

症例1

*ER陽性

Van Nuys Prognostic Classification

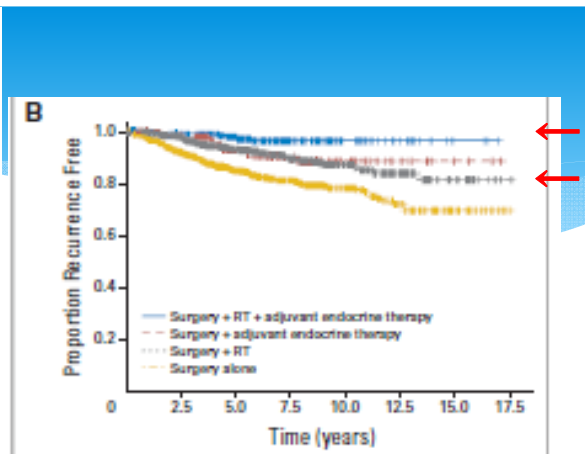
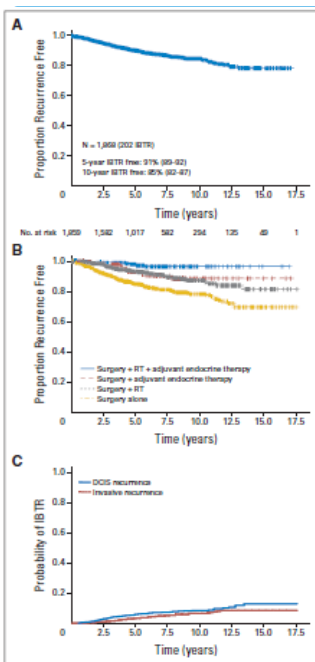
*

Group 1	Non-high nuclear grade without necrosis
Group 2	Non-high nuclear grade with necrosis =comedo necrosis
Group 3	High nuclear grade with or without necrosis

Note: As indicated earlier, the non-high nuclear grade includes low and intermediate scores

*35歳, 子供3人

*拳児希望無し



Memorial Sloan-Kettering cancer center

Nomogram for Predicting the Risk of Local Recurrence After Breast-Conserving Surgery for Ductal Carcinoma In Situ

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Memorial Sloan-Kettering cancer center Nomogram

温存乳房内の同側再発率

赤字: 本症例の不確定要因

- * 年齢
- * 家族歴
- * 診断方法: 身体所見あり vs 画像所見のみ
- * 追加放射線照射 有無
- * 内分泌療法 有無
- * Nuclear Grade: low vs intermediate or high
- * Necrosis 有無
- * surgical margin
- * Number of surgical excision

Nomogram: risk 最大

Age at Diagnosis
Enter age at the time of diagnosis. 55 years old (25 to 90)

Family History? YES
Select YES if there are first- (e.g., mother or sister) or second-degree (e.g., paternal aunt or grandmother) relatives with breast cancer.

Presentation
Select Clinical if there was an abnormality on physical examination; select Radiologic if an abnormality was seen only on breast imaging studies (e.g., mammography). Radiologic

Adjuvant Radiation Therapy? YES
Select YES if radiation therapy is given after breast-conserving surgery.

Adjuvant Endocrine Therapy? YES
Select YES if anti-estrogen treatment (e.g., tamoxifen, raloxifene).

Nuclear Grade
Select the nuclear grade from the pathology report. (Low = slight or no variation in the size and shape of the cell nuclei; Intermediate/High = moderate to marked variation in the size and shape of the cell nuclei.) Intermediate or High

Necrosis? YES
Select YES if the pathology report states that there was necrosis associated with the DCIS.

Surgical Margins
Select "Negative" if there is a margin width of at least 2 mm. Select "Positive or Close" if margin width is 2 mm or less. Negative

Number of Surgical Excisions
Indicate the number of surgical excisions that were required. 4 excisions (1 to 4)

Year of Surgery
Indicate the year surgery was performed. 2011 year (1991 to present)

家族歴あり
intermediate risk
切除部位 4カ所

RTのみ

Probability of Recurrence	5 Year	11%
	10 Year	18%

RT+ホルモン (TAM or raloxifene)

