Aggressive surgical strategy of locally advanced hilar cholangiocarcinoma

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When you consider surgical strategy for locally advanced hilar cholangiocarcinomas, there are several points of view. At first, in hepatectomy, there are several procedures of hepatectomy for the surgical treatment of hilar cholangiocarcinoma. Right sided hepatectomy, left sided hepatectomy, central hepatectomy such as parenchyma-preserving hepatectomy, extended hilar bile duct resection using transhepatic anterior approach.. The second issue for appropriate surgical resection is combined vascular resection. Portal vein, hepatic artery, hepatic vein, and IVC are usually involved by advanced hilar cholangiocarcinomas. Surgical margin-free, curative resection has brought about 37% of 5-year survival. On the contrary, non-curative resection has resulted in 5.6% of 5-year survival, which was significantly worse than that of the curative resection group, but significantly better than the survival of the irresectable patients. In the curative resection, the non-vascular resection group had significantly better survival than the vascular resection group, 42% of 5-year survival rate. Surgical mortality rate was relatively high in right-sided hepatectomy, but was not statistically significant. The survival after resection was not significantly different between two groups of right-sided and left-sided hepatectomies. In the cases of combined portal vein resection, survival of left-sided hepatectomy was comparable to that of right-sided hepatectomy. Left-sided hepatectomy is a safe procedure and represents the only curative resectional option for type IIIb hilar cholangiocarcinoma.

Like this, surgical resection is the only method for curative treatment of biliary tract cancer (BTC). However, there are many cases of initially unresectable or boderline respectable locally advanced cholangiocarcinoma. Recently, an improved efficacy has been revealed in patients with initially unresectable locally advanced cholangiocarcinoma to improve the prognosis by the advent of useful cancer chemotherapy. We evaluated the effect of downsizing chemotherapy in patients with initially unresectable locally advanced cholangiocarcinoma. Chemotherapy with gemcitabine and/ or CDDP was given to 22 patients with initially unresectable locally advanced BTC. Tumor was significantly down-sizing in nine patients and surgical resection was performed in eight of 22 patients (36.4%). Surgical resection resulted in R0 resection in four patients and R1 resection in four patients. Patients who underwent surgical resection had a significantly longer survival compared with those un-

able to undergo surgery.

Preoperative chemotherapy enables the down-sizing of initially unresectable locally advancedcholangiocarcinoma, with radical resection made possible in a certain proportion of patients. Down-sizing chemotherapy should be proactively carried out as a new multidisciplinary treatment strategy for the patients with initially unresectable locally advanced cholangiocarcinoma for the aim of expanding the surgical indication.