

- ナノサイズの磁性体を腫瘍内に注入し、RF 加温を併用した世界で初の臨床例を報告し た
- この症例では、磁性体の腫瘍内注入により2
 度の腫瘍温度上乗せが得られ、これによる
 と思われる著しい抗腫瘍効果で、完全治癒
 が得られた

A case of submandibular gland carcinoma treated with chemoradiotherapy plus hyperthermia using magnetite nanoparticleloaded liposome

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Backgrounds

 Tumor temperature was raised by intratumor injection of magnetite cationic liposomes (MCLs) with radiofrequencycapacitive (RF) regional hyperthermia (HT) in vivo.

 We experienced the clinical application on a case with inoperative advanced submandibular gland carcinoma.

Case

- A case was a 71-year-old man with left side submandibular gland carcinoma (clinical stage III, T3N1M0 and pathological diagnosis SCC).
- He treated with chemo-radiotherapy with HT and a total dose of 72Gy.
- We combined intra-tumor injection of MCLs HT because of huge and invasive tumor.



Hyperthermia

Period: 2010/2-3, 5 sessions
Treatment time: 50min
Power average: 200W
Electrode size: 7/ 30cm
Circulating water: 37°C



Control HT





RF output: 200w Tmax: 42.4 °C

HT just after intra-tumor injection of MCLs





. Tmax: 44.3 °C

HT a month after intra-tumor injection of MCLs





RF output: 200w Tmax: 43.5 °C

Progress after treatment



2 days after HT with intra-tumor injection of MCLs

Temporary pharyngeal edema was occurred, but this edema was diminished by using steroid.



12 days after HT with intra-tumor injection of MCLs

MCLs was recognized in the tumor.



2 months after HT with intra-tumor injection of MCLs Reduction of tumor volume and residual MCLs was recognized.

Progress after treatment



3 months after HT with intra-tumor injection of MCLs

Temporary pharyngeal-tumor fistula was occurred, but this fistula was cured by conservative therapy.



7 months after HT with intra-tumor injection of MCLs

Reduction of tumor volume and no residual MCLs was recognized.



30 months after HT with intra-tumor injection of MCLs Tumor was completely diminished.

CT and PET





Local response: CR No FDG uptake in PET after 7 months





Results

- Intra-tumor temperature was raised about 2 °C just after injection of MCLs and about 1 °C a month after injection of MCLs.
- Intra-tumor MCLs was recognized after 6 months CT. 3 months after injection of MCLs, formation of tumor-pharyngeal fistula was occurred and improved by the conservative treatment.
- A year after treatment, neck tumor was completely diminished and complete response is maintained to date.

Discussion

- Intracellular HT using MCLs by an alternating magnetic field (AMF) for cancer has showed high complete tumor regression rate in vivo, and several clinical trials have way on.
- Weak point of intracellular HT by AMF was shallow heating range.
- Kobayashi et al reported the effectiveness of intracellular HT using MCLs by RF capacitive HT in vivo.
- Benefit of intracellular HT by RF HT was relatively deep heating range.
- The result of this case suggested that intracellular HT using MCLs by RF HT was potentially effective tools for superficial cancer treatment.

Conclusion

 In a clinical case, the efficacy of intratumor injection of magnetite nanoparticle-loaded liposome with radiofrequency-capacitive regional HT was shown.

 Further evaluation of safety and injection methods is needed for the practical application.