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## The Prognostic Values Of The Lymph Node Ratio In Patients With Distal Cholangiocarcinoma After Curative Intended Surgery: A Single Center Retrospective Study

**Hee Joon KIM**<sup>\*1</sup>, Chol Kyoon CHO<sup>1</sup>, Yang Seok KOH<sup>1</sup>, Young Hoe HUR<sup>1</sup>, Eun Kyu PARK<sup>1</sup>, Sang Hwa SONG<sup>1</sup>

<sup>1</sup>Department Of Surgery, Chonnam National University Medical School, REPUBLIC OF KOREA

**Background :** The goal of the study was to evaluate the prognostic value of lymph node ratio (LNR) in distal cholangiocarcinoma (DCC).

**Methods :** Clinicopathologic data of 162 patients who underwent radical intended surgery for DCC between 2012 and 2020 were analyzed retrospectively. Prognostic factors related to overall survival (OS) and disease-free survival (DFS) were evaluated.

**Results :** Median OS time and DFS time was 41 and 29 months, and 5-year OS rate and DFS rate was 44.4% and 21.1%, respectively. In univariate analysis, significant prognostic factors for OS were histologic differentiation, AJCC stage, positive lymph node count, LNR, R1 resection, and perineural invasion. Preoperative CEA, CA19-9, infiltrative type, histologic differentiation, AJCC stage, positive lymph node count, LNR, R1 resection, perineural invasion, and lymph-vascular invasion were significant in univariate analysis for disease-free survival. In multivariate analysis, histologic differentiation, R1 resection, and LNR were the independent prognostic factors for both OS and DFS. LNR  $\geq 0.2$  group significantly had a poor prognosis in terms of OS (HR 3.915,  $p = 0.002$ ) and DFS (HR 5.840,  $p < 0.001$ ).

**Conclusions :** LNR has significant value as a prognostic factor of DCC related with overall survival and disease free survival. LNR has potential to be used as modified staging system with furthermore studies.

Corresponding Author : **Hee Joon KIM** (heejoonkim@jnu.ac.kr)