

# 第 69 回 京滋乳癌研究会 プログラム

日時：平成 27 年 3 月 28 日（土）

世話人会（4F 研修室 3, 4） 14：00～

研究会（5F 会議室 A） 14：45～17：50

場所：メルパルク京都

京都市下京区東洞院通七条下ル

東塩小路町 676 番 13

【TEL】 075-352-7444（代）

\* 本会は、日本医師会生涯教育講座認定を受けております。  
会費として、当日は 1,000 円を納めて頂く事となっておりますので、  
ご協力の程宜しくお願いいたします。

当番世話人

大和高田市立病院 外科 加藤 達史

共 催

京 滋 乳 癌 研 究 会  
大 鵬 薬 品 工 業 株 式 会 社  
中 外 製 薬 株 式 会 社

座長 京都桂病院 乳腺科 松谷 泰男 先生

- 1) T-DM1 投与により難治性出血性膀胱炎を併発した 1 例  
京都府立医科大学大学院内分泌・乳腺外科学  
富田 仁美、杉本 里保、大内 佳美、岡本 明子、中務 克彦、  
藤田 佳史、阪口 晃一、田口 哲也
- 2) PTX/BV 療法が著効し、引き続きの fulvestrant にて CR となった  
急速進行多発性肝転移を伴う HR 陽性 HER2 陰性乳癌の 1 例  
大和高田市立病院 外科  
佐多 律子、林 雪、加藤 達史、岡村 隆仁
- 3) Paclitaxel+Bevacizumab 療法が奏功した自壊創を伴う乳癌の 1 例  
京都民医連中央病院 乳腺外科  
名嘉山 一郎
- 4) Fulvestrant (FUL) 投与前後で  $16\alpha$ - $^{18}\text{F}$ -fluoro- $17\beta$ -estradiol  
(FES) positron emission tomography (PET) 検査を行った一例  
神戸市立医療センター中央市民病院 乳腺外科<sup>1)</sup> 外科<sup>2)</sup>  
先端医療センター分子イメージング研究グループ<sup>3)</sup>  
加藤 大典<sup>1)</sup>、武部 沙也香<sup>1)</sup>、橋本 一樹<sup>1)</sup>、一ノ瀬 庸<sup>1)</sup>、  
木川 雄一郎<sup>1)</sup>、細谷 亮<sup>2)</sup>、大西 章仁<sup>3)</sup>、佐々木 将博<sup>3)</sup>、  
千田 道雄<sup>3)</sup>

III	一般演題 2	発表 6 分	質疑応答 3 分	15:40~16:10
-----	--------	--------	----------	-------------

座長 京都医療センター 外科 坂田 晋吾 先生

5) 乳腺原発印環細胞癌の 1 例

京都第一赤十字病院 乳腺外科

本田 晶子、張 弘富、小谷 達也、李 哲柱

6) 浸潤病変を認めた Solid papillary carcinoma の 1 例

日本赤十字社和歌山医療センター 乳腺外科部

藤原 里奈、川口 佳奈子、芳林 浩史、加藤 博明

7) 乳癌患者における就労問題 —アンケート調査を通じて—

公立甲賀病院 外科

沖野 孝、森野 甲子郎、村上 隆英、赤神 正敏、池田 房夫、井田 健

IV	一般演題 3	発表 6 分	質疑応答 3 分	16:10~16:40
----	--------	--------	----------	-------------

座長 天理よろづ病院 乳腺外科 山城 大泰 先生

8) 診断後 10 年生存した乳癌肝転移の 8 症例

菅典道クリニック<sup>1)</sup>

乳腺クリニック児玉外科<sup>2)</sup>

菅 典道<sup>1) 2)</sup>、三瀬 圭一<sup>2)</sup>、児玉 宏<sup>2)</sup>

9) 術前化学療法による乳癌の縮小パターン

滋賀医科大学 乳腺一般外科<sup>1)</sup>

滋賀医科大学医学部付属病院 検査部病理部<sup>2)</sup>

富田 香<sup>1)</sup>、梅田 朋子<sup>1)</sup>、石田 光明<sup>2)</sup>、河合 由紀<sup>1)</sup>、森 毅<sup>1)</sup>、  
北村 美奈<sup>1)</sup>、坂井 幸子<sup>1)</sup>、糸井 尚子<sup>1)</sup>、田中 彰恵<sup>1)</sup>、  
久保田 良浩<sup>1)</sup>、谷 眞至<sup>1)</sup>

