

Prognostic Significances of Numbers of Lymph Nodes Removed and Positive Nodes Ratio in Distal Bile Duct Cancer: A Multicenter Cohort Study

Huisong LEE

Department of Surgery, Mokdong Hospital, Ewha Womans University College of Medicine, Korea

Lecture : Introduction

The purpose of this study was to analyze the prognosis of patients with distal bile duct cancer according to the differences of numbers of removed and metastatic lymph nodes (LNs) using large-scale cohort registered in the Korean Tumor Registry System: Biliary-Pancreas (KOTUS-BP).

Methods

Forty-five surgeons from 14 tertiary hospitals participated in the KOTUS-BP cohort. Patients who underwent pancreaticoduodenectomy (PD) for distal bile duct cancer were identified. We investigated the difference of overall survival according to the numbers of resected and metastatic LNs.

Results

Of the 1,664 patients, 1,272 patients were included in the study, excluding 84 cases of benign disease and 308 cases with missing data. Median age was 66 years old (range, 20 to 90 years) and median follow-up period was 22 months (range, 0 to 273 months). When the number of removed LNs was 6 or less, the survival curves tended to be lower than those obtained when more LNs were extracted although there were no statistical significances in Kaplan-Meier survival analysis ($p = 0.363$). However, survival curves were exactly matched when 7 or more LNs were removed ($p = 0.912$). As well as, the more the number of metastatic LNs was, the worse the prognosis was.

Conclusion

The number of lymph nodes to be removed for precise staging is uncertain. However, it is advisable to remove at least 7 LNs when performing PD for distal bile duct cancer.