4-4.

Prediction of postoperative recurrence risk and effect of chemotherapy on postoperative recurrence in patients with upper tract urothelial carcinoma by cell nucleus morphological information analysis by artificial intelligence

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(社会人大学院博士課程3年泌尿器科学分野)
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[Background] Upper tract urothelial carcinoma (UTUC) is a rare disease with 5% of all urothelial cancers, and a predictive model for recurrence / metastasis or therapeutic effect has not been established. Using artificial intelligence to obtain tissue cell morphological information obtained by radical surgery for UTUC, we attempted to predict the risk of postoperative recurrence and the effect of chemotherapy after recurrence.

[Subjects and Methods] The 91 patients who underwent surgery at Tokyo Medical University Hospital from May 8, 1996 to April 13, 2018, were included into this study. The patients were categorized into four groups : recurrence, no recurrence, recurrence without adjuvant chemotherapy, and no recurrence (23, 15, 29, 24 cases, respectively). The surgically resected HEstained tissue of these cases was digitally imaged and We analyzed 2625 1 mm2 units of analysis target (ROI : Region of Interest) and 2,595,150 cancer cell nuclei included in the images based on machine-learning method SVM (Support Vector Machine).

[Results] The SVM-based prediction method separated the four groups with 97.4% accuracy. In addition, Models with 100% and 97.4% accuracy of recurrence were created in patients with and without adjuvant chemotherapy. Efficacy was predicted in 29 patients (7 with PR, 12 with SD, and 10 with PD) who were postoperative recurrence and received chemotherapy, and the accuracy was 71.1%. However, the cases of PR are concentrated in ureteral cancer and the cases of PD are concentrated in renal pelvis cancer. We analyzed whether renal pelvic cancer and ureteral cancer are morphologically distinguished, the accuracy is 98.1%. As a result, it is possible that renal pelvis cancer and ureteral cancer are separated, and there remains doubt as to the prediction of the effect of chemotherapy.

[Conclusion] It was suggested that a machine-learning predictive model of UTUC could be constructed, and that the risk of postoperative recurrence and the effect of chemotherapy after recurrence could be predicted by cell nuclear morphological information.

4-5.

Clinical impact of conversion surgery in patients with locally advanced pancreatic cancer

(大学:	消化器	・小児	财科学	分野)	
○瀧下	智恵、	永川	裕一、	小薗	真吾
刑部	弘哲、	西野	仁惠、	中川	直哉
鈴木	健太、	細川	勇一、	代田	智樹
勝又	健次、	土田	明彦		

[Background] Unresectable pancreatic cancer cases that were converted to resection after non-surgical treatment have been reported as conversion surgery (CS). Long-term survival following CS has been reported. We aimed to evaluate patient outcomes following CS for locally advanced pancreatic cancer (LA-PC).

[Materials & Methods] We retrospectively reviewed the data of 61 patients with LA-PC who visited Tokyo Medical University Hospital between February 2010 and April 2018. We evaluated the resectability status every three months using multimodal imaging and planned CS in cases considered eligible for R0 resection.

[Results] Among 61 patients diagnosed with LA-PC, 22 patients (36.0%) underwent CS. The conversion rate was significantly higher in cases with lower median CA19-9 values before treatment initiation and at three months after initiating non-surgical treatment (p=0.046, p=0.002). Patients who underwent CS had significantly longer median survival time than those who did not (45.0