



Diagnostiek van longkanker

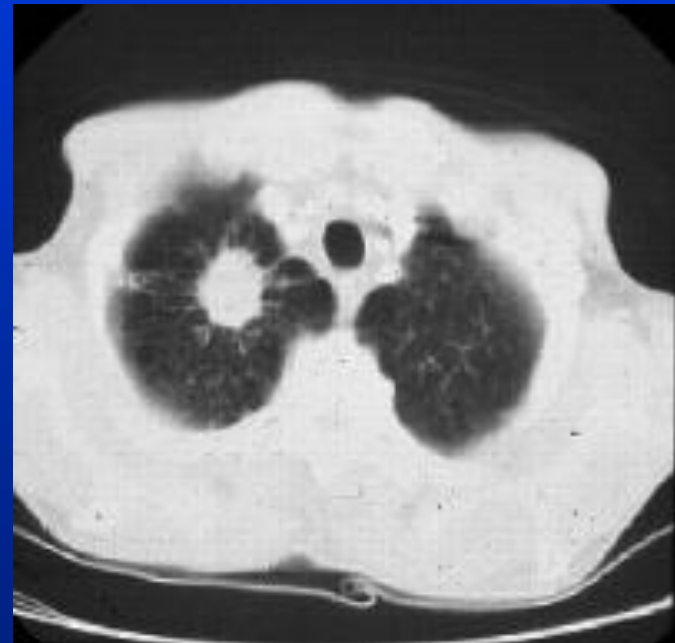
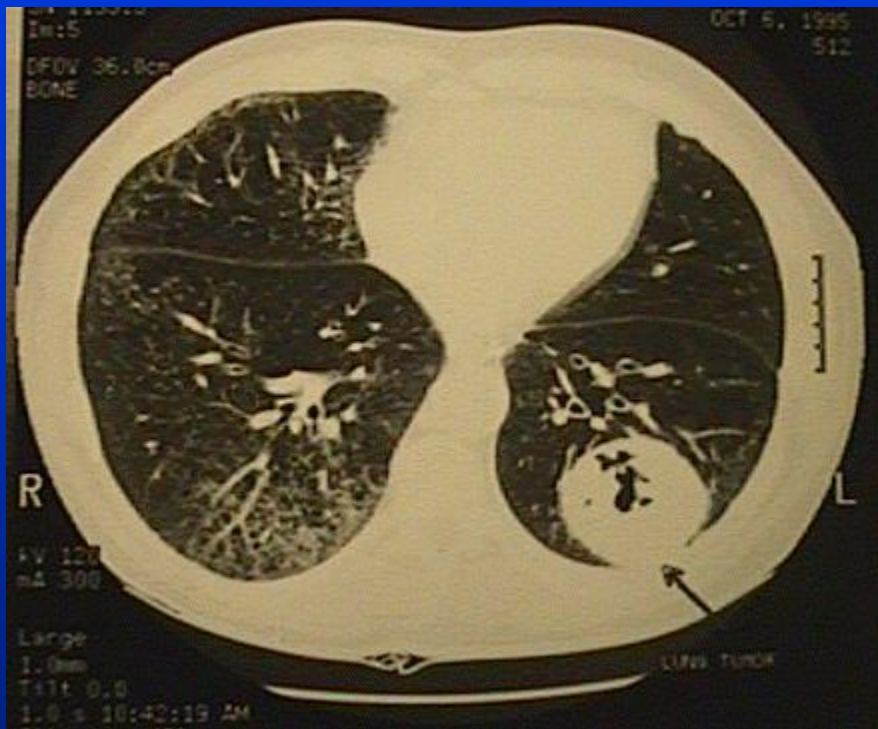
Dr. W. Jacobs

