



ABST-0457

Survival Outcome Of R1 Hilar Resection Cannot Overcome Survival Of R0 Pancreaticoduodenectomy Even Considering Complication Rate Or Adjuvant Treatment In Mid Bile Duct Cancer.

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Background : Hilar resection (HR) is commonly converted to pancreaticoduodenectomy (PD) to reach the R0 resection. However, the wider surgical extent, the higher complication rate, which consequently makes it impossible to apply adjuvant treatment. This study aimed to investigate the appropriate operation type considering margin status, complication rate, and adjuvant treatment in mid-bile duct cancer.

Methods : From 2008 to 2017, 536 mid-bile duct cancer patients in Samsung-Medical-Center were enrolled. Survival outcomes were analyzed according to the operation type, margin status, presence of complications and adjuvant treatment. The R1 resection was defined as margin with carcinoma.

Results : Of 536 patients, the R1 rate was 10% (14/139) in HR and 2.0% (2/397) in PD ($p=0.001$). The 5-year survival rate of R0 was 54.4% and that of R1 was 34.1% ($p=0.007$). The prognostic factor affecting overall survival in mid-bile duct cancer were age, CA19-9, T-stage, N-stage, and margin status, not included operation type, complication, and adjuvant treatment. The complication rate was of HR was 10.8%, and that of PD was 29.7% ($p<0.001$). There was no difference in adjuvant treatment rate according to the presence of complication ($p=0.549$). The survival rate of PD patients with R0 resection who couldn't follow chemotherapy due to complication is better than that of HR patients with R1 resection following adjuvant treatment ($p=0.022$).

Conclusions : Since the improvement of surgical techniques and the ability to solve complications, the presence of complications has little effect on survival. Therefore, In the case of carcinoma R1, PD should be performed in mid-bile duct cancer.

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