



AB011. S2-5. Liver transplantation for cholangiocarcinoma

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Background: Intrahepatic cholangiocarcinoma (iCCA) is a relative contraindication for liver transplant (LT), but prior studies limited evaluation to incidental iCCA. We recently reported significant improvement in long-term LT outcomes in locally advanced (>5 cm) iCCA for pts demonstrating stability >6 mo on neoadjuvant chemotherapy (Lunsford 2018 Lancet Gastro Hep). Herein, we report continued patient accrual and long-term outcomes of the first prospective series evaluating neoadjuvant therapy on LT outcomes for iCCA.

Methods: Per Methodist-MD Anderson protocol, pts without extrahepatic disease or vascular involvement received gemcitabine/cisplatin-based neoadjuvant therapy. Pts with >6 mo stability were for listed for LT, and LT was

performed in accordance with institutional protocol.

Results: From 2010–2018, 34 iCCA pts were referred, of which 9 pts underwent LT, 6pts were down-staged, 3 pts were delisted due to disease progression or unresectability, and 3 pts are actively awaiting LT. Median time from diagnosis to LT was 26 mo (IQR, 17–33 mo). Median follow-up is 38 mo (IQR, 6–51 mo). Median cumulative diameter was 8.5 cm with median largest lesion 6.5 cm. Six out of nine (67%) had multifocal disease. Tumors were well differentiated in 1/9, moderately differentiated in 4/9, and poorly differentiated in 4/9. Lymphovascular invasion was seen in 4/9 (44%) and perineural invasion was seen in 3/9 (33%). One pt died 14 mo post-LT due to recurrence, with overall survival of 100%, 83%, and 83% at 1-, 3- & 5-year. To date, 3/9 (33%) pts developed recurrence a median of 7.1 mo after LT, with recurrence free survival of 83%, 52.5%, and 52.5% at 1-, 3- & 5-year. There were no discernable associations of recurrence with grade, stage, perineural or lymphovascular invasion.

Conclusions: Compared previously reported outcomes, chemosensitivity may select for biologically favorable iCCA for LT, and tumor biology rather than size may dictate iCCA recurrence. Preliminary results suggest iCCA may be acceptable indication for LT in select patients with biologically favorable disease.

Keywords: Liver transplant; intrahepatic cholangiocarcinoma; neoadjuvant therapy; recurrence; survival

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