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Long-term oncologic impact of postoperative chemotherapy in resected distal bile duct cancer

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Introduction: Distal cholangiocarcinomas have the highest resectability rates while proximal tumors have the lowest. Majority of cases still recur despite complete surgical resection. Adjuvant systemic chemotherapy as well as radiotherapy-based regimens after resection was continuously needed. Long-term oncologic impact of postoperative chemotherapy in resected distal bile duct cancer is limited. Detailed selection of patients receiving adjuvant therapy may be important.

Methods: The study was based on retrospective review of surgically resected distal bile duct cancer in the Severance Hospital from 2004 to 2019. Total 344 patients who received postoperative adjuvant therapy (POAT) or observation were matched by propensity score. Among the 344 patients, 176 patients were matched with propensity score, adjusted for age and American Joint Committee on Cancer (AJCC) stage.

Results: There is no significant difference in overall survival (OS) according to POAT ($p = 0.193$). In multivariate analysis of factors associated with OS and progression free survival (PFS), patients with advanced N stage have poor OS ($p = 0.022$; hazard ratio [HR], 2.093; 95% confidence interval [CI], 1.109–3.748). PFS shows significant differences among patients who received R1 resection ($p = 0.006$; HR, 1.818; 95% CI, 1.183–2.795) or pathologically diagnosed with lymphovascular invasion ($p = 0.020$; HR, 1.559; 95% CI, 1.075–2.264) and perineural invasion ($p = 0.013$; HR, 1.904; 95% CI, 1.143–3.173).

Conclusions: In Yonsei data-base, there is no survival benefit according to POAT in distal bile duct cancer. Regarding patients' quality of life, six months of chemotherapy alone is an option due to side effects.

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