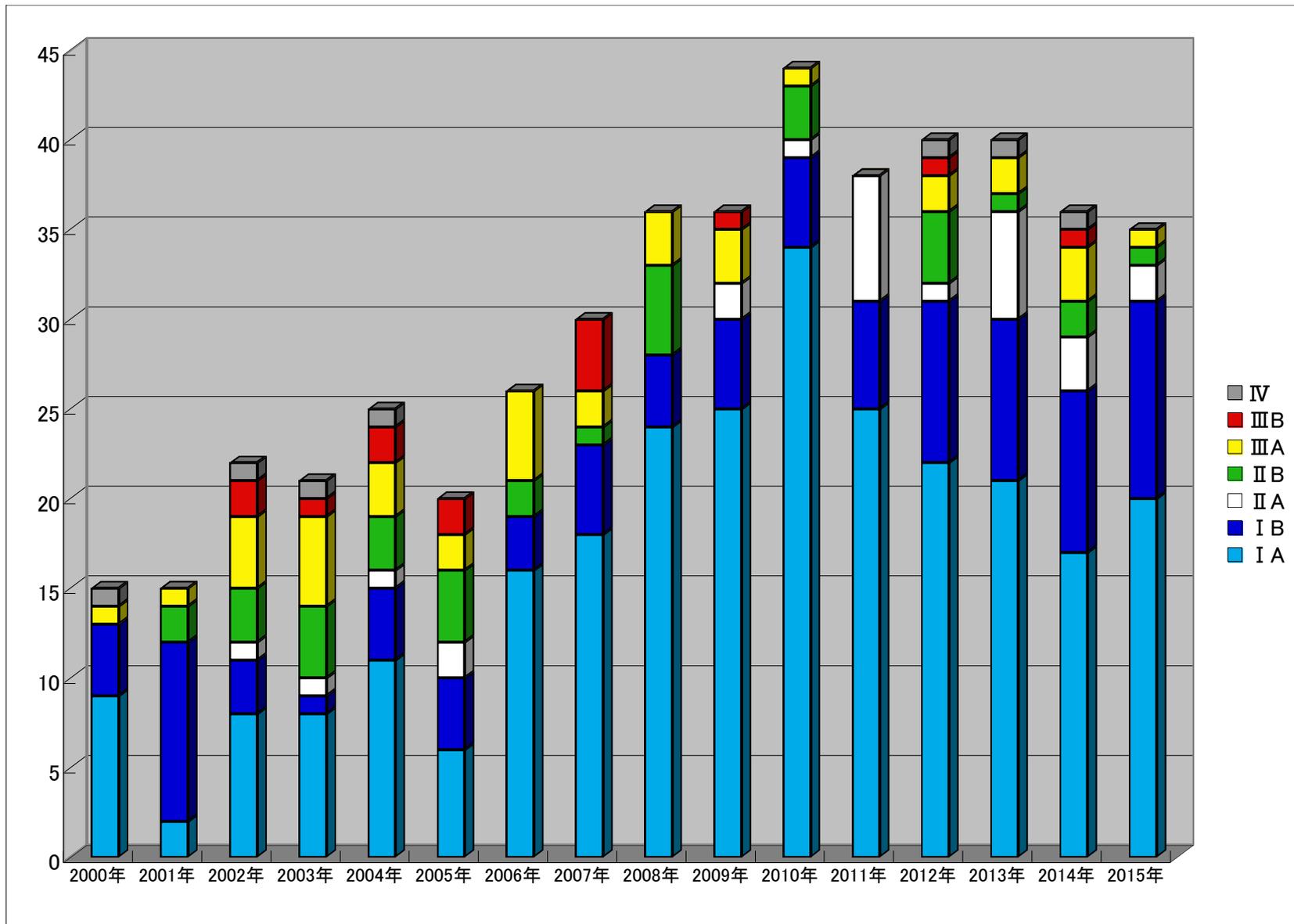


当院肺癌外科治療の変遷 と今後

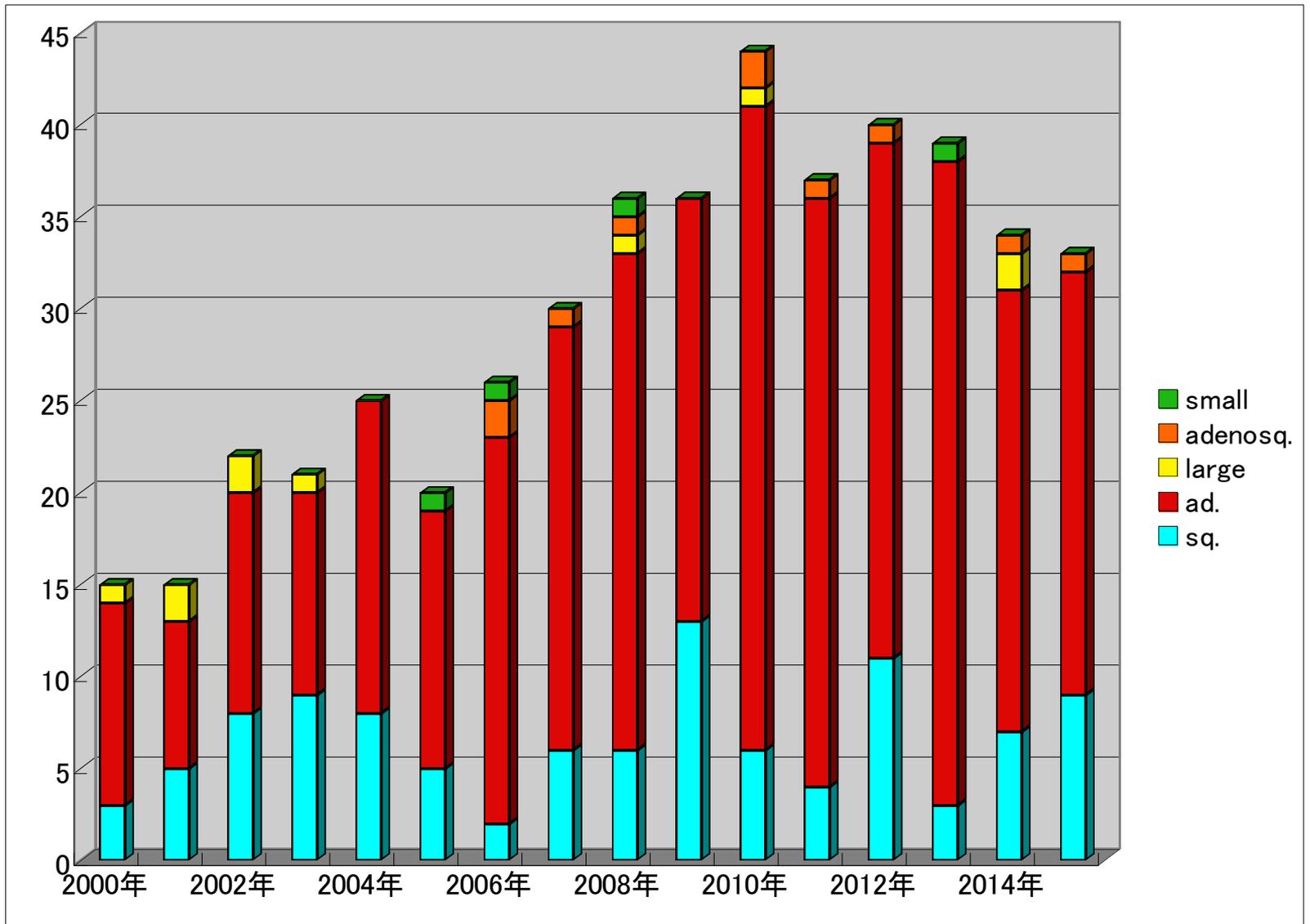
尾道市立市民病院 外科

川真田 修

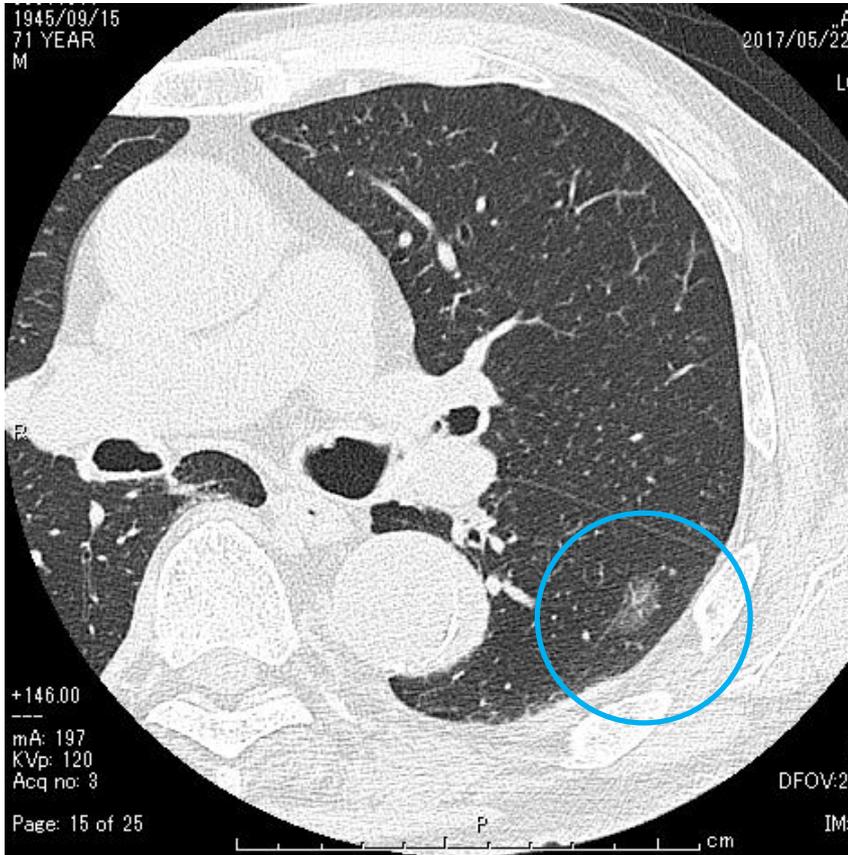
当院肺癌手術症例病期分類



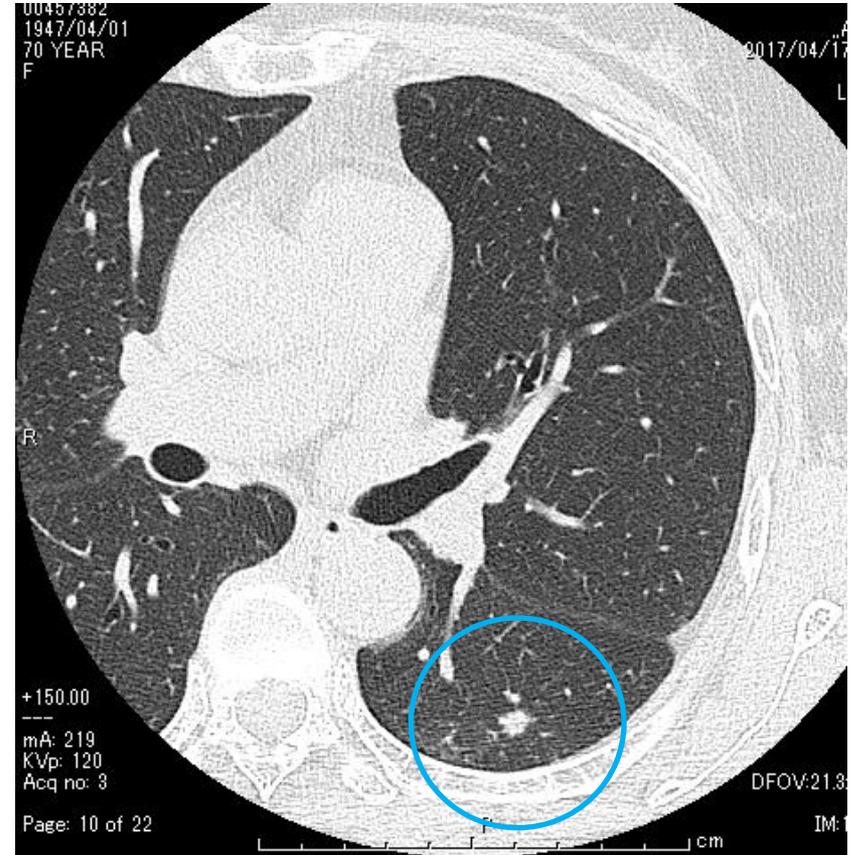
組織型別症例数



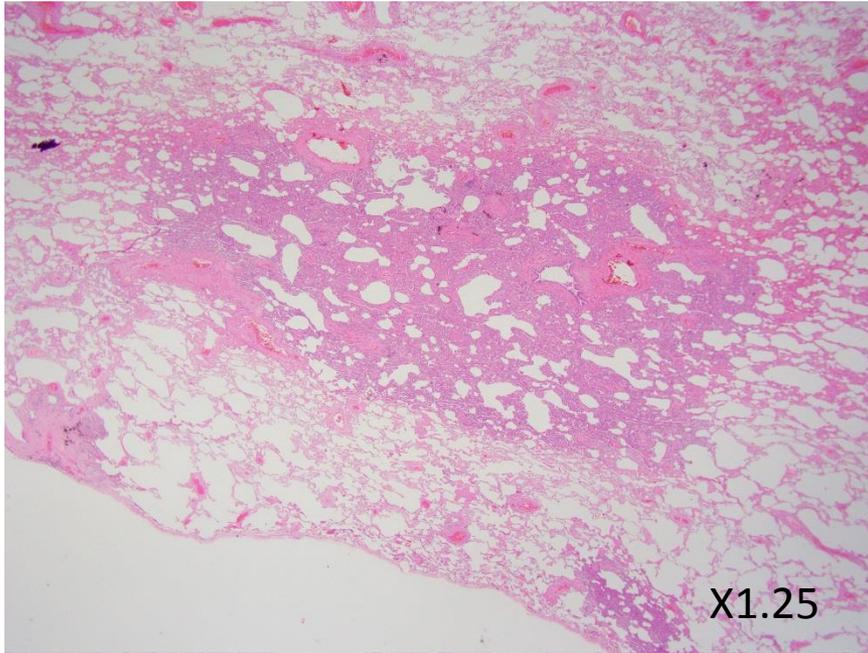
小型肺癌 (CT 発見肺癌)



