Arai Y., Miki T., et al.	The growth-inhibitory effects of dexamethasone on renal cell carcinima in vivo and in vitro.	Cancer Invest	26(1)	35-40	2008
Naya Y., Miki T., et al.	A comparison of cooling methods for laparoscopic partial nephrectomy.	Urology	72(3)	687-689	2008
Kamoi K., Miki T., et al.	The utility of transrectal real-time elastography in the diagnosis of prostate cancer.	Ultrasound Med. Biol.	34(7)	1025-1032	2008
Ukimura O., Miki T., et al.	Real-time virtual ultrasonographic radiofrequency ablation of renal cell carcinoma.	BJU Int.	101(6)	707-711	2008
Okihara K., Miki T., et al.	Ten year trend in prostate cancer screening with high prostate specific antigen exposure rate in Japan.	Int. J. Urol.	15(2)	156-160	2008
Salas JC., Miki T., et al.	Penile erection and micturition evens triggered by electrical stimulation of the mesopontine tegmental area.	Am J. Physiol. Regul. Integr. Comp. Physiol.	294(1)	102-111	2008
Obara W., Miki T., et al.	Prospective study of combined treatment with interferon-alpha and active vitamine D3 for Japanese patients with metastatic.	Int. J. Urol.	15(9)	794-799	2008
Shintaku I., Miki T., et al.	Survival of metastatic germ cell cancer patients assessed by international germ cell consensus classification in Japan.	Jpn. J. Clin. Oncol.	38(4)	281-287	2008
Yamamoto K., Miki T., et al.	Significant antitumor activity of cationic multilamellar liposomes containing human interferon-βgene in combination with 5-fluorouracil against human renal cell carcinoma.	Int. J. Oncol.	33	65-571	2008
Ukimura O., Miki T., et al.	Naftopidil versus tamsulosin hydrochloride for lower urinary tract symptoms associated with benign prostatic hyperplasia with special reference to the storage symptom: a prospective randomized controlled study.	Int. J. Urol.	15(12)	1049-1054	2008
Yasuda T., Miki T., et al.	Anti-gout agent allopurinol exerts cytotoxicity to human hormone-refractory prostate cancer cells in combination with tumor necrosis factor-related apoptosis-inducing ligand.	Mol.Cancer Res.	6(12)	1852-1860	2008
Washio M., Miki T., et al.	Hypertension and other risk factors for kidney cancer (renal cell carcinoma) in a Japanese population:findings form the JACC Study.	Int. Med. J.	15(3)	343-347	2008

Sasajima Y., Kasamatsu T., et al.	Gross features of lobular endocervical glandular hyperplasia in comparison with minimal-deviation adenocarcinoma and stage Ib endocervical-type mucinous adenocarcinoma of the uterine cervix.	Histopathology	53(4)	487-490	2008
Nishio S., Kasamatsu T., et al.	Cap43/NDRG1/Drg-1 is a molecular target for angiogenesis and a prognostic indicator in cervical adenocarcinoma.	Cancer Lett.	264(1)	36-43	2008
Tanikawa M., Kasamatsu T., et al.	A case of diffuse retroperitoneal lymphangioma with endometrial cancer.	Jpn. J. Clin. Oncol.	38	507	2008
Nishio S., Kasamatsu T., et al.	Analysis of the clinicopathological prognosis of stage IVb cervical carcinoma.	Oncol. Rep.	19(2)	497-503	2008
Kikuchi R., Kasamatsu T., et al.	Frequent inactivation of a putative tumor suppressor, angiopoietin-like protein 2, in ovarian cancer.	Cancer Res.	68(13)	5067-5075	2008
Ueno E., Kasamatsu T., et al.	Magnetic imaging features of invasive mole clinically treated as choriocarcinoma.	J. Tokyo Wom. Med. Univ.	78(5)	230-5	2008
Uehara M., Kinoshita T., et al.	Long-term prognostic study of carcinoembryonic antigen (CEA) and carbohydrate antigen 15-3 (CA 15-3) in breast cancer.	Int. J. Clin. Oncol.	13	447-451	2008
Shien T., Kinoshita T., et al.	Evaluation of axillary statusin patients with breast cancer using thin-section CT.	Int. J. Clin. Oncol.	13	314-319	2008
Shien T., Kinoshita T., et al.	Clinical efficacy of S-1 in pretreated metastatic breast cancer patients.	Jpn. J. Clin. Oncol.	38 (3)	172-175	2008
Kurebayashi J., Kinoshita T., et al.	The prevalence of intrinsic subtypes and prognosis in breast cancer patients of different races.	Cancer Science	16	S72-77	2008
吉田亮介, 木下貴之, 他.	破骨細胞様巨細胞の出現を伴う乳癌の 9 例.	日本臨床外科学会雑誌	69 (7)	1615-1619	2008
枝園忠彦, 木下貴之, 他.	原発性乳がんに対する Primary systemic (PST)の適応－PST 抵抗性乳がんを治療前に判定可能か?	乳癌の臨床	23 (1)	49-53	2008
枝園忠彦, 木下貴之, 他.	80 歳以上の超高齢者乳癌の治療.	乳癌の臨床	23(2)	118-122	2008
Asamura H., Goya T., et al.	A Japanese lung cancer registry study: Prognos is of 13,010 resected lung cancers.	J. Thorac.Onc.	3	46-52	2008

