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Is Surgery Justified For Perihilar Cholangiocarcinoma In Elderly Patients over 75 Years Old?

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Background : Whether operative treatment provides benefits for elderly patients with perihilar cholangiocarcinoma remains unknown. This study aimed to clarify the safety and efficacy of elderly patients who underwent resection for perihilar cholangiocarcinoma.

Methods : A retrospective analysis was conducted of 311 patients who underwent curative intent surgery for perihilar cholangiocarcinoma between January 1992 and December 2021. We compared the clinicopathological characteristics between elderly patients over 75 years old (n=92, E group) and non-elderly patients under 75 years old (n=219, NE group).

Results : The mean age in the E group and NE group was 78 and 63 years, respectively. Serum albumin level was significantly lower in the E group ($p<0.001$). The E group tended to undergo less invasive procedures (E group 24%, NE group 14%, $p=0.047$) associated with significantly shorter operative time (E group 764 ± 191 , NE group 807 ± 162 minutes, $p=0.020$), and less blood loss (E group 1787 ± 1723 ml, NE group 2260 ± 2206 ml, $p=0.034$). There was no difference in the R0 resection rate or the incidence of postoperative complications. However, postoperative hospital stay was significantly longer in the E group (E group 47 ± 48 days, NE group 37 ± 36 days, $p=0.038$). Adjuvant chemotherapy was administered significantly more frequently in the NE group ($p=0.008$). There was no difference in the 5-year survival rate (E group 36%, NE group 39%, $p=0.400$).

Conclusions : Resection of perihilar cholangiocarcinoma can be performed relatively safely in elderly patients with careful preoperative evaluation and appropriate surgical technique selection. The prognosis is comparable to that of non-elderly patients.

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