

**BP SY 2-1****Curative re-resection after incidental gallbladder cancer: When and how?**

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Lecture : Gallbladder cancer (GBC) is a rare disease, but the prognosis is poor. Resection is the only potentially curative treatment option. A number of studies have elucidated that re-resection improves the survival of patients who are diagnosed with incidental GBC. In this session, the indication and optimal timing of re-resection for incidental GBC, and the safety of a minimally invasive approach in sequential radical cholecystectomy for incidental GBC will be discussed. There is no doubt that sequential radical cholecystectomy can improve the survival of patients with T2 GBC. However, there is debate about re-resection for T1b GBC. Many studies demonstrated the presence of lymph node metastasis in T1b GBC and the survival improvement by sequential radical cholecystectomy in T1b GBC. By contrast, several studies reported that the survival outcome of simple cholecystectomy (SC) and radical cholecystectomy (RC) are comparable. The optimal timing of re-resection is not clear. Oh et al reported that the group of patients who underwent sequential RC within 28 days showed better survival compared to those over 28 days. Ethun et al reported that re-resection between four and eight weeks is associated with better survival outcomes. Recent studies demonstrated the safety and feasibility of minimally invasive radical cholecystectomy (MI-RC). The survival and operative outcomes of MI-RC were comparable to open RC.