Longarts Martini ziekenhuis

Klachten en afwijkende thoraxfoto

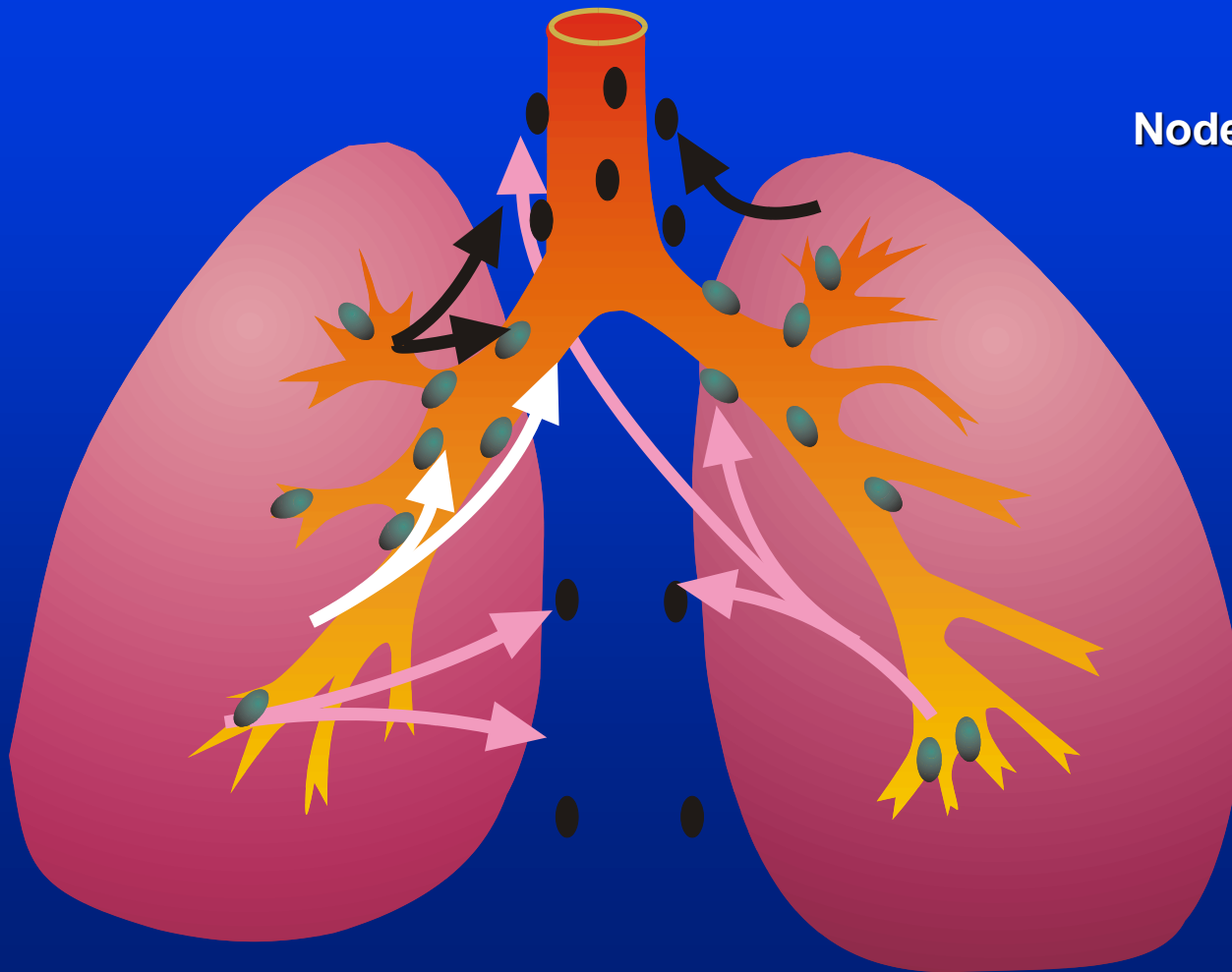


CT-scan: lokalisatie en uitbreiding tumor



Longkanker

Uitzaaiing naar lymfeklieren



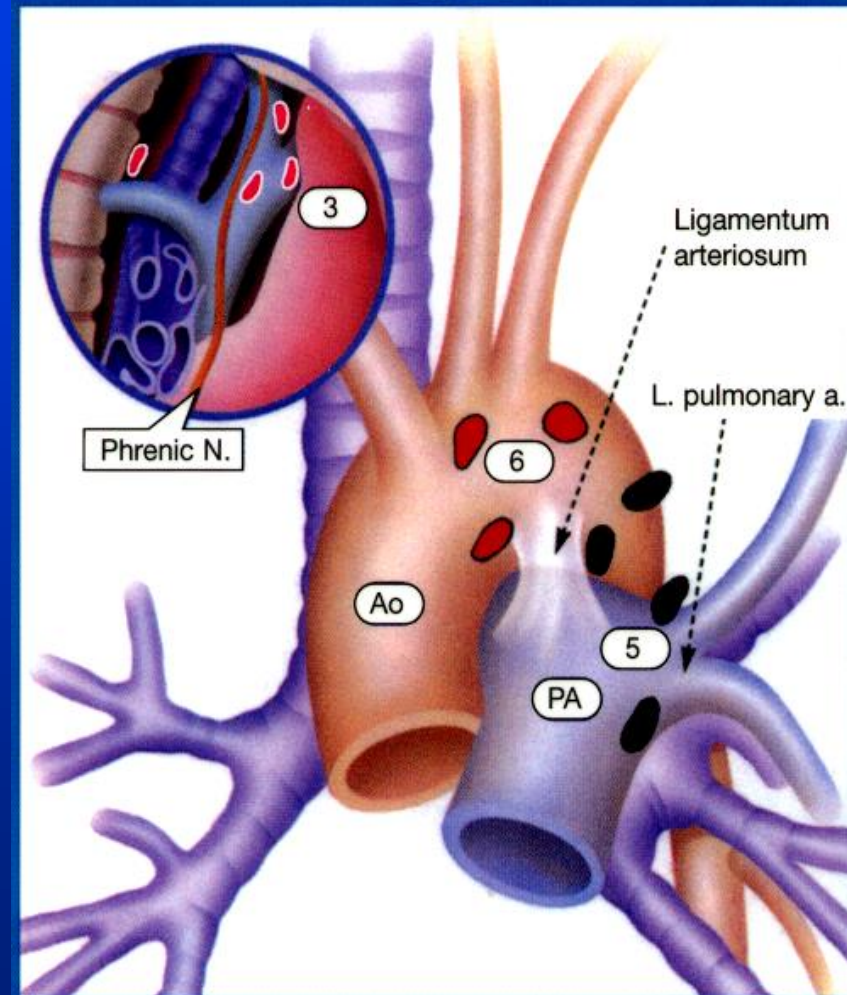
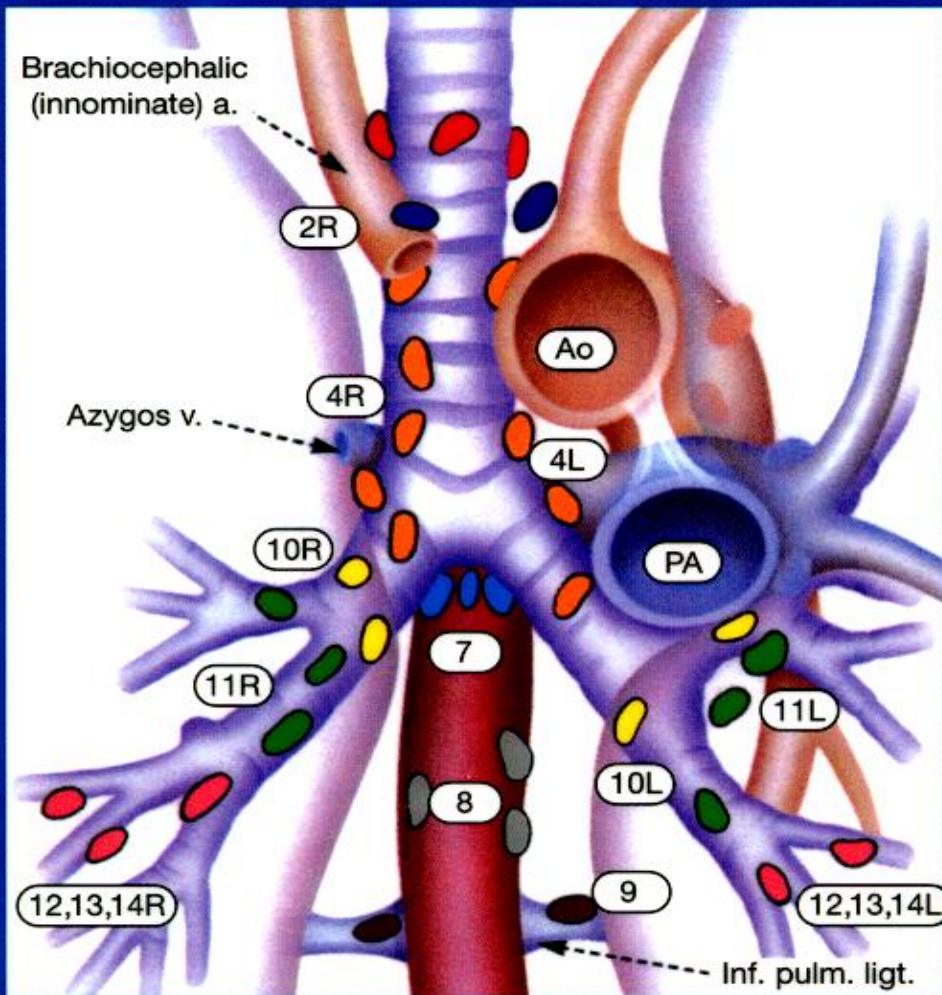
Node involvement sequence:

- First
- Subsequent

Route of spread:

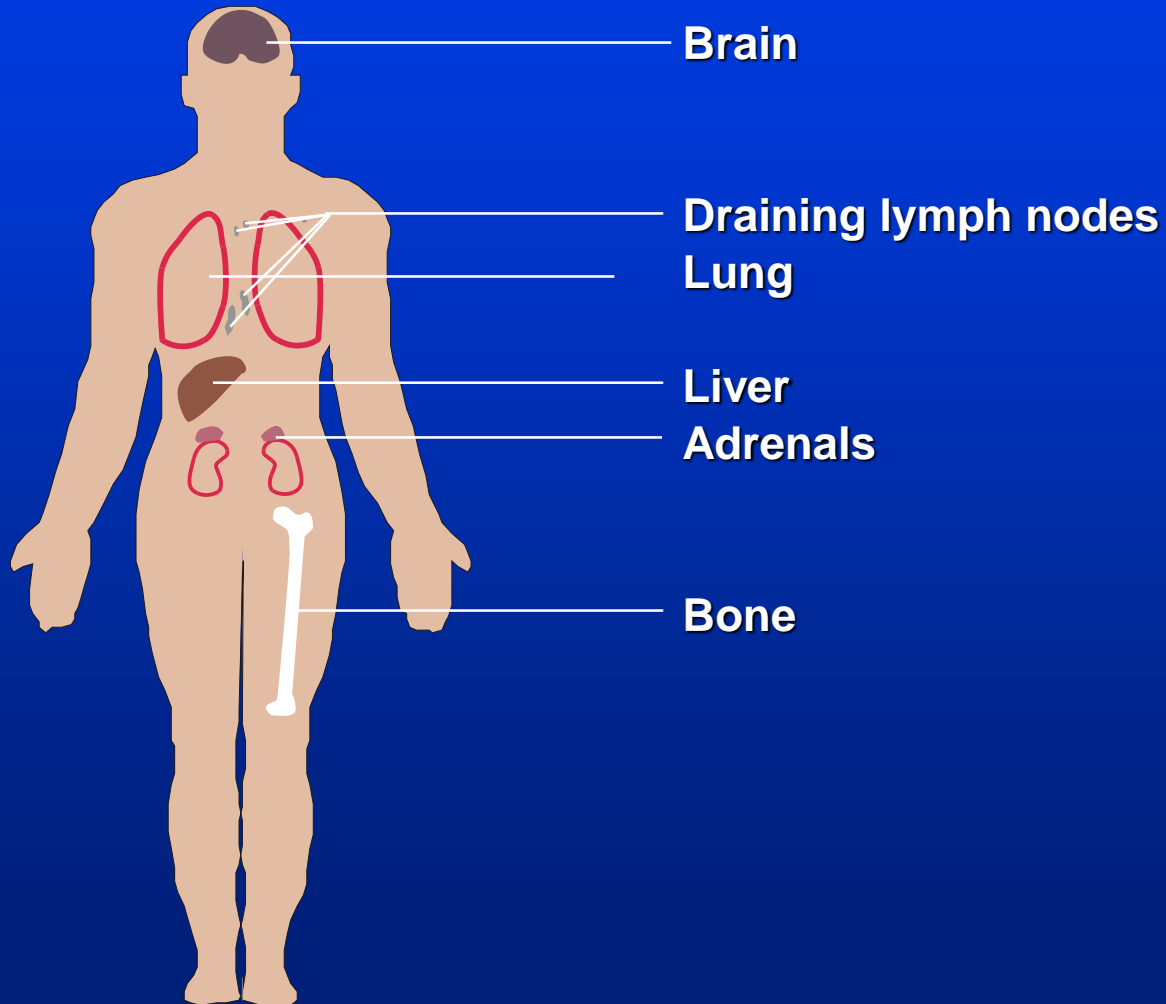
- From upper lobe
- From middle lobe
- From lower lobe