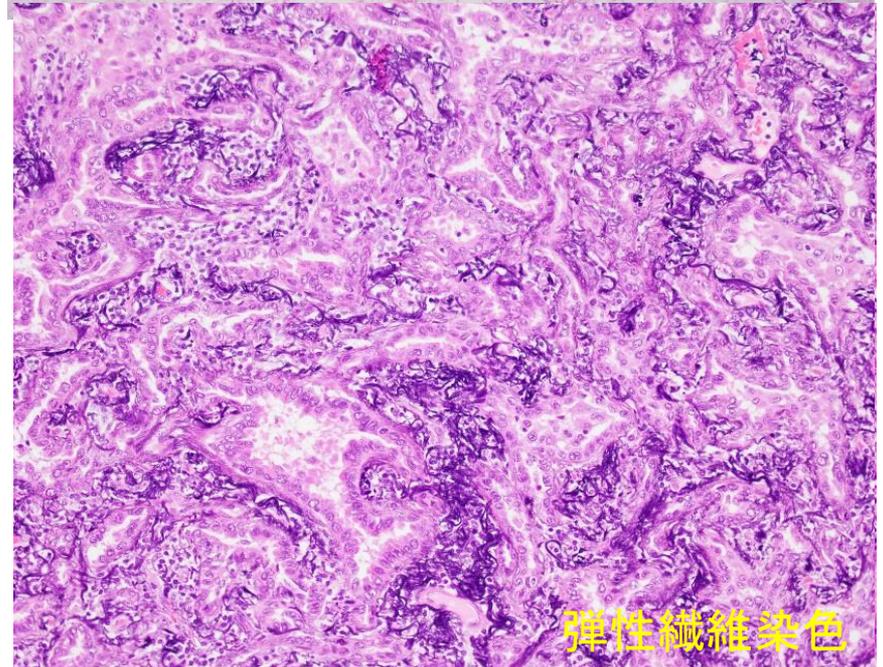
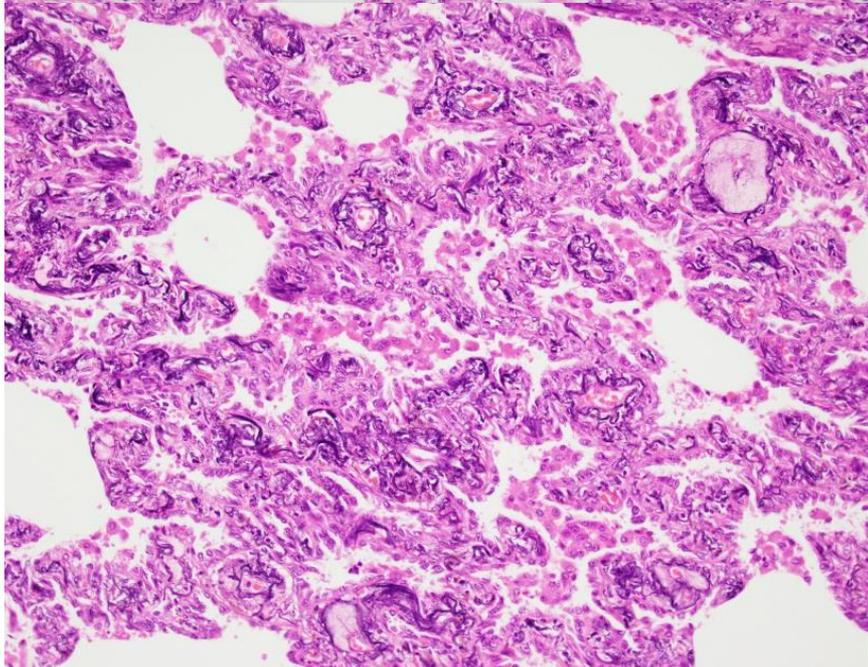
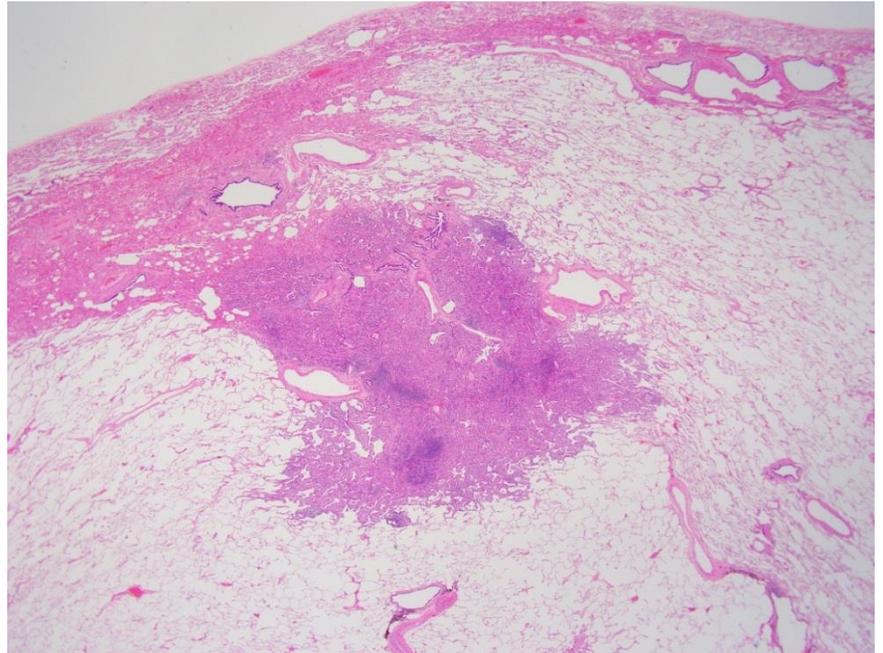
腫瘍径1.5cm



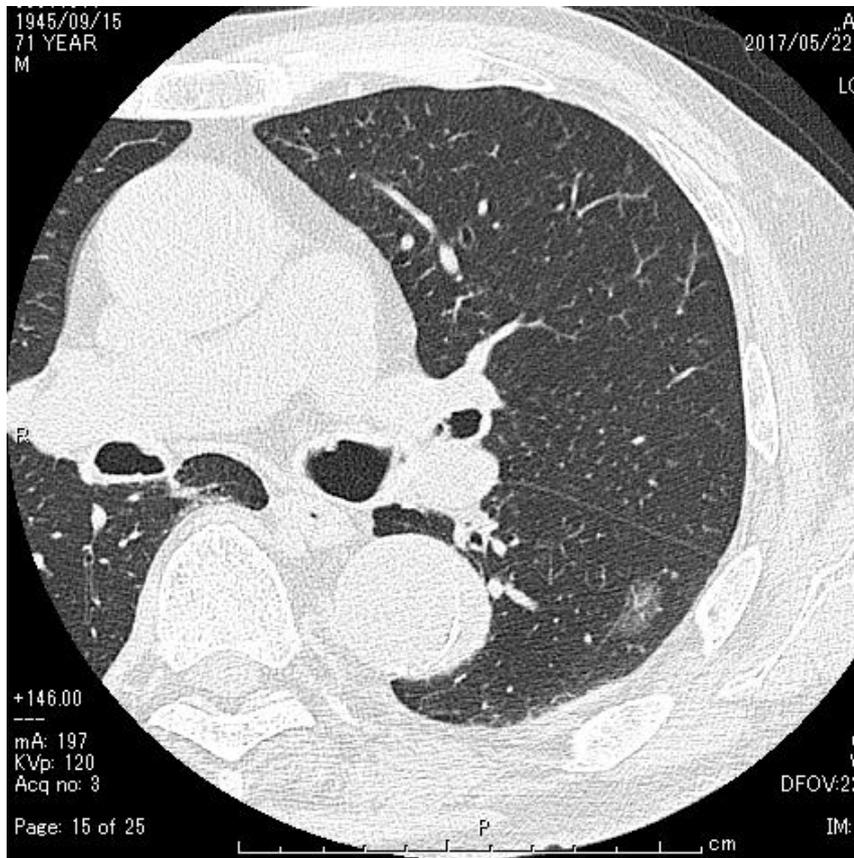
腫瘍径0.8cm



X1.25

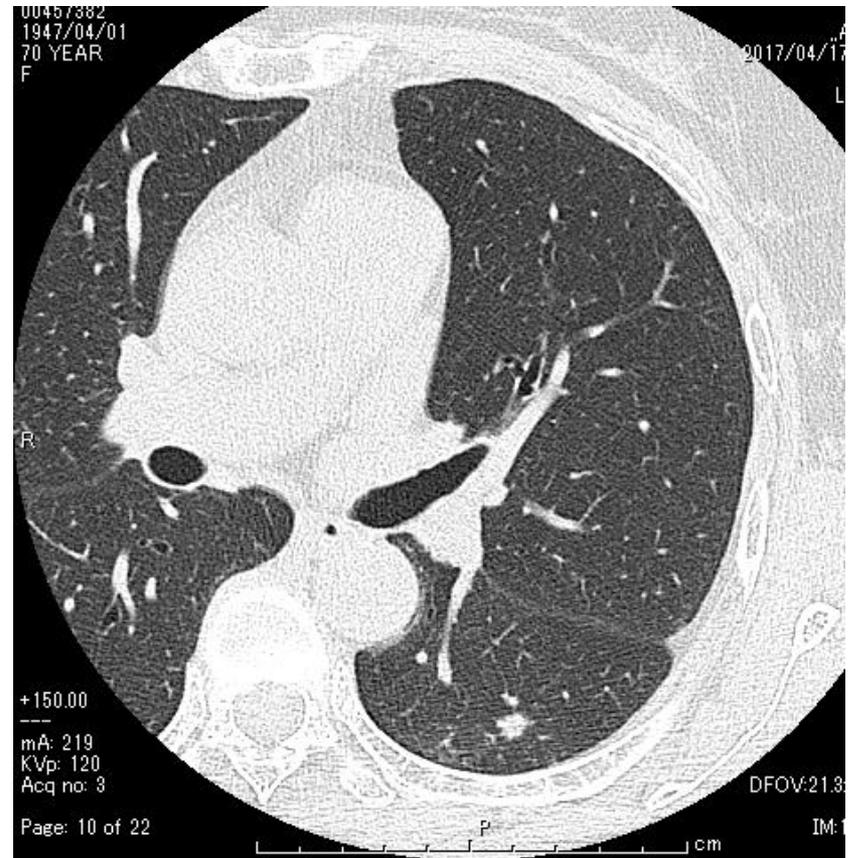


彈性纖維染色



T1aN0M0 stage I A (7版)

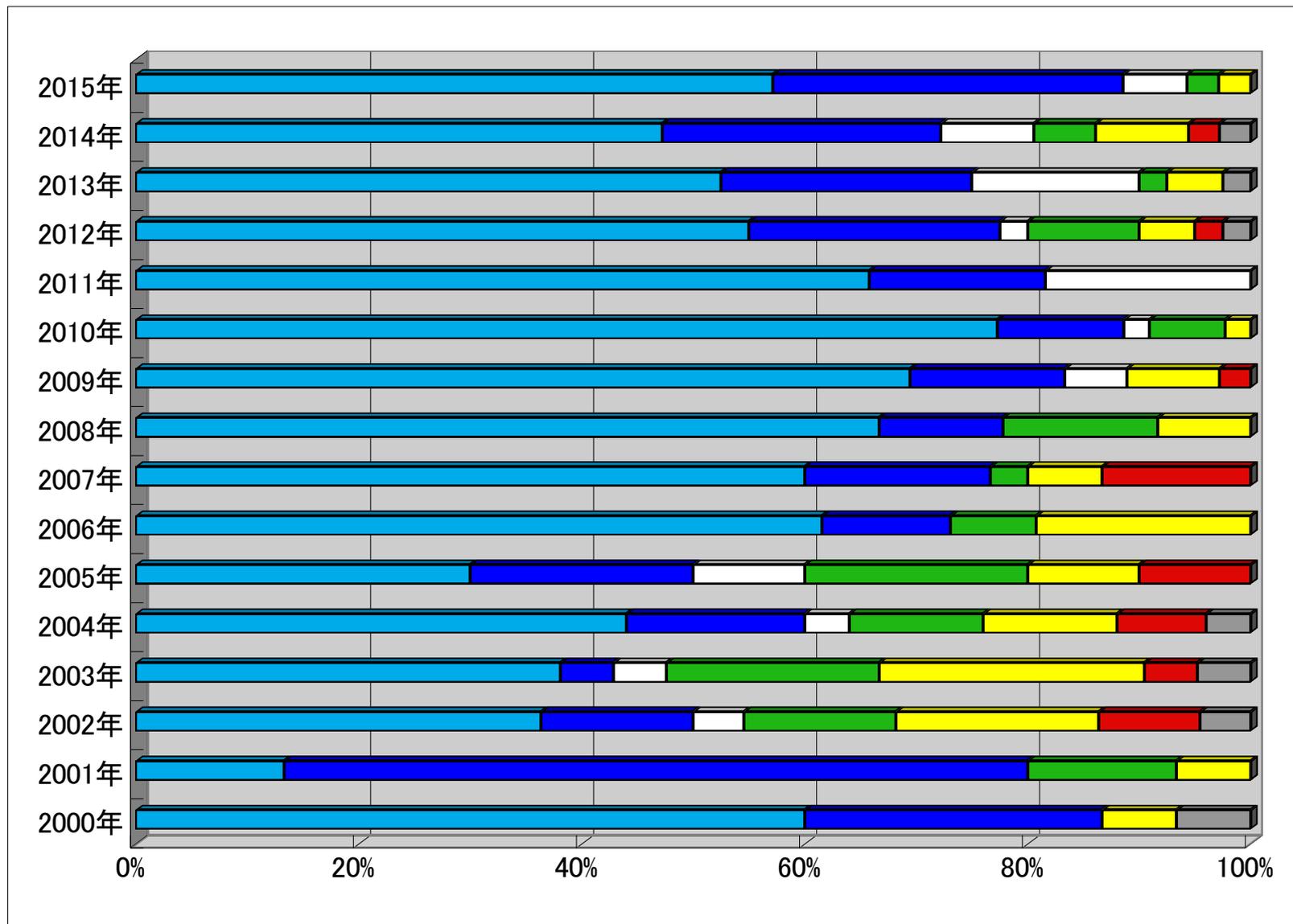
TisN0M0 stage 0 (8版)



