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## 2 Years Short-term Outcomes Of Radical Surgery After Nab-paclitaxel Plus Gemcitabine-cisplatin Chemotherapy In Patients With Locally Advanced Perihilar Cholangiocarcinoma

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**Background :** This study was conducted to evaluate the short-term outcomes of radical surgery after preoperative nab-paclitaxel plus gemcitabine-cisplatin (Gem/Cis/nab-P) triplet chemotherapy in patients with locally advanced perihilar cholangiocarcinoma.

**Methods :** We retrospectively reviewed thirty-five patients who underwent radical surgery for locally advanced perihilar cholangiocarcinoma after preoperative chemotherapy with Gem/Cis/nab-P at a single institution.

**Results :** Thirty-five patients were included in this study. 20 were male and 15 were female patients. Mean age was 64 (39~73) with mean 6 (4~10) cycles of chemotherapy, preoperatively. Every patient underwent a major operation with mean operation time of 435 minutes (305~1100), of which 29 major hepatectomy with common bile duct resection cases, five hepatopancreatoduodenectomy cases and one common bile duct resection case. There were only three major postoperative complications (14.2%) and two of them were postoperative mortality cases (5.71%). There were two complete remission cases (5.71%) in the final pathology. R0 resection was achieved in 31 patients (88.57%). Despite the initial locally advanced cholangiocarcinoma, the final pathologic T stage of less than T2 was reported in 32 patients (91.4%) and 24 patients (68.5%) had no lymph node metastasis. After a postoperative median follow-up duration of 13 months (1~30), recurrence occurred in 12 patients (34.2%) and mortality occurred in 5 (14.2%) patients. The 1, 2 year recurrence-free and overall survival rates were 65.6%, 62.5% and 91.4%, 85.7%, respectively.

**Conclusions :** Throughout 2 years of postoperative follow up, preoperative Gem/Cis/nab-P chemotherapy with consecutive radical surgery can yield fair oncologic outcomes with acceptable postoperative complications to the patients with locally advanced perihilar cholangiocarcinoma.

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