

ROLE OF ADJUVANT CHEMOTHERAPY AFTER HEPATIC RESECTION FOR PATIENTS WITH INVASIVE INTRADUCTAL PAPILLARY NEOPLASM OF THE BILE DUCT (IPNB)

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Background : Intraductal papillary neoplasm of the bile duct (IPNB) is acknowledged as a unique entity. Although the role of postoperative adjuvant chemotherapy for cholangiocarcinoma is well-established, there are no reports indicating a survival benefit of adjuvant chemotherapy specifically targeting IPNB. This study represents the first demonstration of the relationship between adjuvant chemotherapy and the survival rates of patients with IPNB.

Methods : We retrospectively reviewed medical records of 360 patients who were diagnosed with invasive IPNB underwent hepatic resection between January 2007 and December 2022. The patients were divided into those (n = 148; 41.11%) who received adjuvant chemotherapy (CMT1) and those (n = 212; 58.89%) who did not (CMT0). Patients survival was analyzed to determine its effect using the Kaplan-Meier method with log-rank test and Cox proportional hazard model.

Results : Demographic and operative variables were comparable between two groups. For the patients with no lymph node metastasis, there was no difference in survival outcome between two groups (P= 0.3). For patients with lymph node metastasis, the median overall survival time was significantly greater in the CMT1 group than CMT0 group (671 vs 479 days, p = 0.012). The 1-, 3-, and 5-years overall survival rate in CMT1 were 80.8, 33.5 and 18.9% compared to CMT0 that were 53.9, 13.5, and 5.4% respectively.

Conclusions : Postoperative chemotherapy may provide survival benefit in the patients with lymph node involvement.

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