

が唯一独立因子として抽出された。

D. 考察

C型慢性肝炎に対するIFN治療でSVRが得られると肝癌の発生が抑えられるることはすでによく知られている。また、IFNを投与することによりALT、AFPの有意な低下を認める。

一方、C型肝硬変患者においてIFN治療後の発癌は、どのような患者群においてみられるかはまだ不明な点も多い。IFN治療群は、未治療群と比べ発癌のリスクを12.8%減少させた報告やSVRが得られた場合は発癌リスクを19.1%抑制するとも言われている。

今回の検討において、SVRが得られた症例は、有意に発癌のリスクを低下させた。さらに、多変量解析の結果、治療終了時の AFP 値が肝発癌と関係する独立した因子となり、 AFP が10 ng/ml 未満の場合、累積発癌率を有意に低下させた。これらのことから、IFN治療で SVR が得られなくても AFP 値を10 ng/ml 未満にすることにより肝発癌のリスクを低下させることができると考えられた。

E. 結論

C型肝硬変患者のIFN治療において、 AFP 値が10 mg/ml 未満であれば有意に肝発癌を低下させた。したがって、IFN治療終了時に AFP 10 ng/ml 未満は、肝発癌の低リスク患者群を予測する最も有用な因子になるとと考えられた。

F. 健康危険情報

特記すべきことなし。

G. 研究発表

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H. 知的所有権の出願・取得状況

1.特許取得

今回の研究内容については特になし。

2.実用新案登録

特記すべきことなし。

3.その他

特記すべきことなし

IV. 研究成果の刊行物・別刷

IV. 研究成果の刊行に関する一覧表

書籍

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