ATTUALITÀ NELLA TERAPIA INTEGRATA LOCOREGIONALE DELLE NEOPLASIE CERVICO-CEFALICHE

Il Gruppo Multidiscplinare

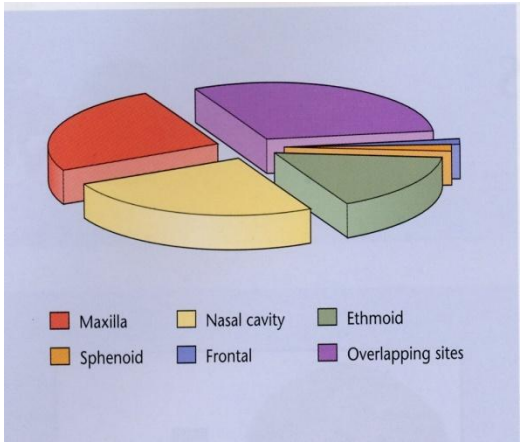
Esperienza UOC ORL
UMBERTO I NOCERA INFERIORE

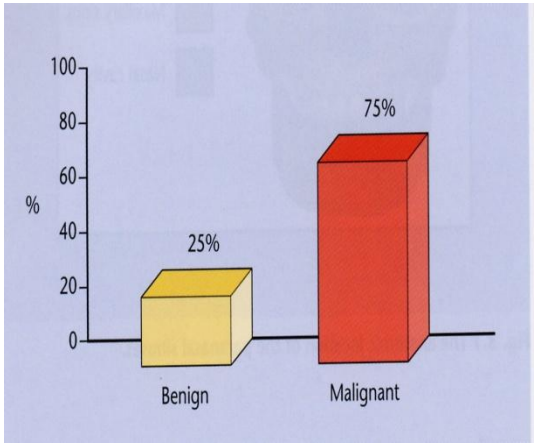
Direttore. Dott. Remo Palladino

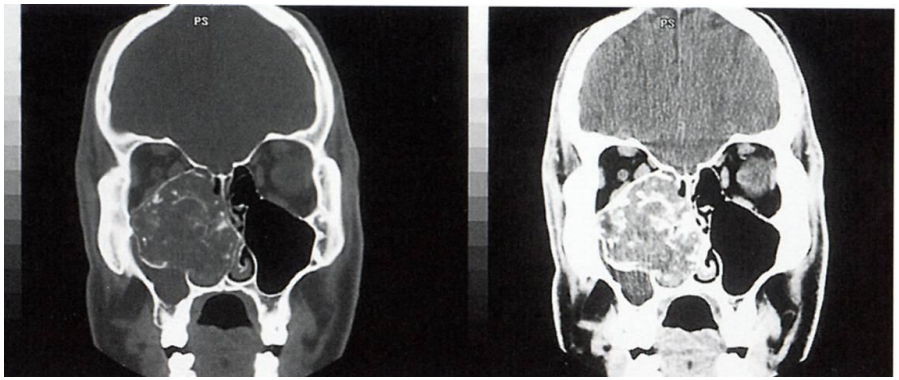
SEDI DI INTERESSE CERVICO-CEFALICHE

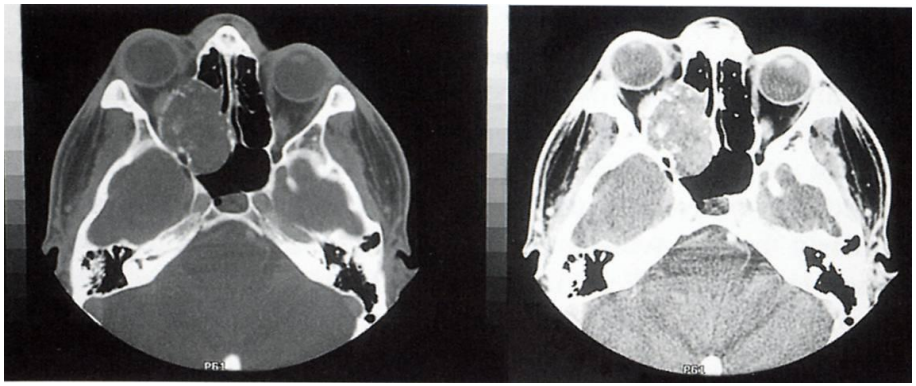
- NASO E SENI PARANASALI
- CAVO ORALE E RINO-ORO-IPOFARINGE
- GHIANDOLE SALIVARI
- TIROIDE
- LARINGE
- LOGGE LATERO-CERVICALI
- ORECCHIO

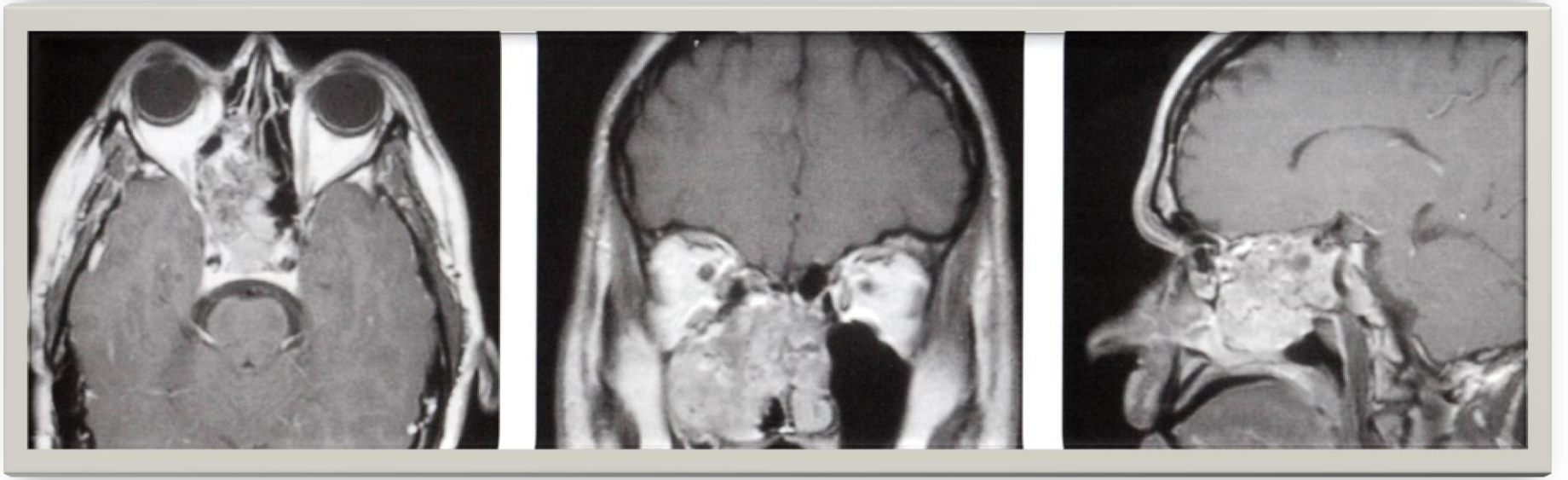
NASO E SENI PARANASALI



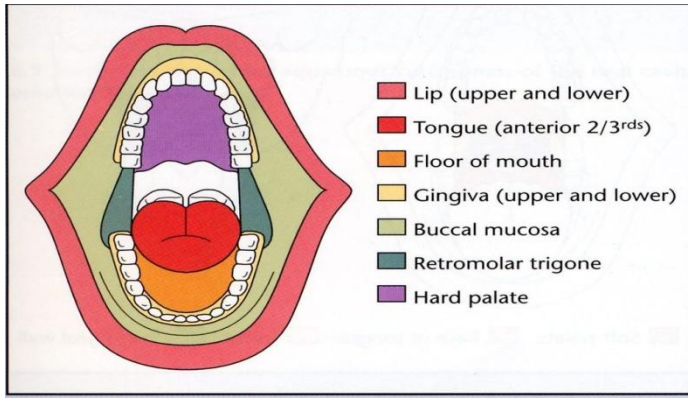


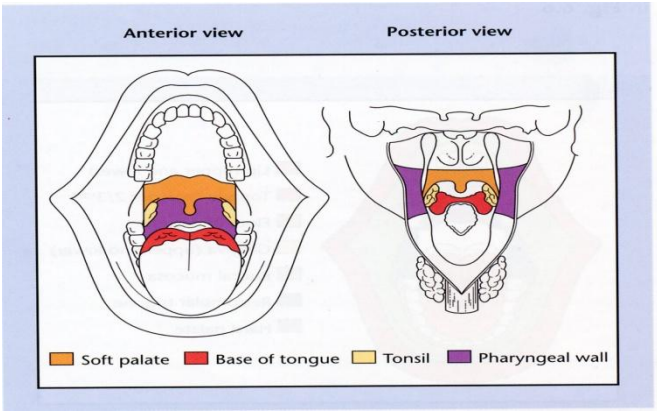


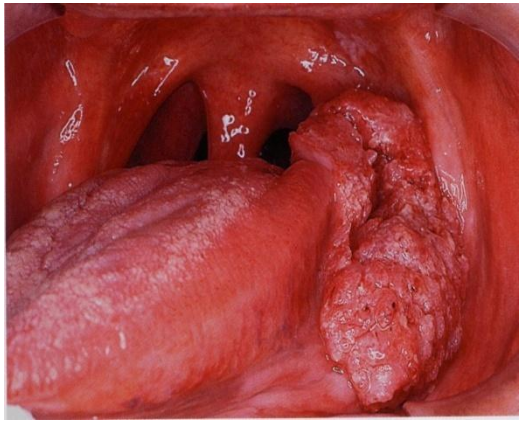


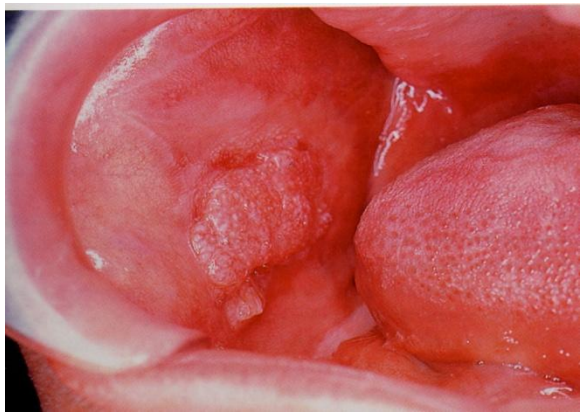


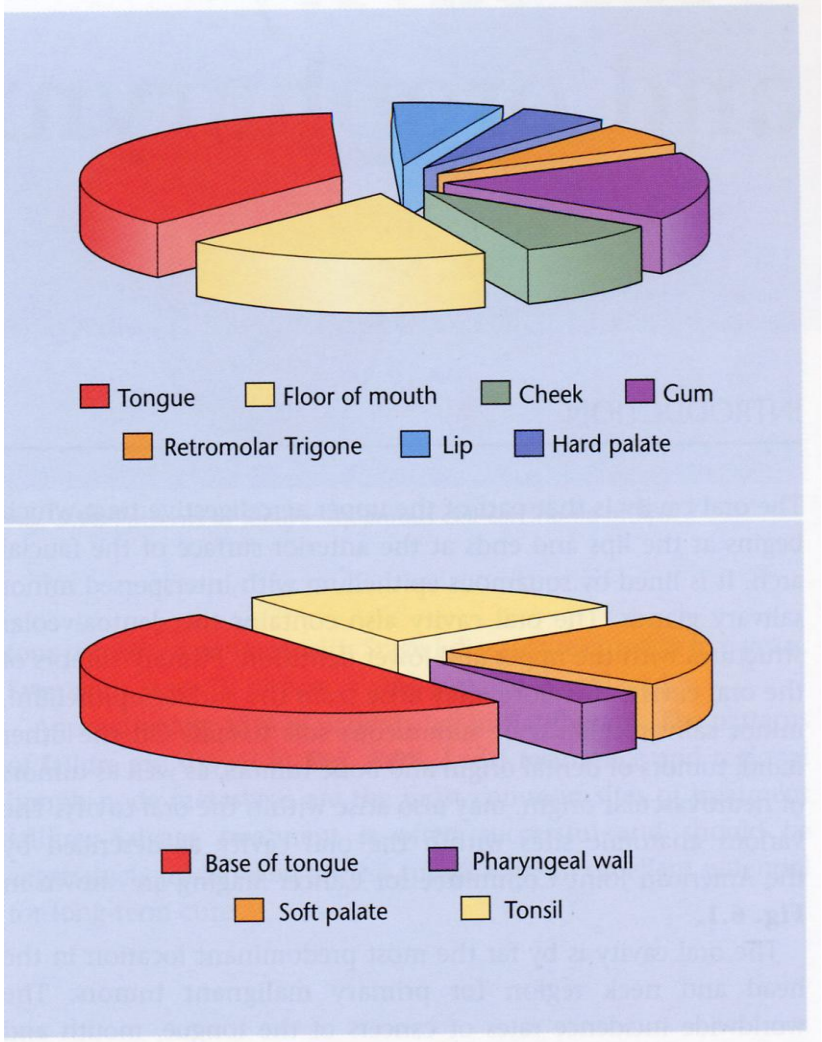
CAVO ORALE E OROFARINGE











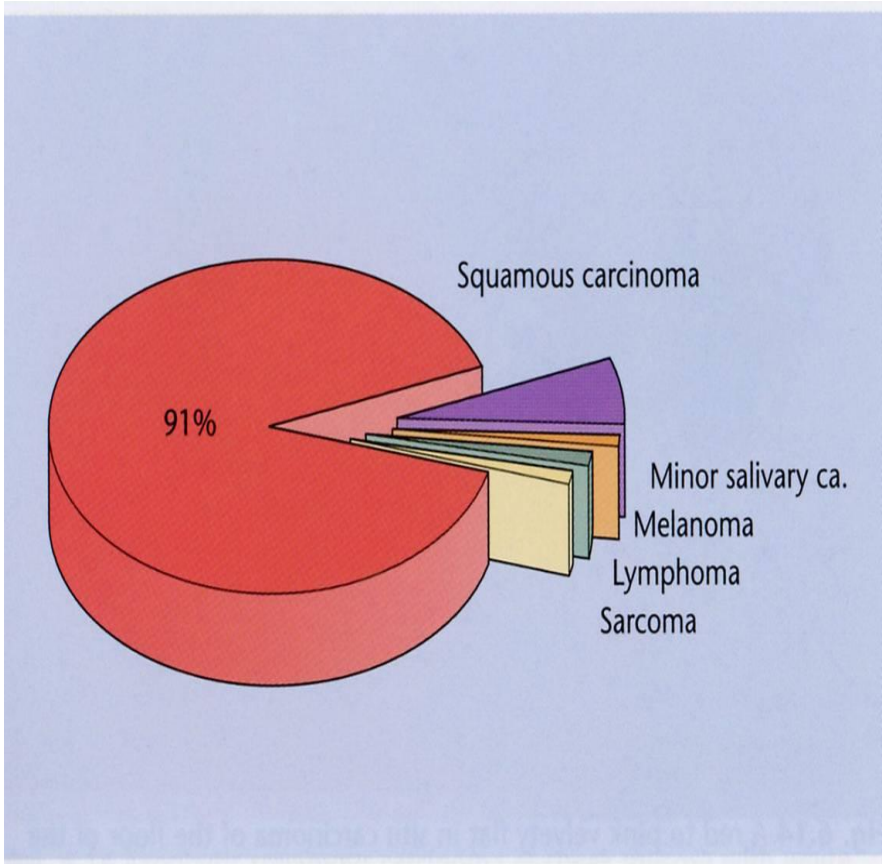
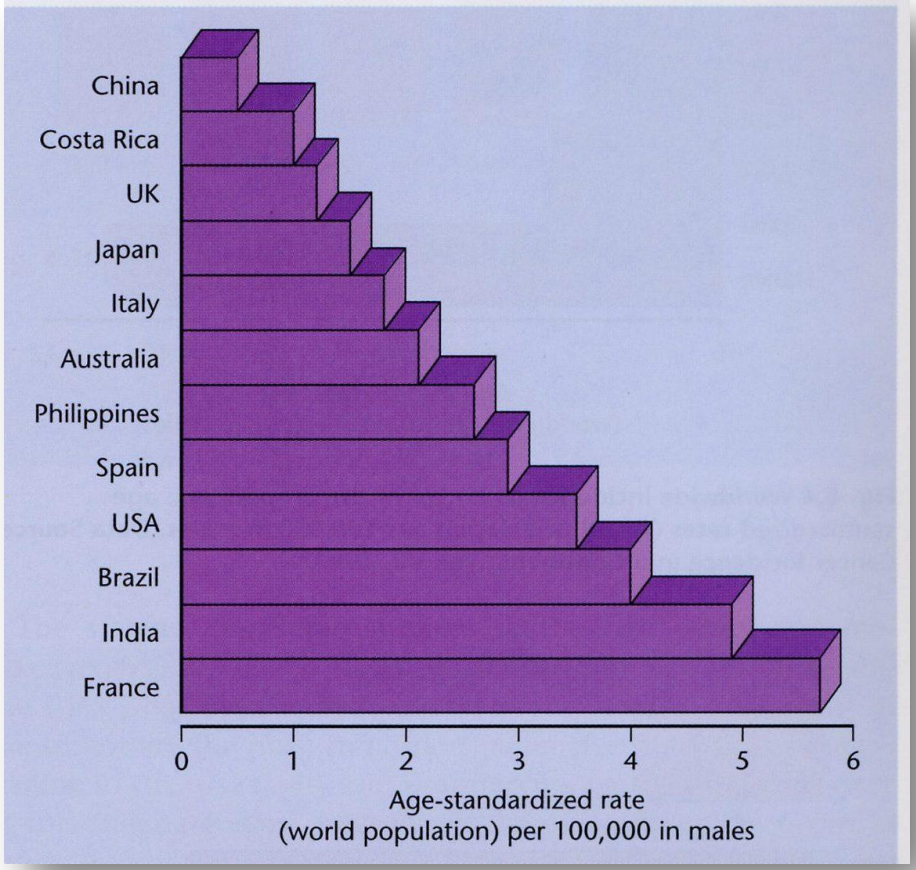
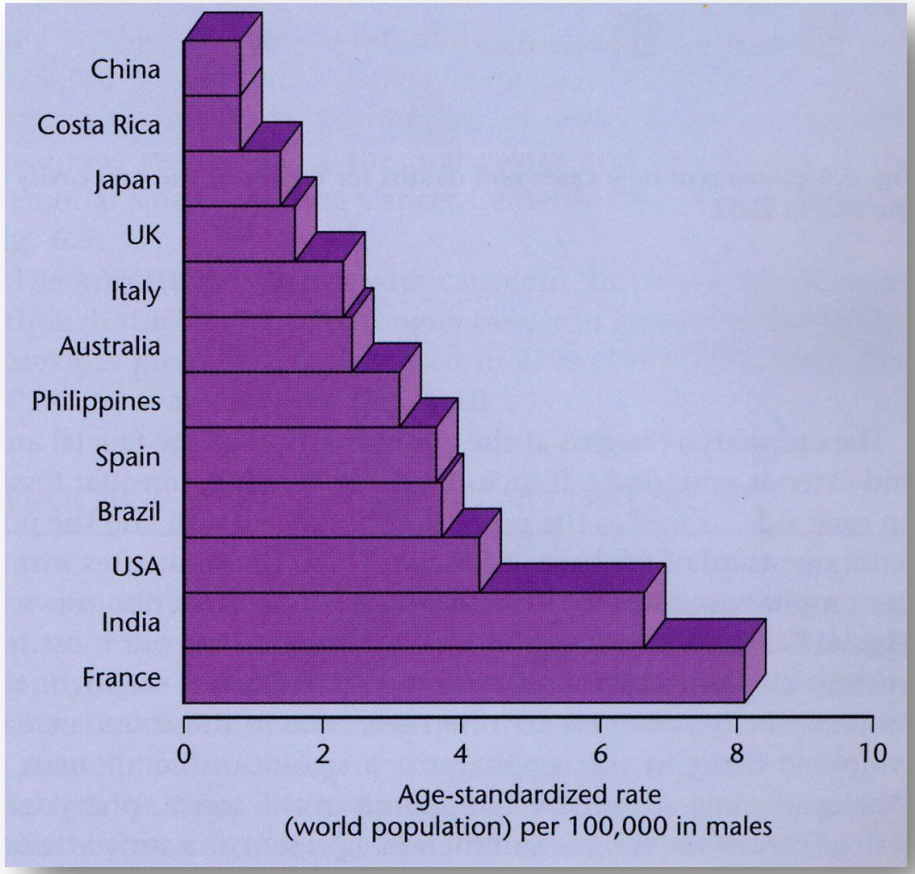


Fig. 6.6 The site distribution of primary cancers in the oral cavity and the oropharynx.

