

LV OP 4-5**Predictive factors and treatment outcome for recurrent intra-hepatic cholangiocarcinoma**

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Introduction : Intrahepatic cholangiocarcinoma (ICC) had devastating outcome owing to advanced stage at diagnosis and high recurrence after hepatectomy. There is no consensus on treatment for recurrent ICC. We aim to explore predictive factors and treatment outcome for recurrent ICC.

Methods : 160 out of 216 ICC (71.4%) patients experiencing recurrence underwent curative resection from 1977 to 2014. We categorized the recurrent pattern into intra-hepatic involvement (group A, n= 75), locoregional involvement (group B, n= 80), and distant metastasis (group C, n=65).

Results : Larger tumor size and vascular invasion independently predict ICC recurrence. For group A patients, gross pathological morphology and vascular invasion were the two independent predictive factors. For group B patients, larger tumor size was the only independent predictive factor. For group C patients, larger tumor size and hepatolithiasis were the two independent predictive factors. Further subdivision disclosed patients with merely intrahepatic recurrence had superior overall survival (OS) comparing with those beyond intrahepatic recurrence ($P<0.0001$). Twenty-seven out of 160 patients underwent repeat hepatectomy or/with metastectomy for recurrence (16.8%), who had superior OS to the rest 133 patients received other treatment modalities (85.6 versus 20.9 months, $P<0.001$). Twelve group A patients and 11 group B patients underwent surgery had significantly favorable post-recurrence OS, when compared with those did not (61.6 versus 14.7 and 29.2 versus 8.2 months, respectively, $P<0.05$).

Conclusions : Aggressive tumor behavior determines high risk of recurrence, however, intrahepatic recurrence may have favorable prognosis. Furthermore, aggressive hepatectomy or/ with metastectomy in selected patients may provide survival benefit in highly selected patients.

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