

Nádory prostaty

Tomáš Kazda

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Klinika radiační onkologie
MOÚ

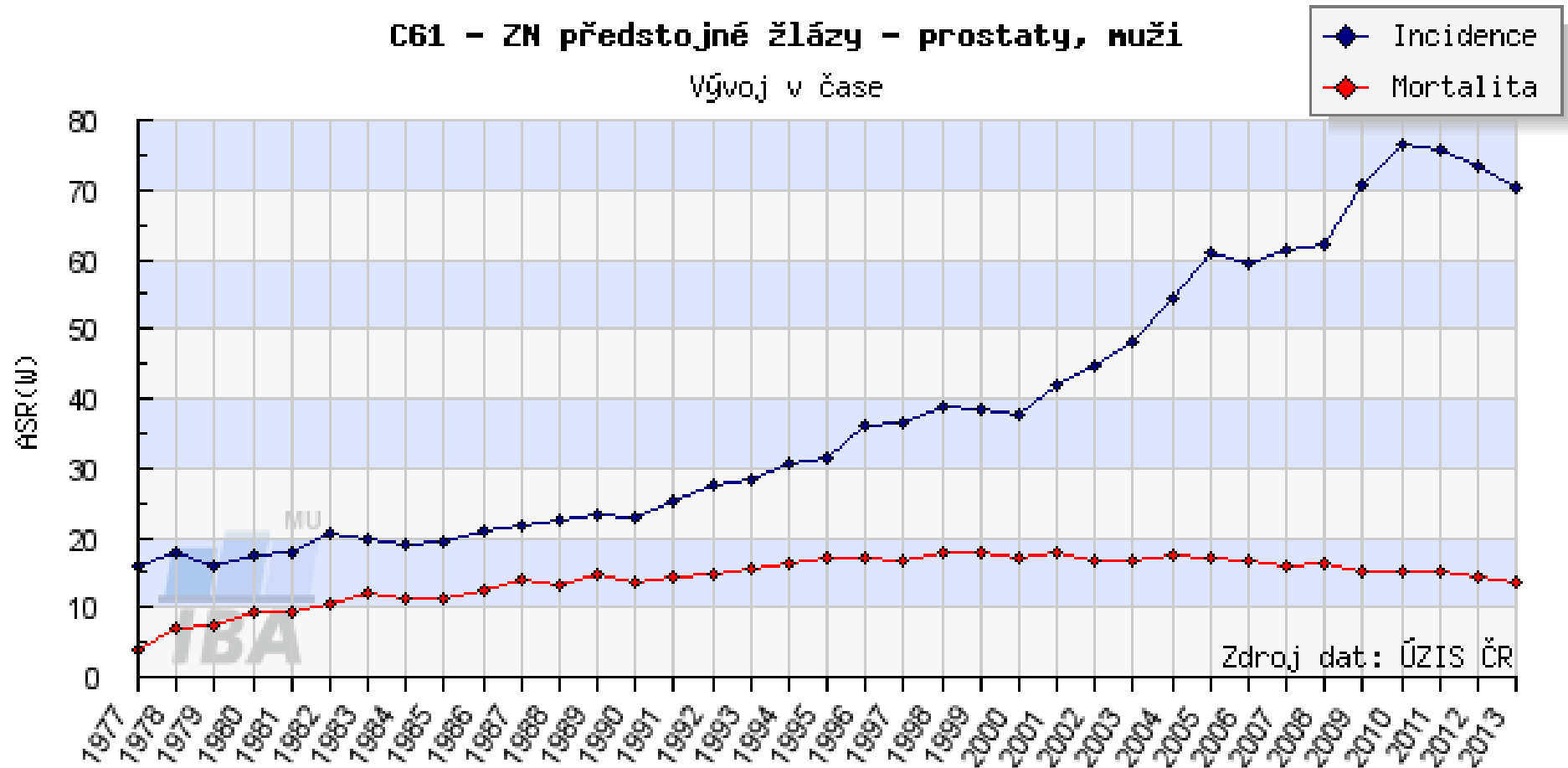
- epidemiologie – jak časté (incidence, prevalence, mortalita)
- etiologie – příčiny vzniku (faktory vnitřní, zevní)
- symptomatologie
- diagnostika
- klasifikace (TNM), histologie
- léčba – kurativní, adjuvantní, paliativní, neoadjuvantní
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Nádory prostaty

- nejčastější nádor 130/100,000, rostoucí incidence (PSA), screening? M 25/100,000
- prostatický specifický antigen – PSA
- nutná bioptická verifikace (TRUS), CT pánve, scintigrafie skeletu
- klasifikace dle rizika rekurence – T staging, PSA, Gleason skóre
- léčba lokalizovaného vs. generalizovaného onemocnění
- radikální prostatektomie vs. kurativní radioterapie – nežádoucí účinky
- watchful waiting, active surveillance
- nádory vysoce hormonálně dependentní – hormonoterapie
- orchiektomie – kastrace, antiandrogeny, LHRH agonisté
- progresse – kastračně rezistentní karcinom prostaty
- MTS – kosti
- nové léky – hormonoterapie nové generace, imunoterapie – vakcíny, alfa zářič Radium

C61 - ZN předstojné žlázy - prostaty, muži

Vývoj v čase



Zdroj dat: ÚZIS ČR

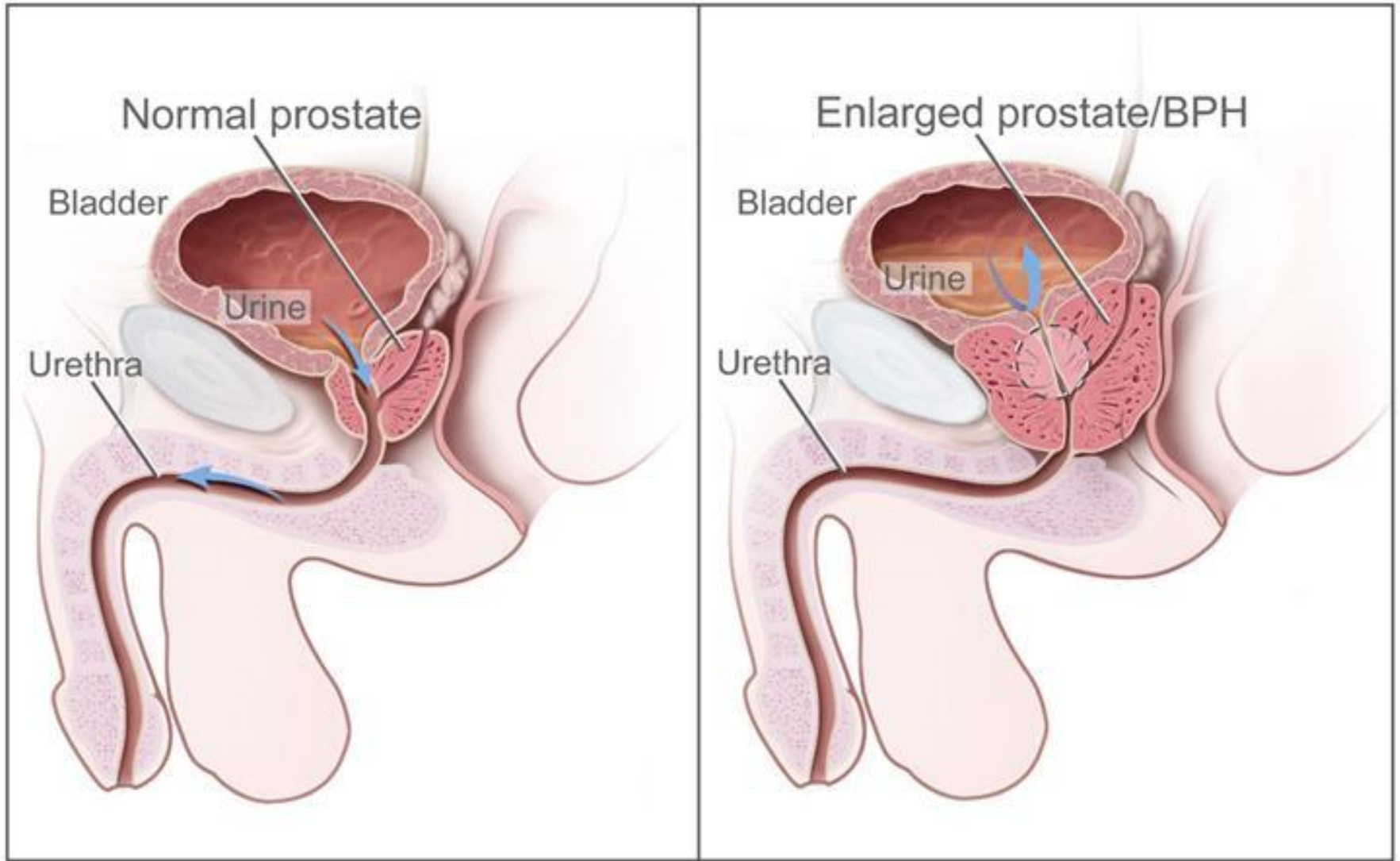
Analyzovaná data: N(inc)=113391, N(mor)=42291

<http://www.sv.od.cz>

Prostate Cancer Screening

Mata-analysis of 6 trials (n = 387,286)

- Odds of diagnosing prostate cancer = increased by 46%
- Odds of being in stage I = increased by 95%
- Impact on prostate cancer mortality = none
- Impact on overall survival = none



PROSTATE PROBLEMS ARE NO...

