

**Cholangiocarcinoma:**  
**Have we made progress in the surgical management?**

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**Different location**

- Intrahepatic ICC
- Perihilar phCCC, Klatskin
- Distal Gablaca
- dCCC

**Treatment strategies**

- Different sites require specific surgical therapy
  - ICC: size dependent resection
  - phCCC: extended hepatectomy
  - Gablaca: invasion defines magnitude of resection
  - dCCC: part. Duodenopancreatectomy
- Importance of special radiological evaluation
- Multidisciplinary approach
  - Necessity of preOP biliary drainage
  - Induce secondary resectability

**ICC**

**ICC - outcome**

Type of resection	Resection (n)	
	Primary (n, patients) (%)	Secondary (n, patients) (%)
Cholecystectomy	3 (6)	
Right	9 (13)	
Right/extrahepatic	14 (16)	
Right	16 (22)	
Tricystectomy	4 (5)	
Right/extrahepatic	8 (9)	
Tricystectomy	4 (5)	1 (4)
Right/extrahepatic	13 (28)	10 (15)
Total	74 (88)	17 (20)

**Tamandl, et al. ASO 2008**

	Adjusted hazard ratio	p <sup>***</sup>
Overall survival		
Length node ratio	0.91 (0.52, 1.54)	0.714
Vascular invasion	3.01 (1.12, 8.13)	0.030
Tumour size	1.10 (0.94, 1.30)	0.010
Recurrence-free survival		
Length node ratio	10.83 (2.04, 59.31)	0.003
Tumour differentiation	7.52 (1.64, 35.43)	0.003

**Urgent Need of multidisciplinary approach!**

*Tamandl, et al. EJS in press*

**Secondary resectability**

Parameter

Male/female

ECG performance status

Location

**phCCC**

Type I, Type II, Type IIIa, Type IIIb, Type IV

ERCP

MRCP

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**phCCC**

Survival (%) vs Time (years)

Time (years)	Group A (1997-2005) (%)	Group B (1979-1996) (%)
0	100	100
3	62.8%	29.2%
5	44.3%	25.0%
10	16.7%	16.7%

P=0.0495\*

Exter Hepa

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**Gablaca**

Survival vs Time

TNM Stadium: Tis, T1a, T1b, T2, T3, T4

N0, N1, N2, M1

UICC Stadium: 0, IA

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**distalCCC**

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**Conclusion**

- Tumor type separation essential
- Radiological differentiation of vascular invasion
- Interdisziplinäre decision upon preOP biliary drainage
- preOP necessity of PVE dependent upon FRL and liver function
- Ligamentary lymphadenektomy reasonable
- Reresektion of Gallbladder cancer dependent upon pathological staging
- Prospektive Evaluation of adjuvant therapy in CCCs in preparation
- Multidisciplinary setting has improved results

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Questions

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