

いたことが確認された。

【結語】 腭癌においてHOXB9はTGF β 経路を介して転移・浸潤メカニズムに関与していることが考えられ、腭癌における個別化治療マーカーとなりうる可能性が示唆された。HOXB9の増減を人為的に制御できれば、癌細胞をMesenchymal-Epithelial-Transition (MET) 化し治療効果の向上につながる可能性が示唆された。

P2-20

Usefulness of DCF-R therapy for Stage IV esophageal cancer

(社会人大学院博士課程 4年消化器・小児外科学)

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【Background】 In our institution, the chemoradiotherapy for Stage IV advanced esophageal cancer (T4, M1) has been performed. However, the prognosis of 5-FU+CDDP + radiation (FP-R therapy), which was the standard therapy, was extremely poor, and in 2004 a chemotherapy with Docetaxel added to FP therapy (DCF therapy) was started for improving the prognosis. DCF exerts an excellent effect on M1 cases, but sufficient effect was not obtained in T4 cases. So we started the chemoradiotherapy (DCF-R therapy) for local control in 2007, and obtained good results.

【Purpose】 We report Stage IV esophageal cancer cases and examine the best treatment at the present time by retrospectively comparing the results of different regimen.

【Material and Methods】 The targets were 86 cases diagnosed as Stage IV at the time of initial examination in 1998 to 2014 and treated at our institution. The treatments were Low dose FP + radiation (FP-R) in 1998-2003, DCF alone in 2004-2006, and DCF-R in 2007 and later. The irradiation range was including the main lesion, the N1 and N2 lymph nodes and the lymph node of 1.5 cm or more in the FP-R group, and it was 3 cm above and below the main lesion and the range from

1.5 to 2.5 cm wide from the main lesion, and lymph nodes of 1.5 cm or more in the DCF-R group. In each case, the irradiation dose was set to 60 Gy in total.

【Results】 Stage IV cases was 39 : 10 : 57 in FP-R : DCF : DCF-R. Invasion into the large blood vessels was 18/39 (46%) : 2/10 (20%) : 13/57 (23%), invasion into the trachea and bronchi were 15 cases (38%) : 7 cases (70%) : 23 cases (40%), and invasion into both organs was 6 cases (15%) : 1 case (10%) : 3 cases (0.5%). Invasion into the large blood vessels was observed in the FP-R group, and invasion into the trachea and bronchi was observed in the DCF-R group. In the primary effect of treatment, CR was 1 case (3%) : 1 case (10%) : 20 cases (35%), PR was 18 cases (46%) : 7 cases (70%) : 30 cases (%), and NC/PD was 20 cases (51%) : 2 cases (20%) : 7 cases (12%). One year survival rate was 21% : 10% : 66%, 5 years survival rate was 6.4% : 10% : 23.2%, median survival was 184 days : 191 days : 429 days.

【Discussion】 DCF-R therapy gave good results in the treatment effect and prognosis for Stage IV esophageal cancer with obvious significant difference compared to FP-R therapy and DCF therapy. Although it was slightly reduced in therapeutic effect in M1 cases, it was considered to be the best treatment at the present time.

P2-21

Differentiation of orbital lymphoproliferative diseases by metabolomics

(社会人大学院博士課程 1年眼科学)

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【Purpose】 Orbital lymphoproliferative diseases, particularly mucosa-associated lymphoid tissue (MALT) lymphoma and IgG4-related ocular disease (IgG4-ROD), have similar clinical and also histopathological features, and are therefore often difficult to differentiate. Metabolomics is a method of comprehensive analysis of

metabolites, and has recently been applied to search for biomarkers and elucidation of pathological conditions. In this study, we analyzed and compared IgG4-ROD and MALT lymphoma by metabolomics, which has not been reported previously.

【Methods】 Six samples of orbital MALT lymphoma (mean age 62.3 years ; 4 males and 2 females) and 11 samples of IgG 4-ROD (mean age 64.8 years, 4 males and 7 females) were analyzed. Using liquid chromatography with time-of-flight mass spectrometry (LC/TOF-MS), lipid soluble metabolites were measured. Comparison was made using orbital adipose tissue of the same case as control. To eliminate the influence of individual differences, the two diseases were compared after determining the difference between the lesion and the control in each case.

【Results】 Compared with orbital adipose tissue of the same case, significant differences in expression of 174 metabolites were observed in IgG4-ROD and significant differences of 132 metabolites were found in MALT lymphoma. In the comparison between IgG4-ROD and MALT lymphoma, significant differences in expression were observed in 12 metabolites. Principal component analysis confirmed that it was possible to differentiate among four groups : adipose tissue, tumor tissue, IgG4-ROD, and MALT lymphoma.

【Conclusion】 Metabolomics may be useful for the differentiation of lymphoproliferative diseases in the orbit and may lead to elucidation of the pathogenesis of these diseases.

P2-22

LONG TERM CLINICOPATHOLOGICAL OUTCOME OF ENDOSCOPIC RESECTION FOR PEDUNCULATED TYPE EARLY INVASIVE COLORECTAL CANCER

(社会人大学院博士課程2年消化器内科学)

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【INTRODUCTION】 Despite the fact that the criteria is still not clear for additional surgery in pedunculated type invasive colorectal cancer treated endoscopically, only few long term studies have been done. Submucosal invasion limited to <1,000 μm , without lymphovascular invasion, poorly differentiated component and tumor budding is said to be a good candidate for endoscopic resection. This study was conducted to determine outcomes for pedunculated type early invasive cancer patient treated with endoscopy.

【METHODS】 The study was carried out in a single center. We retrospectively reviewed the medical records of patient with pedunculated type early invasive cancer who underwent endoscopic procedure between October 1998 and October 2018. We examined pathological factors of each case, lymph node metastasis and recurrence from applicable cases.

【RESULTS】 A total of 158 patients, 160 pedunculated type early invasive colorectal cancer were enrolled in this study. The study population include 122 men and 38 women with a mean age of 71 ± 12 years. The mean tumor size was 17 ± 6.7 mm, and the location was as follows ; S/D/T/A : 135/10/6/5. As for the growth pattern, PG/NPG : 146 (91.2%) /14 (8.6%). Histopathologically, 138 (86.9%) tumors were well-differentiated and 22 (13.8%) were moderately differentiated adenocarcinoma. The mean SM invasion depth was $2,130 \pm 1,618$ μm . Among them 106 (66.3%) lesions