10) 温存術後 10 年以上経過例の局所予後の検討

京都第二赤十字病院 外科

石井 亘、藤井 宏二、下前 真衣子、松本 順久、武内 瑛子、  
田中 善啓、坂木 桃子、藤堂 桃子、中村 吉隆、阿辻 清人、  
山口 明浩 柿原 直樹、松村 博臣、飯塚 亮二、井川 理、谷口 弘  
毅

～・～・～・～・～・ コーヒーブレイク 16:40～16:50 ～・～・～・～・  
～・

V	特別講演	16:50～17:50
---	------	-------------

座長 大和高田市立病院 外科 加藤 達史 先生

『乳房の正常構造理解と立体読影は  
乳房超音波診断に何をもたらすか?』

高松平和病院 乳腺外科  
がん研究会有明病院 乳腺センター  
何森 亜由美 先生

※会終了後、情報交換会を予定しております。

## 「Refractory hemorrhagic cystitis associated with T-DM1 : a case report」

Department of Endocrine and Breast Surgery, Kyoto Prefectural University of  
Medicine

Satomi Tomida, Koichi Sakaguchi, Riho Sugimoto, Yoshimi Ohuchi, Akiko Okamoto,  
Katsuhiko Nakatsukasa, Yoshifumi Fujita, Tetsuya Taguchi

---

### 抄録

Recently, clinical use of the newly developed drugs against molecular targets of the breast cancer, trastuzumab emtansine (T-DM1), is increasing. T-DM1 is expected to prolong disease free survival and overall survival of locally advanced or metastatic HER-2 positive breast cancers. However, the adverse events, such as thrombocytopenia, severe hemorrhage and others, which are ascribed to T-DM1, have been reported. We report a patient who showed refractory severe hemorrhagic cystitis during the administration of T-DM1. A 60-year-old woman underwent a total mastectomy and axillary nodes dissection for the breast cancer in 2005, and received adjuvant therapy with doxorubicin, cyclophosphamide (CPA) and docetaxel. Multiple metastatic lesions were found in 2011, and then she received chemotherapy including capecitabine, CPA and trastuzumab. During the therapy, she noticed hematuria which soon disappeared spontaneously in September, 2013. For that reason, the patient never complained hematuria until T-DM1 was used. T-DM1 administration was initiated in February 2014, but was discontinued because of thrombocytopenia and severe hemorrhagic cystitis. Although T-DM1 is highly expected as a new therapeutic drug for HER2-positive breast cancer, we should grasp patients' therapeutic history in detail and evaluate the risk for the adverse events of the drug carefully.

## II-2

---

「A case of a complete response achieved with fulvestrant following PTX/PV in HR-positive and HER2-negative breast cancer with advanced multiple liver metastasis」

---

### 抄録

Many cases have reported that paclitaxel and bevasizumab chemotherapy (PTX /BV) has high efficacy and long-term benefit in advanced and metastatic breast cancer.

Some patients have trouble to keep receiving long-term chemotherapy because of the side effects such as myelosuppression or peripheral neuropathy.

We experienced a case of a complete response achieved with fulvestrant following PTX/PV in HR-positive and HER2-negative breast cancer with advanced multiple liver metastasis.

A 51-year-old woman had marked hepatic dysfunction with multiple liver metastasis while receiving endocrine therapy (TAM+LH-RHagonist) after mastectomy and adjuvant chemotherapy.

She had a partial response within five cycles of PTX/BV and this response was maintained up to twelve cycles with improvement of liver function and tumor marker.

