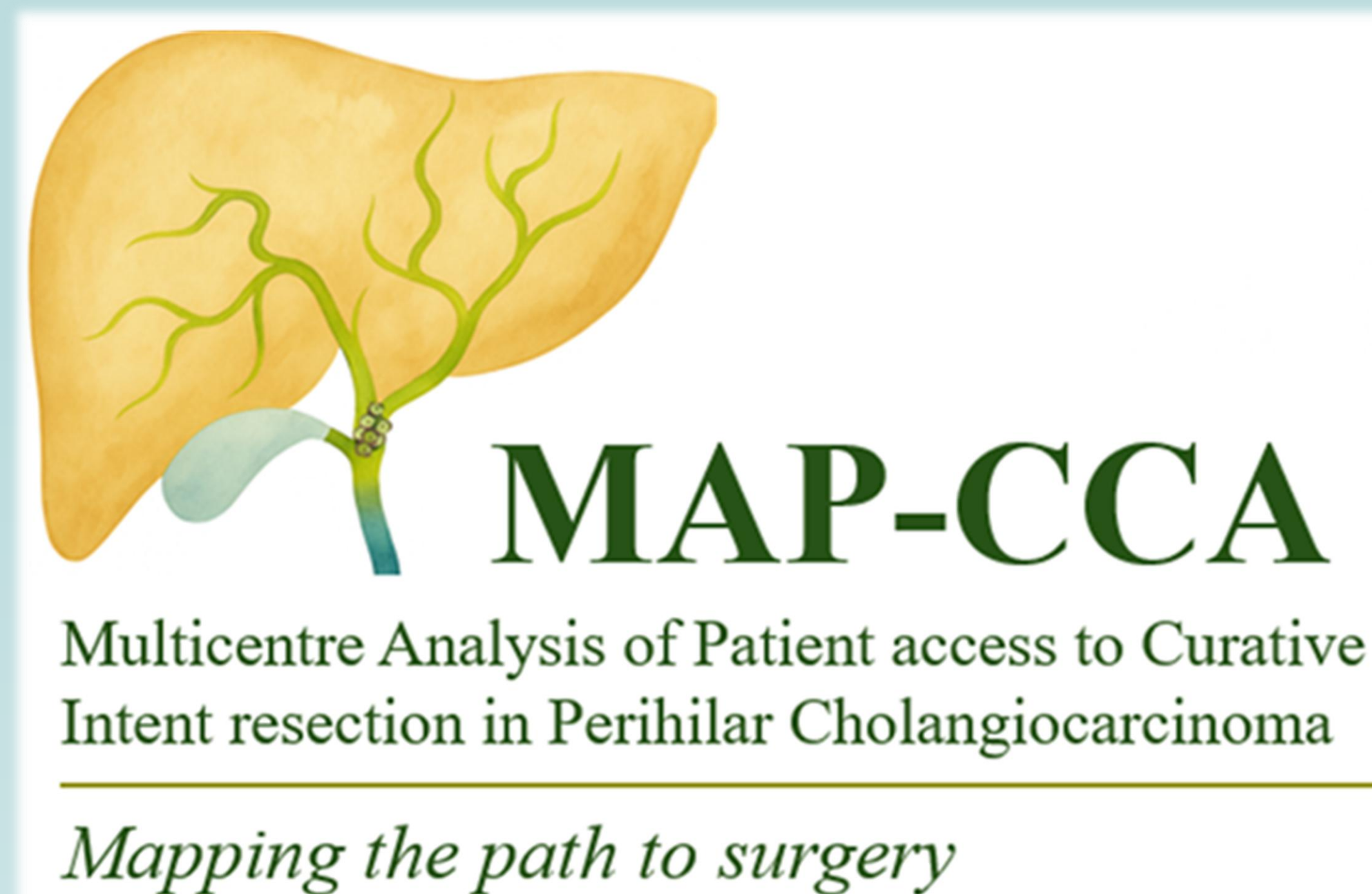




The MAP-CCA Study: A Royal College of Surgeons led Prospective Study Mapping Barriers to Curative-Intent Resection in Perihilar Cholangiocarcinoma



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Background

Perihilar cholangiocarcinoma (pCCA) is an aggressive malignancy with poor overall survival, for which surgical resection represents the mainstay of curative intent treatment. UK registry data suggest that only a small proportion of patients diagnosed with pCCA ultimately undergo curative intent resection, but the reasons for attrition along the treatment pathway are poorly characterised.

