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### Symposium 4. Update of Intrahepatic Cholangiocellular Carcinoma (English Session)

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#### Determining indication of surgery in IHCC; A special reference of LN dissection (Significance of No.16 LN metastasis)

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Department of Gastroenterological Surgery II,  
Hokkaido University Graduate School of Medicine,  
Japan

Satoshi Hirano

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**Purpose:** In intrahepatic cholangiocarcinoma (IHCC), para-aortic (No. 16) lymph node (PAN) metastasis has been defined as distant metastasis (M1) in the 7th edition of the American Committee on Cancer (AJCC)/ International Union Against Cancer (UICC) system. Several studies reported that lymph node metastasis in IHCC is one of the strongest prognostic factors for patient survival; however, the status of the PAN was not examined separately from regional lymph node metastasis in these studies. In the preset study, we investigated the importance of excluding the patients with PAN metastasis from the candidates of radical surgery for IHCC utilizing intraoperative pathological examination.

**Methods:** Between 1998 and 2012, a total of 47 IHCC patients underwent hepatic resection and systematic lymphadenectomy with curative intent. PANs were dissected routinely and subjected to

frozen-section pathological examinations at the beginning of the surgery (Fig. 1). If PAN metastases were identified, curative resection was abandoned. The prognostic factors for patient survival after curative resection for IHCC without PAN metastases were investigated with particular attention paid to the prognostic impact of lymphadenectomy.

**Results:** Univariate analysis identified concomitant portal vein resection, concomitant hepatic artery resection, intraoperative transfusion, and residual tumor status as significant negative prognostic factors. However, lymph node status was not identified as a significant prognostic factor. The 18 patients with regional node positive cancer had a survival rate of 24% at 5 years. Multivariate analysis revealed that intraoperative transfusion was an independent prognostic factor associated with a poor prognosis (risk ratio=4.29; P=0.001).

**Conclusion:** Intraoperative pathological confirmation of para-aortic lymph node metastasis in IHCC was useful for selecting patients for radical surgical intervention.

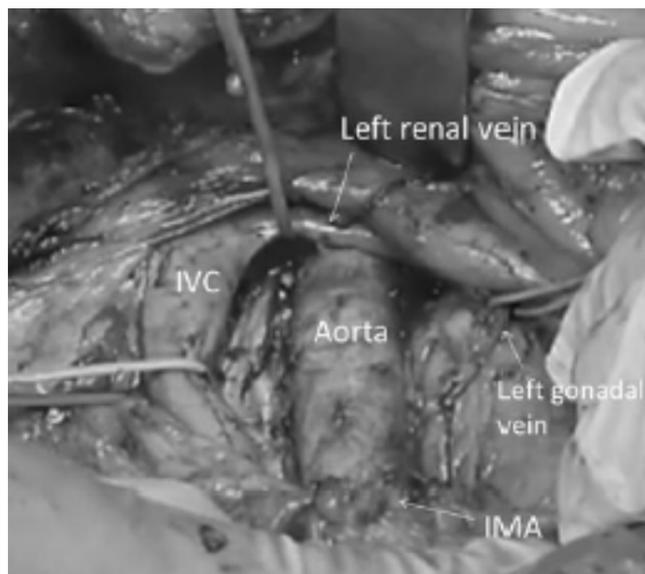


Fig. 1.