

AB055. 214. Management of cholangiocarcinoma: the national experience

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Background: The prognosis for cholangiocarcinoma remains poor with only 20% amenable to surgical resection at diagnosis. Furthermore, initial experiences with transplantation for unresectable cholangiocarcinoma demonstrated poor outcomes. The Mayo Clinic published 5-year survival rates of 70% following the novel addition of neoadjuvant chemoradiotherapy pretransplant. Here, we examine different management approaches for cholangiocarcinoma.

Methods: From 2005 to 2017, all patients undergoing liver surgery for cholangiocarcinoma were identified from a prospectively maintained histological database. Clinicopathological data were obtained and variables associated with long-term survival following second hepatectomy were identified by Cox regression analyses and reviewed along with 30-day post-operative morbidity and

mortality.

Results: Seventy-six cholangiocarcinomas were treated with curative intent. Twenty-six (34.2%) unresectable cholangiocarcinomas completed the Mayo-protocol. The remaining 50 (65.8%) underwent resection, predominantly right-extended hepatectomy. liver transplant (LT) group was significantly younger ($P=0.05$), with 75% demonstrating primary sclerosing cholangitis on histological analysis. There were 4 (16.7%) in-hospital deaths in the LT group compared with 3 (7.9%) in the resection group ($P=0.288$). Excluding these from long-term survival analysis; there was a trend towards increased survival in Mayo-protocol patients (mean 6.7 vs. 3.8 years) ($P=0.082$). LT tumours were significantly smaller ($P<0.0001$), with 65% demonstrating a complete pathologic response to neoadjuvant chemoradiation. Survival was significantly increased in T0 tumours compared with patients with residual disease ($P=0.005$).

Conclusions: This study highlights the efficacy of Mayo protocol in carefully selected patients, with 55% actual 5-year survival rates, 65% having a complete pathologic response to neoadjuvant therapy.

Keywords: Cholangiocarcinoma; resection; transplant; mayo; protocol

doi: 10.21037/map.2019.AB055

Cite this abstract as: Hand F, Sheehan M, O'Farrell N, Masood I, Mac Nicholas R, Houlihan D, McCormack A, Maguire D, Geoghegan J, Hoti E. Management of cholangiocarcinoma: the national experience. *Mesentery Peritoneum* 2019;3:AB055.