

平成20年度 倉敷中央病院 ジュニアレジデント公募試験 英文和訳

平成19年8月19日実施

注意事項：配布されたら以下の注意事項をまず確認すること。

試験官の指示があるまで、問題文を先に読んではならない。

まず、自分の受験番号と希望コース、氏名を以下の記入欄と解答用紙に記入すること。

時間は70分である。問題用紙は表紙も含め3枚、解答用紙は2枚である。試験開始の時点で落丁などがいないか確認すること。

問題は2問あり、それぞれに和訳とその内容に関する設問がある。

解答用紙とともに、問題用紙も回収する。

受験番号 _____ コース（内科総合・内科選択・外科系・産婦人科）

氏名 _____

問題1：以下の文章を読み、設問に答えなさい。

次の英文を要旨が判るように和訳しなさい

この内容があなたの現場に当てはまるとして、医療現場ではどうするべきと考えるか、日本語1文でまとめなさい

下線については、脚注として訳語などを示した

Objective To evaluate the association between alarm symptoms and the subsequent diagnosis of cancer in a large population based study in primary care.

Design Cohort study.

Setting UK General Practice Research Database

Patients 762325 patients aged 15 years and older, registered with 128 general practices between 1994 and 2000. First occurrences of hematuria, hemoptysis, dysphagia, and rectal bleeding were identified in patients with no previous cancer diagnosis.

Main outcome measure Positive predictive value of first occurrence of hematuria, hemoptysis, dysphagia, or rectal bleeding for diagnoses of neoplasms of the urinary tract, respiratory tract, esophagus, or colon and rectum during three years after symptom onset. Likelihood ratio and sensitivity were also estimated.

Results 11108 first occurrences of hematuria were associated with 472 new diagnoses of urinary tract cancers in men and 162 in women, giving overall three year positive predictive values of 7.4% (95% confidence interval 6.8% to 8.1%) in men and 3.4% (2.9% to 4.0%) in women. After 4812 new episodes of hemoptysis, 220 diagnoses of respiratory tract cancer were made in men (positive predictive value 7.5%, 6.6% to 8.5%) and 81 in women (4.3%, 3.4% to 5.3%). After 5999 new diagnoses of dysphagia, 150 diagnoses of esophageal cancer were made in men (positive predictive value 5.7%, 4.9% to 6.7%) and 81 in women (2.4%, 1.9 to 3.0%). After 15 289 episodes of rectal bleeding, 184 diagnoses of colorectal cancer were made in men (positive predictive value 2.4%, 2.1% to 2.8%) and 154 in women (2.0%, 1.7% to 2.3%). Predictive values increased with age and were strikingly high, for example, in men with hemoptysis aged 75-84 (17.1%, 13.5% to 21.1%) and in men with dysphagia aged 65-74 (9.0%, 6.8% to 11.7%).

Conclusion New onset of alarm symptoms is associated with an increased likelihood of a diagnosis of cancer, especially in men and in people aged over 65. These data provide support for the early evaluation of alarm symptoms in an attempt to identify underlying cancers at an earlier and more amenable stage.

出典 BMJ 2007; 334: 1040 ただし、一部の単語を米国綴りに変更した。

UK General Practice Research Database：英国の診療データベース

hematuria: 血尿

hemoptysis: 喀血、血痰

dysphagia: 嚥下障害、嚥下困難

問題2：以下の文章を読み、設問に答えなさい。

次の英文を要旨が判るように和訳しなさい

この内容を踏まえて、ふさわしいと思う日本語の題名を付けなさい

下線については、脚注として訳語などを示した

Over the past twenty years clinical guidelines have been developed to bridge the gap between research and practice. Guideline development groups aim to use the totality of relevant research evidence to formulate recommendations. Since bibliographic database (for example MEDLINE) are easily available, one might expect that this would lead to international consensus on the evidence chosen to underpin recommendations for clinical care, and a consequence of recommendations made in guidelines.

Nevertheless, recommendations often differ in guidelines on the same topic particularly when evidence for treatment decisions is weak. For example, substantial differences between recommendations from the United States and France about prophylactic mastectomy and oophorectomy in high-risk women. Differences were attributed to cultural variation in ideas about patient autonomy and involvement in health care, differing national views on aesthetics of the breast and about fertility. Even where there is good trial evidence, recommendation vary. For instance, analysis of hypertension guidelines from New Zealand, United States, Canada, United Kingdom and the World Health Organization showed wide variation in the criteria for blood pressure treatment decisions. Differences persisted between more recent editions of national hypertension guidelines, even more systematic and transparent methods of guideline development.

It is evident that there are disparities in recommendations in guidelines for a range of different clinical conditions. Investigators hypothesize that differences are due to insufficient evidence, differing interpretations of evidence, unsystematic guideline development methods, the influence of professional bodies, cultural factors such as differing expectations of apparent risks and benefits, socio-economic factors or characteristic of health care systems.

出典：Diabetes Care 2002; 25: 1933

mastectomy: 乳房切除術

oophorectomy: 卵巣切除術

aesthetics of the breast: 乳房の美的価値

fertility: 妊性、生殖可能性

the World Health Organization: WHO 世界保健機構