INCIDENZA CANCRO DELLA LINGUA NEL MONDO



INCIDENZA DEL CANCRO DEL PAVIMENTO DELLA BOCCA NEL MONDO



INCIDENZA DEL CANCRO DELL'OROFARINGE NEL MONDO

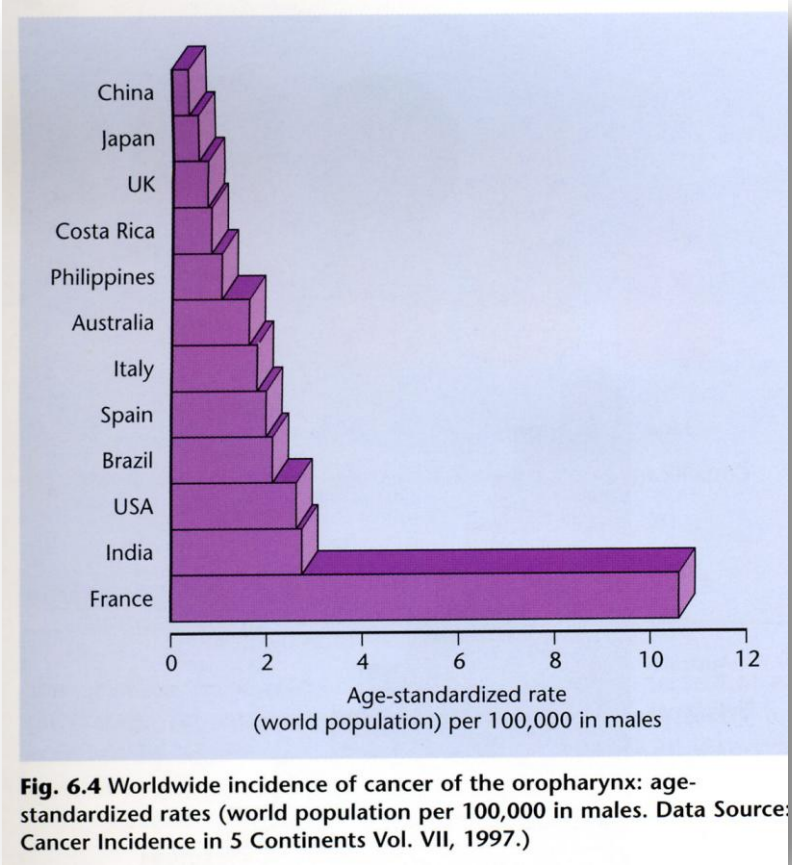
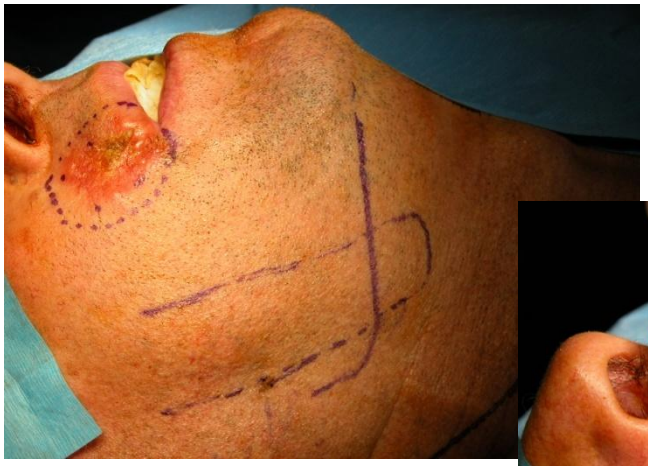
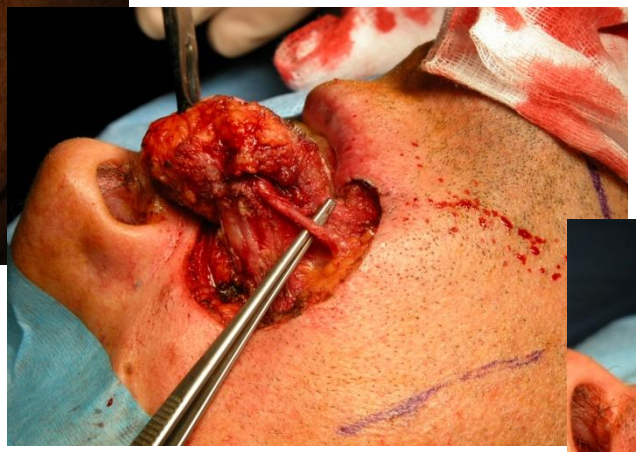
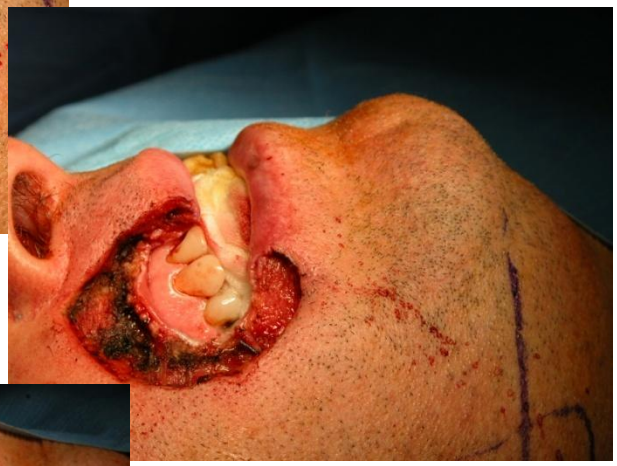
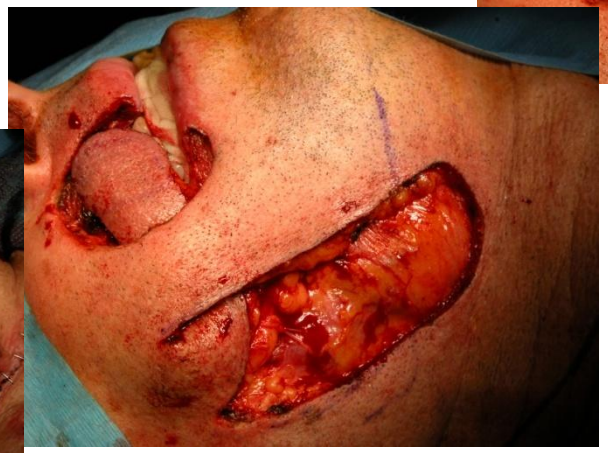


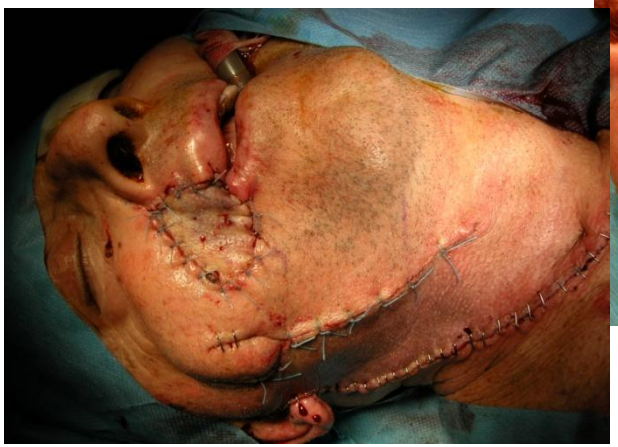
Fig. 6.4 Worldwide incidence of cancer of the oropharynx: age-standardized rates (world population per 100,000 in males. Data Source: Cancer Incidence in 5 Continents Vol. VII, 1997.)

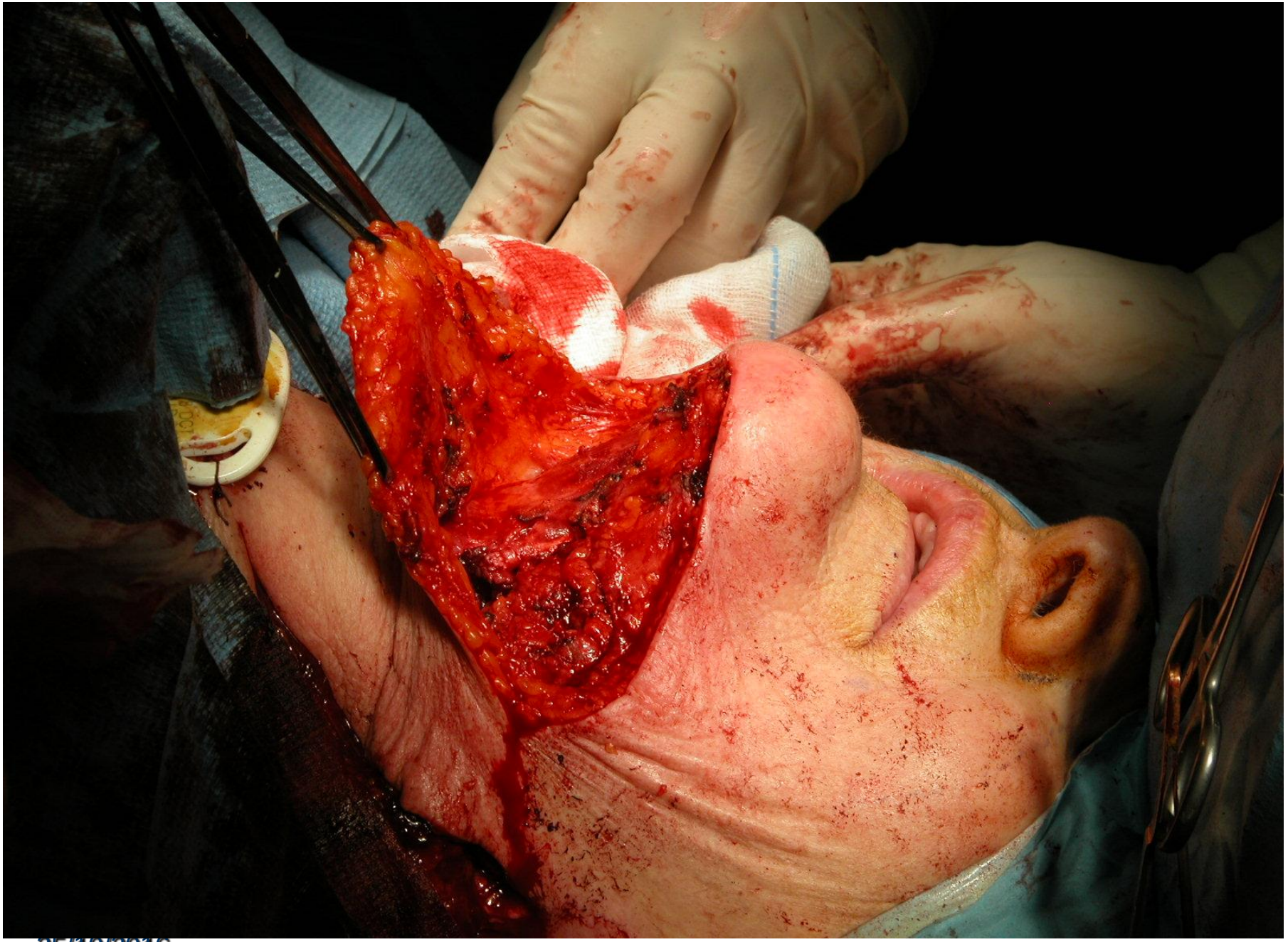


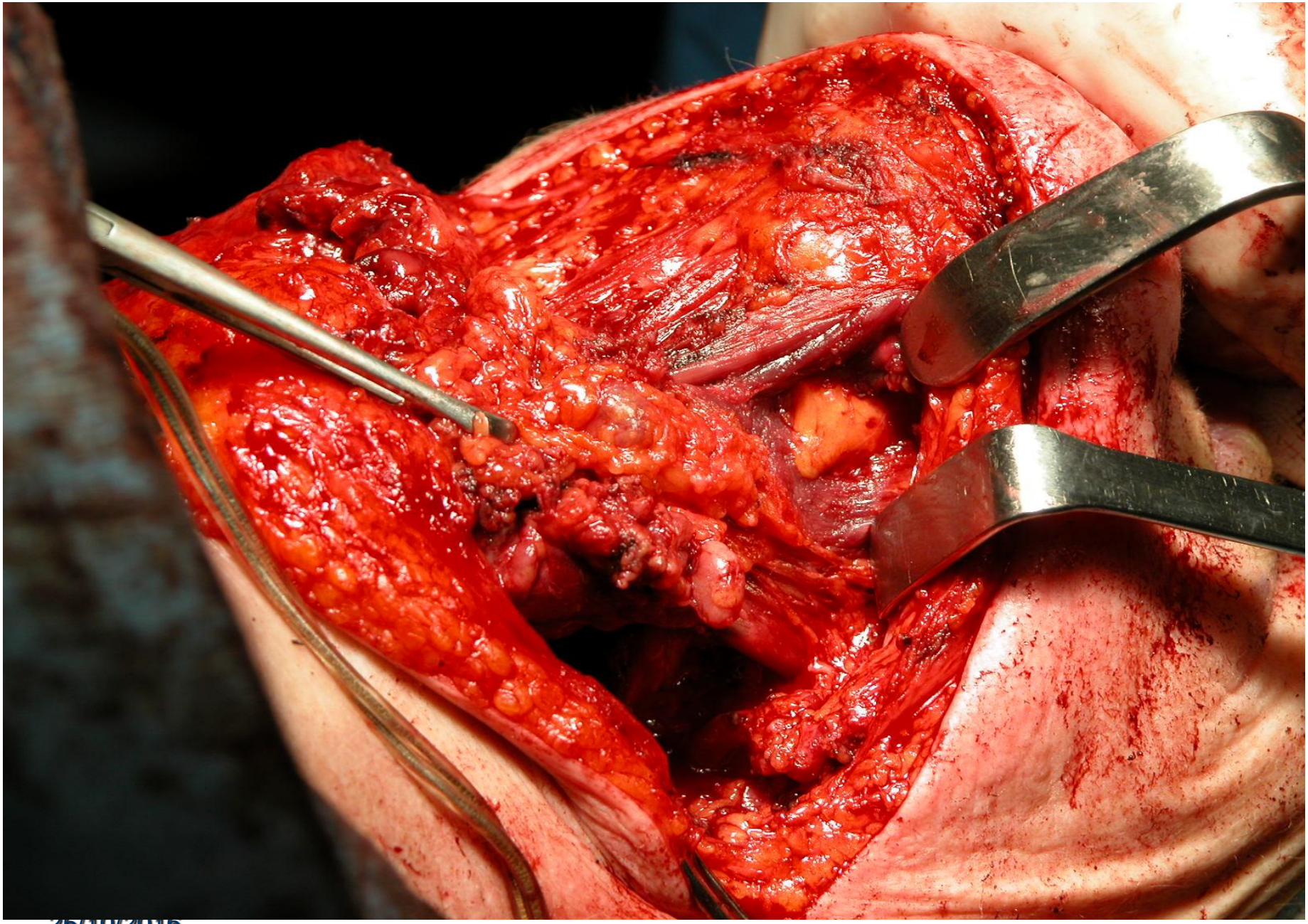


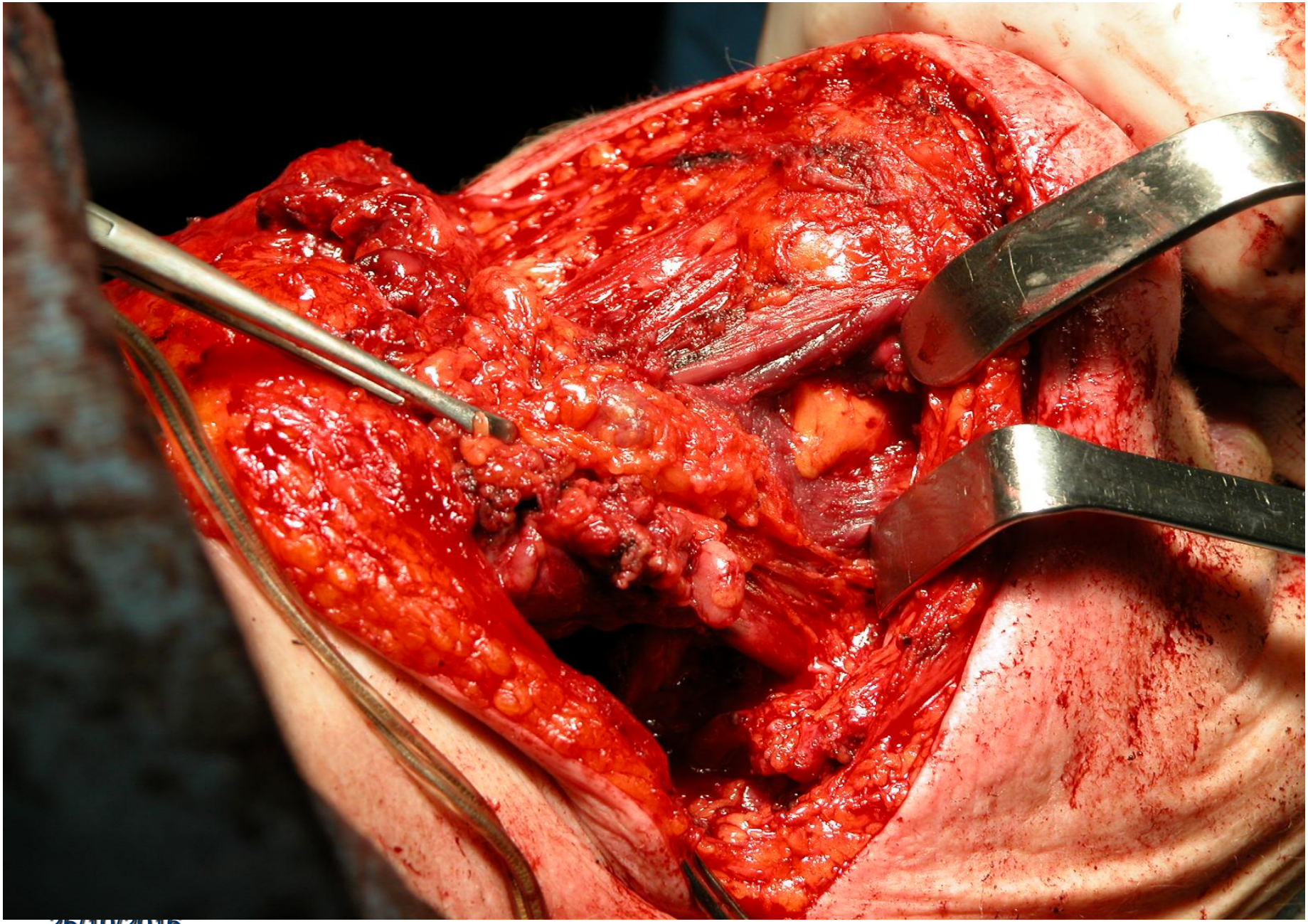


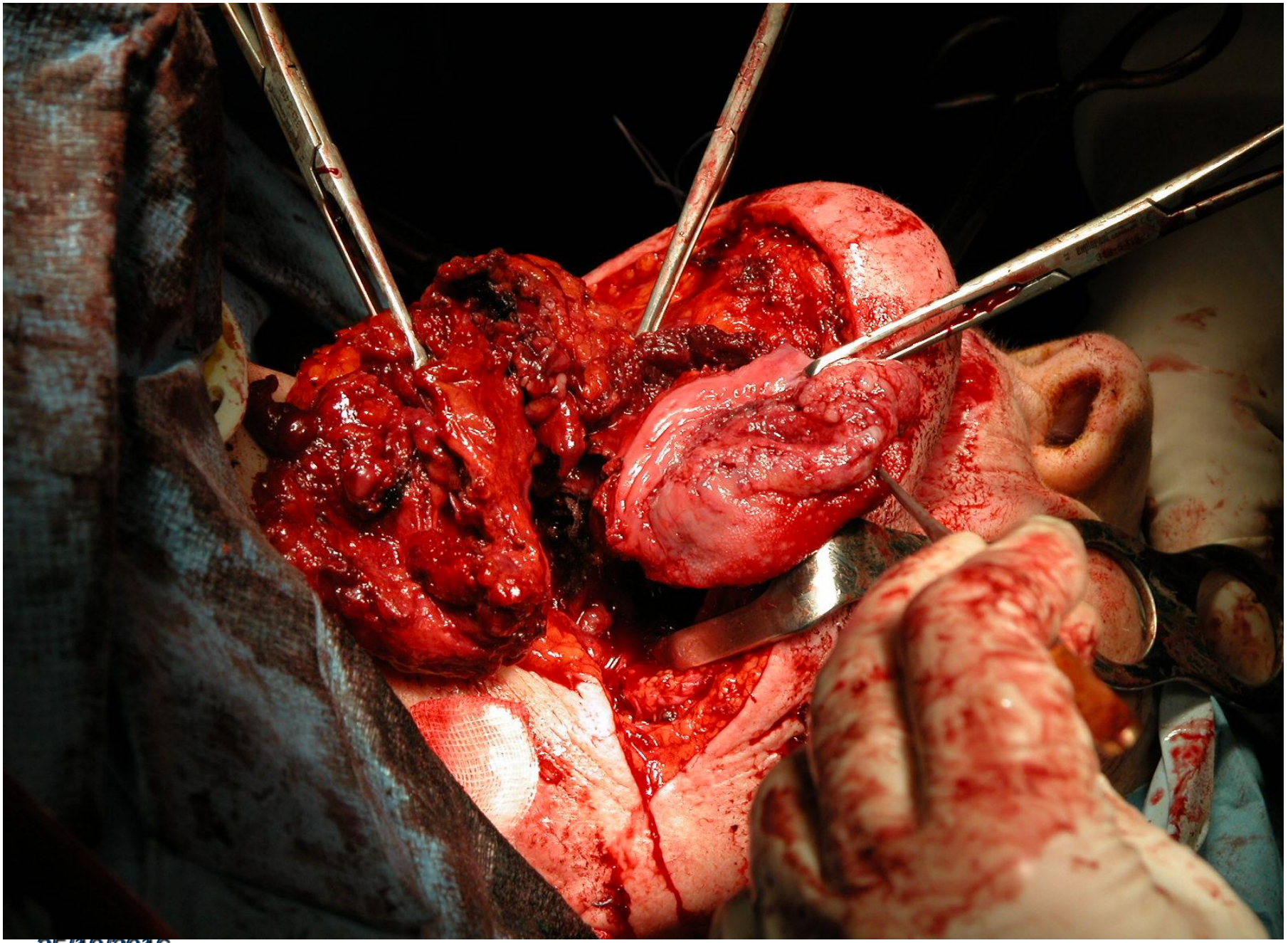












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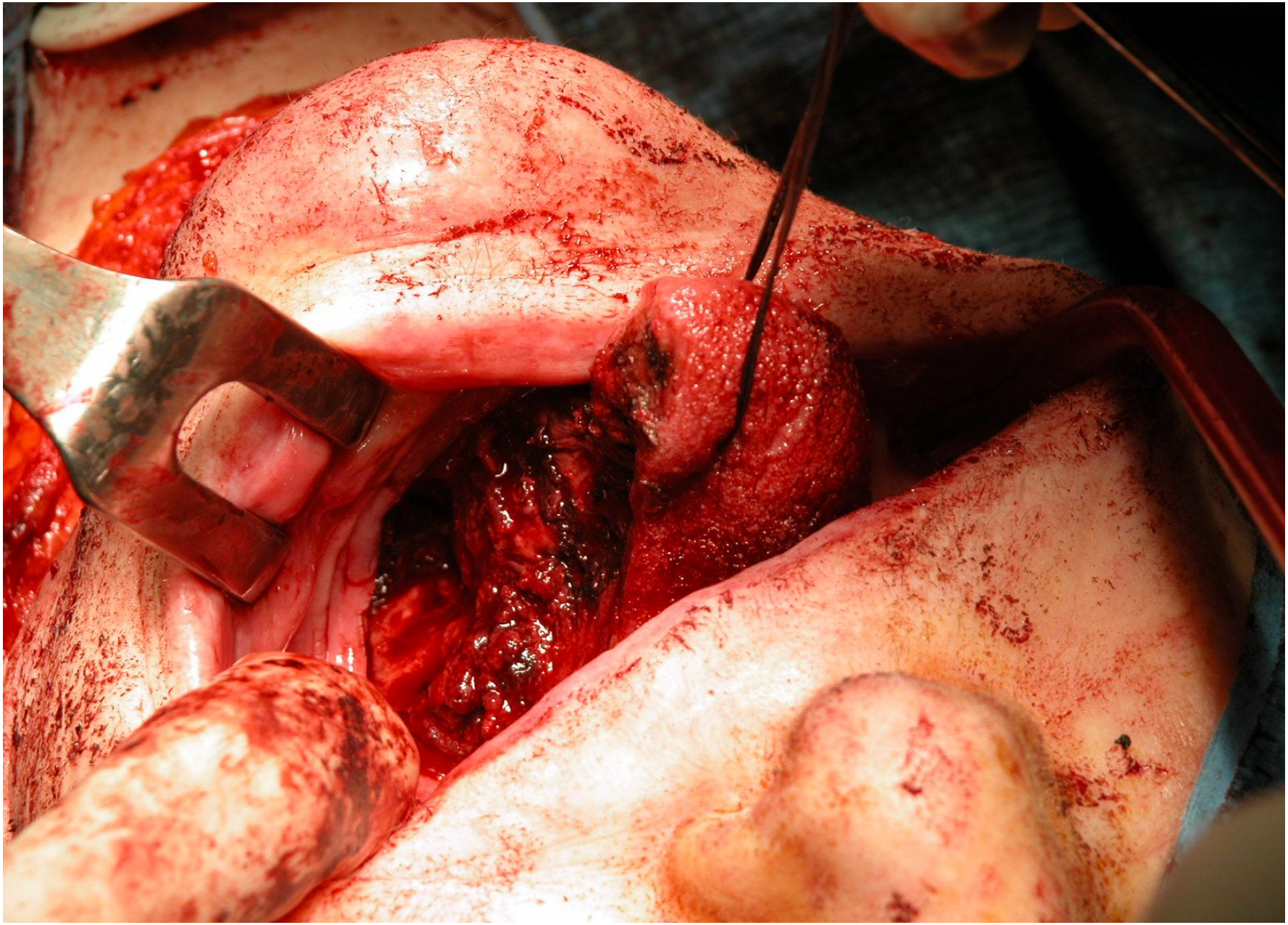