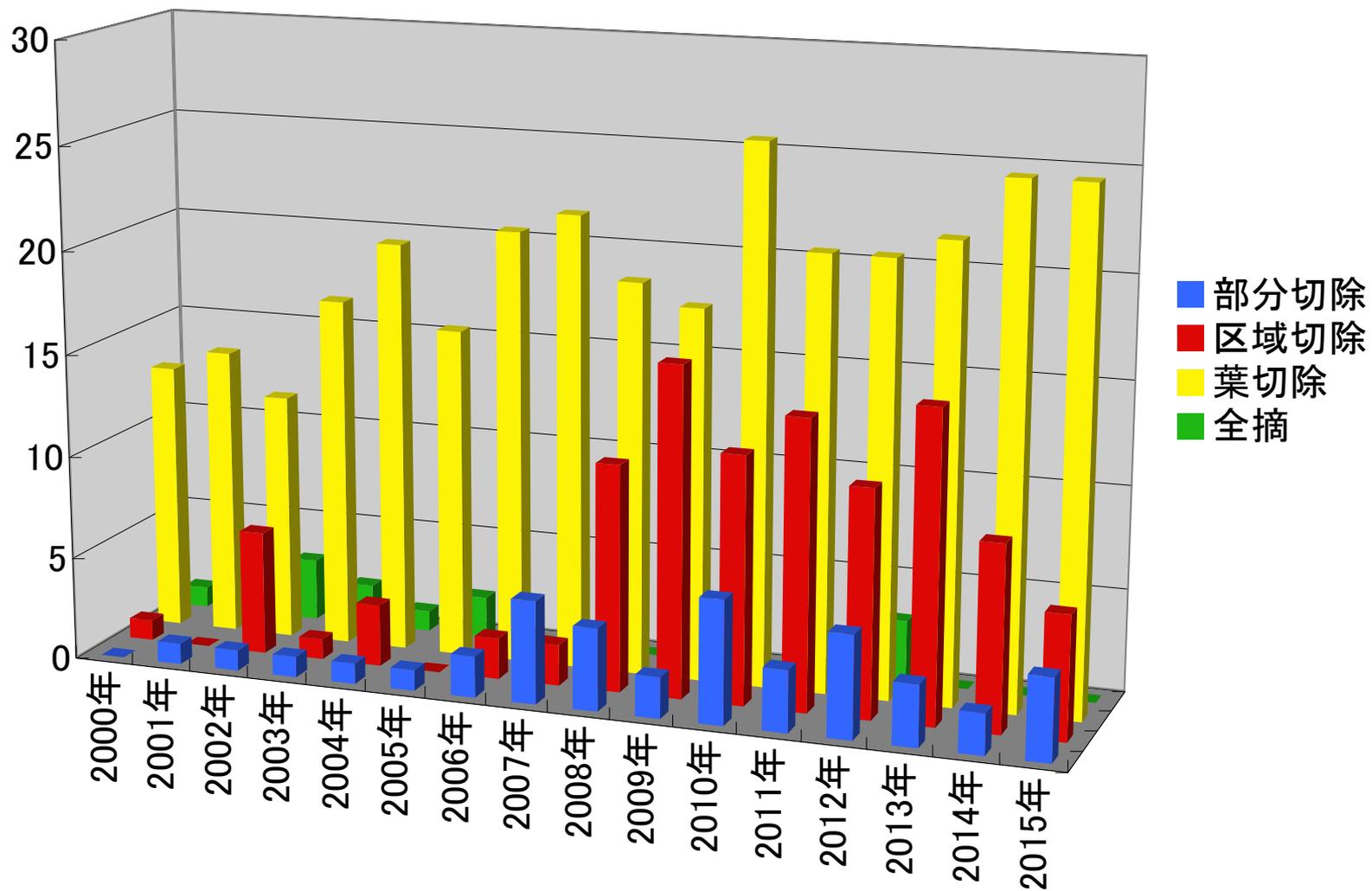
T1aN0M0 stage I A (7版)

T1aN0M0 stage I A1 (8版)

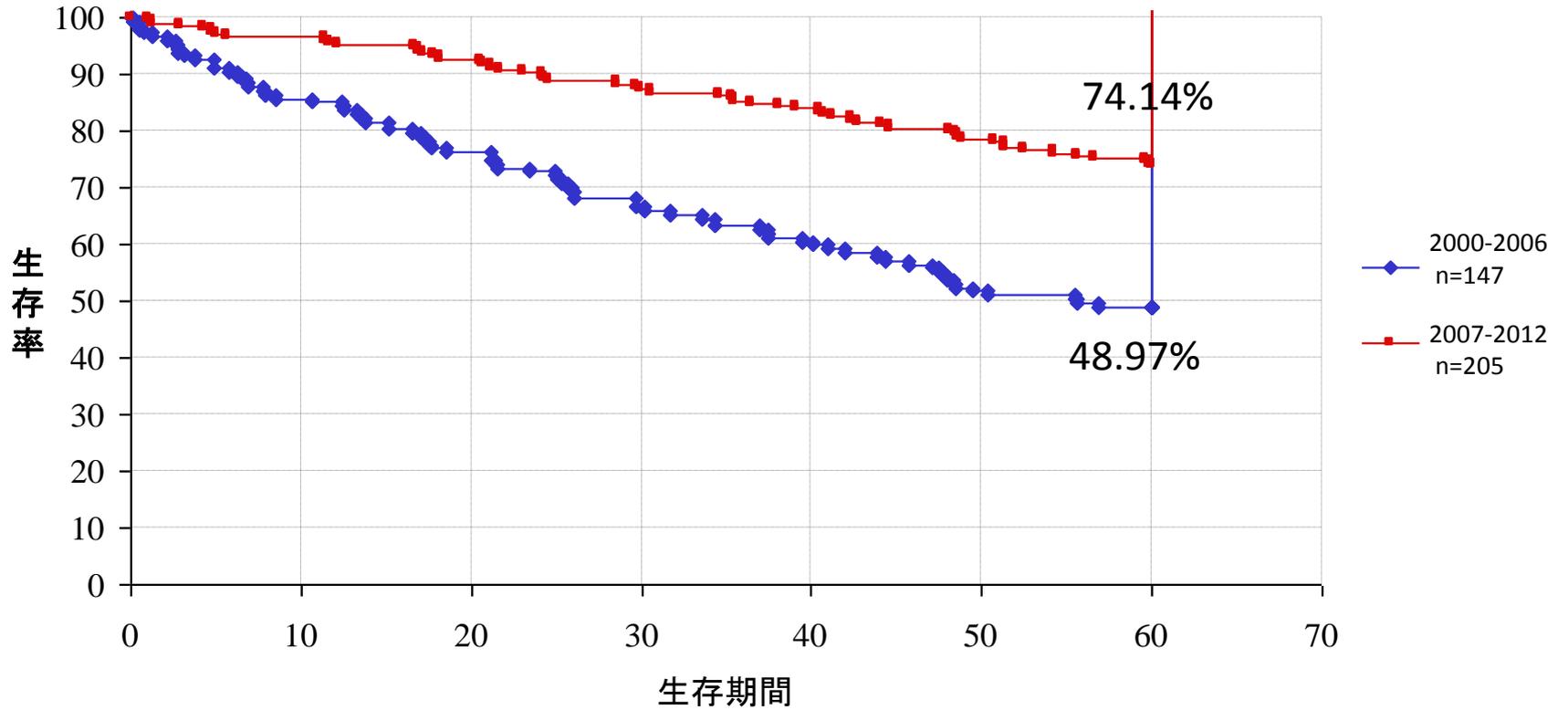
年次別病期比率



肺癌手術手技



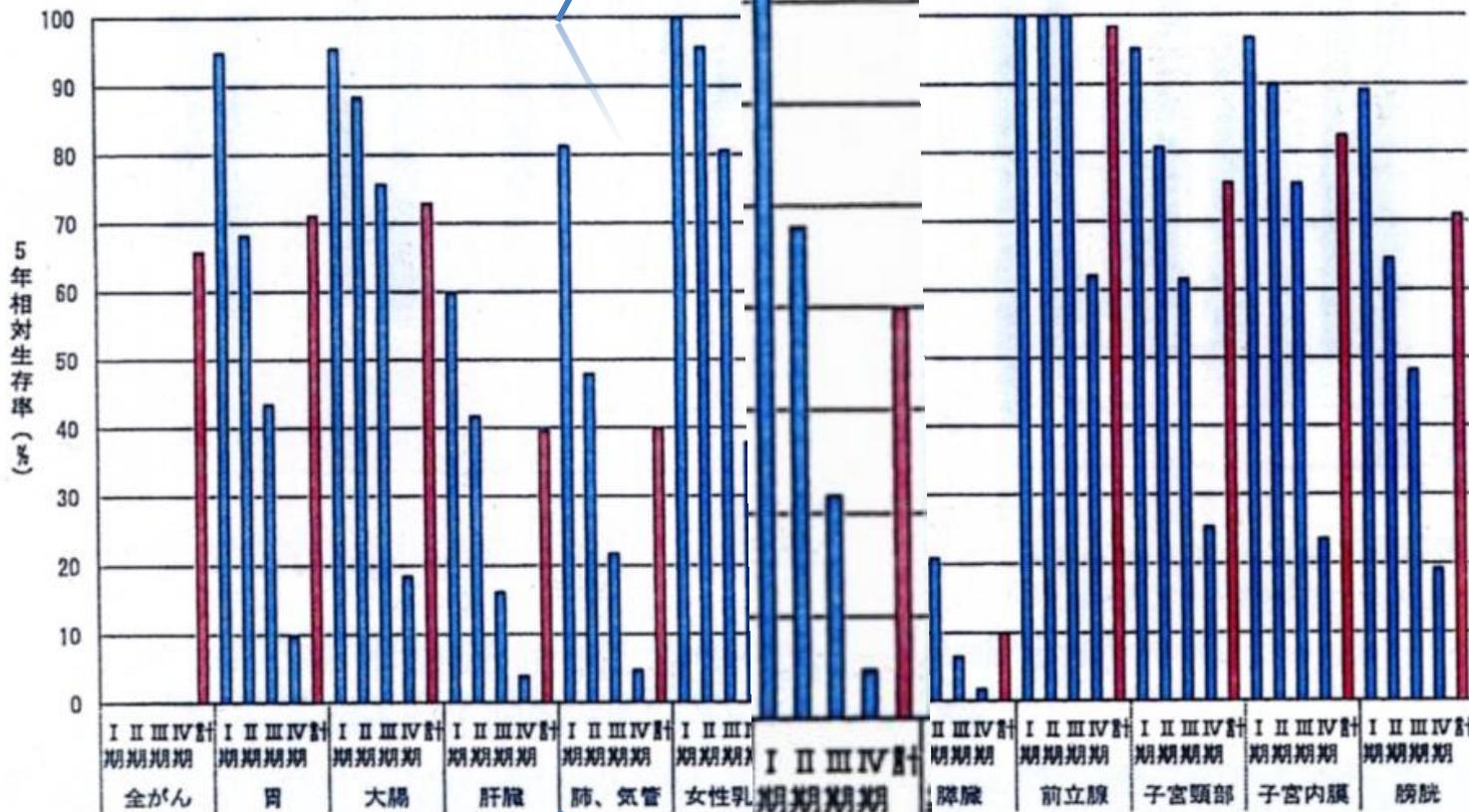
2000.1-2012.5 352例生存曲線





がん診療連携拠点病院等 院内 2008-2009年生存率集計:報告 5年相対生存率(%)

録 (結果詳細)