Ogo E., Mitsumori M., et al.	A survey of radiation-induced bronchiolitis obliterans organizing pneumonia syndrome after breast-conserving therapy in Japan.	Int. J. Radiat. Oncol. Biol. Phys.	71(1)	123-31	2008
Mitsumori M., et al.	Current status of accelerated partial breast irradiation.	Breast Cancer	15(1)	101-107	2008
Mitsumori M., et al.	New trends in radiation therapy as a component of breast conserving therapy.	Breast Cancer	15(1)	79	2008
Kosaka Y., Mitsumori M., et al.	Feasibility of accelerated partial breast irradiation using three-dimensional conformal radiation therapy for Japanese women: a theoretical plan using six patients' CT data.	Breast Cancer,	15(1)	108-114	2008
Nakamura K., Uno T., Onishi H., Sasaki S., et al.	External-beam radiotherapy for localized or locally advanced prostate cancer in Japan: a multi-institutional outcome analysis.	Jpn. J. Clin. Oncol.	38(3)	200-204	2008
Sekine I., Sumi M., et al.	Local control of regional and metastatic lesions and indication for systemic chemotherapy in patients with non-small cell lung cancer.	Oncologist	13	21-27	2008
Fuwa N., Kodaira T., et al.	Intra-arterial chemoradiotherapy for locally advanced oral cavity cancer: analysis of therapeutic results in134 cases.	Br. J. Cancer	98(6)	1039-45	2008
Fuwa N., Kodaira T., et al.	A new method of selective intra-arterial infusion therapy via the superficial temporal artery for head and neck cancer.	Oral. Surg. Oral. Med. Oral. Pathol. Oral. Radiol. Endod.	105(6)	783-789	2008
Nakamura K., Kodaira T., Shikama N., et al.	Accelerated fractionation versus conventional fractionation radiation therapy for glottic cancer of T1-2N0M0 phase III study: Japan Clinical Oncology Group Study (JCOG 0701)	Jpn. J. Clin. Oncol.	38(5)	387-389	2008
Fuwa N., Kodaira T., et al.	Arterial chemoradiotherapy for locally advanced tongue cancer: analysis of retrospective study of therapyetic results in 88 patients.	Int. J. Radiat. Oncol. Biol. Phys.	72(4)	1090-1100	2008
Fuwa N., Kodaira T., et al.	Treatment results of continuous intra-arterial CBDCA infusion chemotherapy in combination with radiation therapy for locally advanced tongue cancer.	Oral. Surg. Oral. Med. Oral. Pathol. Oral. Radiol. Endod.	105(6)	714-719	2008

Fuwa N., Kodaira T., et al.	Treatment results of boron neutron capture therapy (BNCT) using intra-arterial administration of boron compounds for recurrent head and neck cancer.	Br. J. Radiol.	81(969)	749-752	2008
Fuwa N., Kodaira T., et al.	Identifying patients with peripheral-type early non-small cell lung cancer (T1N0M0) for whom irradiation of the primary focus alone could lead to successful treatment.	Br. J. Radiol.	81(970)	815-20	2008
Fuwa N., Kodaira T., et al.	Long term observation of 64 patients with roentgenographically occult lung cancer treated with external irradiation and intraluminal irradiation using low-dose-rate iridium:	Jpn. J. Clin. Oncol.	38(9)	581-588	2008
Nakamura K., Kodaira T., et al.	Chemoradiotherapy for locally recurrent nasopharyngeal carcinoma: treatment outcome and prognostic factors.	Jpn. J. Clin. Oncol.	38(12)	803-809	2008
長谷川泰久, 古平毅.	耳下腺悪性腫瘍の検討.	頭頸部癌	34(3)	360-364	2008
古平毅.	新時代の高精度治療装置 トモセラピー.	病院設備	50(1)	60-67	2008
古平毅.	低侵襲化をめざした放射線治療の現況と展望「放射線化学療法」	Biotherapy	22(3)	166-175	2008
古平毅.	質疑応答 前立腺癌のトモセラピーの適応.	週間日本医事新報	4393	94-95	2008
古平毅.	頭頸部の診断と治療 update 1. 総論 化学療法との併用.	臨床放射線	53(11)	1570-1577	2008
古平毅.	シンポジウム 化学放射線療法の適応 同時化学放射線療法 頭頸部がんに対する同時化学放射線療法の現状と問題点.	頭頸部癌	34(3)	249-253	2008
古平毅.	特集いまさら聞けない!? 放射線治療のQ&A IMRTて何？どんな装置があればできるの？何に使うの？全部IMRTにしないの？保険点数は？トモセラピーって新しい治療法？	Rad. Fan	6(11)	66-68	2008
古平毅 他,	特集 注目される放射線治療の課題と展望 トモセラピーによる前立腺癌強度変調放射線治療 -他の機器との比較を含め-.	新医療	35(12)	71-74	2008
立花弘之, 古平毅, 他.	前立腺癌の放射線治療におけるフラクション間の前立腺移動に関するMVCTを用いた検討.	臨床放射線	53(2)	329-334	2008

田近正洋, 古平毅, 他.	特集 I 進行食道癌に対する治療法の選択 c-Stage II/III 胸部食道癌に対する手術療法と化学放射線療法の比較検討.	消化器科	46(5)	499-505	2008
Doskaliyev A., Kenjo M., et al.	Secondary anaplastic oligodendroglioma after cranial irradiation: a case report.	Journal of neuro-oncology	88(3)	299-303	2008
Shibamoto Y., Kenjo M., et al.	Primary central nervous system lymphoma in Japan: changes in clinical features, treatment, and prognosis during 1985-2004.	Neuro Oncology	10(4)	560-568	2008
永田靖, 権丈雅浩, 他.	中咽頭.	臨床放射線	53(11)	1621-1625	2008
和田崎晃一, 権丈雅浩, 他.	前立腺癌に対する密封小線源療法の短期治療成績.	広島医学,	61(5)	389-394	2008
Sasaki S., Shikama N., et al.	Relationship between the response to treatment and the prognosis of patients with aggressive lymphomas treated with chemotherapy followed by involved-field radiotherapy: Radiographic assessment.	Jpn. J. Clin. Oncol.	38	43-48	2008
Ogawa K., Shikama N., Nakamura K., Uno T., Onishi H., Toita T., et al.	Spinal recurrence intracranial germinoma: Risk factors and treatment outcome for spinal recurrence .	Int. J. Rad. Oncol. Biol. Phys.	72	1347-1354	2008
鹿間直人.	ホジキンリンパ腫の放射線療法に関する話題.	血液・腫瘍科	56	443-448	2008
鹿間直人.	悪性リンパ腫に対する放射線療法-治療成績向上のために.	内科臨床雑誌	102	275-279	2008
鹿間直人.	悪性リンパ腫の臨床試験と放射線医学：リンパ腫多施設共同臨床試験における放射線治療の品質保証と品質管理.	血液・腫瘍科	57	399-402	2008
Vale C., Onishi H. (Chemoradiotherapy for cervical cancer meta-analysis collaboration.)	Reducing uncertainties about the effects of chemoradiotherapy for cervical cancer: a systemic review and meta-analysis of individual patient data from 18 randomized trials.	J. Clin. Oncol.	26	5802-5812	2008
Nakamura K., Uno T., Onishi H., et al.	External-beam radiotherapy for localized or locally advanced prostate cancer in Japan: a multi-institutional outcome analysis.	Jpn. J . Clin. Oncol.	38	200-204	2008
大西洋.	放射線治療関連機器の現況と将来展望.	医療機器システム白書	2008-2009	225-227	2008
大西洋.	放射線治療の変貌と将来展望: 発展と課題.	JIRA 会報	183	2-9	2008