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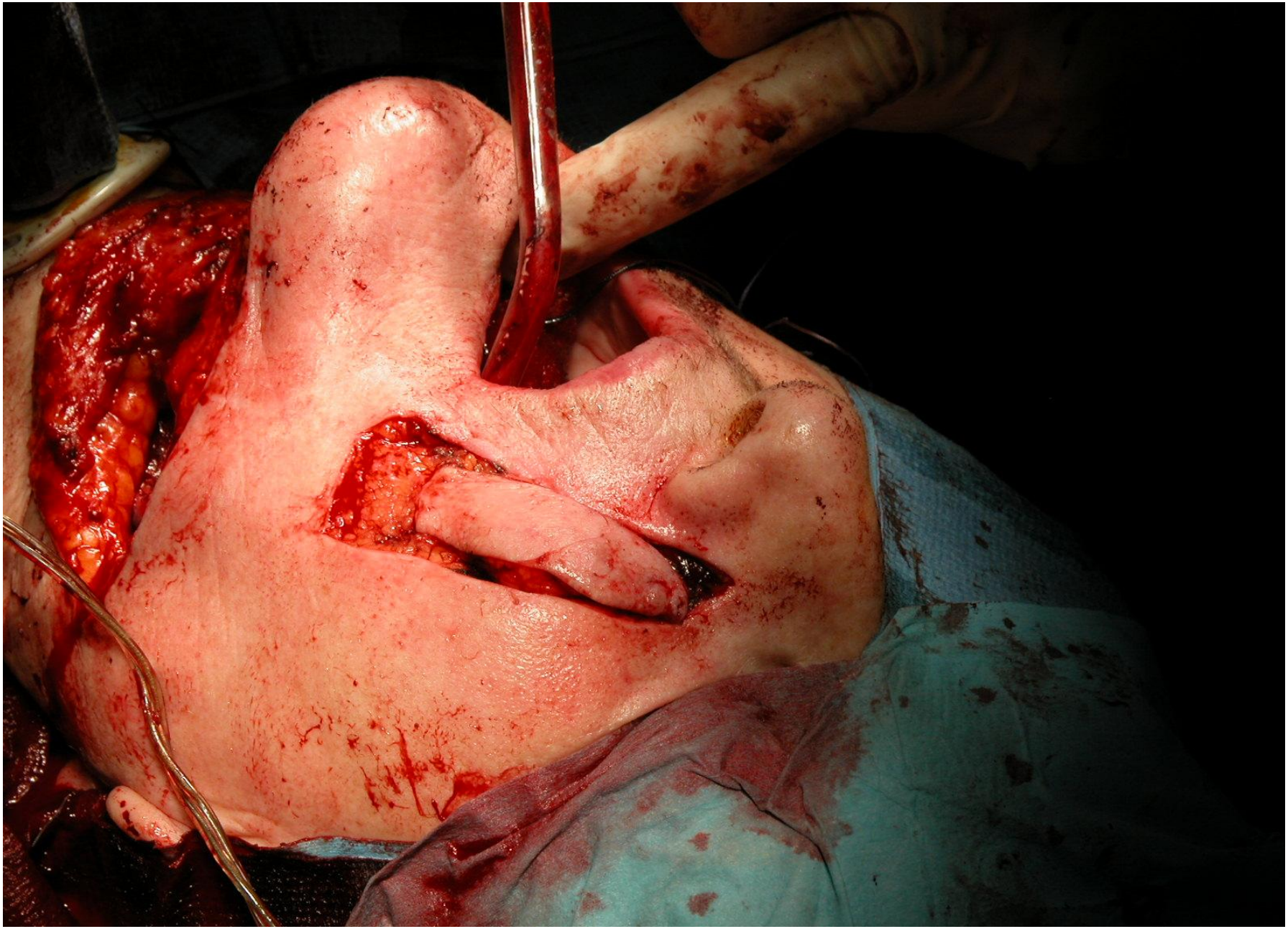

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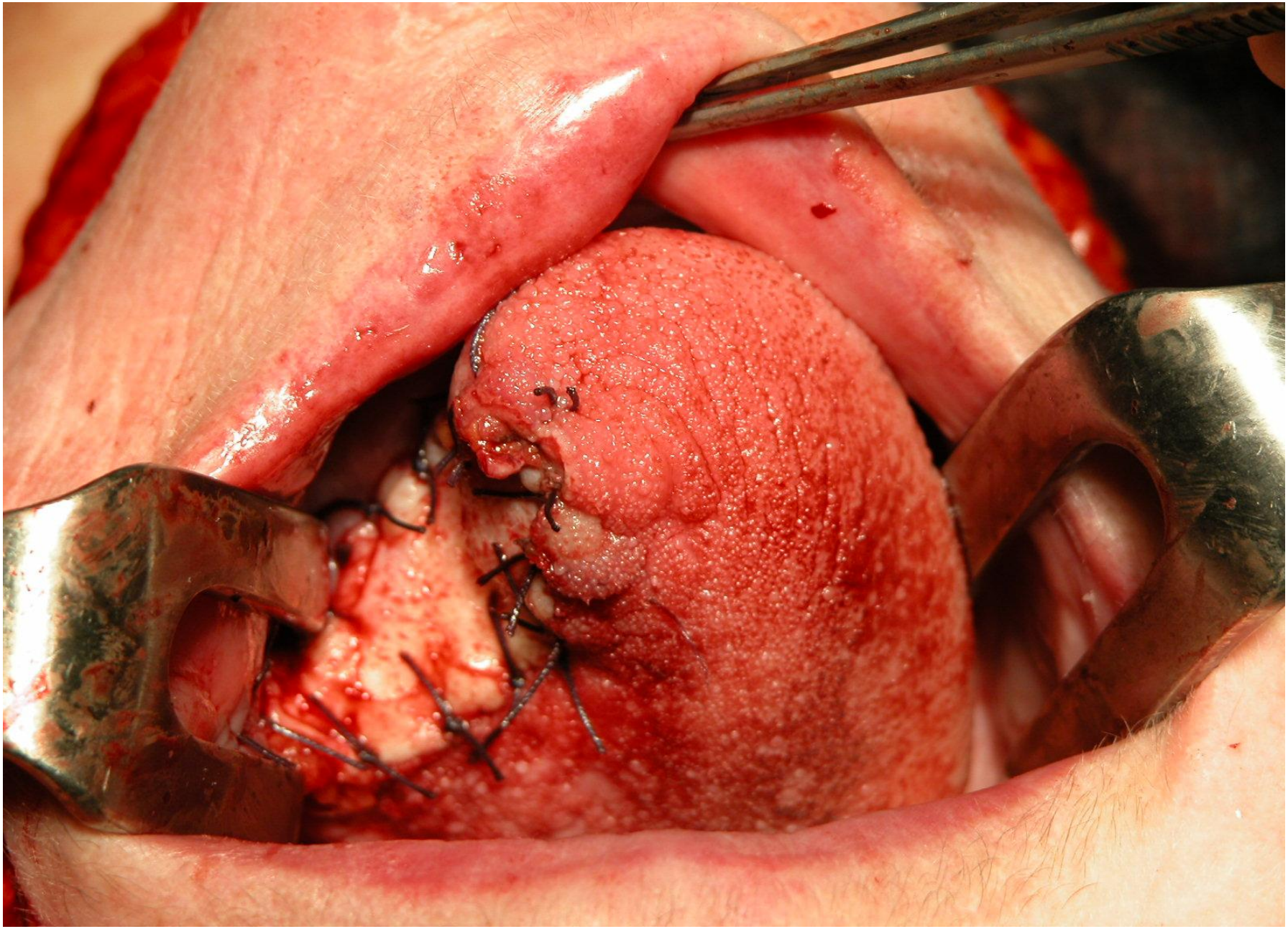

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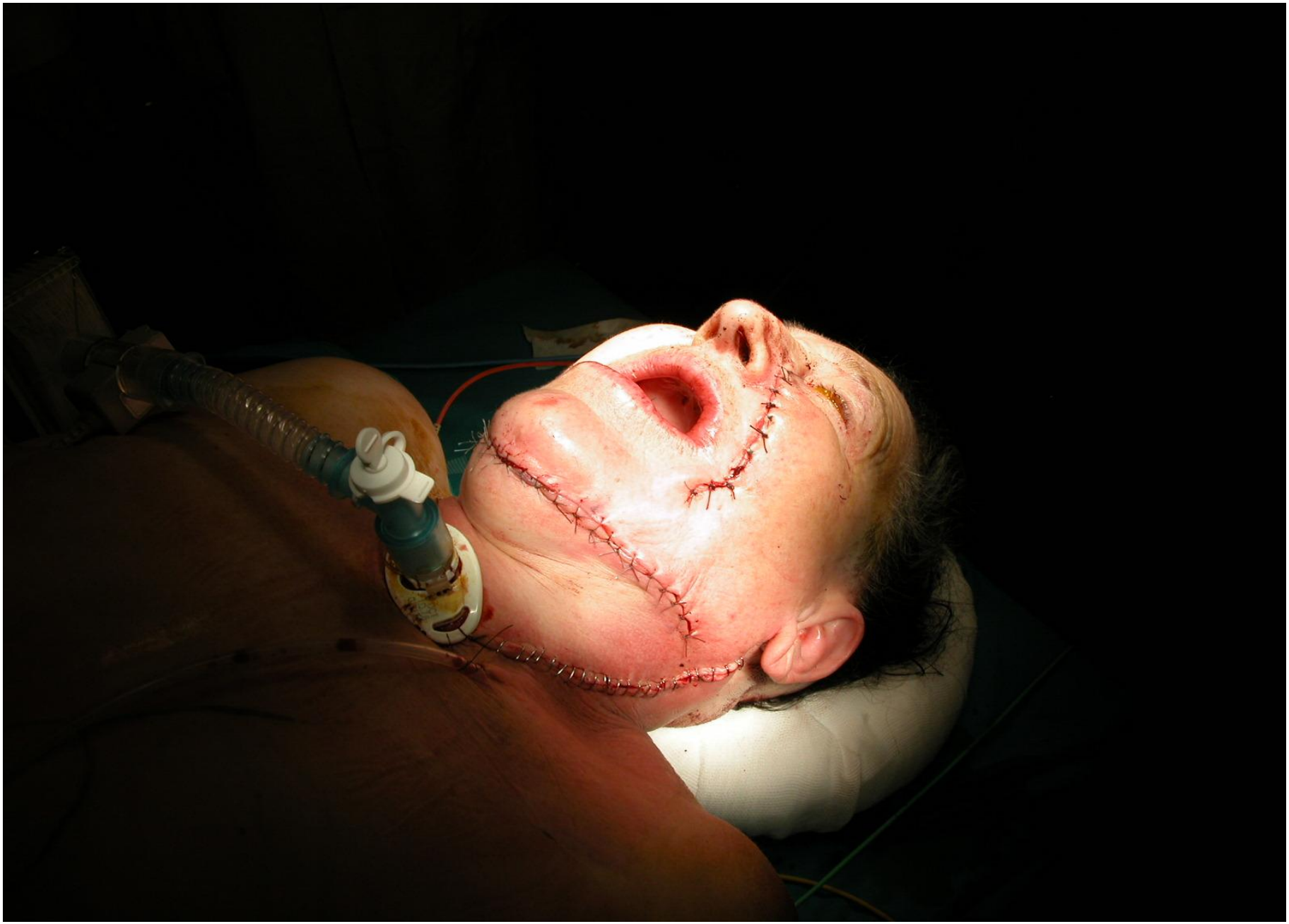

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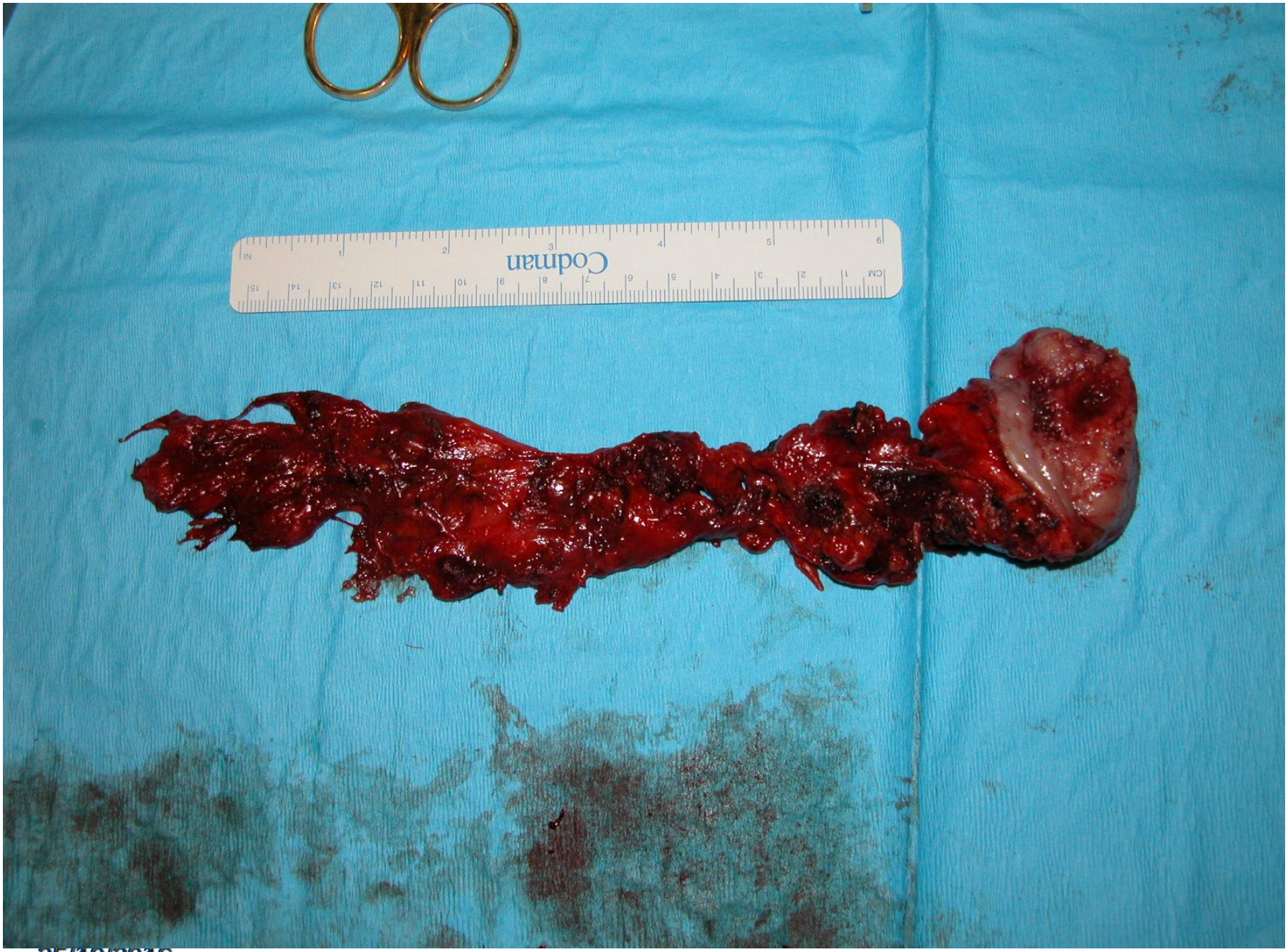

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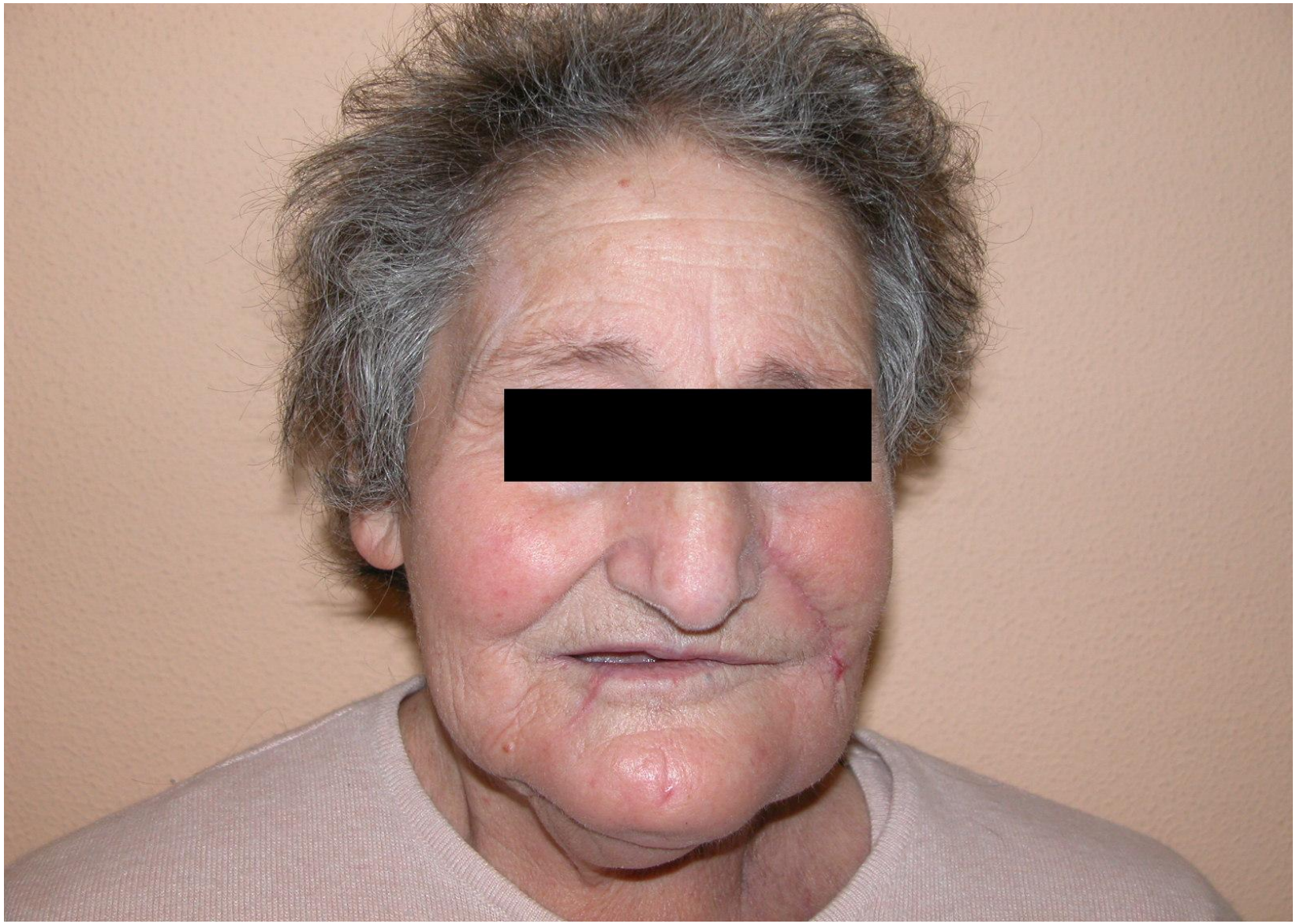

