

2012年 NPO法人がん情報局
活動報告会

近未来のがん医療



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かなり昔

咳
血痰

胃痛
吐血

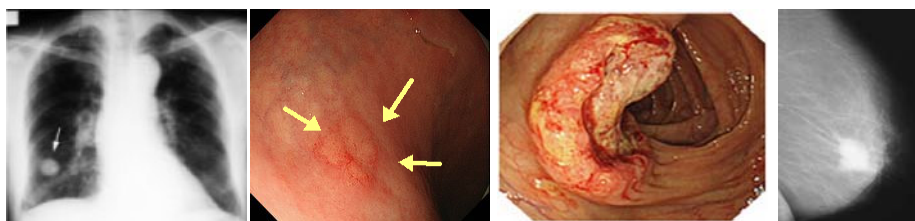
便秘
下血

しこり
血性分泌



「がんです。手術しましょう。」

昔

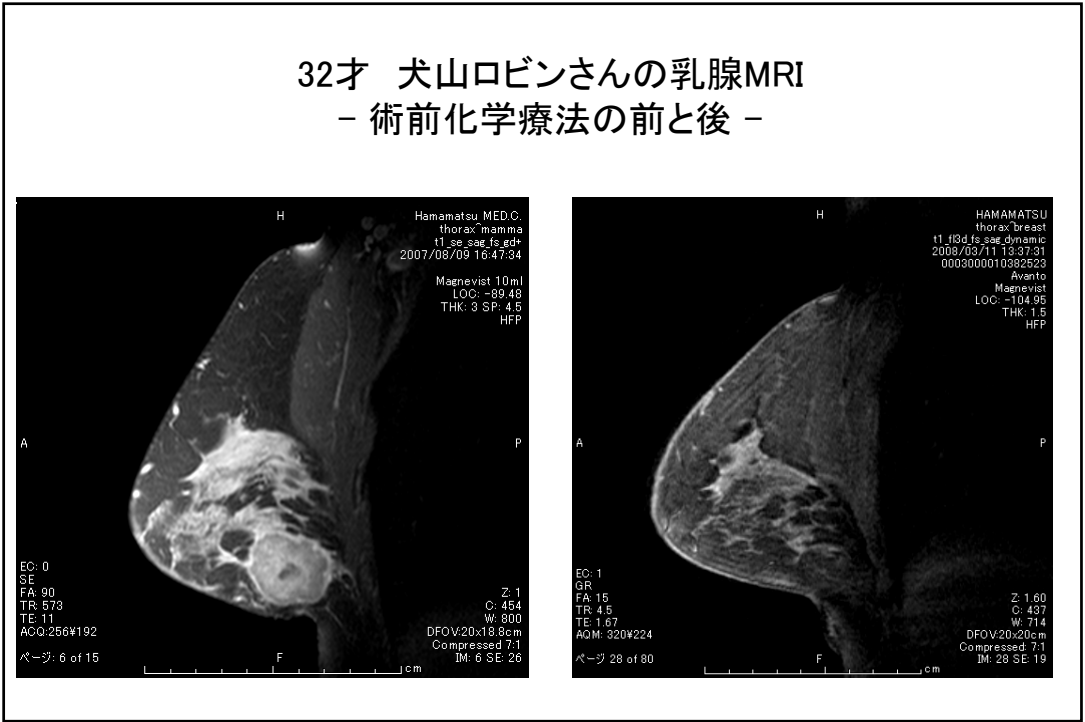
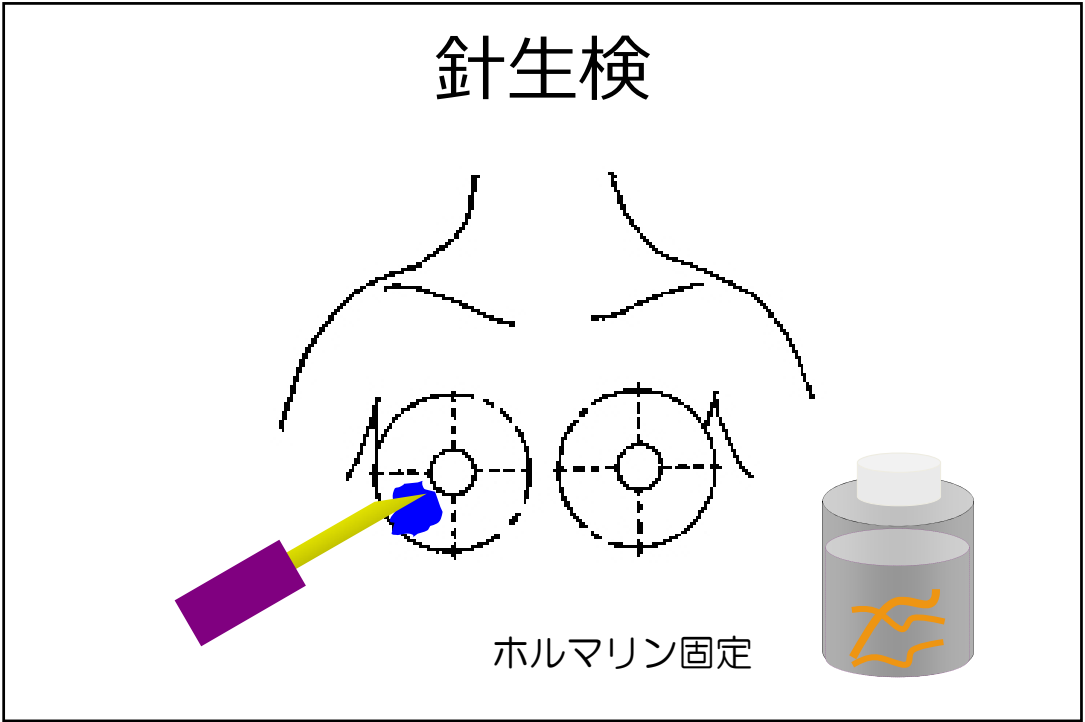