Frequency

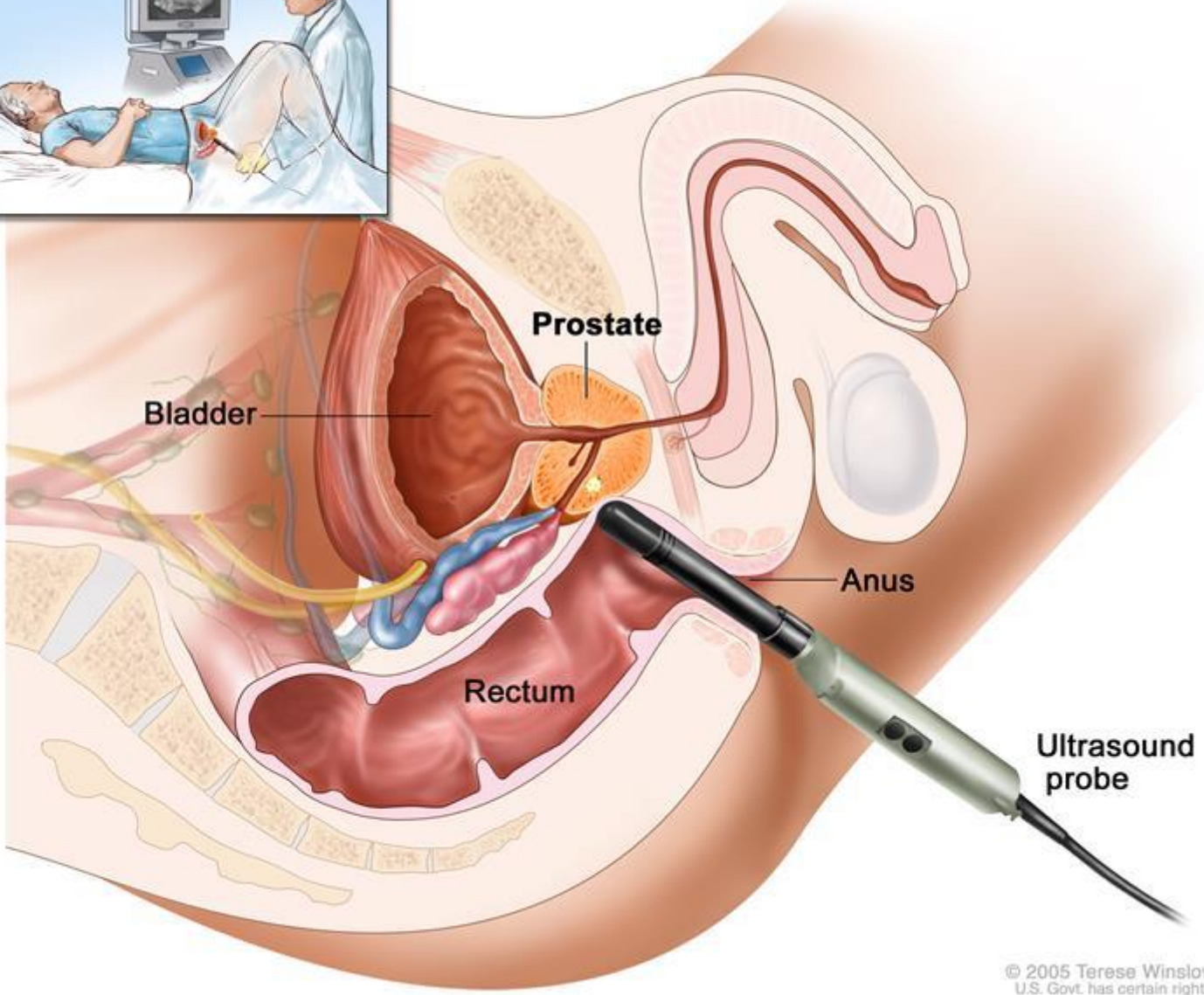
Urgency

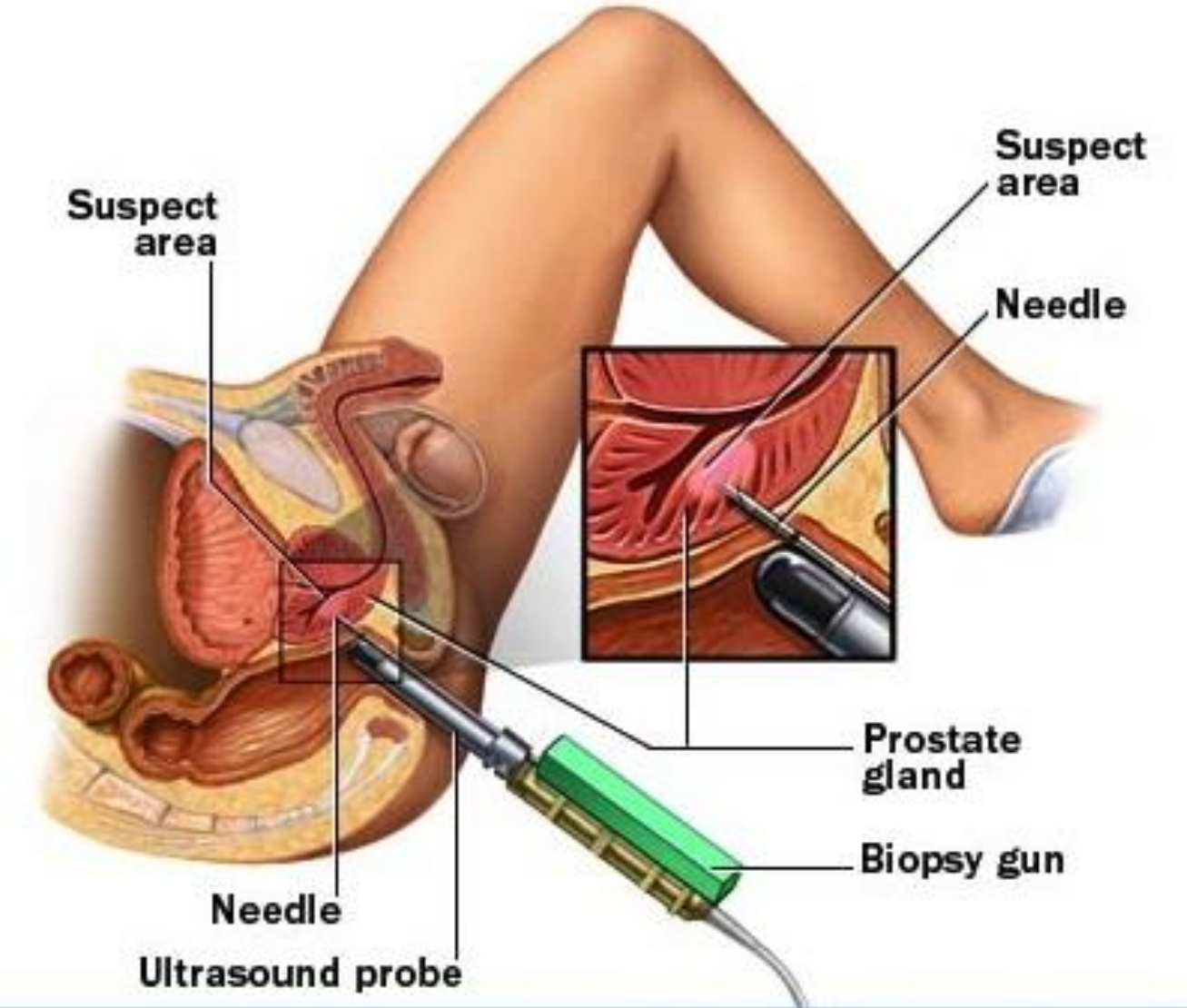
Nocturia

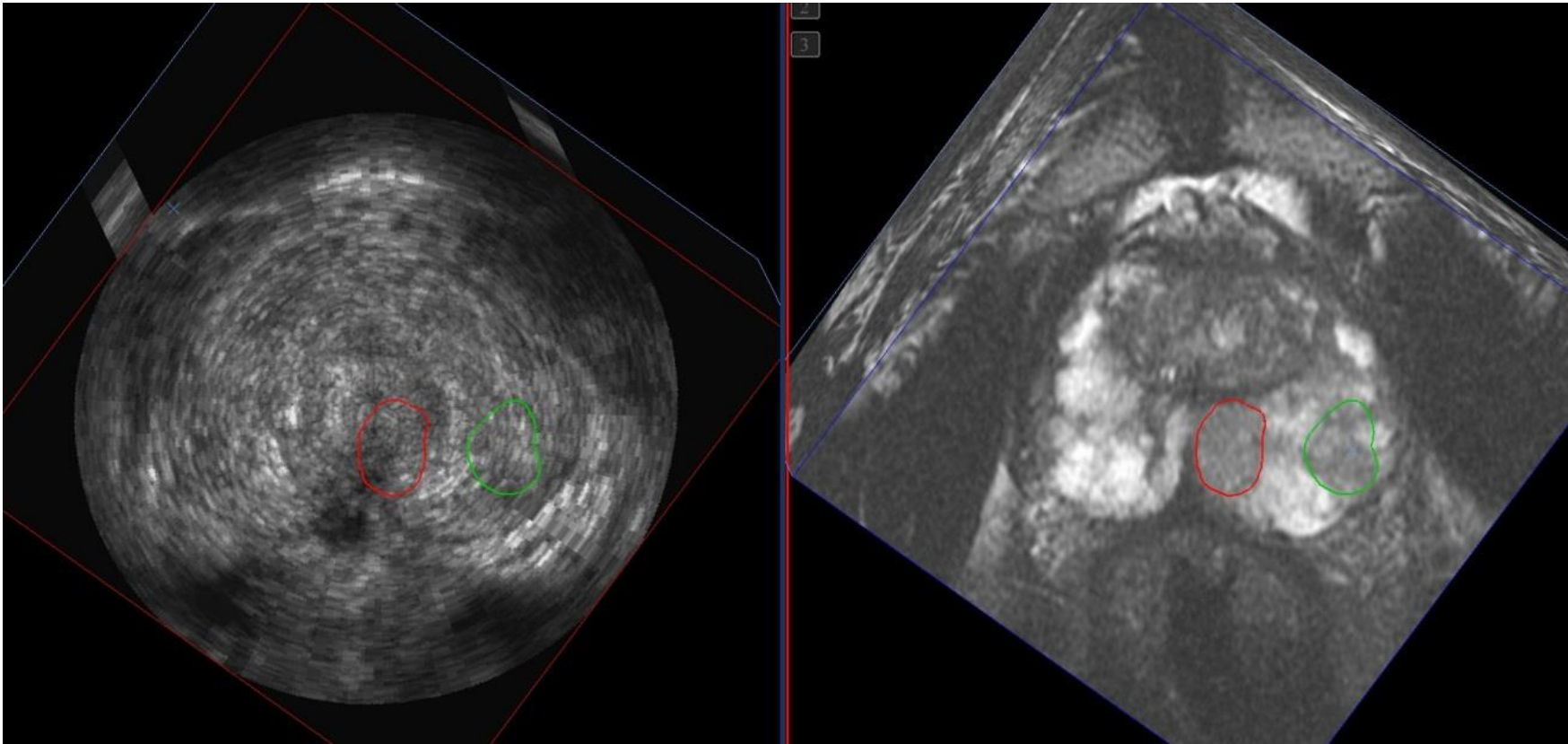
- Hematuria
- ↑ Infections
- ↓ Urinary Stream
- ↑ Residual Urine

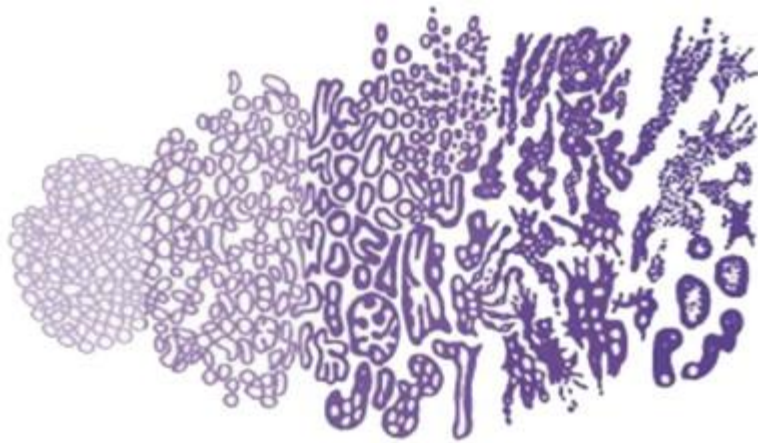


Transrectal Ultrasound









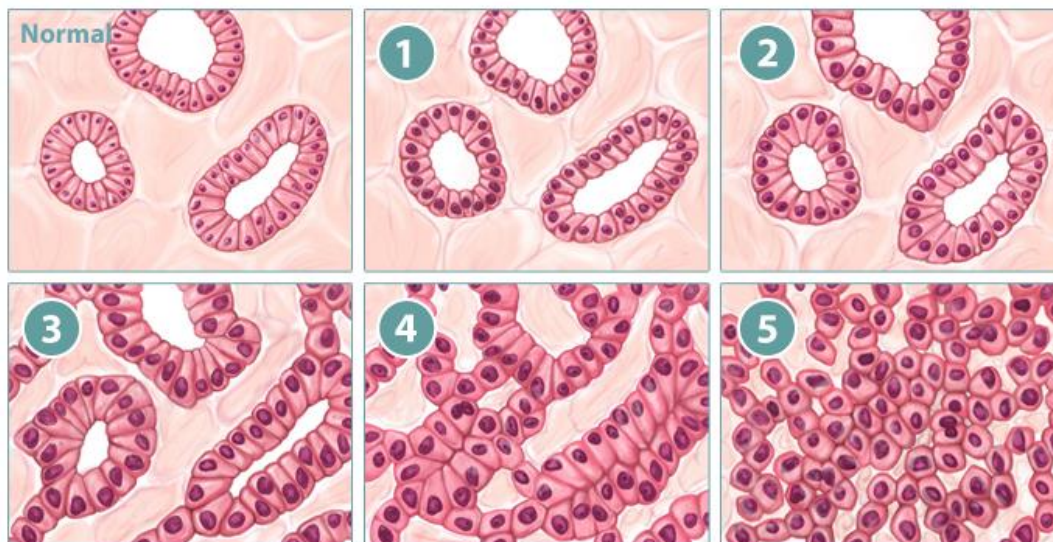
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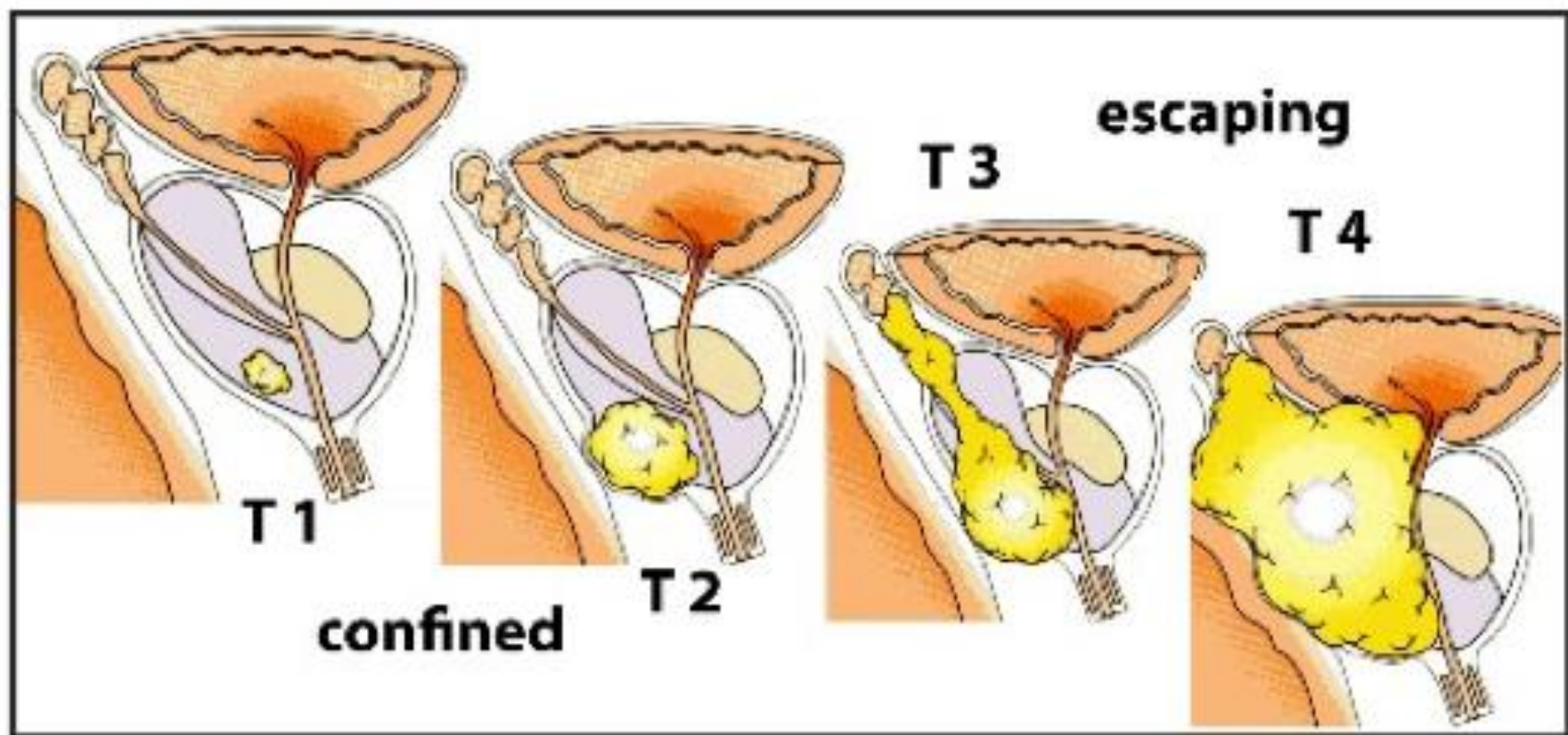
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3