Mediastinale lymfeklieren: Naruke systeem

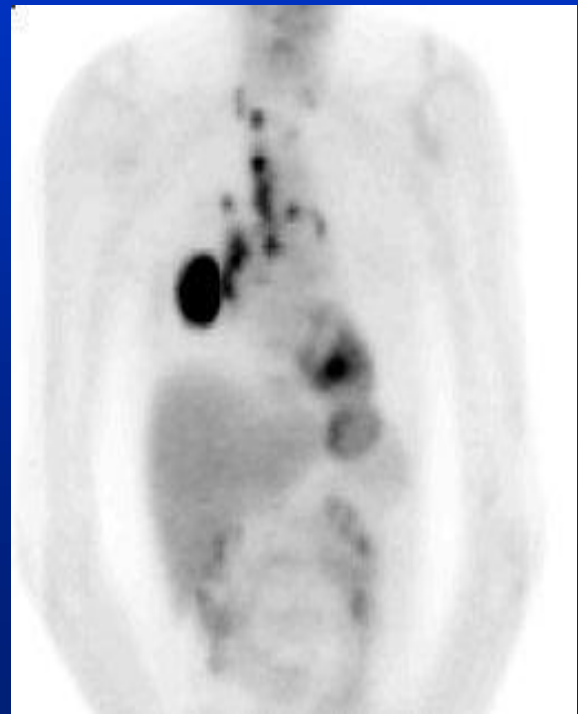
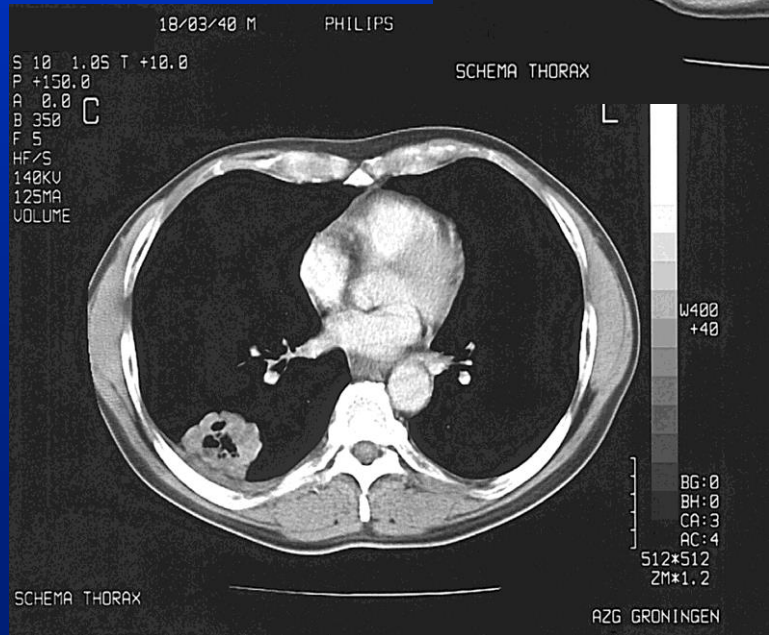
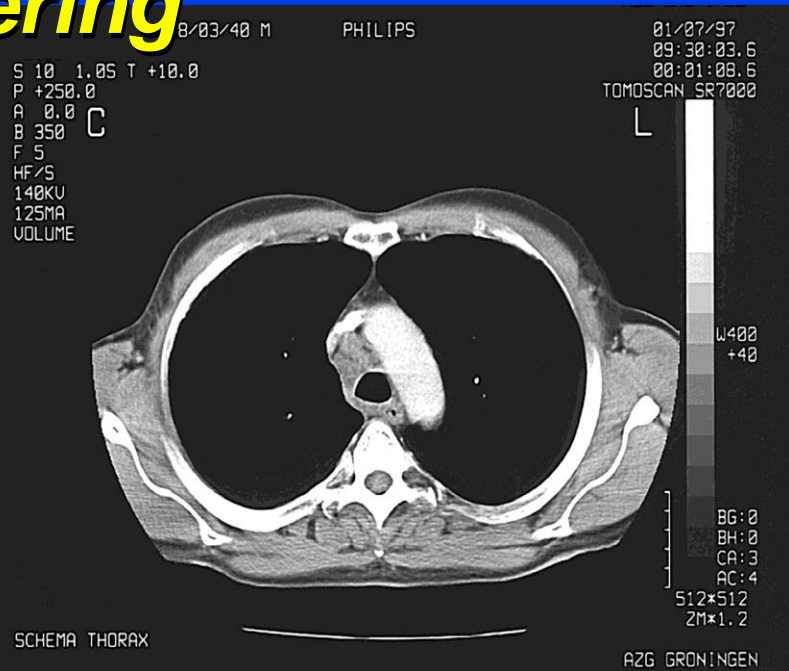


