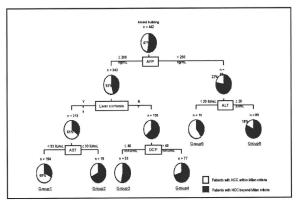
(2.2) 樹形モデルの結果

663 名のデータを学習データ(n=442)とテストデータ(n=221)に無作為に分け、Milan criteriaを2値の反応変数、13個のリスク因子を説明変数にとって樹形モデルを学習データにあてはめた。

図2:非B非C肝細胞癌の臨床プロファイル



樹形モデルでは APF, Liver cirrhosis, AST, DCP,ALTの5つのリスク因子が用いられ6つの臨床プロファイルが作成された(図2)。この臨床プロファイリングの精度を検討するために、テストデータを用い感度、特異度、誤判別率を求め、それぞれ73%,67%,30%であった。

D. 考察

分岐鎖アミノ酸食品の市販後調査データの解析は、データのアンバランスにより非常に困難なデータ解析となったが、データのバランス化により有効性が示唆される結果が得られえら。現在、2重盲検無作為化比較試験が実施されており、この比較試験の解析により科学的根拠の高い結果が得られると期待している。

非 B 非 C 型肝癌患者の予測因子に関する解析では、具体的な仮説検証、具体的な治療効果の検討を目的にしておらず、このようなデータの解析では、交絡因子を考慮しないことによる見せ掛けの相関が生じたりする。更に臨床的根拠に基づくリスク因子モデルが存在しないので、病期進

展に関与するリスク因子の検討は探索的観点から 行うべきであると判断し、探索的データ解析を行っ た。

E. 結論

肝炎・肝硬変に対する抗ウイルス剤以外の治療法に関する研究における生物統計学的解析の有用性について考察し、実際のデータを用いて妥当性のあるデータ解析結果を得た。研究目的、研究デザイン、有効性評価項目の選択、臨床仮説の具体性、疾病モデル・疾病過程のメカニズムなど多様な事柄が、適切な生物統計学的解析手法の選択に影響する。今回行った探索的データ解析から得られた結果より、新たな仮説を打ち立てて、仮説検証を目的としたRandomized Controlled Trials の計画・実施を通した科学的根拠の集積が行われることを期待する。

F. 研究発表

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2. 学会発表

特記事項なし

G. 知的財産権の出願・登録状況

(予定を含む)

1. 特許取得

特記事項なし

2. 実用新案登録

特記事項なし

3. その他

特記事項なし

Ⅲ 研究成果の刊行に関する一覧表

研究成果の刊行に関する一覧表

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Ⅳ. 研究成果の刊行物・別刷

18 Taste Alteration in Palliative Care

Takumi Kawaguchi, Yumiko Nagao, and Michio Sata

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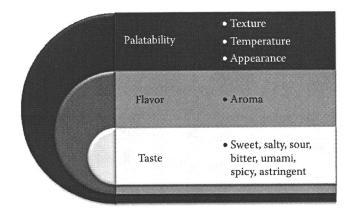
18.1 INTRODUCTION

Sufficient food intake is indispensable for maintaining nutritional status as well as quality of life in patients with cancer (Kawaguchi et al. 2006). Food intake is affected by multiple factors including sensory properties. Texture, temperature, and appearance of food are properties that regulate food intake (Kawaguchi et al. 2006). In addition, taste is a notable factor in sensory-specific satiety, as shown in Figure 18.1 (Rolls, Hetherington, and Burley 1988).

In patients with cancer, taste alterations are frequently seen because of not only therapeutic intervention such as chemotherapy and radiotherapy, but also cancer itself (Ravasco 2005). Taste alteration causes a decrease in dietary food intake and subsequent malnutrition. Malnutrition is a primary morbidity and has an impact on quality of life in patients with cancer (Ottery 1994). Thus, the management of taste alterations is important in palliative care (Table 18.1).

18.2 TYPES OF TASTE ALTERATIONS

Two types of taste alterations are seen in patients with cancer. Hypogeusia and ageusia are changes in taste acuity. Dysgeusia and phantogeusia are changes in taste quality (Hong et al. 2009) (Table 18.2).



Please review for all figures.

AU: Figure legend FIGURE 18.1 Factors associated with dietary food intake. This figure shows factors associated with dietary food intake. In addition to taste, flavor and palatability affect dietary food intake.

18.2.1 ASSESSMENTS OF TASTE ALTERATION

Au: "acuity to determine" Please check meaning

Taste alteration is assessed by taste acuity to determine recognition and detection thresholds for any of the five basic tastes: sweet, sour, salty, bitter, and umami (a Japanese word for delicious) (Wismer 2008). This examination can assess precise taste alteration; however it is not always available for patients in palliative care because of its complicated procedure.