「がんです。手術しましょう。」

今

32才
女性
しこり





がん予防

- がんにかからないようにする -

タバコをやめる

お酒をひかえる

適度な運動を続ける

ピロリ菌を除菌する

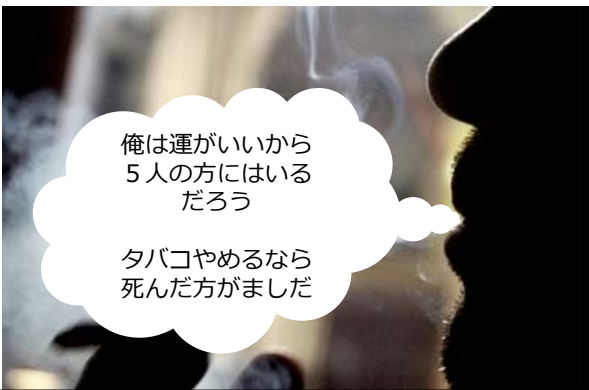
複数のセックスパートナーを持たない

子宮頸がんワクチン接種（中学生から熟年前まで）

乳がん予防薬（タモキシフェン、ラロキシフェン）

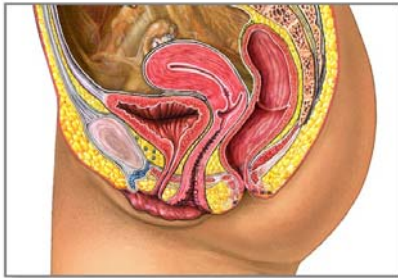


