EP03A-007
ADJUVANT THERAPY AFTER SURGERY FOR PATIENTS WITH INTRAHEPATIC CHOLANGIOCARCINOMA
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Background: Intrahepatic cholangiocarcinoma (ICC) is a fatal disease because of frequent recurrence despite curative surgery. We investigated the usefulness of adjuvant therapy after surgery for patients with advanced ICC.

Methods: We retrospectively studied 178 patients with ICC who underwent curative surgery between 2000 and 2013. Of these, 97 patients underwent adjuvant therapy after surgery (64 patients underwent immunotherapy and 33 patients underwent chemotherapy with S-1). Surgical outcomes were compared between 81 patients treated with adjuvant therapy and 71 patients treated with surgery alone.

Results: The median tumor size did not differ between groups, nor did the number of cases of macroscopic tumor type of ICC. The number of cases with lymph node metastasis (N1) was higher in patients treated with adjuvant therapy (44%) than in patients treated with surgery alone (31%). The 5-year survival rate was significantly higher in patients treated with adjuvant therapy (52%) than in patients treated with surgery alone (34%, p = 0.0009). In patients with N0, the 5-year survival rate was significantly higher in patients treated with adjuvant therapy (61%) than in patients treated with surgery alone (48%, p = 0.0118). Moreover, in patients with N1, the 5-year survival rate was significantly higher in patients treated with adjuvant therapy (37%) than in patients treated with surgery alone (5%, p = 0.0003).

Conclusion: Adjuvant therapy after surgery improved survival in patients with ICC.

EP03A-009
SURGICAL TREATMENT OF HILAR CHOLANGIOCARCINOMA: PERIOPERATIVE AND SURVIVAL ANALYSIS
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Introduction: Hilar cholangiocarcinomas (HC) account for more than 50% of all cholangiocarcinomas. Margin-negative surgery provides the only possible cure but is often associated with high morbidity and mortality. The current study attempted to evaluate the learning curve and surgical outcomes of single surgeon for surgical treatment of HCCC.

Methods: From May 2008 to October 2013, the single surgeon (CGH) performed consecutive surgical treatment for 88 patients with HCCC at Severance Hospital, Seoul, Korea. Among them, 84 patients having curative aimed surgical resection were included the study.

Results: Learning curve was stabilized after 20th cases among the patients having right or left hemihepatectomy and trisectionectomy. 34 patients (early period group) 50 patients (later period group) had surgical treatment before and after stabilization of learning curve respectively. Operation time (636.24 ± 137.57 Vs 467.73 ± 130.95 minutes; p < 0.001) and amount of bleeding during operation (1313.82 ± 916.05 Vs 731.2 ± 663.03 mL; p = 0.001) were significantly smaller in later period group. However, there were no significant differences in R0 resection rates (88.2% Vs 90.0%; p = 1.000), hospital stay (29.62 ± 19.79 Vs 27.58 ± 34.80 days; p = 0.758) and severe complication rates over grade III according Clavien–Dindo classification (44.1% Vs 34.0%; p = 0.349). There were no significant differences in survival outcomes between two groups. The median disease-free survival (18 ± 3.38 Vs 21 ± 6.83 months; p = 0.631) and the overall survival (32 ± 5.67 Vs 29 ± 2.86 months; p = 0.631) were not significantly different between two groups.