Methods

The MAP-CCA study is an international multicentre study delivered through the Royal College of Surgeons England Surgical Specialty Lead program. Patients considered potentially resectable at initial specialist multidisciplinary

team meetings (MDTs) are recruited, with data captured prospectively using a structured REDCap platform. Data includes demographics, comorbidity, imaging interpretation, referral patterns, treatment intent and progression through the pathway. A parallel retrospective cohort from the preceding 24 months is being collected to permit comparison of case identification and pathway documentation.

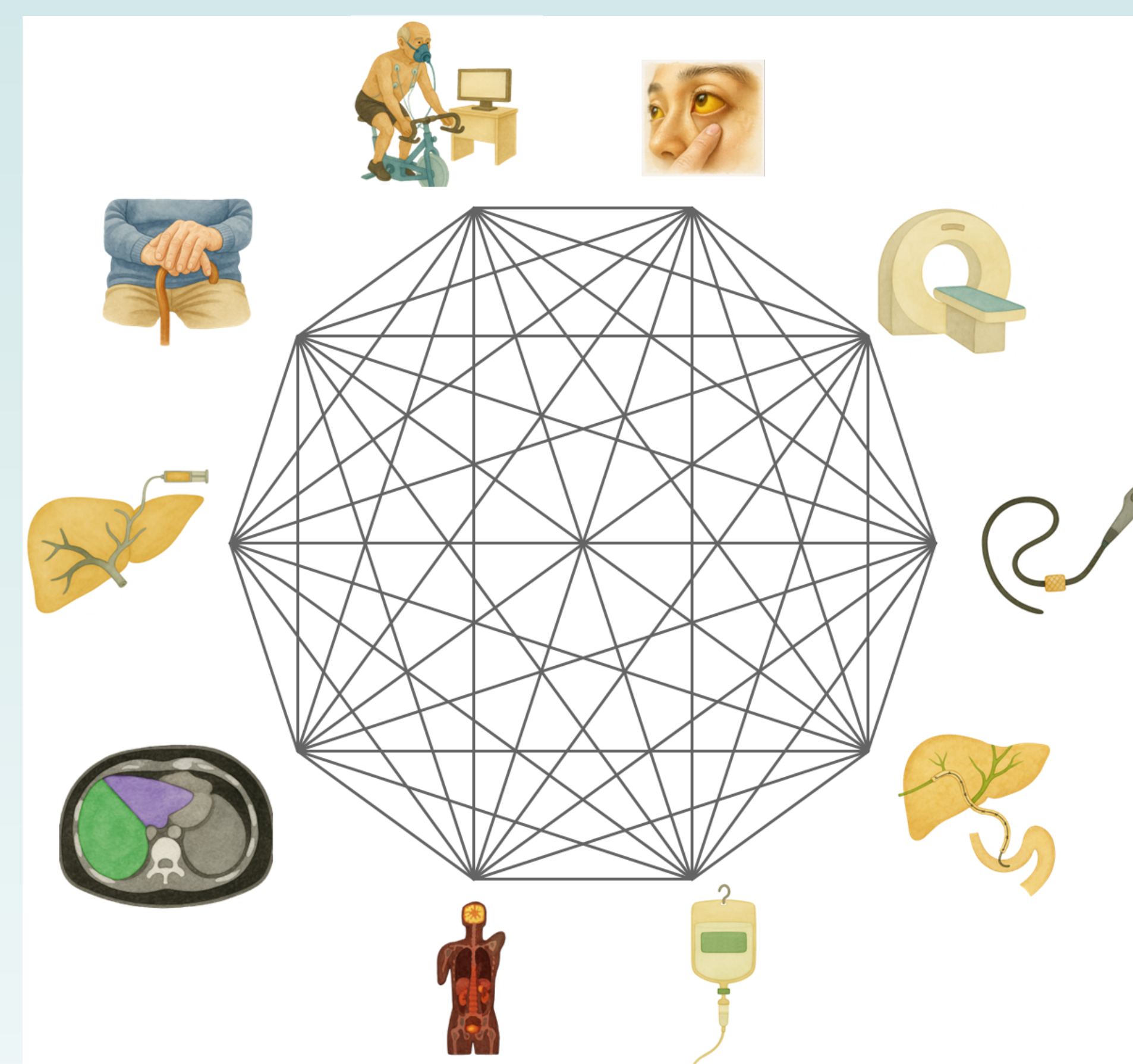


Fig 1. Example preoperative work-up of patients with pCCA. Initial presentation, multimodal imaging, biliary drainage/diagnostic biopsy (endoscopy/IR) treatment of sepsis; PET imaging; liver volumetry / FLR augmentation; CPET testing, anaesthetic pre-assessment.