Longkanker

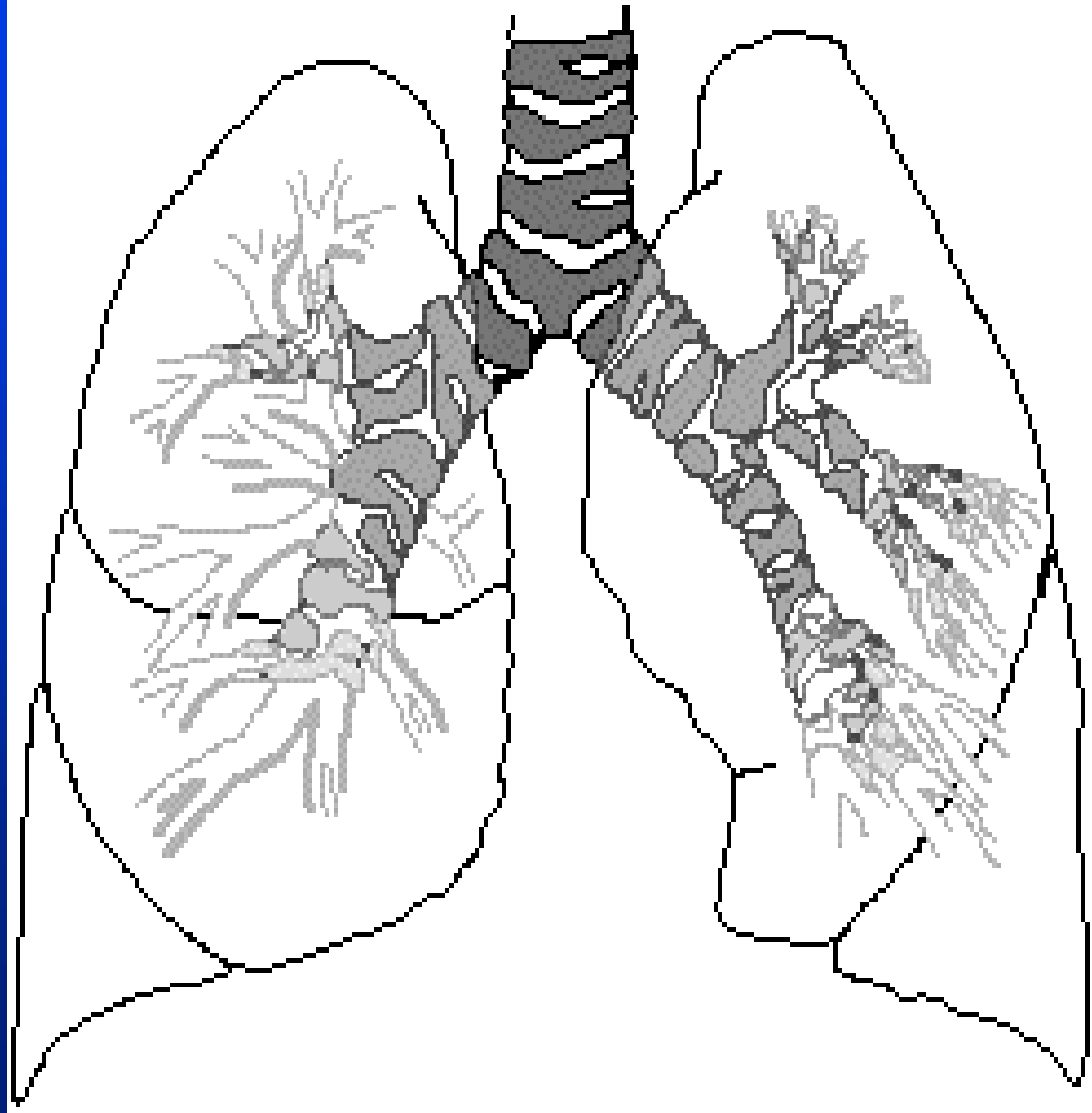
Uitzaaiingen elders in het lichaam

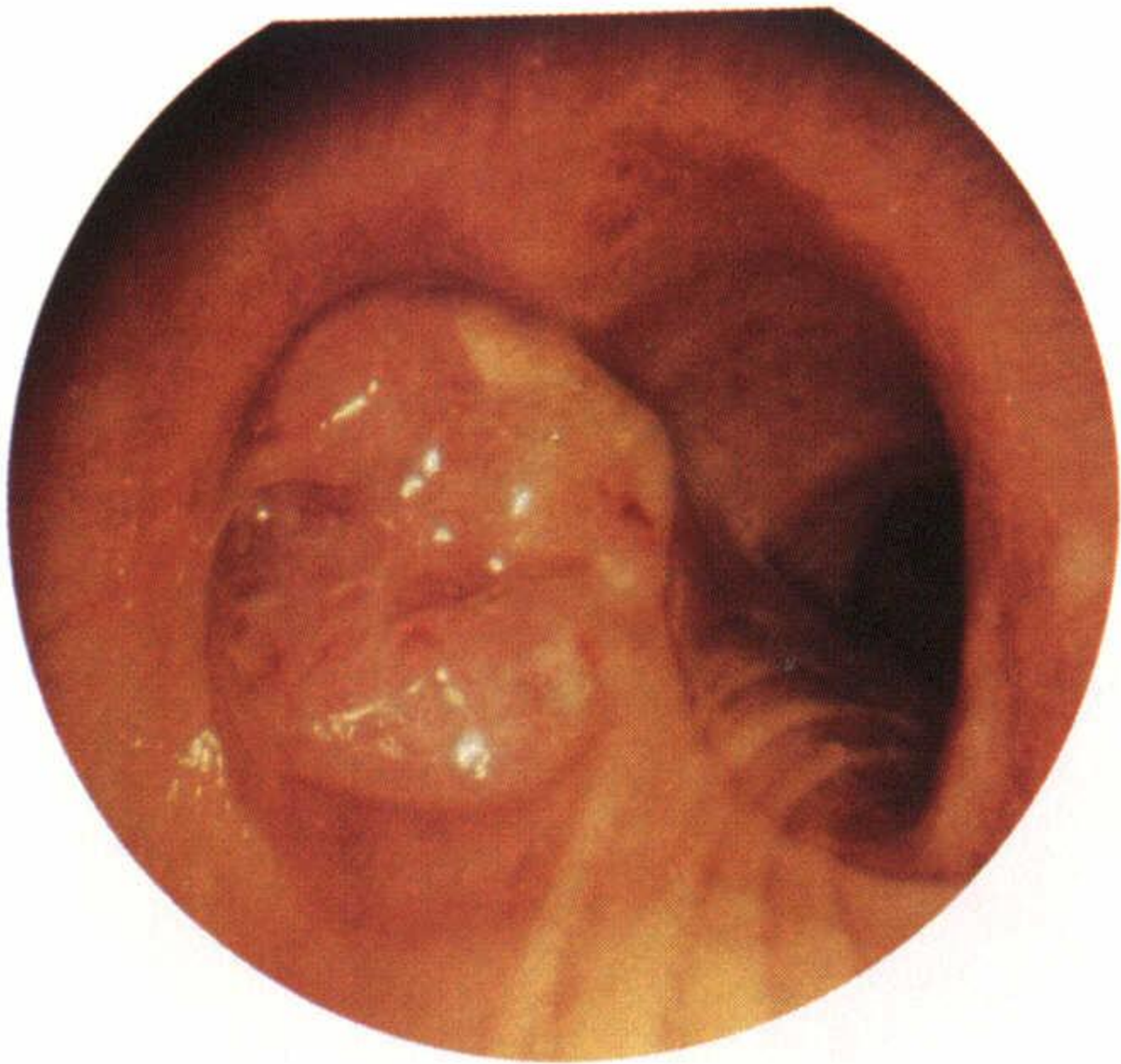


Longkanker en FDG PET-scan: grote verandering