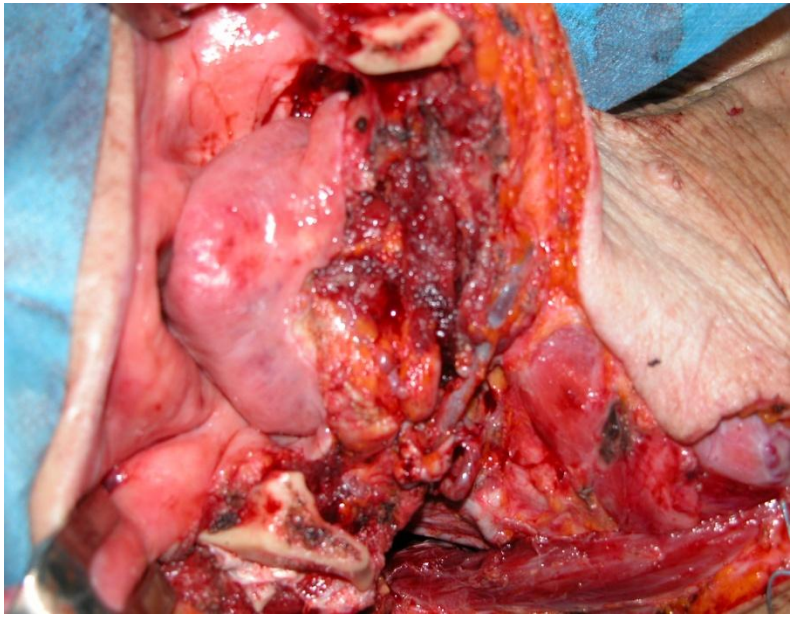

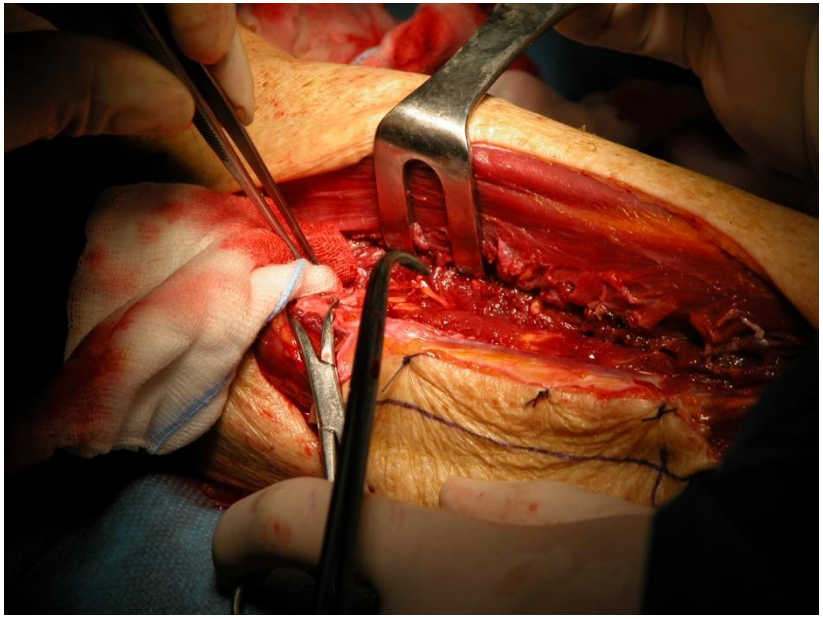

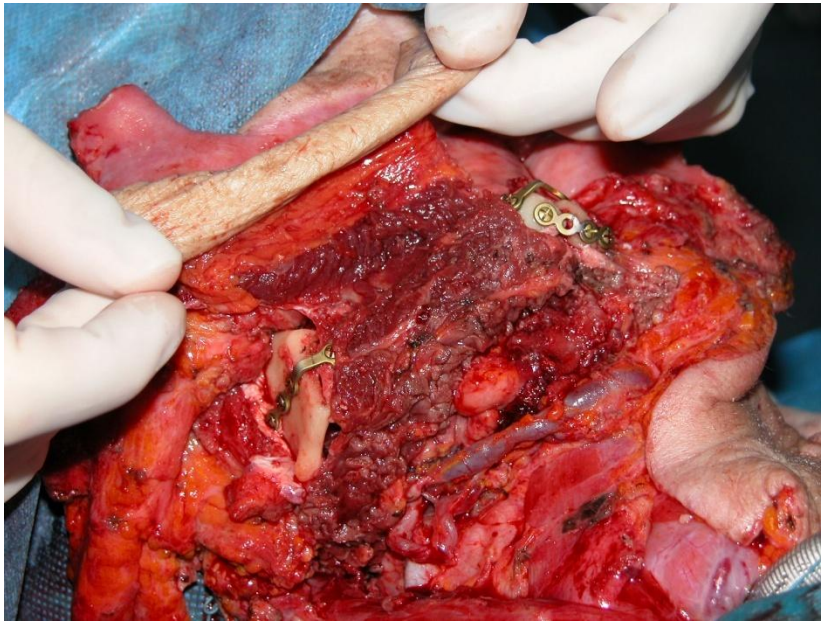

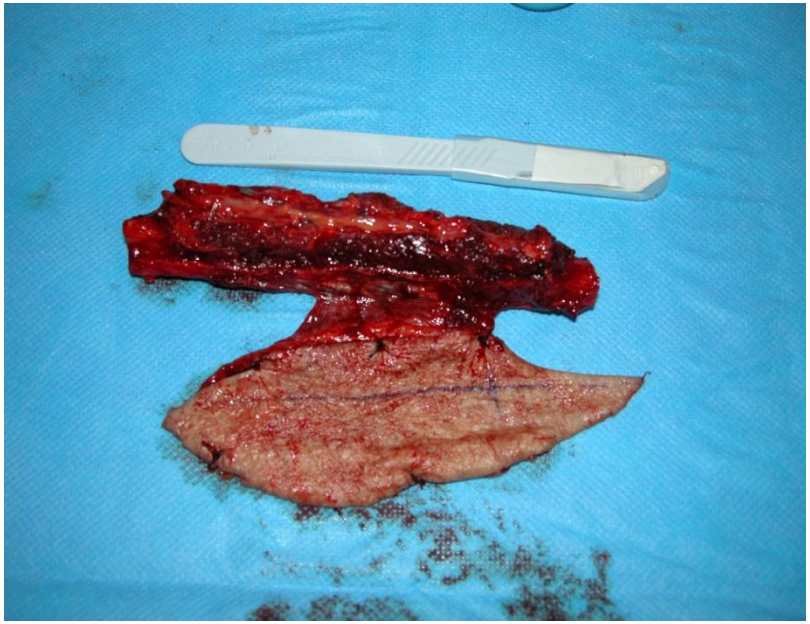

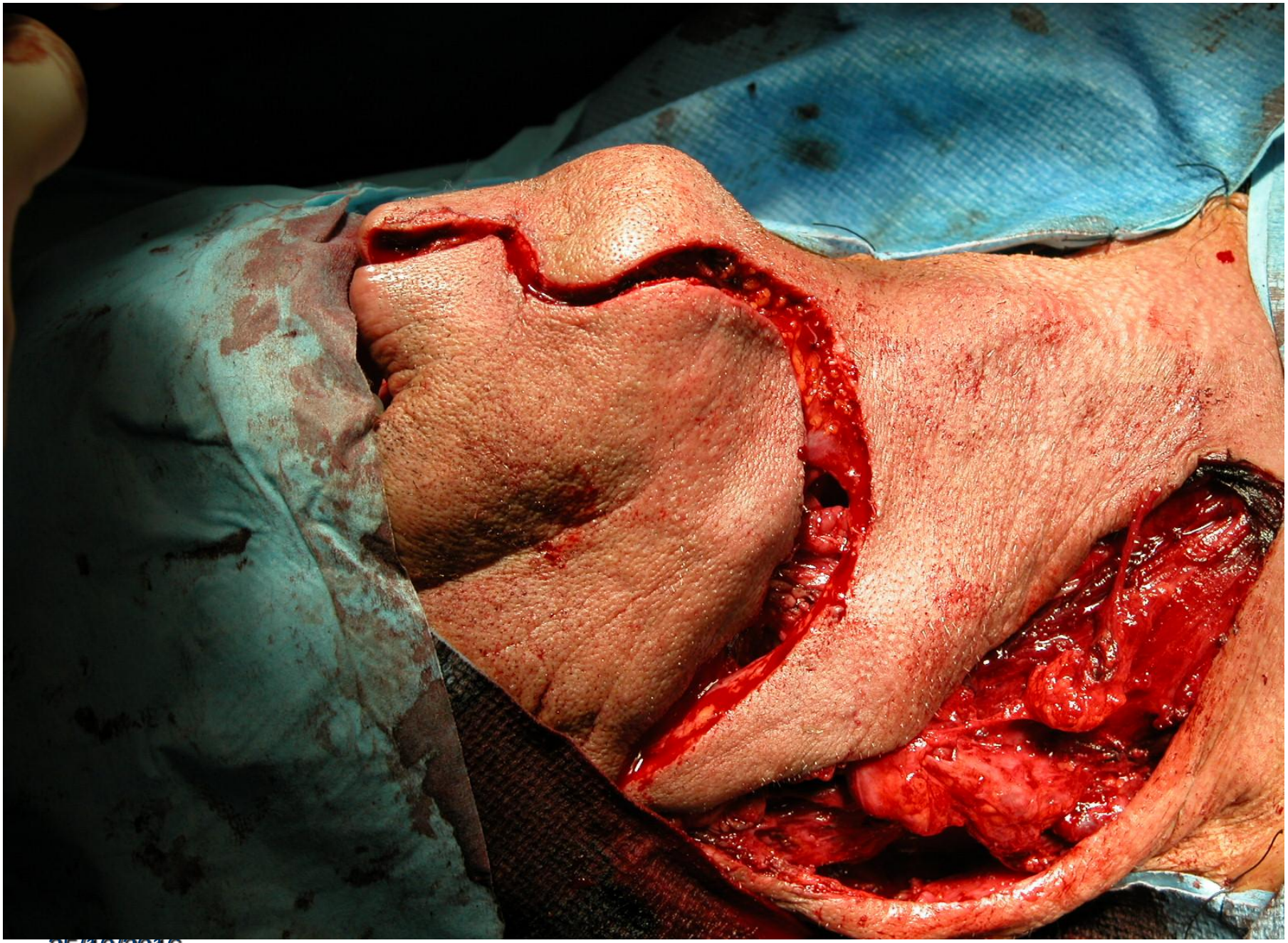

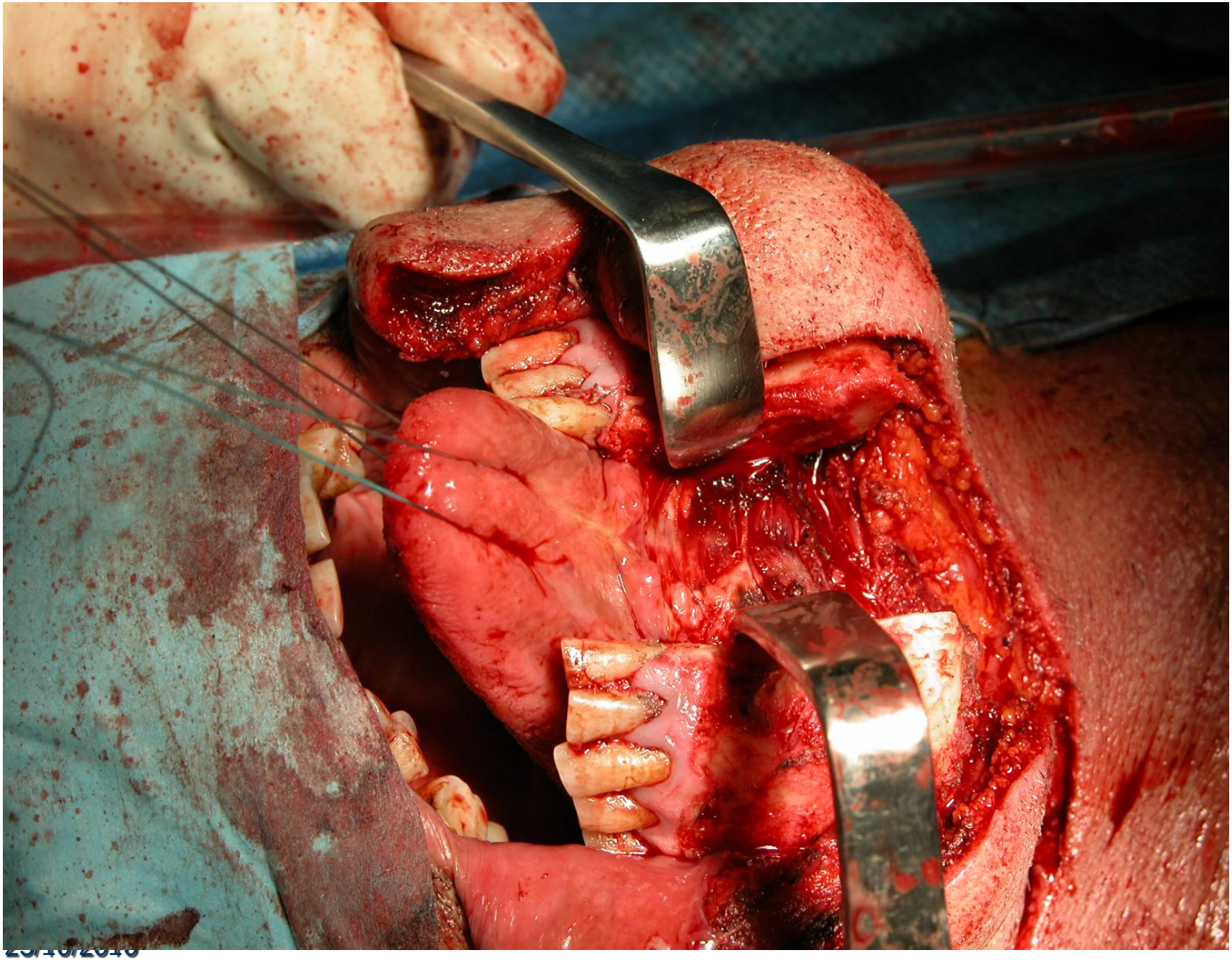

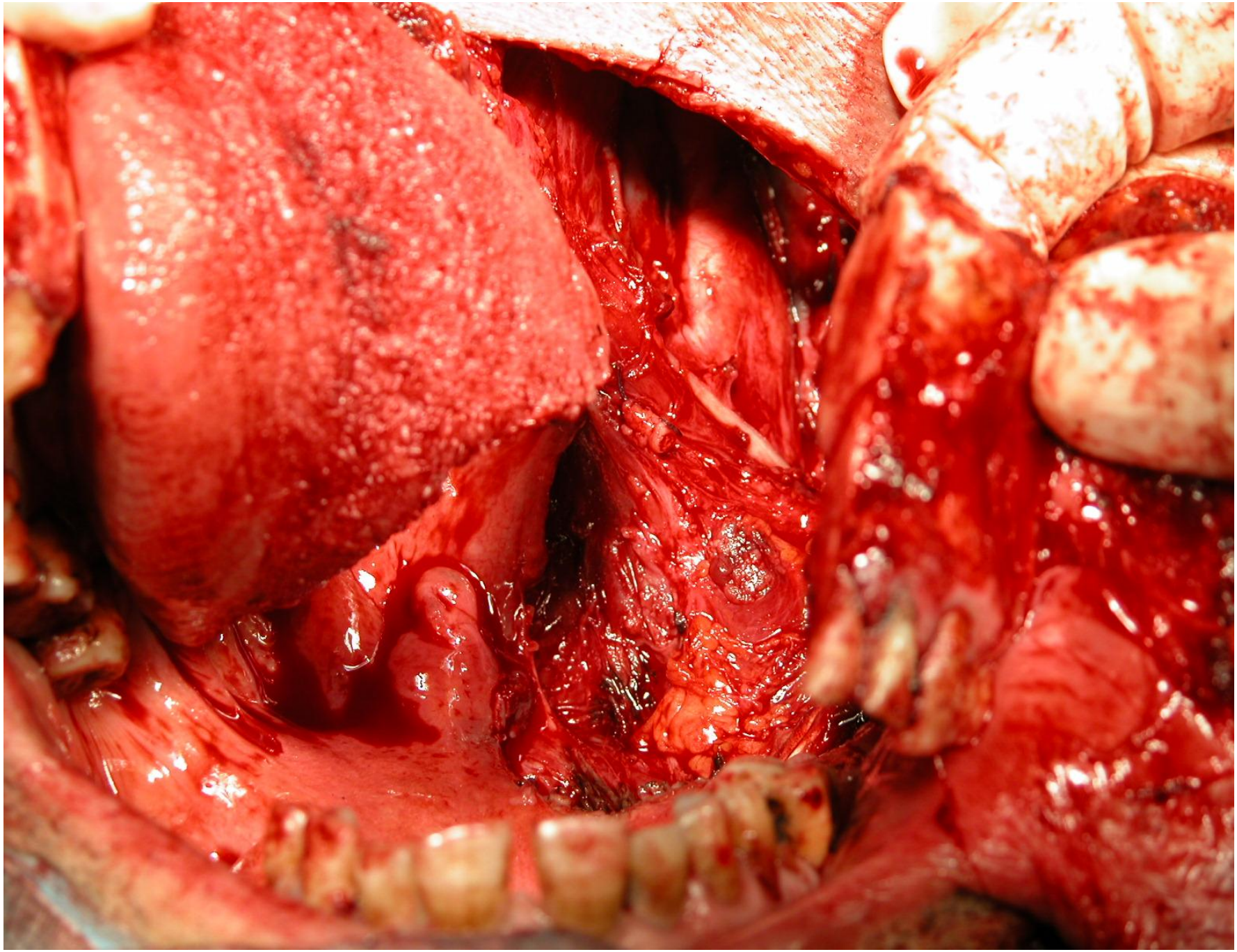

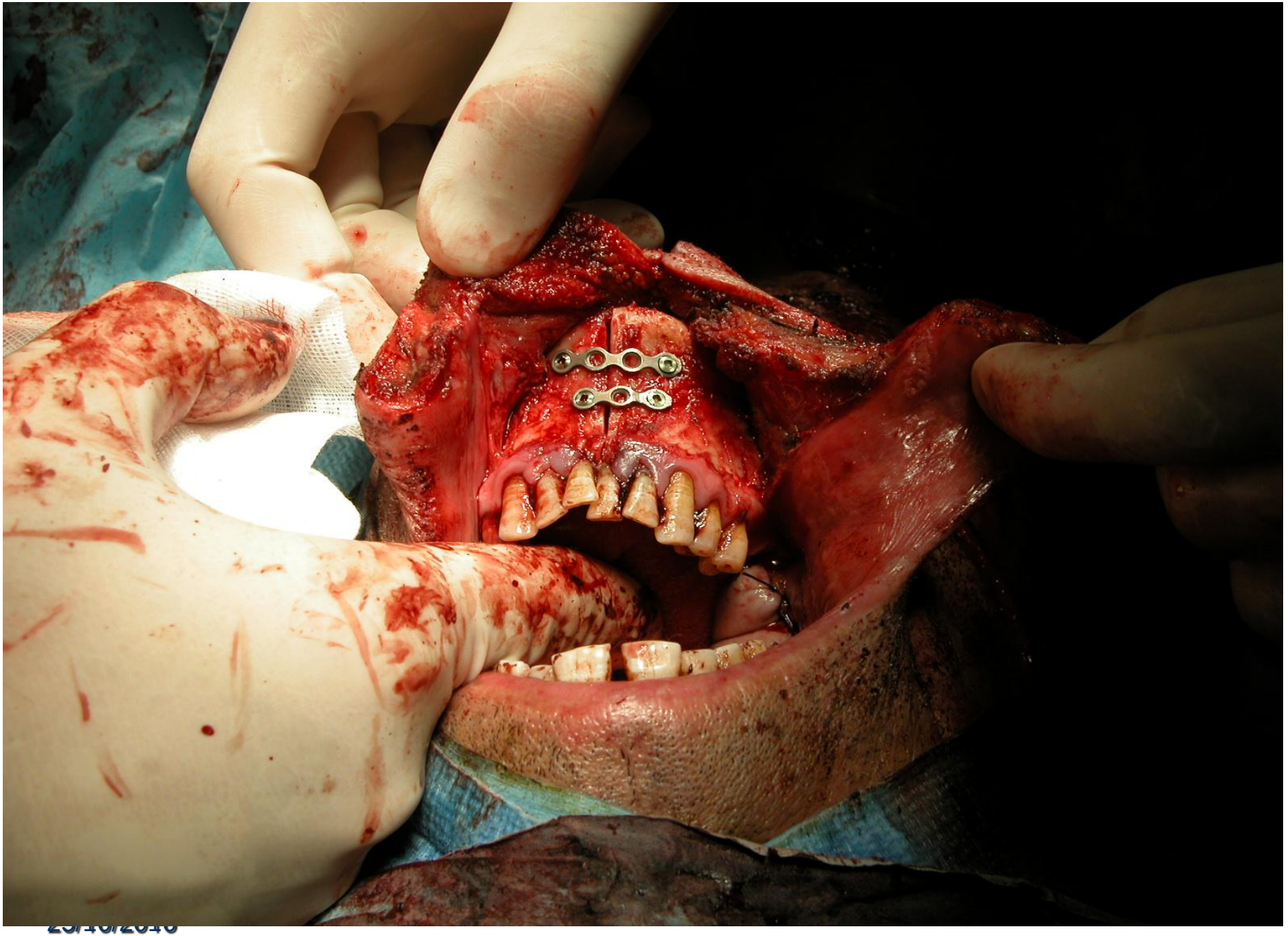

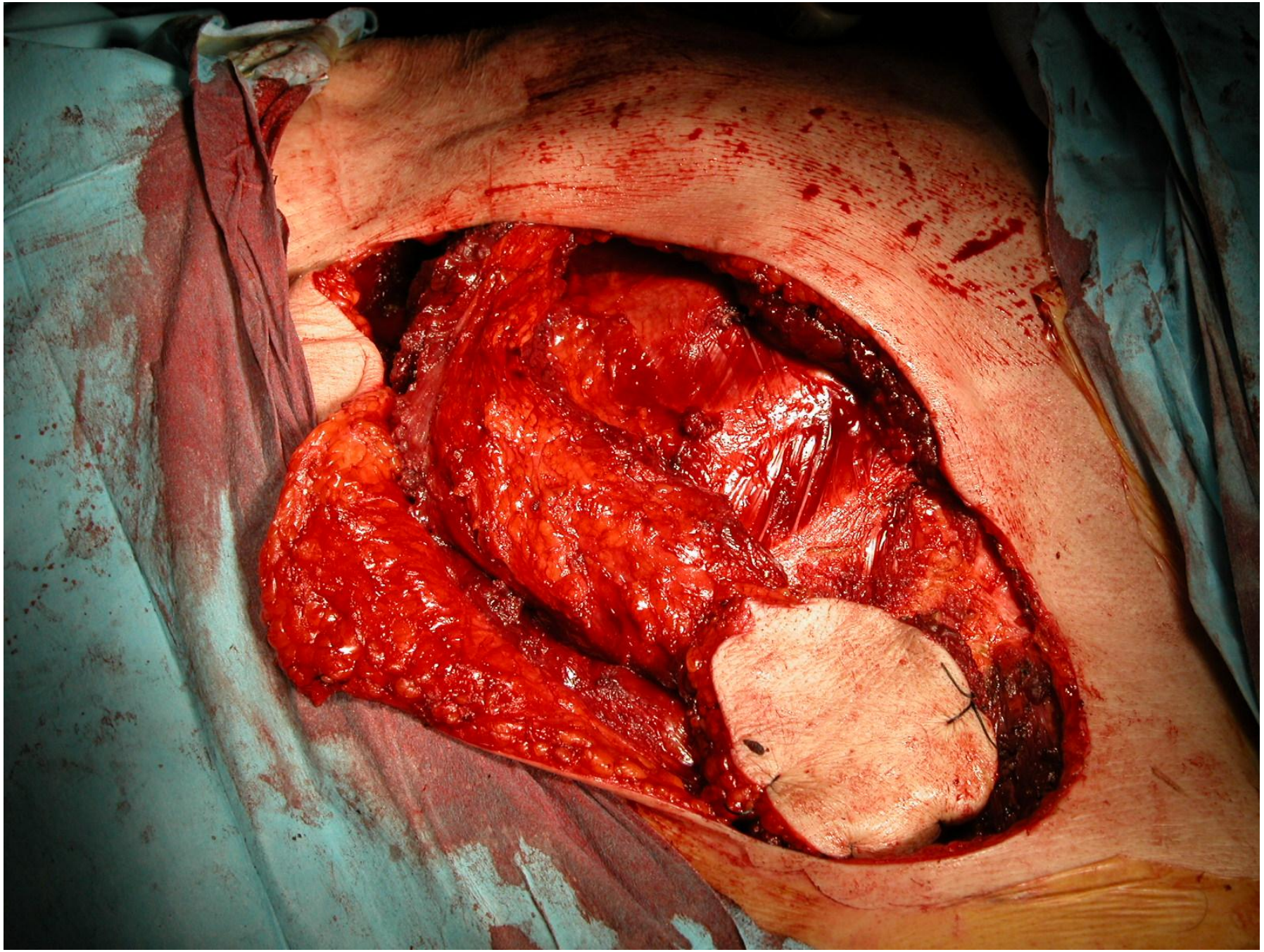

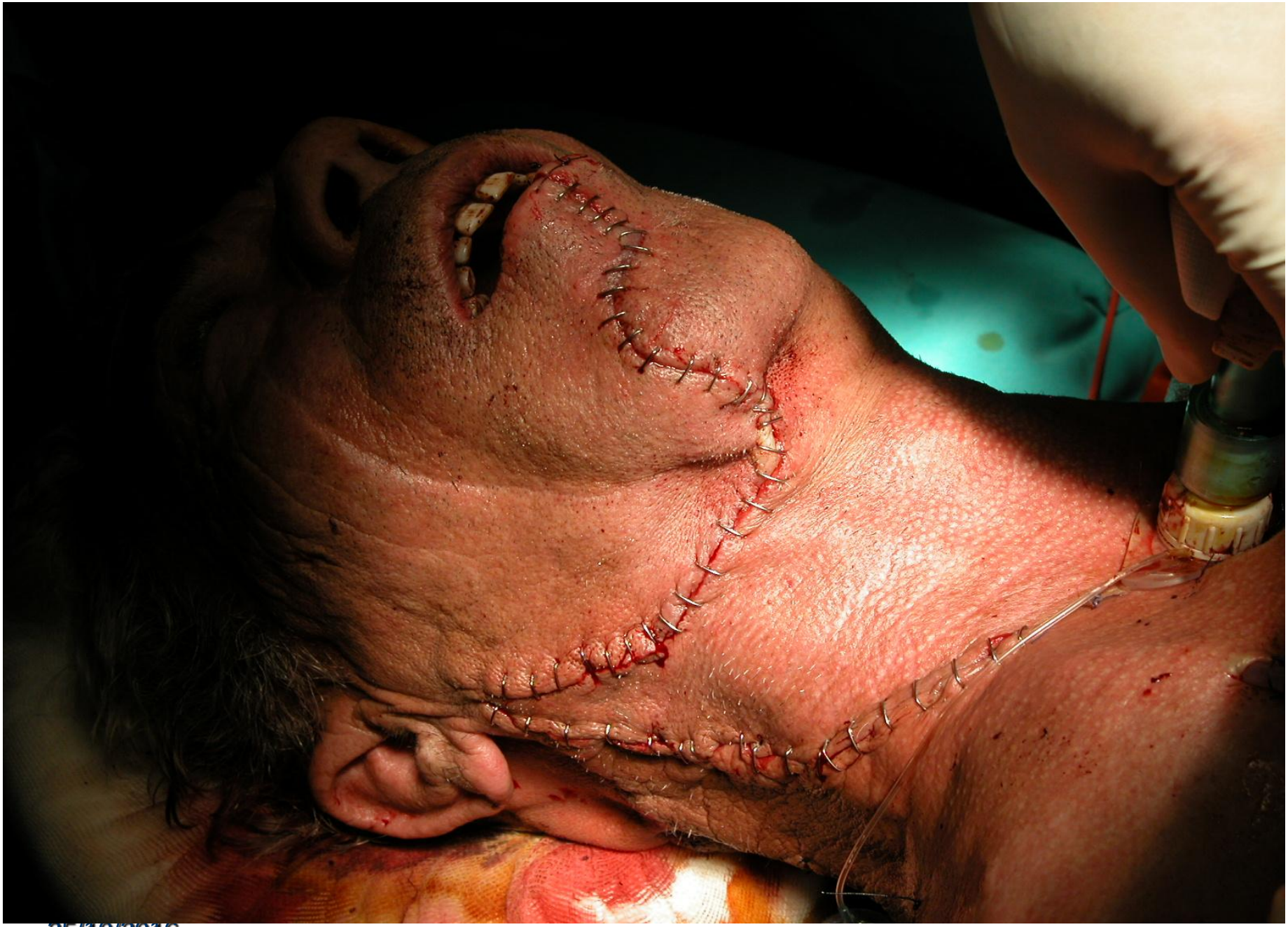

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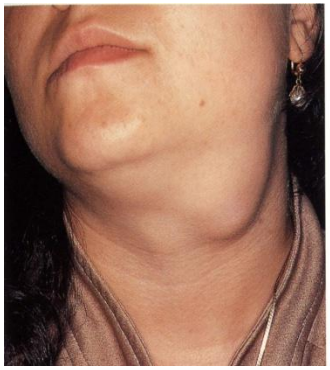
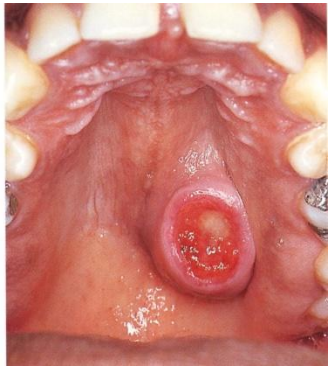
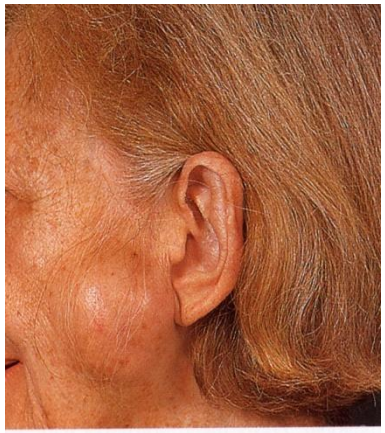
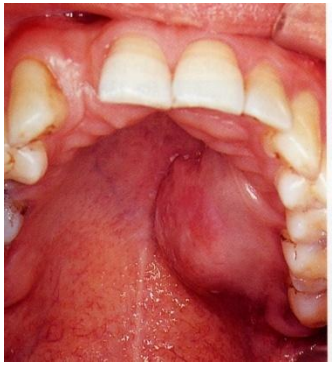
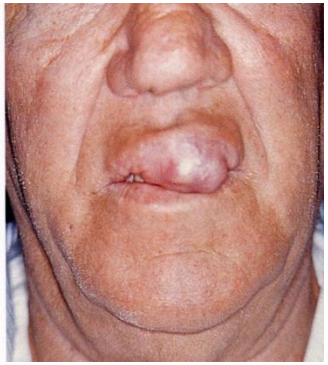
GHIANDOLE SALIVARI

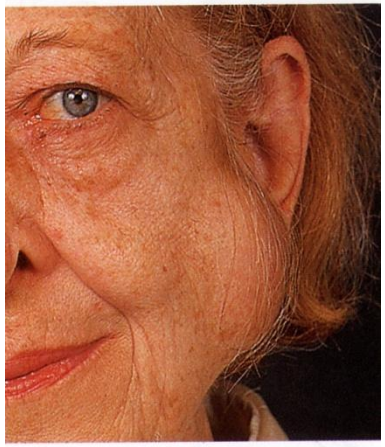












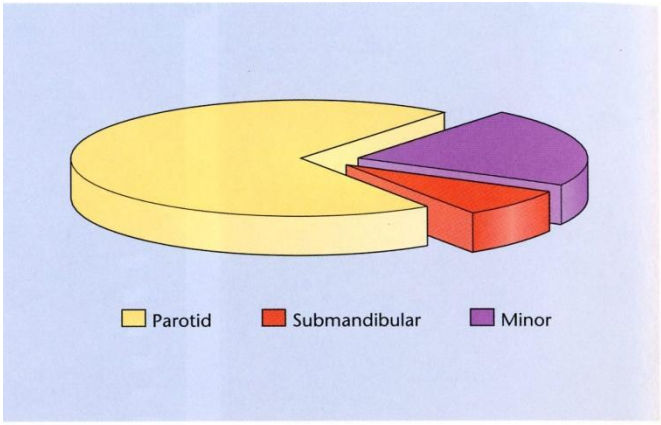
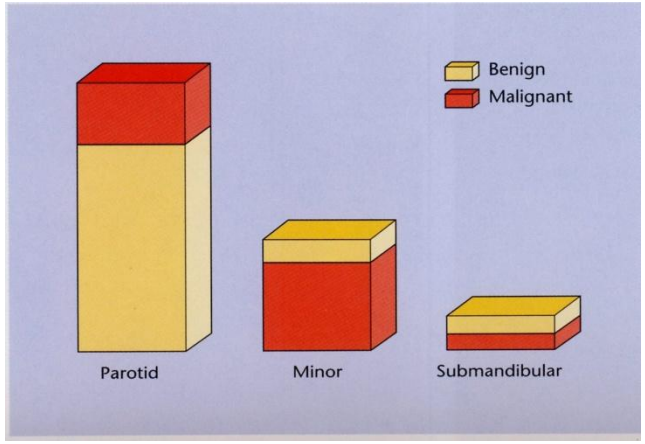
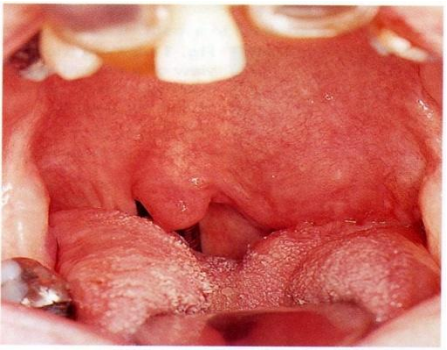
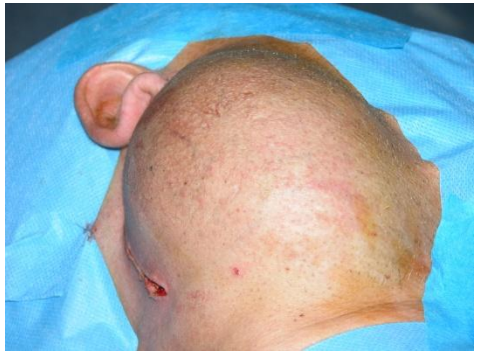
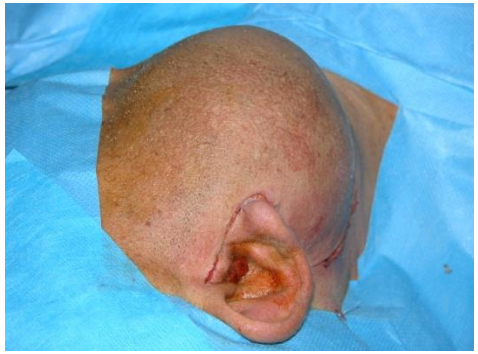


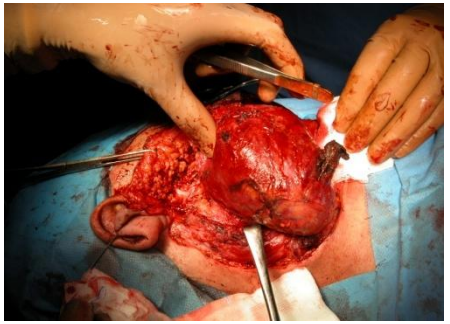
Fig. 11.22 Distribution of salivary tumors among major and minor salivary glands.