She refused the chemotherapy because of peripheral neuropathy and changed to fulvestrant as maintenance therapy.

In one year she achieved a complete response by imaging findings of CT scan.

Fulvestrant may be a useful agent of a maintenance therapy after gaining of a response to chemotherapy.

「An effective paclitaxel plus bevacizumab therapy for locally advanced breast cancer with malignant wound: a case report」

Department of Breast Surgery, Kyoto Min-i-ren Chuo Hospital

Ichiro Nakayama

---

### 抄録

A 72-year-old female visited our hospital due to a tumor of 8 cm in diameter in her left breast with skin ulceration. Triple negative breast cancer with axillary lymph node metastasis was diagnosed. Four cycles of paclitaxel + bevacizumab therapy were administered, and her tumor almost disappeared. A mastectomy with axillary lymph node dissection was performed, immediately large skin defect of her left chest wall was reconstructed with latissimus dorsi flap. Her postoperative course was good. Thus chemotherapy with bevacizumab or extended chemotherapy is generally not considered to contribute to a survival improvement. However, such therapy contributes in increasing the response to chemotherapy, and should be considered for patients with locally advanced breast cancer to shrink the local lesions and improve the quality of life.

「A case where the 16 $\alpha$ -[<sup>18</sup>F]-fluoro-17 $\beta$ -estradiol (FES) positron emission tomography (PET) showed change of estrogen receptor (ER) status and metabolic activity of the metastases in a patients with breast cancer and fulvestrant (FUL)」

<sup>1</sup>Department of breast surgery and general surgery, Kobe City Medical Center General Hospital, Kobe

<sup>2</sup>Department of molecular imaging, Institute of Biomedical Research and Innovation, Kobe, JAPAN

H Kato<sup>1</sup>, S Takebe<sup>1</sup>, K Hashimoto<sup>1</sup>, Y Ichinose<sup>1</sup>, Y Kikawa<sup>1</sup>, R Hosotani<sup>1</sup>,  
A Ohnishi<sup>2</sup>, M Sasaki<sup>2</sup>, M Senda<sup>2</sup>

---

## 抄録

As a non-invasive tool for examining ER for malignant lesions, FES-PET has been developed. It is reported that FES-PET can predict efficacy of hormonal therapy and estimate the ER status during hormonal therapy, with information by concurrent 2-deoxy-2-[<sup>18</sup>F]-fluoro-D-glucose (FDG) PET. We applied FES-PET and FDG-PET on a patient before and after 1 month FUL administration, who had had ER positive primary breast cancer but developed metastatic lesions after 5 year anastrozole therapy. The patient was a 78 year old woman who had had breast cancer and developed lymph node metastases in bilateral lung hilum, bilateral supraclavicular area and mediastinum, all of which showed uptake of FES and FDG. On a lymph node biopsy, the node contained ER positive breast cancer cells. After 1 month FUL administration, FDG-PET revealed much less accumulation in supraclavicular nodes, less accumulation in hilar and many mediastinal nodes, and more accumulation in some mediastinal nodes. FES-PET revealed no accumulation in all nodes. On the FDG-PET results, majority of the metastases showed less metabolic activity. Therefore, FUL had been administered. On the FES-PET results, minority of the metastases with more metabolic activity also showed no ER expression, which seemed to be induced by FUL as a blocker of the binding between ER and FES or as a selective estrogen receptor down-regulator. If FDG-PET reveals progressive metastases afterwards, they are regarded to express few ER and less respond to hormonal therapy. In such a situation, conversion to chemotherapy or additional everolimus might be a better choice. With concurrent FDG-PET, FES-PET can provide valuable and meticulous information for the treatment of ER positive metastases of breast cancer.