何故生存率が良くなったのか？

画像診断の進歩？

320列MDCT

PET-CT

手術手技の進歩（3DCTの応用）？

低侵襲（胸腔鏡）

全摘の減少 合併症の減少？

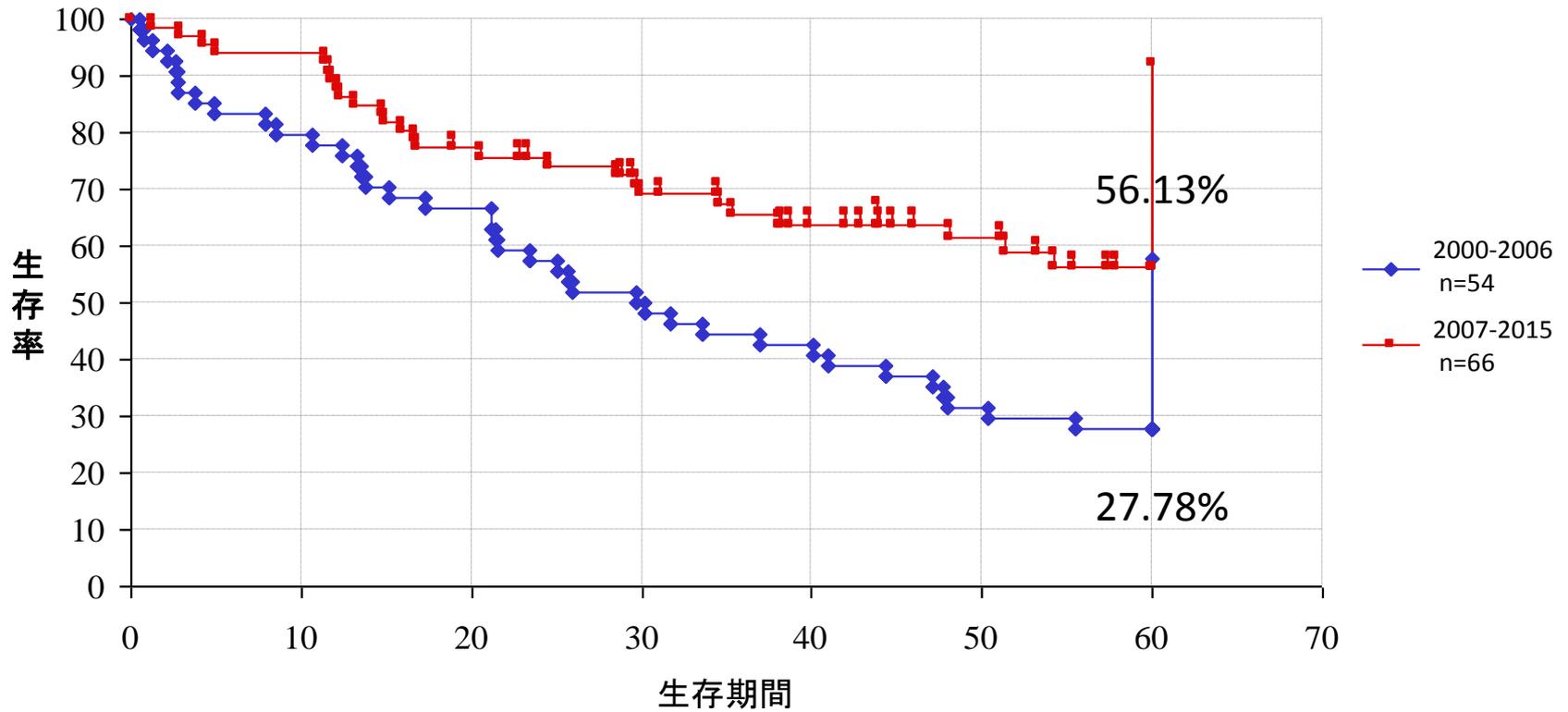
在院日数の推移 **入院期間の短縮**

2006年 10日～26日（平均：16.75日）

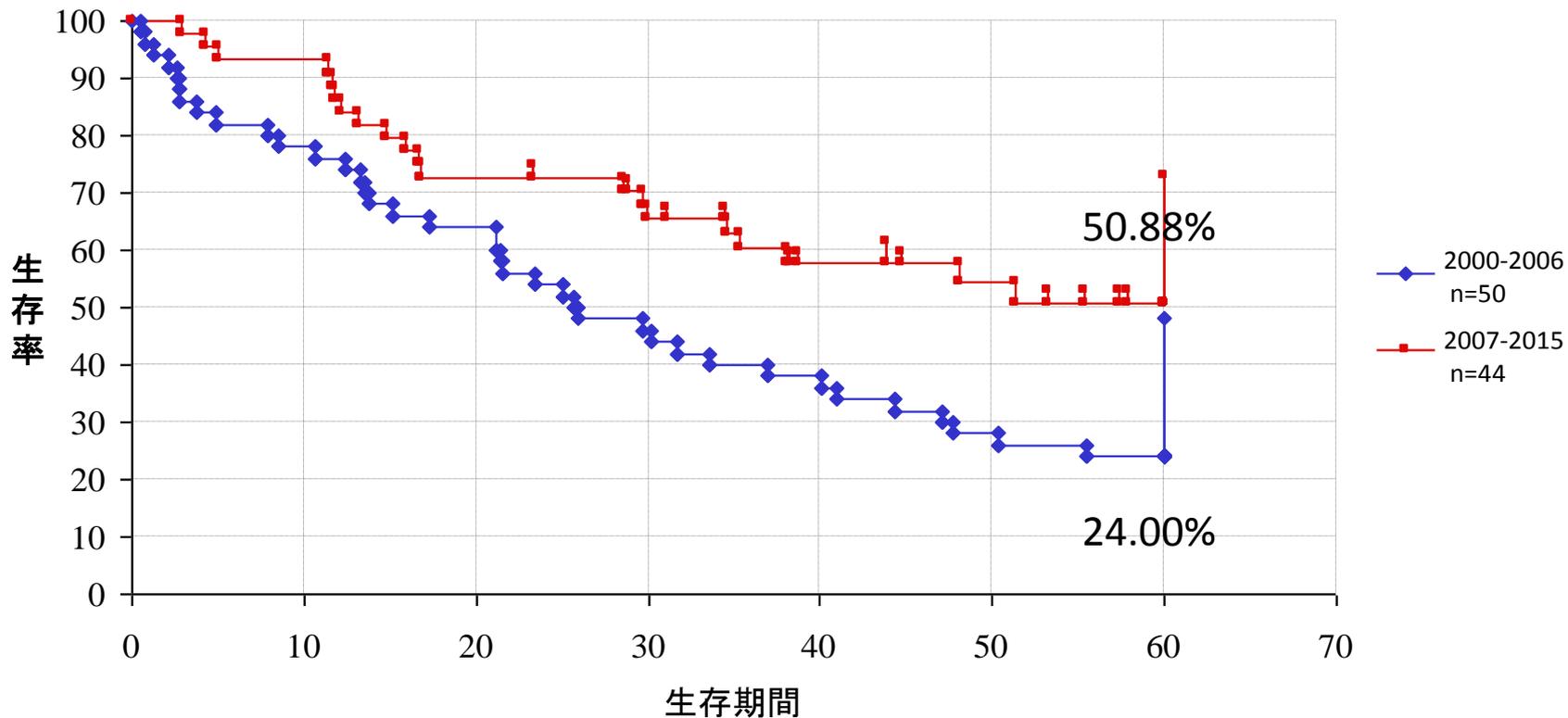
2016年 5日～15日（平均：**8.37**日）

I A期症例の増加？

2000.1-2015.12 II—IV期120例生存曲線



2000.1-2015.12 II B—IV期94例生存曲線



何故進行癌の予後も改善したのか

正確な術前病期分類

術後補助療法

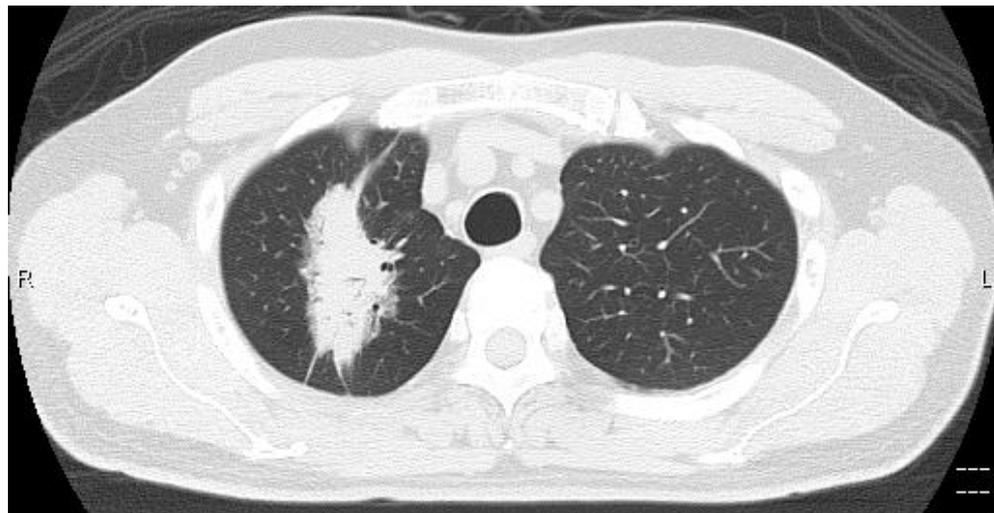
再発後の治療

手術に変化はあったのか？

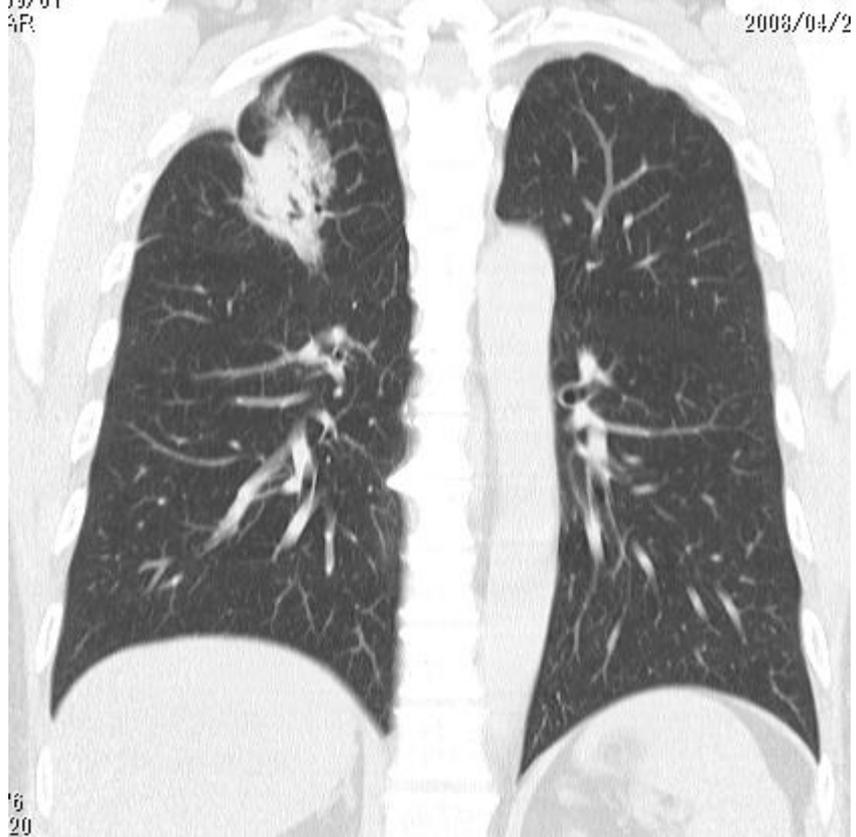
周術期管理の進歩

再発肺癌に対する治療

男性



19701
4R 2008/04/2

