

Epidemiology, Aetiology and Multimodal Therapy in Cancer Gallbladder

*N.C. Misra**

MS, FICS, FAMS, FRCS

Ex-Professor and Head, Department of Surgery
King George's Medical College, Lucknow and
Director Lucknow Cancer Centre, Lucknow, India

Abstract

Carcinoma gallbladder is the most common malignancy of the biliary tract and the fifth most common gastrointestinal cancer. High incidence rates of gallbladder cancer have been described from North India. Despite the fact that the precise etiology of this disease is ill understood there is a strong association between carcinoma gallbladder and cholelithiasis. Majority of patients present as advanced disease with unfavorable prognosis and poor results of treatment. Radical surgery is the main stay of curative intent treatment for gallbladder cancer. Extended or radical cholecystectomy when feasible is the standard treatment for resectable carcinoma gallbladder. A small but increasing proportion of incidental cancers detected during or after cholecystectomy is being also seen. These patients are generally in an early stage of disease and potentially more curable by a completion radical cholecystectomy, especially indicated for patients whose disease is pT1b or beyond. Patients with advanced stage III or IV disease can be taken up for more complex and usually high risk and morbid extended resections like hepatopancreaticoduodenectomy. Patients not fit for such major resection or found unresectable on imaging or exploration are usually offered palliative treatment. This may be in the form of a surgical palliation (e.g. palliative bypass for gastric outlet, bowel or biliary tract obstruction) endoscopic biliary stenting (for obstructive jaundice) or palliative chemotherapy. Chemotherapy for gallbladder cancer is generally used in the palliative setting. Gemcitabine, cisplatin, 5-fluorouracil, mitomycin and capecitabine are some of the effective agents. We have reported overall response rates of 55% with the combination of gemcitabine and cisplatin in patients with advanced carcinoma gallbladder. Patients with advanced gallbladder cancer and jaundice who undergo stenting followed by chemotherapy show a response and survival similar to those who present without jaundice.

Keywords : Carcinoma gallbladder, Radical cholecystectomy, Chemotherapy for gallbladder cancer.

