

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 hepatic 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

analysis, α -fetoprotein is the independent factor of HCC incidence ($p < 0.001$, OR: 1.011, 95%CI: 1.005-1.018).

Conclusion: The HCC occurrence rate after DAA was very low. However, the recurrence rate was very high. The α -fetoprotein value at the end of DAA is the most important factor, because rapid elimination of HCV may induce the fall of natural immunity to patients who had past HCC history.

P3-42.

八王子医療センターにおける芽球性形質細胞様樹状細胞腫瘍の6症例

(八王子：病理診断部)

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【緒言】 芽球性形質細胞様樹状細胞腫瘍 (Blastic plasmacytoid dendritic cell neoplasm 以下 BPDCN) は稀な造血器腫瘍で、皮膚、骨髄に高率に浸潤し、白血球化をきたす臨床的に高悪性度な腫瘍である。当センター1施設において6例を経験したので報告する。

【症例1】 77歳男性。糖尿病で外来通院中、末梢血にて WBC 24500, Blast 54%, Hb 11.4, Plt 6 を認め骨髄生検施行、BPDCN と診断。9年8ヶ月経過し再発化療中。

【症例2】 75歳男性。発疹が3ヶ月で全身に広がり受診。皮膚生検施行、BPDCN と診断。国がんに紹介。

【症例3】 60歳男性。喉頭癌術後5年の患者。末梢血にて貧血および血小板減少を認め骨髄生検施行、BPDCN と診断。5ヶ月後に BPDCN にて死亡。

【症例4】 85歳男性。汎血球減少症にて紹介受診。骨髄生検施行、BPDCN と診断。2週間後に急性硬膜下血腫をきたし死亡。

【症例5】 80歳男性。6年前より原因不明の汎血球減少症あり、8ヶ月前から頸部体幹に皮疹出現、上咽頭腫瘍による鼻閉を認め生検、BPDCN と診断。皮疹と骨髄浸潤も認めた。1年1ヶ月経過し化療中。

【症例6】 76歳男性。肺癌術後患者。3年前に汎血球減少症をきたし急性骨髄性白血病 M0 と診断され

治療。寛解維持確認目的の骨髄生検にて BPDCN と診断。5ヶ月経過し化療中。

【病理組織学的特徴】 中～大型のリンパ球様の類円形異型細胞がびまん性に単純に浸潤している。

【免疫組織化学的特徴】 CD4, CD56, CD123 陽性、CD3, CD20 陰性。

【症例の臨床的特徴】 6例中全員が男性。年齢は60歳～85歳(平均72.5歳)。6例中2例が死亡、3例が化療中(1例は再発)。6例中2例が悪性腫瘍化療歴あり。

【結語】 以前 Blastic NK-cell leukemia と呼ばれていたが NK-cell 由来ではないことが判明し WHO 第4版に新しく記載された疾患区分である。診断には BPDCN を念頭に置き、かつ CD123 等の特異的免疫染色が不可欠である。過去に NK-cell neoplasm と診断された症例は再検索すべきと思われる。

P3-43.

Glioblastoma stem cell に対する NPe6-Photodynamic therapy の有効性

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※抄録の掲載を辞退する。