

**BP PP 4-6****Recurrence of distal cholangiocarcinoma after R0 resection : Differing survival outcomes between the locoregional vs distant recurrence****Incheon KANG***Department of Surgery, CHA Bundang Medical Center, CHA University School of Medicine, Korea*

Introduction : The aim of this retrospective study was to investigate whether subtype of recurrence pattern affects the long-term outcome after curative surgical resection in patients with Distal cholangiocarcinoma (DCC).

Methods : In total, patients with DCC who underwent pancreaticoduodenectomy were evaluated for recurrence. Patients with recurrence were classified into 2 groups according to the initial recurrence site: locoregional (LRR) and distant (DR). Clinicopathologic features were compared between 2 groups (LRR vs DR), whereas overall survival (OS) after resection was analyzed among 3 groups (no recurrence [NR] vs LRR vs DR). Prognostic factors for disease-free survival (DFS) and overall survival (OS) were also evaluated using the Cox proportional hazards model.

Results : A total of 214 patients underwent R0 surgical resection for DCC, of whom 109 (50.9%) patients had recurred in the follow-up period. Of the 109 patients, 37 (33.1%) had LRR and 72 (66.9%) had DR. DR group was associated with early recurrence (14.1 months vs 20.2 months, $P=0.041$) and a lower number of harvested lymph nodes (15.1 vs 21.6, $P=0.001$) than the LR group. 5-year OS was 98.7%, 40.5%, and 23.2% in the NR, LRR, and DR groups, respectively ($P<0.001$). In multivariate analysis, perineural invasion and pathologic N2 stage were independent prognostic factors for DFS ($P=0.044$ and 0.008 , respectively), whereas pathologic N1 and N2 stage were independent prognostic factors associated with OS.

Conclusions : Even in R0 resected patients with DCC, almost half of patients experienced disease recurrence. DR was associated with a more frequent recurrence pattern and poorer survival than LRR.

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