

## 32. 上部尿路上皮癌における EGFR と Ki67 発現の検討

泌尿器科学

成松隆弘, 戸倉祐未, 武井航平, 坂本和優,  
幸英夫, 神原常仁, 別納弘法, 阿部英行,  
深掘能立, 安土正裕, 釜井隆男

【背景】EGFR や Ki67 は転移や増殖との関連が知られている。上部尿路上皮癌ではこのような再発リスクの高い症例に対して術後補助化学療法が行われるが、様々な要因で標準的レジメが施行できない例も少なからずある。UFT<sup>TM</sup> は 5-Fluorouracil (5-FU) のプロドラッグ Tegafur と 5-FU の分解を阻害する Uracil の合剤で、経口投与が可能かつ重篤な有害事象も少ないため幅広い患者に投与できる。しかし、上部尿路上皮癌の術後補助化学療法として未だ一定の見解はない。

【目的】上部尿路上皮癌における EGFR, Ki67 の発現と臨床病理学的因子との関連および、上部尿路上皮癌に対する 5-FU を用いた術後補助化学療法の有効性について検討した。

【対象と方法】2002 年から 2015 年に当科で上部尿路上皮癌に対し腎尿管全摘除術を施行された 53 例を対象とした。尿管侵襲を認めた 30 例中 15 例に術後補助化学療法として UFT<sup>TM</sup> が投与された。腫瘍のホルマリン固定パラフィン包埋組織から Danenberg Tumor Profile 法で EGFR, Ki67 の発現を解析し、UFT<sup>TM</sup> を用いた術後補助化学療法の有効性との関連を検討した。

【結果】High T stage, high nuclear grade の症例は EGFR と Ki67 が高発現しており、短期間で再発し予後不良であった。5-FU 投与例では全生存率が改善したが、EGFR, Ki67 の発現と 5-FU の有効性に相関は認めなかった。

【結論】EGFR, Ki67 の発現と 5-FU の有効性に相関は認めなかった。

## 33. Moores Cancer Center Support Service : Providing Integrated Whole-Person-Care

Dokkyo Medical University 5th Year : Kaku M, Sato M, Takahashi M, Ninomiya A, Hasegawa T, Mikoshiba S, Yamazaki T, Yokoyama Y, Watanabe M  
Dokkyo Medical University Division of Languages and Humanities : Hassett WG, Terada Y

Introduction : Our group participated in an Overseas Training Program (OTP) for two weeks in San Diego, and we learned new ideas in regards to cancer care at Moores Cancer Center (MCC). MCC is part of the University of California, San Diego (UCSD). Established in 1978, MCC is one of the 45 National Cancer Institutes (NCI) in the United States. It is dedicated to scientific innovation and clinical excellence : MCC also has a unique "bench-to bedside" approach that provides patients integrated whole-person-care and this care is offered throughout the San Diego region.

Patient & Family Support Services (PFSS) : MCC provides PFSS, which is a multidisciplinary service for those who wish to prevent or have developed issues as a result of cancer. They usually work with patients and their families during active cancer treatment or within one year of completing it. The services are dedicated to improving quality of life (QOL) and relieving emotional suffering, bring meaning, resilience and dignity to their patients and their families.

Palliative Care as part of Standard Cancer Care at MCC : Early palliative care increases patient's survival rates. At MCC those providing palliative care offer a thoughtful and proper plan of treatment that relieves the suffering in all areas of a patient's life.

Psychiatric Issues in Cancer Care : Biological stressors, psychosocial stressors and individual/interpersonal factors can lead a patient to depression and anxiety. With a combination of these factors, the patient's stress levels can range from mild distress to more severe depressive/anxiety disorders. Recently, MCC has proven that cancer patients suffering from depression/anxiety are likely to have poorer outcomes. Moreover, addressing a patient's psychiatric issues can lead to financial benefits within medical systems.

Dignity Therapy : The ultimate goal of dignity therapy is to help give strength to dying patients and bring them meaning and a sense of legacy. This is achieved by addressing patient's emotional and spiritual suffering. Practical tools have been developed to support people working in dignity therapy, such as : Patient Dignity Question (PDQ) "What should I know about you as a person to give you the best care possible?" and ABCDs of dignity. (A = attitude, B = behavior, C = compassion, D = depression)

Discussion : This OTP provided us with an opportunity to observe an approach to treat cancer patients more effectively with the help of support services that use a multi-disciplinary approach. MCC provides patients with whole-person care which has improved QOL and outcomes. In Japan, we should be more determined to adapt similar systems and consider introducing them to better serve the needs of cancer patients. Furthermore, we ought to learn more from our own cultural background to discover protocols to improve palliative care and ways of addressing spiritual pain and needs.

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