

LONG-TERM ONCOLOGIC SAFETY OF LAPAROSCOPY SURGERY FOR EARLY STAGE GALLBLADDER CANCER IN A TEN-YEAR PROSPECTIVE COHORT WITH FOLLOW-UP FOR TWENTY YEARS

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Background : Gallbladder cancer (GBC) has been traditionally regarded as a contraindication for laparoscopic surgery, and several guidelines still recommend open surgery as the standard approach. The long-term oncologic safety of laparoscopic surgery for GBC remains to be validated. The aim of this study was to analyze the long-term survival outcomes of laparoscopic treatment for early GBC.

Methods : From May 2004 to December 2014, suspicious early stage GBC patients were enrolled in a prospective cohort for standardized laparoscopic treatment. Long-term follow-up data from the 45 included patients was obtained from medical records and public administration data.

Results : The median follow-up duration after surgery was 124 months. The cohort included 2 Tis (4.4%), 10 (22.2%) T1a, 8 (17.8%) T1b, and 25 (55.6%) T2 tumors. Simple cholecystectomy was performed in 13 (28.9%) patients, while the other 32 (71.1%) patients underwent cholecystectomy with lymph node dissection. Five (11.1%) patients showed recurrence, all in the form of distant metastasis. Median time to progression was 16 months. The 1-year, 3-year, and 5-year RFS rates were 95.6%, 88.7%, and 88.7%, respectively; RFS rate remained as 88.7% until 20 years without additional late recurrence. All recurred patients were of T2N1 stage. When RFS was compared between different T and N stages, patients with N1 disease showed significantly lower 5-year RFS rate compared to N0 (20.0% vs. 100%; $P < 0.001$) and Nx (20.0% vs. 90.9%; $P = 0.0045$) patients.

Conclusions : Laparoscopic surgery in early gallbladder cancer shows excellent immediate postoperative outcomes and long-term oncological safety.

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