Aggressive surgery for advanced Mass-forming Cholangiocarcinoma

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Mass-forming cholangiocarcinoma (MFCCC) is a disease at increasing incidence. Liver resection is the standard treatment, while chemotherapy to now has a limited effectiveness. Five-year survival rates after complete surgery range between 20 and 35%. A negative surgical margin is part of the standard treatment of MFCCC. The margin width, if negative, does not impact the outcome, while a positive margin (<1 mm, R1 resection) is associated with higher local recurrence rate and worse survival.

Our group introduced a different type of R1 resection, named R1vasc, and consisting in the detachment of tumor from major intrahepatic vessels in absence of sign of infiltration. Recently, we confirmed the suitability of this approach in patients both affected by colorectal liver metastases, and HCC. R1vasc resection had a local disease control and survival equivalent to R0 resection, and superior to standard R1 resection, namely when the tumor is exposed during parenchymal dissection (R1 parenchyma, R1par). MFCCC are usually diagnosed at an advanced stage as large centrally-located masses and often have wide contact with major intrahepatic vessels. In these conditions, the detachment of MFCCC from vessels could shift to resectability otherwise unresectable patients (bilateral vascular contact). Therefore, R1vasc policy in these patients would be of high relevance since it may open as it did for CLM and HCC new surgical options then increasing resectability.

However, in MFCCC patients, R1vasc and R1par behaved similarly and largely inferiorly to R0. Even survival of the R1vasc group was lower than R0 group, although, in this sense, it must be taken into account that R0 group was also featured by a significantly lower tumor burden. So far, R1vasc should be limited just in patients with MFCCC otherwise unresectable. This is anyhow a relevant results since 3/4 -2/3 of these patients may benefit of long-term course without local recurrences.