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## Oncologic Safety Of Robotic Extended Cholecystectomy For Gallbladder Cancer

<u>Won-Gun YUN</u>, Young Jae CHO, Hye-Sol JUNG, Mirang LEE, Youngmin HAN, Wooil KWON, Jin-Young JANG\*

Department Of Surgery And Cancer Research Institute, Seoul National University College Of Medicine, 101 Daehak-ro, Chongno-gu, Seoul, REPUBLIC OF KOREA

**Background** : Although robotic surgery has been increasing in early-stage gallbladder cancer (GBC), clinical feasibility and oncologic safety of robotic extended cholecystectomy (REC) for advanced GBC are still unclear. Therefore, in this study, we aimed to evaluate the oncologic outcomes of REC compared with those of open extended cholecystectomy (OEC).

**Methods** : A total of 125 patients, who underwent extended cholecystectomy for GBC with tentative T2 or higher stage between 2018 and 2021, were included and stratified by surgical methods. To minimize the confounding factors, 1:1 propensity-score matching was performed between the patients who underwent REC and those who underwent OEC.

**Results** : Regarding short-term outcomes, the REC group showed significantly lower estimated blood loss (382.7 vs. 717.2 mL, P = 0.020) and shorter hospital stay (6.9 vs. 8.5 days, P = 0.042) than the OEC group. In addition, the REC group had significantly lower subjective pain scores than the OEC group from the day of surgery through the 5th postoperative day (P = 0.006). Regarding long-term outcomes, there were no significant differences in the 5-year overall survival (OS) and disease-free survival (DFS) rates between the REC group (OS, 92.3%; DFS, 72.5%) and the OEC group (OS, 96.8%; DFS, 78.2%) (P = 0.807 for OS and 0.991 for DFS).

**Conclusions** : In this study, REC showed superior short-term outcomes to OEC and no difference in longterm survival outcomes. Additionally, REC was superior to OEC in terms of postoperative pain. Therefore, REC may be a feasible option with early recovery compared with OEC for patients with advanced GBC.

Corresponding Author : Jin-Young JANG (jangjy4@gmail.com)