Nose T., Koizumi M., et al.:	In vivo dosimetry of high-dose-rate Interstitial brachytherapy in the pelvic region: use of a radiophotoluminescence glass dosimeter for measurement of 1004 points in 66 patients with pelvic maliganancy.	Int. J. Rad. Oncol. Biol. Phys.	70(2)	626-633	2008
Shibamoto Y., Koizumi M., et al.	Incidence of brain atrophy and decline in mini-mental state examination score after whole-brain radiotherapy in patients with brain metastases: A prospective study.	Int. J. Rad. Oncol. Biol. Phys.	72(4)	1168-73	2008
Yamazaki H., Koizumi M., et al.	Impact of mitochondrial DNA on hypoxic radiation sensitivity in human fibroblast cells and osteosarcoma cell lines.	Oncol. Rep.	19(6)	1545-9	2008
今村文生, 小泉雅彦, 他	末梢小型肺癌に対する高線量小線源治療.	成人病	48(2)	47-48	2008
高橋豊, 小泉雅彦, 他	基礎講座 I-125 密封線源による前立腺永久挿入治療 I-125 永久挿入治療へ関わろう! 物理的 QA の解説.	日本放射線技術学会雑誌	64(11)	1439-1443	2008
Takemura N., Nakagawa K., et al.	Eleven-year survivor of unresectable intrahepatic cholangiocarcinoma treated using long-term UFT therapy.	Hepatogastro-enterology	55(88)	1997-9	2008
Shiraishi K., Nakagawa K., et al.	Enhancement of Antitumor Radiation Efficacy and Consistent Induction of the Abscopal Effect in Mice by ECI301, an Active Variant of Macrophage Inflammatory Protein-1{alpha}.	Clin. Cancer Res.	14(4)	1159-66	2008
Murakami N., Nakagawa K., et al.	Palliative radiation therapy for advanced gastrointestinal cancer.	Digestion	1	29-35	2008
Takeuchi T., Nakagawa K., et al.	Characterization of mouse 3t3-swiss albino cells available in Japan: necessity of quality control when used as feeders.	Jpn. J. Infect. Dis.	61(1)	9-12	2008
Nakagawa K., et al.	Preoperative radiation response evaluated by 18-fluorodeoxyglucose positron emission tomography predicts survival in locally advanced rectal cancer.	Dis. Colon. Rectum.	51 (7)	1055-60	2008
Yamashita H., Nakagawa K., et al.	Radiotherapy for 41 patients with stages I and II MALT lymphoma: A retrospective study.	Radiother. Oncol.	87(3)	412-7	2008

Igaki H., Nakagawa K., Terahara A., et al.	Three-dimensional conformal radiotherapy for hepatocellular carcinoma with inferior vena cava invasion.	Jpn. J. Clin. Oncol.	38(8)	438-44	2008
Sone K., Nakagawa K., et al.	hScrib, a human homologue of Drosophila neoplastic tumor suppressor, is a novel death substrate targeted by caspase during the process of apoptosis.	Genes Cells.	13(7)	771-85	2008
Nakamura N., Terahara A., Nakagawa K., et al.	Oral pilocarpine (5mg t.i.d.) used for xerostomia causes adverse effects in Japanese.	Auris Nasus Larynx.	36(3)	310-3	2008
Yamashita H., Nakagawa K., et al.	Interesting response to concurrent chemoradiation in metastatic eccrine porocarcinoma.	J. of Dermatology	35	606-7	2008
Yoda K., Nakagawa K., et al.	Dose verification of intensity modulated arc therapy using Ergo++ treatment planning system and Elekta internal multi-leaf collimators for prostate treatment.	The British Journal of Radiology	82(976)	328-31	2008
Yamashita H., Nakagawa K., et al.	Concurrent chemoradiation alone with curative intent for limited-disease small-cell esophageal cancer in nine Japanese patients.	Dis Esophagus	22(2)	113-8	2008
Nakagawa K., et al.	Ovarian shielding allows ovarian recovery and normal birth in female hematopoietic SCT recipients undergoing TBI.	Bone Marrow Transplantation	42(10)	697-9	2008
Nakagawa K., Terahara A., et al.	Contrast medium-assisted stereotactic IGRT using kilovoltage conebeam CT.	Radiation Medicine	26(9)	570-2	2008
Murakami N., Nakagawa K., et al.	Urethral dose and increment of international prostate symptom score (IPSS) in transperineal permanent interstitial implant (TPI) of prostate cancer.	Strahlenther Onkol.	184(10)	515-519	2008
中川恵一	死生学とがん医療の接点を求めて	Pharma Medica	26(7)	9-10	2008
Numasaki H., et al.	Workflow analysis of medical staffs in surgical wards based on the time-motion study data.	Japan Hospitals	27	75-80	2008
Uno T., Sumi M., Numasaki H., Mitsumori M., Teshima T., et al. Japanese PCS working subgroup of lung cancer.	Postoperative radiotherapy for non-small-cell lung cancer: Results of the 1999-2001 patterns of care study nationwide process survey in Japan.	Lung Cancer	56	357-362	2007

