

瘍栓再発（標的結節1：CR）を呈した症例であり、症例2は52歳男性、肝門部に径2cm大のリンパ節再発（標的結節2：CR）、肝S2に径1cm大のHCC（標的結節3：PR）を呈した症例である。いずれの症例もRenを12mgで開始した。MRI装置はSiemens社製3Tを使用し、Ren投与前（Day0）と投与7日後（Day7）にDWI（b=0, 20, 40, 60, 80, 100, 200, 800, 1,500 s/mm²）を撮像し、標的結節における true diffusion（D）、pseudo diffusion（D*）、perfusion fraction（f）の変化について解析した。

【成績】 Day0とDay7における信号の変化はD、fにおいて3結節ともほぼ横ばいであった。一方、D*は3結節とも低下しており、特に結節2において顕著な低下を呈した。これは腫瘍内の微小循環が早期に低下したことが原因と考えられた。

【結論】 IVIMのパラメータである、D*はレンバチニブ治療における早期治療効果予測に有用である可能性がある。

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3-4.

Neutrophil-lymphocyte ratio predicts overall survival in elderly patients with unresectable or recurrent gastric cancer

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【Abstract】

【Aim】 The relationship between various inflammatory biomarkers and outcomes in patients with solid cancers has been reported. However, the relevance of these markers is unclear in elderly patients with unresectable or recurrent gastric cancer. This retrospective study was conducted to identify specific factors associated with the survival of elderly patients with gastric cancer.

【Methods】 Patients with gastric cancer undergoing chemotherapy (n=112) were categorized into groups

(young: <70 years; elderly: ≥70 years). The association between overall survival and pre-treatment values of systemic biomarkers, including the neutrophil-lymphocyte ratio, platelet-lymphocyte ratio, and Glasgow prognostic score, was evaluated using the Kaplan-Meier method and log-rank test in each group. Univariate and multivariate analyses using Cox proportional hazards regression were used to investigate the prognostic factors associated with overall survival in each group.

【Results】 In both groups (n=56), a high neutrophil-lymphocyte ratio and Glasgow prognostic score were associated with poor overall survival, whereas the platelet-lymphocyte ratio was not. Univariate and multivariate Cox regression analyses revealed that poor performance status was correlated with poor overall survival in the young group. However, in the elderly group, neutrophil-lymphocyte ratio was the only independent prognostic factor of overall survival.

【Conclusions】 Poor performance status was an independent marker of poor prognosis in the young group, whereas a high neutrophil-lymphocyte ratio was an independent marker in the elderly group. Thus, the neutrophil-lymphocyte ratio may be a specific biomarker for predicting the overall survival of elderly patients with unresectable gastric cancer.

3-5.

Retrospective comparative study among robot-assisted surgery, laparoscopic surgery and laparotomy for low-risk endometrial cancer

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【Background】 In 2009, we started robot-assisted surgery for endometrial cancer which was considered to be a low-risk group for recurrence before surgery and since April 2014, we started laparoscopic surgery for low-risk endometrial cancer. We report a retrospective comparative study of laparoscopic surgery and

laparotomy with robot-assisted surgery for endometrial cancer.

【Method】 This study was a retrospective analysis in a single facility. We searched the patients using our hospital diagnosis registry from January 2011 to October 2019. 84 patients underwent laparotomy (laparotomy group) and 62 patients who underwent laparoscopic surgery (laparoscopic group) and 82 patients robot-assisted surgery (robot group). The evaluation points are overall survival (OS), disease free interval (DFI), recurrence rate, surgical time, perioperative complications, bleeding amount, postoperative hospital stay.

【Results】 There was no significant difference in OS and DFI among three groups by the LogRank test. The recurrence cases were four (4.8%) in the laparotomy group, five (6.1%) in the robot group, and two (3.2%) in the laparoscopic group, and no significant difference was observed. Compared with the laparotomy group, the robot group and the laparoscopic group showed an extension of the surgical time ($P < 0.01$), but the bleeding amount was significantly decreased and postoperative hospital stay was shorter ($p < 0.01$). There was no significant difference among the three groups in perioperative complications of Class III or higher in the Clavien-Dindo classification.

【Conclusion】 Robot-assisted surgery and laparoscopic surgery for low-risk endometrial cancer are less invasive and not inferior to laparotomy in prognosis.

3-6.

The feasibility of pancreatic duct stenting using a novel 4-Fr plastic stent with a 0.025-inch guide-wire

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【Background】 Pancreatic duct stenting is a well-established method for reducing post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis. However, there is no consensus on the optimal type of plastic stent. This study aimed to evaluate the feasibility and safety of a new 4-Fr plastic stent for pancreatic duct stenting. **Methods**) Forty-nine consecutive patients who placed the 4-Fr stent into the pancreatic duct (4Fr group) were compared with 187 consecutive patients who placed a conventional 5-Fr stent (control group). The primary outcome was technical success. Complications rate, including post-ERCP pancreatitis (PEP) were the secondary outcomes. Propensity score matching was introduced to reduce selection bias. **Results**) The technical success rate was 100% in the 4Fr group and 97.9% in the control group ($p=0.315$). Post-ERCP amylase level was significantly lower in the 4-Fr group than the control group before propensity score matching ($p=0.006$), though without statistical significance after propensity score matching ($p=0.298$). The rate of PEP in the 4Fr group (6.1%) was lower than the control group (15.5%), though without statistical significance before ($p=0.088$) and after ($p=1.00$) propensity score matching. **Conclusion**) Pancreatic duct stenting using a novel 4-Fr plastic stent would be at least similar or more feasible and safe compared to the conventional plastic stent.