

fundic gland polyp was significantly different ($p = 0.034$ and 0.004 , respectively). The incidence of fundic gland polyp among patients with dyspeptic symptoms was 12.4% (11/89), which was significantly higher than that among non-symptomatic subjects (4.3%, 14/329, $p = 0.004$). There were no significant differences in the other endoscopic findings. Logistic regression analyses showed that fundic gland polyp was a risk factor for dyspeptic symptoms (odds ratio [OR]: 3.413, 95% confidence interval [CI]: 1.430-8.142), while short-segment Barrett's esophagus and male sex were protective factors (OR: 0.569, 95% CI: 0.349-0.928 and OR: 0.333, 95% CI: 0.117-0.948, respectively).

【Discussion】 Endoscopic findings of fundic gland polyp may be associated with dyspeptic symptoms, which in turn may be a useful marker of gastric condition.

3-9.

Clinical impact of pancreaticoduodenectomy for pancreatic cancer with resection of the secondary or later branches of the superior mesenteric vein

(社会人大学院博士課程2年消化器外科・小児外科学)

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※抄録の掲載を辞退する。

3-10.

The significance of apparent diffusion coefficient values in detecting transitional zone prostate cancer in patients with MR imaging abnormality.

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【Objective】 To examine whether apparent diffusion coefficient (ADC) values is useful in detecting transitional zone (TZ) prostate cancer.

【materials and methods】 This retrospective study included 102 patients who underwent targeted biopsy for histological evaluation of Prostate Imaging Reporting and Data System version 2 (PIRADSv2) scores of 4 and 5 lesions in TZ of the prostate. Biparametric MRI was used with unified protocols across all MRI examinations. The association between clinical factors including magnetic resonance imaging (MRI) data and positivity of TZ prostate cancer was analyzed. Logistic regression model analyses were used to identify the independent predictive factors for prostate cancer.

【Results】 Among patients with PIRADSv2 scores of 4 or 5 lesions, 50 patients (49.0%) had biopsy-proven TZ prostate cancer. The patients with TZ prostate cancers exhibited a significantly older age, smaller prostate volume, smaller TZ volume, lower mean ADC values, and minimum ADC values compared to the patients without TZ prostate cancers (age, 70.3 ± 7.3 vs. 65.7 ± 6.8 , $P = 0.001$; prostate volume, 37.2 ± 21.9 vs. 52.8 ± 22.8 , $P = 0.0007$; TZ volume, 20.3 ± 16.9 vs. 33.1 ± 19.0 , $P = 0.0005$; mean ADC values, 688.9 ± 144.2 vs. 810.9 ± 168.1 , $p < 0.001$; minimum ADC values, 500.9 ± 140.7 vs. 684.4 ± 160.3 , $P < 0.001$). Multivariate analysis revealed that age, TZ volume, and minimum ADC values were independent predictive factors for TZ prostate cancer.

【Conclusion】 This study may be useful for patients' counseling about whether to perform targeted biopsy.

3-11.

Changes in carnitine levels through induction chemotherapy in head and neck cancer patients as a potential cause of therapy-related malaise

(大学院博士課程3年耳鼻咽喉科頭頸部外科学分野)

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Induction chemotherapy for locally advanced squamous cell carcinoma of the head and neck plays a very important role in treatment selection. However, malaise is one of the most common side effects of induction chemotherapy (TPF), which significantly reduces patients' quality of life and adversely affects the treatment strategy. Recently, it has been reported that administration of levocarnitine improved fatigue in cancer patients. In head and neck cancer, carnitine supplementation has also been reported to improve the QOL of patients undergoing radiation chemotherapy. However, there have been no reports in induction chemotherapy. In this study, we investigated the presence of potential carnitine deficiency in patients with head and neck cancer and examined its effect on carnitine homeostasis, including free carnitine, during induction chemotherapy. Serum carnitine levels were measured before and after induction chemotherapy in 20 patients aged between 20 and 75 years, who received induction chemotherapy as the first treatment for stage III or IVA head and neck cancer. Furthermore, the patient was in a state of potential free carnitine deficiency after induction. This study suggests that supportive care with carnitine may be able to begin in good condition for the next CCRT or surgical treatment.

3-12.

大腸癌肝転移に対するRFAの位置づけ

(消化器・小児外科学分野)

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【はじめに】 大腸癌肝転移は予後規定因子である。治療の第一選択は切除であり根治あるいは比較的良好なOSが得られている一方で、切除不能症例に対する治療の中心は全身化学療法である。EORTC 40004試験で、切除不能肝転移に対するRFA併用療法で化学療法単独に比して良好なPFSが報告された。RFAは切除に比較し低侵襲で患者選択の広い治療法である。今回、当科で切除不能あるいは切除非選択となりRFAが施行された症例について検討した。

【対象方法】 2001年11月から2014年7月までに当科で大腸癌肝転移に対して治療を受けた患者のうち、A群；RFA±肝切除±化学療法を受けた患者、B群；肝切除±化学療法を受けた患者、C群；化学療法単独治療を受けた患者を対象とし、A群をそれぞれB群およびC群と比較した。背景因子（性別、年齢）、術前腫瘍因子（原発巣局在、CEA値、CA19-9値、転移巣の最大径、c-H、肝転移巣の範囲；片葉両葉、同時性/異時性、肝転移以外の転移巣有無）、治療および術後因子（p-T、p-N、周術期化学療法有無）、予後について後方視的に検討した。

【結果】 A群は26例、平均年齢63歳（45～83）、B群は92例、平均年齢64.6歳（28～87）、C群は29例、平均年齢63.8歳（39～80）で、背景因子に差はなかった。CEAはC群が有意に高かった（ $p=0.042$ ）。転移巣の個数はA群が有意に多かった（ $p=0.000$ ）。H1はB群が有意に多く（ $p=0.000$ ）、H3はC群が有意に多かった（ $p=0.013$ ）。病巣両葉はA群が有意に多かった（ $p=0.000$ ）。肝以外の転移巣はA群が有意に多かった（ $p=0.026$ ）。OS中央値/5年OS率は、それぞれA群44.9か月（9.8～157.2）/34.6%、B群49.5か月（0.8～190.8）/42.4%、C群11.6か月（2.1～77.5）/6.9%で、B群より有意に短く（ $p=0.022$ ）、C群より有意に長かった（ $p=0.004$ ）。

【結語】 RFAは局所療法として根治治療達成の補