

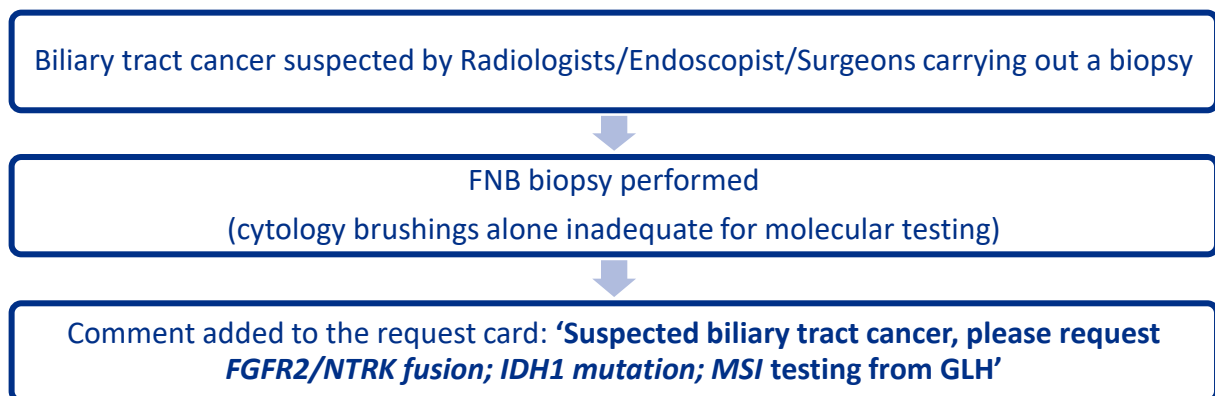
## Reflex molecular testing for biliary tract cancers

Biliary tract cancers (BTC), including cholangiocarcinoma and gallbladder cancer, are rare, aggressive malignancies, that are often diagnosed at an advanced, inoperable stage. Palliative chemotherapy remains the backbone of treatment for patients with advanced BTC, but has limited efficacy, and the prognosis is poor. Less than 20% of patients presenting with advanced BTC survive 12 months (SEER data).

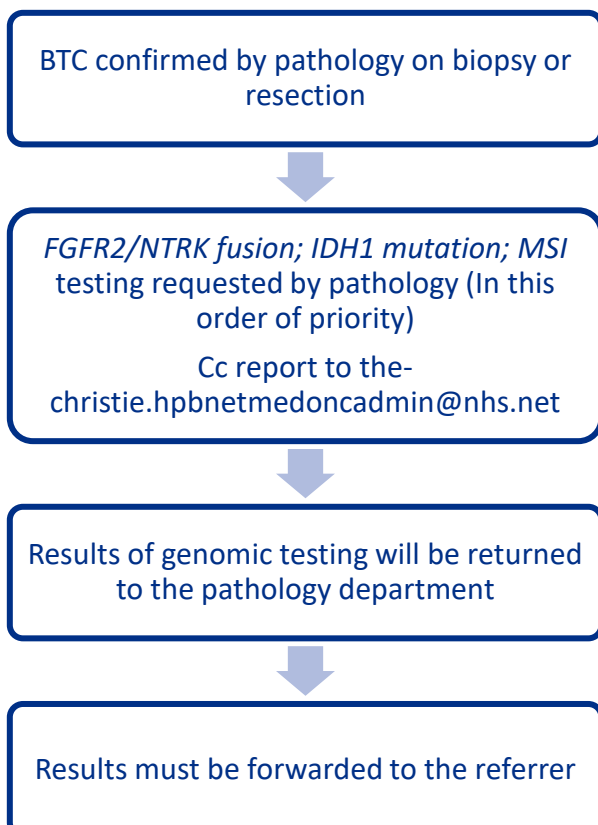
Recent advances in understanding the genetic landscape of BTC have resulted in the development of new targeted therapies. Identification of actionable molecular alterations, such as *FGFR2* fusions or *IDH1* mutations, now allow for the use of targeted therapies that can expand treatment options and improve outcomes for a sub-set of patients.

High-quality diagnostic biopsies remain critical, not only for histological diagnosis, but also to enable comprehensive molecular testing and potentially access to targeted therapies.

### Radiologists/Endoscopists/Surgeons



### Pathologists



- If BTC is confirmed, the following should be requested: *FGFR2/NTRK fusion; IDH1 mutation; MSI* testing should be requested. The request form can be found on the [NW GLH website](#) by clicking through the following: **Documents and Forms – Test request forms – Cancer Solid Tumour – Tumour Request Form**
- Sample requirements can be found on the request form. Once prepared, the sample and form should be sent to the NW GLH in Manchester (address can be found on the request form)
- The results will be returned to the pathology lab via email. Results should be added as a supplementary report to original histology report and re-released to original requestor