Probability of Recurrence	5 Year	5%
	10 Year	9%

Nomogram risk 最小

家族歴なし
low risk
切除部位 1カ所

RTのみ

Probability of Recurrence	5 Year	4%
	10 Year	6%

+ 家族歴あり

Probability of Recurrence	5 Year	5%
	10 Year	8%

RT+ホルモン

Probability of Recurrence	5 Year	2%
	10 Year	3%

+ 家族歴あり

Probability of Recurrence	5 Year	3%
	10 Year	4%

TAMを追加することで同側乳房再発率が半減する

NSABP B24

*5年間の乳がんイベント累積発症率

TAM 8.2% vs placebo 13.4%

*5年間の浸潤癌の発症率:有意差を持ってTAM群で低下

Lancet 1999 ; 353 : 1993-2000

NSABP B24 サブグループ解析

comedo typeでTAM有効

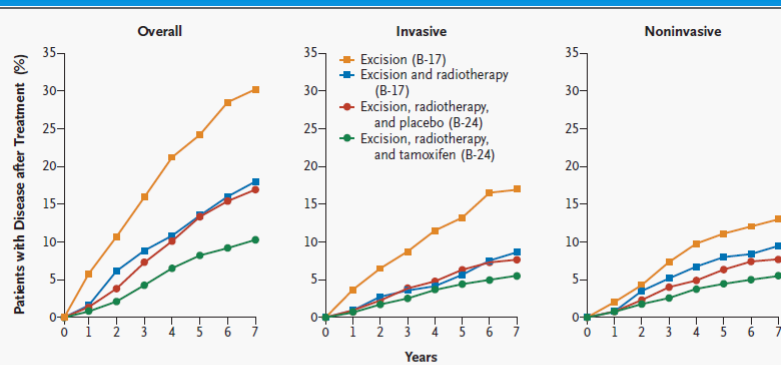
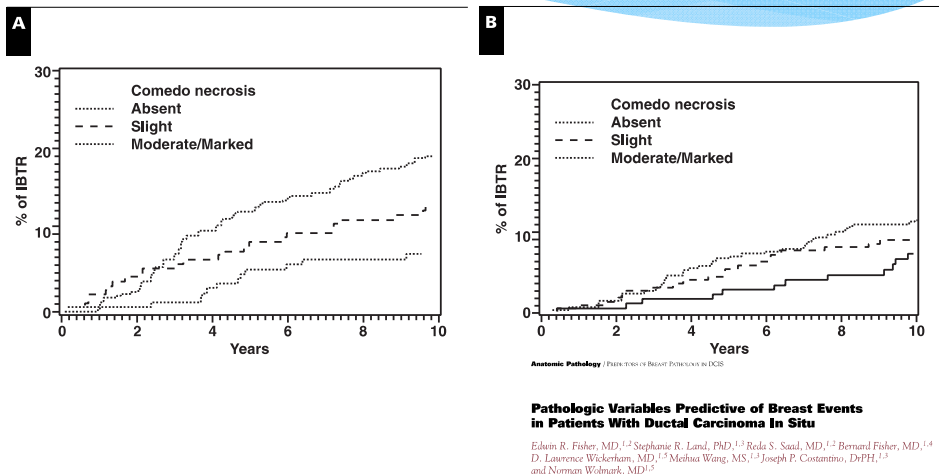