4

5



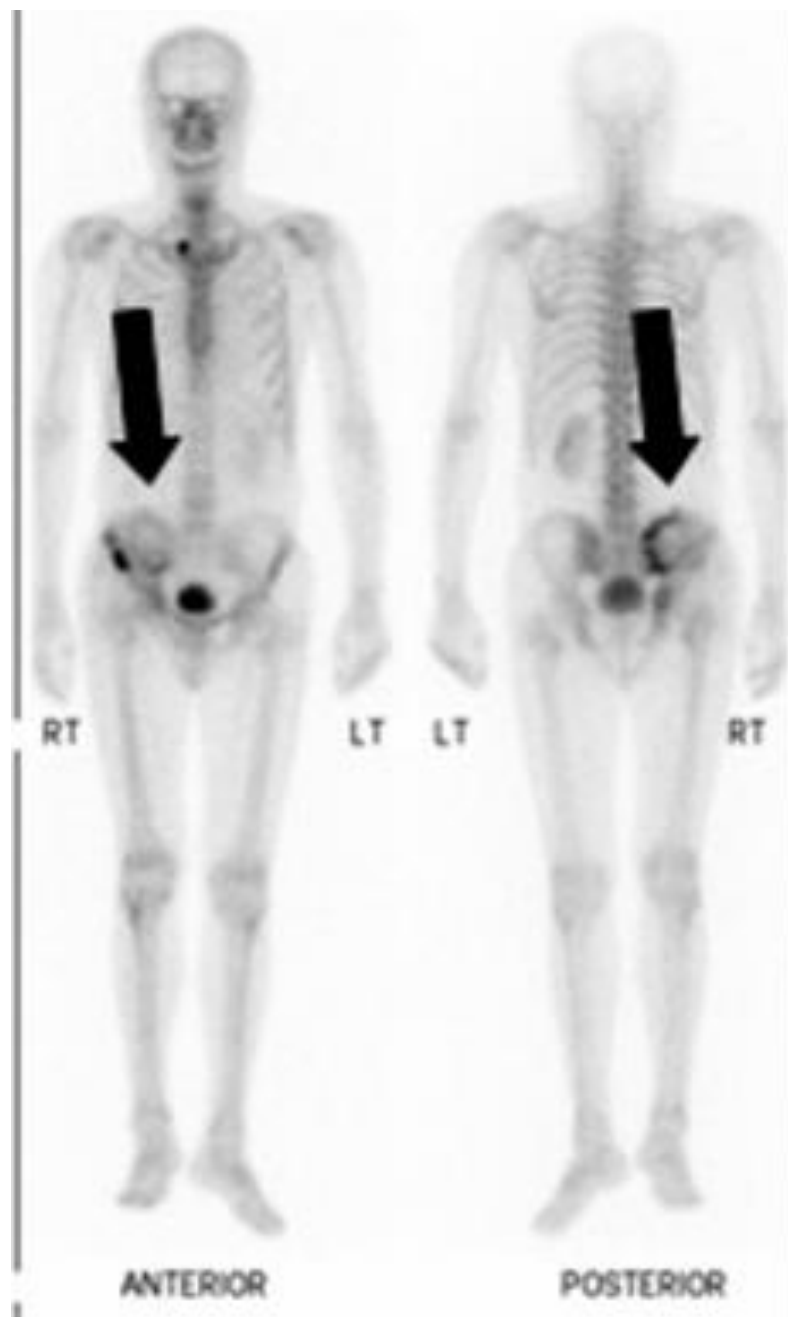


prostate cancer

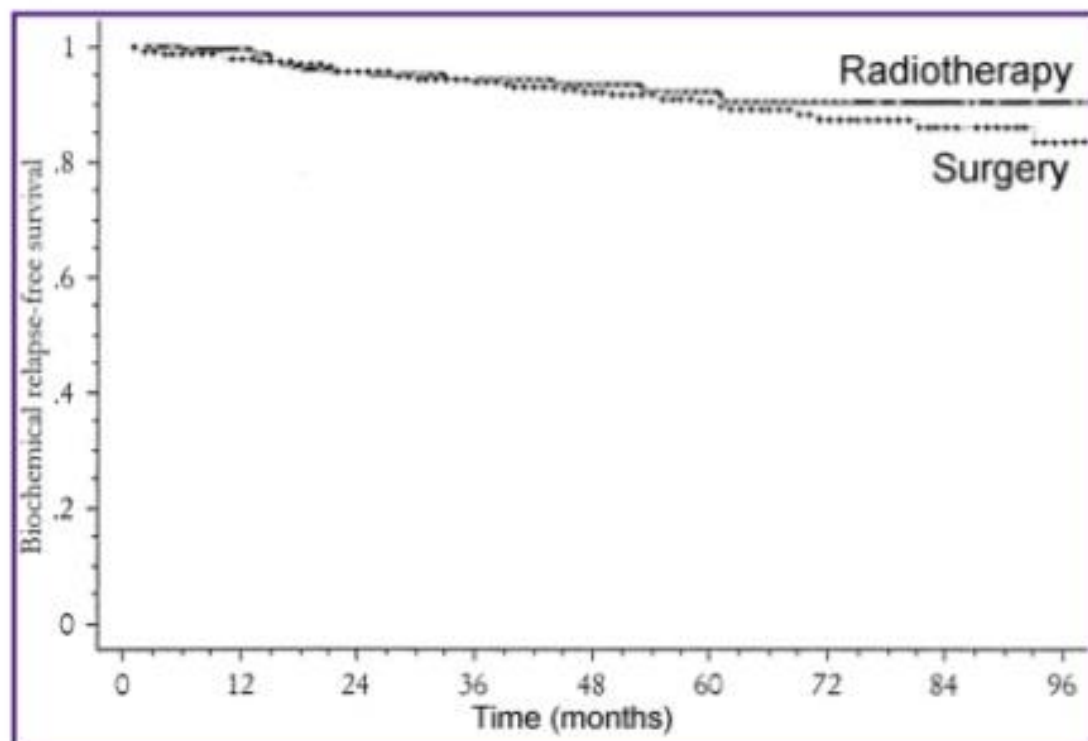
bladder



rectum

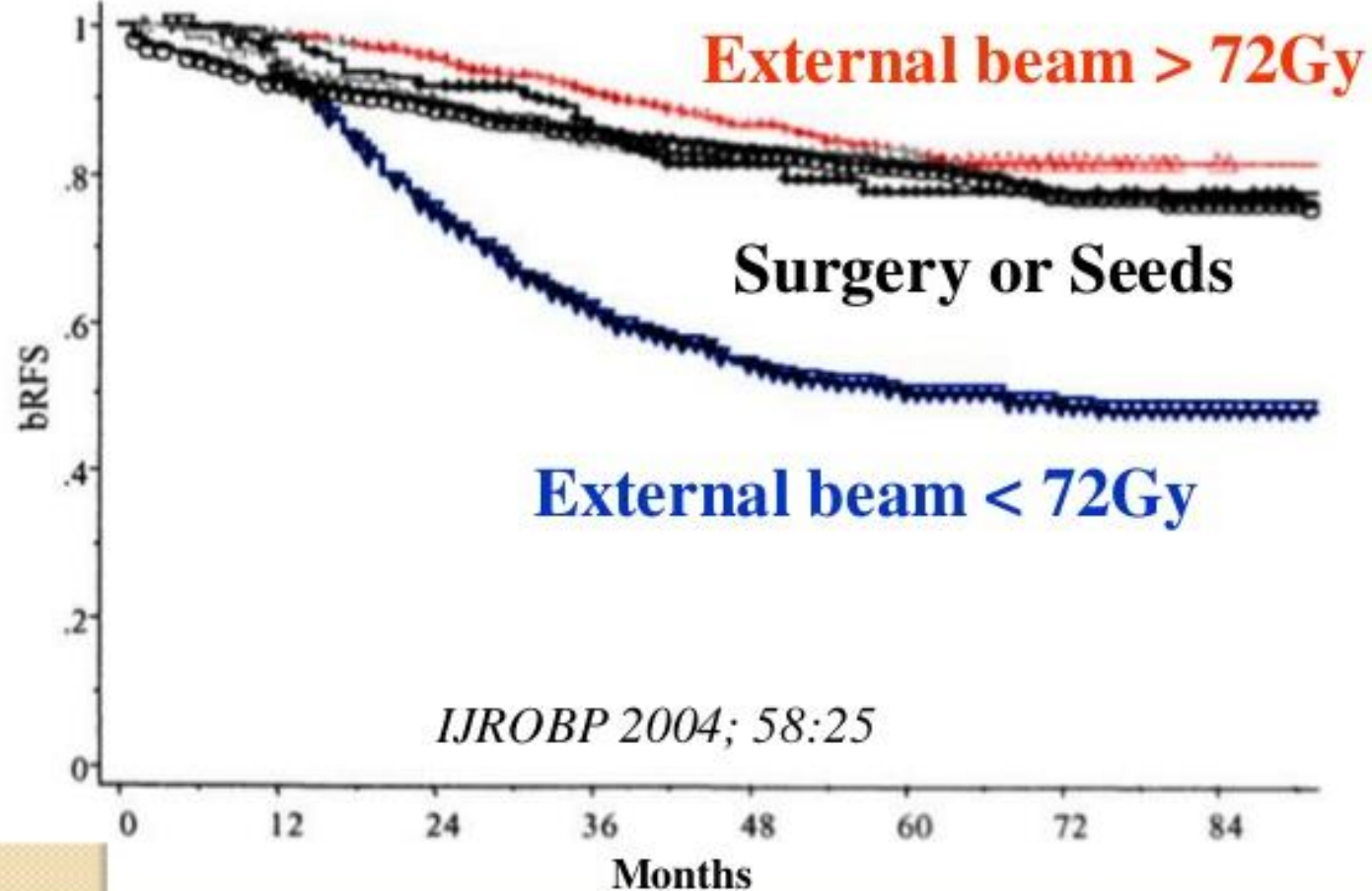


Cure Rates with Radiation versus Surgery for Early Stage Prostate Cancer are the same

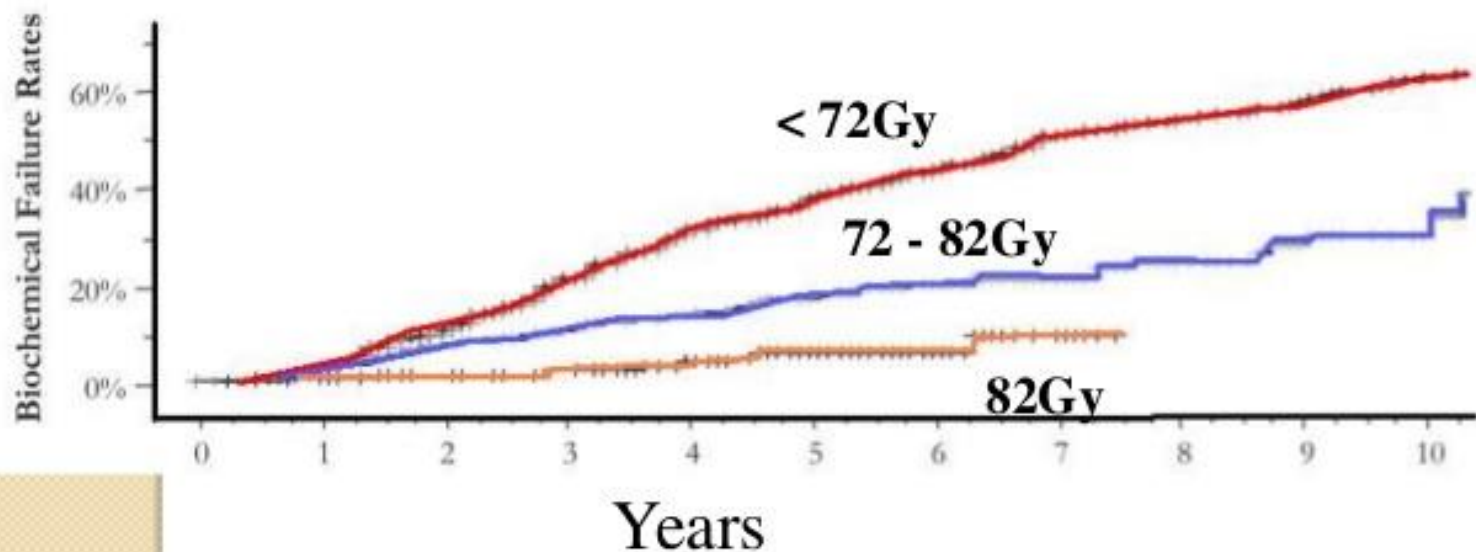


from the Cleveland Clinic.
Kupelian. JCO Aug 15 2002: 3376-3385

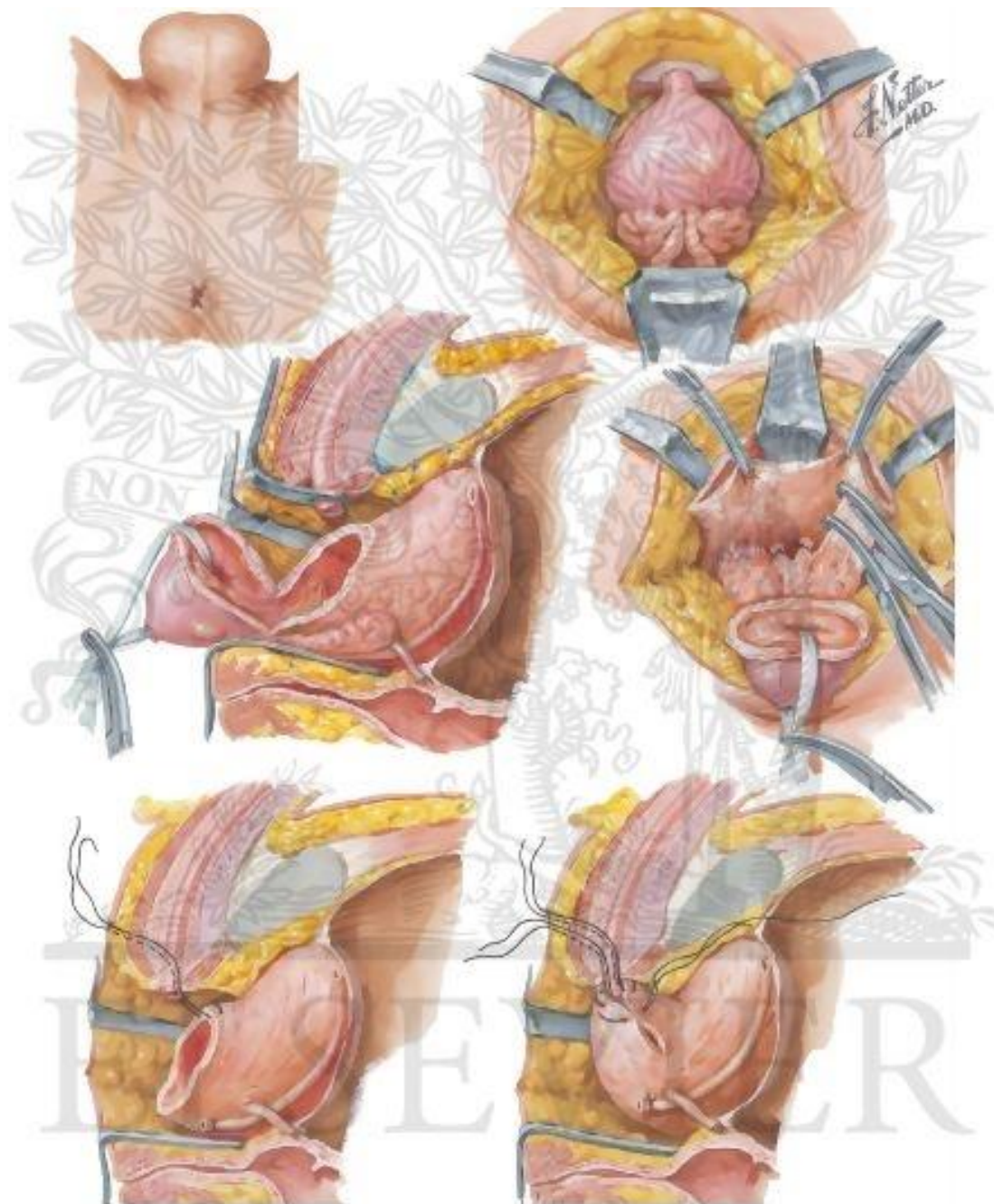
Prostate Cures Rates by Treatment, The Radiation Dose is Critical

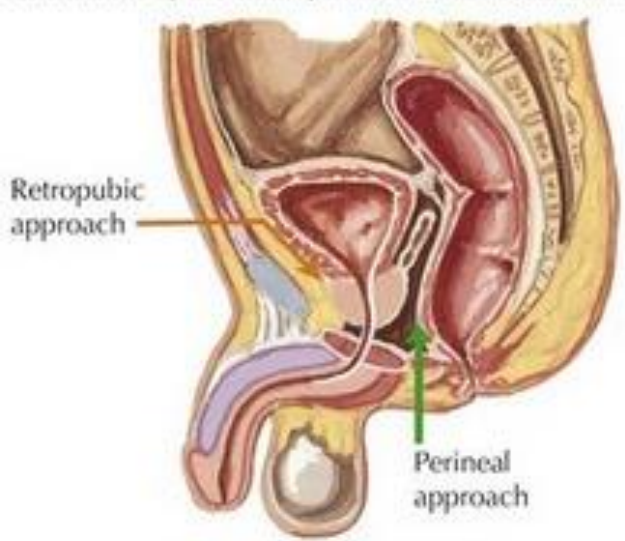


Prostate Cancer Relapse Rate by Radiation Dose

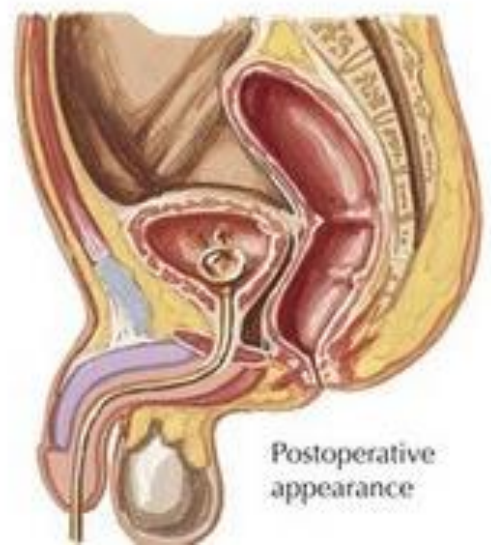
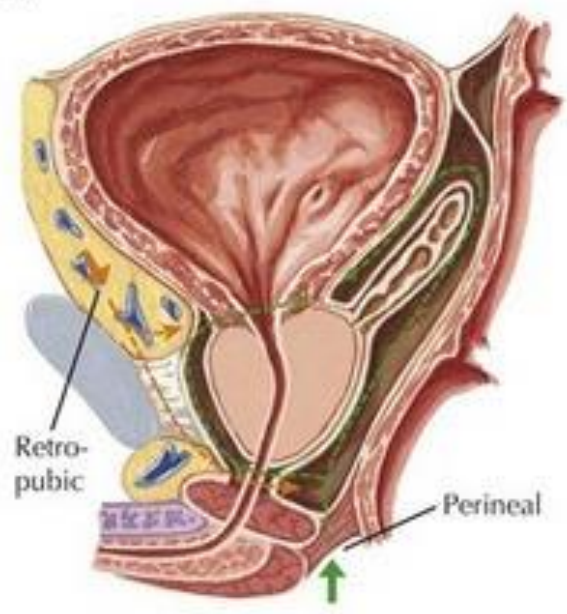