Results

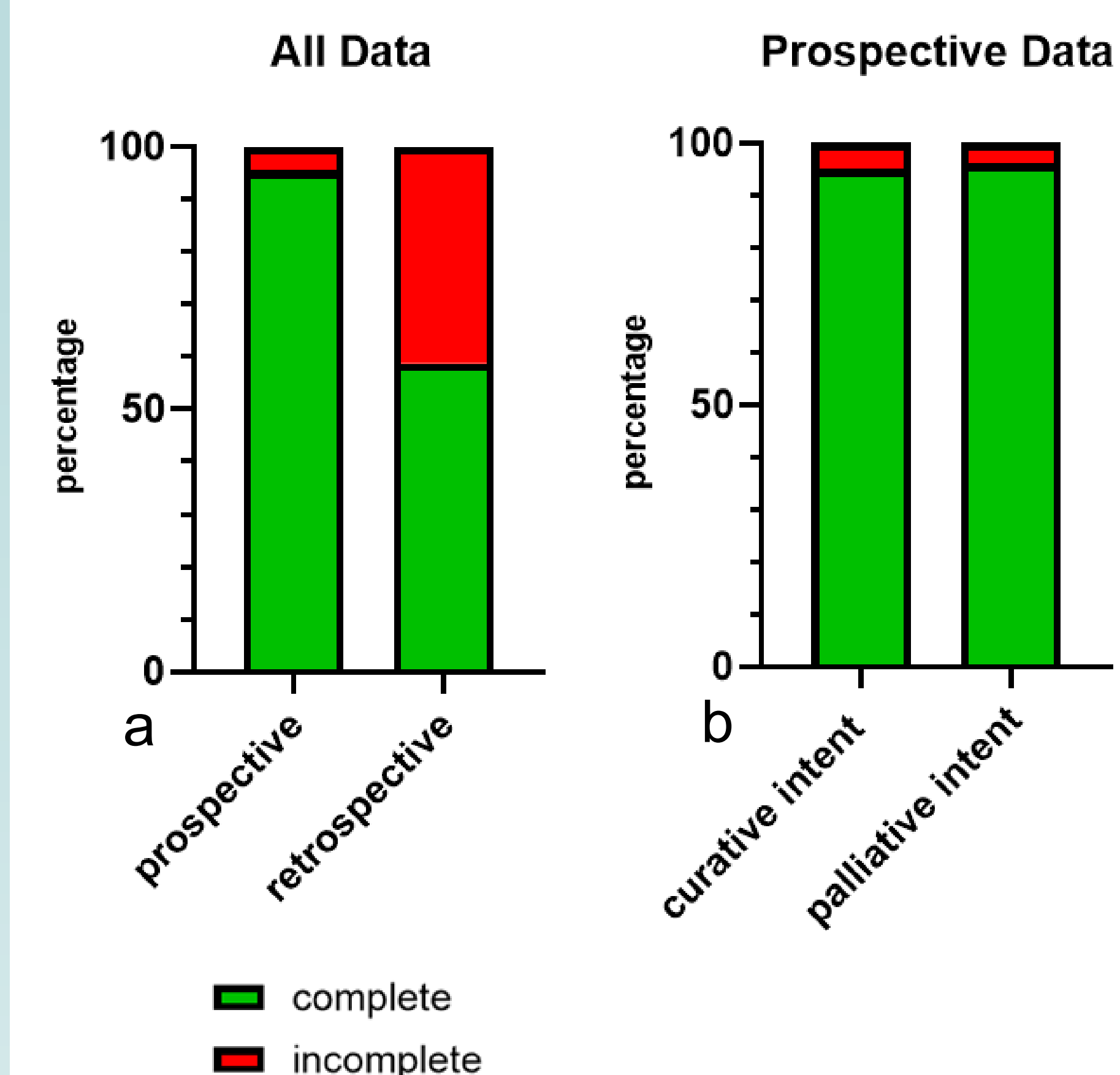


Fig 2. Bar graph of data completion in a) all data (n=62) b) prospective data (n=45)

Prospective data collection across participating centres has been successfully established, enabling real-time capture of patients discussed at specialist multidisciplinary team meetings. Early data suggest that a substantial proportion of patients do not progress from initial consideration of resectability to curative-intent surgery, with attrition observed at several stages of the pathway. In contrast, retrospective datasets appear less complete, particularly in capturing patients who do not proceed to surgery.

Conclusion

The MAP-CCA study addresses a key evidence gap by prospectively capturing the full MDT population, including patients who do not proceed to surgery. Data collection has been shown to be feasible across international centres. With ongoing recruitment, the study aims to define points of attrition along the treatment pathway and distinguish biological from potentially modifiable service-level barriers, with the goal of improving access to curative-intent resection.



Fig 4. QR code to generate an automated email expressing interest in collaborating in the MAP-CCA study