SHORT-TERM AND LONG-TERM CLINICAL OUTCOMES OF COMBINED MAJOR VESSEL RESECTION FOR HILAR CHOLANGIOCARCINOMA: A PROPENSITY SCORE ANALYSIS

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A retrospective cohort study of 310 patients found that combined vascular resection during radical surgery for hilar cholangiocarcinoma was associated with improved overall and disease-free survival compared to surgery without vascular resection, with no significant difference in perioperative outcomes.

KEY POINTS

- Patients who received portal vein resection had significantly longer overall survival (p=0.023) and disease-free survival (p=0.010) compared to those without portal vein resection.
- Arterial vascular resection was associated with improved overall survival (p=0.036) and disease-free survival (p=0.029) compared to surgery without arterial resection.
- After propensity score matching, there was no statistically significant difference in perioperative clinical outcomes between the vascular resection group and the non-vascular resection group.
- Postoperative complications of combined vascular resection did not worsen long-term survival (OS: p=0.159; DFS: p=0.112).
- The authors conclude that radical surgical resection with vascular resection should be actively performed in these patients, though this is a retrospective single-centre study conducted from 2007 to 2018.

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