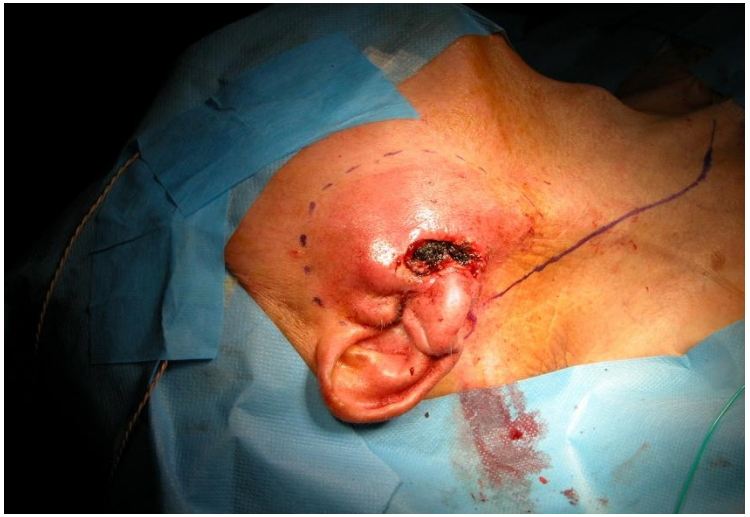


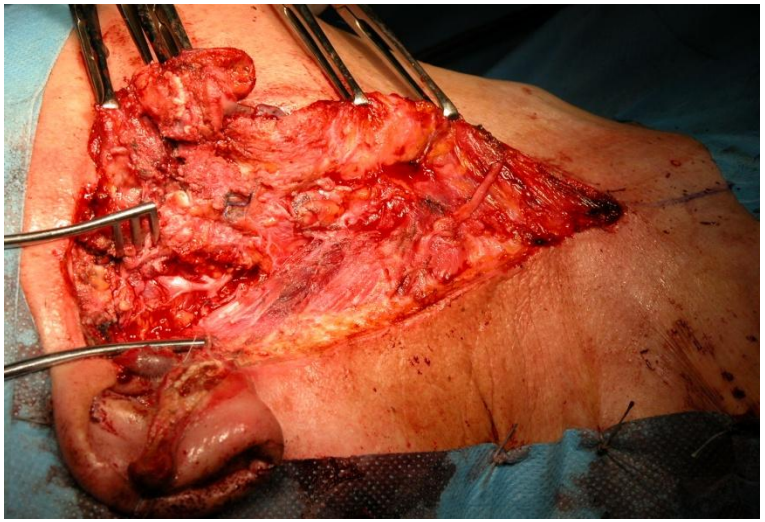


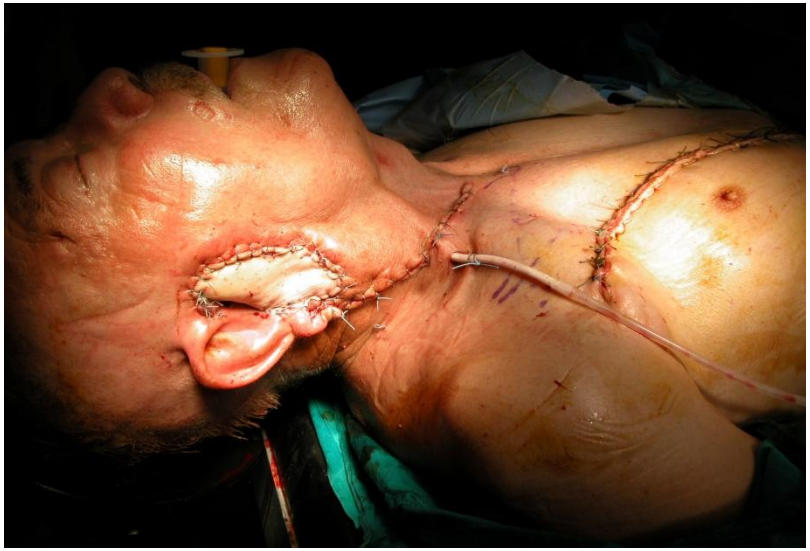




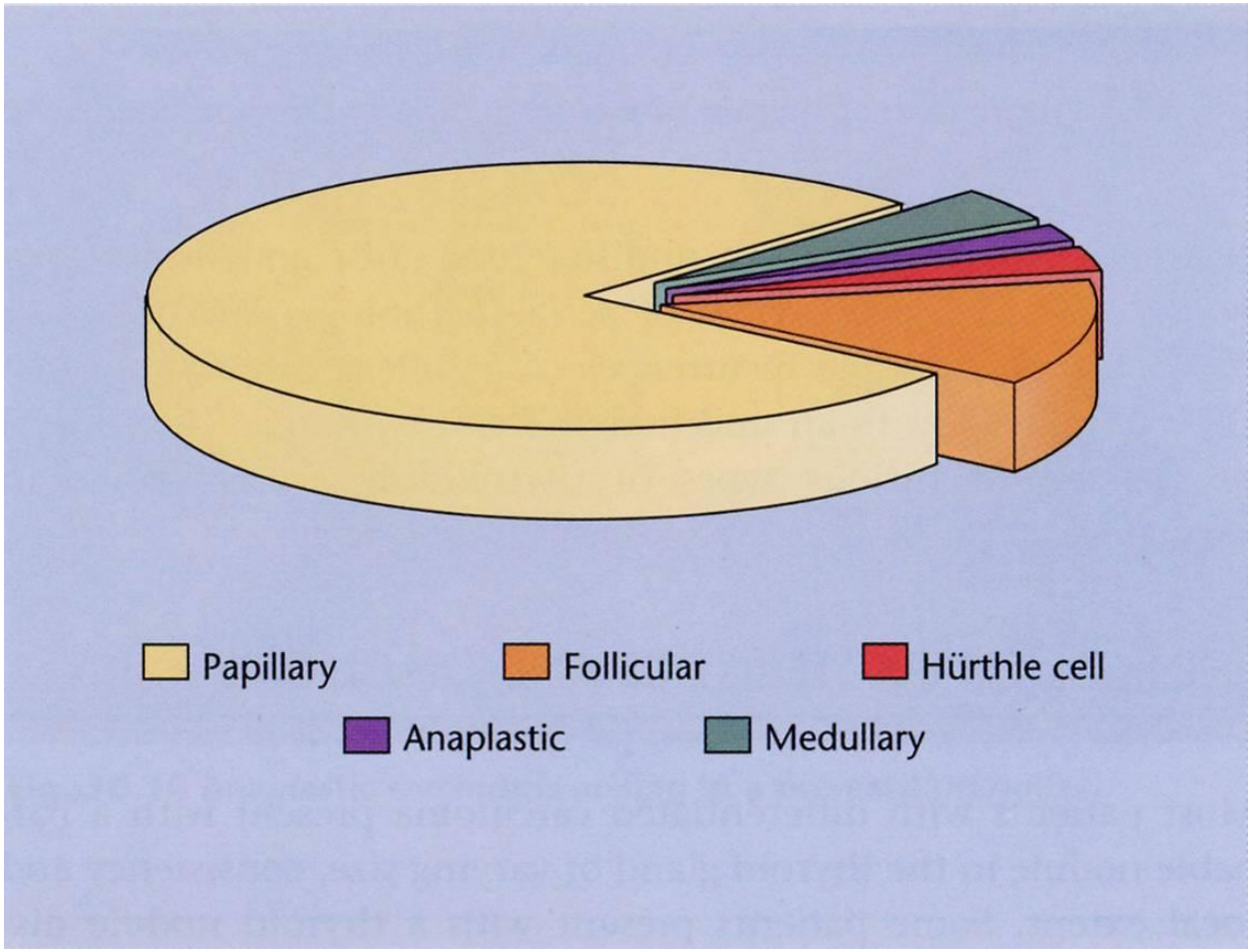




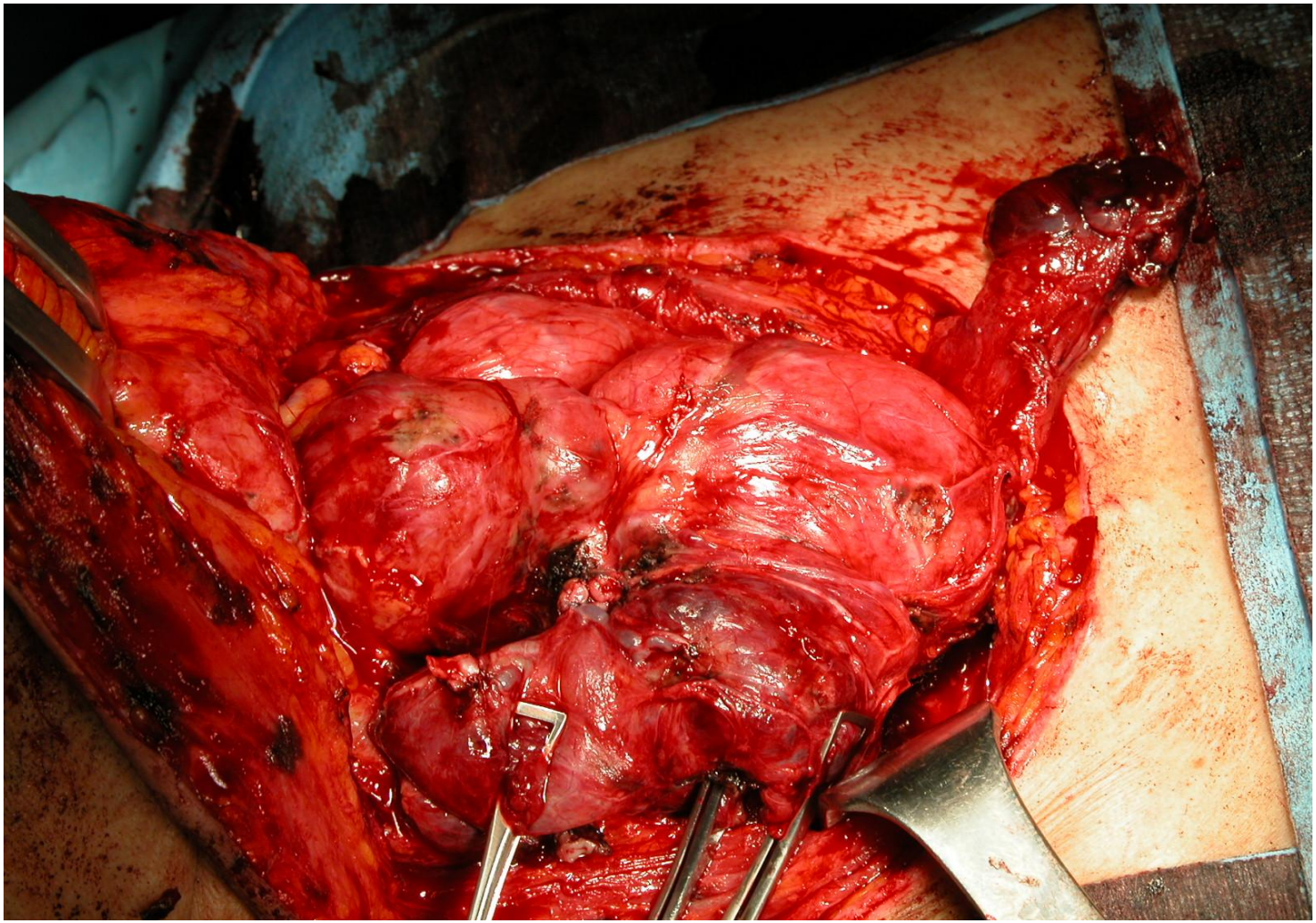




TIROIDE



TIROIDECTOMIA TOTALE

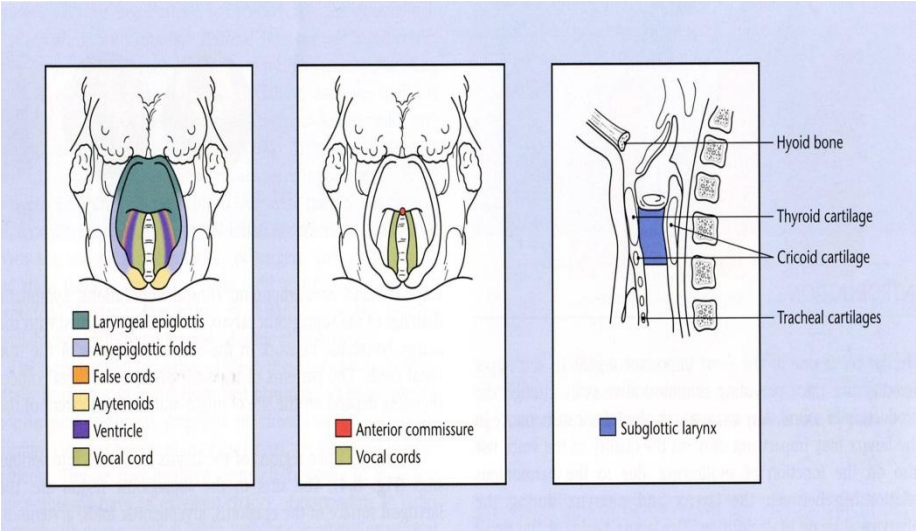


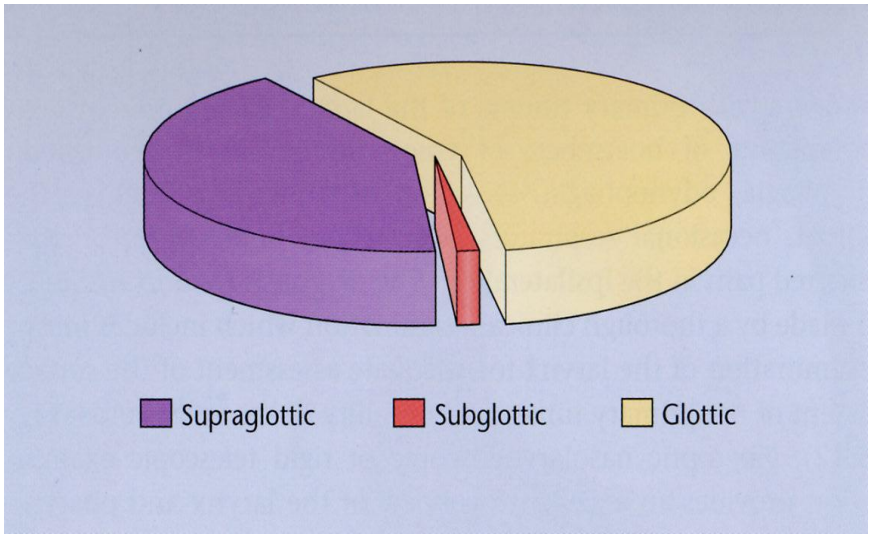
LARINGE

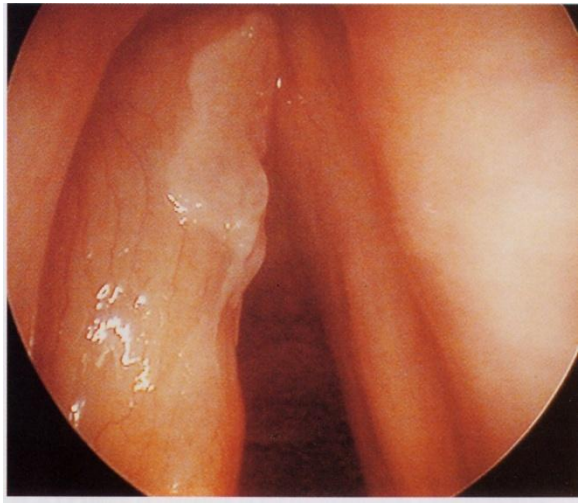
- **IL CARCINOMA LARINGEO PUR ESSENDO IL PIU FREQUENTE DEL DISTRETTO TESTA-COLLO, PUO ESSERE CONSIDERATO POCO FREQUENTE**

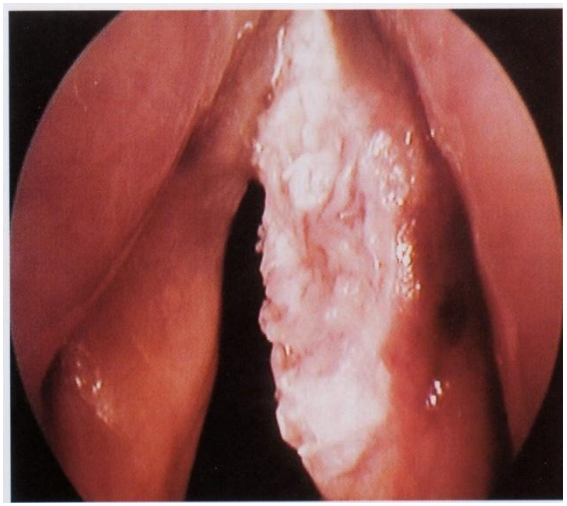
- **NEI MASCHI CARCINOMA LARINGEO/ ALTRI TUMORI 1: 53,9**
- **NELLE FEMMINE " " " 1: 755**

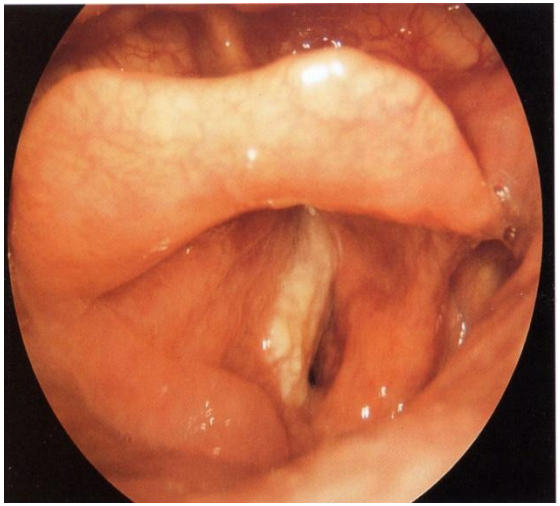
REGIONI LARINGEE

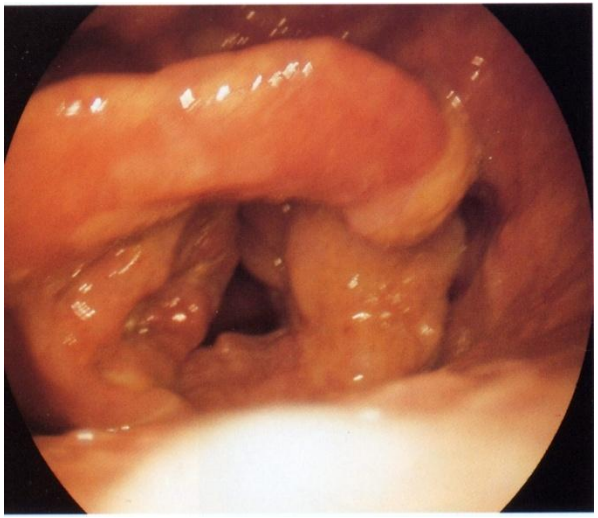


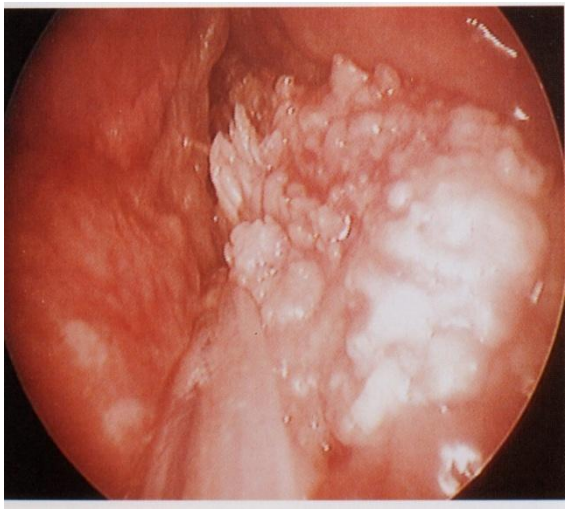




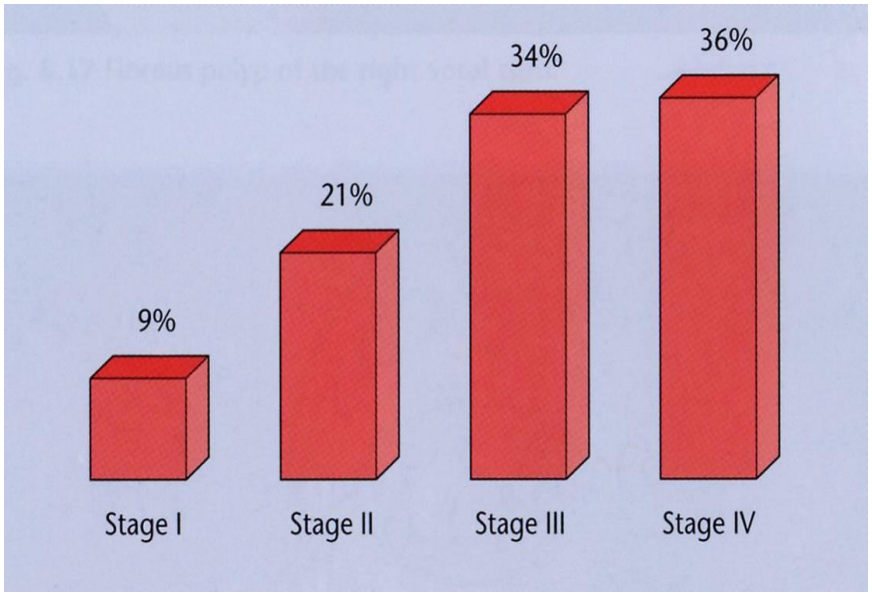


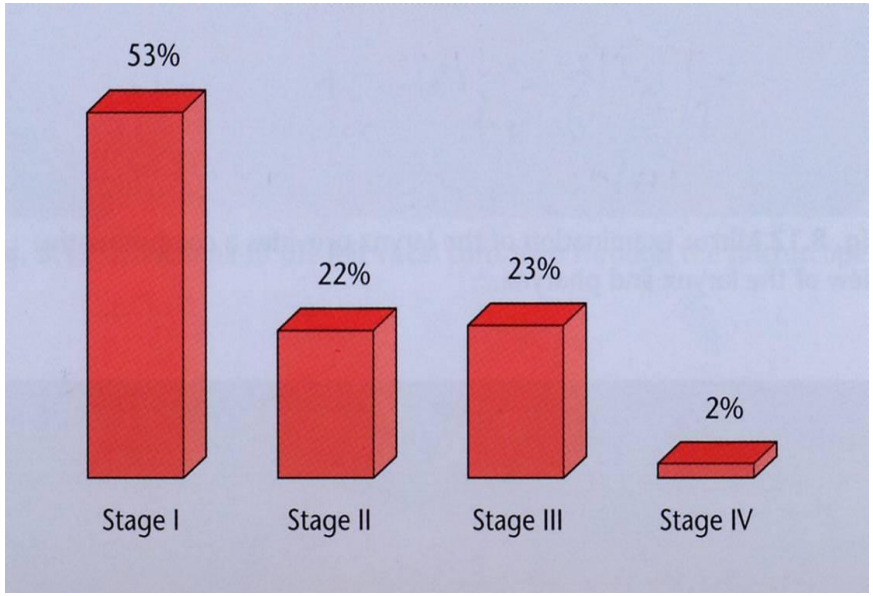






DIFFERENTE STADIAZIONE ALL'ATTO DELLA DIAGNOSI TRA LE NEOPLASIE SOVRAGLOTTICHE E GLOTTICHE





TRATTAMENTO CHIRURGICO

- CHIRURGIA PARZIALE O CONSERVATIVA:

  TLM (transoral laser microsurgery)

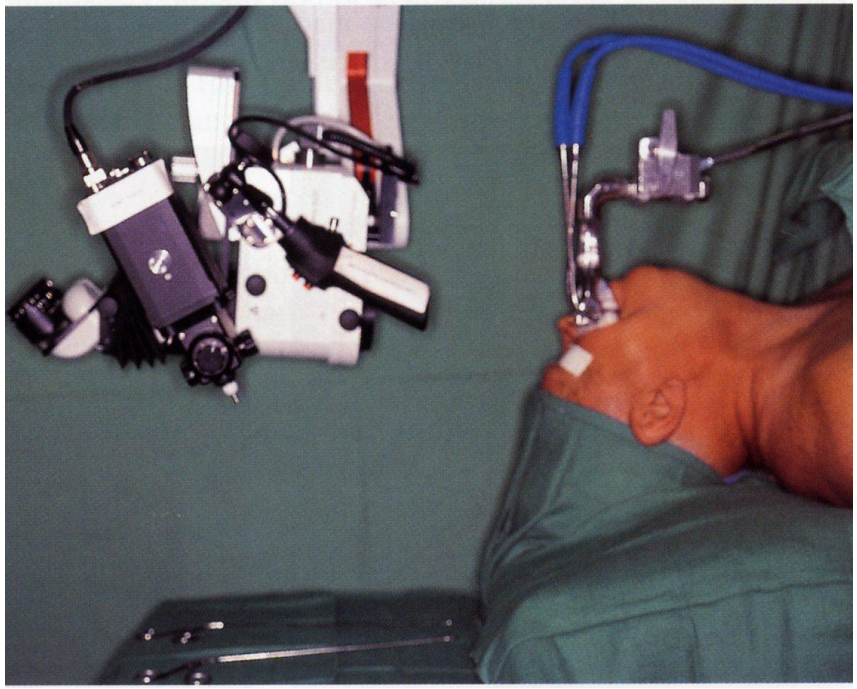
  OPHL I- II a,b –III a,b. (open partial horizzontal laringectomy)

- CHIRURGIA RADICALE:

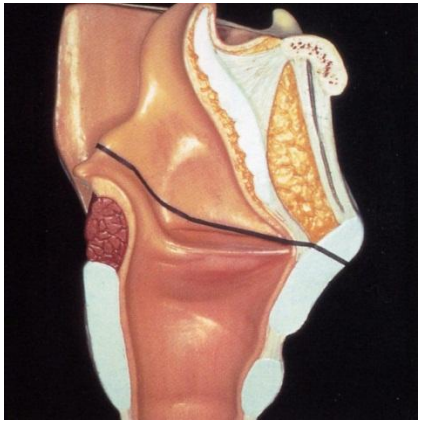
  laringectomia totale

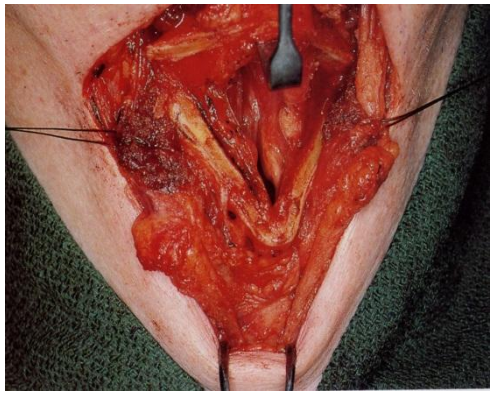
  laringectomia totale allargata (lingua, faringe, esofago)