Isobe K., Kodaira T., Shikama N., Teshima T., et al.	A multicenter phase II study of local radiotherapy for stage IEA mucosa associated lymphoid tissue lymphomas: A preliminary report from the Japan Radiation Oncology Group (JAROG).	Int. J. Radiat. Oncol. Biol. Phys.	69 (4)	1181-1186	2007
Isobe K., Kodaira T., Shikama N., Teshima T., et al.	Initial experience with the quality assurance program of radiation therapy on behalf of Japan Radiation Oncology Group (JAROG).	Jpn. J. Clin. Oncol.	37(2)	135-13	2007
Yamauchi C., Mitsumori M., Shikama N., Sasaki S., Teshima T., et al.	Patterns of care study of breast-conserving therapy in Japan: comparison of the treatment process between 1995-1997 and 1999-2001 surveys.	Jpn. J. Clin. Oncol.	38(1)	26-30	2007
Murakami Y., Kenjo M., Uno T., Teshima T., et al. and the Japanese Patterns of Care Study working subgroup for esophageal cancer.	Results of the 1999 2001 Japanese Patterns of Care Study for patients receiving definitive radiation therapy without surgery for esophageal cancer.	Jpn. J. Clin. Oncol.	37(7)	493-500	2007
手島昭樹, 沼崎穂高, 池田恢, 小泉雅彦, 他. JASTRO データベース委員会.	全国放射線治療施設の 2005 年定期構造調査報告 (第 1 報).	日放腫会誌.	19	181-192	2007
手島昭樹, 沼崎穂高, 池田恢, 小泉雅彦, 他. JASTRO データベース委員会.	全国放射線治療施設の 2005 年定期構造調査報告 (第 2 報).	日放腫会誌.	19	127-138,	2007
手島昭樹.	放射線治療の現状と展望	医学物理.	27 (Suppl.1)	27-32	2007
小川和彦, 中村和正, 大西洋, 小泉雅彦, 光森通英, 手島昭樹 他.	前立腺癌根治的放射線治療における日米の相違点 -医療実態調査研究 (PCS)による検討-	臨床放射線	52(10)	1236-1241	2007
Mizutani Y., Miki T., et al.	Overexpression of XIAP in renal cell carcinoma predicts a worse prognosis.	Int. J. Oncol.	30	919-925	2007
Tamura K., Miki T., et al.	Molecular featutes of hormone-refractory prostate cancer cells by genome-wide gene expression profiles.	Cancer Res., 2007.	67	5117-5125	2007
Seligson D. B., Miki T., et al.	Expression of X-linked inhibitor of apoptosis protein (XIAP) is a stromg predictor of human prostate cancer recurrence.	Clin. Cancer Res.	13	6056-6063	2007
Li Y. N., Miki T., et al.	Prognostic significance of thymidylate synthase expression in prostate cancer patients undergoing radical prostatectomy.	Urology	69	988-995	2007

Li Y. N., Miki T., et al.	The significance of the expression of dihydropyrimidine dehydrogenase in prostate cancer.	BJU Int.	99	663-668	2007
Miki T., et al. and the Japan blood cell transplantation study group for testicular germ cell tumor.	Long-term results of first-line sequential high-dose carboplatin, etoposide and ifosfamide chemotherapy with peripheral blood stem cell support for patients with advanced testicular germ cell tumor.	Int. J. Urol.	14	54-59	2007
Shinoda Y., Miki T., et al.	Association of KLK5 overexpression with invasiveness of urinary bladder ca rcinoma cells.	Cancer Sci	98	1078-1086	2007
Yoshida T., Miki T., et al.	Lipoxygenase inhibitors induce death receptor 5/TRAIL-R2 expression and sensitize malignant tumor cells to TRAIL-induced apoptosis.	Cancer Sci	98	1417-1423	2007
Kawauchi A., Miki T., et al.	Oncological outcome of hand-assisted laparoscopic radical nephrectomy.	Urology	69	53-56	2007
Nonomura N., Miki T., et al.	Paclitaxel, ifosfamide, and nedaplatin (TIN) salvage chemotherapy for patients with advanced germ cell tumor.	Int. J. Urol.	14	527-531	2007
Okihara K., Miki T., et al. Kyoto Prefectural University of Medicine Prostate Cancer Research Group	Clinical efficacy of alternative antiandrogen therapy in Japanese men with relapsed prostate cancer after first-line hormonal therapy.	Int. J. Urol.	14	128-132	2007
Nakauchi H., Miki T., et al.	A differential ligand-mediated response of green fluorescent protein-tagged androgen receptor in living prostate cancer and non-prostate cancer cell lines.	J. Histochem Cytochem.	55	535-544	2007
Arai Y., Miki T., et al.	The growth-inhibitory effects of dexamethasone on renal cell carcinoma in vivo and in vitro.	Cancer Invest.	26	35-40	2007
Fujita H., Tachimori Y., et al.	A new N category for cancer in the esophagogastric junction based on lymph node compartments.	Esophagus.	4(3)	103-110	2007
Kasamatsu T., et al	Surgical treatment for neuroendocrine carcinoma of the uterine cervix.	Int. J. Gynecol. Obstetrics	99	225-228	2007

