

学位論文審査結果の要旨

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(学位論文審査結果の要旨)

Survival with up to 10-year follow-up after combination therapy of chemoembolization and radiofrequency ablation for the treatment of hepatocellular carcinoma: single-center experience.

【主論文審査結果の要旨】

著者らは論文において下記の内容を述べている。

Purpose: To report 10-year outcomes of treating hepatocellular carcinomas (HCCs) by combination therapy of chemoembolization and radiofrequency (RF) ablation.

Materials and Methods: Combination therapy in 277 patients with 382 treatment-naïve HCCs. Therapeutic effects, safety, survival rate, and prognostic factors were evaluated.

Results: Tumor enhancement disappeared after 466 RF sessions in all tumors, resulting in a complete response rate of 100% (277 of 277) based on modified Response Evaluation Criteria in Solid Tumors (RECIST). Local tumor progression developed in 15 patients (5.4%, 15 of 277) during the mean follow-up of 44.9 ± 29.1 months (range, 6.0–134.4 mo). Overall and recurrence-free survival rates were 56.3% (95% confidence interval [CI], 52.5–60.2%) and 22.5% (95%CI, 19.3–25.6%) at 5 years, and 23.5% (95% CI, 17.7–29.2%) and 9.3% (95%CI: 6.3–12.4%) at 10 years. The Child–Pugh class was the only significant prognostic factor detected in both the univariate ($P < .001$) and the multivariate analyses (hazard ratio, 3.8; 95%CI: 2.5–5.6; $P < .001$). The 5-year and 10-year overall survival rates were 66.4% (95%CI, 62.0–70.8%) and 30.6% (95%CI, 23.3–37.9%) in 210 Child–Pugh class A patients. In addition to the Child–Pugh class, the maximum tumor diameter (≤ 3 cm vs > 3 cm) and the tumor number (single vs multiple) were significant independent factors affecting recurrence-free survival. No death was related to the combination therapy. The major complication rate was 3.2% (15 of 466).

Conclusion: RF ablation combined with chemoembolization is a safe and useful therapeutic option for treating HCCs. Prognostic factors detected in this study help to stratify patients who benefit from this combination therapy.

以上、本論文は初発肝細胞癌に対する、肝動脈塞栓術（TACE）とラジオ波焼灼術（RF ablation）併用療法の長期治療成績、予後因子を示した論文であり、学術上極めて有益であり学位論文として価値あるものと認めた。

【掲載雑誌および著者名】

掲載雑誌名

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