

**BP SY 2-2****Extended surgery for mid-CBD cancer - Results from Japan-Korea
collaboration study**

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It was not clear whether pancreaticoduodenectomy (PD) or bile duct segmental resection (BDSR) was superior for localized middle bile duct cancer (mid-BDC).

Aim:

To investigate the short- and long-term outcomes of mid-BDC patients treated with PD compared to those for BDSR. Methods: This was a retrospective, Japanese and Korean multi-center collaboration study (UMIN000017914) based on patients' medical records.

Results:

A total of 663 patients, including 245 BDSR and 418 PD cases, were enrolled. Postoperative pancreatic fistula incidence, surgical site infection in the organ space, and clinically problematic morbidities were significantly higher in the PD group. However, there was no difference in the mortality rate. Local and lymph node recurrence rates were significantly higher in the BDSR group. Overall survival was significantly longer in the PD group. Subgroup analysis revealed that the PD group had significantly better prognosis in early stage (stage IA/IB) cases which were the best indicators for BDSR, even when R0 resection was achieved. In multivariate analysis, BDSR was an independent poor prognostic factor.

Conclusion:

Although the inferior short-term outcomes, our data advocate that PD should be the standard procedure for mid-BDCs and that BDSR should be avoided. (Hayashi H, et al. J Hepatobiliary Pancreat Sci. 2020; 27: 289-298.)