Kikuchi R., Kasamatsu T., et al.	Promoter hypermethylation contributes to frequent inactivation of a putative conditional tumor suppressor gene connective tissue growth factor in ovarian cancer.	Cancer Res.	67(15)	7095-7105	2007
Nishio S., Kasamatsu T., et al.	Analysis of the clinicopathological prognosis of stage IVb cervical carcinoma.	Oncology Reports	19	497-503	2007
笠松高弘, 他	Pelvic exenteration.	産科と婦人科	74	1173-1180	2007
笠松高弘.	子宮頚癌 Ia 期（IaI,a2 期）	産婦人科の実際	6 臨時増刊	1710-1715	2007
Kinoshita T.	Sentinel lymph node biopsy is feasible for breast cancer patients after neoadjuvant chemotherapy.	Breast Cancer	14	10-15	2007
Akashi-Tanaka S., Kinoshita T.	Favorable outcome in patients with breast cancer in the presence of pathological response after neoadjuvant endocrine therapy.	The Breast	16	482-488	2007
Kurebayashi J., Kinoshita T.	The prevalence of intrinsic subtype and prognosis in breast cancer patients of different races.	The Breast	16	72-7	2007
Tsukamoto S, Kinoshita T, et al.	Brain metastases after achieving local pathological complete responses with neoadjuvant chemotherapy.	Breast Cancer	14	420-424	2007
赤木智徳, 木下貴之.	Intracystic papillary carcinoma (ICPC)の診断と臨床的特徴－自験例 14 例からの検討－	乳癌の臨床	22	280-285	2007
Nagata Y., Mitsumori M., et al.	Current status of stereotactic body radiotherapy for lung cancer.	Int. J. Clin. Oncol.	12(1)	3-7	2007
Nagai K., Goya T., et al.	Prognosis of resected non-small cell lung cancer patients with intrapulmonary metastases.	J. Thorac. Onc.	2(4)	282-6	2007
Koike T., Goya T., et al.	Prognostic factors in 3315 completely resected cases of clinical stage I non-small cell lung cancer in Japan	J. Thorac. Onc.	2(5)	408-13	2007
Asamura H., Goya T., et al.	A Japanese lung cancer registry study: Prognosis of 13,010 resected lung cancers.	J. Thorac. Onc.	3(1)	46-52	2007
肺癌登録合同委員会, 他.	1999 年肺癌外科切除例の全国集計に関する報告	肺癌	47	299-311	2007

蘇原泰則、肺癌登録合同委員会，他.	1999年肺癌外科切除例の全国集計に関する報告	日本呼吸器外科学会雑誌	21	740-752	2007
Mitsumori M., et al.	Regional hyperthermia combined with radiotherapy for locally advanced non-small cell lung cancers: a multi-institutional prospective randomized trial of the International Atomic Energy Agency.	Int. J. Clin. Oncol.	12(3)	101-107	2007
Mitsumori M., et al.	Current status of accelerated partial breast irradiation.	Breast Cancer	5(1)	101-107	2007
Uno T., Sumi M., et al.	Postoperative radiotherapy for non-small-cell lung cancer: results of the 1999-2001 patterns of care study nationwide process survey in Japan.	Lung Cancer	56	357-362	2007
大賀才路、中村和正.	前立腺癌に対する小線源療法:	Rad. Fan.	5(5)	80-82	2007
Shikama N., Nakamura K., Kodaira T., Sasaki S., et al. Japan radiation oncology group.	Quality assurance of radiotherapy in a clinical trial for lymphoma: individual case review.	Anticancer Res.	27	2621-2625	2007
Ogawa K., Nakamura K., Uno T., Toita T., Kodaira T., et al.	Treatment and prognosis of squamous cell carcinoma of the external auditory canal and middle ear: a multi- institutional retrospective review of 87 patients.	Int. J. Radiat. Oncol. Biol. Phys.	68(5)	1326-1334	2007
Sekine I., Sumi M. et al.	Phase I study of cisplatin analogue nedaplatin, paclitaxel, and thoraic radiotherapy for unresectable stage III non-small cell lung cancer.	Jpn. J. Clin. Oncol.	37	175-180	2007
Shimizu T., Sumi M., et al.	Concurrent chemoradiotherapy for limited-disease small cell lung cancer in elderly patients aged 75 years or older.	Jpn J Clin Oncol.	37	181-185	2007
Gaffney DK., Toita T., et al.	Practice patterns of radiotherapy in cervical cancer among member groups of the Gynecologic Cancer Intergroup (GCIG).	Int. J. Radiat. Oncol. Biol. Phys.	68	485-90	2007
Fuwa N., Kodaira T., et al.	Dose escalation study of nedaplatin with 5-fluorouracil in combination with alternating radiotherapy in patients with head and neck cancer.	Jpn. J. Clin. Oncol.	37(3)	161-167	2007

Yamazaki H., Shikama N., Kodaira T., et al.	Dummy run for a phase II multi-institute trial of chemoradiotherapy for unresectable pancreatic cancer: inter-observer variance in contour delineation.	Anticancer Research	27	2965-2971	2007
Fuwa N., Kodaira T., et al.	Chemoradiation therapy using radiotherapy, systemic chemotherapy with 5-fluorouracil and nedaplatin, and intra-arterial infusion using carboplatin for locally advanced head and neck cancer. - Phase II study –	Oral. Oncol.	43	1014-1020	2007
Fuwa N., Kodaira T., et al.	Treatment results of alternating chemoradiotherapy for nasopharyngeal cancer using cisplatin and 5-fluorouracil - A phase II study-	Oral. Oncol.	43	948-55	2007
Nakamura T., Kodaira T., et al.	Clinical outcome of stage III non-small-cell lung cancer patients after definitive radiotherapy.	Lung	186(2)	91-6	2007
古平毅.	最先端放射線治療法とその適切な運用—新技術と旧技術の棲み分け 4.トモセラピー	Rad. Fan	5(5)	67-70	2007
古平毅, 他.	頭頸部癌に対するトモセラピーを用いた IMRT の初期臨床経験	頭頚部癌	33(3)	406-410	2007
古平毅.	Target Volume Delineation のコツとピットフォール 2次元治療計画から 3 次元治療計画へ 6.喉頭癌	JASTRO NEWSLETTER	83(1)	13-16	2007
不破信和、古平毅、他.	総説 頭頚部癌の治療の進歩 —頭頸部癌領域における放射線治療の最近の進歩—	日本耳鼻咽喉科学会雑誌	110(1)	703-706	2007
Aoyama H., Kenjo M., Nakagawa K., et al.	Neurocognitive function of patients with brain metastasis who received either whole brain radiotherapy plus stereotactic radiosurgery or radiosurgery alone.	Int. J. Radiat. Oncol. Biol. Phys.	68(5)	1388-95	2007
Kimura T., Kenjo M., et al.	CT appearance of radiation injury of the lung and clinical symptoms after stereotactic body radiation therapy (SBRT) for lung cancers: are patientswith pulmonary emphysema also candidates for SBRT for lung cancers?	Int. J. Radiat. Onco..Biol. Phys.	66(2)	483-91	2007

