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Outcome of extended surgery for advanced gallbladder cancer

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Introduction : In advanced gallbladder cancer treatment, surgical resection can achieve cure of the patients. Extended surgeries including combined resection of major vessels and/or the liver and the pancreas. In this retrospective study, outcomes of our surgical treatment with aggressive approach were investigated.

Methods : Of the 114 patients who underwent resection with curative intent for gallbladder cancer between 2000 and 2017, 93 patients with advanced gallbladder cancer with T2 (SS) or more were enrolled and evaluated in the study.

Results : Among entire 93 patients, R0 resection was achieved in 86% of the patients, including 41.9% of pN+ patients. Postoperative survival rates at 1-, 3-, and 5-year were 75.8%, 40.9%, and 29.8%, respectively. Surgical procedures were distributed in 36 patients with major hepatectomy combined and extrahepatic bile duct resection (BDR), 37 patients with minor hepatectomy and BDR, 8 patients with pancreaticoduodenectomy, and 9 patients with hepatectomy and PD. Combined portal vein and/ or hepatic artery resection were performed in 49.5% of the patients. Five- year overall survival rate of patients with R0 resection (n=80) were significantly better than those with R1 resection (n=13) (33.4% vs 0% (p=0.003). Patients with pN+ (41.9%) survived significantly shorter than those without node metastasis (p=0.005).

Conclusions : The long-term outcome of the patients with R1 or pN+ were absolutely poor. In this situation, selecting node-negative candidates, achieving reliable R0 resection, and administering effective adjuvant chemotherapy might be essential for improving treatment outcomes.

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