

## Oncologic And Long-term Outcomes Of Laparoscopic And Open Extended Cholecystectomy For Gallbladder Cancer

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**Background :** Laparoscopic surgery has been traditionally contraindicated for gallbladder cancer (GBC), but there have been few reports demonstrating the oncologic outcomes of this treatment. This study aimed to compare the perioperative outcomes and long-term survival after laparoscopic versus open extended cholecystectomy for GBC.

**Methods :** Between January 2011 and December 2018, 44 patients with GBC who underwent extended cholecystectomy were included in this study, with 20 patients in the laparoscopic group and 24 patients in the open group. Perioperative outcomes, overall survival (OS), and recurrence-free survival (RFS) were retrospectively analyzed.

**Results :** There were no significant differences ( $p>0.05$ ) between the two groups in terms of perioperative outcomes, including blood loss, postoperative complications, R0 resection, and the number of lymph nodes retrieved. Patients in the laparoscopic group showed better OS than those in the open group (5-year OS: 84.7% vs. 52.5%;  $p=0.031$ ). On subgroup analysis of patients with stage T2 and N0 disease, the laparoscopic group showed better OS (T2: 90.9% vs. 75%,  $p=0.073$ ; N0: 100% vs. 75%,  $p=0.021$ ). There was no difference in terms of RFS (3-year RFS: 73.6% vs. 64%;  $p=0.417$ ) and locoregional recurrence (10% vs. 16.9%,  $p=0.895$ ) between the two groups. There was no port-site recurrence in the laparoscopic group.

**Conclusions :** This study shows that laparoscopic extended cholecystectomy is non-inferior to open surgery in terms of perioperative and oncologic outcomes in selected patients with GBC.

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