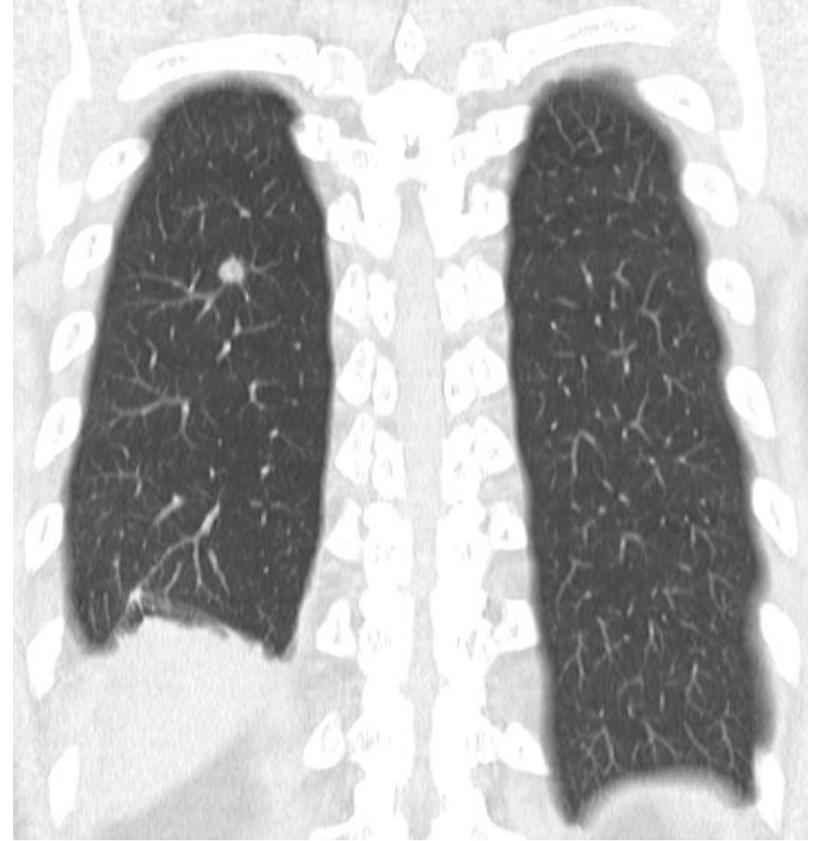


T2bN2M0 stage IIIA

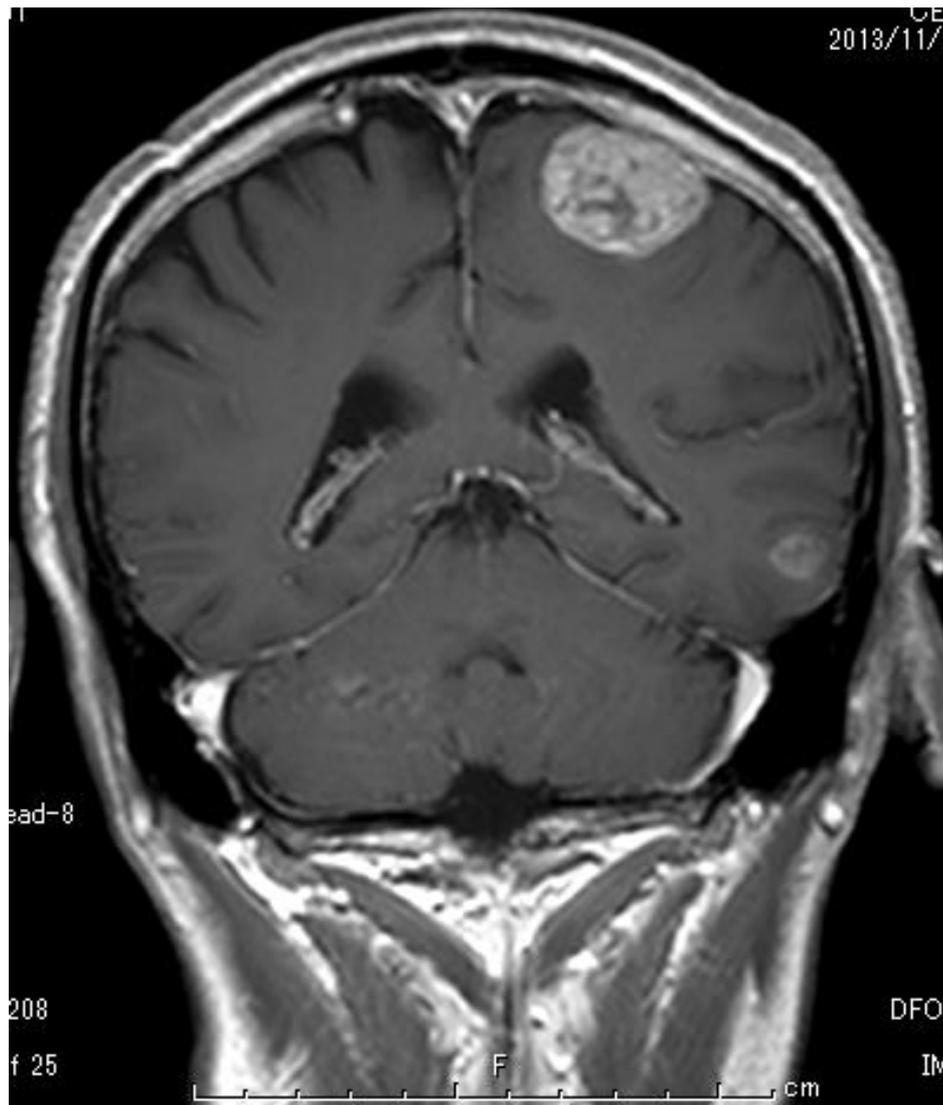
術後補助療法

CDDP+NBV 4クール

3年8ヶ月後肺転移 切除



肺転移切除後1年10ヶ月



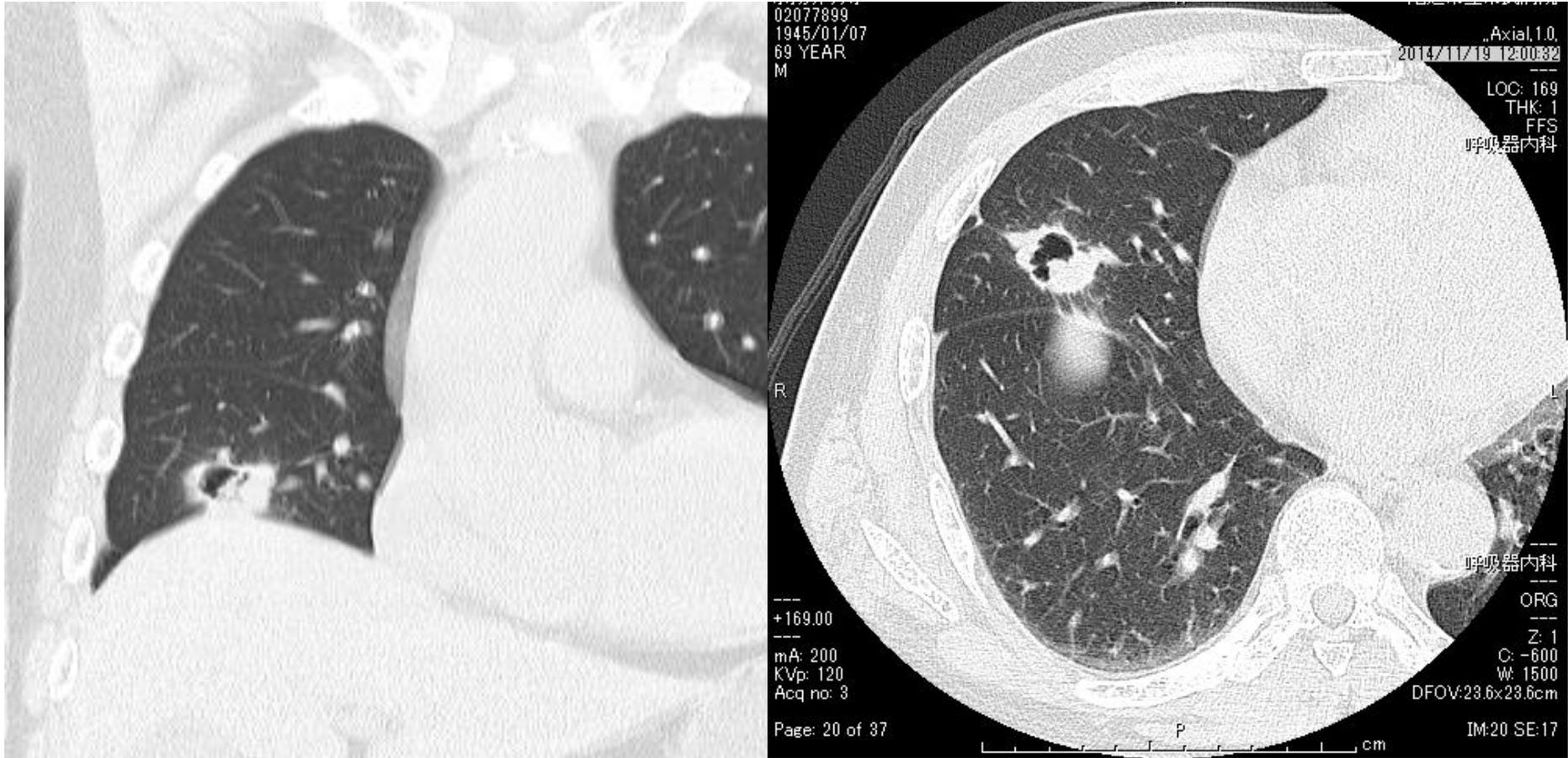
遺伝子変異陽性 Ex21:L858R

脳転移切除後 γ -knife施行

脳転移切除後分子標的薬(イレッサ)投与

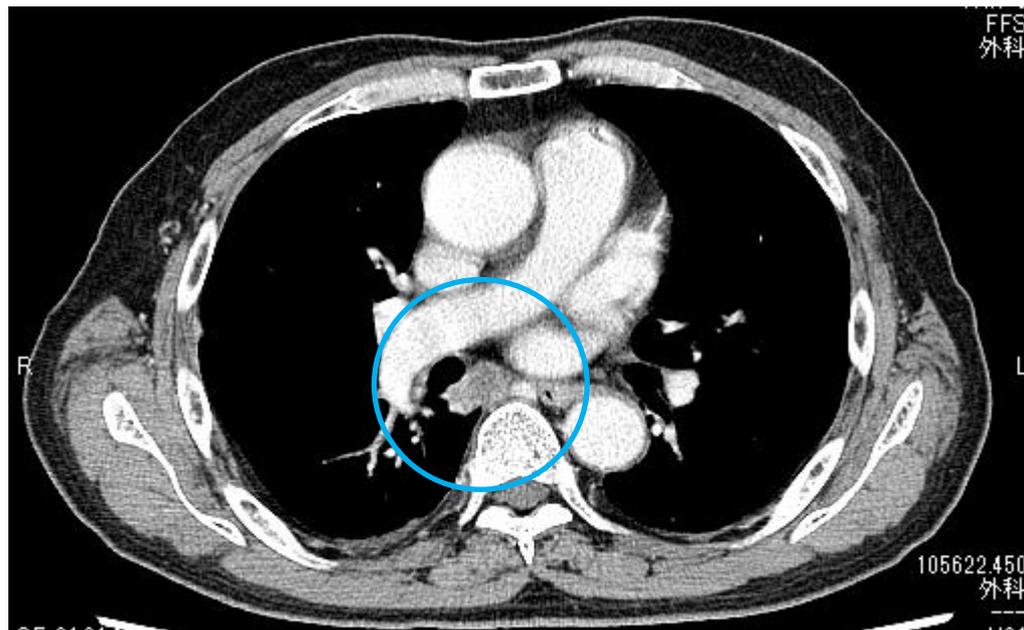
脳転移治療後42ヶ月生存中

男性

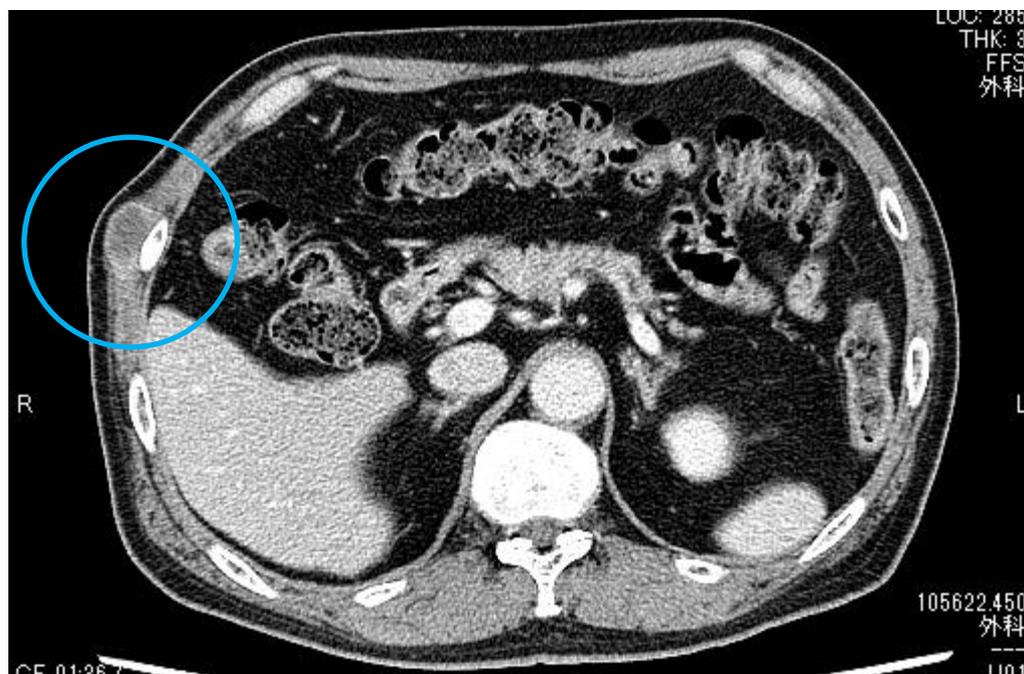


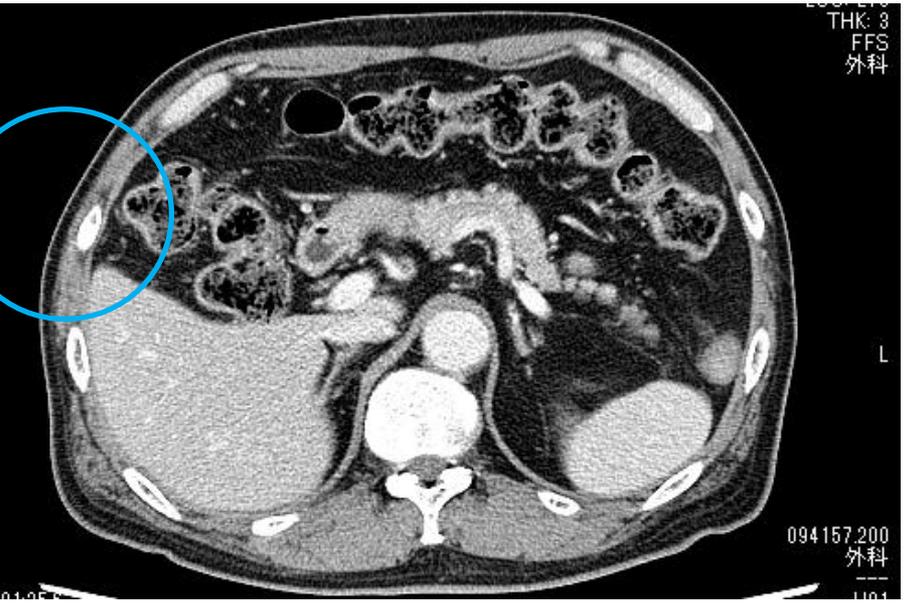
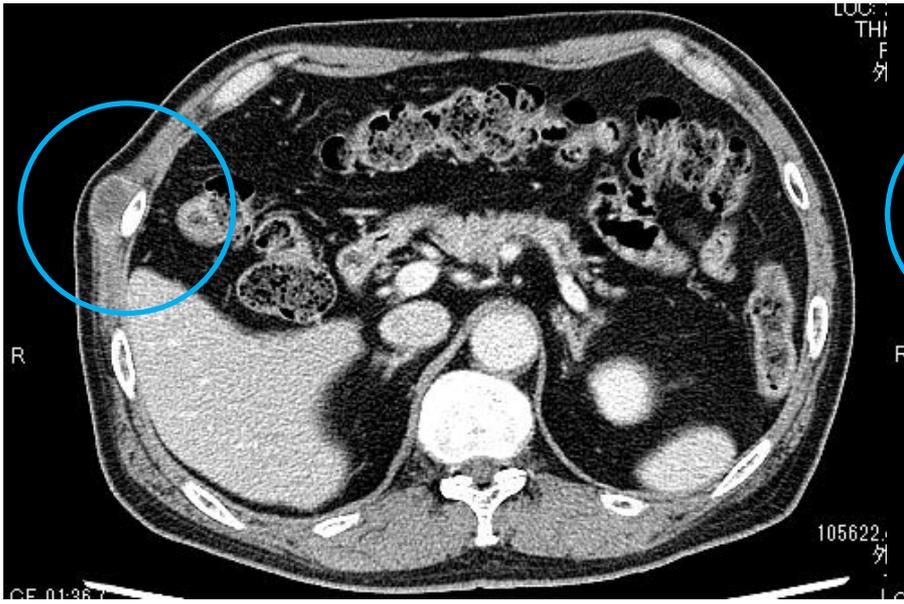
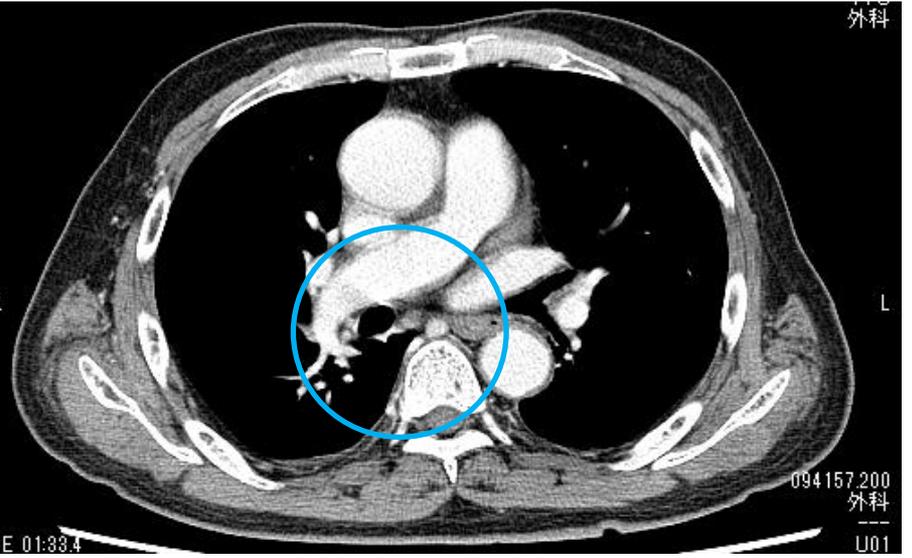
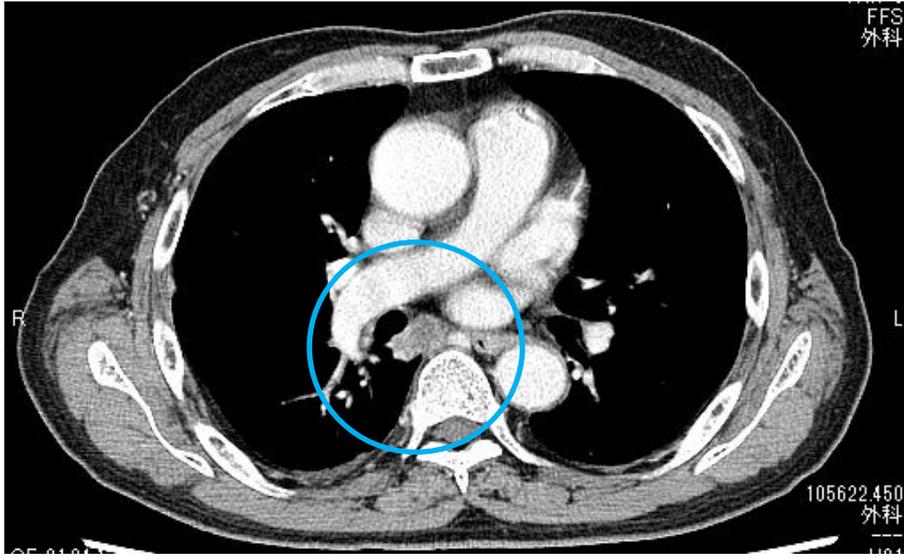
T2aN1M0 stage II A 多形癌