Kimura T., Kenjo M.,et al.	Interbreath-hold reproducibility of lung tumour position and reduction of the internal target volume using a voluntary breath-hold method with spirometer during stereotactic radiotherapy for lung tumours.	Br. J. Radiol.	80(953)	355-61	2007
Matsuura K., Kenjo M., et al.	Early clinical outcomes of 3D-conformal radiotherapy using accelerated hyperfractionation withoutintracavitary brachytherapy for cervicalcancer.	Gyneco.lOncol.	104(1)	11-14	2007
Wadasaki K., Kenjo M., et al.	Treatment results of adjuvant radiotherapy andsalvage radiotherapyafterradical prostatectomy for prostate cancer.	Int. J. Clin.Oncol.	12(1)	37-41	2007
Murakami Y., Kenjo M., et al.	Evaluation of the basicproperties of the BANGkit gel dosimeter.	Phys. Med.Biol.	52(8)	2301-11	2007
和田崎晃一, 権丈雅浩、他.	中・下咽頭癌に対する CDDP+5-FU または CDGP+5-FU による化学放射線療法の治療成績	癌と化学療法	34(9)	1393-96	2007
村上祐司, 権丈雅浩, 他.	食道癌に対する加速過分割照射の治療成績	日本放射線腫瘍学会誌	19(4)	259-262	2007
Yamazaki H., Shikama N., et al.	Dummy run for phase II multi-institute trial of chemoradiotherapy for unresectable pancreatic cancer: Inter-observer variance in contoura delineation.	Anticancer Res.	27	2965-2972	2007
小岩井慶一郎、鹿間直人.	２．初期治療の実際　(4)乳房温存療法における放射線照射の実際	コンセンサス癌治療 2007	Winter	32-33	2007
Onishi H., et al.	Hypofractionated stereotactic radiotherapy (Hypo FXSRT) for stage I non-small cell lung cancer: updated results of 257 patients in a Japanese multi-institutional study.	J. Thorac Oncol.	7	S94-100	2007
Onishi H., et al.	Stereotactic radiotherapy for non-small cell lung cancer-computed tomography.,	Cancer Imaging		215-229	2007
大西洋.	放射線治療の病院運営への貢献と課題—診療報酬とがん治療における効果の面を中心に	新医療	2007 年 12 月号	51-54	2007
大西洋.	がん対策基本法と放射線治療：最近の学生・研修医教育現場	JCR ニュース	160	4-7	2007
大西洋.	最先端放射線治療法とその適切な運用—序説	Rad Fan	5	59-60	2007
大西洋, 他.	I 期非小細胞肺癌に対する定位放射線治療の現状	山梨肺癌研究会誌	20	41-45	2007

大西洋、他.	胸腹２点式簡易呼吸インジケータ（アブチェス）とバイオフィードバック効果を応用した自己呼吸停止下照射—4D（動体）の3D（静止）化のメリット	臨床放射線	53	411-416	2007
Yamashita H., Nakagawa K., et al.	Radiotherapy for lymph node metastases in patients with hepatocellular carcinoma: Retrospective study.	J. Gastroenterol Hepatol.	22(4)	523-7	2007
Nakagawa K., et al.	A rod matrix compensator for small-field intensity modulated radiation therapy: a preliminary phantom study.	IEEE Trans. Biomed. Eng.	54(5)	943-946	2007
Yamashita H., Nakagawa K., et al.	Exceptionally high incidence of symptomatic grade 2-5 radiation pneumonitis after stereotactic radiation therapy for lung tumors.	Radiat. Oncol.	7(2)	21	2007
Igaki H., Nakagawa K., et al.	Pathological changes in the gastrointestinal tract of a heavily radiation-exposed worker at the Tokai-mura criticality accident.	J. Radiat. Res.	49(1)	55-6	2007
Sasano N., Nakagawa K., et al.	Free radical scavenger edaravone suppresses X-ray-induced apoptosis through p53 inhibition in MOLT-4 cells.	J. Radiat. Res.	48(6)	495-503	2007
Nakagawa K., Terahara A., et al.	Verification of in-treatment tumor position using kilovoltage cone-beam computed tomography: a preliminary study.	Int. J. Radiat. Oncol. Biol. Phys.	69(4)	970-3	2007
Nishio T., Nakagawa K., et al.	Experimental verification of the utility of positron emitter nuclei generated by photonuclear reactions for X-ray beam monitoring in a phantom.	Radiat. Med.	25(10)	516-22	2007
Numasaki H., et al.	New classification of medical staff clinical services for optimal reconstruction of job workflow in a surgical ward: Application of spectrum analysis and sequence relational analysis.	Comput. Stat. Data.Analysis	51(12)	5708-5717	2007

日米NCDBワークショップ

米国側報告

Commission on Cancer

A multidisciplinary program of the American College of Surgeons

Summary Report and Recommendations: Japan / USA NCDB Workshop

Tokyo, February 27-28, 2007

INTRODUCTION

The following report summarizes the findings and impressions of the delegation from the American College of Surgeons (ACoS), Commission on Cancer staff that attended the Japan/USA Workshop was held in Tokyo at the National Cancer Center, February 27-28, 2007. This delegation was lead by Dr. David P. Winchester, FACS, Medical Director of Cancer Programs of the American College of Surgeons, and included senior staff members of the National Cancer Data Base, Andrew K. Stewart, MA and E. Greer Gay, RN, PhD. The workshop was co-sponsored through funds available from a Japanese Health and Labor Sciences Research grant, and a Ministry of Health, Labor and Welfare cancer research grant.