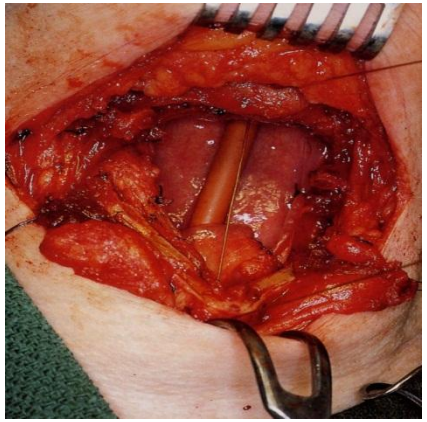
CORDECTOMIA IN ENDOSCOPIA LASER

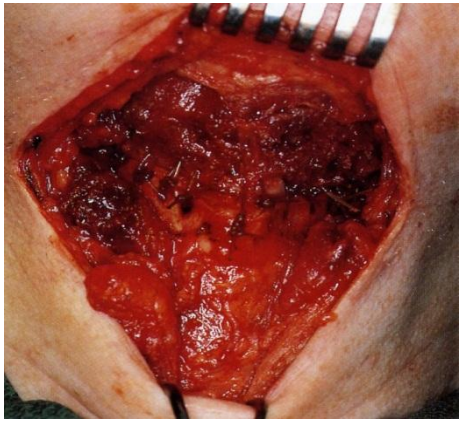


LARINGECTOMIA SOVRAGLOTTICA
OPHL tipo I

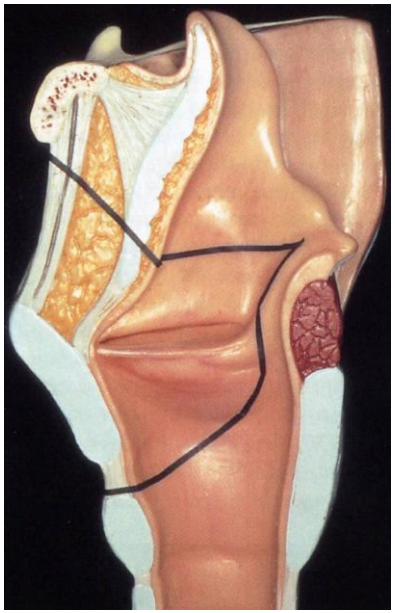


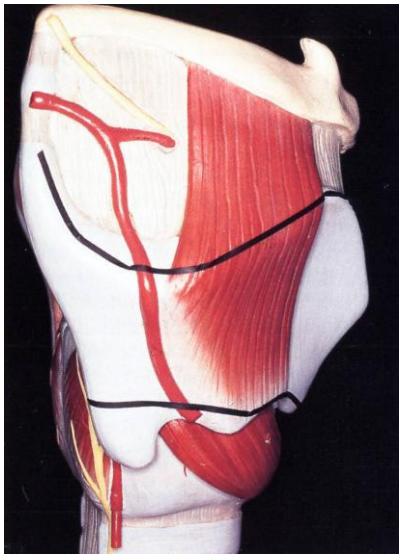






LARINGECTOMIA RICOSTRUTTIVA

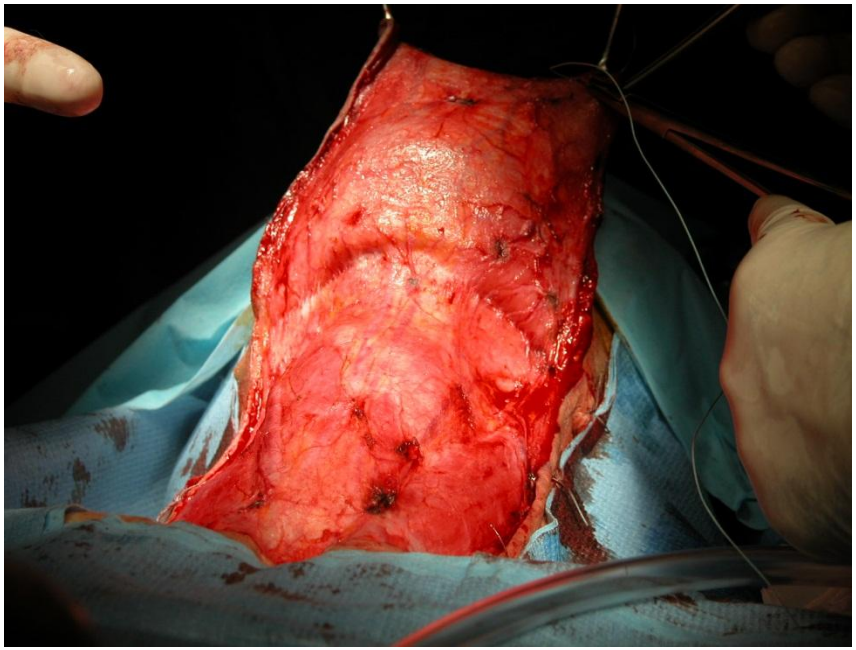


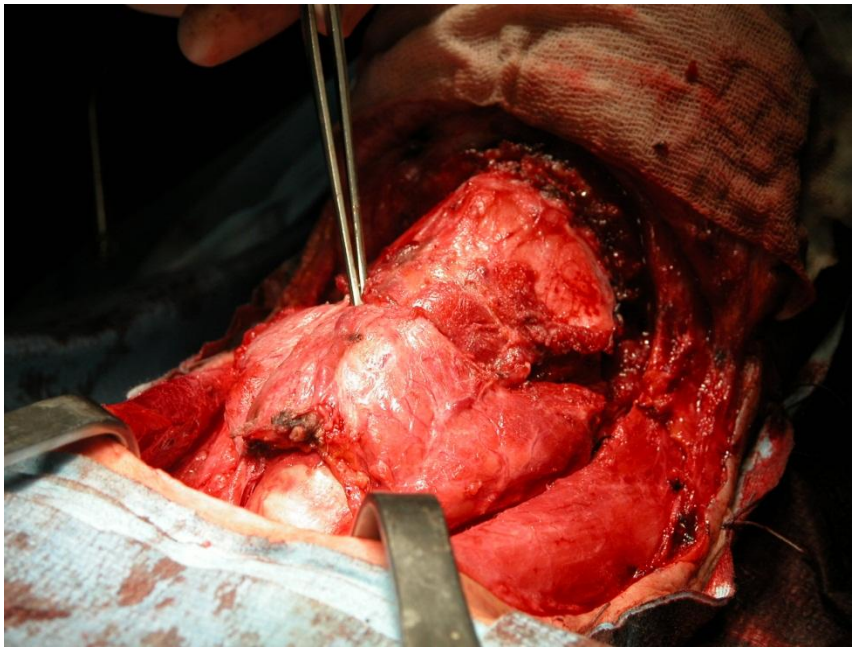


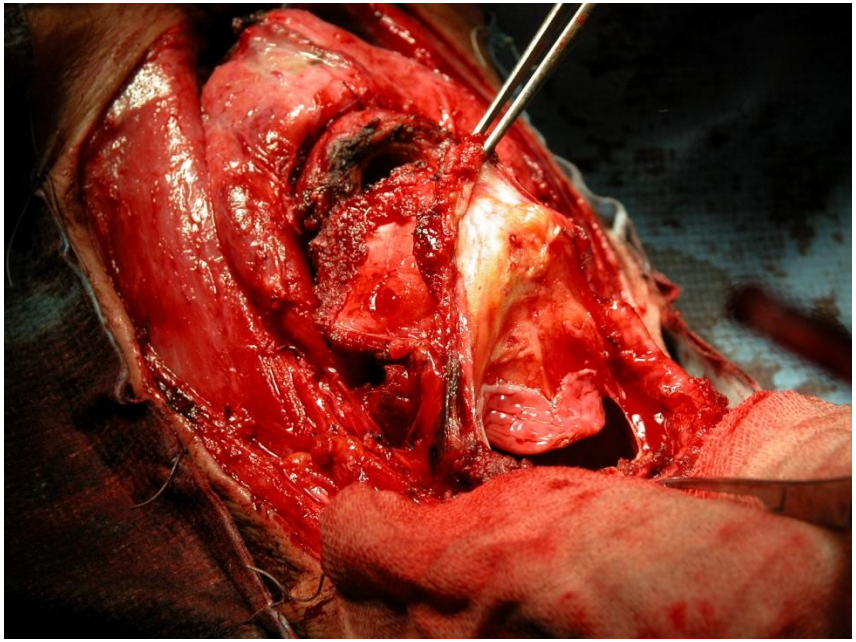
OPHL tipo IIa
(Mayer-Piquet)

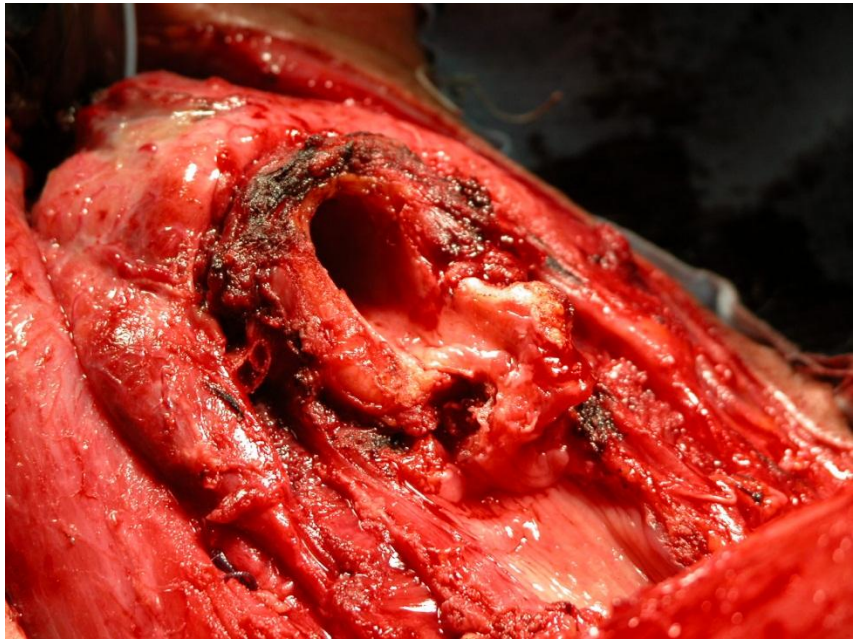
OPHL tipo IIb
(Labayle)

