AMMF 2026 EUROPEAN CHOLANGIOCARCINOMA CONFERENCE

13–15 May 2026

Live location: Radisson Blu Hotel, Stansted Airport, UK

MEETING REPORT

All AMMF's sponsors have supported AMMF's 2026 conference through a financial contribution only. They have not been involved in the content nor in any other aspect of the conference.

AMMF
THE CHOLANGIOCARCINOMA CHARITY

www.ammf.org.uk
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Conferences like this are where thinking shifts attitudes and strategy. Where fragmented knowledge connects. Where new options begin to form before they are visible elsewhere... AMMF's direction is refreshing in its clarity and focus on outcomes.

AMMF consistently creates the conditions where progress emerges, with the patient embedded at the centre of the process. That is AMMF's strength, and it ensures progress translates directly into patient outcomes. That's rare, and it is what makes it effective.

Steve Holmes – *Founder, Cholangiocarcinoma Foundation Australia*

BASL Endorsed
The AMMF conference is a BASL (British Association for the Study of the Liver) endorsed event.

CPD Accreditation
AMMF's 2026 European Cholangiocarcinoma Conference is a CPD accredited event. Attendance to the full three-day conference is worth **19.45** hours CPD. It is the responsibility of each delegate to claim only for the hours they have attended.

FOREWORD

I am delighted to present this summary report from AMMF's 2026 European Cholangiocarcinoma (CCA) Conference, a flagship three-day event that again united our global CCA community in shared purpose, learning, and advocacy. This year our conference was in person at The Radisson Blu, Stansted Airport, with all presentations available via watch on demand shortly after. The form proved successful, with a **total of 370 registered attendees** (in person and registered for watch on demand).

Professor Brian Davidson (UK) and Dr Angela Lamarca (Spain), two internationally renowned specialists at the forefront of the CCA world, co-chaired AMMF's 2026 conference under the theme, 'Shaping the future: from early detection to improved survival'. They brought together a powerful faculty of speakers including, for the first time at AMMF's conference, the multi-disciplinary specialist group Cholangiocarcinoma-UK* who partnered with AMMF to highlight the latest progress in the rapidly evolving treatment landscape for cholangiocarcinoma.

In our 24th year as a charity, AMMF's annual conference explored advances across the treatment field including in transplantation, molecular profiling, targeted therapies and immunotherapy as well as clinical trials. The global community was represented in this year's programme by a number of international contributors, clinicians and researchers, from Thailand, Italy, Ireland, Spain, France, as well as from across the four nations of the UK.

The patient is at the heart of everything AMMF does, and the patient voice was once again an integral part of the conference. We heard deeply moving accounts from four patient presenters, each bringing to life the personal toll of this challenging cancer: from late or missed diagnoses to inequalities in access to testing and care. Their bravery in giving their presentations provided a powerful call to action on each day of the conference.

Updates from the conference reached a wide digital audience, with **over 65,202 impressions** and **more than 3,271 individual interactions** (engagements) across Facebook, Instagram, LinkedIn and X (Twitter), amplifying patient voices, spotlighting innovations, and extending the reach of AMMF 2026 across the global CCA community.

FOREWORD

This conference is always more than an event. It is a catalyst for change – a space where clinicians, researchers, patients, and advocates come together not only to share knowledge, but to challenge the systems that fail too many. I am deeply grateful to all who contributed, and especially to those who so generously shared their lived experience.

Together, we are driving progress. And together, we will continue to push for better, faster, and fairer outcomes for everyone affected by CCA.

Helen Morement, *DSc (hc)*
AMMF CEO and Founder

* Cholangiocarcinoma-UK (CCA-UK) is a multi-disciplinary group of clinicians, scientists and patient advocates whose purpose is to facilitate collaborative research, enhance service development and raise awareness of cholangiocarcinoma (CCA-UK is an affiliate of the British Association for the Study of the Liver (BASL)).

Note: This report offers a snapshot of the conference's rich discussions and innovative presentations. For a comprehensive view, links to the full presentation videos are available alongside each summary in this report, allowing for continued access and learning.

SHAPING THE FUTURE: FROM EARLY DETECTION TO IMPROVED SURVIVAL

Introduction to AMMF and an overview of cholangiocarcinoma – Helen Morement, CEO and Founder of AMMF

Helen Morement opened the AMMF 2026 European Cholangiocarcinoma (CCA) conference by setting out the charity's origin, purpose, and mission, linking its early awareness work to this year's theme of 'Shaping the future: from early detection to improved survival'.

From the outset, the charity has had three core aims – to raise awareness, provide information and support, and encourage and fund research. AMMF's national data project, commissioned from Public Health England and completed in 2023, confirmed that CCA incidence is rising year on year, mortality tracks incidence, more younger people are being affected, and that around two in three patients receive no active cancer treatment at all. These findings, plus NHS data showing that CCA incidence is now similar to hepatocellular carcinoma (HCC), underpinned the charity's 'Rethink Liver Cancer' campaign launched in 2024, calling for CCA to be fully recognised as a primary liver cancer in policy, planning and services. Despite advances such as molecular profiling, targeted therapies and new diagnostics, the everyday reality for most people with CCA has changed very little since 2002. Delayed diagnosis, misdiagnosis, difficulty accessing experts and trials, and deep geographical variation in care remain key challenges. The call to action was clear: improve awareness, referral, testing, and service planning now, not later.

Live recording of session is here.

CONFERENCE SPONSORS

All AMMF's sponsors have supported AMMF's 2026 conference through a financial contribution only. They have not been involved in the content nor in any other aspect of the conference.

AMMF would like to thank the following for their generous support of the 2026 European Cholangiocarcinoma Conference:

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CONFERENCE SESSION SUMMARIES (continued)

CONFERENCE OVERVIEW

Number of speakers: **43**

Number of presentations: **43**

Number of Question Panels: **11** unique, interactive opportunities to ask experts questions

Number of Patient Presenters: **4**

Number of delegates (in person and virtual): **370**

Healthcare Professional:	109
Industry sponsor/Delegates:	29
Medical student:	2
Patient/Carer/Family member:	158
Press/Journalist:	1
Researcher/Scientist:	49
Patient Advocate/Organisation:	21
UK Government Official Representative:	1

Disclaimer

The AMMF 2026 European Cholangiocarcinoma Conference was an international congress run by AMMF and provided to international healthcare professionals (HCPs) from around the world. Please note that prescribing information provided may vary depending on local approval in each country. For purposes of the conference, best efforts were undertaken by AMMF and conference sponsors to ensure compliance with the Association of the British Pharmaceutical Industry (ABPI), however, you should review your local prescribing information and consult directly with the local affiliate of the relevant company to address any questions.

Please be aware that, to comply with international pharmaceutical guidelines, certain areas of the meeting platform were intended for HCPs only.

SOCIAL MEDIA ENGAGEMENT SUMMARY

AMMF's social media activity during the conference (13–15 May) generated strong engagement across platforms, helping to amplify key messages and reach a wide audience within the global CCA community.

Audience reach and engagement

Across Facebook, Instagram, LinkedIn and X (Twitter), AMMF's posts achieved **65,202 impressions** and **more than 3,271 individual interactions** (engagements) – including likes, shares, clicks and comments – over the three days of the conference.

The highest engagement came through Facebook, with **over 33,156 post views** and **2,081 interactions**, reflecting its continued importance for reaching patients and supporters. In total, AMMF posted **more than 132 updates** across the three days: 46 on X, 57 across Instagram and LinkedIn, and 33 on Facebook.

Audience growth

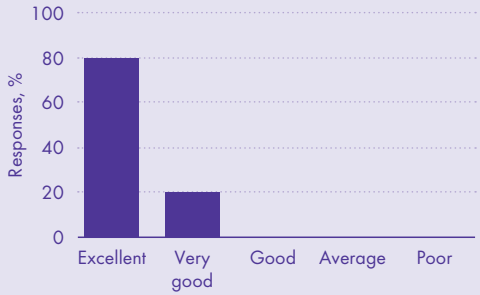
The conference drove a noticeable increase in followers across AMMF's social media channels, expanding our online audience and extending the reach of the CCA community beyond those who attended in person or watched on demand.

Top performing posts

- **Welcome and AMMF Update** – Dr Helen Morement's opening address, setting out AMMF's mission and progress
- **Patient Perspectives** – Inspiring and moving presentations from Pamela, Benjamin, Gareth and Charlie, sharing their lived experience of CCA
- **Daily Conference Highlights** – Daily reflections and key insights shared across all platforms throughout the event
- **Ask the Experts** – Interactive Q&A panels with world-leading experts, generating strong engagement from the CCA community online

POST-CONFERENCE SURVEY – HIGHLIGHTS

How would you rate the event overall?