REPORTS AND PRESENTATIONS

Members of the delegation from the American College of Surgeons and Japanese participants presented and discussed a broad range of experiences and findings regarding registry operations, data standards, clinical surveillance studies and quality of cancer care during the course of the two-day workshop.

The ACoS delegation reviewed the development and maturation of the National Cancer Data Base during its 15 years of operations. This was followed by specific discussions regarding data standardization efforts in the United States and how these impacted registry operations and data management. Comparisons between hospital based registry data and population-based data were provided to emphasize that collaboration and standardization can result in high levels of agreement across data sets. An outline of the history and events that have shaped American privacy laws was provided as a context for understanding the privacy regulations that are part of HIPAA, the regulatory framework guiding release and use of medical information in the United States. Clinical findings from studies of breast, colon, pancreas, and gastric cancers using data from the NCDB were presented. Finally, recently developed initiatives focusing on assessing quality of cancer care and audit/feed-back reports were presented.

Presentations from the Japanese participants closely mirrored those from the ACoS. Each of the Japanese registry systems (population, hospital, and JNCDB) presented descriptive outlines of their scope of operations and plans for the future. A representative from among the software vendors addressed issues and challenges of interoperability among medical information systems,

and how the cancer registration systems might interface with these efforts. Representatives from each of the participating medical specialty organizations presented a combination of operational descriptions of their proprietary clinical registry systems and descriptive clinical findings from the data collect through these registries. Finally, a review of the current interpretation of the Japanese patient privacy laws and how these were being considered within the medical and cancer surveillance community was provided.

BACKGROUND

Cancer registration activities in Japan have their roots in public health surveillance activities stemming from concerns regarding long-term effects from radiation exposure following the close of Second World War, notably in Hiroshima and Nagasaki. Since their initial establishment in the late 1950's the breadth and scope of cancer surveillance and cancer registration have grown to include the establishment of a Japanese Association of Cancer Registrars, and most recently a legislative mandate in the form of the Cancer Control Act of 2006. Malignant neoplasms have been the leading cause of death in Japan since 1981, accounting for 241.7 deaths per population of 100,000, far more than the next two leading causes, heart disease (121.0/100,000) and cerebro-vascular diseases (103.4/100,000).[1 2] Though cancer is a significant health concern in Japan, it is not a mandated as a reportable disease.[3]

Broad efforts to collect surveillance population-based and clinical cancer information exist in Japan. Among these are the epidemiological, population-based registry efforts that collect 25 items on diagnosis, initial treatment, and follow-up information, and is organized at the Prefecture level, and includes one metropolitan area. Individual academic medical societies also operate clinical registries that collect in-depth information, usually between 200-300 variables for site-specific cancers. Finally, hospital-based registries collect approximately 60 items on diagnosis, initial treatment, and follow-up with the intent to evaluate patterns and quality of care. Participation in the hospital-based registries has recently increased from 30 hospitals within the Japanese Association of Clinical Cancer Centers to include an additional 286 designated cancer care hospital.

Hospital-based cancer registration activities in Japan are increasingly linked to Ministry of Health, Labor and Welfare policy decisions as this ministry expands its recognition and expected functions/roles of Designated Cancer Care Hospitals. Established standardized data sets among hospital-based registries include patient demographic information, histo-pathology, initial treatment, and follow-up information are in place. Leaders of the population-based registry activities clearly understand the importance of further standardizing the cancer registration process and increasing the capacity of hospital-based cancer registration activities in support of the 2006 Cancer Control Act. At the forefront of the population-based registries interests rests the question of ascertaining incidence and survival statistics. Incidence rates are based on a limited sample (~25%) of the Japanese population and are believed to significantly under-represent the actual cancer burden in the country.

In contrast, the medical specialty societies have each established proprietary disease specific registry systems that are dependent upon voluntary participation by treatment facilities. The breast cancer registration system collects data from over 350 centers and the ObGyn registry from more than 250 programs. Coverage of reported cases is variable to, for example, 40% of expected prostate cancer cases thought to be reported to the Prostate Cancer Registry. Nonetheless, clinical surveillance of cancer presentation, treatment, and survival is well established in Japan and through the efforts of the individual specialty societies these registries yield an abundance of important and useful information.

The JNCDB project has adopted an integrative view, recognizing the strengths and shortcomings of the population, hospital and disease specific registry systems. The population-based registries lack treatment information that is carefully collected through the disease specific registries, which in turn do not have access to routine or accurate survival or vital statistics. In addition, the potential synergy resulting from the ability to exchange surgical and radiation oncology treatment data available in departmental and radiation oncology databases maintained within hospital settings is seen to be significant. The common thread is the hospital setting where diagnoses are made and treatment is provided, which places a substantial premium on the successful implementation and integration of IT infrastructure registry operations.

CHALLENGES

Though exempt from the JPIPA (Articles 16, 23, and 50)[4], the population-based cancer registries are not complete, standardization is lacking, and follow-up occurs in only a few of these registries. The disease specific registries have incomplete follow-up information, and since the passage of the JPIPA, these registries have been forced to regroup and consider alternative mechanisms by which to protect patient privacy. In some cases this has resulted in the suspension of data collection. The hospital-based cancer registries have other data collection problems. First data collection is performed separately by each discipline, and is frequently recorded by the physician, who has limited available time to dedicate to these data collection efforts.

