U/mL: 19 pts, 100~200 U/mL: 8 pts, 200~500 U/mL: 5 pts, >500 U/mL: 14 pts) and 31 who were within normal range (<37 U/mL). And after operation, there were there were 30 patients who had elevated CA19-9 (37~100 U/mL: 18 pts, 100~200 U/mL: 5 pts, 200~500 U/mL: 2 pts, >500 U/mL: 5 pts) and 47 who were within normal range. of 46 patients who had elevated CA19-9 before surgery, 23 patients were within normal range after operation. There were 13, 7, 1, 2pts who were declined to normal CA19-9 levels in 1 week, 1 month, 2 month, >3 month and 1, 2, 3, 17pts who had <25, 25~50, 50~75, >75% decline rates (pre CA19-9-post CA19-9/pre CA19-9), respectively. In patients with normal preoperative CA19-9, 15 of 31 patients had recurred and there were 3 pts who had elevated CA19-9 levels (37-100 U/mL: 2 pts, >100 U/mL: 1 pts) and 12 who were with in normal range after recurrence. And in patients with elevated preoperative CA19-9, 29 of 46 patients had recurred and there were 21 pts who had elevated CA19-9 levels (37-100 U/mL: 10 pts, >100 U/mL: 11 pts) and 8 who were with in normal range. On survival analysis, the cumulative 1-, 3-, and 5-year survival rates were 72.3, 51.5, and 31.1%, respectively and the median survival time (MST) was 37 months (range, 26.1-47.9 months). preoperative CA19-9 <100 U/mL (MST, 47 vs. 22 months; p=0.008), postoperative CA19-9 <100 U/mL (MST, 44 vs. 6 months; p=0.001), decline rate >50% (MST, 47 vs. 28 months; p=0.018) were the strongest and most favorable prognostic factors. However, each recurrence CA19-9 levels and decline periods (time to reach normal CA19-9 levels) were no significant difference in survival. Moreover, in patients with elevated or normal preoperative CA19-9, there were no significantly difference between elevated recurrence CA19-9 levels and normal levels in clinical or pathological factors. Conclusion: Preoperative CA19-9 <100 U/mL, postoperative CA19-9 <100 U/mL, decline rate >50% may possibly serve as surrogate marker for good prognosis in resected intrahepatic cholangiocarcinoma. However, recurrence CA19-9 levels can not be reliable marker for predicting patient's recurrence.