

Nádory plic

Tomáš Kazda

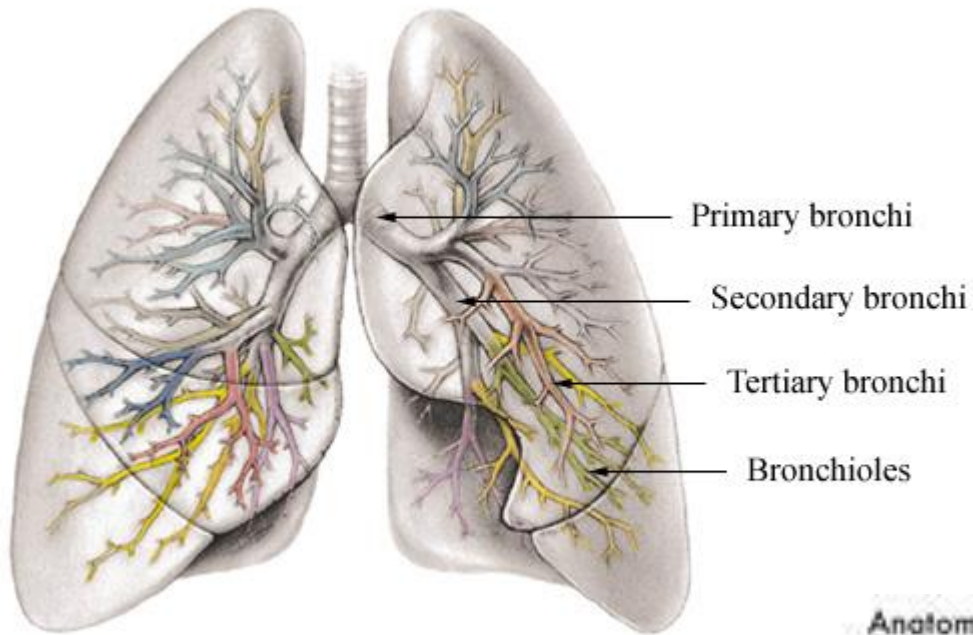
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Klinika radiační onkologie
MOÚ

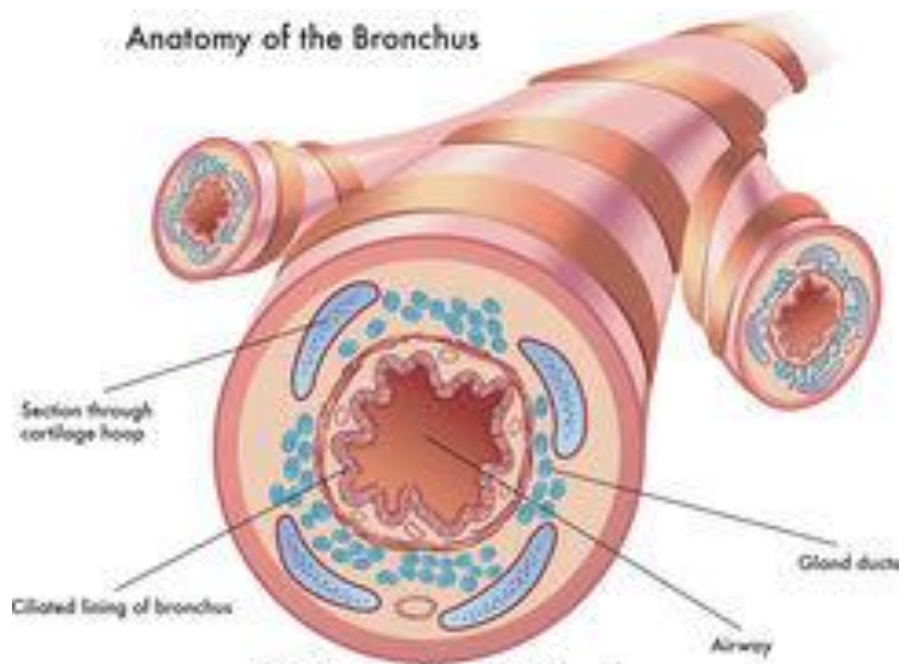
- epidemiologie – jak časté (incidence, prevalence, mortalita)
- etiologie – příčiny vzniku (faktory vnitřní, zevní)
- symptomatologie
- diagnostika
- klasifikace (TNM), histologie
- léčba – kurativní, adjuvantní, paliativní, neoadjuvantní
 - operace, radioterapie, chemoterapie, hormonoterapie, cílená léčba, imunoterapie, podpůrná léčba

Nádory plic

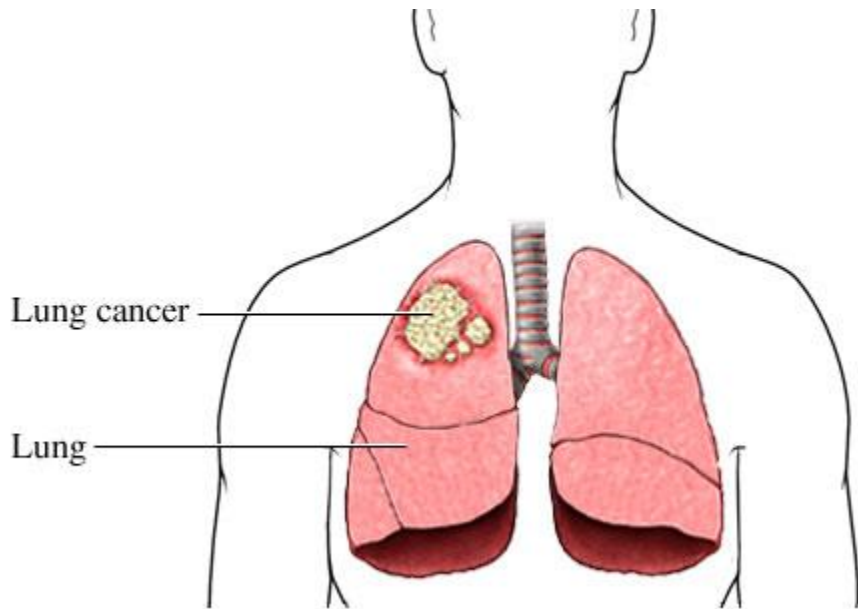
- původem většinou z oblasti dýchacích cest
- primární vs. sekundární (prs, melanom, ledvina)
- muži: 2.-3. nejčastější 87/100,000 (M 76/100,000); ženy 3-4. nejčastější 38/100,000 (M31/100,000)
- etiologie známá (genetika, kouření i pasivní, radon, azbest)
- těžký kuřák: 40/den po 10 let (10-15% riziko; 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 prognóza, 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