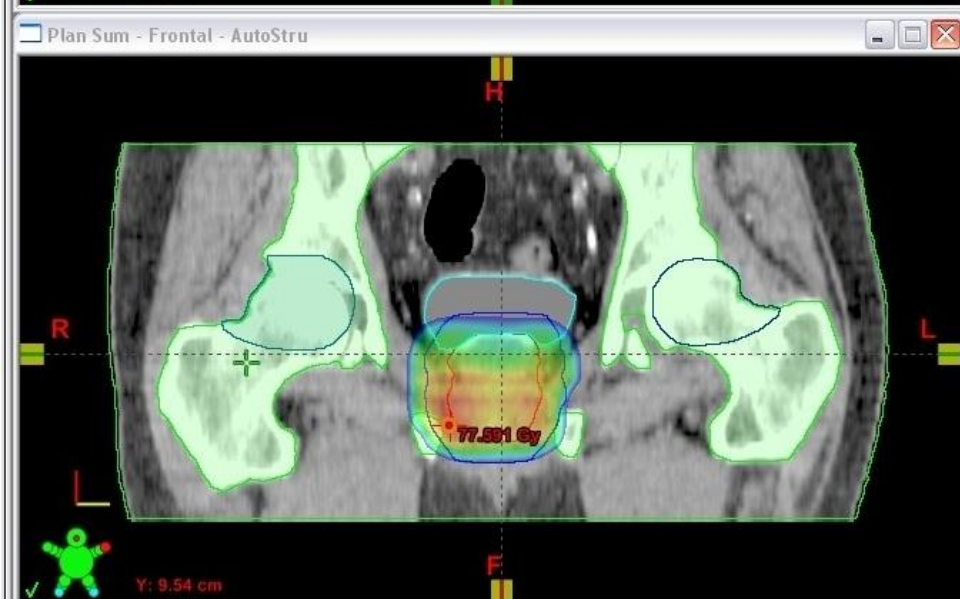
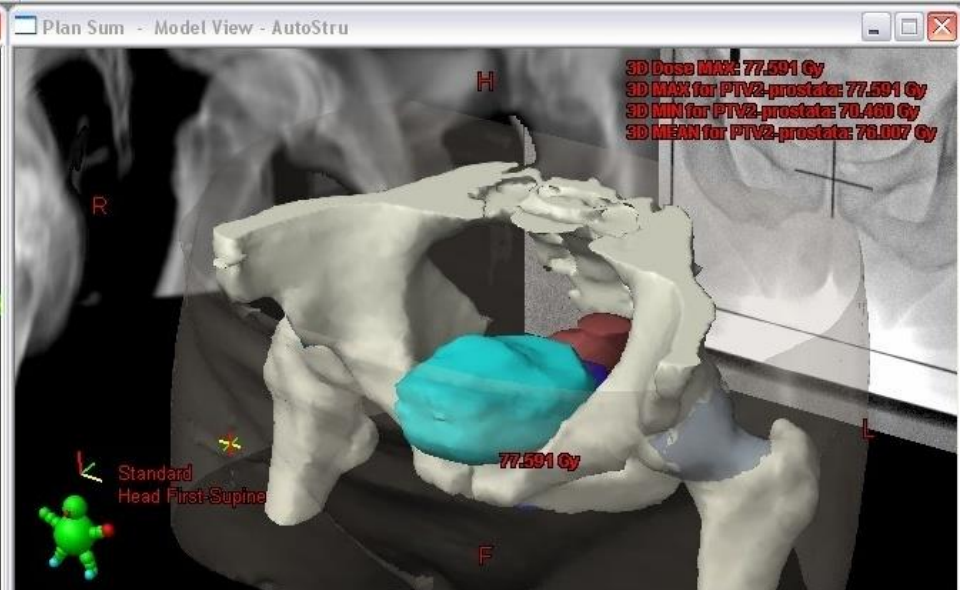
Kupelian. IJROBP 2008:71:16

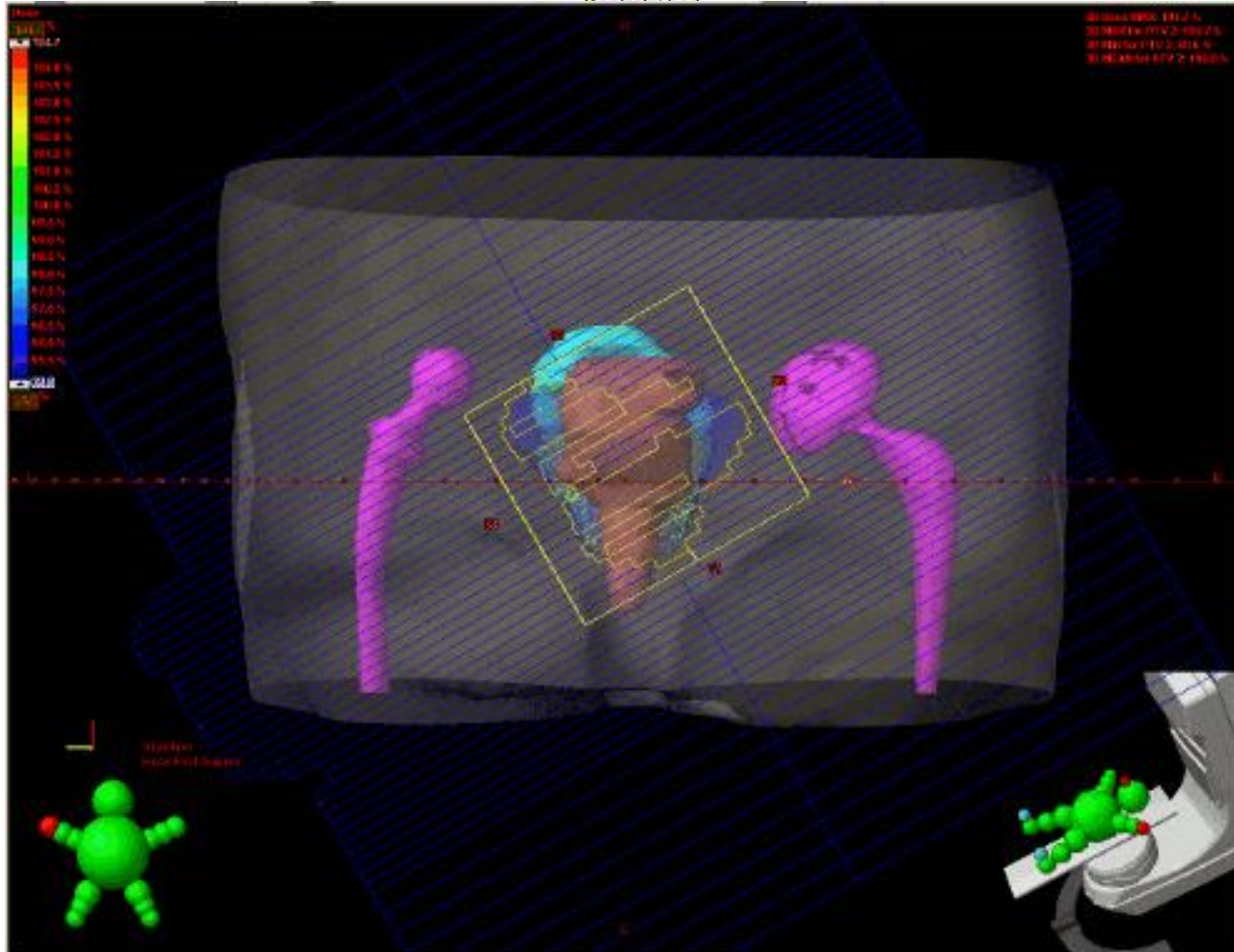
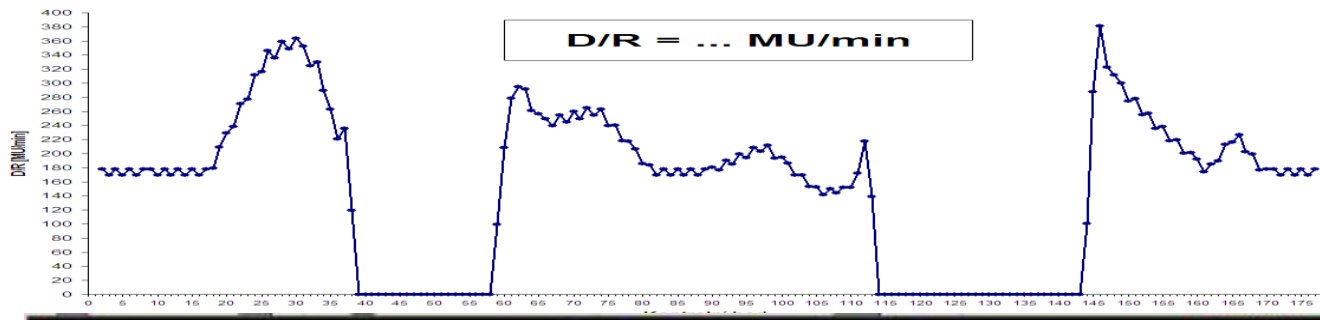


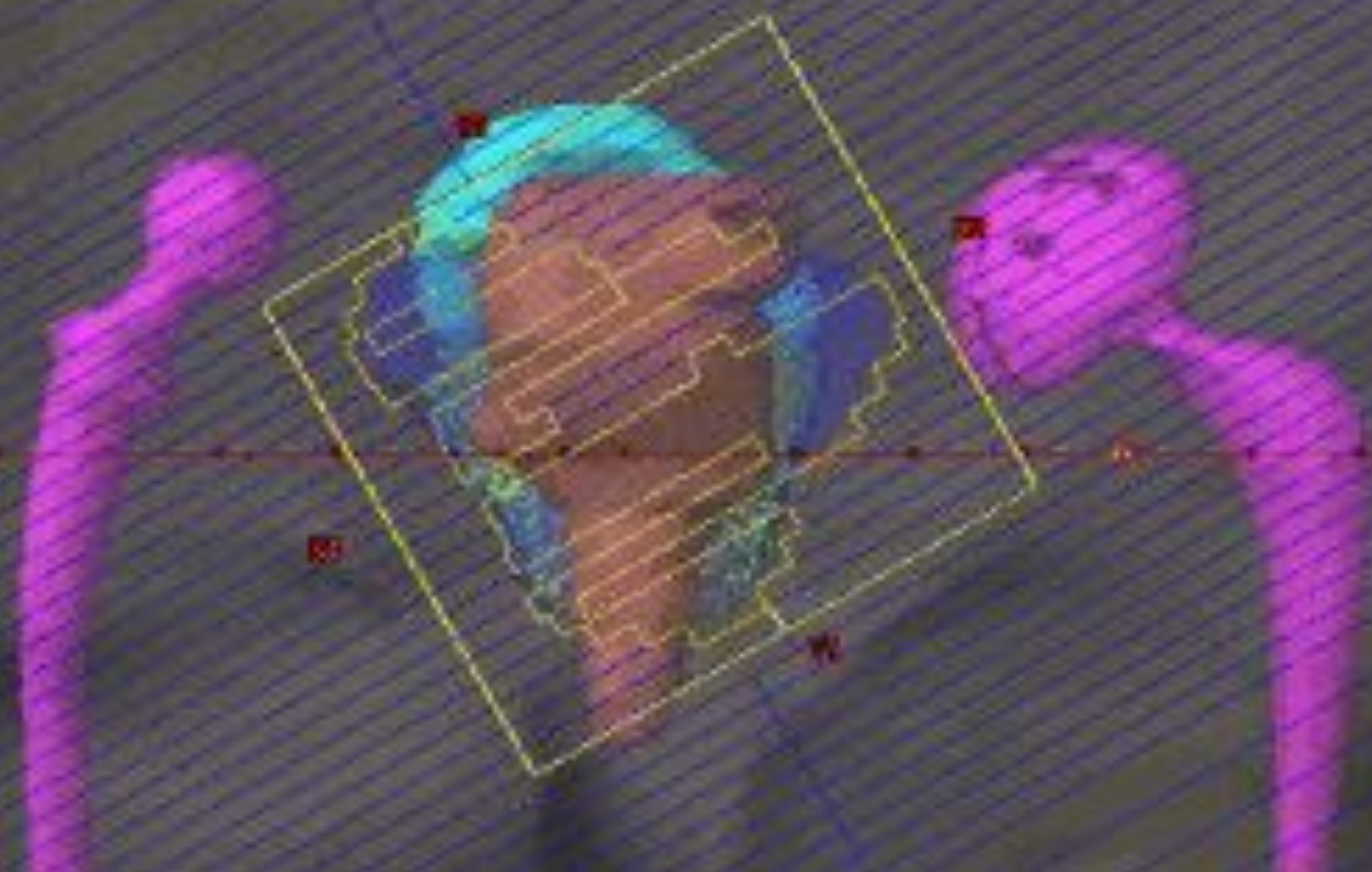


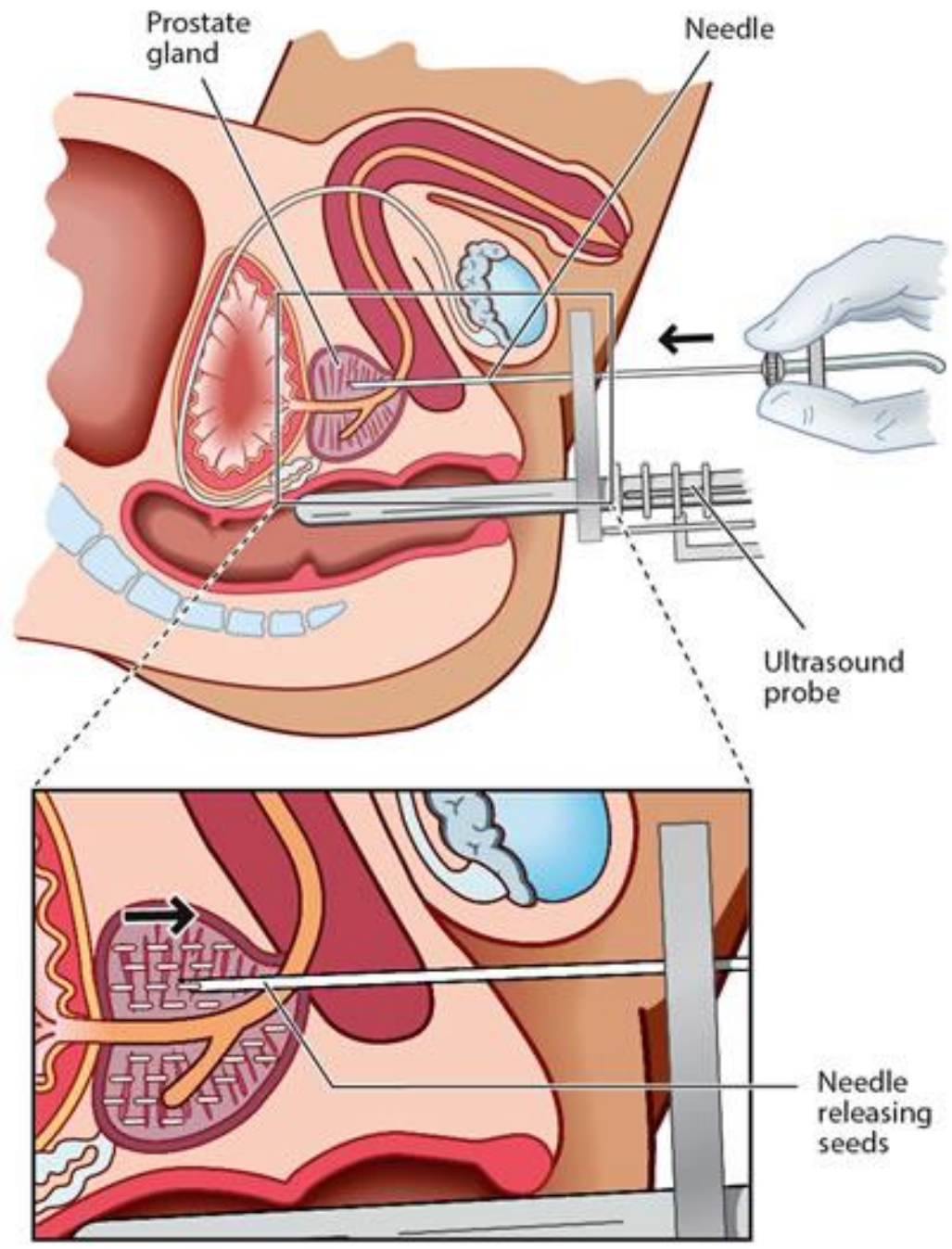
Either perineal or retropubic approach used to gain access

