Background

Recently, the usefulness of combination therapy with Lenvatinib (Len) and hepatic arterial chemoembolization (TACE) has been reported in intermediate stage of hepatocellular carcinoma, especially in patients with large tumor burden. In this study, we retrospectively analyzed Lenintroduced patients in this hospital and evaluated the usefulness of LEN-TACE/RFA combination therapy in the intermediate stage.

Materials and Method

We reviewed 41 cases in which LEN was introduced in our department from May 2018 to January 2020, and 23 cases with BCLC stage B were analyzed to clarify the factors associated with survival by Cox proportional hazards regression analysis.

Result

Median age of all cases (n=41) was 71 years, male/female : 38/3, median weight 64kg, PS0/1 : 38/3, etiology : HCV/HBV/alcohol/others : 10/5/14/12, CP : A/B : 36/5, mALBI grade : 1/2a/3 6/14/19/2, BCLC stage : B/C 23/18, up-to seven : in/out : 8/33, history of molecular targeted drug treatment : Yes/No : 9/32, median AFP : 12.5 (3.95-214.85), starting dose (mg) 4/8/12 : 16/20/5, the median survival was 370 days. The proportion of Len-TACE/RFA combined group was significantly higher than that of LEN monotherapy group in BCLC stage B cases with up-to seven in (p=0.023). In the multivariate analysis, Len-TACE/RFA combination therapy (p=0.01) and image response (CR+PR+SD) (p=0.02) were the only factors contributing to survival in BCLC stage B cases.

Conclusion

Len-TACE/RFA combination therapy would be effective in BCLC stage B cases. Although TACE is considered to be an important role in combination therapy with Lenvatinib, RFA, which can treat nodules selectively, would be also useful option in the combination therapy.

Clinical outcomes of digital cholangioscopy guided procedures for diagnosis of biliary strictures and treatment of difficult bile duct stones

Background

A recently developed digital peroral cholangioscope (POCS) have brought an increased benefit for diagnosis of biliary strictures and treatment of difficult bile duct stones. However, the dates of clinical outcomes are limited. The aim of this study is to retrospectively evaluate the diagnostic and treatment

Materials and Method

We reviewed 41 cases in which LEN was introduced in our department from May 2018 to January 2020, and 23 cases with BCLC stage B were analyzed to clarify the factors associated with survival by Cox proportional hazards regression analysis.

Result

Median age of all cases (n=41) was 71 years, male/female : 38/3, median weight 64kg, PS0/1 : 38/3, etiology : HCV/HBV/alcohol/others : 10/5/14/12, CP : A/B : 36/5, mALBI grade : 1/2a/3 6/14/19/2, BCLC stage : B/C 23/18, up-to seven : in/out : 8/33, history of molecular targeted drug treatment : Yes/No : 9/32, median AFP : 12.5 (3.95-214.85), starting dose (mg) 4/8/12 : 16/20/5, the median survival was 370 days. The proportion of Len-TACE/RFA combined group was significantly higher than that of LEN monotherapy group in BCLC stage B cases with up-to seven in (p=0.023). In the multivariate analysis, Len-TACE/RFA combination therapy (p=0.01) and image response (CR+PR+SD) (p=0.02) were the only factors contributing to survival in BCLC stage B cases.

Conclusion

Len-TACE/RFA combination therapy would be effective in BCLC stage B cases. Although TACE is considered to be an important role in combination therapy with Lenvatinib, RFA, which can treat nodules selectively, would be also useful option in the combination therapy.
outcomes by using the digital POCS for biliary diseases in large number cases.

Methods 93 patients with indeterminate biliary strictures who underwent digital POCS-guided biopsy and 84 patients with difficult bile duct stones who underwent digital POCS-guided electrohydraulic lithotripsy at our hospital between July 2015 and August 2020 were included in this study. They could not be diagnosed and treated by standard ERCP procedures. We mainly investigated the diagnostic accuracy for biliary strictures and the success rate of complete stone removal.

Result In 100% (93/93) of the patients with biliary strictures (malignant 54, benign 39), the biliary stricture was successfully visualized under digital POCS and the tissue sample by POCS-guided biopsy was successfully performed. Histological diagnostic sensitivity, specificity, and accuracy of POCS-guided biopsy were 56.3%, 91.1%, 83.5%, respectively. Regarding treatment of difficult bile duct stones, the success rate of complete stone removal by digital POCS-guided electrohydraulic lithotripsy was achieved in 91.7% (77/84) with an average of 3.1 procedures. The incidence of procedure-related adverse events among the patients was 9.0% [16/177, mild cholangitis (n=14)]. All cholangitis was successfully treated by only antibiotic therapy.

Conclusion Digital POCS is effective and safe for diagnosis of indeterminate biliary strictures and treatment of difficult bile duct stones. However, further improvement in the histological diagnostic ability is required.

3-②-8.

Recent reductions in the size of facial pigmented basal cell carcinoma at diagnosis and the surgical margin: a retrospective and comparative study

Objective Basal cell carcinoma (BCC) is the most common malignant skin tumor, and surgical excision is the most effective treatment. Dermoscopy, a non-invasive diagnostic tool in dermatologic practice, was officially introduced in medical care in 2006. To analyze various factors associated with primary BCC in the period before and after the introduction of dermoscopy (BD and AD, respectively).

Methods The demographic data of patients with primary BCC between 2001 and 2005 (BD; 84 patients, 90 cases) and 2011 and 2018 (AD; 297 patients, 320 cases) were analyzed.

Results In our pigmented BCC-predominant cohort (94%), the proportion of smaller tumors and the total number of tumors significantly increased during AD period (median tumor size: 10.0 mm in BD and 8.0 mm in AD, P =0.011, Mann-Whitney U-test). BCCs were excised with a significantly narrower margin in AD (median: 2.0 mm) than in BD (median: 3.0 mm, P<0.001; Mann–Whitney U-test and odds ratio = 0.29, P <0.001; multivariate logistic regression analysis); the incomplete excision rate was 1.9%, and the recurrence rate was 0%.

Conclusion Smaller primary pigmented BCCs can be diagnosed and excised with a narrower margin than stated in the guidelines (4 mm).