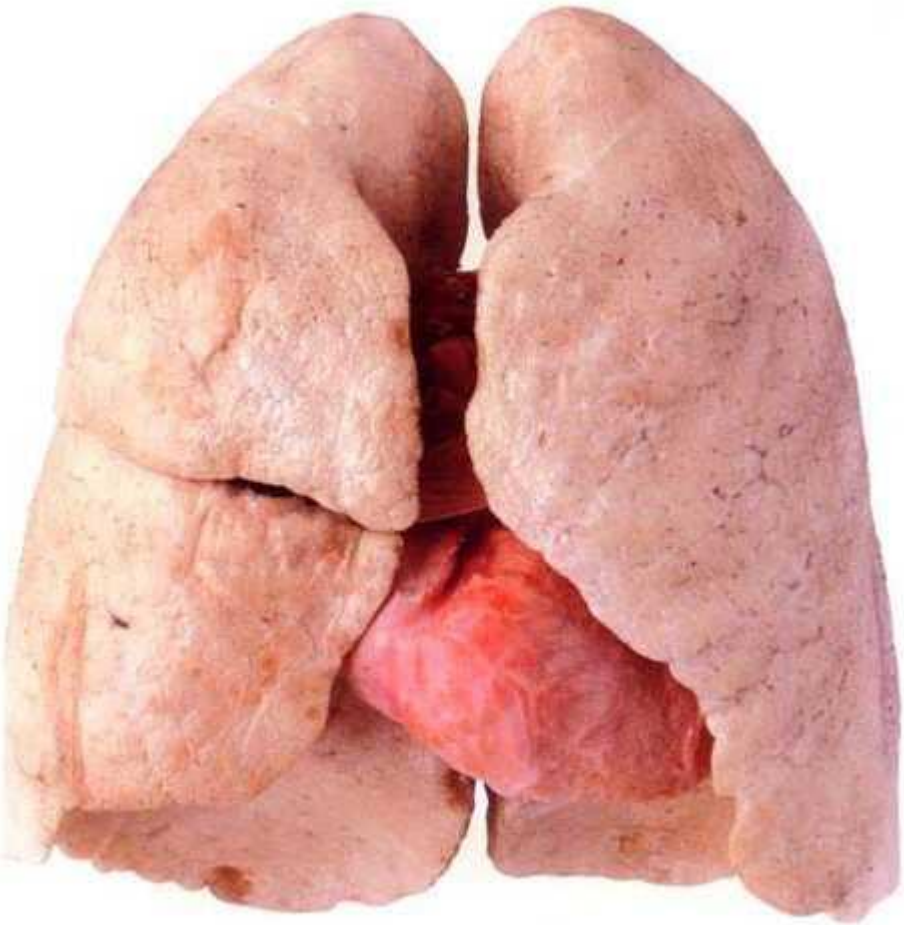


Anatomy of the Bronchus

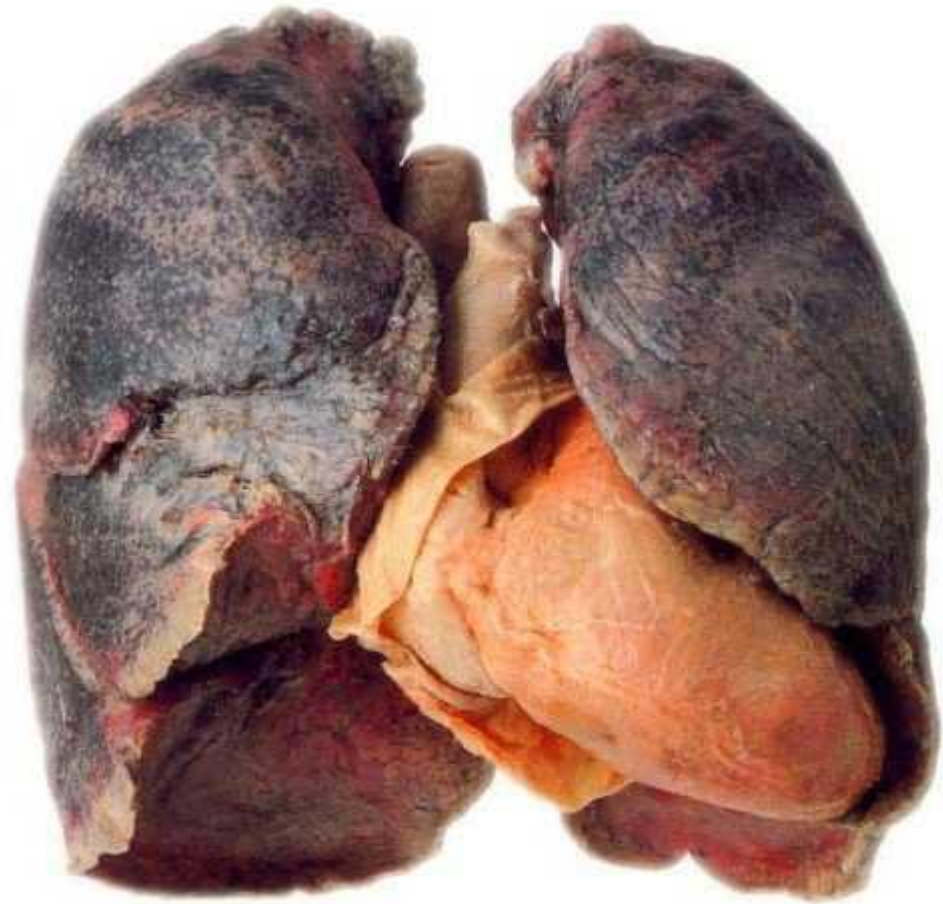


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Healthy Lung



Smoker's Lung