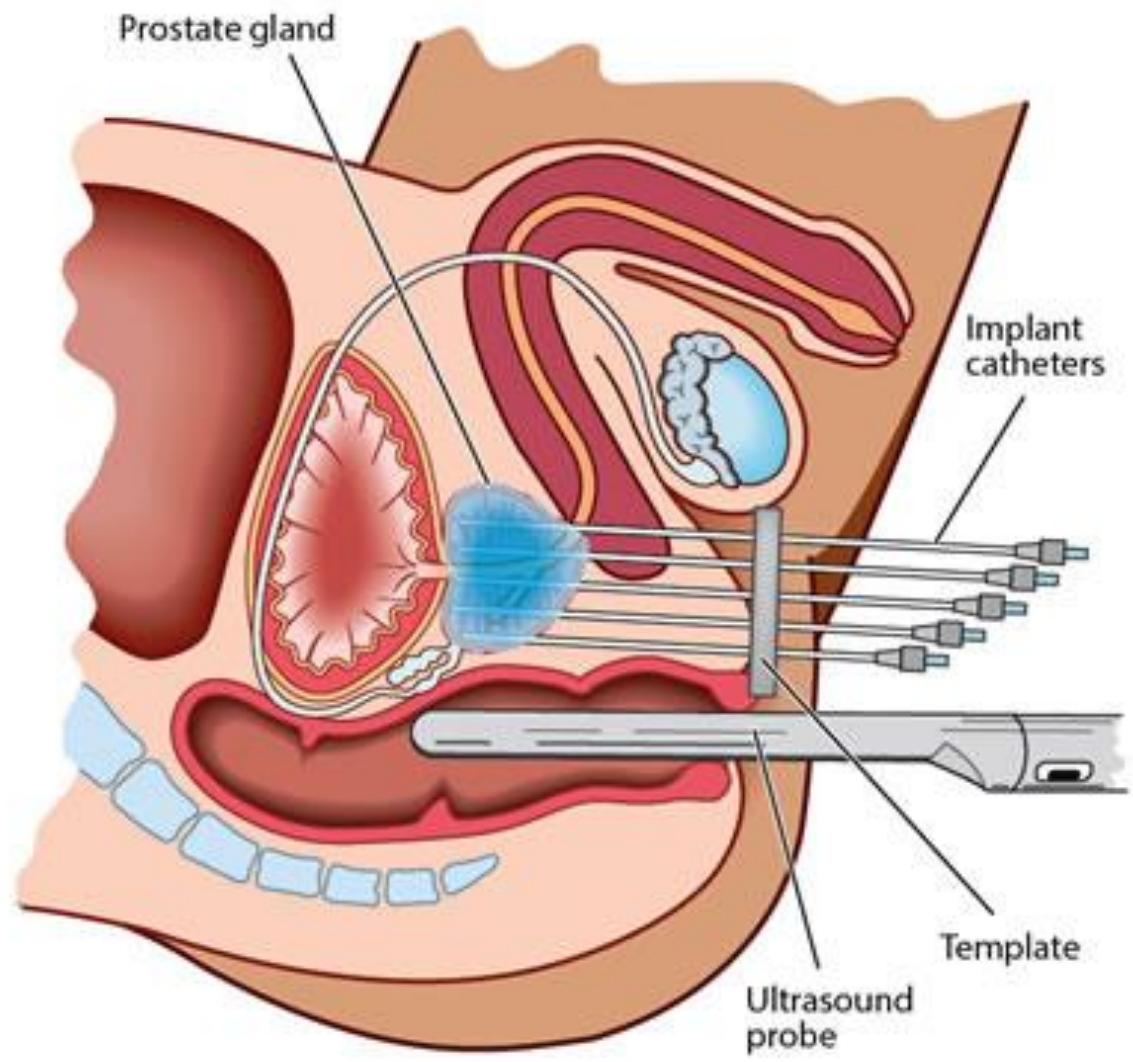


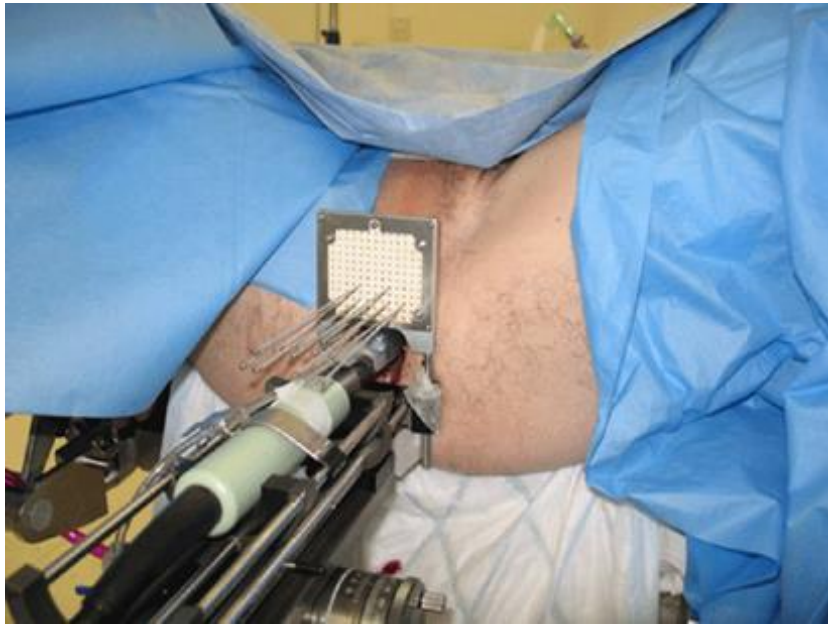


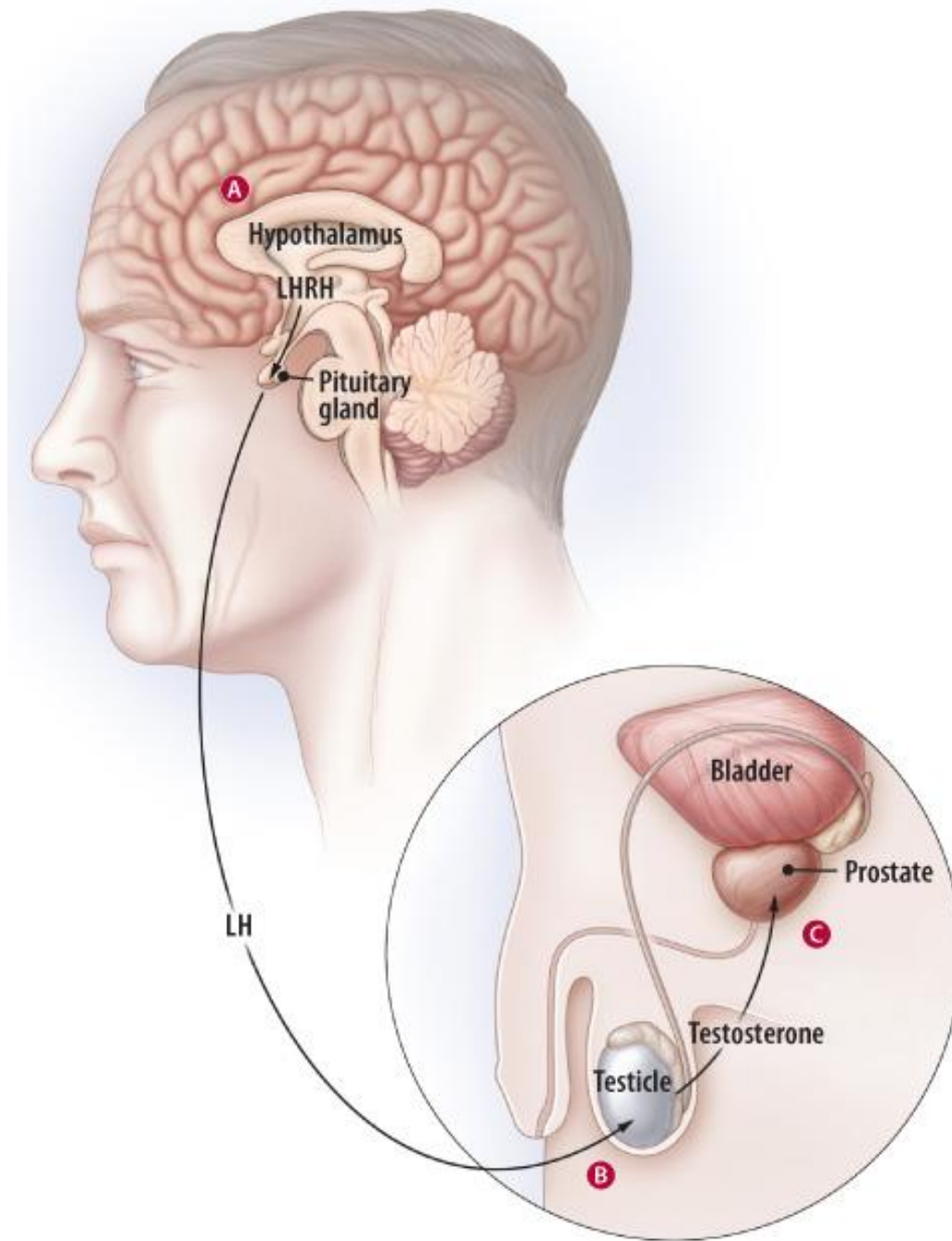












Nádory plic

Tomáš Kazda

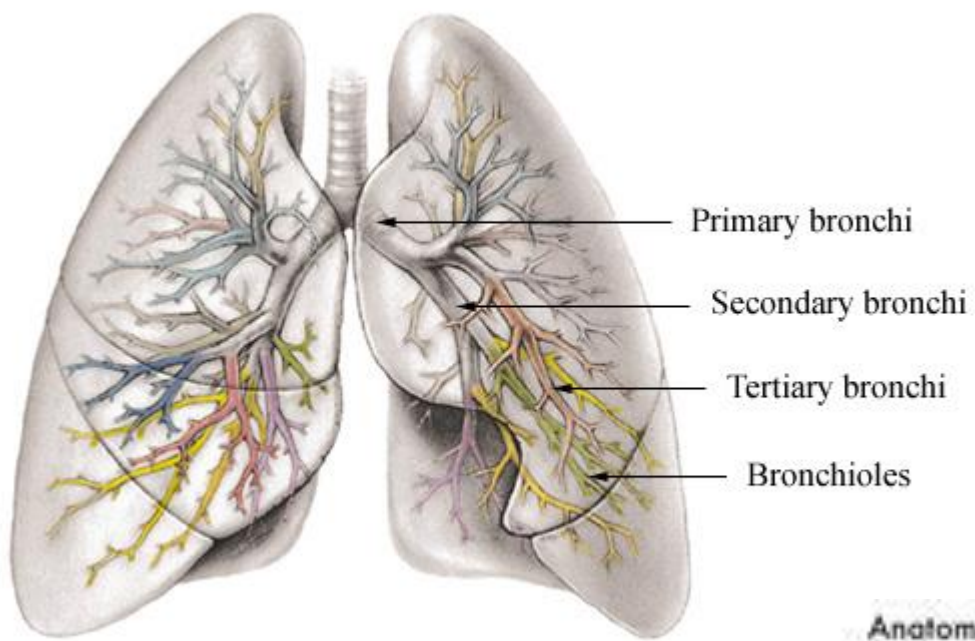
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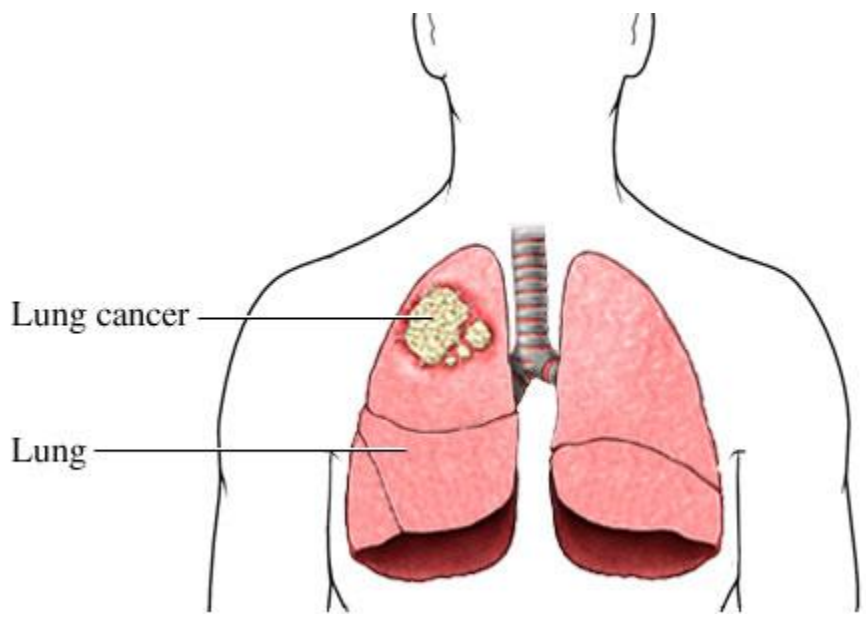
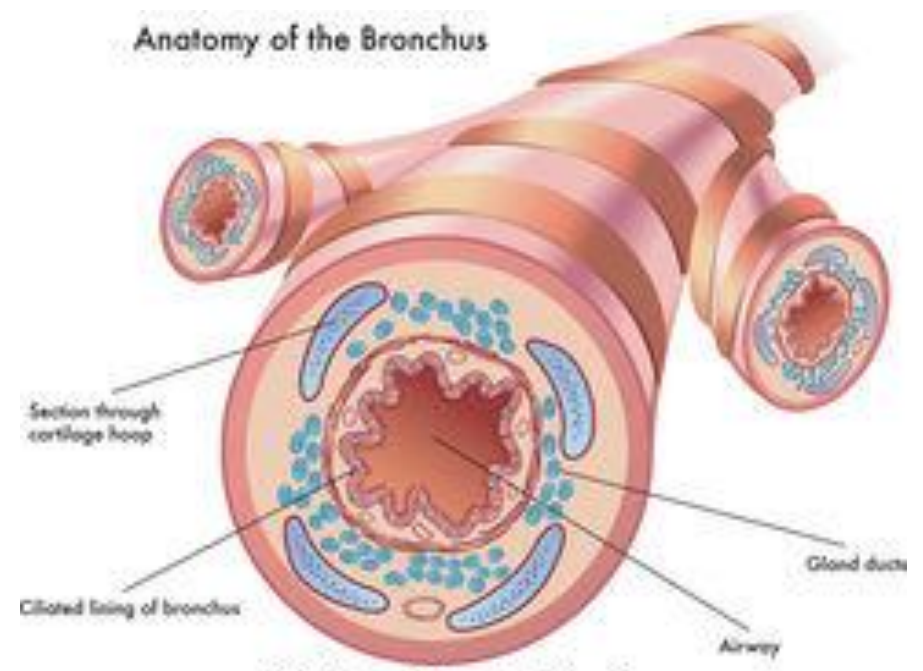
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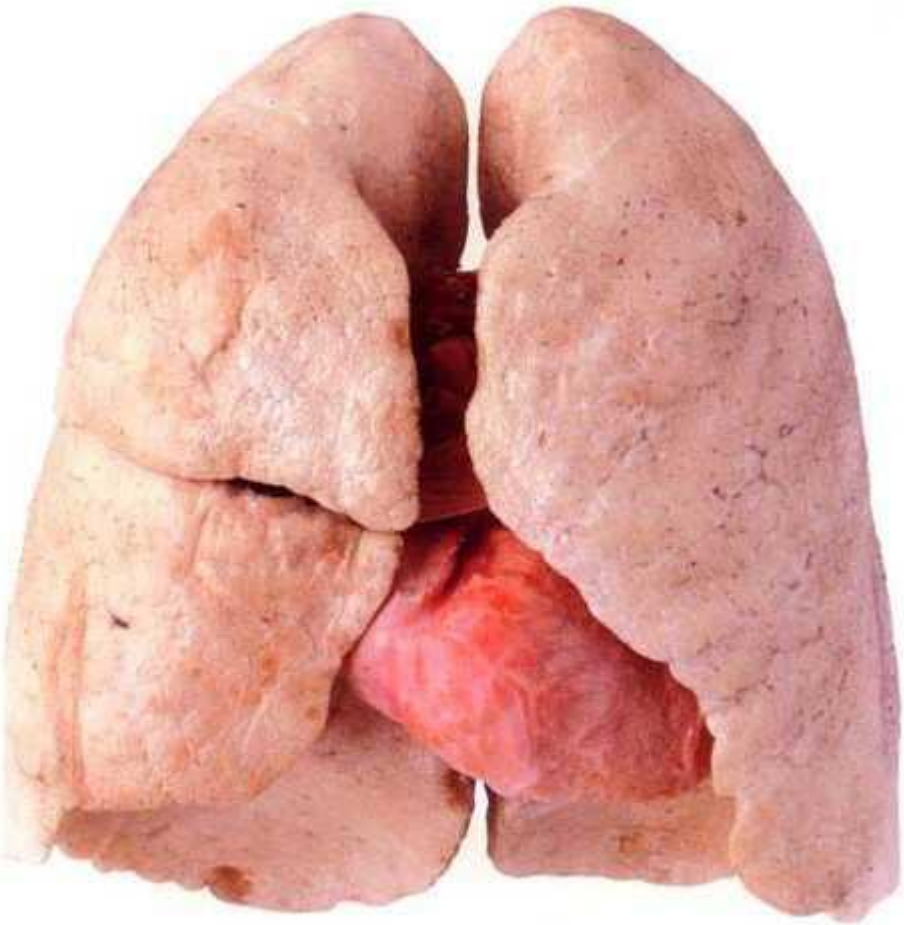
Nádory plic