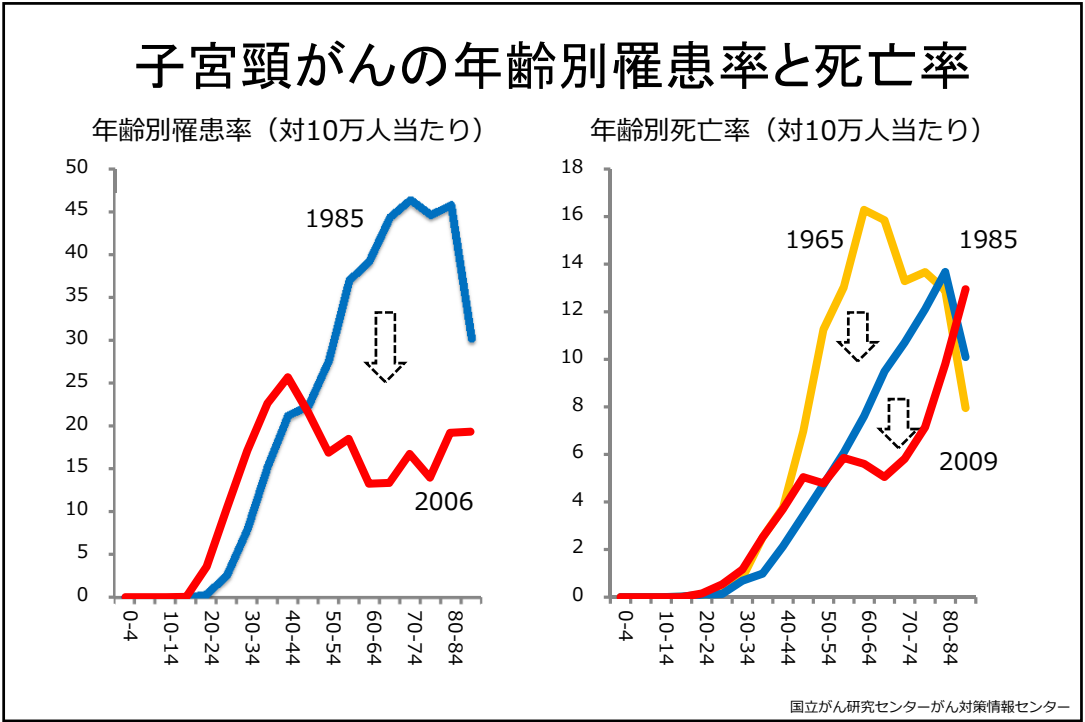
タバコと肺がん死亡のリスク（国立がんセンター発表）

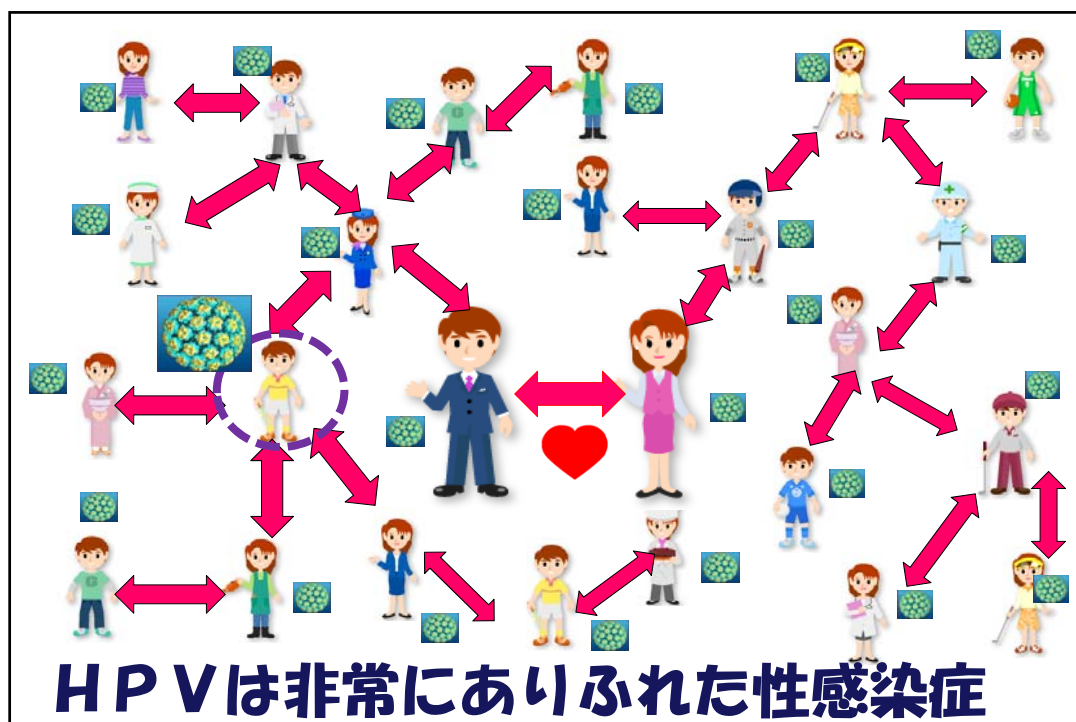
		リスクは
20 歳から 毎日 20 本 の喫煙者 6 人に 1 人が 60歳までに 肺がんで死亡	開始 若いほど	高い
	本数 多いほど	高い
	 俺は運がいいから 5人の方にはいる だろう タバコやめるなら 死んだ方がましだ	

