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Timing For A Surgically Safe And Oncologically Prompt Pancreatoduodenectomy After Preoperative Biliary Drainage In Patients With Bile Duct Cancer

Okjoo LEE¹, So Jeong YOON², Hyun Jeong JEON², HyeJeong JEONG², Soo Yeun LIM², Hongbeom KIM², In Woong HAN², Jin Seok HEO², Sang Hyun SHIN*²

¹Surgery, Soonchunhyang University Bucheon Hospital, REPUBLIC OF KOREA

²Surgery, Samsung Medical Center, REPUBLIC OF KOREA

Background : Preoperative biliary drainage (PBD) is commonly performed in patients with bile duct cancer. It has been reported that PBD increases complications after pancreatoduodenectomy (PD), but there are insufficient data regarding proper timing of surgery. This study aimed to investigate the optimal timing for both surgically and oncologically safe PD followed by PBD.

Methods : Clinicopathological data of patients who underwent PD after PBD for mid to distal bile duct cancer between 2018 and 2020 were retrospectively reviewed. Risk factor analysis was performed to identify clinical association between PBD and surgical or survival outcomes. Dose-response curves were plotted to indicate the effect of the time interval between PBD and PD on each outcome.

Results : This retrospective study was conducted on 130 patients, and finally 109 PBD performed patients were enrolled for analysis. In multivariable analysis, PBD around 20 days before PD was significantly associated with a better survival rate after adjusting for other risk factors (hazard ratio=0.119, 95% confidence interval=0.028–0.500, p=0.004). According to the adjusted dose-response graph, the rate of postoperative complications, pancreatic fistula, recurrence, and survival was lower when PD was performed around 20 days after PBD.

Conclusions : In bile duct cancer patients, the rate of postoperative complications was lower with fair survival outcomes when PD was performed around 20 days after PBD. A large-scale, prospective, randomized study is needed to further investigate the both surgical and oncological effects of PBD in mid to distal bile duct cancer patients.

Corresponding Author : **Sang Hyun SHIN** (surgeonssh@gmail.com)