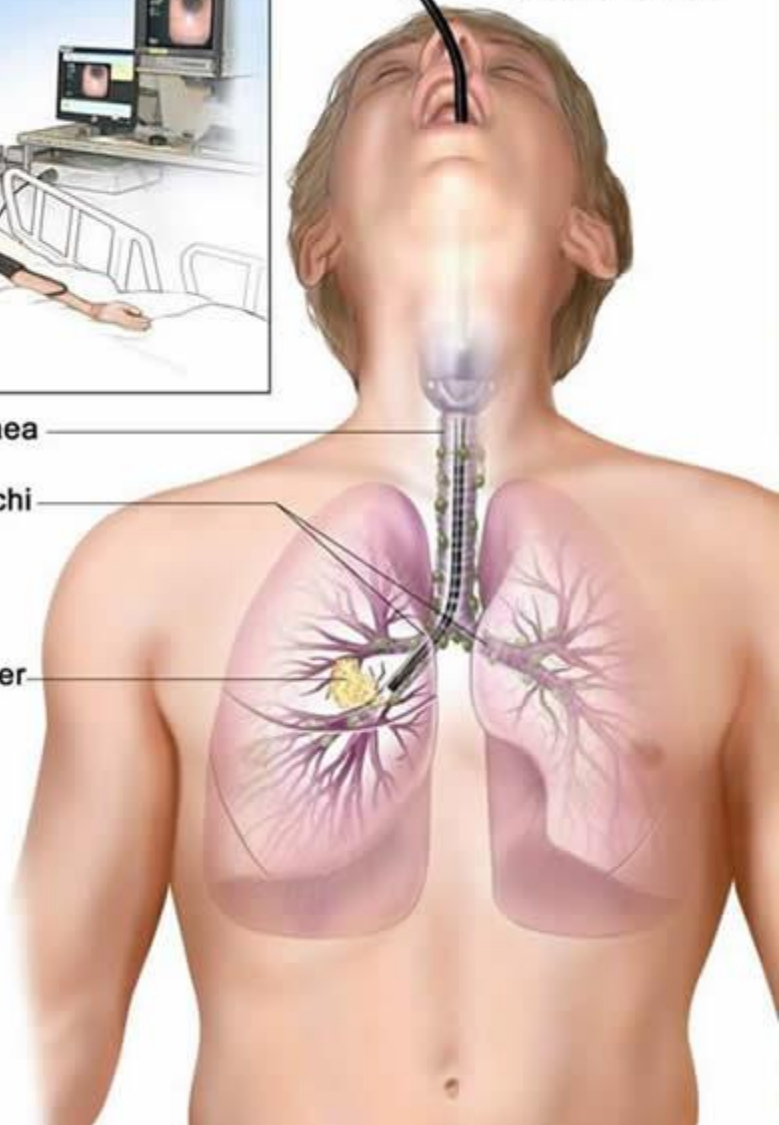
Bronchoscope



Trachea

Bronchi

Cancer



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Mouth

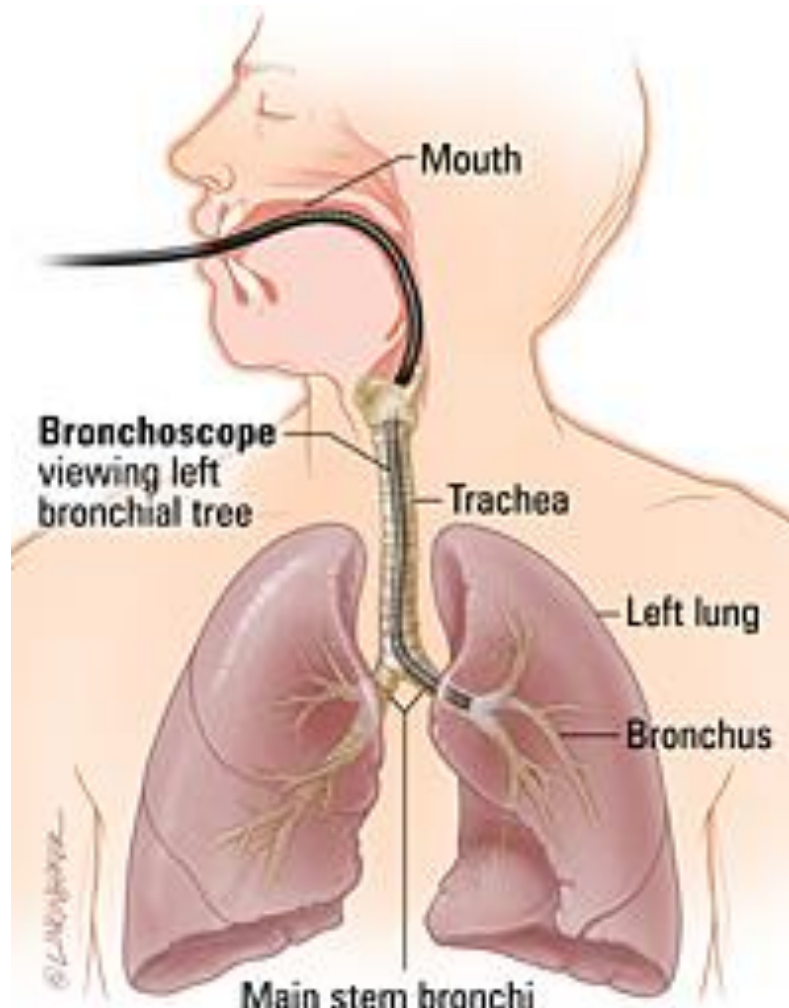
Bronchoscope
viewing left
bronchial tree