Establishment of a Japanese cancer registry system has been hindered by the passage of the JPIPA - Law No. 57, 2003. This law protects the rights and interests of individuals by clarifying responsibilities of government and setting a high standard of care for handling personal information for companies in the *medical*, financial credit, and telecommunications industries.[5] Additionally, a 'privacy scare' in which concerns regarding loss of personal information resulting in cases of billing fraud, and other misuse of personal data are perceived to be widespread in Japan.[6] Finally, the social stigma attached to the diagnosis of cancer, and the potential impact the exposure of this information may have on personal or professional lives acts as a further deterrent to fostering public support for a cancer registries in Japan.[7]

Most of the registries in Japan have elected to use HASH functions common to many database software operating systems to circumvent the restrictions of JPIPA. This has provided a technical short-term solution and has allowed each registry system to continue operations as before.

Each registry – population, hospital, and disease specific - openly acknowledged these challenges and clearly recognized that the Japanese cancer registry systems:

- Lacked standardized data sets and operations;
- Limited integration of clinical data bases and wider hospital IT infrastructure;
- Viewed government mandates as sets of confounding directives.

OPPORTUNITIES

The Cancer Control Act, approved in June 2006, to be implemented in April 2007, presents a critical opportunity for cancer registration in Japan. This Act calls for a cancer control implementation plan at the prefectural and national level, cancer prevention and early detection, equalizing cancer care quality, cancer research and the creation of an advisory board that includes representatives of cancer patients and their families.[8] This Act and other efforts ongoing since

April 2004 that began with the Third-Term Comprehensive 10 Year Strategy for Cancer Control have forged a way towards creating a means to implement a synchronized cancer registry system that has the potential to address the issues facing the current registries while at the same time accommodating the individual purposes of each registry.[9]

Specifically, this Act provides the basis for addressing both standards within and among the agencies engaged in cancer surveillance, and privacy concerns that are a current concern:

Standards

- The establishment of Japan's National Cancer Center provides a locus from which defining the need for, the purpose of, and the dissemination of value in cancer registry can be articulated. The advisory board is a means to involve:
  - Patients and family members;
  - The Quality of Life Policy Bureau, part of the Cabinet office of the Government Statistical Organization Chart[10];
  - Representatives from the Japanese Ministry of Health, Labor, and Welfare;
  - Hospitals;
  - Medical societies.

- The National Cancer Control and Information System (NCC-CIS), established in October 2006, provides:
  - Training for tumor registrars, which should relieve some of the burden experienced by physicians responsible for data entry;
  - A forum through which the registries can meet on equal terms, define common standards for data collection, reporting and definitions – similar to role in the USA played by the North American Association of Central Cancer Registries;
  - Development of standards for computer software, and interoperability between medical IT systems;
  - Increasing the number of hospital-based cancer registries, at the very least in designated cancer care hospitals that will move efforts forward to provide a system through which quality of care can be evaluated and improved at the local level through feedback mechanisms on practice and outcomes.

The Cancer Control Act, if viewed broadly, contains all the necessary directives to enable the broad number of agencies interested in population and clinical surveillance of the cancer burden and its care in Japan to work together towards a common goal. This Act provides the legal framework for consensus building and standardization of registry education, operations, and education; data collection and transmission standards; and even interoperability with other medical information systems.

Similar efforts have been ongoing in the United States for almost two decades and were initiated among agencies as a means to improve cancer surveillance, but are not directly supported by legislative mandate. Much of the incentive toward adoption of standards has been driven by a combination of limited human resources and uncertain financial resources. To achieve the current level of harmonization within the registry community in the United States has required significant political will and intellectual infrastructure. The fact that Federal, State, and private agencies continue to work diligently and effectively together to maintain high levels of agreement regarding education, operations and data standards in the face of continuing budgetary pressures is a significant indication of the value of these consensus processes.

Privacy

The government statistical system of Japan has two major official statistical laws; the Statistics Law and the Statistical Reports Coordination Law. Under these laws, three types of surveys are permitted: designated statistics, notified statistics, and approved statistics.[11] Cancer surveillance activities in Japan should be classified as designated statistics, which are those surveys necessary for the formulation of basic government policies. As such, it might be reasonable for a representative of the cancer surveillance community to press for an active liaison role with, or representation on, the Ministry of Public Management, Home Affairs, Posts and Telecommunications (MPHPT) statistics council, and thus elevate the visibility and recognition of the cancer registry system.

The Health Promotion Act of 2002 and the Basic Act for Anti-Cancer Measure (6/16/2006) affords the opportunity for surveillance of cancer in Japan while also providing an exemption from the JPIPA for the population-based cancer registry. This has not been the case for the hospital-based nor medical society-based registries.[12] However, a case could be made for collecting patient cancer data on practice and outcome through establishing a "Purpose for Use" that the requisite data would facilitate the mandates required under the Cancer Control Act of 2006; i.e., "equalizing cancer care quality" and "cancer research." This, of course, presumes that the data will be accurate, under security control, and appropriate and necessary supervision over the employees that handle the data occur (Articles 19, 20, and 21, JPIPA). Population-based registries should work with hospital and disease specific registries to explore the development of appropriate legal mechanism to facilitate access to and use of selected patient identifiers.

SUMMARY

Much of what is needed for the further development and integration of cancer data bases in Japan are or can be in place. The three main types of registry systems can work together to accomplish that goal, success comes with a unified approach. A legal framework exists to support standardization of data items and definitions, software, development of a trained cohort of registry professionals and placing them in the hospitals. Public awareness of the value of cancer registration is greatly needed. Efforts to make cancer a reportable disease are paramount. Working within the framework of established laws is possible.

RESPECTFULLY SUBMITTED

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