

Feasibility of Predicting Incidental Gallbladder Cancer:

An Interim Analysis of Feasibility Outcomes of a Trainee-Led, Multi-Centre Diagnostic Modelling Study

Oliver D Brown^{1,2}, Thomas Mindos¹, Lexy Sorrell², Jos M Latour², Somaiah Aroori^{1,2}, The Predicting Incidental Gallbladder Cancer Collaborative

¹University Hospitals Plymouth NHS Trust ²University of Plymouth

AT A GLANCE



The primary aim of this study (fP-iGBC) was to assess the feasibility of conducting a diagnostic modelling study for incidental gallbladder cancer in cholecystectomy.



fP-iGBC shows that a high-quality, prospective dataset for adult cholecystectomy can be collected using a trainee-led collaborative.



Post-operative histology will unexpectedly diagnose incidental gallbladder cancer (iGBC) in around 1:500 benign cholecystectomies.



UK guidance recommends that all gallbladders should be sent for histopathology, as cancer and dysplasia are often flat, and invisible to the naked eye.



P-iGBC aims to develop a diagnostic tool to risk-stratify gallbladders for iGBC. 30,000 patients are needed. fP-iGBC assesses study processes.



Screening and Recruitment

551 screened

508 recruited

505 operated



- Combined, sites were open for 594 days
- Recruitment closed early



Each month, the average site:

- Screened 27.8 patients
- Recruited 25.7 patients



6 out of 8 sites reached minimum recruitment (10.5 patients/ month)



Data Quality



All case record forms were signed off as complete.



Data completeness for core variables was 98.7%



Data concordance rated as “good” or “excellent” for all core values. Absolute agreement 91.4%

DESIGN

- Multicentre, trainee collaborative
- Internal pilot of main study
- Prospective, consecutive identification



Non-consented, de-identified data collected in REDCap

ELIGIBILITY

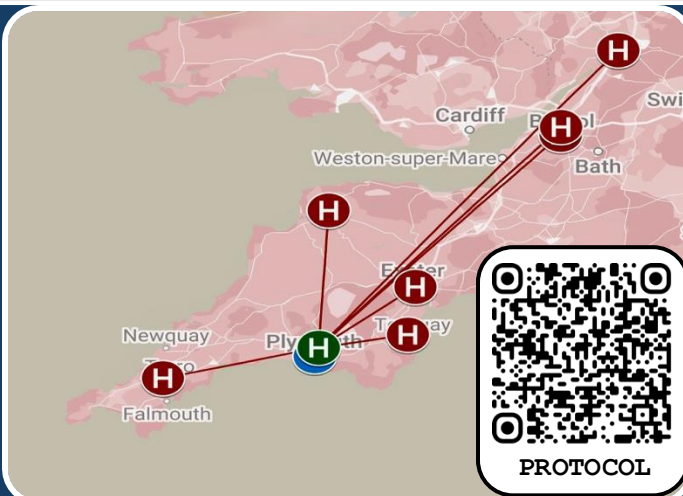
- Adult patients undergoing cholecystectomy during the recruitment window
- Surgery for benign diseases
- Gallstone complications
- Dyskinesia

EXCLUSIONS

- Patients with described high-risk for cancers
- Polyps >5mm
- Mirizzi III/IV
- Pre-operative history/suspicion of biliary malignancy
- High risk congenital abnormalities
- Cholecystectomy as part of another procedure

VALIDATION

- Double data entry conducted by independent collaborators
- Concordance assessed using Kappa and absolute agreement



P-iGBC
Predicting Incidental
Gallbladder Cancer



**UNIVERSITY OF
PLYMOUTH**



University Hospitals
Plymouth
NHS Trust