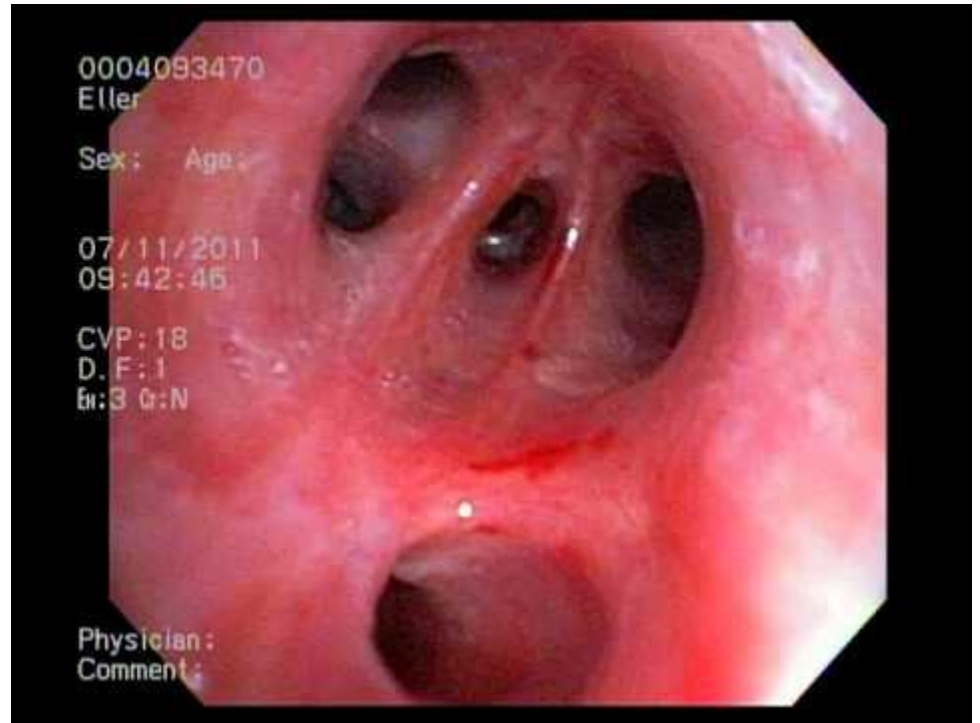
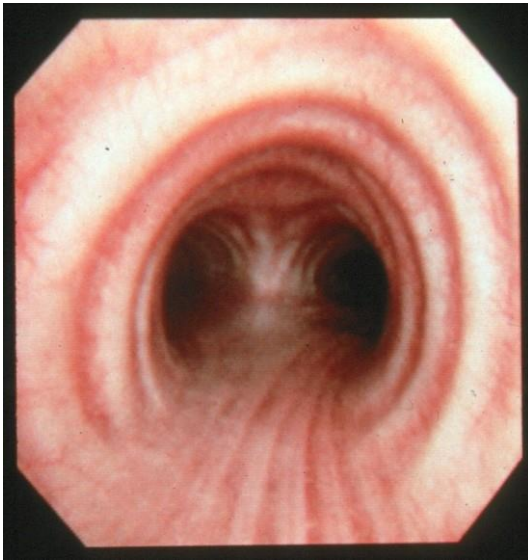
Trachea

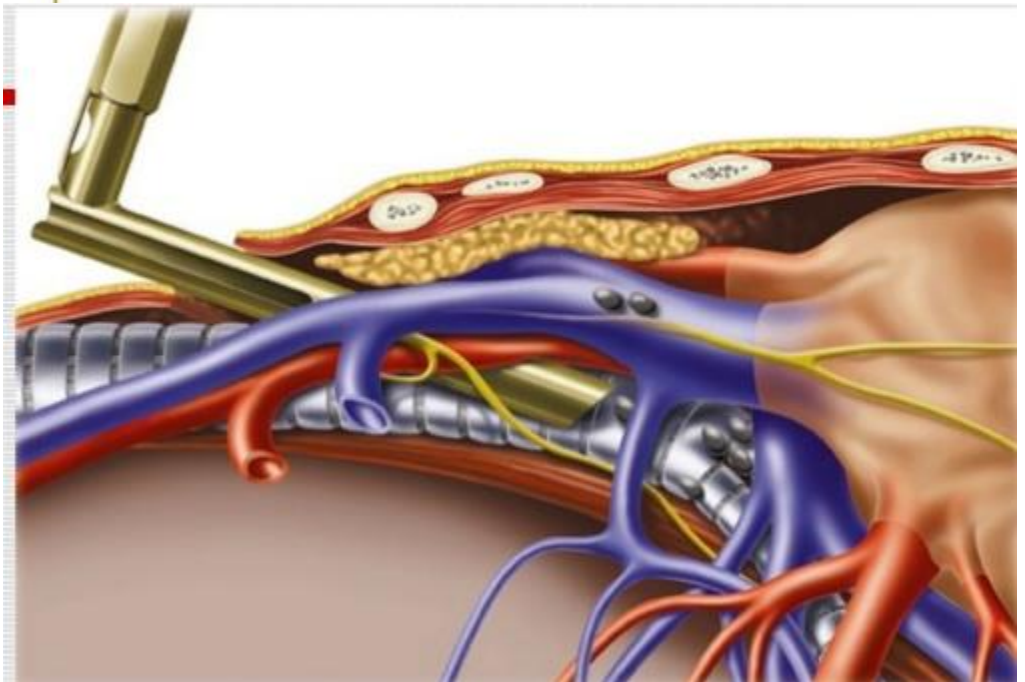
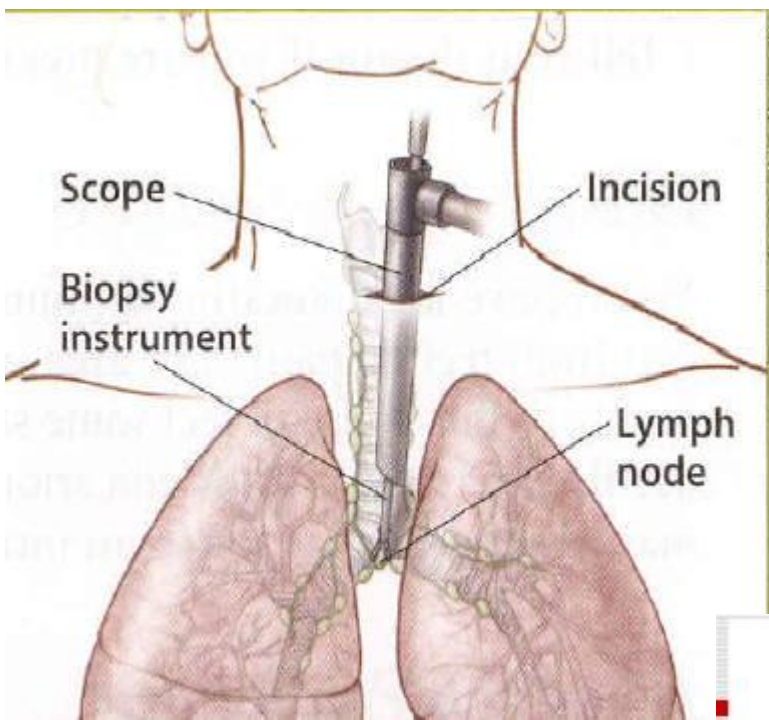
Left lung

