



ABST-0284

Gall Bladder Cancer Registry Report From Indian Subcontinent: Real World Data Of 2300 Patients Highlighting Gaps In Cancer Care Delivery And Dire Need Of Change In Management Paradigm

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Background : Global disparity in incidence of gallbladder cancer (GBC) precludes uniformity of management strategies in this aggressive disease. There is a lack of real-world data from high incidence regions of the world leading to gaps in care delivery against GBC.

Methods : The current study is a retrospective analysis of prospectively maintained gallbladder cancer registry in Indo-Gangetic region. Data pertaining to disease and treatment (surgical and non-surgical) characteristics of all patients registered in the GBC outpatient clinic between August 2019 and January 2021 was captured.

Results : There were 2294 patient registrations in the GBC outpatient clinic, accounting for 9% of all hospital new patient registrations. Median age was 54 years and 1569 were lady patients and 725 male patients (F: M – 2.16). 157 patients were referred with a diagnosis of incidental GBC (iGBC), while the remaining 2137 patients had per-primus disease. After the preliminary staging investigations, the stage wise distribution was as follows: early disease - 202 (8.8%), locally advanced disease – 543 (23.6%) and metastatic disease – 1549 (67.5%). 950 patients (41.3%) defaulted during the course of diagnostic workup or during treatment prior to treatment completion. Overall, only 121 patients (5.32 %) underwent curative resection. 709 (30.9%) had obstructive jaundice (OJ) at presentation and 509 of these were advised biliary drainage. Remaining 200 patients with OJ (8.7%) were not deemed fit for any treatment and advised only supportive care. Amongst patients with OJ, 408 patients (57.5%) had metastatic disease and only 102 patients (14.4%) received neoadjuvant chemotherapy (NACT). Of these 102 patients, only 27 patients (26.5%) had response to NACT and were planned for definitive surgery (radical cholecystectomy with bile duct excision +/- hepatectomy) and remaining 75 patients (73.4%) either progressed or could not complete NACT. Only, 27 out of 709 patients with OJ (3.8%) could undergo definitive surgery.

Conclusions : Indian subcontinent has a high incidence of GBC (especially Gangetic belt), accounting for 9% of all registrations amongst solid malignancies. Most of the patients present with advanced stage disease (only 8.8% had operable disease). Advanced disease has inherently poor prognosis and key to improving the outcomes probably lies in early identification, making a case for population based screening. Obstructive jaundice at presentation is a complex treatment challenge in terms of biliary drainage, lack of effective chemotherapy and a dismal proportion (3.8%) undergo curative treatment.

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