




ASO VISUAL ABSTRACT

ASO Visual Abstract: Rational Extent of Regional Lymphadenectomy and the Prognostic Impact of the Number of Positive Lymph Nodes for Perihilar Cholangiocarcinoma

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In patients with perihilar cholangiocarcinoma, the common hepatic artery and posterior superior pancreaticoduodenal node groups should be considered regional nodes in addition to node groups in the hepatoduodenal ligament. The

number-based nodal classification allows for these patients to be stratified prognostically (<https://doi.org/10.1245/s10434-023-13361-2>).

Rational Extent of Regional Lymphadenectomy and the Prognostic Impact of the Number of Positive Lymph Nodes for Perihilar Cholangiocarcinoma

Background

Perihilar cholangiocarcinoma

- AJCC TNM staging system
- UICC TNM staging system
- Japanese TNM staging system

The definition and classification of regional lymph nodes are not standardized



Curative-intent surgery

Methods



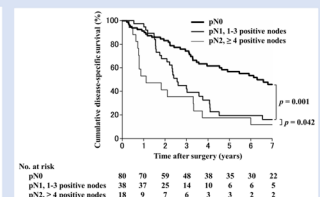
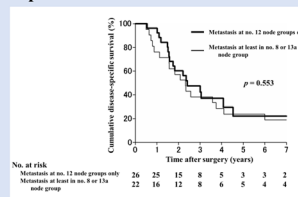
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The incidence of metastasis and survival of patients with metastasis were calculated for each node group

136 patients with perihilar cholangiocarcinoma who underwent curative-intent surgery

Results

- The incidence of metastasis for no. 12 node groups ranged from 3.7% to 25.4%, with 5-year DSS of 12.9% to 33.3% in patients with metastasis.
- The incidence of metastasis in no. 8 and no. 13a node groups was 14.4% and 11.2%, respectively, with 5-year DSS of 16.7% and 20.0% in patients with metastasis.



Conclusions

- ✓ No. 8 and no. 13a node groups should be considered regional nodes in addition to no. 12 node groups and should be dissected.
- ✓ The number-based regional nodal classification allows patients with this disease to be stratified prognostically.

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