Bronchus

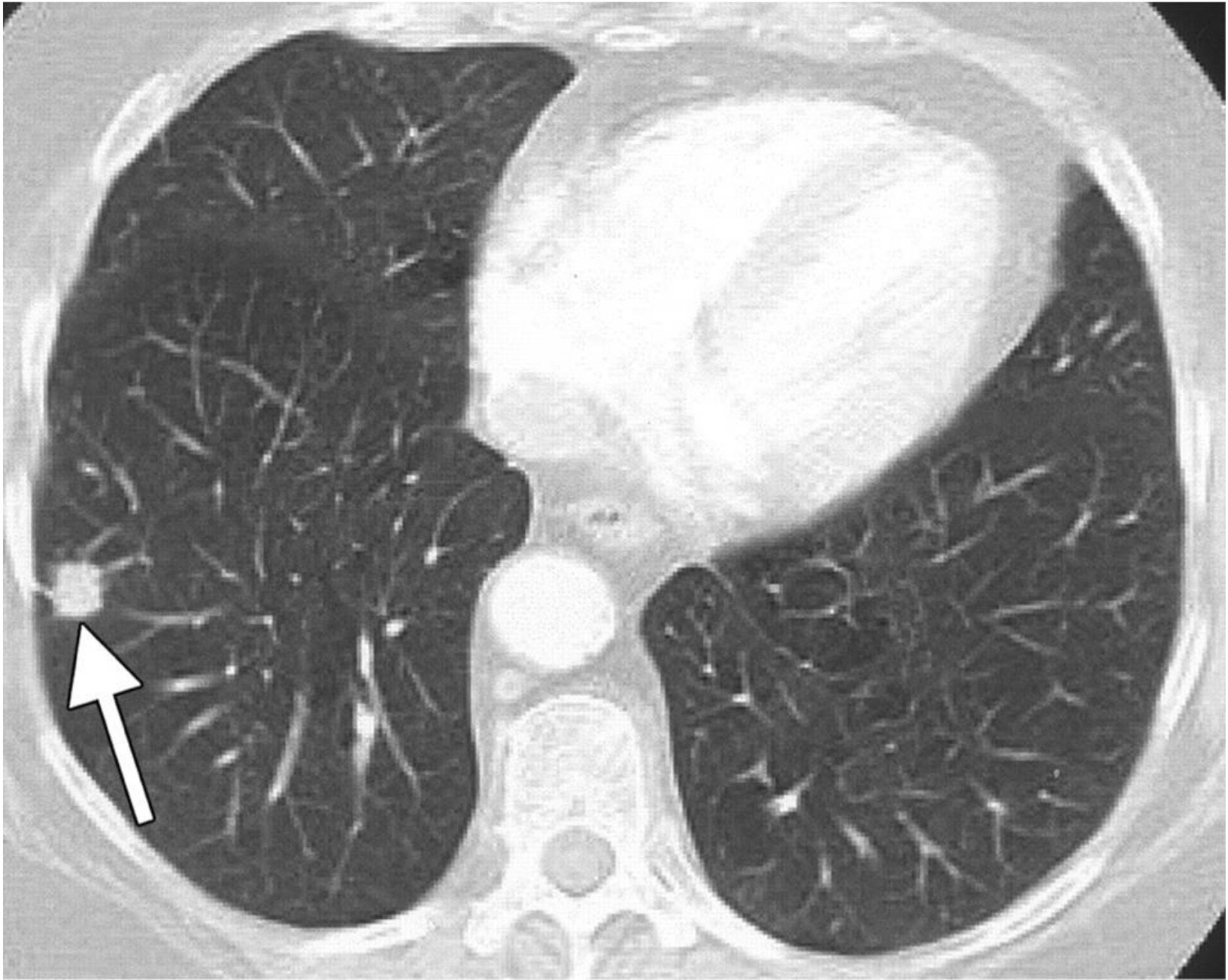
Main stem bronchi





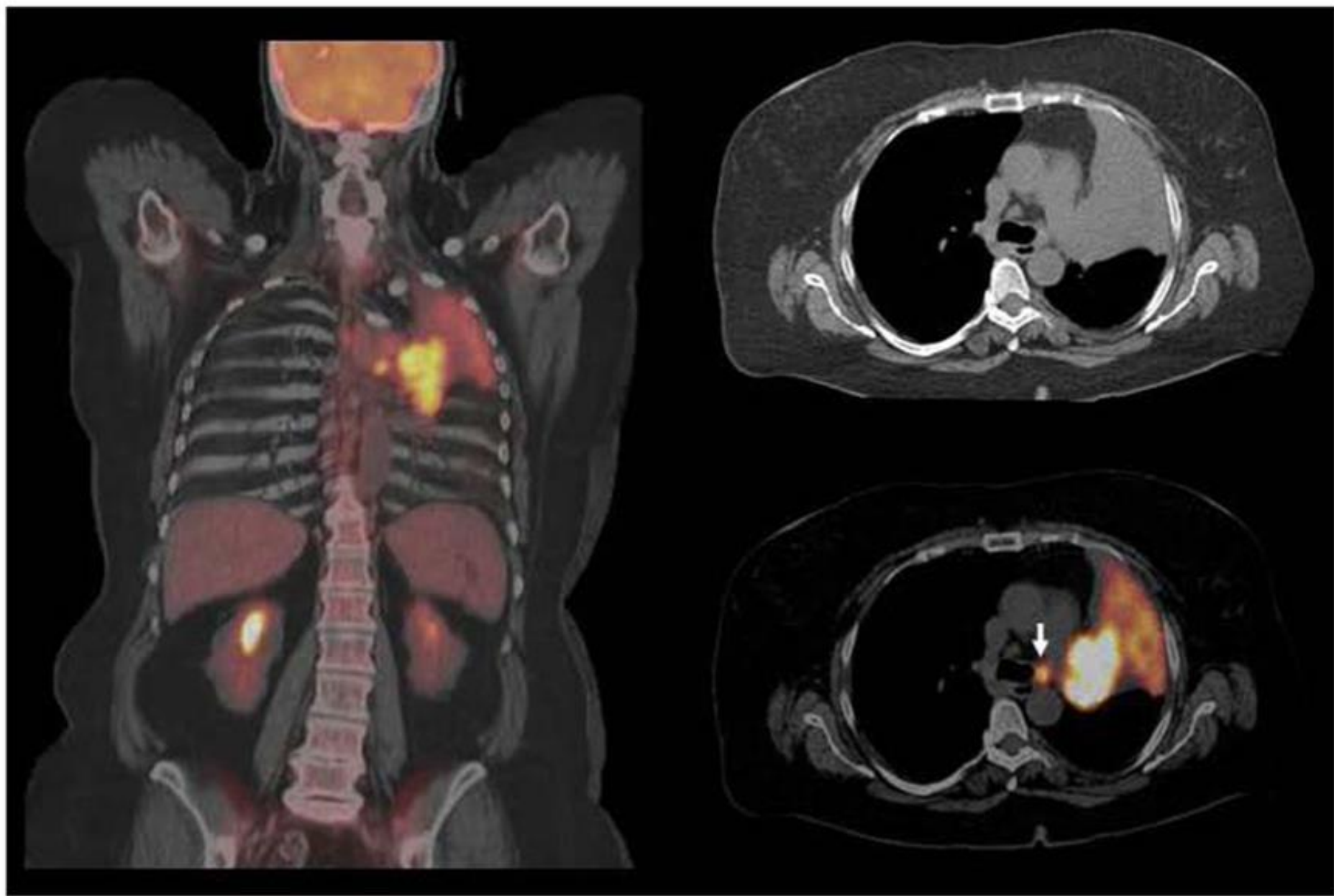