Knowledge of the subject *(1–10):** **9.47**

Presentation skills *(1–10):** **9.27**

Helpfulness *(1–10):** **9.33**

*15 respondents

What part of the event did you find most beneficial and why?

The main benefit of coming to the conference, for me is meeting the people. I always look forward to seeing other patients, that is the most important part. Sitting down together over dinner in the evening and having a chat, not necessarily about cholangiocarcinoma but simply about life, is incredibly valuable.

My message to anyone who hasn't been to AMMF's Conference is: sign up and come along. I know it can feel daunting, especially if you're coming on your own. Even if you come with family, it is a completely new experience, but everyone is so welcoming.

The first conference I attended, I came by myself. I was made to feel welcome from the moment I arrived and I quickly connected with other delegates. Since then, my family and partner have joined me each year and it has now become something that we all look forward to together.

Gareth Honeybone – *Patient*

POST-CONFERENCE SURVEY – HIGHLIGHTS

AMMF has been pivotal in the development in advancing the standard of care for patients across the UK. Through maintaining its focus solely on cholangiocarcinoma, it has transformed awareness and engagement not only among clinicians but also at the highest levels of government. The impact of having a single charity dedicated solely to one disease has been profound.

It is difficult to overestimate the difference AMMF has made. The charity has brought together clinicians, laboratory scientists, patients, industry and in more recent years, MPs and legislators around a shared purpose to help improve outcomes for patients affected by this devastating disease.

Professor John Primrose – *University of Southampton*

The most distinctive aspect of AMMF's annual conference is its's unwavering commitment to patient centred accountability. Throughout the conference, patients remain at the heart of every discussion, making it a truly unique event in the UK.

By bringing patients, clinicians, and researchers together in the same forum, the conference ensures that those presenting new data, discussing emerging therapies, and driving advances in the field remain directly accountable to the people whose lives are most affected.

Ms Rachel Guest – *Royal Infirmary of Edinburgh/ University of Edinburgh*

POST-CONFERENCE SURVEY – HIGHLIGHTS

It's not just the stories we hear that are inspiring, it's the people themselves. At this conference, there are always several survivors of cholangiocarcinoma in the room, and that gives me real hope. It shows that we can make a significant difference for many patients. What we need to do now is bring together these two complementary elements: the growing knowledge and the treatments, to achieve better outcomes for patients.

Professor John Bridgewater – *University College London Hospitals, NHS Foundation Trust*

All patients know that the annual conference is, without a doubt the best place to come for information. What makes it so unique is that it brings patients together with researchers, scientists and specialists in one place. You also get the chance to meet and connect with other patients. It is a rare opportunity to network and have meaningful conversations with people you wouldn't normally have access to, people whose knowledge and expertise could ultimately save your life.

Andrea Sheardown – *Patient*

CONFERENCE SESSION SUMMARIES

All the presentations from the 2026 conference are available to view here

Patient and Carers Sessions

Targeted therapies and immunotherapies – what are they, how are they different, and clinical trials

Professor John Bridgewater, University College Hospital London and UCL Cancer Institute

Professor Bridgewater explained the difference between immunotherapy and targeted therapy, setting out how both are intended to improve on conventional cancer treatment by either freeing the immune response or blocking oncogenic signalling. He used phase I–III clinical trials to show why randomisation and translational endpoints remain essential, even when patients understandably dislike being randomised. He highlighted the role of molecular testing and precision medicine, including SAFIR-ABC10, a large-scale, multi-country trial using both tissue and liquid biopsies to identify actionable genetic alterations in patients with biliary tract cancer (BTC) and match them to targeted therapies. Molecular testing and early access to effective therapies are critical but patients being able to travel and randomisation remain complicating factors in the trial process.

Live recording of session is here.

Liquid biopsy

Dr Magda Meissner, Velindre Cancer Centre and Cardiff University

Dr Meissner described how liquid biopsy using circulating tumour DNA (ctDNA) could help bring genomic testing earlier into the cancer pathway. She explained that ctDNA testing is a blood test that can detect tumour genetic changes and support faster treatment decisions alongside standard tissue testing. Using the Welsh QuicDNA lung cancer programme as an example, she showed that liquid biopsy can shorten testing times, identify actionable mutations, and help some patients start treatment sooner. It may be especially useful when tissue samples are limited, biopsies are unsafe, or patients are too unwell to wait for standard testing. She stressed that ctDNA is designed to complement, not replace, tissue testing. ctDNA testing has now been added to the National Genomic Test Directory for advanced lung cancer, with possible future expansion into cancers such as CCA and pancreatic cancer.

Live recording of session is here.

Surgery for CCA

Mr Hassan Malik, Liverpool University Hospitals, NHS Foundation Trust

Mr Malik focused on the complexity of deciding who should have surgery, particularly in perihilar CCA, where anatomy, biology, patient fitness, and timing all matter. He reinforced that surgery should be concentrated in high-volume centres with multidisciplinary team (MDT) expertise, in line with the British Society of Gastroenterology (BSG) guidelines and pointed to wide variation in resection rates across the National Health Service (NHS). Radical surgical resection remains the only potentially curative treatment for CCA, although only a minority of patients are eligible because many present with advanced disease. He discussed how more aggressive surgical strategies, including vascular resection and reconstruction together with portal lymphadenectomy, can expand operability in selected patients. Mr Malik also highlighted evidence showing improved survival for patients receiving active treatment compared with best supportive care alone and noted that more than half of patients with CCA harbour potentially targetable molecular alterations that may enable access to personalised therapies or clinical trials.

Live recording of session is here.

Health-related quality of life of patients with CCA: A qualitative study from the EORTIC QoL rare cancer study

Catarina S. Padilla, Department of Medical Oncology, The Netherlands Cancer Institute, Amsterdam

Catarina S. Padilla presented a qualitative analysis from the EORTC Quality of Life (QoL) Rare Cancer Study showing that health-related QoL of patients with CCA is shaped not only by physical symptoms, but also by psychological and social burden, especially the strain of a long diagnostic journey. Using questionnaire ratings plus interviews from 27 patients across multiple countries, the study found that the most relevant issues were pain, worry about their own health and future, worry about their family, reduced activity, and feeling like a burden to others. Patients also described fatigue, itch, nausea, constipation, loss of mobility, reduced ability to work or pursue hobbies, and uncertainty throughout a prolonged diagnostic pathway. The key message was that standard QoL tools capture some of this burden, but not all, so future assessment should combine generic items, tumour-specific items, and new questions tailored to rare cancers such as CCA.

Live recording of session is here.

Transplantation for CCA

Professor Douglas Thorburn, University College London, Royal Free London, NHS Foundation Trust

Professor Thorburn explained that liver transplantation in the UK is only suitable for a very small, highly selected subset of patients with CCA, specifically early intrahepatic CCA and perihilar CCA associated with primary sclerosing cholangitis (PSC). He explained that candidates must have small, localised tumours without nodal or distant spread, and that transplantation is considered only when conventional surgical resection is not feasible. He reviewed the historical poor outcomes following transplantation for advanced CCA, which initially led to CCA being considered a contraindication for transplant, but highlighted that more recent data demonstrate favourable long-term survival in carefully selected patients with early disease. He outlined the UK pilot transplant studies for very early intrahepatic CCA and perihilar CCA with PSC and that the pathway requires MDT referral, transplant assessment, and ongoing restaging while on the waiting list. He also described the EMPHATIC study (Evaluation of Combined Modality Protons and Hepatic Transplantation of Hilar CCA – an Evaluative Commissioning in Protons study), which uses proton beam therapy as neoadjuvant treatment before transplant for perihilar CCA, noting that the pathway is promising but complex, resource-intensive, and dependent on equitable access.

Live recording of session is here.

Research and the hidden role of pathology in the CCA patient's clinical journey

Professor Tim Kendall, University of Edinburgh

Professor Kendall described pathology as the hidden infrastructure that turns a biopsy into an actionable diagnosis, explaining how a large team processes, tracks, sections, stains, and interprets each specimen before a report reaches the clinical team. He emphasised that histopathology, immunohistochemistry, and molecular profiling can all be done from the same tissue block, so careful tissue stewardship is essential to preserve material for both diagnosis and future testing. He also highlighted Scotland's evolving molecular testing pathway for CCA, including the move to routine sequencing and the role of regional molecular laboratories in defining treatment-relevant abnormalities. He ended by saying that stored tissue and biosamples are important for research, and that when patients consent to share them, they can make a practical difference for future patients.

Live recording of session is here.