- původem většinou z oblasti dýchacích cest
- primární vs. sekundární (prs, melanom, ledvina)
- muži: 2.-3. nejčastější 87/100,000 (M 76/100,000); ženy 3-4. nejčastější 38/100,000 (M31/100,000)
- etiologie známá (genetika, kouření i pasivní, radon, azbest)
- těžký kuřák: 40/den po 10 let (10-15% riziko; 20x vyšší než nekuřáci; 200,000 cigaret)
- kašel, hemoptýza, opakované záněty, bolesti hrudníku, chrapot, sy HDŽ, dušnost, MTS, paraneoplastické sy
- RTG, CT hrudníku, PET, scinti skeletu, MRI mozku, bronchoskopie, VATS, VAMS
- nádory malobuněčné (SCLC, 15%) vs. nemalobuněčné (NSCLC, 85%)
- SCLC: agresivní, horší prognoza, brzy MTS, citlivé k chemoterapii, časté recidivy
kombinace s radioterapií, profylaktická RT mozku
- NSCLC: spinocelulární karcinom vs. adenokarcinom.
časná stádia – operace, jinak kombinace CHTRT
- cílená léčba u adenoca: dle stavu EGFR (inhibitory tyrosinkináz erlotinib, gefitinib)
- 5-ti leté přežití NSCLC (I: 60%, II: 40%, III: 10%)
- karcinoid, mezoteliom pleury

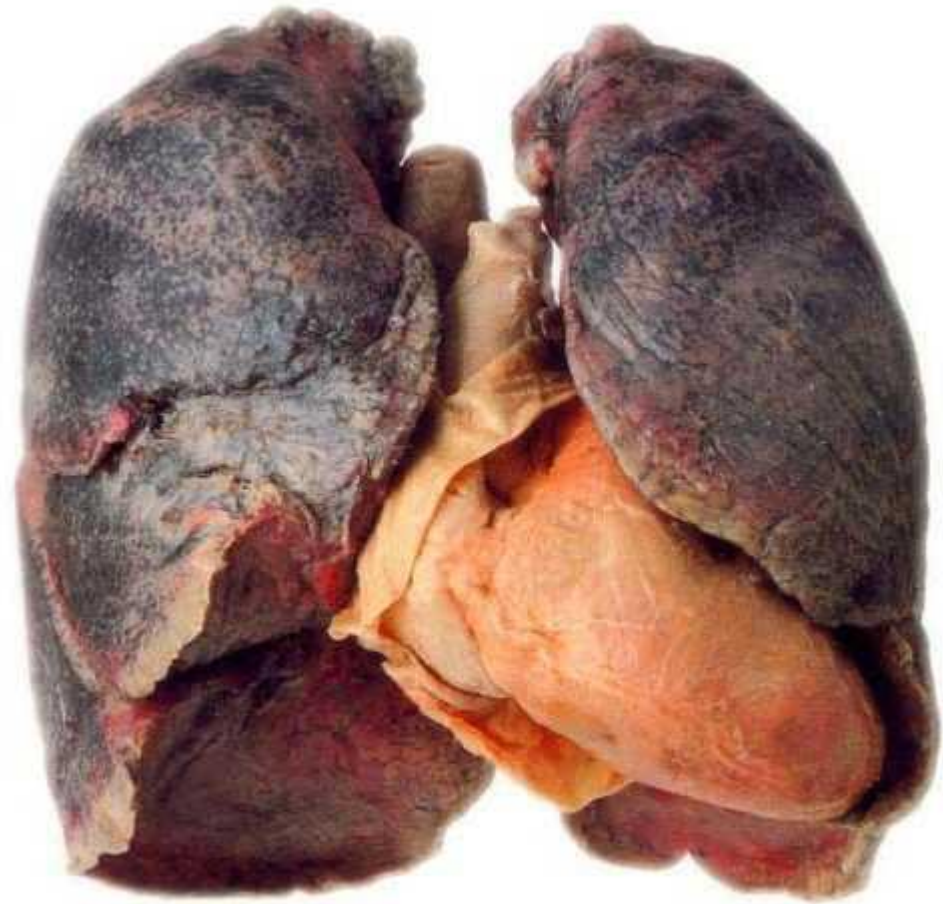


Anatomy of the Bronchus





Healthy Lung



Smoker's Lung

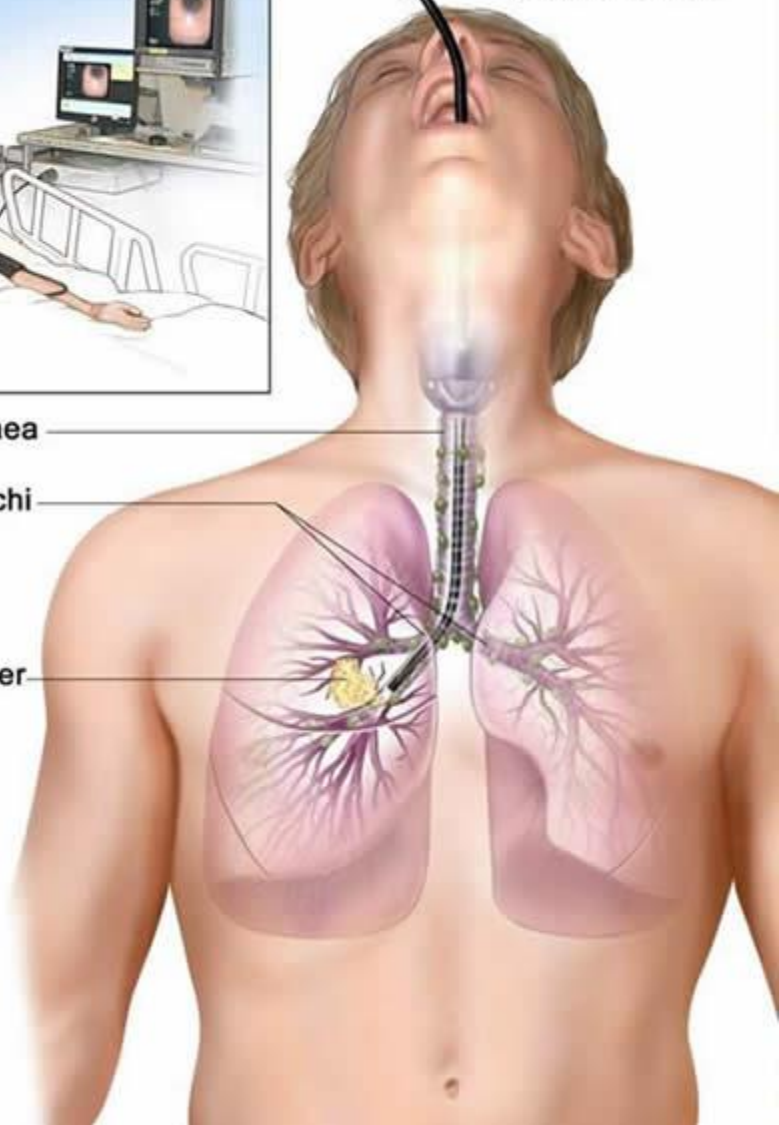
Bronchoscope



Trachea

Bronchi

Cancer



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Mouth

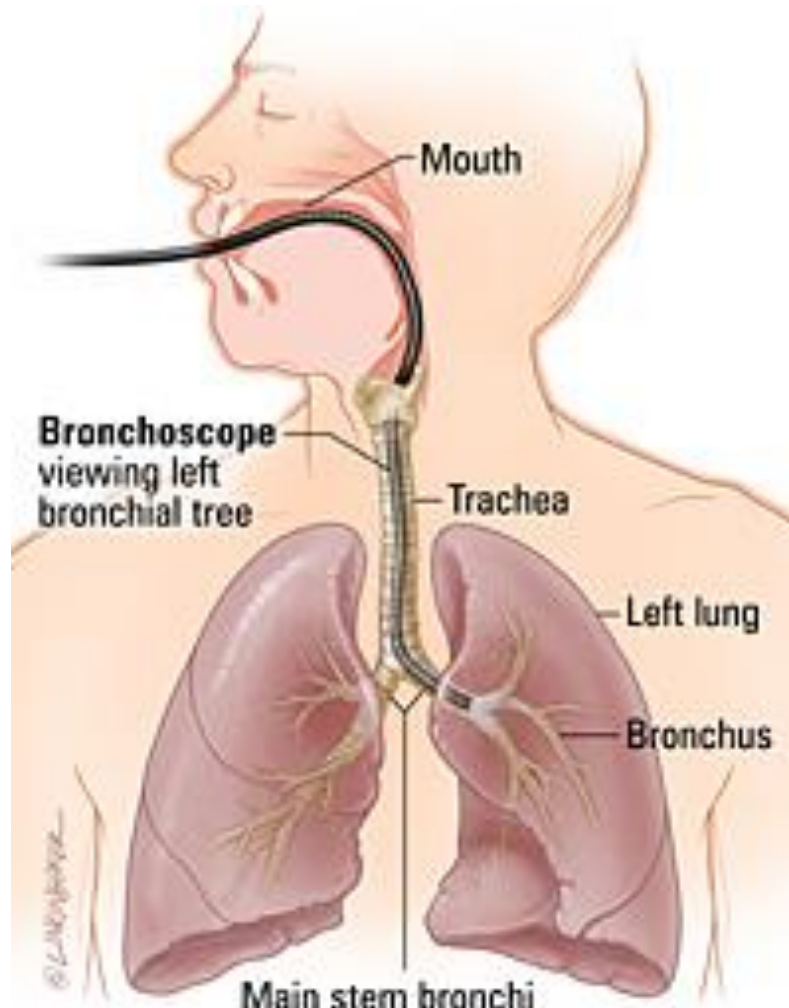
Bronchoscope
viewing left
bronchial tree

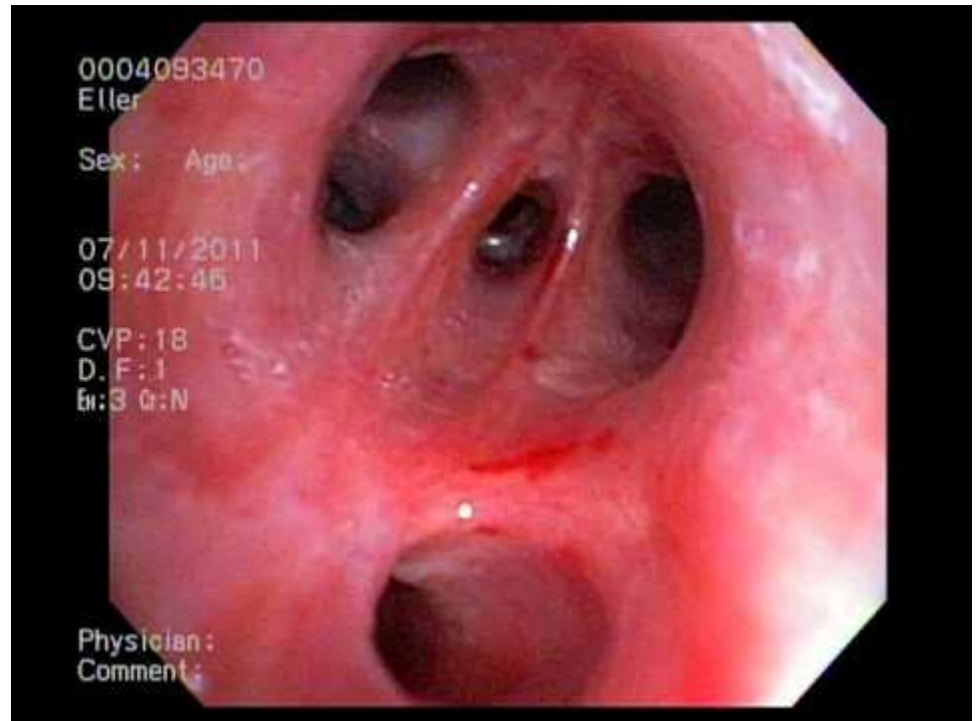
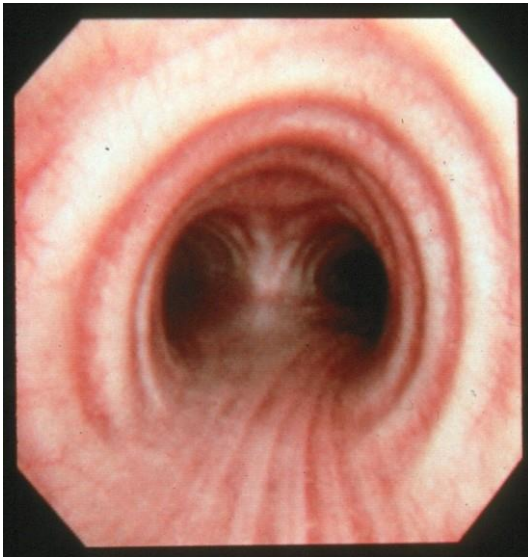
Trachea