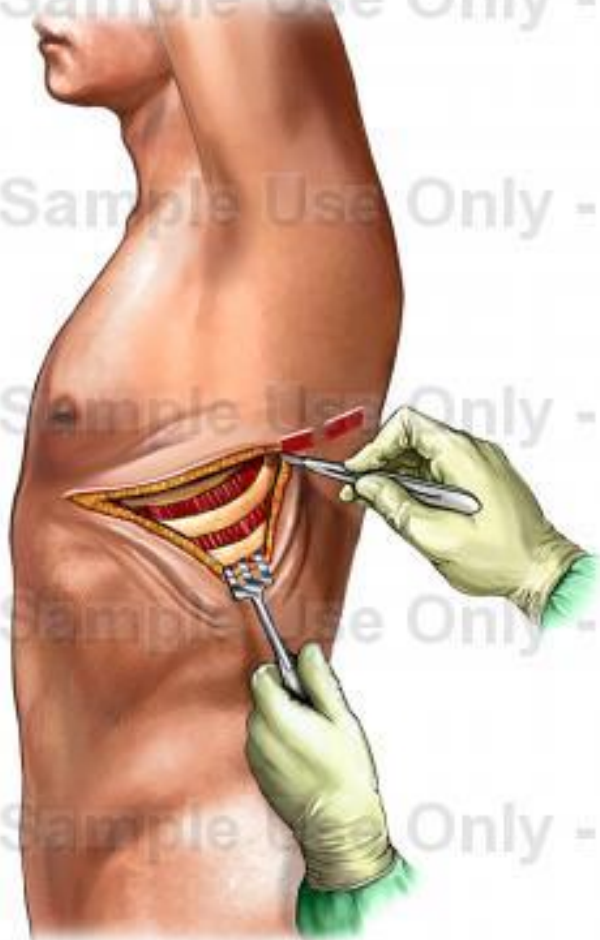
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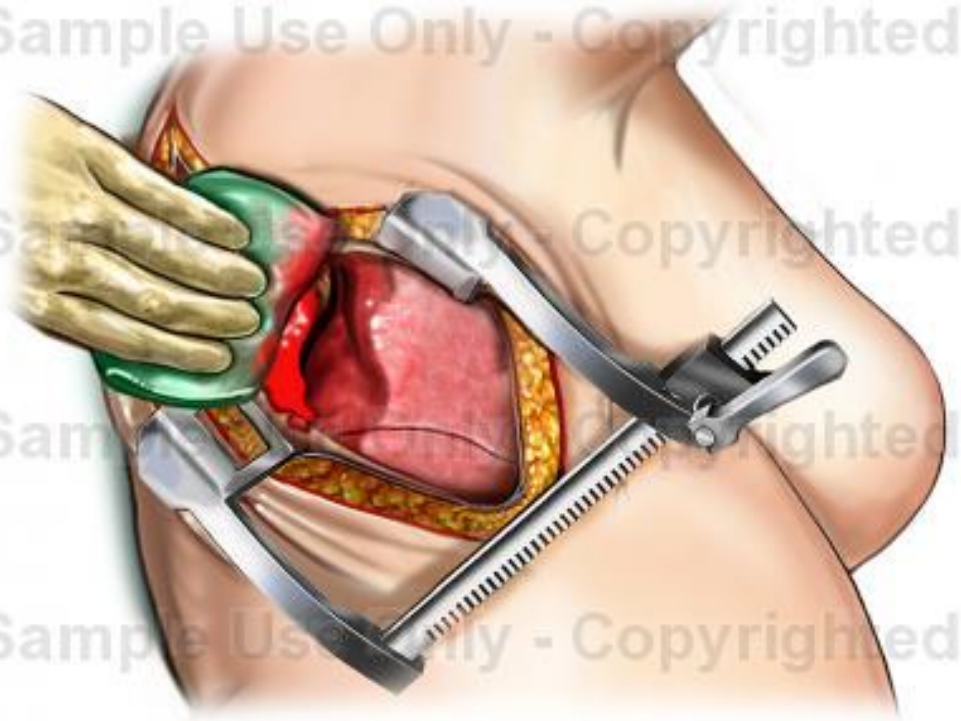