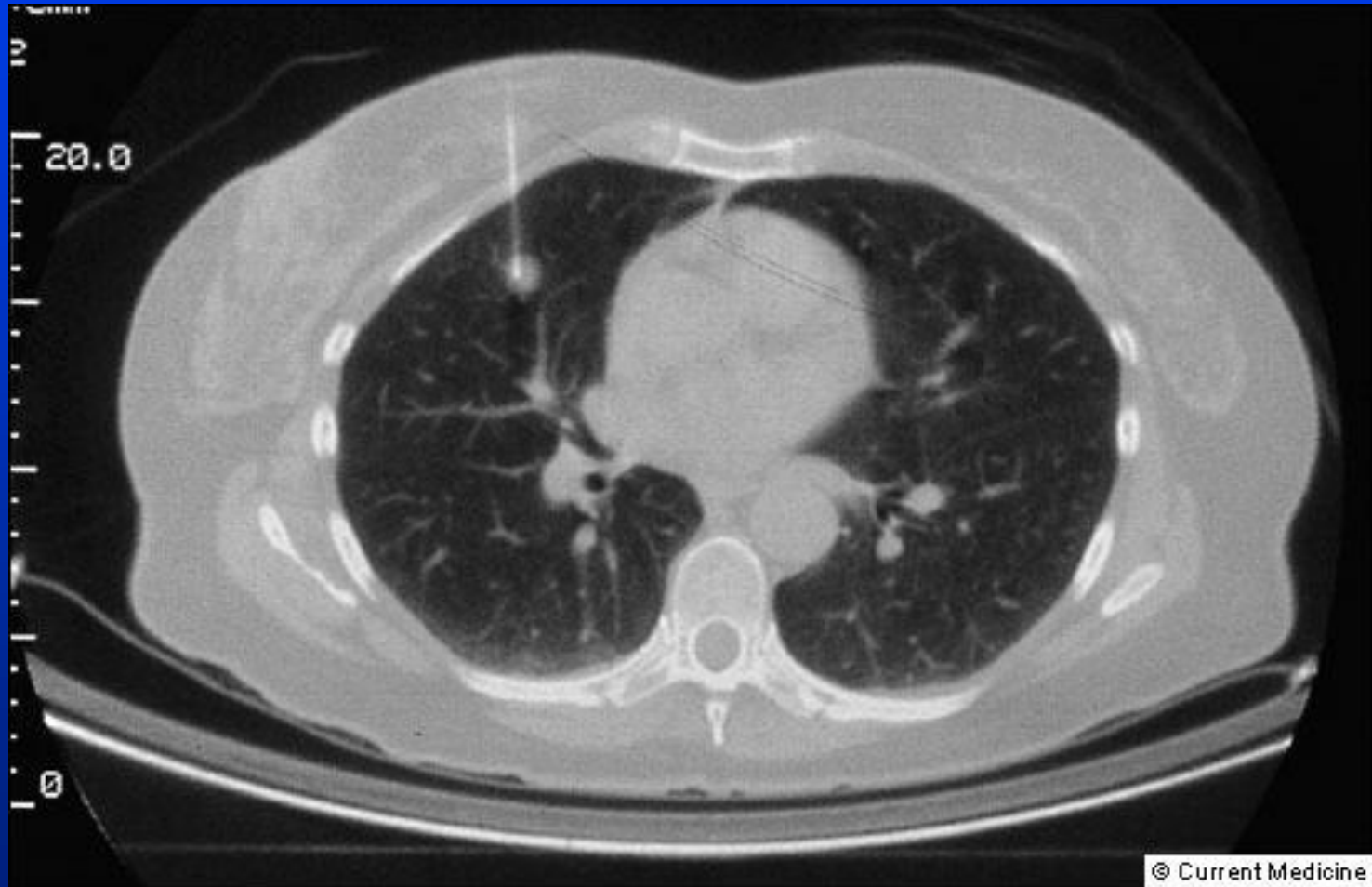


***Bronchoscopie:
diagnose en endobrochiale uitbreiding.***

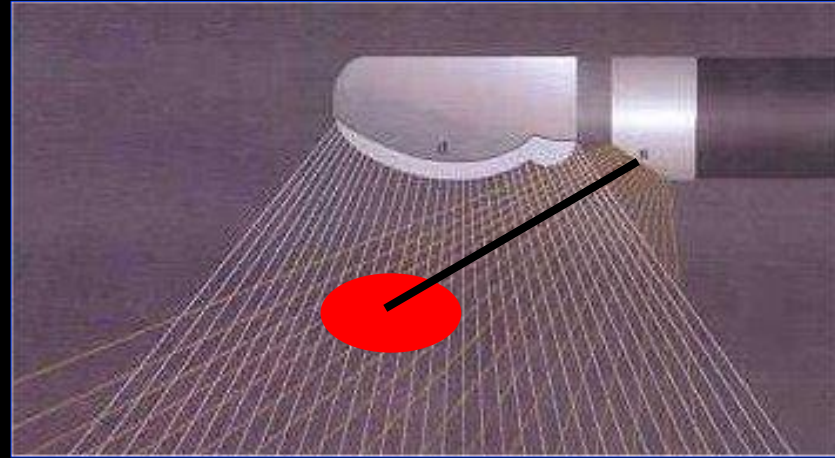




Transthoracale punctie

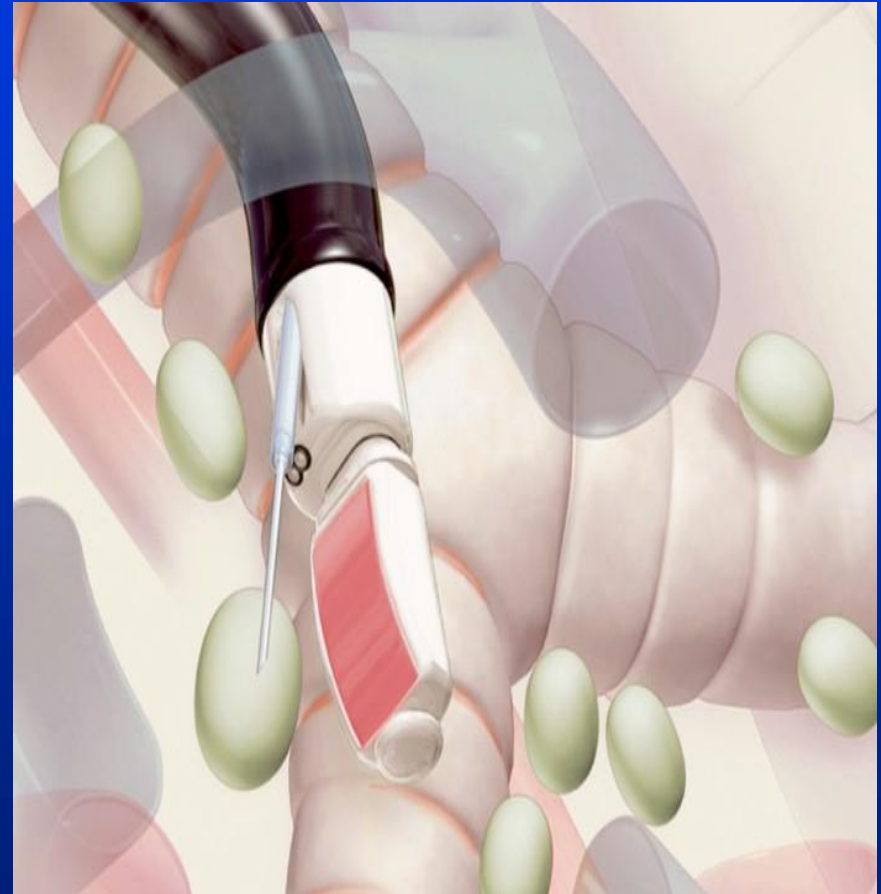