子宮頸がん







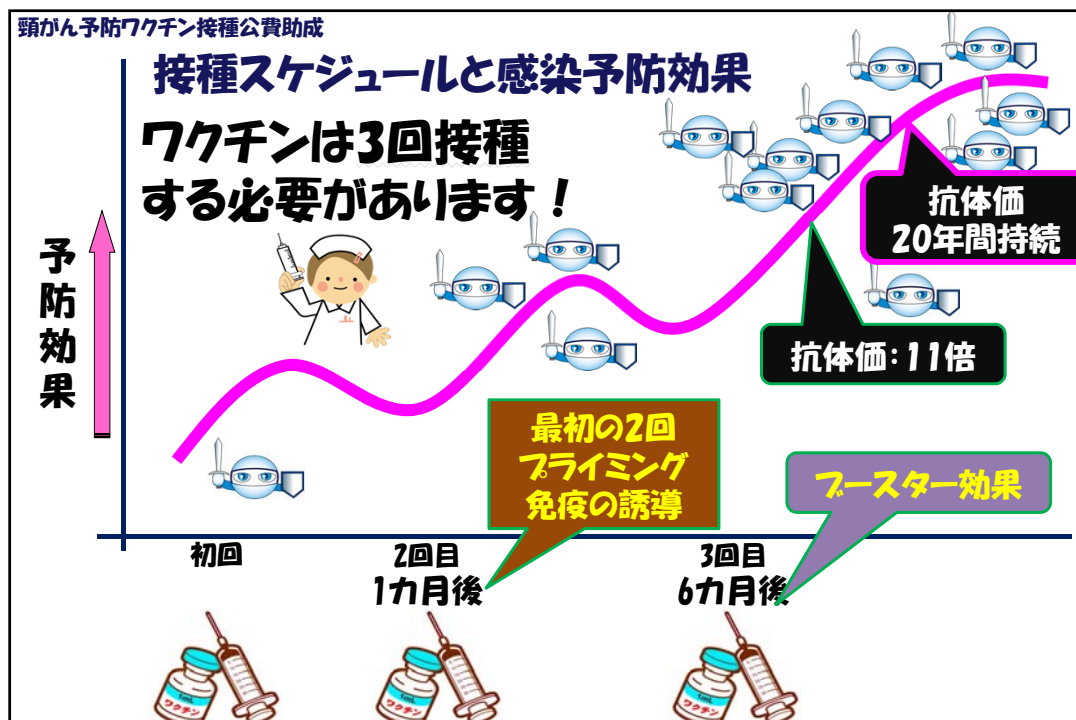
ふたりがよければ
したっていいじゃん。

子宮頸がんは ヒトパピローマウイルス (Human Papilloma Virus : HPV) 感染が原因

子宮頸がんはギリシャの昔からビーナス病と呼ばれ、性交経験のない修道女や尼さんには決して発生しないが、娼婦や放蕩主人を持つ婦人には多く性行為と関連深いがんであると考えられていた。

1983年、HPV16型が子宮頸がんの90%に検出されることが証明された。その後、子宮頸がんはHPV16型、18型などの感染が原因であることが証明され、性感染症（性病）と認識されるにいたった。

その後、簡単に操作できるHPV検出キットも次々と開発されたことで、HPVの一般人口内の隠れた大流行の存在が認知され、また、それと子宮頸がん発生との関連性についても、驚くような事実が次々と明らかになって来ている。



がん検診

- がんを早期に見つける -

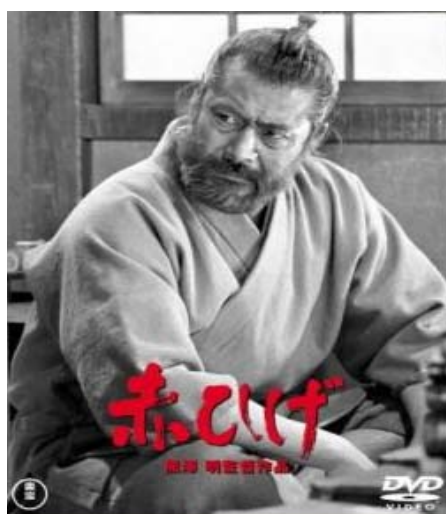
大腸がん 大便検査 大腸内視鏡

前立腺がん 血液中PSA (Prostate Specific Antigen)

