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## Significance Of Adjuvant Therapy For Distal Bile Duct Cancer

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**Background** : In our department, patients with invade other organs or have lymph node metastasis are considered high-risk factors and indicated for adjuvant therapy. In this study, we retrospectively evaluated the efficacy of adjuvant treatment for distal bile duct cancer with high-risk factors

**Methods** : Of the 160 cases of resected distal bile duct cancer between 2003 and 2021, 116 patients with high-risk factors were included in this study. Patients were divided into two groups: those who received adjuvant therapy (Adj(+)) and those who did not (Adj(-)).

**Results** : There were 69 cases in Adj(+) group and 47 cases in Adj(-) group. In Adj(+) group, 63% of patients received gemcitabine and 33% received S-1 as adjuvant therapy. Patients in Adj(+) group were significantly younger than those in Adj(-) group (69 vs 73 years old,  $p=0.003$ ). Postoperative complications tended to be more frequent in patients in Adj(-) group (40.6% vs 57.4%,  $p=0.074$ ). The median recurrence-free time was 29.1 months in Adj(+) group and 12.5 months in Adj(-) group ( $p=0.078$ ). The median survival time was 44.2 months in Adj(+) group and 30.1 months in Adj(-) group ( $p=0.008$ ).

**Conclusions** : Adjuvant therapy can prevent recurrence and prolong survival in the patients of distal bile duct cancer with high-risk patients. Old age and postoperative complications may be factors in failure to introduce adjuvant therapy.

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