Taste alteration can be assessed by questionnaires. Among a variety of patient-reported tools for taste alteration, the 14-questionnaire scored tool is evaluated in patients with advanced cancer (Hutton, Baracos, and Wismer 2007). The tool shows a significant correlation between the selfperceived chemosensory experience, energy intake, and quality of life (Hutton et al. 2007), suggesting a usefulness in palliative care.

MECHANISMS OF TASTE ALTERATION 18.2.2

Taste alterations are induced by anticancer therapy and/or cancer itself (Ravasco 2005). Although the mechanisms of taste alteration are largely unknown, impairment of sensory receptor cells and zinc deficiency are well-known causative factors for taste alteration (Hong et al. 2009). Turnover rates of sensory receptor cells for taste are about 7-10 days. Since these high turnover cells are sensitive for radiation and chemotherapy (Hong et al. 2009), anticancer therapy may cause taste alteration. Zinc is a trace element that is involved in the sensitivity of taste (Henkin et al. 1976). Some anticancer agents bind with zinc and inhibit an activation of sensory receptor cells. In addition,

TABLE 18.1 Key Features of Taste

- 1. Taste is the sense that distinguishes the flavor or savor of dissolved substances by contact with the taste receptors on
- 2. Humans can detect seven taste qualities: sweet, sour, salty, bitter, umami, spicy, and astringent
- 3. Taste alterations are frequently seen in patients with cancer, because of not only therapeutic intervention, but also cancer itself
- 4. Taste alterations reduce interest in food, resulting in decreased dietary food intake and subsequent malnutrition
- 5. Malnutrition is a major morbidity and reduces quality of life in patients with cancer

This table lists the key facts of taste alterations in patients with cancer. The management of taste alterations is important in palliative care.

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TABLE 18. 2
Definitions of Taste Alterations

Abnormalities Definition

Changes in taste acuity

Hypogeusia Decreased sensitivity to taste perception

Ageusia Loss of taste perception

Changes in taste quality

Dysgeusia Distorted sensitivity to taste perception
Phantogeusa Perception of metallic or salty taste

Note: This table lists definitions of taste alterations. Symptoms of taste

alterations are classified into changes in taste acuity and in taste

quality.

a depletion of serum zinc is frequently seen in patients with hypermetabolism, malnutrition, and cachexia (Hong et al. 2009). Abnormalities in digestive tract also affect taste sensitivity and other possible mechanisms of taste alteration are summarized in Table 18.3.

18.3 PRACTICAL METHODS AND TECHNIQUES

18.3.1 Modification of Food

18.3.1.1 Flavors

Since taste is modified by flavors, adding flavor to foods is a strategy to alleviate taste alteration (Schiffman 2007) (Figure 18.2). In patients with breast or lung cancer, aromatic flavors improved nutritional status and physical function compared to those in the control group (Schiffman 2007). In addition, flavoring is reported to enhance patient compliance and quality of life (Steinbach et al. 2009).

TABLE 18.3 Mechanisms of Taste Alteration in Patients with Cancer

Mechanisms

Impairment of sensory receptor cells by anti-cancer therapy

Zinc deficiency

Oral mucositis

Oral infection

Reflux esophagitis

Gastric ulcer

Impairment of peristaltic movement in digestive tract

Impairment of chorda tympani nerve

Changes in tumor necrosis factor-α, interleukin-1β, and interleukin-6

Increased oxidative stress

Cachexia

Note: This table lists mechanisms of taste alteration in patients with cancer.

Not only anticancer agents, but also various factors including gastro-

intestinal disorders, affect taste alteration.

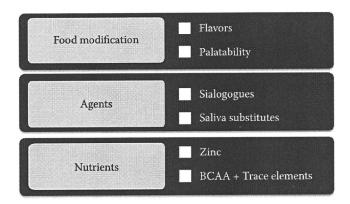


FIGURE 18.2 Therapeutic approach to taste alteration of cancer patients in palliative care. This figure shows a therapeutic approach to taste alteration of cancer patients in palliative care. A holistic approach is recommended in order to alleviate taste alteration.

18.3.1.2 Palatability

Au: Should this read "Smith, Smith, and Houpt 2010" as in reference list? Temperature of food is an important palatability regulating food intake (Smith et al. 2009) (Figure 18.1). Warming of foods activates thermosensitive molecules in the taste transduction pathway, leading to changes in taste (Ullrich et al. 2005). The bitter taste of the branched-chain amino acids (BCAA)-enriched supplement is significantly improved by prewarming at 60°C compared to that served at 25°C. BCAA is stable at 60°C and warming of food results in an increased calorie intake and improvement of nutritional status in cirrhotic patients with hepatocellular carcinoma (Itou et al. 2009). Texture and appearance of food are also important palatabilities regulating food intake.

