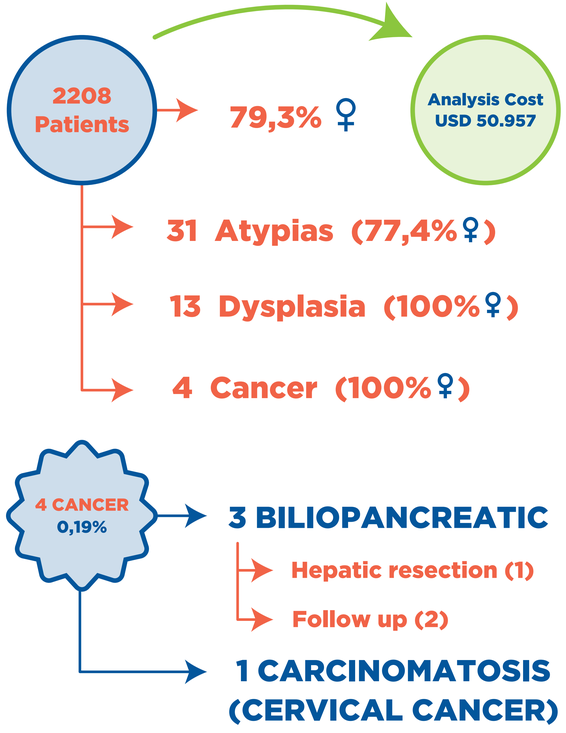
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Histopathologic analysis of prophylactic cholecystectomies for gallbladder cancer is resource-demanding and inefficient. Results of the study of 2208 cases in two academic hospitals in Chile.

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CHOLECYSTECTOMY PROGRAM

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INTRODUCTION

Gallbladder cancer is a rare malignant neoplasm, but it has a high mortality rate worldwide. Chile has the highest global incidence, estimated between 10 and 28 cases per 100,000 inhabitants, and it represents the ninth leading cause of cancer-related deaths in the country. The preventive cholecystectomy program, aimed at a low-risk population for neoplasms, is a key strategy in Chile.

As a result, 26,500 cholecystectomies are performed annually under this program at a national level. This study aims to evaluate the results of these biopsies, their impact on oncological decision-making, cancer-specific mortality, and the associated costs.

MATERIALS AND METHODS

This was a cohort study. All patients treated under the preventive cholecystectomy program of the Explicit Health Guarantees plan between January 2020 and December 2023 at Luis Tisné and Salvador hospitals were included. Cases without available pathology reports were excluded. Demographic variables, biopsy results, oncological decisions made by the multidisciplinary committee, total costs of the pathological studies, and cancer-related mortality in the cohort were analyzed.

RESULTS

A total of 2,208 patients were included, of whom 79.3% were women (1,751). 114 patients who underwent surgery at other institutions due to exceeding the legal maximum waiting time were excluded for not having the biopsy results due to lack of biopsy results. The average age was 41 (7,8) years. Thirty-one biopsies showed some degree of atypia (77.4% of them in women), 13 cases of dysplasia (100% in women), and 4 cases were positive for cancer (0.19%). Three of these cases corresponded to biliopancreatic cancer; one required a hepatic resection, while the other two are under follow-up. The cancer-related mortality in the series was 0.09%. The total cost of the analysis was USD 50,957 (CLP 47,135,940).

DISCUSSION

Of the total samples, 0.19% presented neoplasms, including one case of carcinomatosis due to cervical cancer. One gallbladder cancer case required hepatic resection, while the remaining cases (pT1a) are still under follow-up. Preventive cholecystectomy is a primary profilactic screening strategy. The low incidence of this cancer at early ages, combined with the resources used, suggests the need to identify subgroups at higher risk to optimize resource allocation.