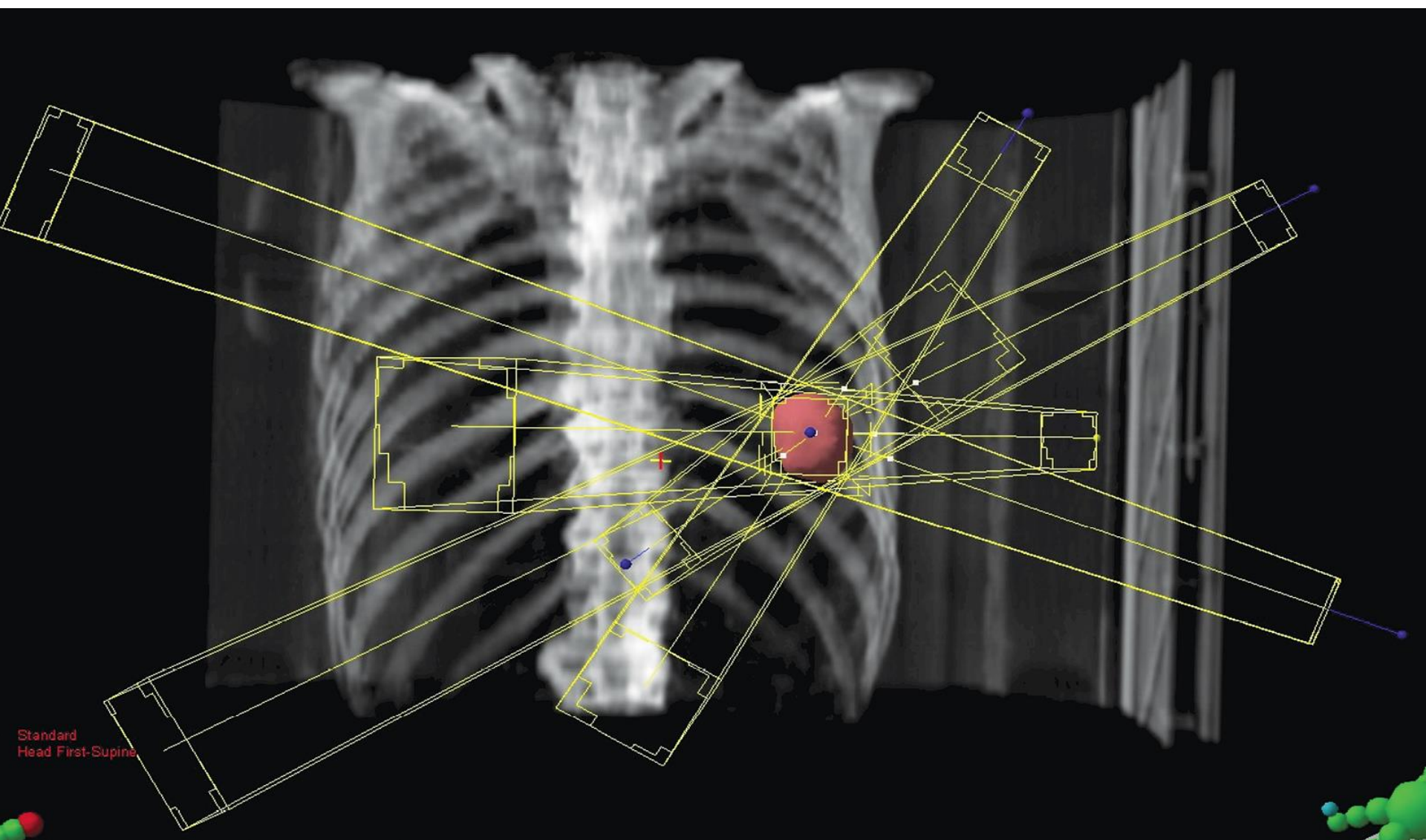
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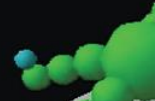
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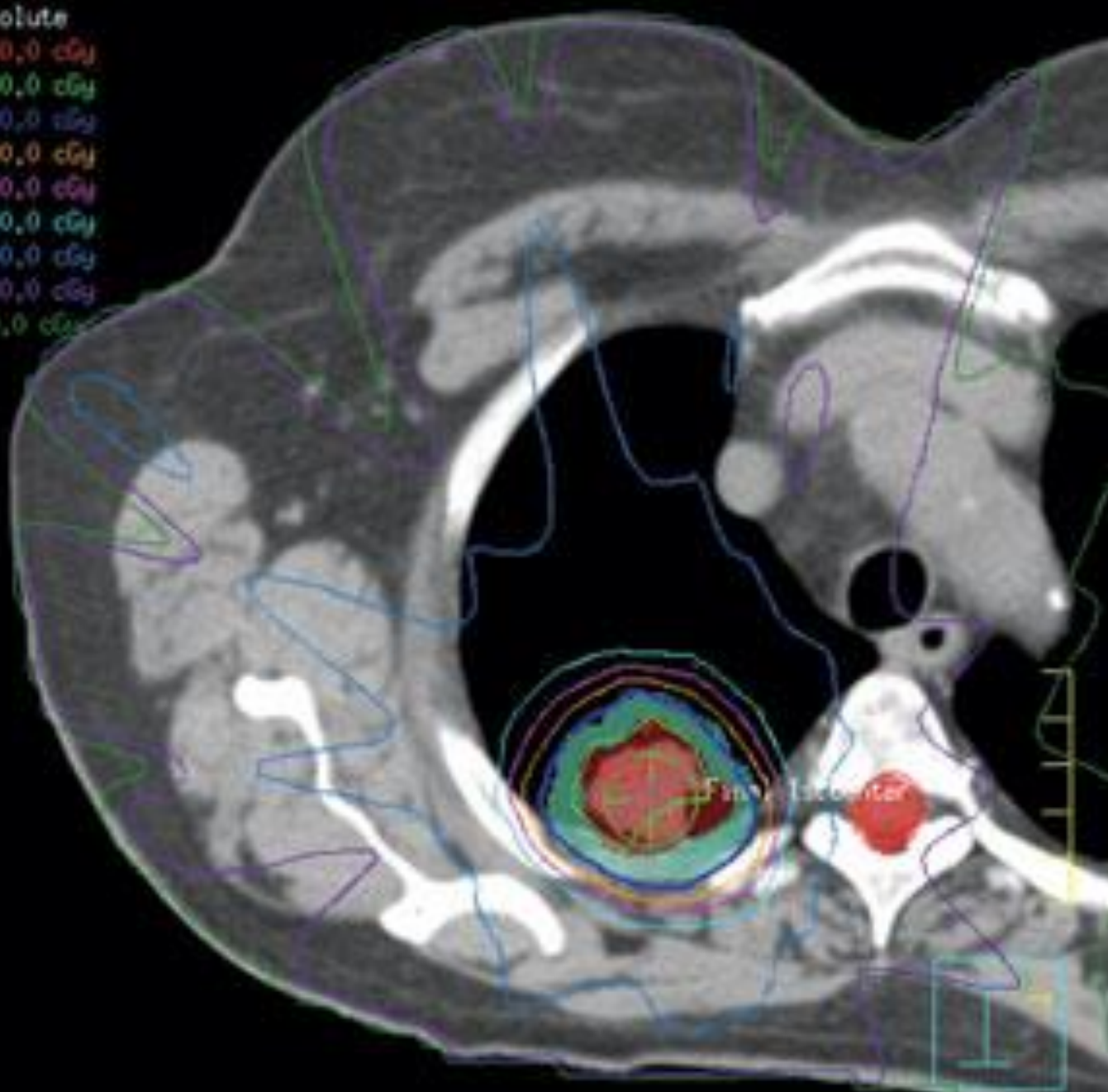




