

**BP PP 4-7****Impact of Longitudinal Tumor Location on Postoperative Outcomes in Patients Undergoing Resection for Gallbladder Cancer: Fundus and Body vs. Neck and Cystic Duct**Sanghyun SONG, Kil Hwan KIM, Sungho JO*Department of Surgery, Dankook University College of Medicine, Korea*

Introduction : It is known that gallbladder cancer (GBC) in the neck or cystic duct (NC-GBC) has a better prognosis than GBC in the fundus or body (FB-GBC), but systematic studies on this are insufficient. We performed this study to investigate the impact of longitudinal tumor location on postoperative outcomes in patients undergoing resection for GBC.

Methods : A retrospective study was conducted for patients who underwent a radical resection for GBC from February 2008 to November 2017 at the Dankook University Hospital. A total of 98 patients underwent surgery for GBC, of which 77 patients who underwent curative intent surgery were included in the study. They were classified into FB-GBC and NC-GBC groups according to longitudinal tumor location, and the postoperative outcomes were compared and analyzed.

Results : There were no significant differences in the clinicopathological characteristics, TNM stage, postoperative complications, and in-hospital mortality between two groups. However, NC-GBC significantly showed more sclerotic gross type, poorer differentiation, and more lymphatic and perineural microinvasion. The radical resection rate was statistically higher in FB-GBC group (93.1% vs. 73.7%, $p=0.036$) and adjuvant 5-FU based CCRT was more carried out in NC-GBC group (19.0% vs. 57.9%, $p=0$). The recurrence rates after surgery was statistically higher in NC-GBC group (25.9% vs. 52.6%, $p=0.047$), but there were no differences in disease-free survival (DFS) and overall survival (OS).

Conclusions : Although NC-GBC showed more aggressive microscopic pathological findings and higher recurrence rate than FB-GBC, there were no differences in DFS and OS according to longitudinal tumor location of GBC.

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