Patient Perspectives

Each year, frequently the conference's most powerful moments come from those with lived experience. This year, four individuals – Pamela, Benjamin Carey, Gareth Honeybone and Charlie Shrager took to the stage to speak with courage and clarity about their personal journeys with CCA. Their stories illuminated the emotional realities of diagnosis, the complexity of treatment, and the urgent need for faster, fairer care.

Patient and family stories

Pamela described a diagnosis journey shaped by an abnormal liver test during routine monitoring, repeated follow-up, imaging, and ultimately the shock of being told she may have CCA. Her account underlined how easily symptoms can be missed or minimised, and how a careful advanced nurse practitioner and timely imaging can change the outcome. She described major diagnostic and care fragmentation across NHS Wales and NHS England services, the emotional burden of uncertainty, and the value of being directed to AMMF and expert clinical advice from Professor Bridgewater. The key message was that early detection and "an abundance of caution" can be lifesaving, and that patients need clarity, hope, and specialist input from the start. She emphasised that timing and vigilance on a single ordinary day by a single nurse practitioner made the difference between life and death.

Live recording of session is here.

Benjamin Carey shared his ongoing journey with CCA, having been misdiagnosed in 2022 with pancreatic adenocarcinoma before his correct diagnosis. After initial treatment including a Whipple procedure and adjuvant chemotherapy, he experienced recurrence and now has a terminal prognosis, though he remains stable on immunotherapy. He has channelled his experience into campaigning, becoming a CCA representative on a hepatobiliary (HPB) panel in Scotland and advocating successfully for molecular profiling funding in NHS Scotland. His key message was that patients should trust the scientists, hold onto hope, and survive long enough for emerging treatments to become available. He called for clearer monitoring protocols post-resection, noting that current BSG guidelines lack clarity, and highlighted the importance of clinical nurse specialists as the true conductors of patient care.

Live recording of session is here.

CONFERENCE SESSION SUMMARIES

Gareth Honeybone, a 31-year-old maxillofacial surgeon from Doncaster with a background history of PSC, described how sudden severe upper-abdominal pain led to urgent admission and investigations that ultimately revealed CCA. His treatment journey included surgery and chemotherapy, followed by a recurrence that was found on routine magnetic resonance imaging (MRI) scans even though he had no symptoms. He then received further chemotherapy and immunotherapy. Crucially, molecular profiling through the SAFIR-ABC10 trial identified HER2 amplification, enabling him to receive targeted treatment, which achieved no evidence of active cancer by September 2025. He shared a patient testimony that helped support NICE approval of the targeted therapy, which may benefit other patients in the future. For Gareth, being given more time to experience those moments has been what he treasures most. His key message was that early detection, research, clinical trials, and support from organisations like AMMF can give patients the chance to keep living normal lives.

Live recording of session is here.

Charlie Shrager shared her personal experience of living with CCA, describing the shock of being diagnosed at age 48, as well as the physical and emotional strain of repeated treatments. She spoke about the importance of accepting uncertainty and finding a sense of peace while living with cancer. Her cancer remained confined to the liver. Genetic testing identified a rare KRAS G12S mutation, for which there are currently no targeted treatments. After standard treatments stopped working, she underwent histotripsy, which became a key turning point in her care. In February 2025, she chose to stop further treatment and has remained well fourteen months later. She emphasised the need for earlier diagnosis, greater awareness of CCA, and the importance of patient advocacy efforts such as AMMF's 'Faces of Cholangiocarcinoma' campaign. She ended by highlighting the importance of living in the present, saying that stepping away from fighting allowed her to focus on truly living.

Live recording of session is here.

Together, these personal stories brought the conference back to what matters most – the people living with this disease. They highlighted the real impact of earlier diagnosis, research, and access to treatment, and reinforced why continued progress in CCA care is so important.

CCA-UK @ AMMF 2026
Advancing the treatment landscape for CCA/BTC

AMMF updates

Helen Morement, CEO and Founder of AMMF

Helen Morement opened Day Two by setting AMMF's work in the context of its 'Rethink Liver Cancer' campaign and the charity's ongoing advocacy effort. Despite rising incidence and a growing body of robust published data, including AMMF-commissioned research now reflected in NHS figures, fundamental misperceptions about CCA persist. Problems recognised in 2002 remain today, including lack of awareness, late diagnosis and difficulty in accessing knowledgeable experts, treatments and trials. Although CCA does not yet appear as a named cancer in the National Cancer Plan, AMMF will work collaboratively with the NHS and government to ensure that the ambitions for improvements are achieved for all those with CCA.

Live recording of session is here.

The National Cancer Plan

Shane Cohen-Murray, Department of Health and Social Care

Shane Cohen-Murray gave delegates an inside account of how the new National Cancer Plan was developed and what it contains. He explained that the first major update since 2015 was widely seen as overdue. The plan was shaped by around 11,000 responses, including 7,000 from people affected by cancer, along with input from clinicians, charities, academics, and industry. It is structured around three policy shifts from the NHS ten-year health plan – analogue to digital, sickness to prevention, and hospital to community. It also sets three key ambitions: meeting cancer waiting time targets, ensuring that by 2035 three in four people survive cancer or live well with cancer after five years, and improving quality of life for all patients.

The plan is organised into six themes, including a new and important focus on rare and less common cancers. This includes steps such as appointing a national clinical lead for rare cancers, improving data on rare cancer subtypes, supporting earlier diagnosis in primary care, increasing research and improving access to diagnostics and treatments.

Live recording of session is here.

CCA epidemiology – New data

Professor Shahid Khan, Imperial College Healthcare, NHS Trust

Professor Khan outlined data from a large epidemiological study examining CCA incidence and mortality across the 21 cancer alliances of England, with additional new analysis exploring why differences exist between regions. The team studied 11 possible contributing factors, including air pollution, physical inactivity, obesity, diabetes, viral hepatitis B and C, income deprivation, and lifestyle factors. The preliminary analysis showed that higher air pollution and lower physical activity were linked to higher CCA mortality. Surprisingly, areas with more hepatitis B and C cases showed lower CCA mortality, possibly because patients with liver disease are monitored more closely and CCA is found earlier. However, these are early findings and should be interpreted cautiously due to data limitations, including disparities in dates and the small number of regions studied. Current research includes a national survey of specialist HPB centres looking at staffing, treatment and research activity, as well as a wider national audit of all hospitals to map the full patient pathway from diagnosis onwards. Results are expected in late 2026.

Live recording of session is here.

Molecular profiling across the UK

Dr Matt Evans, University Hospitals Birmingham, NHS Foundation Trust and Central & South Genomic Medicine Service

Dr Evans described how molecular testing for BTC is currently delivered across the UK, with a focus on equity of access. Molecular profiling is essential as CCA consists of multiple molecular subtypes, each responding differently to treatment. He outlined two key approaches: genomic testing, which identifies DNA/RNA changes and proteomic testing, which detects protein expression such as HER2. As around half of actionable targets are now identified through proteomic testing, genomics alone is no longer sufficient. He noted that all UK nations now provide centrally funded genomic testing for standard targets. However, inequities are emerging in access to expanded, trial-relevant testing beyond these standard panels, and testing is often still only requested at the second-line treatment stage, which may be too late to guide optimal care. Proteomic testing remains inconsistent, with no formal national pathway or funding, resulting in variable access across the country. One centre in Birmingham currently carries out most HER2 testing for BTC in the UK. He concluded that all patients should have equal access to both genomic and proteomic testing, supported by a more consistent, nationally coordinated approach.

Live recording of session is here.

Targeted therapies, immunotherapies, trial updates (ABC-10, SAFIR IMPACT)

Professor John Bridgewater, University College Hospital London and UCL Cancer Institute

Professor Bridgewater outlined the standard of care treatment pathway for patients with CCA, from adjuvant capecitabine to first-line chemotherapy (cisplatin + gemcitabine), followed by the addition of immunotherapy and the second-line treatment regimen, FOLFOX. He highlighted the growing impact of genomically targeted therapies, with patients receiving matched targeted treatments showing better overall survival than those receiving standard second-line chemotherapy. However, he suggested that identified mutations are not consistently translating into treatment. In 2020, only about half of patients diagnosed with CCA in England, received systemic therapy. Nearly all these patients were tested, but only a small number went on to receive matched targeted treatments. The multi-country SAFIR-ABC10 trial, designed to test the timing of targeted therapy, aims to recruit about 1,000 patients with advanced BTC. Patients undergo both tissue and liquid biopsy testing, and those with actionable mutations are randomised to receive either early targeted therapy plus standard of care or standard of care alone, with crossover at progression. Results so far have shown that one in three patients have a targetable mutation. Notably, liquid biopsy identified more alterations than tissue testing, suggesting ctDNA may have an important role in mutation detection. There are several spinoff studies planned, including SAFIR-IMPACT which aims to demonstrate the efficacy of targeted therapy in the adjuvant setting of BTC.