胃がん 胃内視鏡 ピロリ菌検査

乳がん マンモグラフィ検診

昔の医師像



黙ってわしの薬を飲みなさい



やげん
薬研

医師-患者関係の多様化

怖い先生

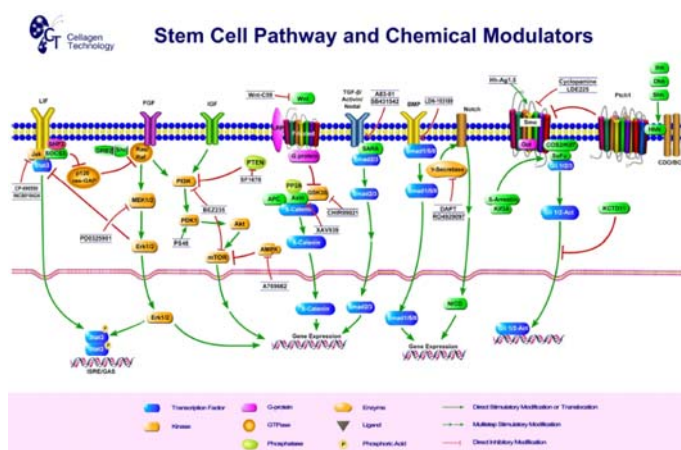
友達みたいな先生

よく説明してくれる先生

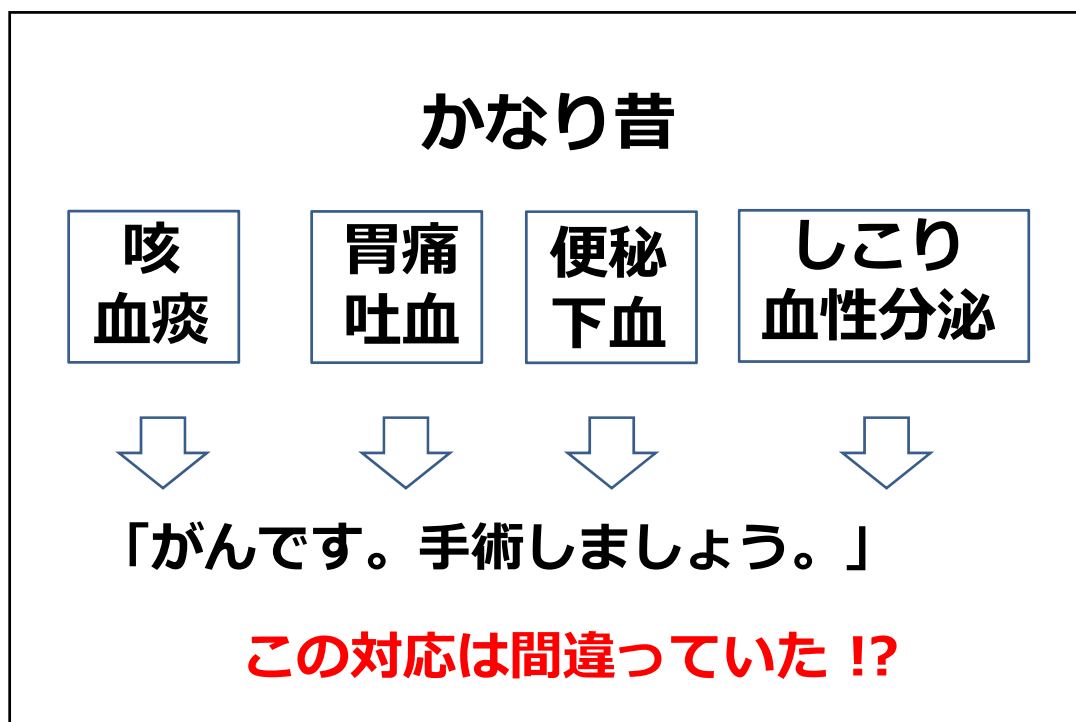
女子大生みたいな先生

希望通りにしてくれる先生

近未来のがん医療



いろいろなことが益々複雑化



Original Article

**Radical Prostatectomy versus Observation for
Localized Prostate Cancer**

Timothy J. Wilt, M.D., M.P.H., Michael K. Brawer, M.D., Karen M. Jones, M.S., Michael J. Barry, M.D., William J. Aronson, M.D., Steven Fox, M.D., M.P.H., Jeffrey R. Gingrich, M.D., John T. Wei, M.D., Patricia Gilhooly, M.D., B. Mayer Grob, M.D., Imad Nsouli, M.D., Padmini Iyer, M.D., Ruben Cartagena, M.D., Glenn Snider, M.D., Claus Roehrborn, M.D., Ph.D., Roohollah Sharifi, M.D., William Blank, M.D., Parikshit Pandya, M.D., Gerald L. Andriole, M.D., Daniel Culkin, M.D., Thomas Wheeler, M.D., for the Prostate Cancer Intervention versus Observation Trial (PIVOT) Study Group

N Engl J Med
Volume 367(3):203-213
July 19, 2012

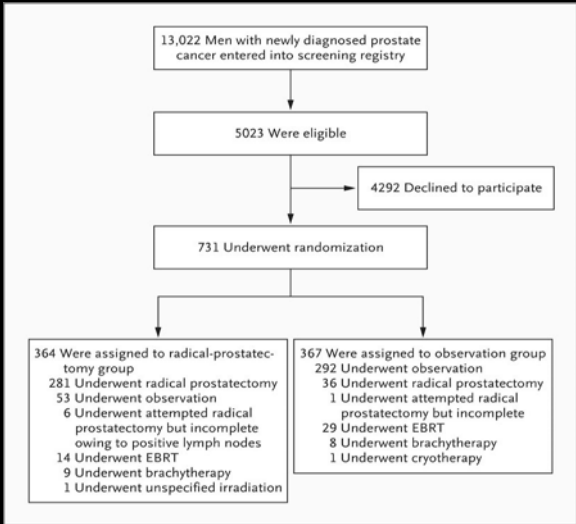
 The NEW ENGLAND
JOURNAL of MEDICINE

Study Overview

- Over 700 men were assigned to radical prostatectomy or observation after receiving a diagnosis of prostate cancer, usually on the basis of elevated PSA levels.
- After a median of 10 years, between-group differences in all-cause and prostate-cancer mortality were not significant.



Study Enrollment and Treatment.



Wilt TJ et al. N Engl J Med 2012;367:203-213