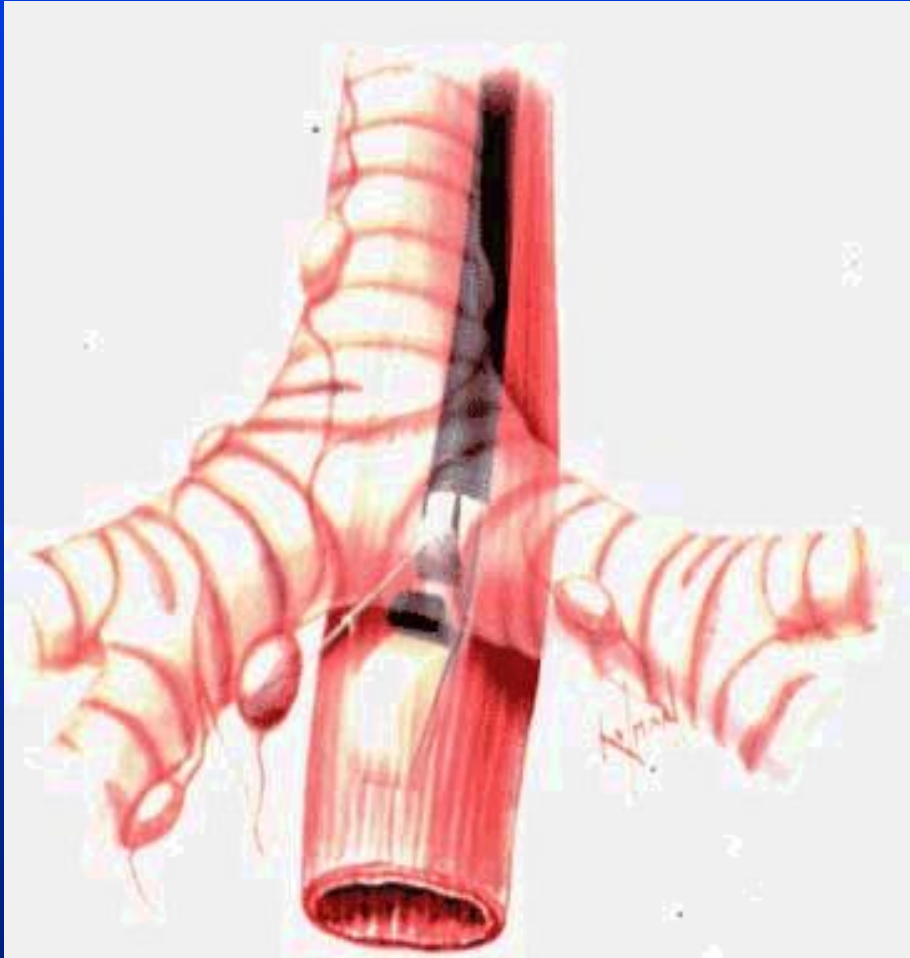


EUS-FNA linear



**Klier en naald geheel
zichtbaar tijdens punctie**

Endoscopic ultrasound (EUS-FNA) en Endobronchial Ultrasound (EBUS)



