



EP-022

3-year Outcomes In Patients With Advanced Intrahepatic Cholangiocarcinoma Who Underwent Surgery After Nab-paclitaxel Plus Gemcitabine-cisplatin Chemotherapy.

KWANG HYUN KIM¹, Eui Hyuk CHONG¹, Incheon KANG¹, Sung Hwan LEE¹, Seok Jeong YANG*¹

¹*HepatoBiliaryPancreas Department Of Surgery, 차의과학대학교 분당차병원, REPUBLIC OF KOREA*

Background : Cholangiocarcinoma is considered one of the most lethal malignant diseases. Until a few years ago, the standard first-line regimen for patients with unresectable cholangiocarcinoma involved a combination of gemcitabine and cisplatin. However, more recently, a triple chemotherapy regimen comprising nab-paclitaxel plus gemcitabine-cisplatin (Gem/Cis/nab P) was introduced. In this study, we aimed to review the outcomes of patients with advanced intrahepatic cholangiocarcinoma (IHCCA) who received the Gem/Cis/nab P regimen and assess its 3-year post-operative effectiveness.

Methods : We conducted a retrospective review of patients with locally advanced IHCCA who underwent treatment with nab-paclitaxel plus gemcitabine-cisplatin between October 2019 and August 2021 at a single institution.

Results : A total of 34 patients with advanced IHCCA were included in the study. Among them, 16 patients (47.1%) were identified as suitable candidates for surgical resection after receiving the triplet chemotherapy regimen. Among these patients, 15 (93.8%) achieved an R0 resection, indicating complete tumor removal with clear margins. The patients who underwent surgery after receiving the Gem/Cis/nab P regimen exhibited a 1-year survival rate of 75.0%, a 2-year survival rate of 68%, and a 3-year survival rate of 68%.

Conclusions : While the SWOG 1815 trial did not demonstrate a significant overall survival advantage for the triplet regimen compared to the doublet regimen, the findings of our retrospective study suggest that nab-paclitaxel plus gemcitabine-cisplatin triplet chemotherapy may effectively downstage locally advanced IHCCA and achieve successful surgical resection and 3-year outcome.

Corresponding Author : **Seok Jeong YANG** (ysj9702@chamc.co.kr)