術後11ヶ月
胸膜播種、皮下腫瘍



CDDP+DTX+Bev.
4クール

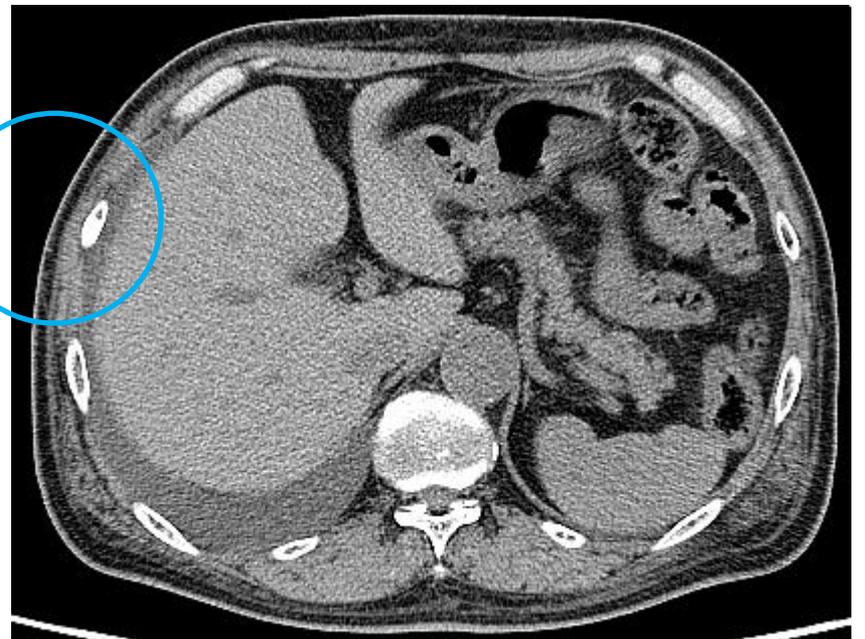
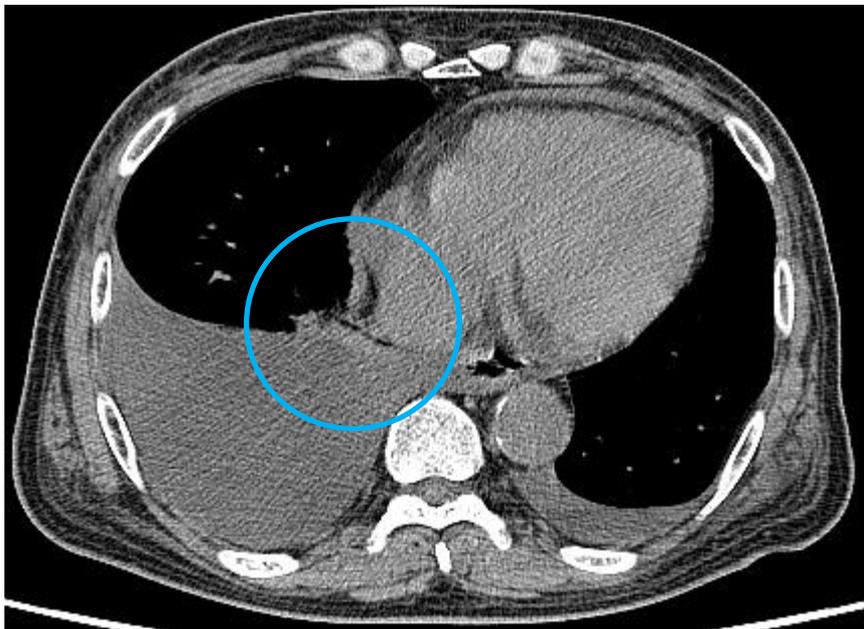
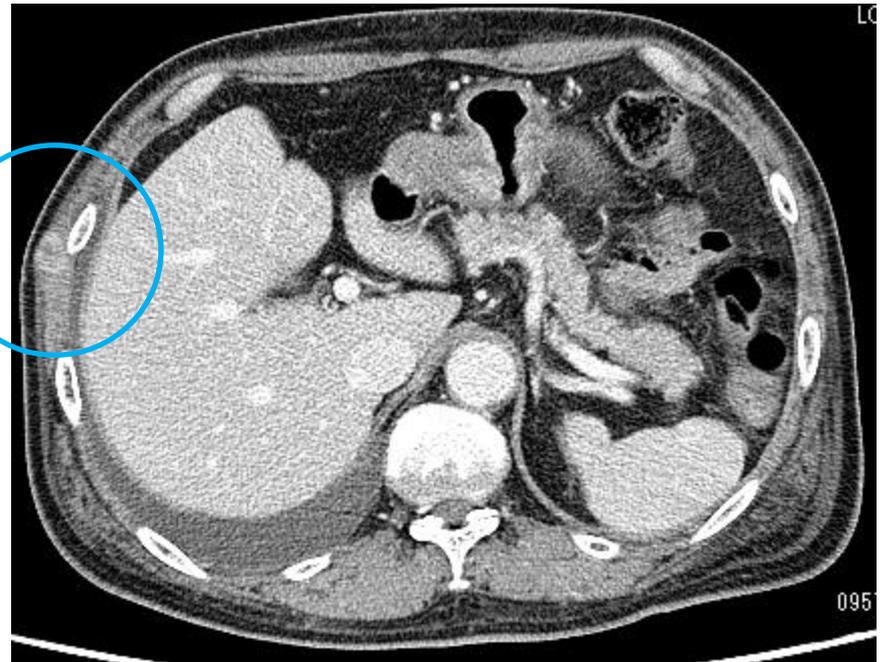
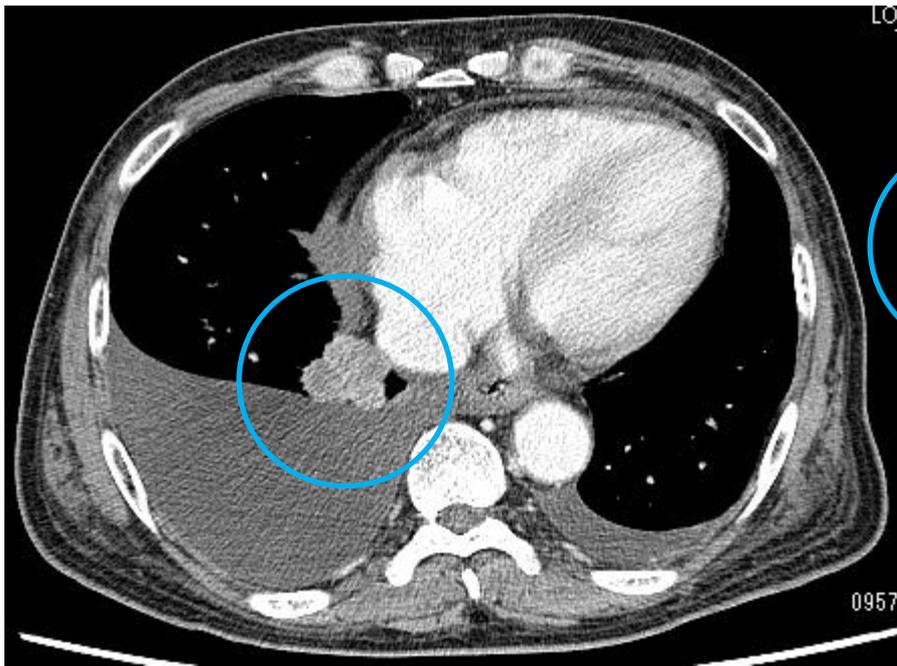




再々発確認されCDDP+GEM+Bev. 3クール施行し効果なし

免疫抑制剤 オプジーボ使用

再発しても効果が期待できる治療法が開発されてきた



進行肺癌に対する外科治療の役割

Surgical Management of Advanced Non-Small Cell Lung Cancer Is Decreasing But Is Associated With Improved Survival



Elizabeth A. David, MD, Robert J. Canter, MD, MAS, Yingjia Chen, MPH, David T. Cooke, MD, and Rosemary D. Cress, DrPH

Department of Surgery, Section of General Thoracic Surgery, and Department of Surgery, Division of Surgical Oncology, UC Davis Medical Center, Sacramento; Heart Lung Vascular Center, David Grant Medical Center, Travis AFB; Department of Public Health Sciences, UC Davis School of Medicine, Davis; and Public Health Institute, Cancer Registry of Greater California, Sacramento, California

