

## **Locally advanced gallbladder cancer: neoadjuvant treatment vs. upfront surgery?**

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**Lecture :** Although diagnostic ability and surgical techniques have been improved, therapeutic outcomes of advanced gallbladder cancer (T3, T4) is still unsatisfactory because it extends multi-direction including liver, lymphatic flow, peritoneum etc. 5-year survival is about 10% in the literature. It suggests that the majority of the patients (90%) have microscopic metastasis at the initial presentation. Concerning surgical treatment, there are several options to be selected by surgical team. 1; the extent of liver resection, 2; bile duct resection/ preservation, 3; combined vascular resection, 4; addition of pancreaticoduodenectomy, 5; lymph node dissection, 6; adjuvant treatment. In our department, adjuvant chemotherapy before and after operation seems to have a survival benefit. However, there are still a small number of long-term survivors. Therefore, we have to seek further active regimens for advanced gallbladder cancer.