## 「One case of primary breast signet ring cell carcinoma」

Breast Surgery, Japanese Red Cross Society Kyoto Daiichi Hospital

Honda Akiko, Cho Hiroto, Kotani Tatsuya, Lee Tecchu

---

### 抄録

Breast signet ring cell carcinoma is characterized by retention of mucus in within the cells. [Patient] 98-years-old, female. In late May, 2014, her right breast tumor was found by facility staff and she visited our hospital early in June on referral from her primary care doctor. By physical examination, we could touch 3 cms-tumor in her right breast BED area. By mammography, high density tumor was found under her right nipple and thought to be category 4. By ultrasonography, the tumor was 30 mm in diameter and looked like an intracystic tumor, internal inhomogeneous. There was an echo-free-space in the tumor and a solid space having much blood flow. Core needle biopsy diagnosed it as signet ring cell carcinoma. By PET-CT, we thought not so much gastric cancer as primary breast cancer. There was no metastasis. Because she had profound dementia, we could not check her will and made a decision of no operation due to her family will of no aggressive management. In mid-June, she started to take anastrozole by mouth. The tumor is getting smaller in January, 2015.

[Discussion] As we experienced one case of primary breast signet ring cell carcinoma, we report our case with the inclusion of bibliographic consideration.

## 「Invasive solid papillary carcinoma: a case report」

Japanese Red Cross Society Wakayama Medical Center

Rina Fujiwara, Kanako Kawaguchi, Hiroshi Yoshibayashi, Hiroaki Kato

---

### 抄録

Solid papillary carcinoma (SPC) is rare tumor proposed by Maluf in 1995. Pathologically, SPC shows nodular and solid proliferation in duct, and the cells are low-grade malignancy. Immunohistochemically, SPC often has neuroendocrine or mucinous features.

A 46-year-old woman, a mass was detected in left breast and got larger gradually. By ultrasonography, the mass was visualized as a flat tumor in A portion of the breast, and the size was about 10 mm. Core needle biopsy was performed to this and showed atypical cells proliferated by solid pattern in ducts. Although It didn't include invasive lesion, myoepithelial markers(CD10, p63 and  $\alpha$ -SMA) were negative. Besides, neuroendocrine markers(NSE, chromogranin and synaptophysin) were positive. We diagnosed this tumor SPC from immunostaining report, and resected her left breast partially with sentinsel lymph node biopsy. Final diagnosis was SPC with massive SPC, because invasive component was seen in resected specimen.

SPC accounts for 1.7% in all breast carcinomas. The average age is older, 72 years old. Without invasion, its prognosis is well like ductal carcinoma in situ. For non-invasive SPC, surgical complete resection is recommended. But about invasive SPC like this case, some reports said the prognosis is well, but doesn't concern about recommended additional therapy.

---

## 「乳癌患者における就労問題 —アンケート調査を通じて—」

公立甲賀病院外科

沖野孝、森野甲子郎、村上隆英、赤神正敏、池田房夫、井田健

---

### 抄録

「諸言」我が国における総人口は減少に向かう一方、乳癌患者は今後とも増加することが予測され、診断前後における就労状況は今後社会的な問題となることが予想される。我々は当院における乳癌患者の就労状況を把握するためにアンケートを行ったので報告する。「患者と方法」当院に通院している乳癌患者 100 名に対し、外来でアンケートを手渡し郵送法で回答をいただいた。内容は「治療と就労の両立に関するアンケート：厚生労働省がん臨床研究事業」を参考とし、院内倫理委員会の審査をへて実施した。「結果」100 名中 77 名から回答をえた。発症時年齢は 40 歳代および 50 歳代が 57%を占めた。発症時常勤職員であった 15 名のうち 7 名が常勤職を辞しており、がんであることを知られたくない、責任ある仕事を任されなかった等の自由記載による回答をいただいた。このほか退職後再就職（非常勤含む）が 8 名、退職後無職が 8 名あり、個人的理由と職場における問題が混然としていたことが明らかとなった。誰かに相談することが役だつことも示された。「考察」乳癌患者の就労問題に関し、医療者および職場責任者が事情を踏まえたうえで相談をする場所の提供とその周知が必要と考えられる。