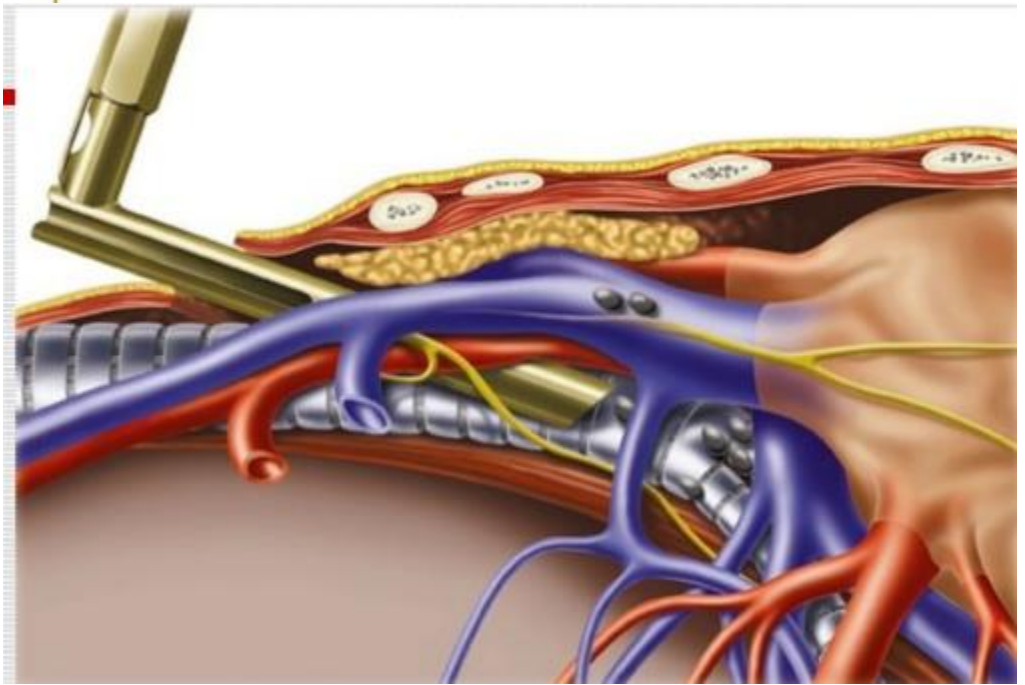
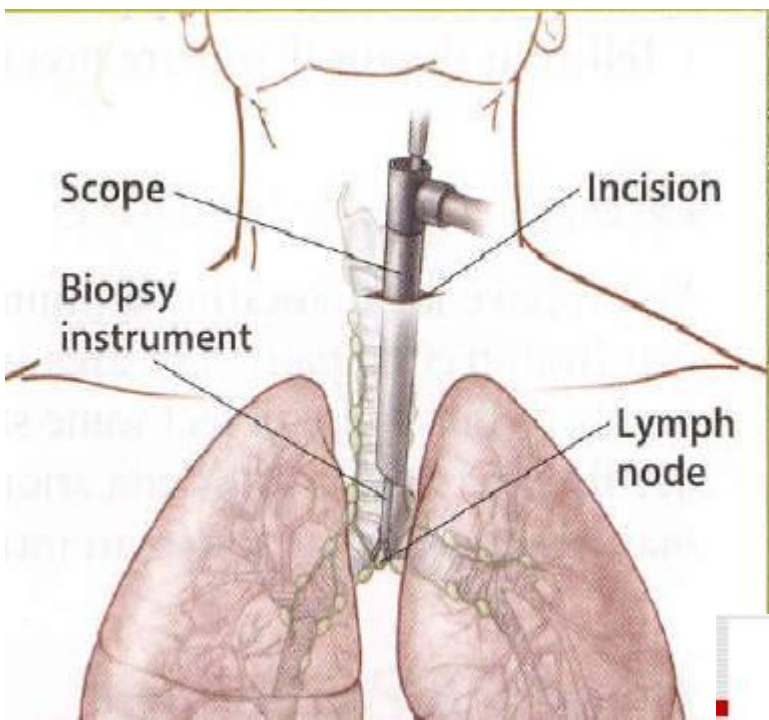
Left lung