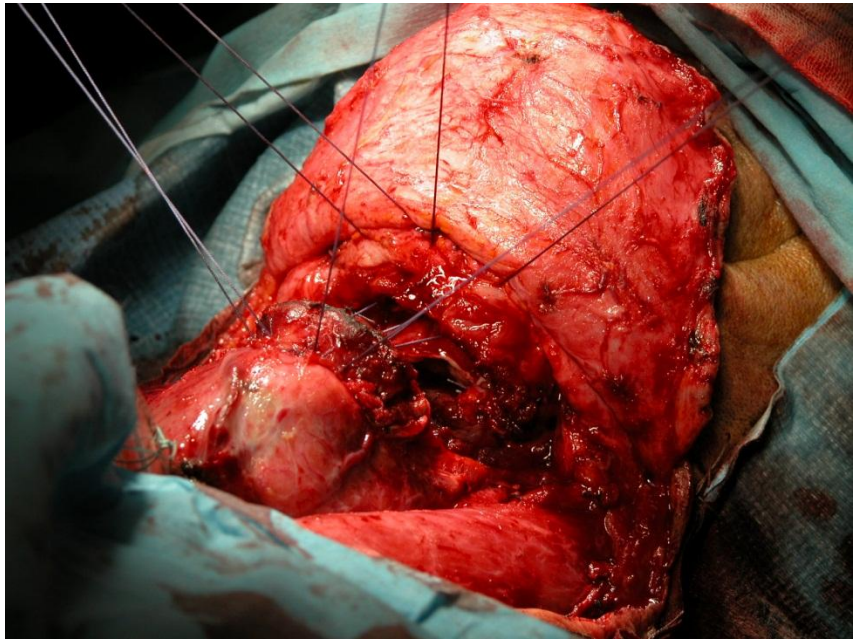
OPHL tipo III a e b

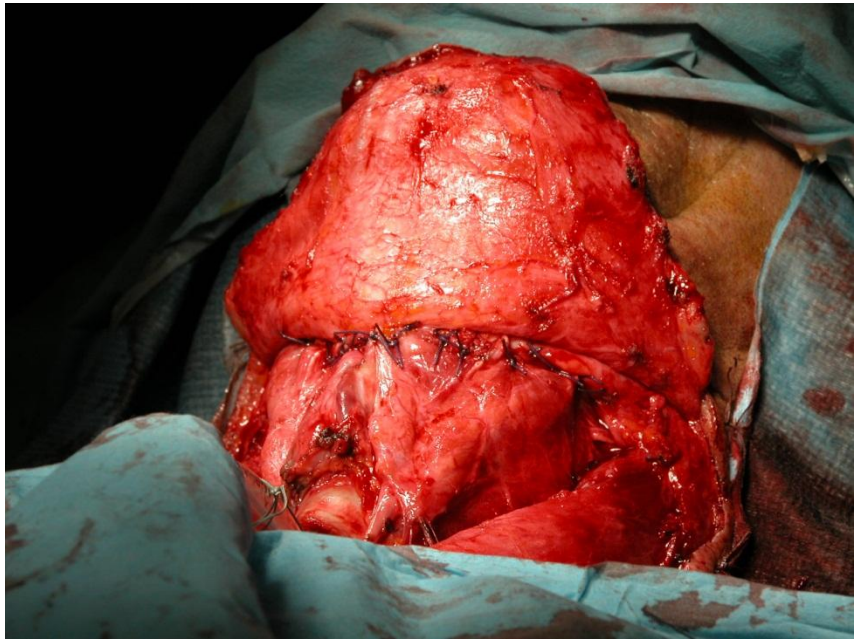


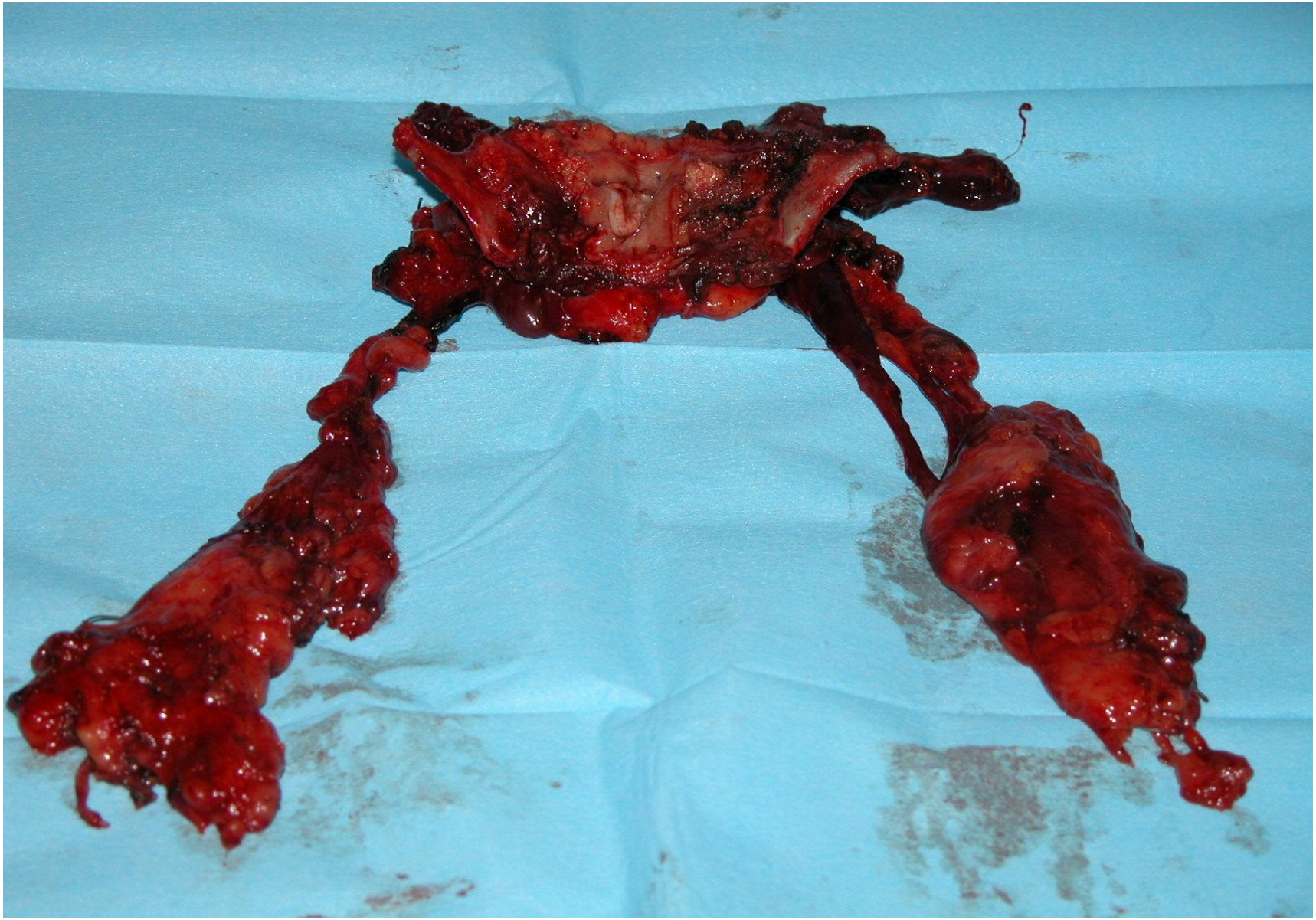




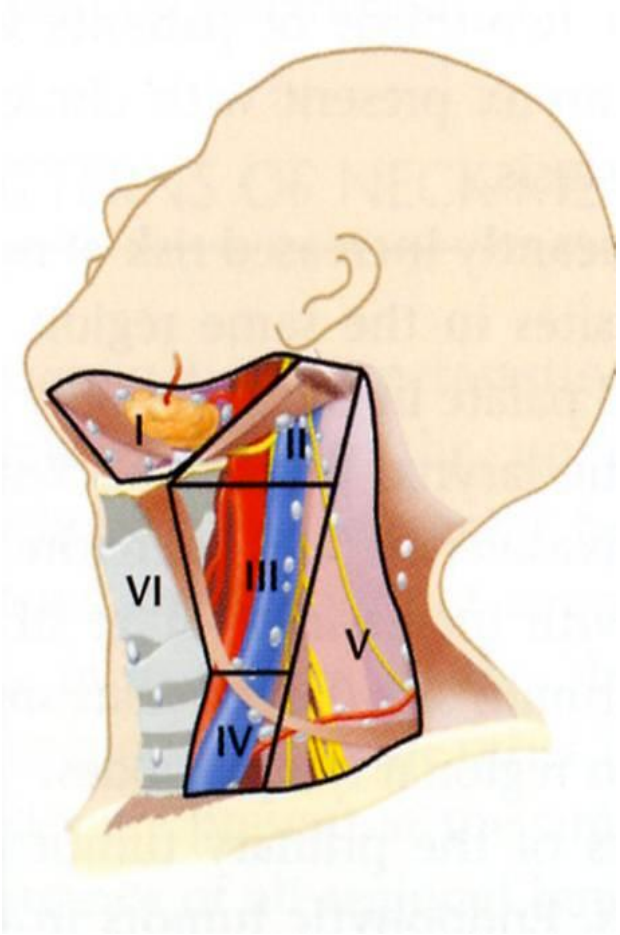


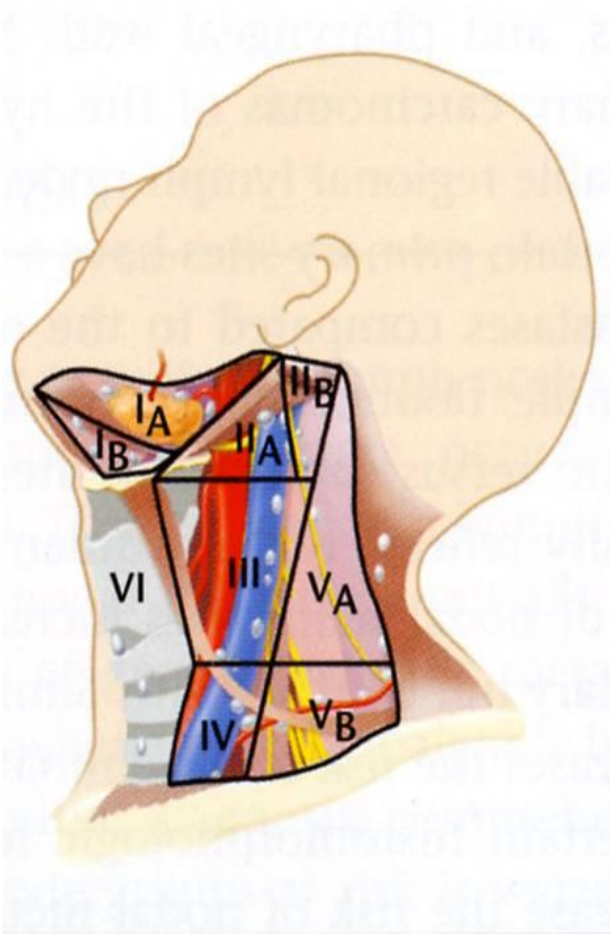




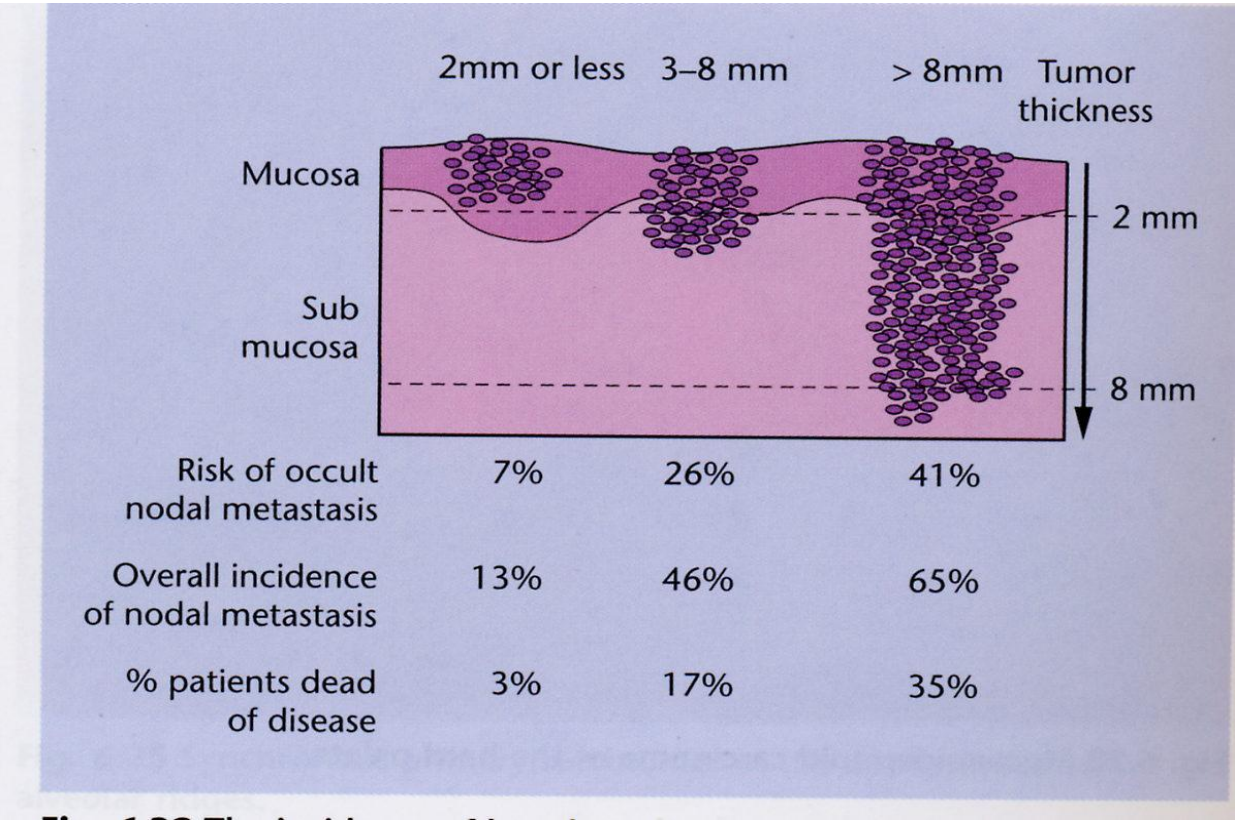


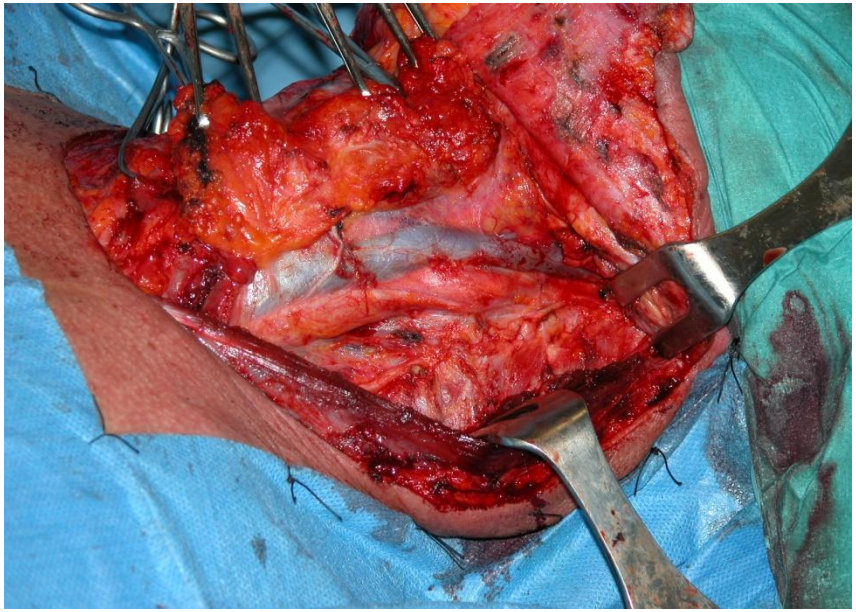
LINFONODI REGIONALI DEL COLLO

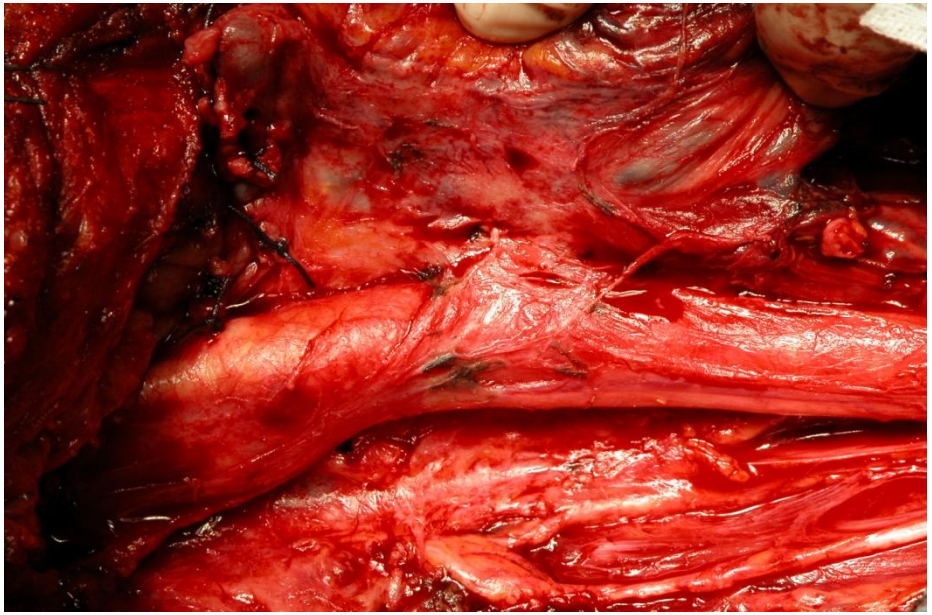


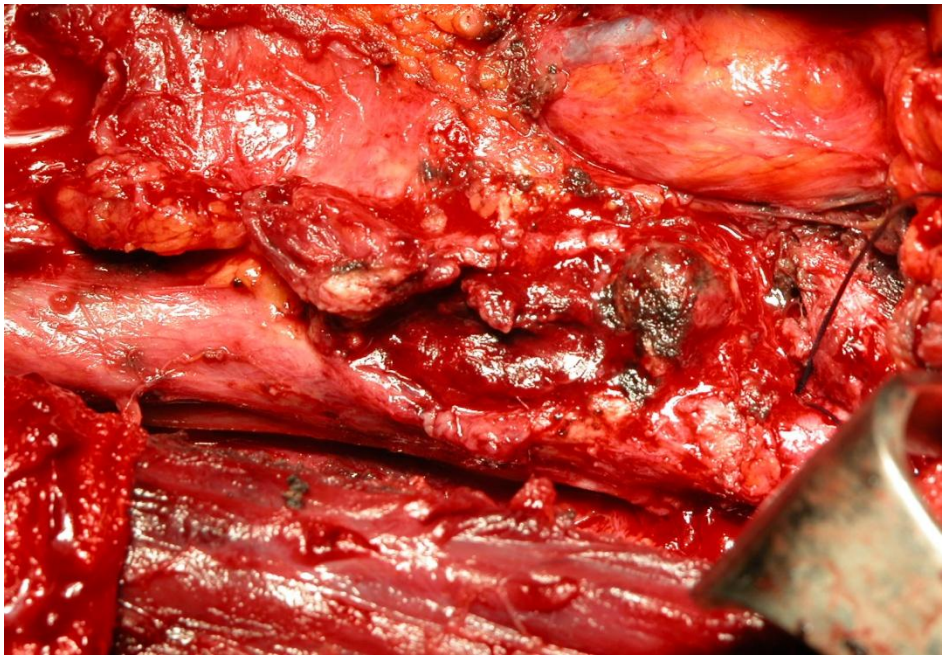


IL PIU IMPORTANTE FATTORE PROGNOSTICO DEI PAZIENTI CON CARCINOMA SQUAMOSO DELLA TESTA E DEL COLLO E LO STATO DEI LINFONODI CERVICALI

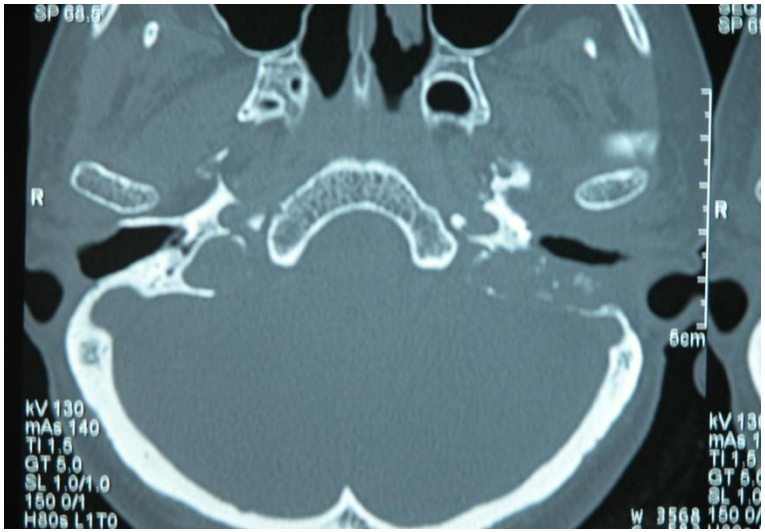


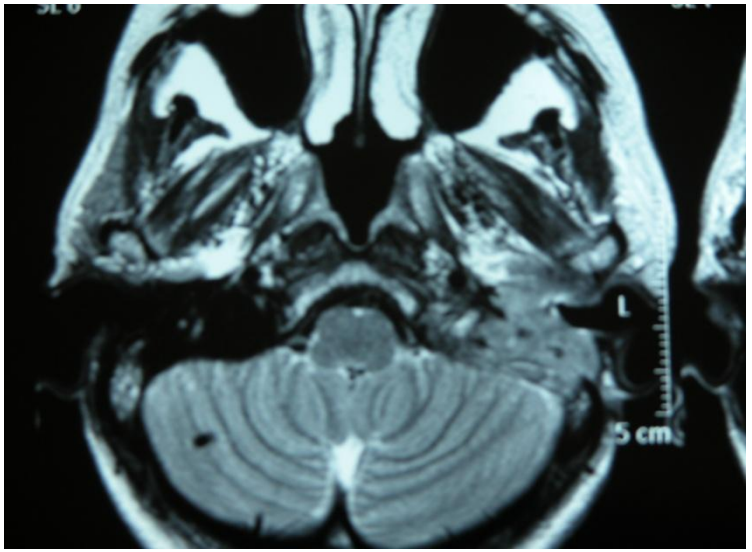


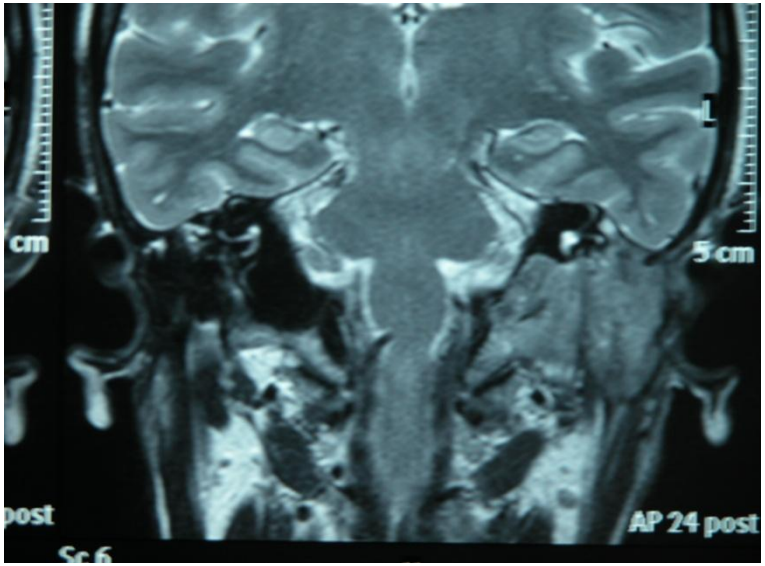


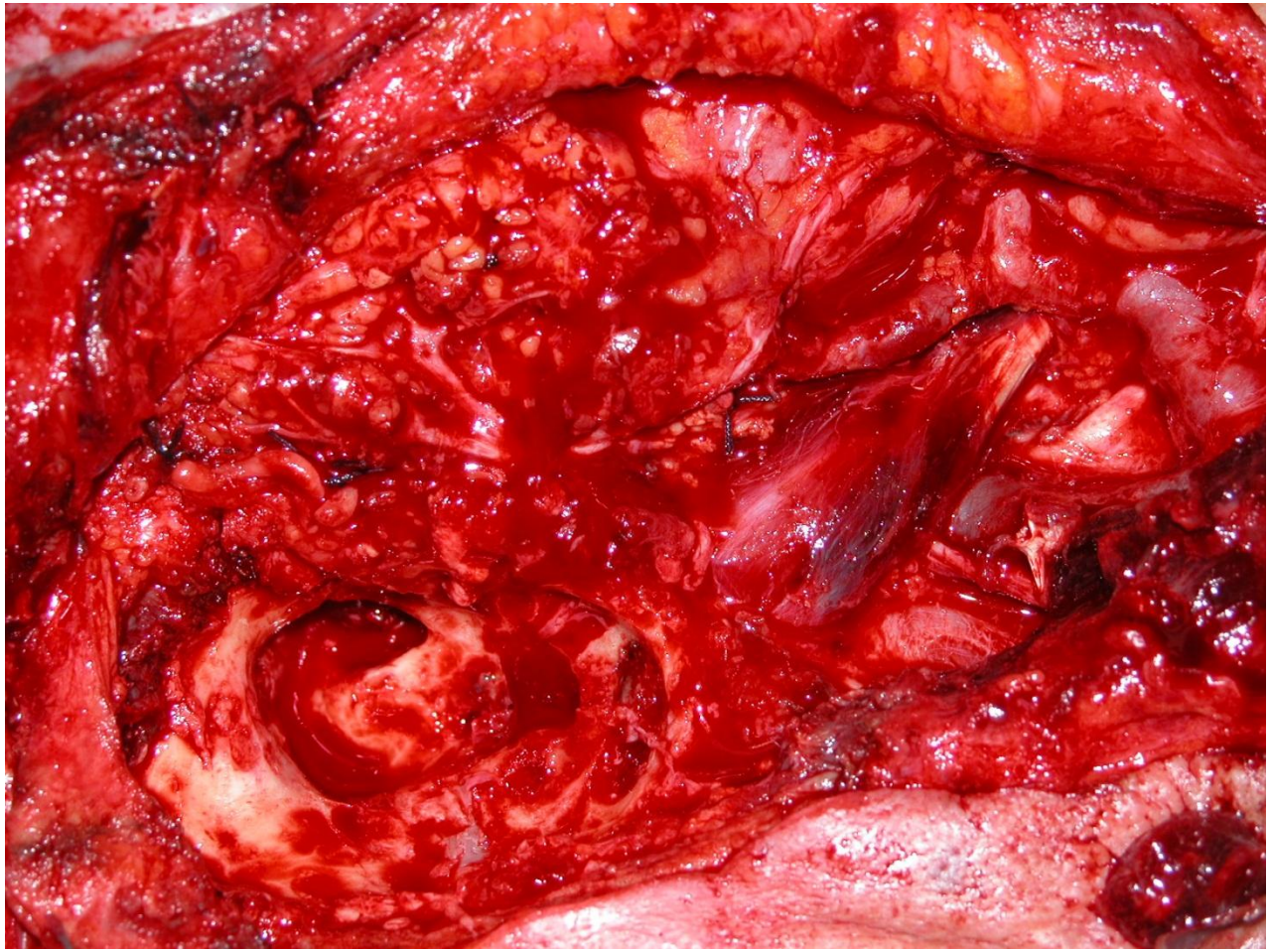


ORECCHIO


R
R
6cm
kV 130
mAs 140
TI 1.5
GT 5.0
SL 1.0/1.0
150 0/1


L
5 cm


L
cm
5 cm
post
AP 24 post



ONCOLOGIA DELLA TESTA E DEL COLLO
Cosa è cambiato negli ultimi 30 anni

Miglioramenti tecnici e tecnologici:

- Tecniche chirurgiche ricostruttive
- Schemi Chemioterapici personalizzati e mirati
- Tecniche di radioterapia conformazionale

Cambiamenti metodologici :

- Incremento delle evidenze acquisite (linee guida)
- Spinta verso la preservazione d'organo
- **Approccio multidisciplinare (tumor boards)**

Chi può essere coinvolto:

Core members

- Chirurgo
- Radioterapista
- Radiologo
- Medico nucleare
- Istopatologo/biologo molecolare
- Oncologo medico
- Infermiere

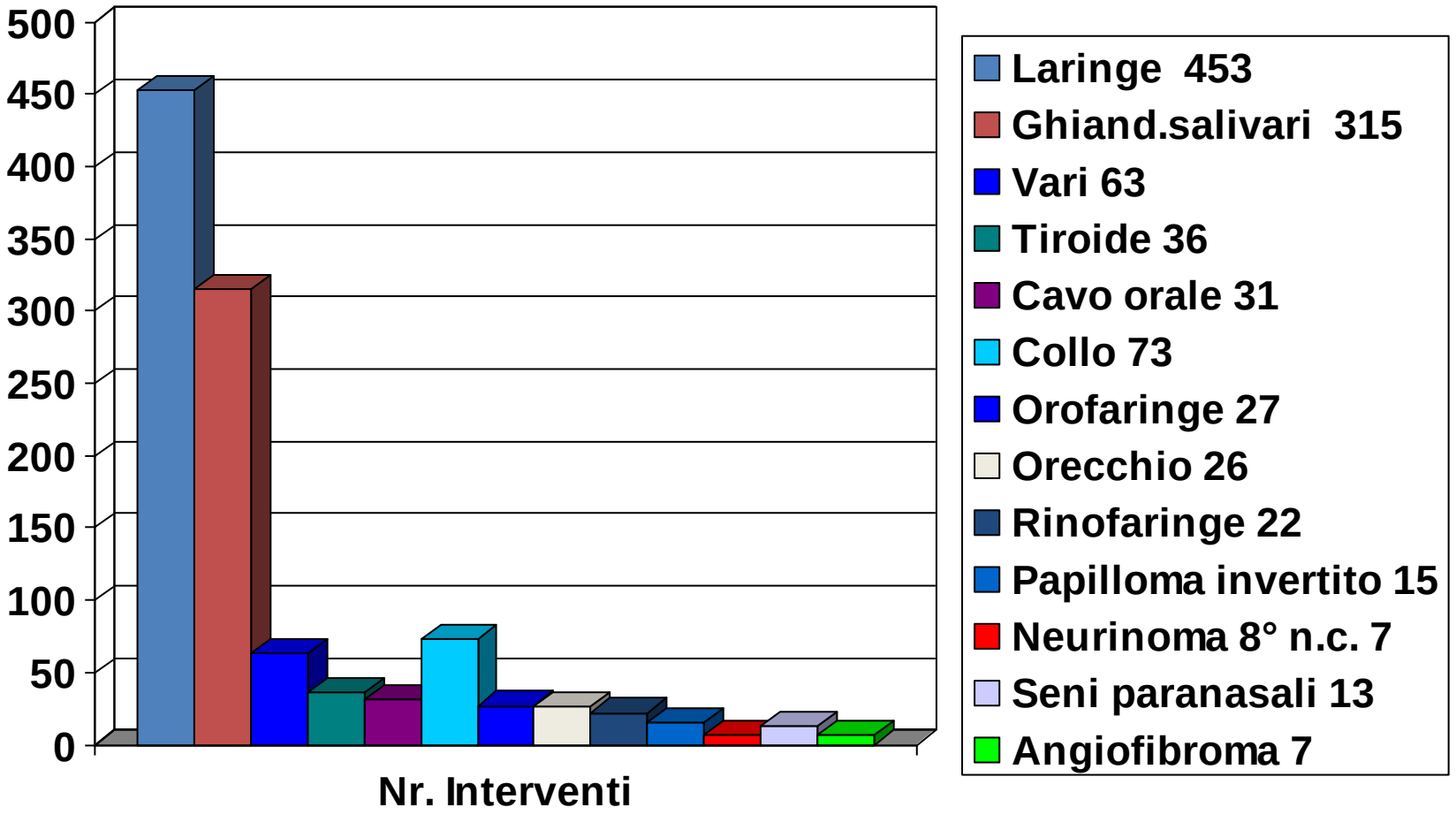
- Oculista
- Neurochirurgo
- Dermatologo
- Odontoiatra
- Foniatra, prostodontista, audioprotesista, fisioterapisti, nutrizionista, psicologo, ecc

GRUPPO ONCOLOGICO CERVICO-CEFALICO ASL SA
P.O. UMBERTO I

I numeri del nostro Tumor Board

Ottobre 2005 - Novembre 2015

1088 tumori testa collo



Approccio multidisciplinare Il nostro Tumor Board

- Stadiazione condivisa
- Impostazione terapeutica
- Osservazione clinica in itinere
- Follow up condiviso

Tumor Board: Punti di Forza

- *Incremento numero pazienti osservati*