Status on working of breast cancer patients – through a questionnaire

Takashi Okino, Koushiro Morino, Takahide Murakami, Fusao Ikeda, Takeshi Ida

Department of Surgery, Kohka Public Hospital

The morbidity of breast cancer in Japan is rapidly growing in while national population is beginning to shrink. Condition of labor at pre and post diagnosis would be a social problem in the near future. We performed a questionnaire to know the present status on working of breast cancer patients and briefly report the results. [Methods] The content of questions were decided according to “A Inspection

on Compatibility of Treatment and Employment “, fulfilled by Ministry of Health, Labor and Welfare. The questions, approved by The Institutional Review Board, were handed to a hundred breast cancer patients at outpatient clinic and collected by a mail. [Results] We collected 77 answers. Fifty-seven per cent of the patients were forties and fifties in their age. Of the 15 patients who had been full-time workers at diagnosis, 7 resigned as full-time workers by the reason of not willing to be known as a cancer suffer or not relied to do a responsible task. Eight patients found a new job after resignation, and other 8 patients quit their job after all. There were several reasons both personal and official of their decision. Any consultation seemed to be effective. [Discussion] A discussion and advertisement on the status of employment of breast cancer patients will be necessary after accumulating knowledge in common both by medical staff and employers.

「Eight patients with liver metastasis from breast cancer who survived for 10 years after diagnosis」

<sup>1</sup>Kan Norimichi Clinic

<sup>2</sup>Kodama Breast Clinic

Norimichi Kan<sup>1,2</sup>, Keiichi Mise<sup>2</sup>, Hiroshi kodama<sup>2</sup>

---

## 抄録

In the previous century, the results of treatment for liver metastasis from breast cancer were extremely unfavorable, and even the 5-year survival rate was low. Since the beginning of the present century, drug therapy has been developed in accordance with subtype-based disease type classification, markedly improving the prognosis of patients with metastatic breast cancer (MBC) and prolonging survival by about 5 years, excluding some disease types (Triple Negative). Currently, the number of patients in kan norimichi clinic achieving a 5-year survival after liver metastasis exceeds 30. In this study, we report 8 patients who survived for 10 years or longer after a diagnosis of liver metastasis was made, and review factors involved in the prolongation of survival.

### [Case]

All subjects were female. Ages at the diagnosis of liver metastasis were 50 to 59 years in 5 patients, 40 to 49 years in 1, 60 to 69 years in 1, and 70 to 79 years in 1. Six patients were positive for hormone receptors. Five patients, including 2 who were negative for hormone receptors, were positive for Her2. Chemotherapy, subtype-based endocrine therapy, and molecule-targeting therapy were performed. However, all subjects underwent hepatectomy or hepatic arterial injection adoptive immunotherapy (OK-AIT): hepatectomy (6 patients), OK-AIT (5), and both (2). In addition, metastases to other sites were detected in 2 of 6 patients with liver metastasis as the initial relapse. The subjects included 2 with secondary liver metastasis following metastases to other sites. The sites of metastatic foci at the start of liver metastasis treatment consisted of bones in 4 patients, the pleura (cancerous pleural effusion) in 2, ovary in 1, peritoneum in 1, and thoracic wall in 1.

[Discussion]

This report does not always emphasize that topical liver therapy is necessary for achieving long-term survival. The results may have been associated with “time-related bias” based on our experience in 2005, when treatment was started for our patients. Considering the long-term control of extrahepatic metastasis in 4 patients, systemic pharmaceutical therapy is basically important. The presence of liver metastasis in metastatic foci, as the initial relapse, is significantly disadvantageous for post-relapse survival, but we emphasize that health care professionals should never give up.

