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Prognostic factors following surgical resection of distal bile duct cancer

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Introduction: Although various diagnostic tools and surgical standardization for distal bile duct cancer have been developed and survival rate has been improved, prognosis after surgery is not satisfactory. Moreover, although several prognostic factors for distal bile duct cancer have been suggested, there are still many controversies. This study was conducted to analyze the prognostic factors of distal bile duct cancer after surgery and to find factors to enhance survival.

Methods: 241 patients who underwent pylorus-preserving pancreaticoduodenectomy (PPPD) or Whipple's procedure in Samsung Medical Center from Feb 1995 to Jun 2011 were analyzed retrospectively. All the patients were pathologically proved with distal bile duct adenocarcinoma. We investigated the postoperative complications, survival, and prognostic factors after resection of distal bile duct cancer.

Results: 166 patients (68.9%) were male and 75 (31.3%) female patients were enrolled, and their median age was 63 years old (31-88). Median follow-up duration was 17 (2-177) months. 171 patients (71.0%) underwent PPPD and 70 patients (29.0%) underwent classical Whipple's procedure. The postoperative morbidity and mortality rates were 44.8% and 1.7%, respectively. Five-year survival rate was 48.3% and median survival duration was 73.0 (30.9-115.1) months. Preoperative elevated CA 19-9 level ($p=0.006$), positive resection margin ($p<0.001$), advanced T stage ($p=0.043$), and lymph node metastasis ($p=0.002$) were significantly independent worse prognostic indicators by multivariate analysis of resectable distal bile duct cancer.

Conclusions: As expected, surgical resection margin was proved to be a significant worse prognostic factor. Therefore, intraoperative frozen section should be utilized very aggressively to achieve R0 resection. For the distal bile duct cancer with elevated preoperative CA 19-9 level or advanced stage, additional study on postoperative adjuvant treatment may be warranted.