

ALPPS for advanced intrahepatic cholangiocarcinoma

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Background:

R0 liver resection offers the only chance of long-term survival for patients with intrahepatic cholangiocarcinoma (IHCCA). Central located single tumor or extensive tumor loads with multinodular lesions might lead to an extended liver resection in forms of ALPPS. The primarily results of the ALPPS registry data found a higher rate of postoperative complications for non-CRLM lesions. The risk factors for inferior results of IHCCA after ALPPS is unknown, which ranged from underlying liver disease to operative procedures, such as time of lymphadenectomy and requirement of bile duct reconstruction. The oncological results in term of tumor residual status and recurrence-free survival is unknown.

Objectives:

The objective of the project will be to analyze the morbidity and mortality of ALPPS for IHCCA and stratifying the risk by score system. By obtaining the oncological results, we would like to identify the subgroup with reasonable rate of postoperative complication and acceptable recurrent-free and overall survival rate.

Methods:

All patients included in the ALPPS registry with the diagnosis IHCCA will be analyzed. Outcomes will be identified and stratified according to age, underlying liver disease, future remnant liver, time of lymphadenectomy, biliary reconstruction, TNM stage. A follow-up of at least 24 months is required. The overall survival and recurrent free survival could be compared between patients with single and multinodular lesions. The therapy modality and survival after recurrence would also be analysed. The results would be compared with IHCCA patients undergoing palliative chemotherapy from the literature or center cohort.

Impact of the findings:

Whether aggressive resection in form of ALPPS is indicated for advanced IHCCA is unknown. The study would find out the actual MM of this group of patients after ALPPS and its survival benefit. By analyze the postoperative data, a recommendation might be drawn.