

MULTIDISCIPLINARY TREATMENT FOR ADVANCED PERIHILAR CHOLANGIOCARCINOMA

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Background : To improve outcomes in perihilar cholangiocarcinoma, a multidisciplinary treatment strategy is essential. In our institution, neoadjuvant chemotherapy (NAC) has been introduced for cases with Bismuth type 4, vascular invasion, and lymph node metastasis, which are poor prognostic factors.

Methods : We retrospectively analyzed 123 cases of perihilar cholangiocarcinoma with NAC between 2008 and 2022.

Results : The NAC regimens included GEM + S-1 in 101 cases, GEM + CDDP in 8 cases, GEM + CDDP + S-1 in 11 cases, and GEM monotherapy in 3 cases. Surgical resection was performed in 84 cases (68.3%), with a median NAC duration of 3.7 months. Postoperative complications of Clavien-Dindo grade III or higher were observed in 44.0% of cases, and in-hospital mortality occurred in 2.4%. Of resected cases, 67.9% received adjuvant therapy. The median survival time (MST) for all NAC-treated cases was 32.0 months, with a 5-year survival rate of 33.7%. In resected cases, MST was 51.2 months, with a 5-year survival rate of 40.7%, significantly better than non-resected cases (MST 15.0 months, 5-year survival rate 12.5%; $P < 0.001$). Among resected cases, adjuvant therapy improved MST to 55.8 months and a 5-year survival rate of 42.8%, compared to 38.4 months and 36.0% without adjuvant therapy ($P = 0.07$).

Conclusions : NAC for perihilar cholangiocarcinoma is safe and shows favorable outcomes. Combining preoperative and postoperative chemotherapy in a multidisciplinary approach may further improve treatment results.

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