Live recording of session is here.

Radiotherapy in BTC

Professor Maria Hawkins, University College London

Professor Hawkins reviewed the current evidence for radiotherapy in BTC, explaining that while it may help some patients, it is still unclear who benefits most. She noted that many deaths in intrahepatic CCA are caused by local complications involving the bile ducts or blood vessels, highlighting the importance of controlling the disease within the liver. Evidence for radiotherapy in CCA remains limited, with few randomised controlled trials available. Higher radiation doses and proton beam therapy have shown promising local control rates with relatively low toxicity in some studies. The ABC-07 trial compared chemoradiotherapy with chemotherapy alone after cisplatin-gemcitabine treatment and found no significant improvement in overall survival, although radiotherapy was shown to be safe and well tolerated. Emerging research suggests that combining radiotherapy with immunotherapy may benefit some patients, and she highlighted the EMPHATIC study, which is exploring proton beam therapy before liver transplantation for perihilar CCA. Radiotherapy has potential in BTC, but better biomarkers are needed to identify which patients are most likely to benefit.

Live recording of session is here.

The Aspirin Study

Professor Shahid Khan, Imperial College Healthcare, NHS Trust

The study is a large phase III clinical trial investigating whether aspirin can help prevent cancer in people with PSC. PSC is one of the strongest known risk factors for CCA in Western countries, with patients facing a 15–20% risk of developing CCA over 20 years. The trial is based on earlier research suggesting aspirin may reduce cancer risk by affecting inflammation and cancer-related pathways. The study aims to recruit over 900 patients with PSC and inflammatory bowel disease across the UK. Participants will receive either aspirin or placebo for five years, and researchers will track cancer development, liver transplantation, and overall survival. The trial will also create a large biorepository of samples collected every six months over 5 years, which will support future research.

Live recording of session is here.

BSG Guidelines on the diagnosis and management of Gallbladder Cancer (GBC)

Professor Dhanny Gomez, Nottingham University Hospitals, NHS Foundation Trust

Professor Gomez presented the upcoming BSG guidelines for gallbladder cancer, highlighting it as an aggressive form of BTC with rising incidence and clear regional variation across England. Patients are usually diagnosed late, often via emergency presentation with stage IV disease, and that there are significant differences in treatment and outcomes between regions. This variation underlines the need for standardised national guidance.

The guidelines include over 50 recommendations covering the full care pathway, including pathology, imaging, surgery, oncology, and patient support. Key recommendations include using standardised pathology reporting (TNM staging) and review of cases in specialist hepatobiliary (HPB) MDTs. All suspected cases should have staging computed tomography (CT) scans, with MRI used to assess liver involvement. For surgery, the guidelines recommend radical cholecystectomy with liver resection and lymph node removal. For systemic treatment, adjuvant capecitabine is recommended, while cisplatin-gemcitabine is advised for advanced disease. Selected evidence also suggests a potential role for chemoradiation in some patients. The guidelines also emphasise patient support, including access to specialist nurses, dietitians, charities such as AMMF, and the option of second opinions.

Live recording of session is here.

Optimising the surgical management of CCA

Professor John Primrose, University Hospital Southampton, NHS Foundation Trust

Professor Primrose discussed how to optimise surgery for CCA, stressing that tumour biology is the main determinant of outcomes – if the disease is aggressive, even the best surgery cannot overcome it. He explained that surgical complexity depends on tumour location. Intrahepatic CCA is generally managed with liver resection, distal tumours require a Whipple procedure, and perihilar tumours are the most complex due to involvement of major bile ducts and blood vessels. He highlighted three key areas. First, reducing the risk of post-surgery liver failure by carefully assessing liver volume and function, using tools such as hepatobiliary scintigraphy, and techniques like double vein embolisation to stimulate liver growth before surgery. Second, the potential role of neoadjuvant treatment, particularly in intrahepatic CCA. Third, the role of minimally invasive surgery, where trial data (including ORANGE and DIPLOMA studies) showed only small benefits in recovery time but possible higher mortality and reduced cost-effectiveness, particularly for minimally invasive Whipple procedures. Overall, he emphasised careful patient selection and that improving outcomes depends as much on tumour biology as on surgical approach.

Live recording of session is here.

Liver Transplantation in CCA

Professor Douglas Thorburn, University College London, Royal Free London, NHS Foundation Trust

Professor Thorburn provided an update on UK liver transplantation pilot studies for CCA, which are limited to patients deemed unresectable by HPB MDTs and who have not been downstaged. For intrahepatic CCA, the pilot opened in 2023 with strict criteria (initially tumours <2 cm, later expanded to <3 cm), along with prior systemic therapy and locoregional treatment while awaiting transplant. Despite this expansion, only three patients have been registered so far, highlighting how difficult it is to identify eligible cases. For perihilar CCA, transplantation is restricted to patients with PSC, as they have better outcomes than *de novo* disease, based on Mayo Clinic experience. In the UK, patients require neoadjuvant treatment, so the EMPHATIC study is evaluating proton beam therapy as part of a commissioning evaluation supported by NHS England. So far, four patients have been listed across three centres and three have been transplanted within 90 days. Key challenges include the complexity of the pathway across multiple centres, significant dropout rates before transplant, communication between teams, and difficulties obtaining confirmed tissue diagnosis, which can worsen cholestasis in PSC patients.

Live recording of session is here.

AMMF CCA updates

Adherence to best practice guidelines for the management of intrahepatic CCA: results from the nationwide CAPBIL study

Ms Jane McClements Belfast City Hospital, Belfast Health and Social UK Care Trust

Ms McClements presented results from the CAPBil study, a UK multicentre audit of 273 patients with resectable intrahepatic CCA, comparing current practice with an earlier 2014–2018 cohort. The study showed clear improvements in care. More patients received computed tomography–positron emission tomography (CT-PET) scans, lymph node surgery, and adjuvant chemotherapy, most commonly capecitabine. Median overall survival also improved from 37 to 52 months. Patients are now presenting with slightly earlier disease, with fewer multifocal tumours and lower rates of positive margins. Surgical outcomes improved too, with lower 90-day mortality, although serious postoperative complications were still linked to worse survival. Overall, the strongest predictors of poor outcomes were postoperative complications, nodal disease, and multifocal tumours, while completing adjuvant chemotherapy was linked to improved disease-free survival. Despite these gains, the study highlighted ongoing variation between UK HPB centres in staging, surgery, and use of adjuvant therapy, showing a continued need for standardised practice.

Live recording of session is here.

Spotlight on CCA in Wales

Ms Trish Duncan, University Hospital of Wales

Ms Duncan gave an honest overview of CCA care in Wales, highlighting both strengths and major gaps in a devolved NHS system. She explained that the main liver centre in Cardiff serves around 2.5 million people, supported by a small specialist team. However, Wales also faces high levels of social deprivation, which contribute to poorer cancer outcomes overall. A key issue is that CCA is not specifically recognised in Welsh national cancer planning. Data is not consistently recorded by tumour type, and there is no formal national pathway for CCA, unlike most other cancers. As a result, incidence and mortality data are unreliable, with reports suggesting rising deaths but unclear incidence trends, likely reflecting under-recording. She also highlighted inequity in access to care. Patients diagnosed in Cardiff are rapidly discussed in specialist MDTs, while those in district hospitals can face significant delays before referral. Molecular testing is also limited compared with England, with restricted access to broader genomic panels. Ms Duncan called for CCA to be formally recognised in Welsh cancer policy, the creation of a national care pathway, improved access to molecular testing and trials, and better recognition and support for the specialist HPB service in Wales.

Live recording of session is here.

Update on SIRT

Professor Julien Edeline, Centre Eugene Marquis, Rennes University, France

Professor Edeline presented an update on selective internal radiation therapy (SIRT) for intrahepatic CCA. SIRT is a liver-directed treatment where radioactive microspheres (yttrium-90) are delivered directly to tumours through the hepatic artery. Most evidence so far comes from retrospective studies, but the phase II MISPHEC prospective trial showed that combining SIRT with chemotherapy improved tumour response and disease control compared with chemotherapy alone, with acceptable toxicity in patients without cirrhosis. However, patients with cirrhosis experienced higher liver toxicity and may benefit more from sequential rather than combined treatment. Further analyses from French and UK datasets also suggest improved overall survival with SIRT plus chemotherapy compared with chemotherapy alone in liver-only disease. Importantly, SIRT can downstage some initially unresectable patients to surgery, with outcomes similar to those who were resectable from the start. Current ESMO guidelines include SIRT as an option after standard systemic therapy in selected patients with unresectable intrahepatic CCA. The SIRCCA prospective study was stopped early due to slow recruitment, but a neoadjuvant SIRT study in borderline resectable intrahepatic CCA is ongoing.