18.3.2 AGENTS

18.3.2.1 Sialogogues

Decreased salivary secretion is involved in taste alteration and therefore, sialogogues or saliva substitutes may improve taste alteration. Nizatidine, a histamine H2 receptor antagonist, is known to stimulate salivary secretion. Nizatidine inhibits acetylcholine esterase and subsequently increases acetylcholine, which stimulates muscarinic receptors of salivary glands (Nin et al. 2008). Cevimeline hydrochloride, a muscarinic acetylcholine receptor agonist, increases the salivary flow rate significantly (Vissink et al. 2004). These sialogogues may help patients with preserved salivary gland cells.

Chinese-Japanese herbal medicines are known to stimulate salivary secretion. Byakkokaninjinto increases the expression of aquaporin 5, a regulator of salivary secretion, through activation of muscarinic M3, and stimulates salivary secretion (Yanagi et al. 2008). Bakumondo-to is another Chinese-Japanese herbal medicine, which promotes salivary gland cell proliferation and enlarges the mean size of secretion granules (Kagami et al. 1996). These sialogogues may also have benefit in patients with preserved salivary gland cells.

18.3.2.2 Saliva substitutes

In patients with devastating damage to salivary glands, saliva substitutes are effective for taste alteration. There are now a variety of saliva substitutes available such as gel, carmellose spray, oil, and mucin spray (Momm et al. 2005). Significant benefits of different saliva substitutes on taste alteration are shown in patients treated by radiotherapy for head and neck cancer (Momm et al. 2005). Since palatability differs with each patient and no severe adverse effects of saliva substitutes are reported, testing different saliva substitutes is an effective approach to taste alteration in patients with cancer.

18.3.3 NUTRIENTS

18.3.3.1 Zinc

Zinc is a well-known nutrient associated with taste alteration and zinc supplementation improves taste disorders (Henkin et al. 1976). Although its mechanism remains unclear, zinc plays important roles in the physiology of taste function. Zinc is involved in the synthesis of gustin, a salivary protein regulating taste (Shatzman and Henkin 1981). In patients with cancer, zinc supplementation improves taste disorders in cancer patients treated by chemotherapy (Yamagata et al. 2003). However, it is also reported that zinc does not prevent taste alterations in cancer patients treated by radiotherapy (Halyard et al. 2007). Thus, zinc supplementation does not always improve taste alterations and the effects of zinc on taste may differ with types of cancer, its treatments, or nutritional status.

18.3.3.2 BCAA

BCAA are amino acids that cannot be synthesized endogenously in humans (Kawaguchi, Yamagishi, and Sata 2009). BCAA are constituents of protein and are known to have some relevant pharmacologic properties in muscle-protein synthesis, the immune system, ammonia metabolism, and glucose metabolism (Kawaguchi et al. 2009). Recently, the Department of Digestive Disease Information & Research, Kurume University School of Medicine and Seikatsu Bunkasya Co. Inc. (Tokyo, Japan) developed the BCAA-enriched supplement Aminofeel®) Au: Please (Tokyo, Japan) (Kawaguchi et al. 2007) and found that it improves taste alterations in patients provide the openwith chronic liver diseases (Nagao et al. 2010). As the supplement contains not only BCAA, but 'Aminofeel®)' also zinc, the impact of BCAA on alleviation of taste sensitivity remains unclear. However, the effect of zinc on taste improvement is still controversial (Halyard et al. 2007) and BCAA may alleviate taste alteration associated with chronic liver disease. In patients with cancer, decreased serum BCAA levels are frequently seen (Choudry et al. 2006), so BCAA may improve taste alterations in patients with cancer (Kawaguchi et al. 2009). Furthermore, BCAA has an ability to synthesize muscle protein. Moreover, BCAA has the potential to suppress cancer proliferation through improvement of insulin resistance (Kawaguchi et al. 2009). For these reasons, BCAA supplementation is recommended for patients in palliative care.

18.4 CONCLUSION

Taste alteration has a variety of etiologies and therefore the management of taste alteration in palliative care is still challenging. In order to alleviate taste alteration and subsequently improve food intake and quality of life, holistic approaches are needed. In addition, current care regarding these Au: "current care issues is not sufficient and further research into the pathogenesis of and development of new treat- regarding these issues" Please ments for taste alteration is required.

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SUMMARY POINTS

- · Since taste alteration is frequently seen in patients with cancer, routine assessment for taste alteration is recommended.
- A variety of etiologies may underlie taste alteration.
- · Modification of food is an approach to taste alteration. Use of flavors or warming of food may improve taste alteration.
- · Sialogogues and saliva substitutes are useful agents that may have a beneficial effect on taste alteration. Various types of saliva substitutes are now available and it is therefore recommended to test different saliva substitutes.
- Supplementation of zinc may alleviate taste alteration. Aminofeel®, a supplement including BCAA plus trace elements, has the potential to affect taste alteration.

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LIST OF ABBREVIATION

BCAA Branched-chain amino acids

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