

P3-40.**Prognostic factors for surgically resected non-small cell lung cancer with cavity formation**

(社会人大学院博士課程 4 年呼吸器・甲状腺外科学)

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Background: Small pulmonary nodules have been detected frequently by computed tomography (CT). Lung cancers with cavity formation are also easily detected. There are a few reports focused on the cavity wall, although cancer cells exist along the cavity wall, not inside. We evaluated the impact of cavity wall thickness on prognosis and assessed the clinicopathological features in non-small cell lung cancer (NSCLC) with cavity formation.

Methods: Between 2005 and 2011, 1,313 patients underwent complete resection for NSCLC. Of these cases, we reviewed 65 patients (5.0%) diagnosed with NSCLC with cavity formation by chest CT. We classified the patients into three groups based on the maximum cavity wall thickness, namely, ≤ 4 mm (Group 1, 8 patients), >4 and ≤ 15 mm (Group 2, 33 patients), and >15 mm (Group 3, 24 patients).

Results: The number of patients with pathological whole tumor size >3 cm was 2 (25%) in Group 1, 17 (52%) in Group 2, and 23 (96%) in Group 3 ($P<0.001$). Cases with lymph node metastasis were 0 (0%) in Group 1, 5 (15%) in Group 2, and 10 (42%) in Group 3 ($P=0.016$). The 5-year overall survival (OS) rates were 100% in Group 1, 84.0% in Group 2, and 52.0% in Group 3, with significant differences between Group 1 and Group 3 ($P=0.044$) and between Group 2 and Group 3 ($P=0.034$). In univariate analysis, neither

whole tumor size nor lymph node metastasis was a prognostic factor for OS ($P=0.51$, $P=0.27$). Only cavity wall thickness was a significant prognostic factor by multivariate analysis ($P=0.009$).

Conclusions: Maximum cavity wall thickness was an important prognostic factor in NSCLCs with cavity formation, comparable with other established prognostic factors.

P3-41.**Low occurrence and high recurrence of hepatocellular carcinoma in chronic hepatitis C patients treated with direct-acting antiviral agents**

(社会人大学院博士課程 1 年消化器内科学)

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Background: The history of direct-acting antiviral agents (DAAs) is short and the effect to occurrence of hepatocellular carcinoma (HCC) is still unclear. There are reports that DAAs induced the recurrence of HCC and that DAAs conversely decreased HCC risk. We retrospectively investigate the occurrence rate and recurrence rate of HCC after DAAs treatment to hepatitis C virus (HCV) patients.

Methods: In a total of 234 HCV patients, 209 patients did not have HCC history (non-HCC group) and 23 patients had previous HCC (HCC-history group), who were treated by DAAs and were followed for more than 24 weeks to identify incidence of HCC. The cumulative incidence of HCC was compared between 2 groups. Cox proportional hazards regression was used to determine the association between blood test values and HCC risk.

Results: The median observation period was 21 months. The cumulative incidence of HCC is higher in the HCC-history group than in the non-HCC group ($p<0.0001$, 19.0 vs. 0.52 per 100 patient-years). In univariate analysis, platelets, albumin, α -fetoprotein, FIB4 index and APRI at the end of DAA were significantly associated with HCC incidence. In multivariate