

Evaluation of Dutch and Swedish Risk-Stratification Scores for Incidental Gallbladder Cancer.

A Secondary Analysis From a UK Feasibility Study.

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AT A GLANCE



The aim of this study was to explore the application of two existing, validated, international risk-stratification scores to a UK cohort undergoing cholecystectomy for benign diseases.

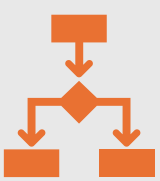


Both scores included HGD in lower risk groups. In validation, both scores also included iGBCs in these groups. These findings reinforce the need for a UK derived risk stratification tool.





- NHS England removed 72,701 gallbladders in 2023-2024.
- All gallbladders should be examined by a histopathologist.

Selective histological analysis (SHA) is used elsewhere. Gallbladders are risk-stratified and only examined if classed as high-risk





- Incidental cancer (iGBC) in ~ 1:500
- Dysplasia or cancer in ~ 1:50
- Macroscopically normal gallbladders may contain dysplasia and cancer



Age, sex, cholecystitis, bili > 50
Applies to patients >40
Low, intermediate or high-risk

Risk group	n*	Ca/Dysplasia
<40	141 (28.2%)	Untested
Low	54 (10.8%)	Nil
Intermediate	203 (40.5%)	1 HGD 1 LGD
High	103 (20.6%)	1 iGBC 1 HGD 3 LGD

* A total of 501 patients could be assessed



Age, sex, cholecystitis, open, urgent
All benign cholecystectomies
Low or high-risk groups

Risk group	n*	Ca/Dysplasia
Low	393 (78.7%)	1 HGD 3 LGD
High	105 (21.3%)	1 iGBC 1 HGD 3 LGD

*A total of 494 patients could be assessed

iGBC: incidental gallbladder cancer
HGD/LGD: high/low-grade dysplasia

DESIGN

- Multicentre, trainee collaborative
- Cross-sectional study
- Prospective, consecutive identification
- Non-consented and 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


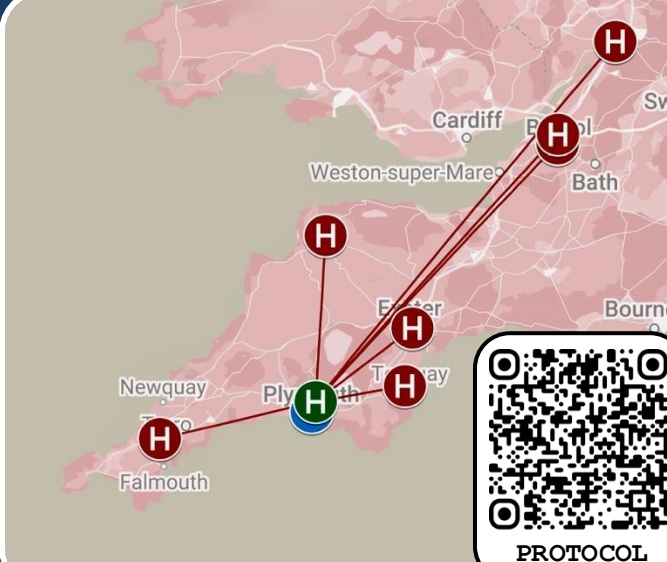
Cholecystectomy as part of another procedure

ANALYSIS

Secondary analysis of feasibility data

Existing Dutch and Swedish scores were applied to feasibility cohort

Risk stratification was compared against final histology



PROTOCOL