

STADIALIZAREA PREOPERATORIE IN CANCERUL BRONHOPULMONAR-GHIDURI SI POSIBILITATI REALE

Conf.univ.dr.CRISTINA GRIGORESCU
Clinica de chirurgie toracica
UMF "GR.T.POPA" IASI

- Diagnosticarea, stadializarea ,tratarea si monitorizarea CBP – proces multidisciplinar
- Medic familie
- Pneumolog, bronholog, cardiolog,
- Radiolog, (interventional)
- Chirurg toracic + anestezist, anatomopatolog
- Oncolog, Radioterapeut
- Paleatie, psiholog, asistenta sociala
- Comunicare, programare, evaluare, comisie oncologica, reevaluare pre/postoperatorie

- **Depistarea precoce a CBP**
- **Incidental**
- **Accidental**
- **Rx in anchete epidemiologice, proces infectios acut, in examinarea toracelui pentru afectiuni coronariene,traumatism toracic,examinare periodica (medicina muncii), monitorizare afectiuni pulmonare cronice (astm,BPOC, sechele TBC,silicoza)**

2017/2018

TNM 8th - Primary tumor characteristics

T_x	Tumor in sputum/bronchial washings but not be assessed in imaging or bronchoscopy
T₀	No evidence of tumor
T_{is}	Carcinoma in situ
T₁	≤ 3 cm surrounded by lung/visceral pleura, not involving main bronchus
T_{1a(mi)}	Minimally invasive carcinoma
T_{1a}	≤ 1 cm
T_{1b}	> 1 to ≤ 2 cm
T_{1c}	> 2 to ≤ 3 cm
T₂	> 3 to ≤ 5 cm <i>or</i> involvement of main bronchus without carina, regardless of distance from carina <i>or</i> invasion visceral pleural <i>or</i> atelectasis <i>or</i> post obstructive pneumonitis extending to hilum
T_{2a}	>3 to ≤4cm
T_{2b}	>4 to ≤5cm
T₃	>5 to ≤7cm in greatest dimension <i>or</i> tumor of any size that involves chest wall, pericardium, phrenic nerve <i>or</i> satellite nodules in the same lobe
T₄	> 7cm in greatest dimension <i>or</i> any tumor with invasion of mediastinum, diaphragm , heart, great vessels, recurrent laryngeal nerve, carina, trachea, oesophagus, spine <i>or</i> separate tumor in different lobe of ipsilateral lung
N₁	Ipsilateral peribronchial and/or hilar nodes and intrapulmonary nodes
2	Ipsilateral mediastinal and/or subcarinal nodes
3	Contralateral mediastinal or hilar; ipsilateral/contralateral scalene/supraclavicular
M₁	Distant metastasis
M_{1a}	Tumor in contralateral lung or pleural/pericardial nodule/malignant effusion
M_{1b}	Single extrathoracic metastasis, including single non-regional lymphnode
M_{1c}	Multiple extrathoracic metastases in one or more organs

- **GOLD STANDARD**
- **T1N0M0**
- **LOBECTOMIE CU LIMFADENECTOMIE
MEDIASTINALA**
- **Rata de supravietuire de 85% la 5-10 ani**

- **Investigatii :**
- De diagnostic,
- De stadializare
- Functionale
- *Sau*
- Noninvazive
- Invazive
- chirurgicale

- Rx toracica PA, profil
- Ct toracic cu civ, punctia biopsie cu ac fin ghidata ct
- ***RMN cerebral, spinal***
- Ecografia pleurala
- ***PET-CT*** (dd leziuni infectioase, inflamatorii)
- Citologia sputei
- Spirometrie, TLCO, ***scintigrafie pulmonara de perfuzie/ventilatie***

- Fibrobronhoscopia, +**video**,+ **cu fluorescenta**
- **EBUS/EUS**
- **videomediastinoscopia, (+sternotom)**
- Mediastinotomia anterioara
- Punctia-biopsie transtoracica percutana cu ac fin
- Toracenteza,
- Videotoracoscopia- biopsie pleurala,pulmonara si ganglionara
- Toracotomia exploratorie cu ex.AP extemporaneu

- Stadializarea preoperatorie depinde de efectuarea tuturor investigatiilor care sa permita o evaluare corecta , mai ales pentru stadiile II si **III, A/B**
- Rata de supravietuire postoperatorie cu o stadializare corecta **depinde de factori locali :**
- Posibilitatile spitalului de a asigura personalul calificat, materialele necesare, aparatura medicala efectuarii a cat mai mult din investigatii, comisii de specialitate, adresare rapida catre oncologie, prelucrare IHC, Genetica

- **Adaptare :**
- **Chirurgi toracici cu competenta de bronhologie,**
- **PET-Ct preoperator platit de pacient sau sponsorizat de ONG**
- **Teste genetice sponsorizate de firmele de medicamente**
- **Comisie oncologica online**
- **Consulturi online prin wapp sau platforme radiologice**
- **Programare riguroasa a internarii in spital si a examenelor preoperatorii.**
- **COMUNICARE, COMUNICARE.....**