Live recording of session is here.

International aspects of CCA

Screening and surgery for CCA: The Thai Experience

Professor John Primrose, University of Southampton, NHS Foundation Trust

Professor Primrose shared insights from a visit to Khon Kaen University in Thailand, where liver fluke infection from eating raw fish is common and leads to very high rates of perihilar CCA in the region. He described a highly specialised surgical centre performing large numbers of complex liver surgeries with strong outcomes, supported by careful technique and low blood loss. The screening programme combines patient education, an antibody test for liver flukes and ultrasound screening. Structured screening in high-risk populations can dramatically improve outcomes, although the same approach may be harder to apply in lower-incidence countries like the UK.

Live recording of session is here.

Published biomarker work

Professor Watcharin Loilome, Khon Kaen University, Thailand

Professor Loilome presented research on blood-based peptide biomarkers for diagnosing and staging CCA. Conventional biomarkers have limited accuracy, particularly for early-stage disease. To address this, the team used mass spectrometry techniques to analyse serum samples and identify patterns of tumour-derived peptides linked to different liver and biliary conditions. They identified 94 candidate peptide markers that could distinguish healthy individuals, benign liver disease, CCA at different stages, and HCC. In testing, this approach showed higher diagnostic accuracy for CCA, compared to the conventional biomarker CA19-9. The findings suggest that this type of blood-based testing could provide a more accurate, non-invasive way to detect CCA. The next step is validation in larger, multi-centre cohorts and development of clinically usable tests.

Live recording of session is here.

CCA in Spain

Dr Angela Lamarca, Fundación Jiménez Díaz University Hospital, Spain

Dr Lamarca provided a comprehensive update on CCA management in Spain, comparing the situation to three years earlier. She highlighted that Spain has a predominantly public healthcare system with generally rapid diagnosis once patients enter the emergency department, but challenges remain in MDT structure (no clinical nurse specialist support, inconsistent MDT practice), delayed diagnosis, and inequitable access to molecular testing and treatments. A major success was the establishment of ATUVIBI, Spain's first CCA patient association, founded in 2023 and now actively advocating for treatment access. Molecular testing remains problematic: the switch from hybrid-capture to amplicon-based next generation sequencing (NGS) lung-based panels meant FGFR2 fusions were being missed, requiring repeat testing with appropriate platforms. Drug approvals are slow—pemigatinib took 914 days from EMA approval to Spanish funding. Dr Lamarca emphasised the importance of collaboration, noting a national network of 262 clinicians across Spain and calling for continued efforts to reduce inequity and accelerate access.

Live recording of session is here.

Update on the work of Precision BTC Network

Professor Rocío Macías, University of Salamanca, IBSAL, CIBEREHD, Spain

Professor Macías provided an update on the Precision BTC Network, a European collaboration focused on improving CCA research and care. The network has grown significantly, from around 150 members in 32 countries in 2023 to more than 670 members across 59 countries today. It brings together researchers, clinicians, and patient groups, and is organised into six areas including early detection, personalised treatment, epidemiology, artificial intelligence, patient support, and preclinical research. Activities include scientific meetings, training programmes, a mentorship programme pairing junior and senior researchers, and a mobility programme supporting collaborative research visits. The network has produced 70 collaborative publications, including the 2026 consensus statement update in Nature Reviews Clinical Oncology. Major achievements include patient information sheets translated into multiple languages in collaboration with AMMF, epidemiological analyses, and six collaborative funded projects totalling over €8 million.

Live recording of session is here.

Novel Therapy and Research

Take a deep breath: How a breath test could revolutionise the early detection of liver cancer

Dr Georgios Karagiannidis, Imperial College, London

Dr Karagiannidis outlined a breath test being developed to detect gastrointestinal cancers, including CCA. The aim is a simple, non-invasive test that could help identify which patients with non-specific abdominal symptoms need further investigation. The test works by analysing volatile organic compounds (VOCs) in the breath, which are chemical byproducts of metabolism that may differ in people with cancer. The VOCAL2 study is currently recruiting across 12 UK sites, with a target of 750 patients across three groups: liver cancer (including HCC and CCA), patients with cirrhosis or PSC, and healthy controls with non-specific symptoms. The test involves patients providing a breath sample, which is analysed using mass spectrometry. Early results from previous studies in liver cancer show strong accuracy. While still in development, this approach could offer a fast, non-invasive potential tool for earlier cancer detection and better triage of patients.

Live recording of session is here.

Histotripsy – Non-invasive, Non-ionisation, Non-thermal Liver Surgery

Dr Teik Choon See, Cambridge University Hospitals, NHS Foundation Trust

Dr See explained histotripsy, an ultrasound-based treatment that destroys tumour tissue without heat or radiation. It uses focused sound waves to create tiny bubbles in the tumour, which break the tissue apart mechanically while largely sparing nearby structures such as blood vessels and bile ducts. This makes it potentially useful for tumours close to important anatomy. Histotripsy received US Food and Drug Administration (FDA) approval in 2023 and was introduced into the UK NHS in 2025 via the Innovative Devices Accelerated Pathway, with Medicines and Healthcare products Agency (MHRA) temporary authorisation for primary and secondary liver cancer. The first NHS patient was treated in Cambridge in October 2025. The technique is not yet commissioned in the UK and awaits NICE guidance, but Dr See highlighted its potential for patients unsuitable for conventional ablation or resection. Research is ongoing into safety, local control, immune effects, and possible future combination strategies.

Live recording of session is here.

Next generation liquid biopsy biomarkers for CCA

Professor Jesús Bañales, Biogipuzkoa Institute, Spain

Professor Bañales presented next-generation liquid biopsy approaches for CCA, aimed at improving detection and monitoring. A blood metabolite test was able to identify PSC patients who later developed cancer with high accuracy, even before cancer could be seen on scans. Analysis of extracellular vesicle proteins identified seven inflammatory markers that were specifically elevated in CCA, with a two-protein panel demonstrating high diagnostic accuracy for CCA detection. He also discussed ctDNA, which may be useful for monitoring disease after surgery, where a negative test after treatment was linked to better survival. However, he noted it is still not sensitive enough for early detection. Validation of the metabolomic and proteomic biomarkers in over 1,000 samples is ongoing.

Live recording of session is here.

ATTAINMENT Study

Jemma Proudfoot-Jones, Liverpool Experimental Cancer Medicine Centre, University of Liverpool, and the Clatterbridge Cancer Centre

Dr Proudfoot-Jones presented the phase Ib ATTAINMENT study of MDX-124, a first-in-class humanised monoclonal antibody targeting secreted annexin A1, which is overexpressed in most cancers and correlates with poor survival. By blocking ANXA1 interaction with formyl peptide receptors, MDX-124 aims to reduce cancer cell proliferation, impair migration and metastasis, and activate immune-mediated tumour elimination. In the first part of the study, 21 patients with advanced solid tumours received increasing doses of MDX124. Side effects were generally mild, with no serious treatment-related safety concerns or dose-limiting toxicities. Overall, 55% of evaluable patients had disease control, including one patient with CCA who had a partial response. The next stage of the study is now recruiting patients with CCA and gallbladder cancer to receive MDX124 monotherapy in the second-line setting, with planned biopsies to better understand who responds to treatment.

Live recording of session is here.

AMMF and AstraZeneca in Conversation: Collaborating for Progress in CCA

Emma Purdy, AstraZeneca and Helen Morement, AMMF

In the fireside chat between Helen Morement of AMMF and Emma Purdy of AstraZeneca, the main themes were earlier diagnosis, awareness, more equitable care, and the need for clearer referral pathways to specialist centres. Helen highlighted AMMF's 'Rethink Liver Cancer' campaign and noted that CCA incidence is rising, but the disease still does not receive the same recognition as the other main primary liver cancers, HCC. Analysis of NHS data also showed that only around half of patients receive any cancer treatment, with wide variation depending on where they are diagnosed. Both organisations stressed the issue of patients being told that "nothing can be done" when diagnosed outside specialist centres, and the importance of strengthening referral to centres of expertise. AMMF also announced a national hospital audit in England to better understand how many patients are seen, what treatments they receive, and their outcomes. This work is part of AMMF's Centres of Expertise project and is recognised by the BSG, with support from CCA-UK and the British Association for the Study of the Liver (BASL). The discussion also highlighted collaboration between AMMF and AstraZeneca on patient resources, including communication guides and wellbeing materials covering mental health, exercise, and nutrition from the point of diagnosis onwards. Both parties emphasised that joint working between patients, clinicians, and industry is essential to improve care.

Live recording of session is here.