---

## 「術前化学療法による乳癌の縮小パターン」

富田 香、石田 光明、河合 由紀、森 毅、北村 美奈、坂井 幸子、  
糸井 尚子、田中 彰恵、久保田 良浩、梅田 朋子、谷 眞至

---

### 抄録

当施設で術前化学療法 (NAC) を行った女性乳癌患者 27 例について、NAC 後の MRI 所見と病理学的な癌の分布について比較分析し、MRI の有用性について検討した。

方法：NAC 前乳癌の MRI での早期濃染パターンを 5 つに分類し、NAC 後の MRI における縮小パターンと病理学的な縮小パターンもそれぞれ 5 つに分類し、比較検討した。

結果：画像病理学的に 27 例はいずれも腫瘍の縮小を認めた。MRI と病理学的パターンが完全に一致している症例は 13 例であった。3 例は MRI では消失していたが、病理学的には少量の癌の残存を認めた。7 例は MRI では求心性に縮小していたが、病理学的には癌が島状に分布していた。

考察：造影 MRI で病理学的な病巣の消失パターンの予測が可能であると考えられた。しかし腫瘍量が少ない部分では造影剤が検出しづらく、手術の際に取り残す可能性があるため、MRI 濃染部位からのマージンの確保および NAC 前に存在した腫瘤の範囲は確実に切除することが重要と考えられた。(395 文字)

Magnetic resonance imaging shrinkage patterns following neoadjuvant chemotherapy for breast carcinomas with an emphasis on the radiopathological correlations

### Abstract

Preoperative neoadjuvant chemotherapy (NAC) is considered to be the standard treatment for locally-advanced breast carcinomas. Obtaining precise information regarding the tumor extent and distribution by imaging modalities to assess the success of breast-conserving surgery following NAC is extremely important. The MRI and histopathological shrinkage patterns of residual breast carcinomas in 27 consecutive cases were analyzed following NAC and classified into five categories: Types I and II (concentric shrinkage with and without surrounding lesions,

respectively); type III (shrinkage with residual multinodular lesions); type IV (diffuse contrast enhancement in whole quadrant); and nonvisualization. The present study clearly demonstrated that the most common MRI shrinkage pattern was type I (11 cases), followed by type II and nonvisualization, and the most common histopathological shrinkage pattern was type II (11 cases), followed by type III (8 cases). The concordance rate between MRI and pathological patterns was 48% and the worst concordance MRI pattern was type I. MRI is considered to be a useful method for evaluation of the residual carcinoma following NAC. However, the concordance rate was low in the MRI pattern I cases and tiny foci of residual carcinoma were present in half of the non-visualization cases, as shown by MRI. Therefore, the tumor extent must be completely resected for patients who undergo NAC may be important for preventing local recurrence of breast carcinoma.



## 「温術術後 10 年以上経過例の局所予後の検討」

京都第二赤十字病院 外科

石井 亘、藤井 宏二、下前 真衣子、松本 順久、武内 瑛子  
田中 善啓、坂木 桃子、藤堂 桃子、中村 吉隆、阿辻 清人、  
山口 明浩 柿原 直樹、松村 博臣、飯塚 亮二、井川 理、谷口 弘毅

---

### 抄録

【対象】温存術施行後 10 年以上観察可能であった 88 例（中途死亡の 4 例を含む）につき局所予後を中心に検討した。なお全例に温存乳房への照射が行われていた。術後に浸潤性成分で断端陽性と評価された例は、乳房切除術への変更を原則としており、今回の検討からは除外した。【結果】永久標本で切除断端が陰性となったのは 75 例（85.2%）で、うち局所再発が 3 例（4%）、遠隔再発が 9 例にみられた。一方断端陽性は 13 例（14.8%）に認められ、何れも boost 照射が追加されていた。うち局所再発は 2 例（15.4%）に生じたが、何れも 10 年未満の再発であった。なお、遠隔再発はみられなかった。局所再発の様式は結節型再発が 1 例、炎症性が 1 例で、結節型は再度温存術を行って、再々発なく経過中である。炎症性再発の 1 例は、他臓器転移を来し不帰の転機となった。【まとめ】温存術後長期に観察した 88 例のうち、断端陽性となったのは 13 例（14.8%）あり、うち 2 例（15.4%）に局所再発を来した。