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# Oncological Outcome Of Proximal And Mid Extrahepatic Bile Duct Cancer According To The Surgical Extend (Is The Segmental Bile Duct Resection Justified?)

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**Background** : Although surgical resection is the only potentially curative therapy for proximal-mid bile duct cancer, there is no right answer as to whether bile duct resection alone is sufficient or whether liver resection or pancreas resection should be accompanied from initial planning. This study aims to determine the surgical extent from an oncological outcome in proximal-mid bile duct cancer.

**Methods** : Among the patients who underwent surgery for proximal-mid bile duct cancer, hepatic resection, hilar resection and pancreas resection patients were included. The analysis was conducted by dividing into two groups; Hilar resection vs. hepatic resection(analysis A), and hilar resection vs. pancreas resection(analysis B). Clinicopathologic characteristics and survival analysis were compared according to the operation type. The propensity score matching(PSM) was performed based on age, sex, bile duct invasion, lymph-node status, and R status.

**Results** : Total 175 patients were finally included. R0, R1, R2 resection rate was 58.9%, 30.3%, and 10.9% respectively. Only for the curative-intent surgery, R0 resection showed a tendency for higher survival than R1 resection.(median 54 months. vs. 43 months; p=0.090 for analysis A, median 60 months vs. 35 months; p=0.018 for analysis B). There was no survival difference according to operation type before and after PSM.(median 45 months vs. 27 months; p=0.785 for analysis A, vs. 63 months; p=0.171 for analysis B, after PSM p=0.465 for analysis A, p=0.652 for analysis B)

**Conclusions** : In proximal-mid bile duct cancer, surgical extent planning for R0 resection is more important than an absolute single surgical method.

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