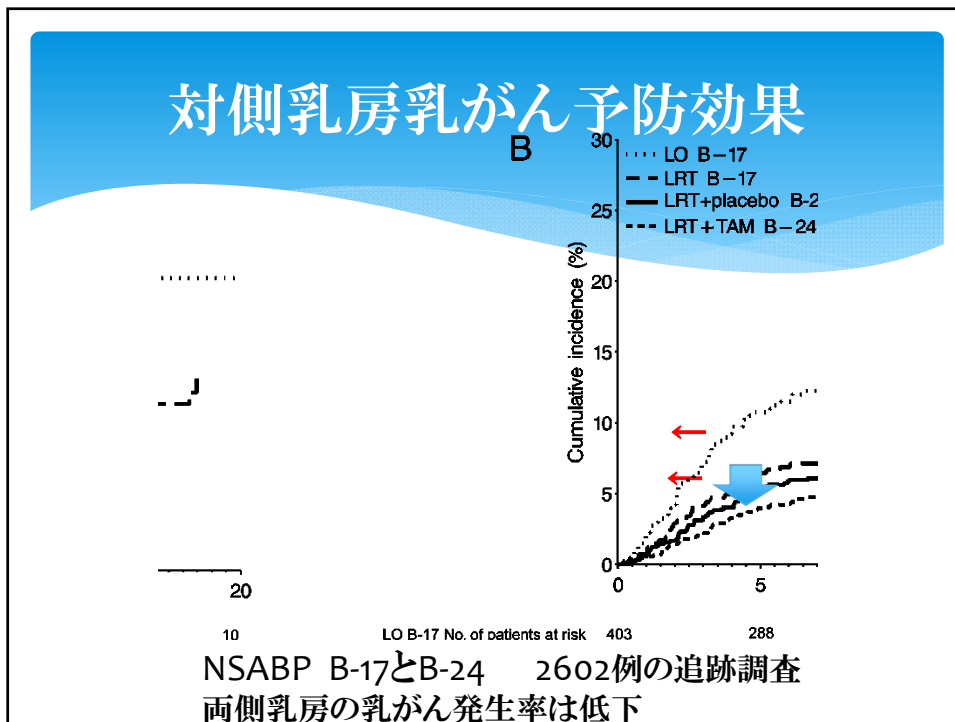
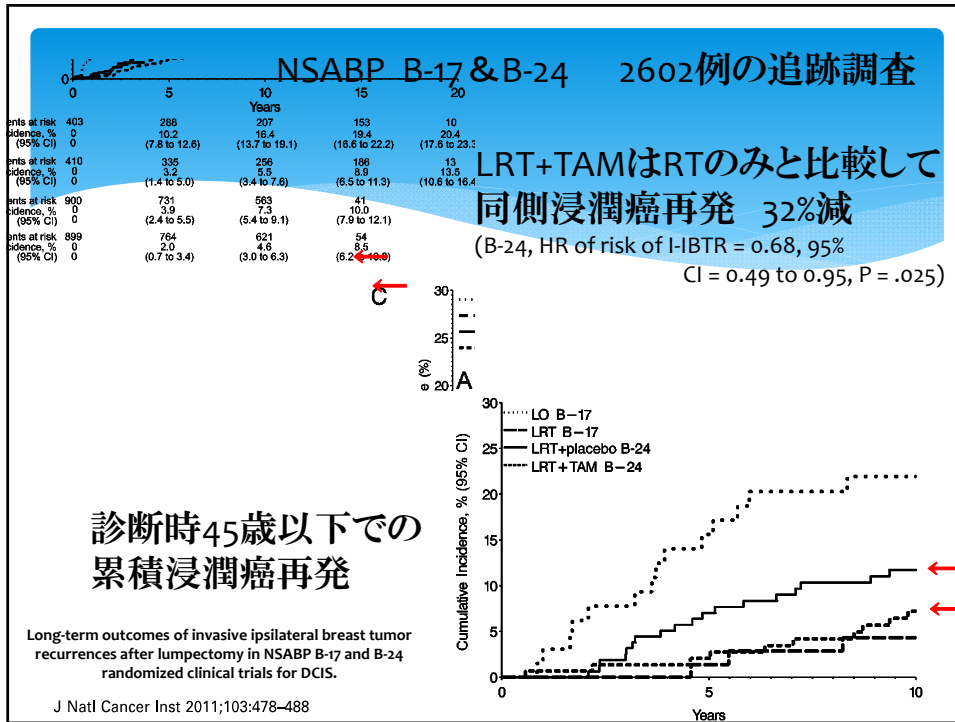
Figure 3. The Risk of Ipsilateral or Contralateral Breast Tumor after Surgical Excision among Patients with Ductal Carcinoma in Situ Who Were Treated with Excision Alone; Excision and Radiotherapy; Excision, Radiotherapy, and Placebo; or Excision, Radiotherapy, and Tamoxifen.

The overall risk, the risk of invasive cancer, and the risk of noninvasive cancer are shown. Data are from combined analyses of the National Surgical Adjuvant Breast and Bowel Project B-17 and B-24 trials. Adapted from Fisher et al.⁴³ with the permission of the publisher.

NSABP B-24

評価可能1,798例中、TAMの投与によって、DCIS再発は47例(10.6%)から40例(8.73%)へ、浸潤癌再発は40例(9.02%)から23例(5.02%)へ(p=0.03)減少した。

New England Journal 2004



TAMの有害事象

- * 子宮内膜癌の増加 TAM群 0.15% vs placebo群 0.045%
→死亡症例はない
- * 両群とも脳梗塞発症無し
- * Grade4の有害事象は両群間で有意差なし

タモキシフェンの薬価

ノルバデックス	¥369.5
タモキシフェン 日医工	¥74.6
タモキシフェン サワイ	¥104.4
タモキシフェン 明治	¥169.6

→ジェネリックを使用すれば負担も軽い

結語

- DCIS症例ではTAM内服で同側乳がんの累積発症率は低下
- 特に浸潤癌の再発は有意差を持って減少させる。
- さらにER陽性, Van Nuys 2であり, TAM追加の効果が期待できる。
- 対側乳房の乳がん発症率も低下させる。
- 有害事象は許容範囲内
- 負担金額も許容範囲内

この症例に対してRTにタモキシフェンを追加することが望ましいと考える。