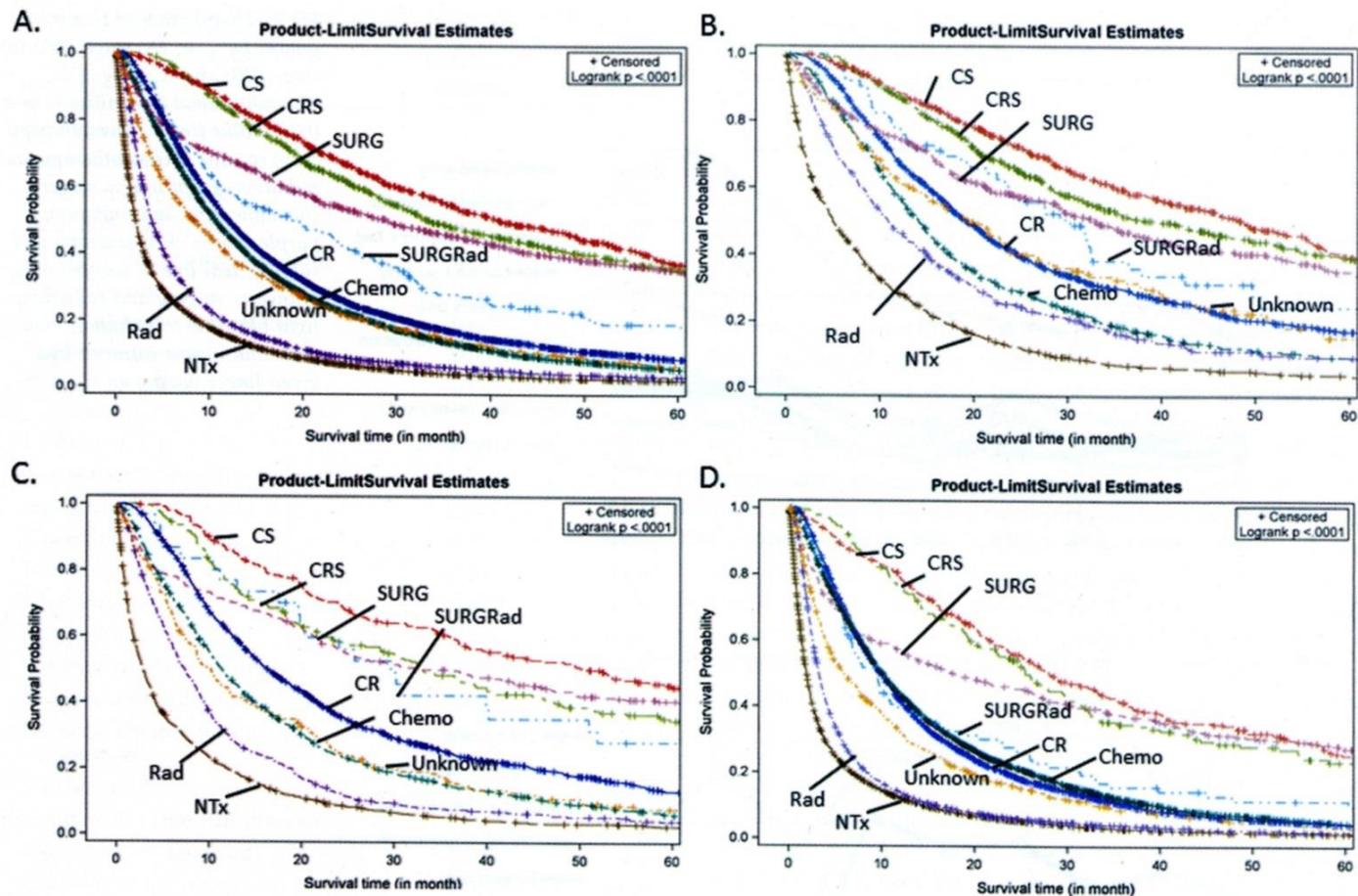


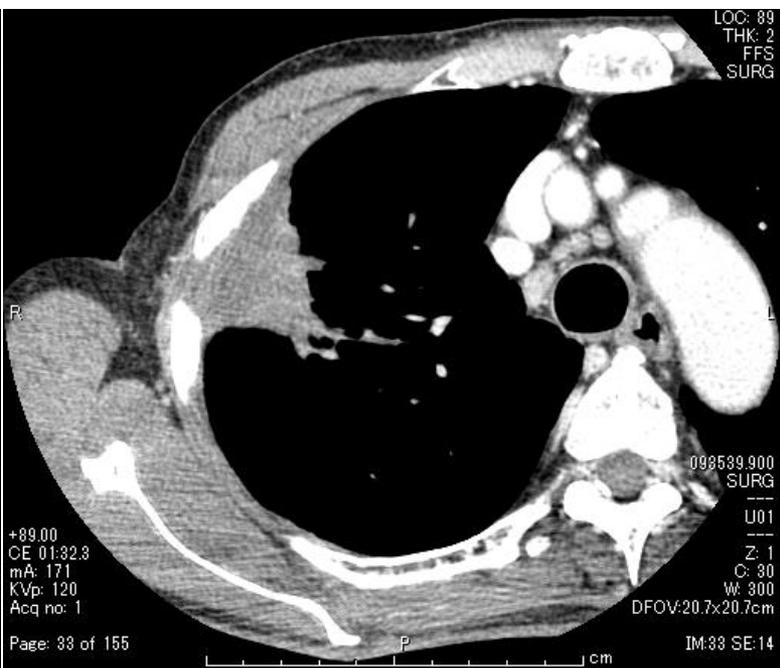
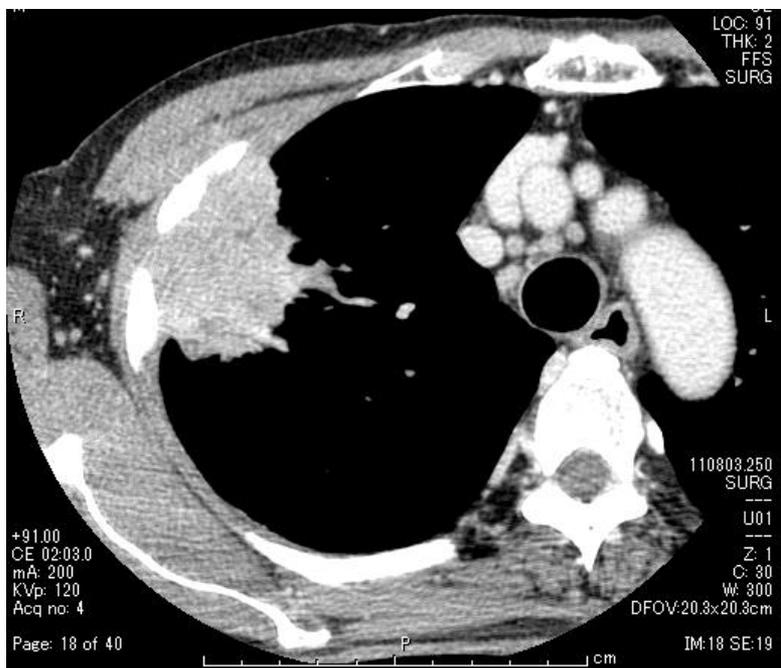
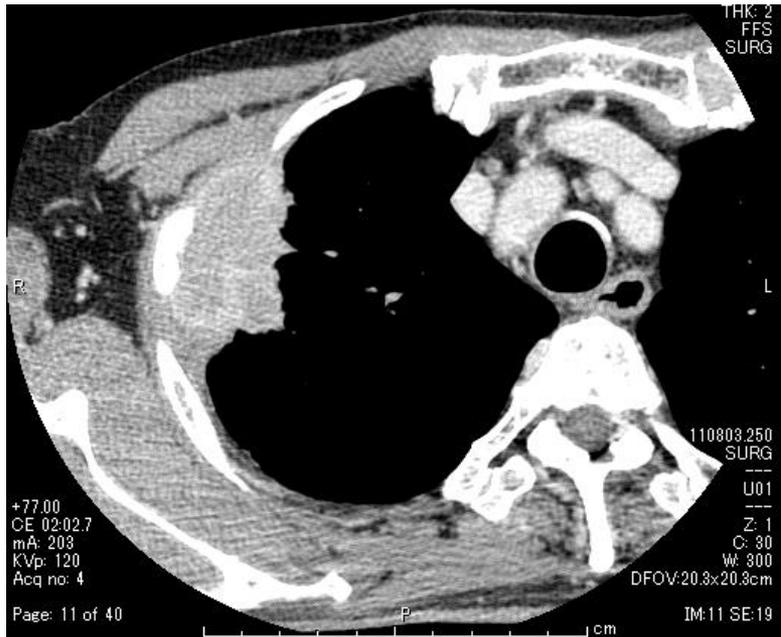
Fig 3. Kaplan-Meier plots for overall survival: (A) entire cohort; (B) stage IIIA; (C) stage IIIB; and (D) stage IV. Hatchmarks indicate censored; log rank p less than 0.0001. (Chemo = chemotherapy; CR = chemotherapy and radiation; CRS = chemotherapy, radiation, surgery; CS = chemotherapy and surgery; NTx = no treatment; Rad = radiation; SURG = surgery.)

男性



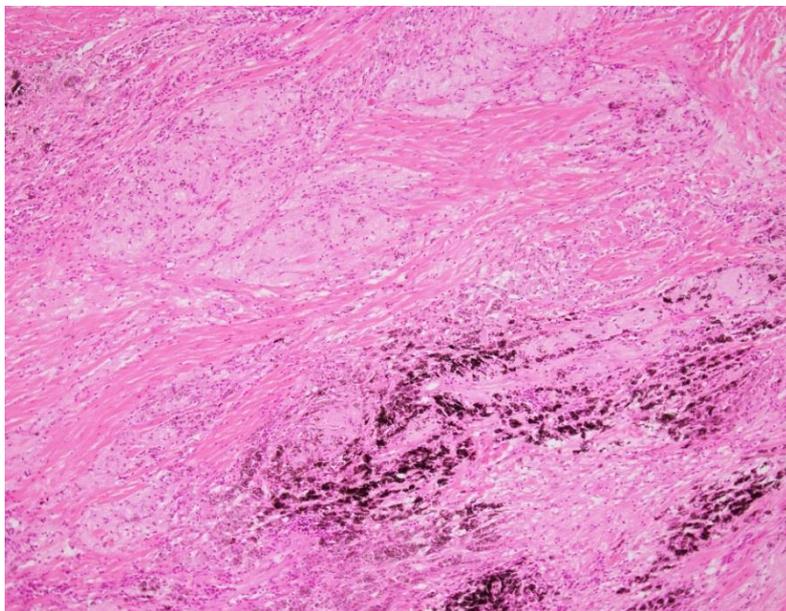
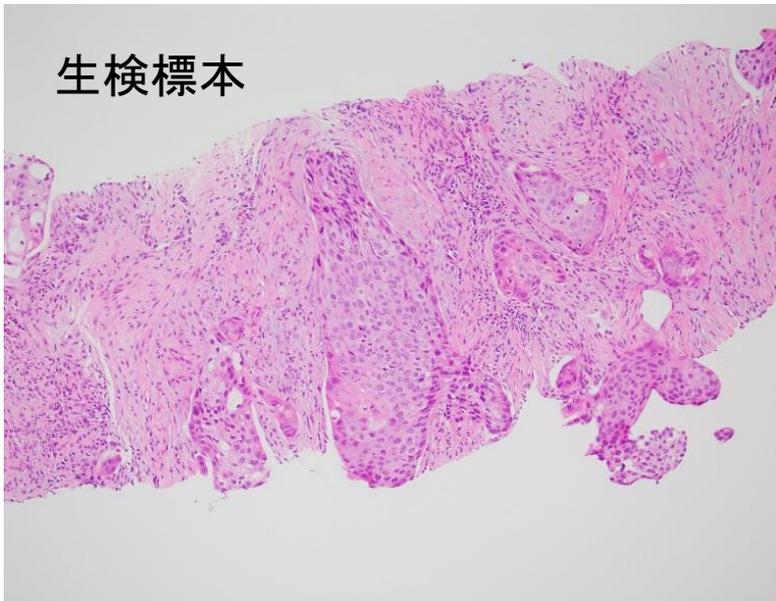
T3N1M0 stage II B 扁平上皮癌

術前 CDDP+DTX+RT(40GY)



