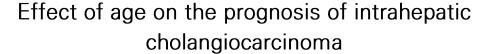


## **HBP** SURGERY WEEK 2022

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Jung Hun Kim, Young Koog Cheon, Tae Yoon Lee, Sang Hoon Lee, Hyunji Chung

Department of Internal Medicine, Konkuk University Medical Center, Seoul, Korea

**Background**: Intrahepatic cholangiocarcinoma (iCCA) is a subgroup of cholangiocarcinoma and is the second–most–common primary hepatic tumor. Several predictive and prognostic factors have been analyzed; we evaluated the influence of age.

Methods: A retrospective analysis of patients treated between 2005 and 2016 at Konkuk University Medical Center. In total, 133 patients with iCCA were identified. The mass-forming, periductal-infiltrating, and intraductal-growth types were included; patients with extrahepatic or hilar-type cholangiocarcinoma were excluded. We defined two groups: a younger group, age  $\langle$  65 years, and an older group, age  $\geq$  65 years. Statistical analyses using simple and multiple Cox regression analyses, including the Kaplan-Meier method, were conducted.

**Results**: In total, 114 patients were enrolled. The two groups differed with regard to treatment options such as surgery with adjuvant chemotherapy or palliative chemotherapy (p = 0.012, p  $\langle$  0.001). The younger group had significantly longer survival than the older group (p = 0.017). In the younger group, patients who received intensive therapy had longer survival than those who did not (p  $\langle$  0.001; HR 3.942; 95% CI 2.053–7.569). Multiple regression analysis indicated that younger age, lower bilirubin, low CA 19–9, and no lymphnode involvement were independent factors for improved survival.

Conclusions:: Younger patients and those who underwent intensive treatment had longer survival. The younger the patient, the more treatments received, including palliative chemotherapy.