A Death from Any Cause

Proportion Who Died

Years

Observation

Radical prostatectomy

No. at Risk	367	341	315	288	258	176	106	26	0
Observation	367	341	315	288	258	176	106	26	0
Radical prostatectomy	364	352	329	300	267	187	126	36	0

B Death from Prostate Cancer

Proportion Who Died

Years

Radical prostatectomy

Observation

No. at Risk	367	341	315	288	258	176	106	26	0
Observation	367	341	315	288	258	176	106	26	0
Radical prostatectomy	364	352	329	300	267	187	126	36	0



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A Death from Any Cause				
Subgroup	Observation no./person-years	Radical Prostatectomy no./person-years	Hazard Ratio (95% CI)	P Value for Interaction
Overall Age	181/167	171/164		
<65 yr	50/32	43/32	0.88 (0.57–1.38)	
65–74 yr	112/104	128/102	0.89 (0.59–1.34)	0.83
≥75 yr	19/19	0/0	0.59 (0.00–3.00)	
Race				
White	178/200	117/152	0.84 (0.61–1.06)	
Black	33/32	40/33	0.93 (0.63–1.38)	
Other	12/9	6/7	0.93 (0.41–2.12)	
Charlson score				
0	86/200	82/154	0.90 (0.66–1.23)	0.79
≥1	95/147	89/140	0.84 (0.63–1.12)	
Performance score				
0	146/150	139/152	0.89 (0.71–1.12)	0.66
≥1	35/57	32/12	0.82 (0.42–1.61)	
PSA				
<10	205/204	120/158	0.90 (0.79–1.02)	0.04
≥10	77/123	61/136	0.87 (0.68–1.04)	
Risk				
Low	34/48	62/48	1.13 (0.69–1.86)	0.57
Intermediate	101/120	98/129	0.90 (0.71–1.14)	
High	48/80	42/77	0.78 (0.49–1.23)	0.87
Gleason score				
<7	127/161	113/104	0.86 (0.67–1.12)	
≥7	54/86	58/60	0.83 (0.63–1.12)	

