Topic : **Biliary & Pancreas**

COMPARISON OF CLINICAL OUTCOMES OF TYPE 1 INTRADUCTAL PAPILLARY NEOPLASM OF BILE DUCT VERSUS TYPE 2 INTRADUCTAL PAPILLARY NEOPLASM OF BILE DUCT AFTER SURGICAL RESECTION

Yunghun YOU [1], In Woong HAN [2], Sang Hyun SHIN [2], So-Jeong YOON [2], Kee-Taek JANG [3], Jin Seok HEO [2]

[1] *Surgery, Naen Hospital, Republic of Korea,* [2] *Surgery, Samsung Medical Center, Sungkyunkwan University, Republic of Korea,* [3] *Pathology And Translational Genomics, Samsung Medical Center, Sungkyunkwan University, Republic of Korea*

Background : The purpose of this study is to find out whether there are differences in clinicopathological characteristics and oncological outcomes between subgroups (invasive type 1 IPNB and invasive type 2 IPNB). There is little investigation of oncologic outcomes according to type of invasive IPNB, which has the potential to cause recurrence.

Methods : From 2006 to 2018, consecutive 85 patients who were underwent surgical resection for IPNB. Type 1 IPNB was defined as IPNB with a well-organized papillary growth pattern and composed of a homogenous, regular lining epithelium and thin fibrovascular stalk. Type 2 IPNB was defined as IPNB with an irregular branching growth pattern and consisting of complex, irregular lining epithelium and thin to thick fibrovascular stalk.

Results : Among the total 85 cases of IPNB, there were 36 cases of invasive type 1 IPNB and 34 cases of invasive type 2 IPNB. Marginally significant difference in 5-year DFS was observed between the invasive type 1 IPNB and invasive type 2 IPNB (86.1 % vs 66.0 %, p = 0.085). In a multivariate analysis, the risk factor affecting recurrence were CA 19-9≥14 U/ml (p = 0.006) and invasion beyond ductal wall (p = 0.001).

Conclusions : Conclusively, there was marginally significant difference in 5-year DFS between invasive type 1 IPNB and invasive type 2 IPNB. Given these, it seems necessary to apply different follow-up duration and strategies depending on the type of IPNB.

Corresponding Author : **Jin Seok HEO** ((jsheo.md@gmail.com)