Standard
Head First-Supine



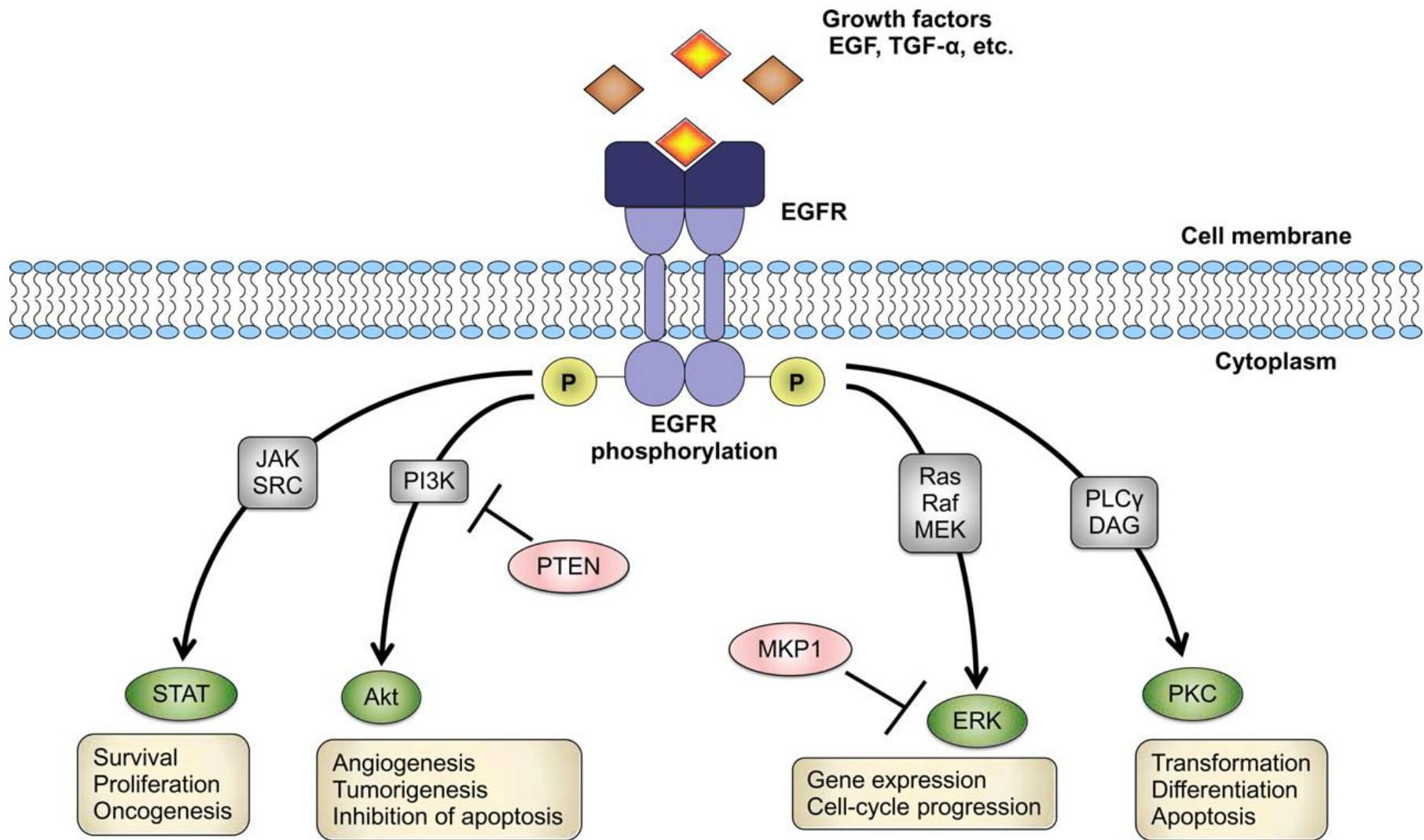
Absolute
5750,0 cGy
5500,0 cGy
5000,0 cGy
4500,0 cGy
4000,0 cGy
3500,0 cGy
2000,0 cGy
1000,0 cGy
500,0 cGy





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





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