AMMF Funded Research

Normal cholangiocyte containment of CCA through metabolic and transcriptomic regulation

Professor Shijie Cai, University of Oxford

Professor Cai described research into how cholangiocytes may help suppress CCA growth by changing tumour metabolism and signalling. Using lab-based co-culture models, his team found that when cancer cells were grown alongside normal cholangiocytes, tumour growth and invasion decreased and more tumour cells underwent apoptosis. This suggested cholangiocytes may have a protective effect in the tumour environment. They identified the metabolite, 2-oxoisocaproate (OXIP), that builds up in tumour cells during this interaction. In experiments, OXIP slowed tumour growth, increased cell death, and reduced invasive behaviour, while having little effect on normal cells. This metabolic pathway may influence how the tumour environment develops, pointing to a possible new therapeutic target. Validation in patient-derived organoids and preclinical models is ongoing.

Live recording of session is here.

The role of IDH mutation in liver cell plasticity and intrahepatic CCA

Ms Rachel Guest, University of Edinburgh

Ms Guest presented research on how isocitrate dehydrogenase (IDH) 1 and 2 mutations affect CCA biology, including changes in gene expression, metabolism, and DNA regulation. Although IDH-targeted therapy is already used in clinical practice, the underlying biology is still not fully understood. Using gene-edited cell lines and a new mouse model expressing the human IDH gene, her group demonstrated that IDH mutations reprogram transcription, increase D-2-hydroxyglutarate (D2HG) production, and shift methylation patterns in distinct ways. IDH1 and IDH2 showed notably different effects, likely reflecting their different cellular locations (cytoplasm versus mitochondria). Key findings included activation of *HOXA* genes, which are normally active during embryonic development, reduced interferon signalling and cancer cells taking on more immature, bile duct–like features in IDH-mutant tumours. IDH mutations have complex effects and cannot be viewed as a simple drug target, highlighting the need for better preclinical models to understand treatment resistance and tumour behaviour.

Live recording of session is here.

Interrogating tumour mediated immunosuppression in perihilar CCA

Dr Laura Randle, University of Liverpool

Dr Randle described a Liverpool-led programme studying the immune tumour microenvironment in perihilar CCA using multiple complementary approaches. The team has collected 122 archived patient specimens spanning all three CCA subtypes for digital spatial proteomics and transcriptomics. Preliminary data showed subtype-specific immune regulation and spatial heterogeneity: perihilar CCA showed higher T-cell expression, immune regulation, and inflammatory markers in the tumour periphery compared to the centre – patterns distinct from intrahepatic and distal subtypes. Single-cell mass cytometry on fresh tumour tissue identified large numbers of immune-suppressing cells. The group is also using precision-cut tissue slices to test immunomodulatory strategies and has demonstrated that bioenergetic profiling is feasible in this model. The broader goal is to improve understanding of why immunotherapy response varies and to develop better translational models.

Live recording of session is here.

AI-CCA: Artificial intelligence as a biomarker for intrahepatic CCA

Arezoo Ghodsifard, Hôpital Henri Mondor, France

Arezoo Ghodsifard presented an artificial intelligence (AI)-based approach to predicting recurrence after surgery for intrahepatic CCA. Using routine pathology slides, the AI model identifies complex patterns beyond human visual perception, generating both a patient-level risk score and a spatial heat map highlighting high-risk regions within the tumour. To explain the biological basis of AI predictions, the team integrates spatial transcriptomics from the same tissue, comparing cellular composition, pathway activation, and cell–cell interactions between AI-identified high-risk and low-risk regions. The team also developed a second AI model to distinguish primary CCA from metastatic disease, which performed well across multiple international validation datasets. Future work will focus on linking AI-identified risk regions to tumour biology and immune activity and exploring how changes in the tumour microenvironment may influence outcomes. The broader message was that AI could support both diagnosis and prognosis, but only if biological signals are explainable and models are rigorously validated.

Live recording of session is here.

Multiplexed detection of cell-free DNA, microRNA, and protein biomarkers to diagnose CCA and HCC using a novel nanopore-based sensing technology

Professor Joshua Edel, Imperial College London

Professor Edel presented a nanopore-based blood test designed to detect CCA and liver cancer using multiple biomarker types. The technology uses barcoded DNA probes designed to bind specific microRNAs; when the probe-miRNA complex passes through a protein nanopore, the unravelling creates a measurable time delay in the electrical signal, enabling both identification and quantification without labelling or amplification. Early pilot results in patients with CCA, HCC and healthy controls showed higher levels of cancer-associated signals in tumour samples, although accuracy is still being refined. The method is fast, requires minimal sample preparation, and does not need labelling. However, it is currently close to its sensitivity limits, and further improvements are needed to reduce errors and improve detection. Future work will focus on improving probe design and combining microRNA detection with protein-based markers to create a more accurate multi-biomarker blood test.

Live recording of session is here.

Fast Science

The following presentations were selected by AMMF's Scientific Advisory Board from submitted abstracts, showcasing innovative research across diverse areas of CCA science. From molecular profiling to preclinical therapies, these studies highlight the breadth of emerging insights in the field.

The centrosome-ciliary genes as a therapeutic target in bile duct cancer

Dr Emanuele Manco, University of Naples Federico II, Italy

Dr Manco explained that cancer cells often have abnormal numbers of centrosomes and lose normal cilia, which can lead to faulty cell division and genetic instability. In CCA, the gene SCL/TAL1 Interrupting Locus (*STIL*) is highly active in tumour tissue and is linked to poor survival, abnormal mitotic spindle formation, and increased centrosome number. Gene-edited knockout of *STIL* in lab and animal models, reduced tumour cell proliferation, migration, colony formation and growth. The team also tested a polo-like kinase 4 (PLK4) inhibitor, which targets the STIL-interacting kinase, and found similar anti-tumour effects. Overall, the findings suggest that targeting centrosome-related processes could be a new treatment strategy for CCA, with existing drugs already in early development.

Live recording of session is here.

Human precision-cut tumour slices (hPCTS) and immune co-culture systems to assess and enhance immunotherapy response in CCA

Maria-Danae Jessel, Department of Pharmacology and Therapeutics, University of Liverpool

Maria-Danae Jessel described a lab model using thin slices of human CCA tumours to better understand immunotherapy response. Fresh tumour samples are cut into very thin sections and kept alive in the lab so they can be tested with different drugs while preserving the tumour's structure and immune cells. The team showed that these slices stay viable and respond to treatment, and that immune checkpoint inhibitors can trigger measurable changes in immune-related signals within the tissue. They also demonstrated that immune cells from the same patient can be added to the slices and successfully enter and survive within the tumour tissue, allowing more realistic testing of immune responses.

Live recording of session is here.

Immune profiling of CCA and evaluation of human precision-cut tumour slices as an ex vivo model

Owen McGreevy, Institute of System, Molecular and Integrative Biology, Pharmacology and Therapeutics, University of Liverpool

McGreevy extended the tumour slice research by studying how stable the model is and how immune cells behave in different CCA subtypes. He showed that tumour slices remain viable for up to 15 days in culture and keep their structure, including key immune cells such as T-cells and macrophages. Proteomics and mass cytometry revealed that while proteins showed early adaptation to culture, the distinctions between intrahepatic and perihilar subtypes were maintained by day 7 onwards – critical if the model is to reflect disease biology for functional studies. Mass cytometry confirmed that major immune lineages including myeloid-derived suppressor cells and tumour-associated macrophage (TAM)-like cells remained detectable in culture, though populations shifted over time without collapsing. The work reinforces the value of human tissue-based models for understanding immune context and treatment response.

Live recording of session is here.

Defining Metabolic Zonation as a determinant of hepatocyte plasticity

Caitlin McCaffrey, Institute of Genetics and Cancer, University of Edinburgh

Caitlin McCaffrey's work showed that liver cells do not all behave the same, and their position in the liver affects how likely they are to change under stress. She found that periportal hepatocytes are more 'plastic' and can more easily change their identity compared with pericentral hepatocytes. Using mouse models, she showed that when cancer-related signals were introduced, periportal cells were much more likely to transform into bile duct–like cancer cells, while pericentral cells mostly kept their normal identity. Gene expression analysis confirmed this difference. Three-dimensional hepatocyte spheroids were also shown to maintain zonation features and could be modulated towards periportal or pericentral phenotypes with media supplements. The findings suggest that liver zonation influences how cells respond to injury and may help explain where intrahepatic CCA arises.

Live recording of session is here.