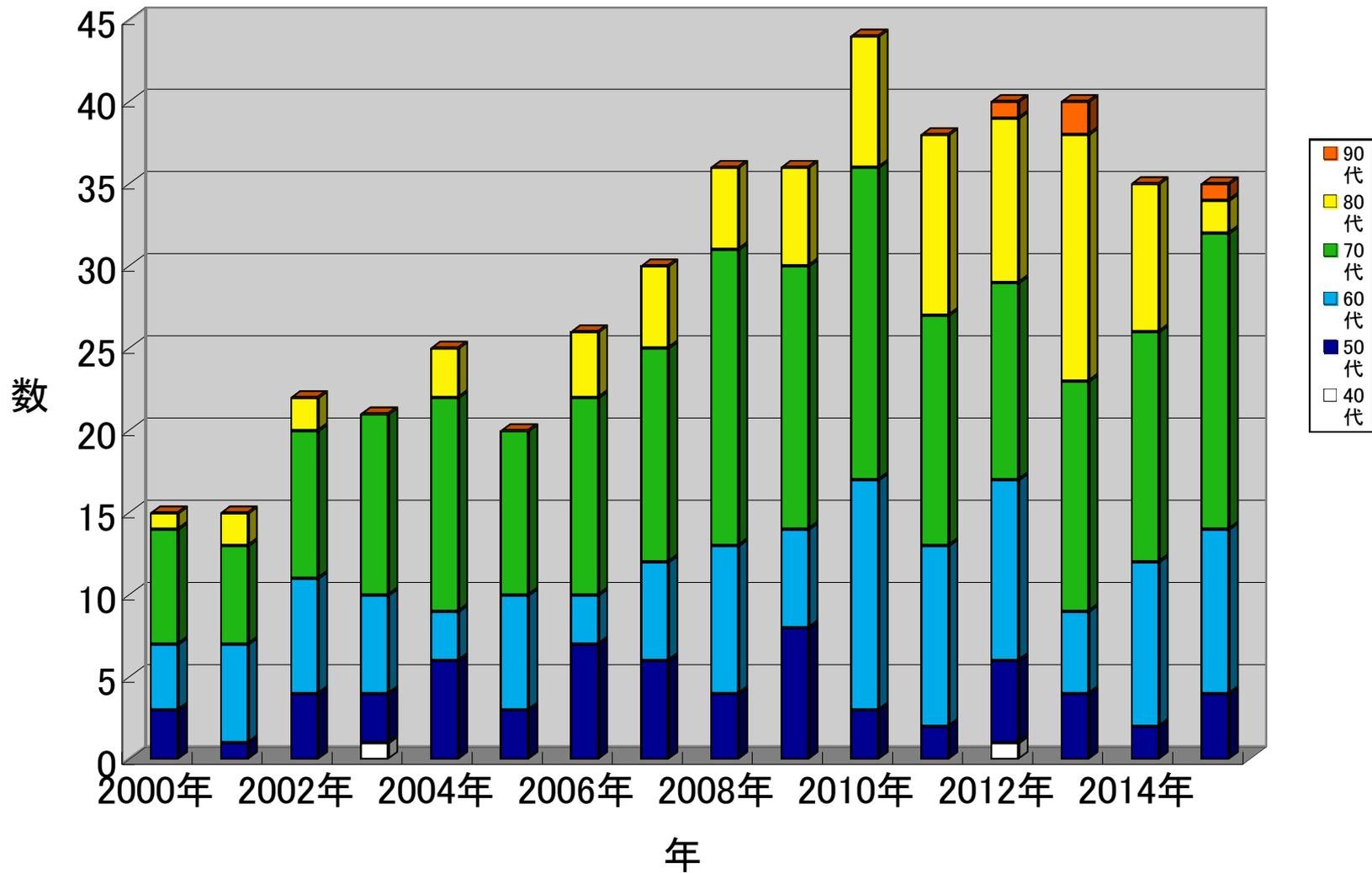
切除標本 病理結果

生檢標本

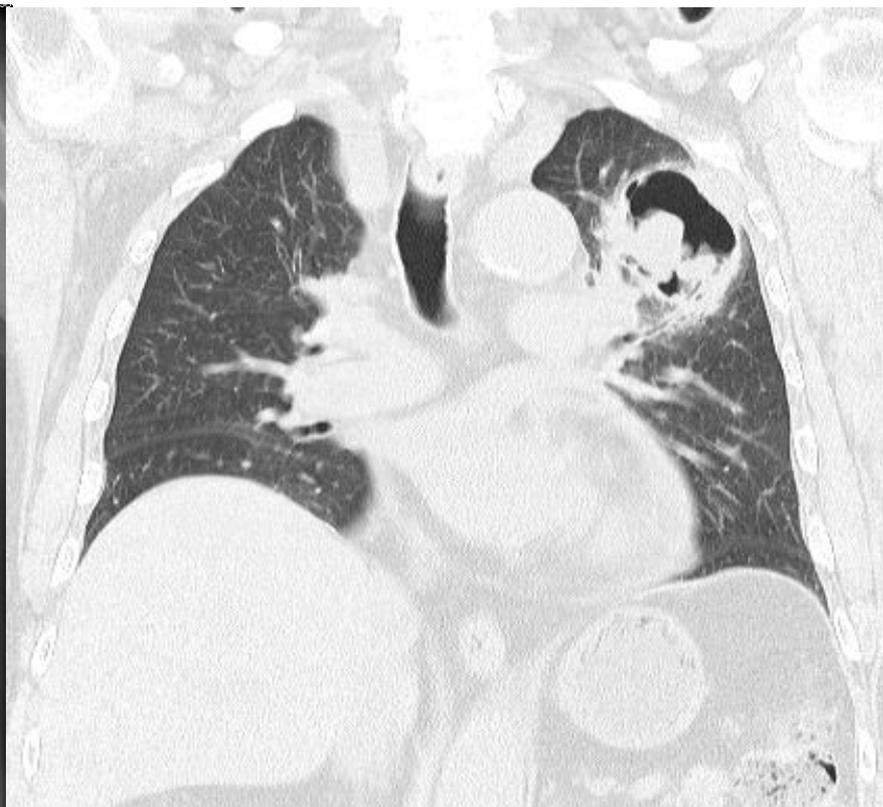


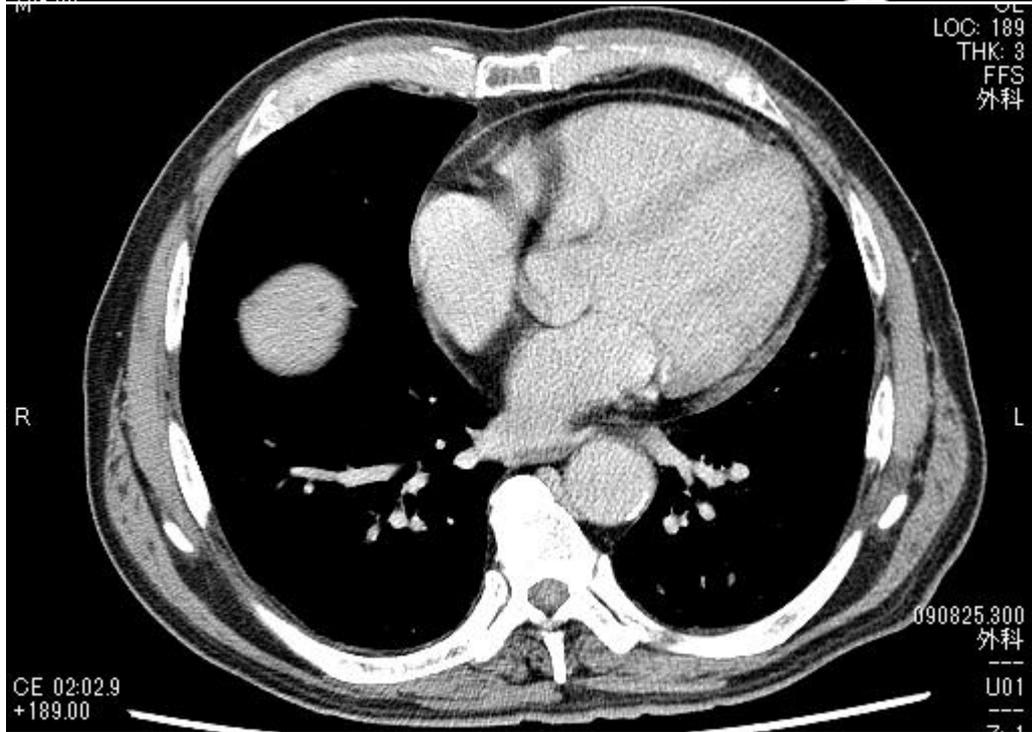
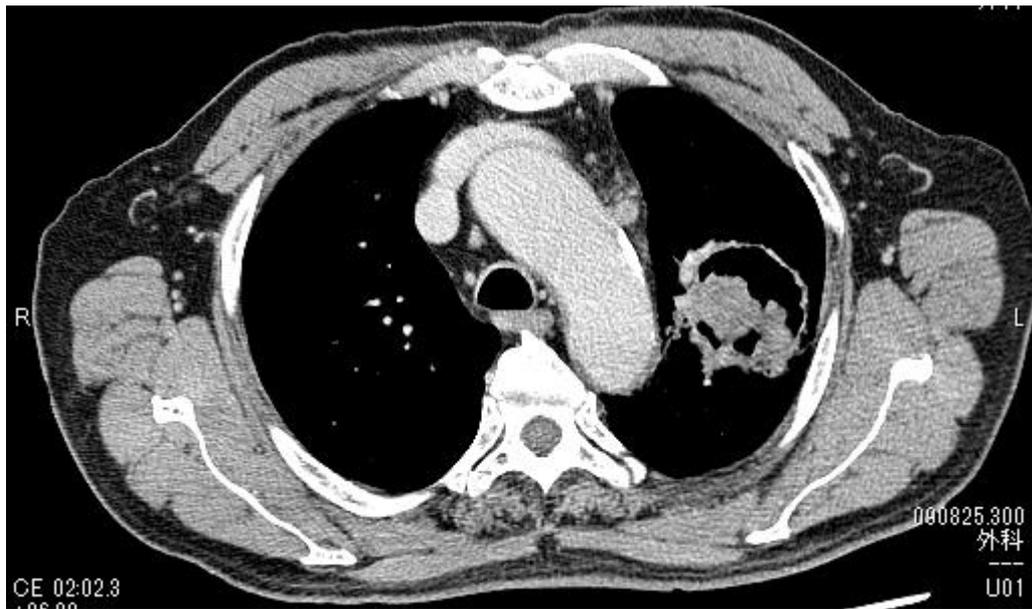
高齡者肺癌

肺癌手術症例：年齢分布



80歳以上男性 多形癌 初診時画像所見

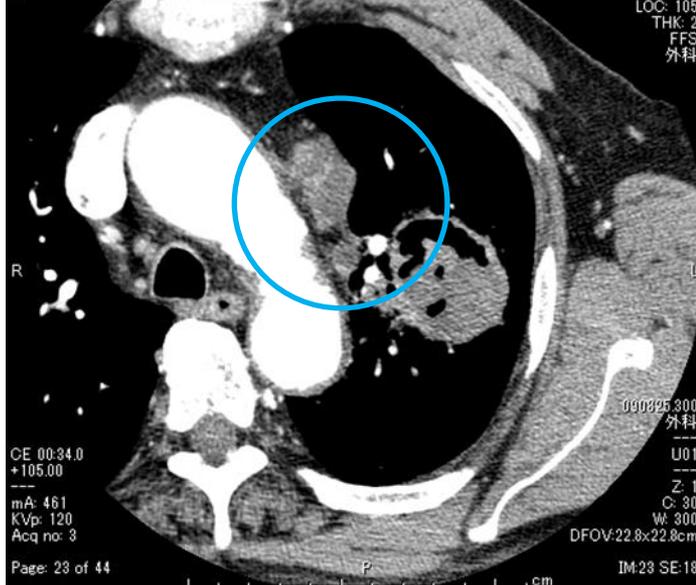




T2aN2M1a stage IV

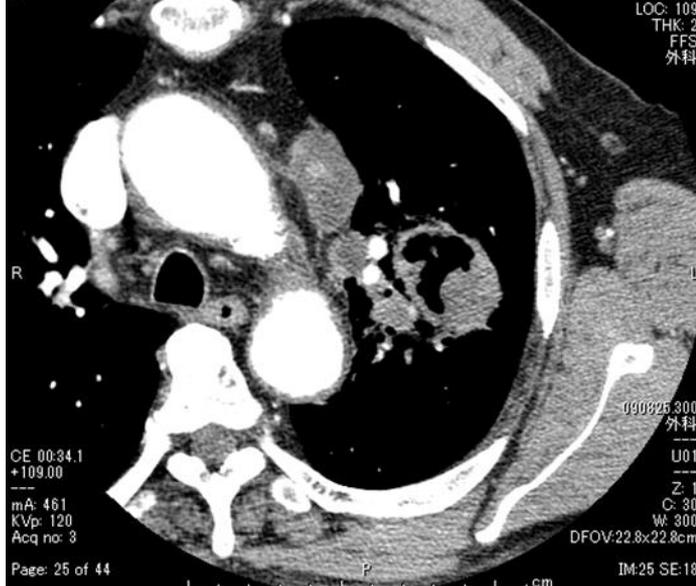
【診療記録画像】

01229459
1932/04/12
82 YEAR
M



【診療記録画像】

01229459
1932/04/12
82 YEAR
M



【診療記録画像】

01229459
1932/04/12
82 YEAR
M



【診療記録画像】

01229459
1932/04/12
82 YEAR
M



【診療記録画像】

01229459
1932/04/12
82 YEAR
M



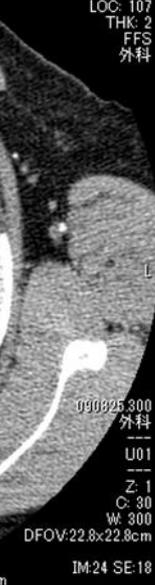
【診療記録画像】

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1932/04/12
82 YEAR
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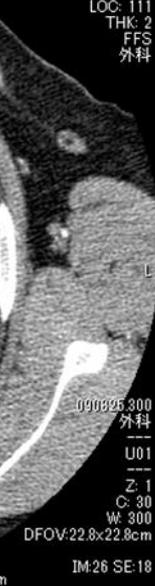
【診療記録画像】

01229459
1932/04/12
82 YEAR
M



【診療記録画像】

01229459
1932/04/12
82 YEAR
M



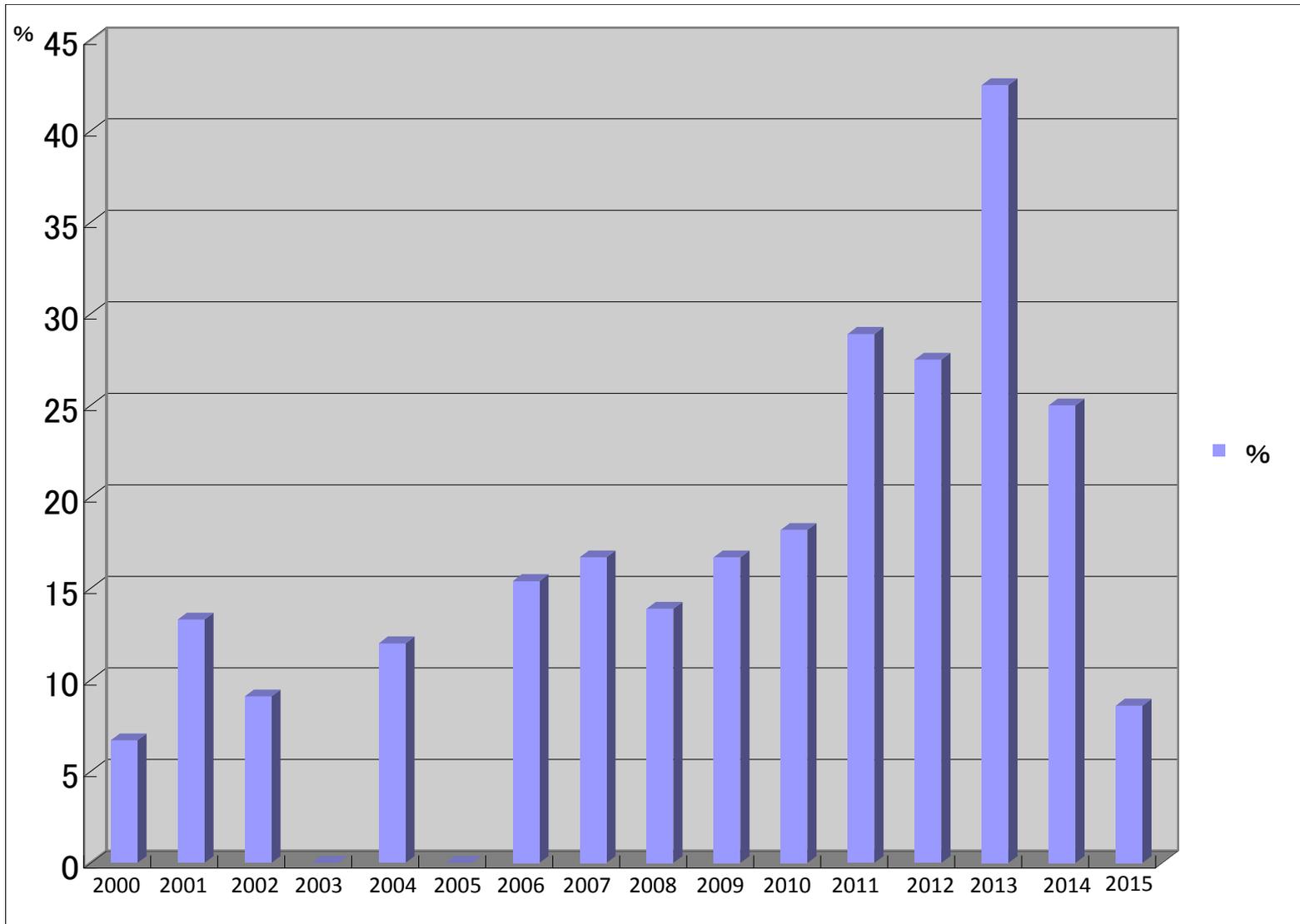
ガイドラインでは手術適応はない患者さんでしたが・・・

術後1年目 縦隔リンパ節再発

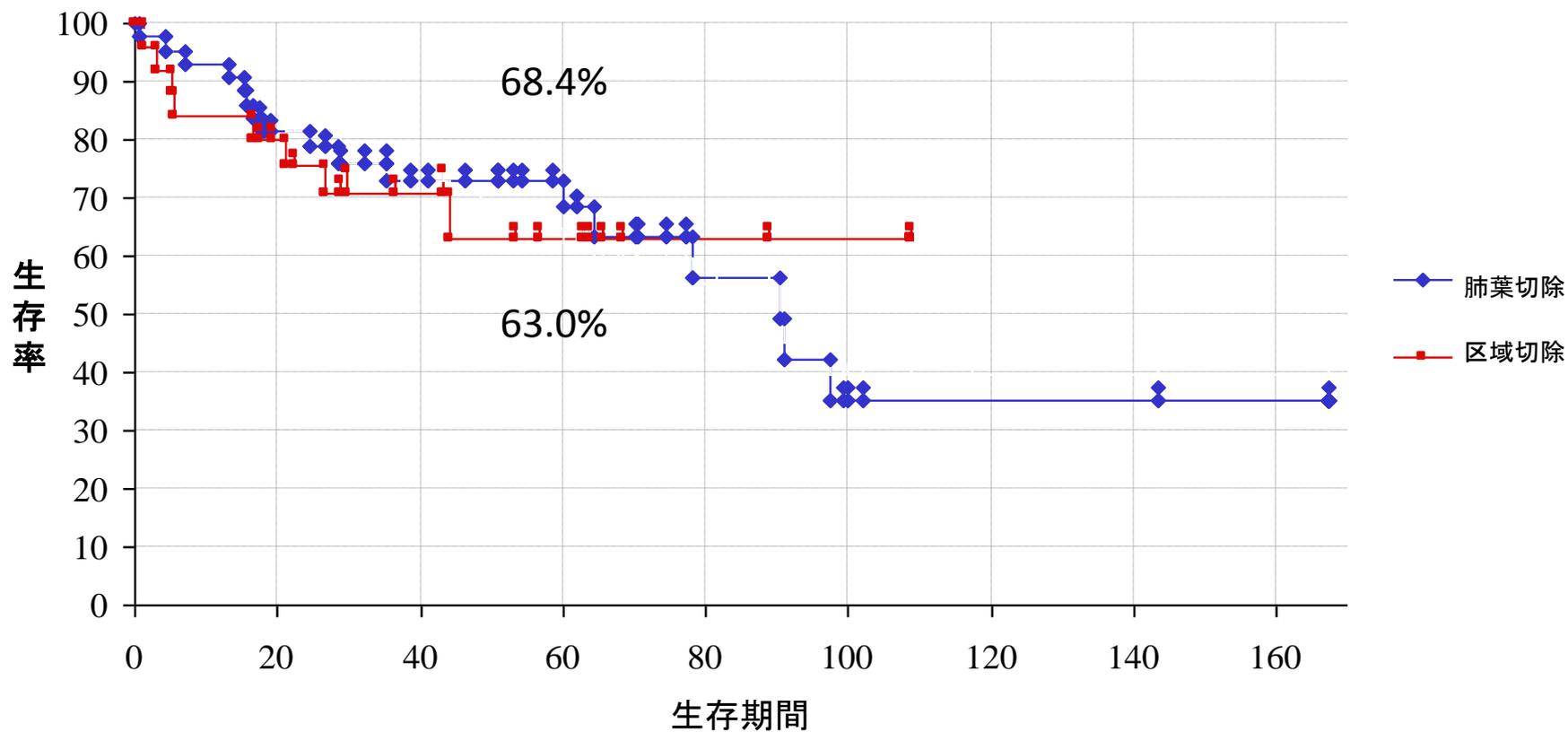
放射線治療後1年10ヶ月生存中

80歳以上の患者さんに手術します？

80歲以上手術症例比率



80歲以上肺葉切除、区域切除症例



今後肺癌外科治療の進歩はある？

Robot手術？

3Dプリンターの利用？

他には？

ご静聴ありがとうございました