

**EP 097**

The Significance Of Radical Resection In T2 GB Cancer

Yunkyung WOO¹, Dongdo YOU^{*1}, Taeho HONG², Jaehyun HAN¹, Hojung CHOI², Kwangyeol PAIK³

¹Surgery, The Catholic University Of Korea St. Vincent's Hospital, REPUBLIC OF KOREA

²Surgery, The Catholic University Of Korea Seoul St. Mary's Hospital, REPUBLIC OF KOREA

³Surgery, The Catholic University Of Korea Yeouido St. Mary's Hospita, REPUBLIC OF KOREA

Background : AJCC 8th Edition has proposed tumor location of GB cancer is included in T2 stage.

Methods : Between 2010 to 2019, a consecutive series of 118 patients with pathologic T2 gallbladder carcinoma that underwent surgery at Seoul St. Mary Hospital and St. Vincent Hospital were retrospectively analyzed. Review of pathologic slides and preoperative image for tumor location were performed. Wedge or IVb/V of hepatic resection and harvested lymph node ≥ 3 lymph node are the definition of radical resection.

Results : The accuracy of preoperative tumor location was 75 of 110 (68%) patients. Univariate analysis shown that increased CA19-9, tumor differentiation, perineural invasion, N stage were associated with overall survival and increased CA 19-9, perineural invasion and radical resection still remained to be prognostic factor in multivariate analysis.

Conclusions : The surgical approach based on preoperative tumor location might be hazardous. Extended cholecystectomy includes hepatic resection and harvested lymph node ≥ 3 lymph node could improve overall survival

Corresponding Author : **Dongdo YOU** (tzanggu@catholic.ac.kr)