APPENDIX ONE – AGENDA

DAY ONE – Wednesday, 13th May

TIME	MIN	TOPIC	SPEAKER
10.00 – 12.15	135	AstraZeneca Patient and Carer Workshop	Invitation Only *Meeting Room 12*
11.00 onwards		Registration for early arrivals and informal meet	*Pre-function Room*
13.00 – 14.00	60	***Welcome Lunch***	
PATIENT AND CARERS SESSIONS			
14.00 – 14.05	05	Welcome to Day One and introduction to sessions	Professor Brian R. Davidson *Royal Free London, NHS Foundation Trust, University College London* Dr Angela Lamarca *Fundación Jiménez Díaz University Hospital*
14.05 – 14.20	15	Introduction to AMMF and an overview of cholangiocarcinoma	Dr Helen Morement *CEO, AMMF*
14.20 – 14.30	10	Patient Perspective	Pamela
14.30 – 14.45	15	Targeted therapies / Immunotherapies – what are they, how are they different, and clinical trials	Professor John Bridgewater *University College London Hospitals, NHS Foundation Trust, Cancer Institute*
14.45 – 15.00	15	Liquid Biopsy	Dr Magda Meissner *Velindre Cancer Centre and Cardiff University*
15.00 – 15.15	15	Surgery for CCA	Mr Hassan Malik *Liverpool University Hospitals NHS Foundation Trust*

DAY ONE – Wednesday, 13th May *(continued)*

TIME	MIN	TOPIC	SPEAKER
15.15 – 15.25	10	***Question time***	***Panel***
15.25 – 15.40	15	***Tea and Networking***	***Pre-function Room***
15.40 – 15.55	15	Health-Related Quality of Life of Patients with Cholangiocarcinoma: A Qualitative Study from the EORTC QoL Rare Cancer study	Catarina S. Padilla *Department of Medical Oncology, The Netherlands Cancer Institute, Amsterdam & Department of Public Health and Department of Medical Oncology, Erasmus MC, Rotterdam, The Netherlands*
15.55 – 16.10	15	Transplantation for CCA	Professor Douglas Thorburn *University College London, Royal Free London, NHS Foundation Trust*
16.10 – 16.25	15	Research and the hidden role of pathology in the CCA patient's clinical journey	Professor Tim Kendall *University of Edinburgh*
16.25 – 16.35	10	***Question time***	***Panel***
16.35 – 16.40	05	Closing Comments – End of Day One	Professor Brian R. Davidson Dr Angela Lamarca
16.40 – 18.30	110	***Networking***	
17.30 – 18.30	60	Meet the AMMF Team: Making a difference together	The AMMF Team *Room 19*
18.30 onwards		***Meet and Mingle Buffet***	***Essex Suite***
20.00 – 21.00	60	AMMF Clinical/Medical and Scientific Advisors Board Meeting	Invitation only *Meeting Room 12*

DAY TWO – Thursday, 14th May

TIME	MIN	TOPIC	SPEAKER
08.00 – 08.30	30	*Registration and Coffee*	*Pre-function Room*
08.30 – 08.40	10	Co-Chairs Welcome	Professor Brian R. Davidson *Royal Free London, NHS Foundation Trust, University College London* Dr Angela Lamarca *Fundación Jiménez Díaz University Hospital*
08.40 – 08.50	10	AMMF Updates	Dr Helen Morement *CEO, AMMF*
08.50 – 09.05	15	The National Cancer Plan	Shane Cohen-Murray *Department of Health and Social Care*
09.05 – 09.15	10	*Question Time*	
CCA-UK @ AMMF 2026 SESSION ADVANCING THE TREATMENT LANDSCAPE FOR CCA/BTC			
09.15 – 09.25	10	Session co-chairs welcome	Dr Valerie Crolley *Royal Free London, NHS Foundation Trust* Professor Shahid Khan *Imperial College Healthcare, NHS Trust*
09.25 – 09.45	20	CCA Epidemiology – New Data	Professor Shahid Khan *Imperial College Healthcare, NHS Trust* Mr Arjun Narendran *Imperial College London*
09.45 – 10.05	20	Molecular profiling across the UK	Dr Matt Evans *University Hospitals Birmingham NHS Foundation Trust and Central & South Genomic Medicine Service*

DAY TWO – Thursday, 14th May *(continued)*

TIME	MIN	TOPIC	SPEAKER
10.05 – 10.25	20	Targeted therapies, immunotherapies, trial updates (ABC-10, SAFIR IMPACT)	Professor John Bridgewater *University College London Hospitals, NHS Foundation Trust, Cancer Institute*
10.25 – 10.45	20	Radiotherapy in BTC	Professor Maria Hawkins *University College London*
10.45 – 11.00	15	***Question time***	***Panel***
11.00 – 11.15	15	***Coffee and Networking***	***Pre-function Room***
CCA-UK @ AMMF 2026 *(continued)*			
11.15 – 11.30	15	Patient Perspective	Benjamin Carey
11.30 – 11.50	20	The Aspirin Study	Professor Shahid Khan *Imperial College Healthcare, NHS Foundation Trust*
11.50 – 12.10	20	BSG Guidelines on the diagnosis and management of GBC	Professor Dhanny Gomez *Nottingham University Hospitals, NHS Trust*
12.10 – 12.30	20	Optimising the surgical management of CCA	Professor John Primrose *University Hospital Southampton, NHS Foundation Trust*
12.30 – 12.50	20	Liver Transplantation in CCA	Professor Douglas Thorburn *University College London Royal Free London, NHS Foundation Trust*
12.50 – 13.10	20	***Question Time***	***Panel***
13.10 – 14.00	50	***Lunch and Networking***	***Wine Tower Bar***
13.20 – 14.00	40	Poster board discussions	*Pre-function Room*

DAY TWO – Thursday, 14th May *(continued)*

TIME	MIN	TOPIC	SPEAKER
AMMF CCA UPDATES			
14.00 – 14.05	05	Co-chairs introduction to afternoon and first session	Professor Brian R. Davidson *Royal Free London, NHS Foundation Trust, University College London* Dr Angela Lamarca *Fundación Jiménez Díaz University Hospital*
14.05 – 14.25	20	Adherence to best practice guidelines for the management of intrahepatic CCA: results from the UK nationwide CAPBIL study	Ms Jane McClements *Belfast City Hospital, Belfast Health and Social Care Trust*
14.25 – 14.45	20	Spotlight on CCA in Wales	Ms Trish Duncan *University Hospital of Wales*
14.45 – 15.05	20	Update on SIRT	Professor Julien Edeline *Centre Eugene Marquis, Rennes University, France*
15.05 – 15.15	10	***Question time***	***Panel***
15.15 – 15.30	15	Patient Perspective	Gareth Honeybone
15.30 – 15.50	20	***Tea and Networking***	

DAY TWO – Thursday, 14th May *(continued)*

TIME	MIN	TOPIC	SPEAKER
INTERNATIONAL ASPECTS OF CCA			
15.50 – 15.55	05	Co-chairs introduction to international sessions	Professor Brian R. Davidson Dr Angela Lamarca
15.55 – 16.10	15	Screening and surgery for CCA: The Thai Experience	Professor John Primrose *University Hospital Southampton, NHS Foundation Trust*
16.10 – 16.30	20	Published Biomarker Work	Professor Watcharin Loilome *Khon Kaen University, Thailand*
16.30 – 16.50	20	CCA in Spain	Dr Angela Lamarca *Fundación Jiménez Díaz University Hospital*
16.50 – 17.10	20	Update on the work of Precision BTC Network	Professor Rocío Macías *University of Salamanca, IBSAL, CIBEREHD, Spain*
17.10 – 17.20	10	***Question time***	***Panel***
17.20 – 17.30	10	Closing Comments – End of Day Two	Dr Brian R. Davidson Dr Angela Lamarca
17.30 – 19.00	90	***Networking***	
17.40 – 18.25	45	***European Advocacy Groups***	***Invitation Only*** *Meeting Room 10*
17.40 – 18.25	45	***VOCAL2 Focus Group***	***Invitation Only*** *Meeting Room 12*
17.25 – 18.10	45	Poster board discussions	
19.00 onwards	120	***Buffet Dinner***	***Essex Suite***

