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Prognostic significance of tumor location in T2 gallbladder: A systematic review and meta-analysis

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Introduction: The purpose of this study is to examine the existing evidence to determine the prognostic significance of tumor location of T2 gallbladder cancer (GBC) and to evaluate the optimal surgical extent according to tumor location.

Methods: Eligible studies examining the association between tumor location of T2 GBC and survival were sought using the Medline, Cochrane, and EMBASE databases to September 2020. The primary endpoint was overall survival according to tumor location. All statistical analyses were performed using Comprehensive Meta-Analysis version 2.0.

Results: Seven studies were deemed eligible for inclusion representing a cohort of 1,789 case of resected T2 GBC. The overall survival for T2a tumor was significantly better than that for T2b tumor (hazard ratio [HR], 2.141; 95% confidence interval [CI], 1.140 to 4.023; I² = 71.4%; Pchi² = 0.007). The rate of lymph node metastasis was lower in T2a group compared with that in T2b group (odd ratio [OR], 2.164; 95% CI, 1.309 to 3.575; number needed to benefit [NNTB], 3.6; 95% CI, NNTB 3.1 to NNTB 4.3). There was no evidence of a survival difference between extended cholecystectomy and simple cholecystectomy in T2a GBC (OR, 0.802; 95% CI, 0.618 to 1.042; I² = 0.0%; Pchi² = 0.928) and T2b GBC (OR, 0.816; 95% CI, 0.622 to 1.070; I² = 0.0%; Pchi² = 0.512).

Conclusions: Tumor location was significantly associated with the prognosis of T2 GBC patients. Extended cholecystectomy and simple cholecystectomy showed comparable survival outcomes in T2 GBC.

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