

P-07

Perioperative CA19-9 Levels: Useful markers predicting prognosis of intrahepatic cholangiocarcinoma patients treated with surgical resection

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Background: To investigate the clinical significance of the perioperative CA19-9 levels for predicting survival and recurrence in intrahepatic cholangiocarcinoma (ICC) patients treated with surgical resection.

Methods: We retrospectively reviewed the data from 74 ICC patients treated with surgical resection between April 2001 and July 2010. Perioperative CA19-9 (preoperative level, postoperative lowest level and level at recurrence) were analyzed for patient distribution and survival.

Results: Before surgery, there were 45 patients who had high CA19-9 levels and 29 who had normal levels. Of 45 patients with high preoperative CA 19-9 levels, 34 had normal CA19-9 levels after resection and 11 had persistently high levels. Of 34 patients with normalized postoperative CA 19-9 levels, 18 showed recurrence, of whom 8 had high CA 19-9 levels and 10 had normal levels. Of 29 patients with normal preoperative CA19-9 levels, 15 showed recurrence, of whom 3 had high CA 19-9 levels and 12 had normal levels. Preoperative CA19-9 levels <37U/mL (median survival time[MST]=47 versus 22 months, $p=0.039$), normalized postoperative lowest CA19-9 levels (MST=43 versus 11 months, $p<0.001$) and CA19-9 levels at recurrence <37U/mL in patients with normalized postoperative CA 19-9 levels (MST=45 versus 14 months, $p=0.058$) showed significantly better survival rates. High preoperative CA19-9 levels were related to viral hepatitis B, and microvascular/perineural invasion were related to the postoperative lowest CA19-9 levels and CA19-9 levels at recurrence.

Conclusions: Perioperative CA19-9 (preoperative CA19-9 <37U/mL, normalized postoperative lowest CA19-9, and CA19-9 at recurrence <37U/mL) may provide useful clinical information concerning recurrence and survival in ICC patients.