DAY THREE – Friday, 15th May

TIME	MIN	TOPIC	SPEAKER
08.00 – 08.50	50	Cholangiocarcinoma-UK Committee Meeting	Invitation only *Meeting Room 10*
08.15 – 09.00	45	***Registration and Coffee***	***Pre-function Room***
09.00 – 09.10	10	Welcome to Day 3	Professor Brian R. Davidson *Royal Free London, NHS Foundation Trust, University College London* Dr Angela Lamarca *Fundación Jiménez Díaz University Hospital*
09.10 – 09.20	10	Patient Perspective	Charlie Shrager
NOVEL THERAPY AND RESEARCH			
09.20 – 09.25	05	Introduction to session	Professor Luke Boulter *Institute of Genetics and Cancer, University of Edinburgh* Professor Sheela Jayaraman *University of Nottingham*
09.25 – 09.45	20	Take a deep breath: How a breath test could revolutionise the early detection of liver cancer.	Dr Georgios Karagiannidis *Imperial College, London*
09.45 – 10.05	20	Histotripsy – Non-invasive, Non-ionisation, Non-thermal Liver Surgery	Dr Teik Choon See *Cambridge University Hospitals, NHS Foundation Trust*
10.05 – 10.25	20	Next generation liquid biopsy biomarkers for CCA	Professor Jesús Bañales *Biogipuzkoa Institute (Spain)*
10.25 – 10.40	15	ATTAINMENT Study	Jemma Proudfoot-Jones *Liverpool Experimental Cancer Medicine Centre, University of Liverpool, and the Clatterbridge Cancer Centre*

DAY THREE – Friday, 15th May *(continued)*

TIME	MIN	TOPIC	SPEAKER
10.40 – 10.55	15	*Question time*	*Panel*
10.55 – 11.10	15	AMMF and AstraZeneca in Conversation: Collaborating for Progress in Cholangiocarcinoma	Paul Budhan *AstraZeneca* AMMF Representative *AMMF*
11.10 – 11.25	15	*Coffee and Networking*	*Pre-function Room*
AMMF-FUNDED RESEARCH			
11.25 – 11.30	05	Introduction to Session	Professor Luke Boulter *Institute of Genetics and Cancer, University of Edinburgh* Professor Sheela Jayaraman University of Nottingham
11.30 – 11.50	20	Normal cholangiocyte containment of cholangiocarcinoma through metabolic and transcriptomic regulation	Professor Shijie Cai *University of Oxford*
11.50 – 12.10	20	The role of IDH mutation in liver cell plasticity and intrahepatic cholangiocarcinoma	Ms Rachel Guest *University of Edinburgh*
12.10 – 12.30	20	Interrogating tumour mediated immunosuppression in peri-hilar cholangiocarcinoma	Dr Laura Randle *University of Liverpool*
12.30 – 12.45	15	*Question time*	*Panel*
12.45 – 13.35	50	*Lunch and Networking*	*Wine Tower Bar*

DAY THREE – Friday, 15th May *(continued)*

TIME	MIN	TOPIC	SPEAKER
AMMF-FUNDED RESEARCH *(continued)*			
13.35 – 13.55	20	AI-CCA: Artificial Intelligence as a Biomarker for Intrahepatic Cholangiocarcinoma	Arezoo Ghodsifard *Hôpital Henri Mondor, France*
13.55 – 14.15	20	Multiplexed detection of cell-free DNA, microRNA, and protein biomarkers to diagnose Cholangiocarcinoma and Hepatocellular Carcinoma using a novel nanopore-based sensing technology	Professor Joshua Edel *Imperial College London*
14.15 – 14.25	10	***Question time***	***Panel***
FAST SCIENCE			
14.25 – 14.30	05	Introduction to Session	Professor Tim Kendall *The University of Edinburgh* Professor Kevin Gaston *The University of Nottingham*
14.30 – 14.40	10	Defining Metabolic Zonation as a Determinant of Hepatocyte Plasticity	Caitlin McCaffrey *Institute of Genetics and Cancer, University of Edinburgh*
14.40 – 14.50	10	Human Precision-Cut Tumour Slices (hPCTS) and Immune Co-Culture Systems to Assess and Enhance Immunotherapy Response in Cholangiocarcinoma	Maria-Danae Jessel *Department of Pharmacology and Therapeutics, The University of Liverpool*

DAY THREE – Friday, 15th May *(continued)*

TIME	MIN	TOPIC	SPEAKER
14.50 – 15.00	10	Immune Profiling of Cholangiocarcinoma and Evaluation of Human Precision-Cut Tumour Slices as an Ex Vivo Model	Owen McGreevy *Institute of System, Molecular and Integrative Biology, Pharmacology and Therapeutics, The University of Liverpool*
15.00 – 15.10	10	The Centrosome-Ciliary genes as a therapeutic target in bile duct cancer	Dr Emanuele Manco *Department of Translational Medical Science, University of Naples Federico II, Italy*
15.10 – 15.25	15	*Question Time*	*Panel*
15.25 – 15.40	15	*Tea and Networking*	
FAST SCIENCE AWARD			
15.40 – 15.50	10	'Fast Science' and Best Poster award presentations	Professor Brian R. Davidson *Royal Free London, NHS Foundation Trust, University College London* Dr Angela Lamarca *Fundación Jiménez Díaz University Hospital*
CONFERENCE HIGHLIGHTS			
15.50 – 16.05	15	Conference highlights and closing remarks	Dr Helen Morement *CEO, AMMF* Professor Brian R. Davidson *Royal Free London, NHS Foundation Trust, University College London* Dr Angela Lamarca *Fundación Jiménez Díaz University Hospital*
16.05		*Conference Close*	

APPENDIX TWO – POSTER HALL EXHIBITIONS

1 Robert Young, NHS University Hospitals of Liverpool Group

The MAP-CCA Study: A Royal College of Surgeons Surgical Specialty Lead Program Study Mapping Barriers to Curative-Intent Treatment in Perihilar Cholangiocarcinoma

2 Dr Raphael Mohr, Charite University Medicine Berlin, Germany

Global Patient Interviews Exploring the Journey from Symptoms to Diagnosis and Treatment Initiation in Biliary Tract Cancer

3 Dr Natcha Khuntikeo, Khon Kaen University, Thailand

Clinicopathological and Inflammatory Predictors of Survival After Curative Resection for Perihilar Cholangiocarcinoma

4 Maria-Danae Jessel, The University of Liverpool

Human Precision-Cut Tumour Slices (hPCTS) and Immune Co-Culture Systems to Assess and Enhance Immunotherapy Response in Cholangiocarcinoma

5 Dr Vasin Thanasukarn, Khon Kaen University, Thailand

Pre operative chemotherapy experience in Srinagarind hospital Khon Kaen University Thailand, neoadjuvant chemotherapy and conversion surgery

6 Owen McGreevy, The University of Liverpool

Immune Profiling of Cholangiocarcinoma and Evaluation of Human Precision-Cut Tumour Slices as an Ex Vivo Model

APPENDIX TWO – POSTER HALL EXHIBITIONS

7 Dr Krit Rattanarak, Khon Kaen University, Thailand

Laparoscopic versus Open Hepatectomy for Intrahepatic Cholangiocarcinoma: A Propensity Score-Matched Analysis Focusing on Oncological Adequacy and Lymph Node Yield

8 Dr Emanuele Manco, University of Naples Federico II, Italy

The Centrosome-Ciliary genes as a therapeutic target in bile duct cancer

9 Professor Pedro Miguel Rodrigues, Donostia University Hospital, Spain

Novel blood metabolomic tests for the diagnosis of Primary Sclerosing Cholangitis and associated Cholangiocarcinoma

10 Dr Laura Izquierdo-Sanchez, Donostia University Hospital, Spain

Unexpected Burden of Cholangiocarcinoma in a Prospective Population-Based Cohort in Gipuzkoa Province (Spain: 2010–2024)

11 Caitlin McCaffrey, University of Edinburgh

Defining Metabolic Zonation as a Determinant of Hepatocyte Plasticity

12 Dr Fatima Zulfiqar, Royal Free Hospital London

Clinical Outcomes Following Liver Transplantation for Combined Hepatocellular Cholangiocarcinoma: A Retrospective Single Centre Analysis

13 Beatriz Val, Donostia University Hospital, Spain

Development of a polygenic risk score to predict recurrence and survival in patients with resected cholangiocarcinoma

APPENDIX TWO – POSTER HALL EXHIBITIONS

14 Professor Rocio Macias, University of Salamanca, Spain

Development and characterization of novel cholangiocarcinoma cell sublines resistant to cisplatin or 5-fluorouracil

15 Professor Rocio Macias, University of Salamanca, Spain

Impact of poly(rC)-binding protein 2 (PCBP2) on the malignant phenotype of cholangiocarcinoma

16 Professor Daniel Palmer, Liverpool Clinical Trials Centre and the University of Liverpool

ATTAINMENT: A modular phase Ib trial of MDX-124, a first-in-class annexin-A1 targeting antibody in patients with advanced solid tumors including cholangiocarcinoma

On a personal basis the knowledge I gained at the conference regarding the amazing medical advances has also helped me enormously, psychologically. Until last week I had an irrational fear that if my cancer reoccurred that my time would be very limited, but in fact that's not necessarily the case and, in many instances, the clock keeps ticking, you are simply in a different space. I cannot tell you how comforting that is. What a powerful and positive organisation AMMF is.

Pamela – *Patient Presenter*

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