Bronchus

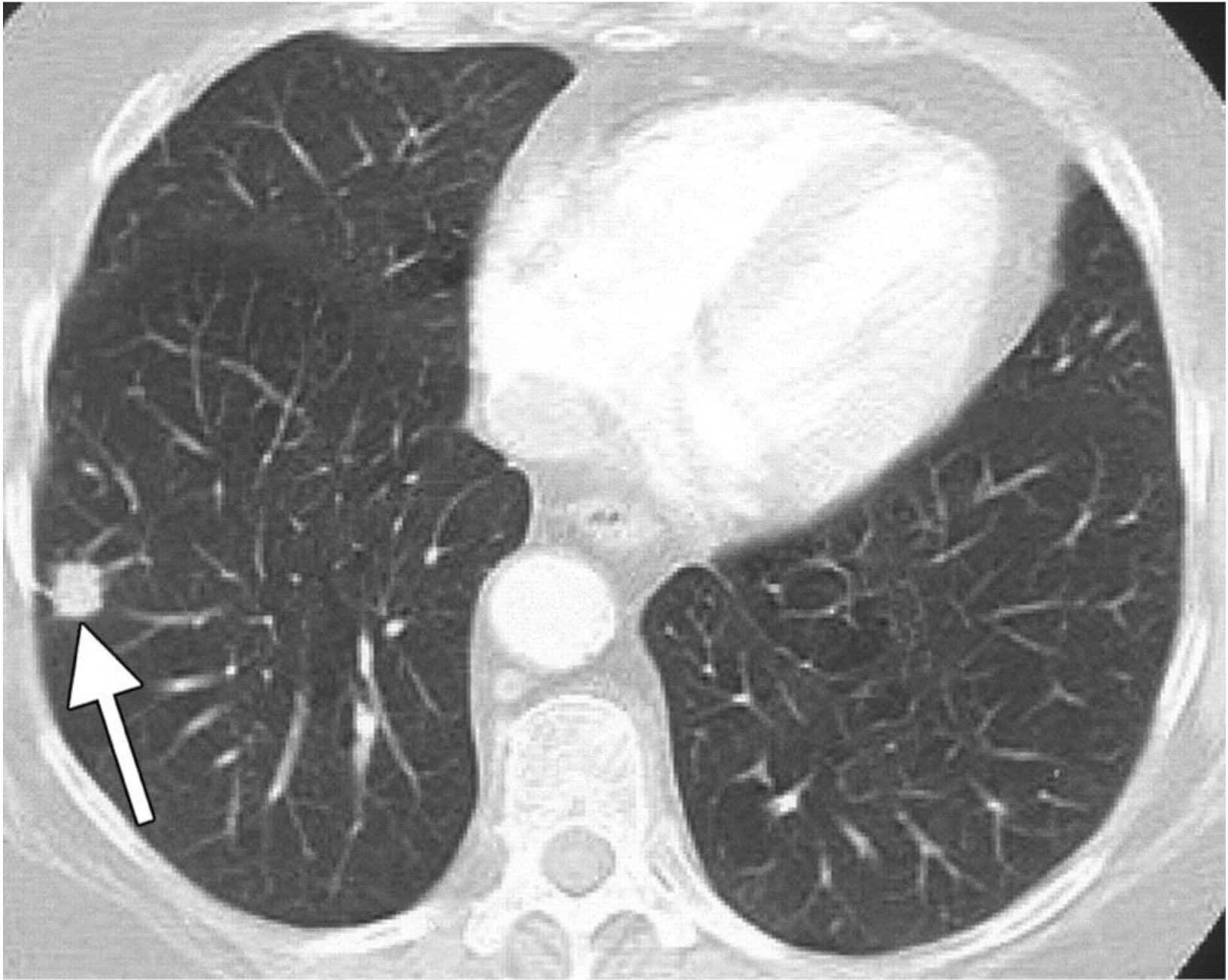
Main stem bronchi

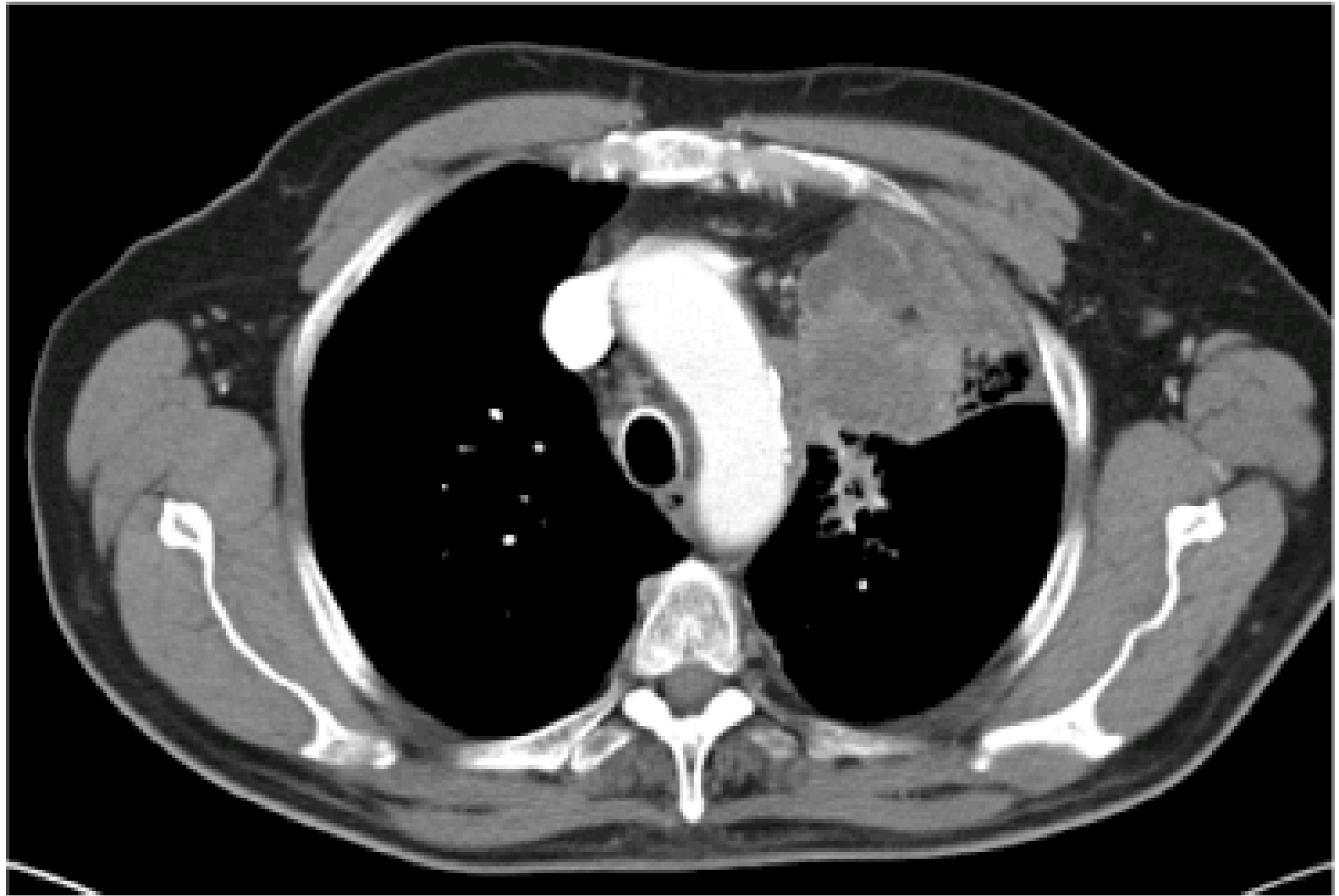


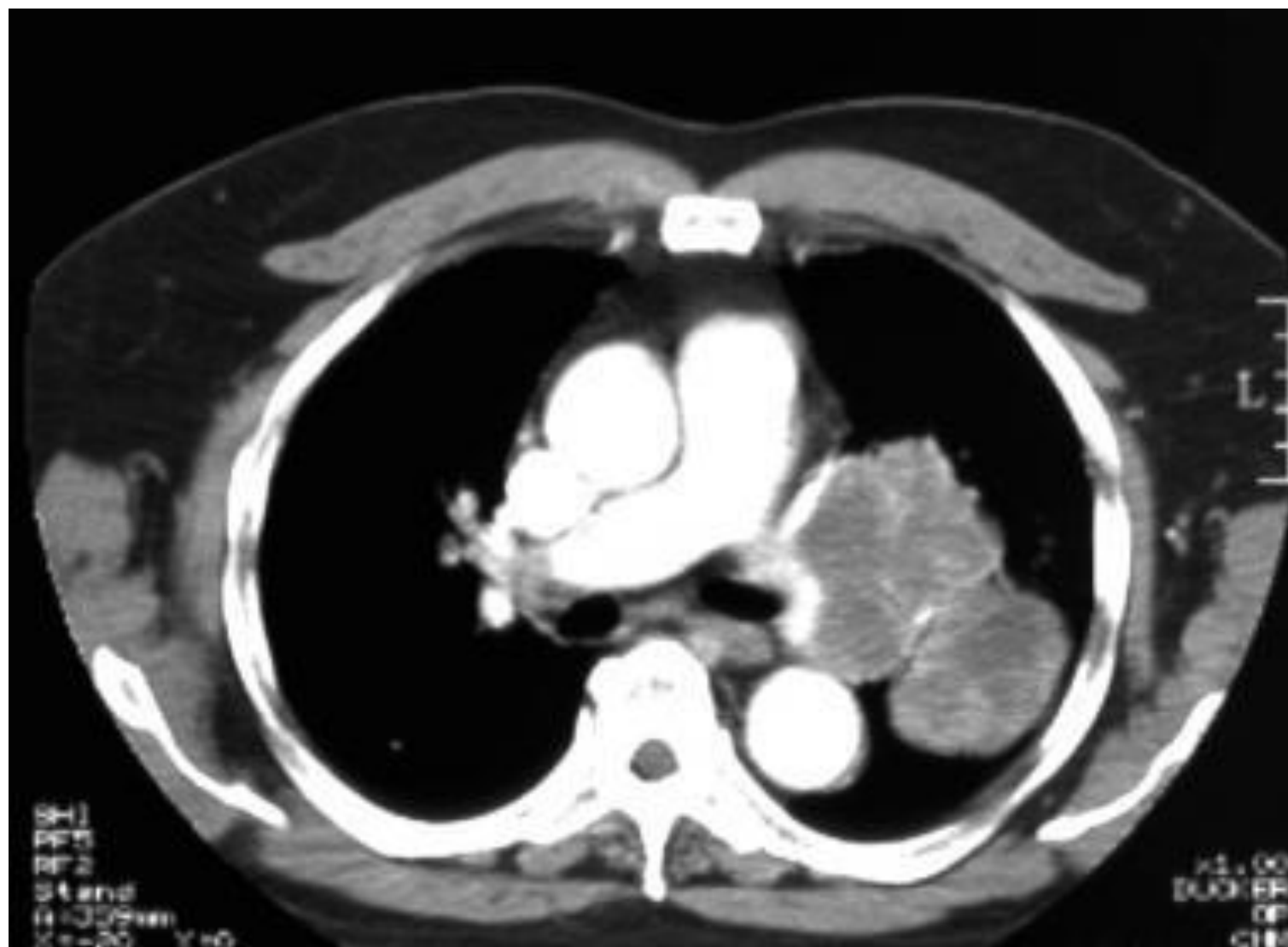


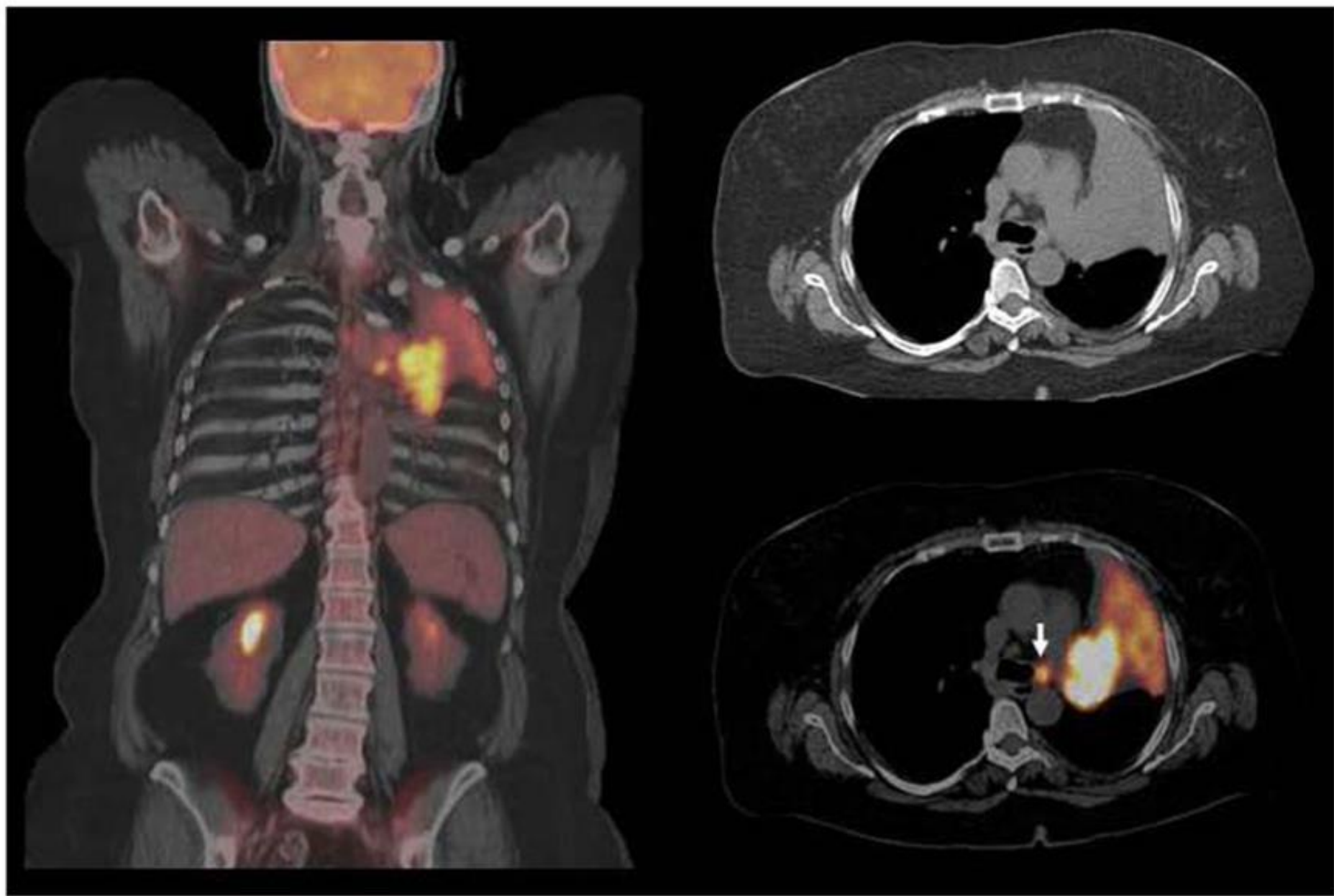












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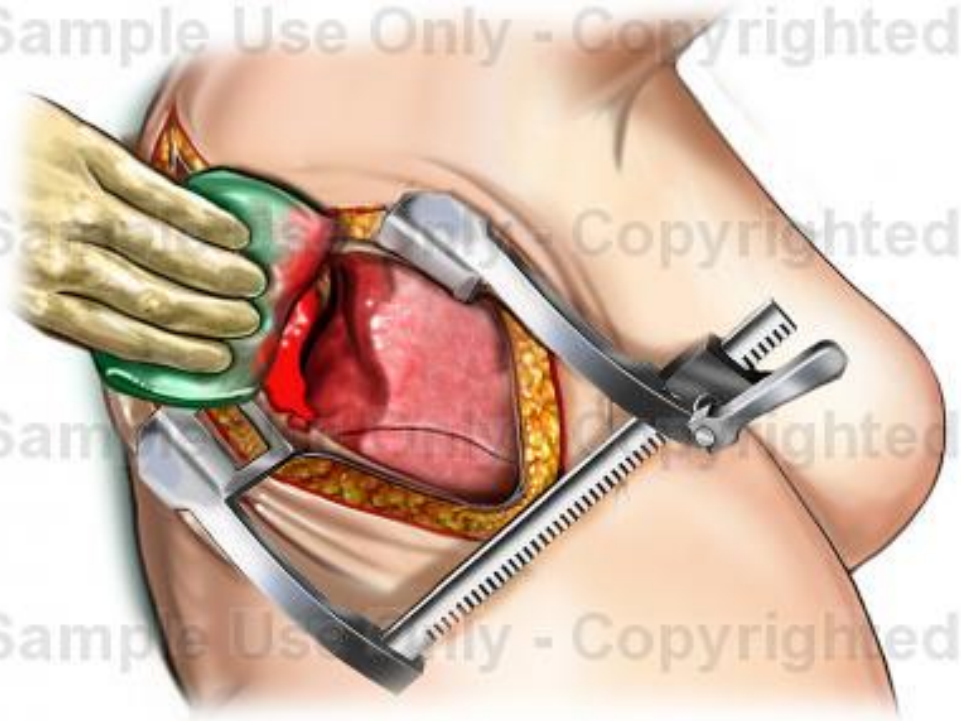


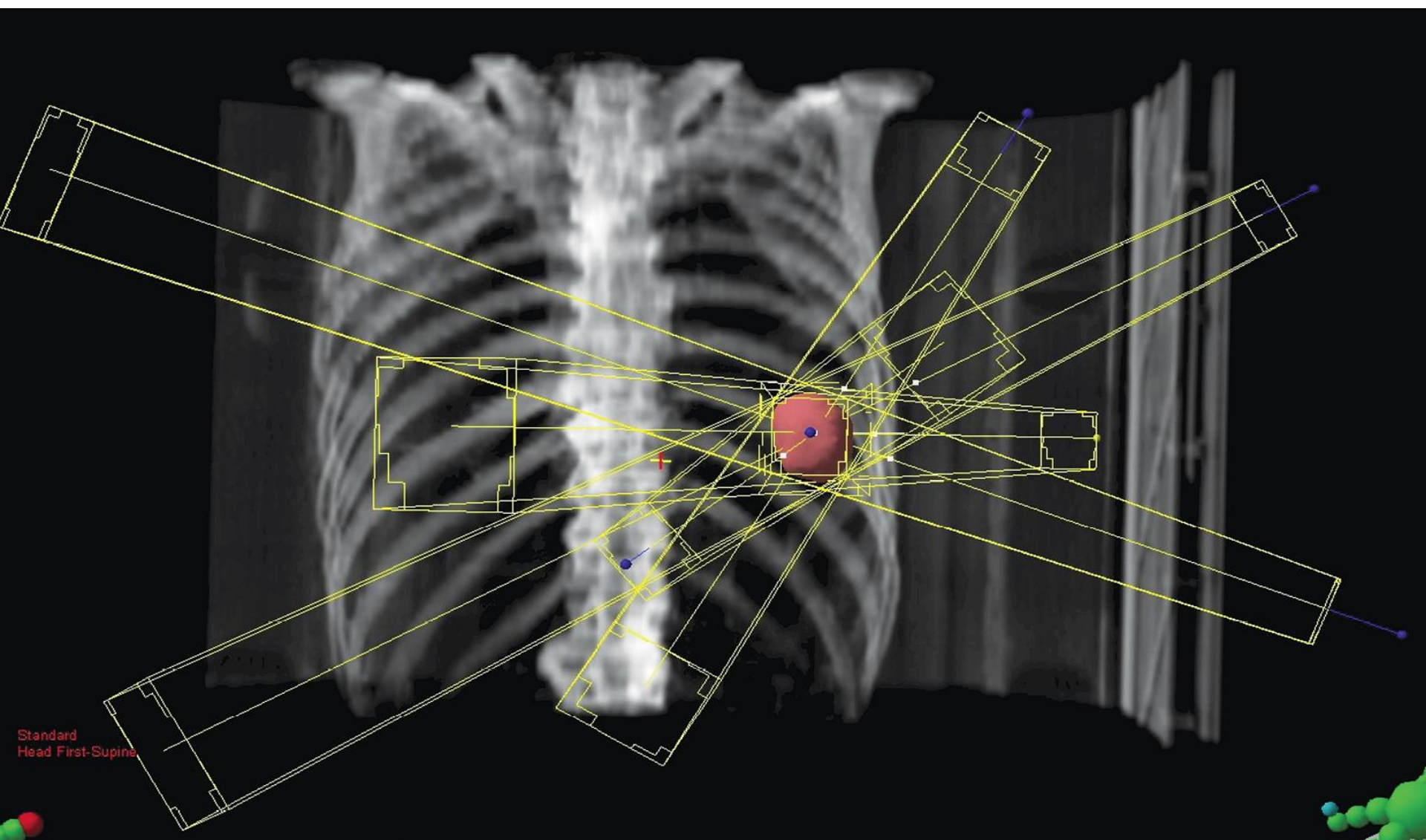
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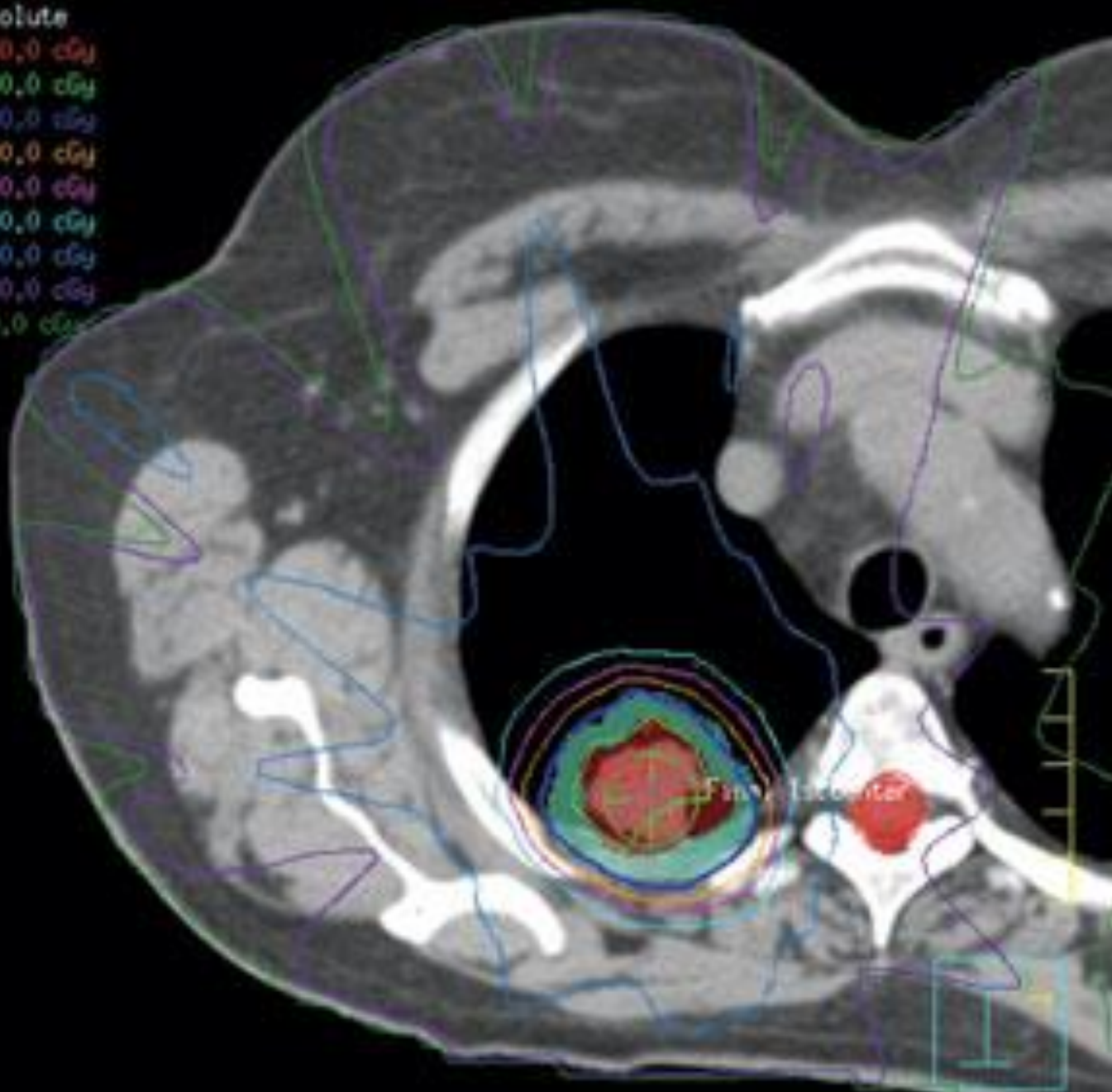
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Standard
Head First-Supine

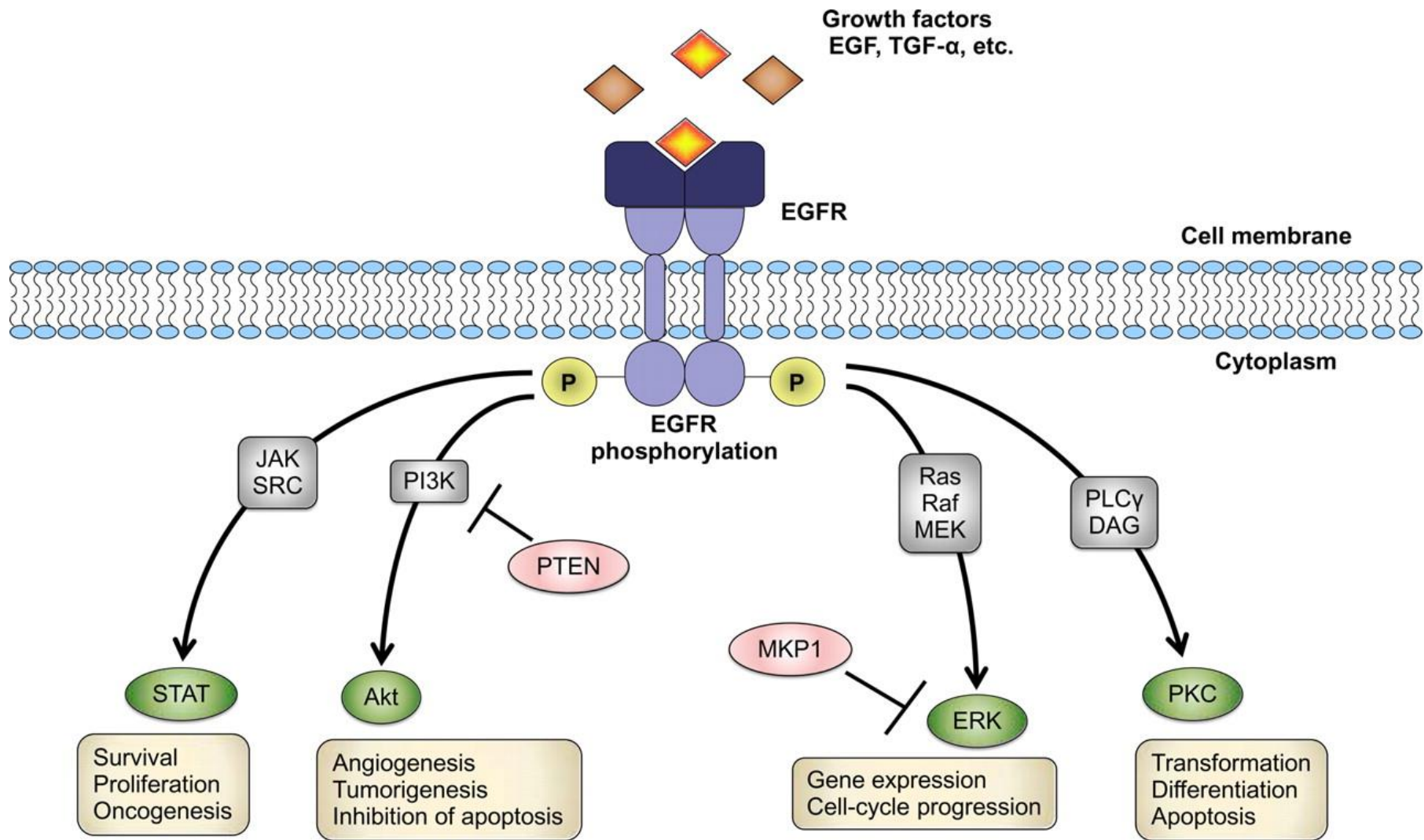
Absolute
5750,0 cGy
5500,0 cGy
5000,0 cGy
4500,0 cGy
4000,0 cGy
3500,0 cGy
2000,0 cGy
1000,0 cGy
500,0 cGy





<https://www.youtube.com/watch?v=OJc6bUXbhHo>





Common Approaches for Inhibiting the Epidermal Growth Factor Receptor (EGFR) Axis

