

Types of Cancer

Gallbladder and Bile Duct Cancer

What are gallbladder and bile duct cancer?

Cancer develops when cells grow out of control. Gallbladder cancer affects a small organ underneath the liver that stores bile, a substance made by the liver that helps digest fat. Bile duct cancer, also known as cholangiocarcinoma, affects the vessels that carry bile from the liver and the gallbladder to the small intestine.

Most gallbladder cancers are adenocarcinomas, a type of cancer that starts in glandular cells. Bile duct cancers can develop anywhere in the duct system, inside or outside the liver. These are also mostly adenocarcinomas that form in the mucous gland cells lining the ducts.

Who gets gallbladder and bile duct cancer?

Gallbladder and bile duct cancer are relatively uncommon. Each year about 12,200 people are diagnosed with gallbladder cancer, and about 8,000 people are diagnosed with bile duct cancer. About 3,800 people die from gallbladder or bile duct cancer annually, according to the American Cancer Society.

Women are about twice as likely as men to be diagnosed with gallbladder cancer. Latinos and Native Americans develop gallbladder and bile duct cancer more often than white people. These cancers typically occur among older people; the average age at diagnosis is around 70.

What are the risk factors for gallbladder and bile duct cancer?

People with certain conditions are more likely to develop these cancers. Having gallstones—deposits of cholesterol and other substances in the gallbladder—is the major risk factor for gallbladder cancer. About three quarters of people with this type of cancer have gallstones, but most people with gallstones never develop cancer. Bile duct stones also increase cancer risk. Obesity—which increases the likelihood of developing gallbladder and bile duct stones—raises the risk of these cancers.

Other conditions associated with increased risk include gallbladder polyps (abnormal growths), cirrhosis (scarring of the liver), primary sclerosing cholangitis (inflammation and scarring of the bile ducts), choledochal cysts (bile-filled sacs attached to the bile ducts), abnormalities of the junction where the main bile duct meets a duct from the pancreas, pancreatitis (inflammation of the pancreas), inflammatory bowel disease and ulcerative colitis. People with hepatitis B or C (which can cause liver cirrhosis), typhoid or liver flukes (a parasite in raw or poorly cooked fish)

are at greater risk of gallbladder or bile duct cancers.

What are the symptoms of gallbladder and bile duct cancer?

Gallbladder and bile duct cancers often do not cause symptoms until they have reached an advanced stage—when they are harder to treat—or they may cause nonspecific symptoms similar to those of other conditions. Signs and symptoms may include:

- Pain in the abdomen
- Lumps in the abdomen due to gallbladder enlargement
- Nausea and vomiting
- Loss of appetite or unexplained weight loss
- Itching
- Jaundice (yellow skin and eyes)
- Dark urine or pale and fatty stools

How are gallbladder and bile duct cancer diagnosed?

The process of diagnosis starts with a physical exam and medical history, including family history and how long symptoms have been present. Gallbladder and bile duct cancers are usually not diagnosed until they cause symptoms such as jaundice, indicating blocked bile ducts. There are no screening tests to detect these cancers early.

If cancer is suspected, blood tests may be done to measure liver and gallbladder function and look for tumor biomarkers. Imaging tests such as computed tomography (CT), magnetic resonance imaging (MRI) or ultrasound scans may be performed to locate suspicious areas or to see how extensive the cancer is and how much it has spread. Cholangiography tests assess the condition of the bile ducts. A small tissue sample may be removed to examine in a laboratory; this procedure is known as a biopsy.

How are gallbladder and bile duct cancer treated?

Treatment for gallbladder and bile duct cancer depends on how advanced the cancer is when it is detected, including how large it is and whether it has spread to nearby lymph nodes and other parts of the body.

Surgery: If cancer has not spread, surgical removal of the gallbladder (known as cholecystectomy) or bile ducts can offer a potential cure. Bile duct removal typically involves removing part of the liver, pancreas or small intestine as well.

Radiation: Radiation may be used to kill cancer cells that remain after surgery or to shrink tumors before surgery or those that cannot be surgically removed. It is often used in conjunction with other forms of treatment.

Chemotherapy: Traditional cytotoxic chemotherapy works by killing fast-growing cells, including cancer cells. It can also destroy rapidly dividing healthy cells, such as those in the gut or hair follicles, leading to side effects including nausea and hair loss. In some cases, chemotherapy may be directly administered into the main artery that supplies the liver.

Targeted therapy: Targeted drugs work against cancers with specific characteristics. For example, they may interfere with signaling pathways that regulate cell growth or blood vessel formation.

Immunotherapy: The newest type of treatment helps the immune system fight cancer. For example, some tumors can turn off immune responses against them, and drugs known as checkpoint inhibitors can restore T cells' ability to recognize and destroy cancer cells. This type of treatment is not yet approved for most gallbladder or bile duct cancers.

Palliative therapy: Palliative care relieves symptoms but does not cure the disease. A stent, catheter or surgical bypass may be used to prevent pain or symptoms caused by bile duct blockage.

For more information on gallbladder and bile duct cancer, see the following resources:

[American Cancer Society: Gallbladder Cancer](#)

[American Cancer Society: Bile Duct Cancer](#)

[National Cancer Institute: Bile Duct Cancer](#)

[National Cancer Institute: Gallbladder Cancer](#)

Last Reviewed: February 9, 2018