B Death from Prostate Cancer				
Subgroup	Observation no./person-years	Radical Prostatectomy no./person-years	Hazard Ratio (95% CI)	P Value for Interaction
Overall Age	81/167	81/164		
<65 yr	22/31	21/32	0.92 (0.33–1.06)	0.63
65–74 yr	49/104	59/102	0.92 (0.60–1.41)	
≥75 yr	10/19	0/0	0.59 (0.00–3.00)	
Race				
White	77/200	117/152	0.97 (0.80–1.16)	0.76
Black	23/32	32/33	0.80 (0.51–1.24)	
Other	1/9	0/7	0.59 (0.00–3.00)	
Charlson score				
0	28/200	23/154	0.89 (0.74–1.07)	0.67
≥1	53/147	58/140	0.94 (0.72–1.23)	
Performance score				
0	20/150	18/152	0.92 (0.71–1.21)	0.61
≥1	61/57	63/12	0.84 (0.43–1.71)	
PSA				
<10	135/204	83/158	0.92 (0.80–1.05)	0.11
≥10	46/123	61/136	0.90 (0.71–1.14)	
Risk				
Low	24/48	51/48	1.48 (0.83–2.68)	0.11
Intermediate	71/120	61/129	0.90 (0.71–1.14)	
High	14/80	11/77	0.90 (0.48–1.70)	
Gleason score				
<7	58/161	57/104	0.88 (0.71–1.09)	0.17
≥7	23/86	24/60	0.93 (0.71–1.14)	


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Adverse Events Occurring within 30 Days after Surgery.

Table 1. Adverse Events Occurring within 30 Days after Surgery.*

Event	Patients (N = 280)
	no. (%)
Any	60 (21.4)
Pneumonia	2 (0.7)
Wound infection	12 (4.3)
Urinary tract infection	7 (2.5)
Sepsis	3 (1.1)
Deep-vein thrombosis	2 (0.7)
Stroke	1 (0.4)
Pulmonary embolism	2 (0.7)
Myocardial infarction	3 (1.1)
Renal failure or dialysis	1 (0.4)
Bowel injury requiring surgical repair	3 (1.1)
Additional surgical repair	7 (2.5)
Bleeding requiring transfusion	6 (2.1)
Urinary catheter present >30 days after surgery	6 (2.1)
Death	1 (0.4)
Other	28 (10.0)

* Of the 364 men randomly assigned to the radical-prostatectomy group, radical prostatectomy was completed in 280. Multiple events may have occurred in a single patient.

Wilt TJ et al. N Engl J Med 2012;367:203-213



Patient-Reported Urinary, Erectile, and Bowel Dysfunction at 2 Years, According to Study Group.

Table 2. Patient-Reported Urinary, Erectile, and Bowel Dysfunction at 2 Years, According to Study Group.*			
Dysfunction	Radical Prostatectomy	Observation	P Value
	no./total no. (%)		
Urinary incontinence†	49/287 (17.1)	18/284 (6.3)	<0.001
Erectile dysfunction‡	231/285 (81.1)	124/281 (44.1)	<0.001
Bowel dysfunction§	35/286 (12.2)	32/282 (11.3)	0.74

* The values reported are the number of men reporting the dysfunction and the total number of men who responded to the question.

† Urinary incontinence was defined by patient reports (“have a lot of problems with urinary dribbling,” “lose larger amounts of urine than dribbling but not all day,” “have no control over urine,” or “have an indwelling catheter”).

‡ Erectile dysfunction was defined as the inability to have an erection or an erection sufficient for vaginal penetration.

§ Bowel dysfunction was defined by patient reports that it was a “moderate” or “big” problem.

Wilt TJ et al. N Engl J Med 2012;367:203-213



Conclusions

- Among men with localized prostate cancer detected during the early era of PSA testing, radical prostatectomy did not significantly reduce all-cause or prostate-cancer mortality, as compared with observation, through at least 12 years of follow-up.
- Absolute differences were less than 3 percentage points.



**いろいろなことが益々複雑化する
近未来のがん医療**

**がん情報局の活動は
益々重要になる**