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## Examination Of Optimal Lymph Node Dissection For Mass-forming Type Intrahepatic Cholangiocarcinoma

**Makoto KURIMOTO**, Tomoaki YOH\*, Keisuke OKURA, Yuichi TAKAMATSU, Yutaro HORI, Hiroto NISHINO, Takahiro NISHIO, Yukinori KOYAMA, Satoshi OGISO, Takamichi ISHII, Koichiro HATA, Etsuro HATANO

*Department Of Surgery, Graduate School Of Medicine, Kyoto University, JAPAN*

**Background** : Lymph node metastasis is a major poor prognostic factor for intrahepatic cholangiocarcinoma (ICC). However, there is no clear consensus on the optimal number of lymph nodes or extent of lymph node dissection for ICC.

**Methods** : Among hepatectomy cases (R0/R1 resection) with lymph node dissection performed for mass-forming type (MF) and MF plus periductal infiltrating type (MF+PI) ICC in our department from 2002 to 2020, 92 patients whose clinical and pathological findings of lymph node dissection were available were included. Analysis 1; the association of the number of lymph nodes dissected and the prognosis in pN0 cases, Analysis 2; the association of the number of lymph node metastasis and the prognosis in pN1 cases, Analysis 3; the effect of lymph node dissection of the gastro-hepatic area on the prognosis of left-side ICC. The minimum p-value approach was used to determine the optimal cut-off values of continuous variables.

**Results** : In all cases, the median overall survival(OS) was 57.8 months, and the median recurrence-free survival(RFS) was 17.8 months. The median number of lymph nodes dissected was 14 (1-56). 66(71.7%) patients were pN0 and 26(28.3%) patients were pN1. The median OS was pN0: 90.3 months, and pN1: 24.3 months. The median RFS was pN0: 31.2 months, and pN1: 7.6 months. Analysis 1. The OS of pN0 cases(n=66) was significantly stratified by the number of dissected lymph nodes, >8 vs ≤8 (102.6 months vs. 57.2 months, p=0.041, generalized Wilcoxon test). Analysis 2. There was no optimal cut-off point on the number of lymph node metastasis that stratified the survival outcomes in pN1 cases(n=26). All pN1 cases had lymph node metastasis of #8, #12, or #13. Analysis 3. In the left-side ICC cases(n=49), There is no independent lymph node metastasis in the gastro-hepatic area. The OS was not stratified by comparing the presence or absence of lymph node dissection in the gastro-hepatic area (with dissection: n=10, without dissection: n=39, p=0.739).

**Conclusions** : 1. Harvest and/or retrieval of ≥ 9 LNs is recommended for ICC. 2. LN metastasis is a poor prognostic factor regardless of the number. 3. Survival benefit of LND of the gastro-hepatic area is limited.

Corresponding Author : **Tomoaki YOH** (tomyoh@kuhp.kyoto-u.ac.jp)