- Miglior *comunicazione tra gli specialisti e facilitazione percorsi paziente*
- Riduzione dei *pazienti persi al Follow up*
- *Riduzione tempi attesa tra le varie fasi*

Tumor Board: Criticità

- Cambiamento di mentalità (interdisciplinarità)
- Coordinazione tempi per la 1°visita e quelle del follow up
- Riduzione tempi di attesa per la stadiazione e attuazione del programma terapeutico
- Interfaccia continua con il territorio
- Cambiamento di impegantive plurime per mancata valorizzazione board multidisciplinare

TUMOR BOARD: INFLUENZA SULLA SCELTA DIAGNOSTICA E TERAPEUTICA

Type of change resulting from the Tumor Board Presentation All Patients (N=120)

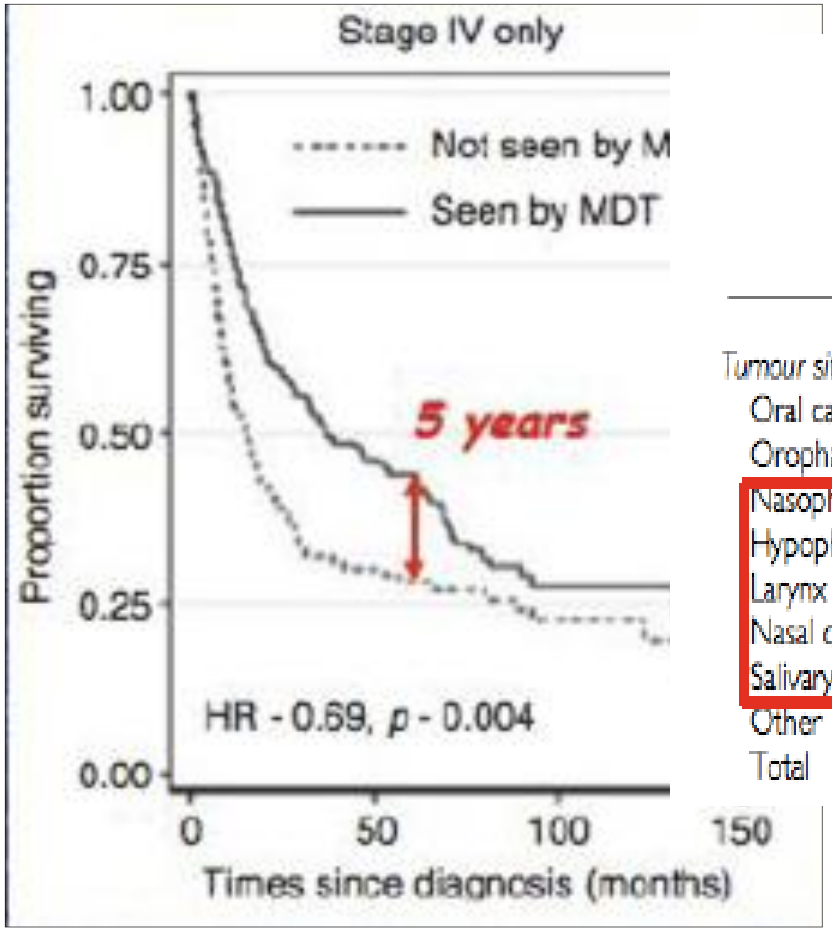
No change in either diagnosis or treatment	79/120 **(66%)**
Change in either diagnosis or treatment	32/120 **(27%)**
Change in treatment plan without a change in diagnosis	19/120 (16%)
Change in diagnosis without a change in treatment plan	10/120 (8%)
Change in both diagnosis and treatment	3/120 (3%)
Other*	*9/120 **(7%)***

*

Patients were categorized as other if they required further diagnostic workup (e.g. new imaging or biopsies) before a decision could be made

Wheless et alOtolaryngol Head Neck Surg. 2010 November ; 143(5): 650–654.oi:10.1016/j.otohns.2010.07.020.

TUMOR BOARD: SOPRAVVIVENZA



	Seen at MDT		Difference between MDT and non-MDT	Difference in survival
	No (%)	Yes (%)	*P*	*P*
Tumour site				
Oral cavity	49 (14.8)	92 (23.3)	0.003	0.761
Oropharynx	74 (22.3)	116 (29.4)	0.03	0.665
Nasopharynx	17 (5.12)	11 (2.78)	0.103	0.044
Hypopharynx	16 (4.82)	13 (3.29)	0.295	<0.001
Larynx	93 (28.0)	90 (22.8)	0.106	0.048
Nasal cavity/sinus	42 (12.7)	39 (9.87)	0.237	0.01
Salivary glands	36 (10.8)	25 (6.33)	0.029	0.012
Other	5 (1.51)	9 (2.28)	0.446	0.174
Total	332 (100)	395 (100)		

British Journal of Cancer (2011) 104, 1246 – 1248 PL Friedland et al.

CONCLUSIONI

I MIGLIORI RISULTATI QUINDI SI OTTENGONO QUANDO L'INTELLIGENZA, LA ESPERIENZA E LE IDEE VENGONO QUOTIDIANAMENTE CONDIVISE.

LA VERITA' NASCE DAL CONFRONTO

Socrate