Types of lung cancer: NSCLC

Squamous-cell carcinoma (~30%)

- **Most commonly found in men**
- **Closely correlated with smoking (dose dependent)**
- **Tends to spread locally**

Adenocarcinoma (30-50%)

- **Most common type of lung cancer in women and non-smokers**
- **Lesions are usually peripheral**
- **Worldwide incidence increasing**
- **Bronchoalveolar carcinoma is a subtype**

Large-cell carcinoma (10-25%)

- **Very primitive, undifferentiated cells**
- **Lesions are usually peripheral**
- **High tendency to metastasise**

Kleincelligig longcarcinoom

- Extensive disease, overleving tot 3 maand
- met chemotherapie 9-12 mnd mediaan
- Limited disease; combinatie chemo-radiotherapie 2 jrs overleving 25-30%

TABLE 3. Proposed Definitions for T, N, and M Descriptors**T (Primary Tumor)**

TX	Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
T0	No evidence of primary tumor
Tis	Carcinoma in situ
T1	Tumor ≤ 3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus) ^a
T1a	Tumor ≤ 2 cm in greatest dimension
T1b	Tumor > 2 cm but ≤ 3 cm in greatest dimension
T2	Tumor > 3 cm but ≤ 7 cm or tumor with any of the following features (T2 tumors with these features are classified T2a if ≤ 5 cm) Involves main bronchus, ≥ 2 cm distal to the carina Invades visceral pleura Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
T2a	Tumor > 3 cm but ≤ 5 cm in greatest dimension
T2b	Tumor > 5 cm but ≤ 7 cm in greatest dimension
T3	Tumor > 7 cm or one that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium; or tumor in the main bronchus < 2 cm distal to the carina ^a but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung or separate tumor nodule(s) in the same lobe
T4	Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule(s) in a different ipsilateral lobe

^aNot defined for Lung 1, N1, or M1.

N (Regional Lymph Nodes)

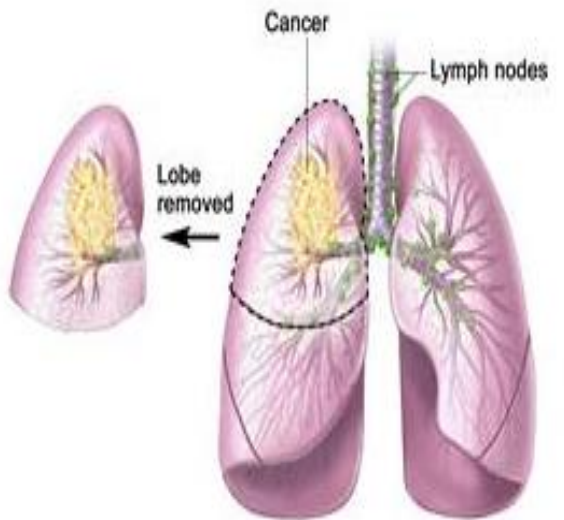
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
N2	Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
N3	Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

M (Distant Metastasis)

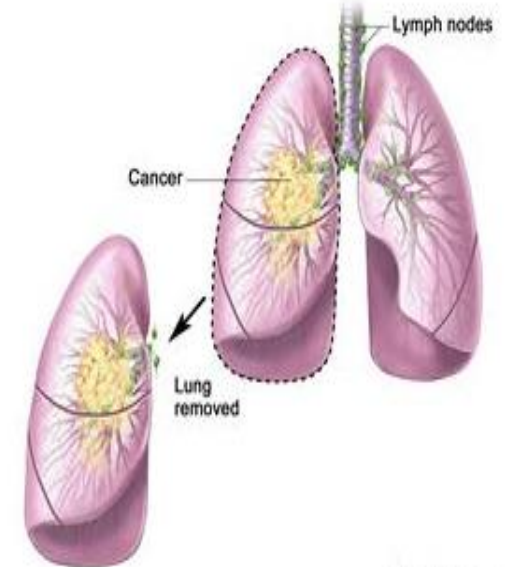
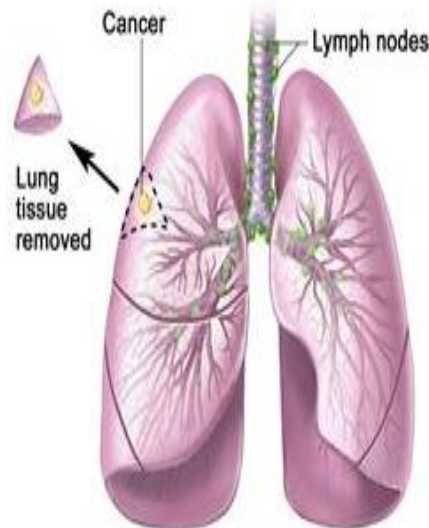
MX	Distant metastasis cannot be assessed
M0	No distant metastasis
M1	Distant metastasis
M1a	Separate tumor nodule(s) in a contralateral lobe; tumor with pleural nodules or malignant pleural (or pericardial) effusion ^b
M1b	Distant metastasis

Behandeling stadium I-II NSCLC

- Stadium I- II (+/- 15%)
 - Operatie wanneer patient in redelijke conditie is
 - Eventueel aanvullende chemo- of radiotherapie (stadium II)
 - Reele kans op genezing



National Cancer Institute



National Cancer Institute

Beoordelen operatibiliteit bij NSCLC

Contraindications for Pneumonectomy or Lobectomy

Predicted postoperative FEV₁ <40%, or 0.8 L

PaCO₂ >45 mm Hg

PaO₂ <50 mm Hg

Pulmonary hypertension (mean pulmonary artery pressure > 30 mm Hg)

Cor pulmonale

Maximum oxygen consumption <10 mL/kg/min

Intractable congestive cardiac heart failure

Intractable ventricular arrhythmia

Recent myocardial infarction (<3 mo)

FEV₁-forced expiratory volume in 1 s.