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EXPLORING OPTIMAL SURGICAL EXTENT FOR T2 GALLBLADDER CANCER: PRELIMINARY RESULTS OF KOREA-JAPAN COLLABORATIVE STUDY

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Background : Extended cholecystectomy (EC) is considered appropriate for T2 gallbladder cancer, but the extent of surgery is slightly different for each guideline. Furthermore, since T2 stage is subdivided into T2a and T2b based on tumor site, the necessity of adjusting the surgical extent based on subdivision is still up for debate.

Methods : Clinical data from patients who underwent surgery for T2 gallbladder cancer were collected from 5 hospitals in Korea. Surgical extent was divided into simple cholecystectomy (SC), SC with lymph node dissection (LND), and EC (SC + LND + Liver resection).

Results : Data from 510 patients were available for evaluation. SC group showed higher proportion of patients with older age and low performance status compared to SC with LND and EC groups. In multivariate analysis, SC (vs. SC with LND, HR: 2.59; P = 0.003) was identified as poor prognostic factor, while EC was identified as favorable prognostic factor, although marginally significant (HR: 0.65; P = 0.068). In subgroup analysis, EC was associated with better survival outcomes compared to SC with LND only in the T2b subgroup (HR: 0.21; P = 0.005), but not in the T2a subgroup (HR: 0.66; P = 0.179). Among T2b subgroup who underwent EC, there were no significant differences in 5-year overall survival according to the extent of liver resection (Wedge resection: 73.6%, S4b/5 segmentectomy: 72.8%; P = 0.451)

Conclusions : Omitting liver resection could be considered for patients with T2a stage, and wedge resection of liver is sufficient for patients with T2b stage.

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