

SIGNIFICANCE OF CONVERSION SURGERY FOR UNRESECTABLE BILIARY TRACT CANCER

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Background : Although surgical resection is the only curative treatment for biliary tract cancer (BTC), many patients are already difficult to resect at diagnosis. In this study, we review the results of CS for unresectable biliary tract cancer at our institution and discuss its significance.

Methods : Patients with extensive bile duct invasion, unreconstructed arteriovenous invasion, invasion of the inferior vena cava or the root of three hepatic veins (UR-LA) and distant metastases (UR-M) were considered unresectable BTC. 2007 to 2023, CS was performed in patients with a diagnosis of unresectable and expected to have a curative resection after long-term chemotherapy.

Results : Chemotherapy was administered to 167 patients of unresectable BTC (UR-LA:52, UR-M:115), and CS was performed in 16 patients (30.7%) of UR-LA and 23 patients (20.0%) of UR-M. Chemotherapy regimens were GCS:11, GC:21 and GS:8. Time from start of treatment to CS was 7.6 months. There were no hospital deaths, although 22 patients (56.4%) had severe complications of Clavien-Dindo Grade IIIa or above. 77% of patients were able to receive adjuvant chemotherapy. The R0 resection rate was 74.3%, 5-year survival and mean survival time (MST) were 52.9%/61.2m (UR-LA: 60.9%/61.2m, URM: 46.8%/49.6m) for patients treated with CS, significantly better in the group without CS (6.6%/12.1m) ($p \leq 0.001$).

Conclusions : Of the patients diagnosed as unresectable at initial diagnosis, those who underwent CS had a good long-term outcome. CS can be performed relatively safely and should be actively considered, but further accumulation and investigation of patients is needed to determine the indications, administration regimen and duration of CS.

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