



ONLY HERE: FIRST LIVER TRANSPLANT PERFORMED FOR PATIENT WITH ADVANCED BILE DUCT CANCER IN CENTRAL MASS



When a patient is diagnosed with perihilar cholangiocarcinoma (Bismuth IV) – a form of bile duct cancer – they often find themselves with few options.

“This cancer is not common, but when it occurs, it’s very aggressive,” said Babak Movahedi MD, PhD, Chief, Division of Organ Transplant Surgery at the Medical Center. “Unless you remove the entire tumor, the outcome is not going to be good.”

If surgery to remove the tumor is not possible, the only option for a cure is liver transplantation, for highly selected patients. Recently the transplant team at the Medical Center performed its first successful liver transplant for a patient with perihilar cholangiocarcinoma (Bismuth IV).

PERIHILAR CHOLANGIOCARCINOMA (BISMUTH IV) EXPLAINED

The liver has ducts shaped like the branches of a tree that drain bile and help with food digestion. “This cancer can develop inside or outside the liver, and when it involves the part of the liver where the bile ducts meet (hilum), it may not be amenable to surgical resection,” said Navine Nasser-Ghods, MD, a hepatologist at the Medical Center.

That was what patient Paul Schiavone, recently retired and in his early sixties, faced when he was admitted to the hospital with obstructive jaundice and diagnosed with perihilar cholangiocarcinoma (Bismuth IV). Dr. Nasser-Ghods had studied with cholangiocarcinoma experts at Mayo Clinic, and Paul’s diagnosis led her to launch an effort to implement a previously established protocol for treating these patients at UMass Memorial Health.

“I knew we had the expertise, passion and team players to develop a multidisciplinary team to make this happen,” she said.

COMPLICATIONS AND SUCCESS

The effort involved an intricate collaboration between hepatology, transplant surgery, endoscopy, medical oncology, radiation oncology and surgical oncology.

This included the advanced endoscopy skills of Neil Marya, MD, who also trained at Mayo Clinic and cared for patients with cholangiocarcinoma. Paul needed ongoing, complex endoscopies to ensure his biliary system was draining. He recalls a time Dr. Marya took time from his vacation to come back to the Medical Center and perform a procedure so Paul would be able to attend his daughter’s wedding. “It was amazing that he would do that for our family,” he said.

After diagnosis, Paul completed chemotherapy and radiation therapy, and after what Paul calls an “agonizing” 14-month wait after his diagnosis, a liver became available. During surgery Dr. Movahedi discovered Paul’s cancer had spread to the pancreas, and in addition to a liver transplant, he needed a Whipple procedure to remove the head of the pancreas, duodenum (first part of the small intestine), and the entire bile duct.

After nearly 18 hours, Paul was wheeled out of surgery and to the start of a new life. His recovery process was long and intense, but thanks to a positive and persevering attitude, today he has recovered and remains cancer-free. An avid hockey fan, he is happy to have rejoined a group of fellow retirees playing hockey with his team the Central MA Rusty Blades. “As someone who had never really been sick or spent time in hospitals, I had no idea what to expect,” he said. “But my entire team was so kind and caring. This difficult process ended up being a positive experience.”

“Seeing Paul return to an active life with his children and loved ones – this is why I became a transplant hepatologist,” said Dr. Nasser-Ghodsí.

Dr. Movahedi continued, “Our transplant program strives to be at the forefront of innovation and offer the safest quality care to as many patients as possible. We are proud to offer this lifesaving gift.”

