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## E45

## Clinicopathologic characteristics of Intraductal Papillary Neoplasm of Bile duct (IPNB) after central review: Korean multi-center collaboration study

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**Introduction**: The previous reports about intraductal papillary neoplasm of the bile duct (IPNB) were case series with small numbered-patients due to the rarity of this disease. As one of the prevalent nations of cholangiocarcinoma, this is Korean side multi-center study and the aim is to clarify the clinicopathologic features of IPNB and to find out the optimal morphologic criteria with large data from Korea.

**Methods**: Between 1997 and 2016, 589 patients were included in this study with final diagnosis of IPNB from 23 tertiary referral centers of Korea. Every case was reconfirmed and finally 368 patinets were selected after exclusion of other diagnosis through central pathologic review by 4 specialized biliary-pancreas pathologists. We reviewed the preoperative image data and applied 'modified anatomical classification' which focused on the level of main lesion to compare the morphological features.

**Results**: Patient's mean age was 65.5 years. The 5-year overall survival rate of all the patients was 78.9% and 81 (23.1%) patients underwent recurrence during the follow-up periods. Among 368 IPNB patients, 249 (67.7%) had intrahepatic lesions and 101 (27.4%) had extrahepatic lesions on preoperative images. We found out that the extrahepatic type had a higher rate of invasive cancer, lymph node metastasis and recurrence. The intrahepatic type had higher rate of gastric type and high grade dysplasia.

**Conclusion**: Intraductal papillary neoplasm of bile duct (IPNB) is a relatively rare disease category. Multi-center study is necessary for reliable diagnostic criteria in pathology and radiology. The 'modified anatomical classification' is a simple and intuitive criteria which can help to determine the treatment strategy and show some correlations with histologic subtype and pathologic phenotypes. Further analysis with Korea-Japan combined data will be updated soon.