

Forebyggelse af sygdomstilbagefald ved tyk- og endetarmskræft

Rasmus Peuliche Vogelsang

C·S·S

Center for Surgical Science

Improving Patient Care

REGION
SJÆLLAND 
- vi er til for dig

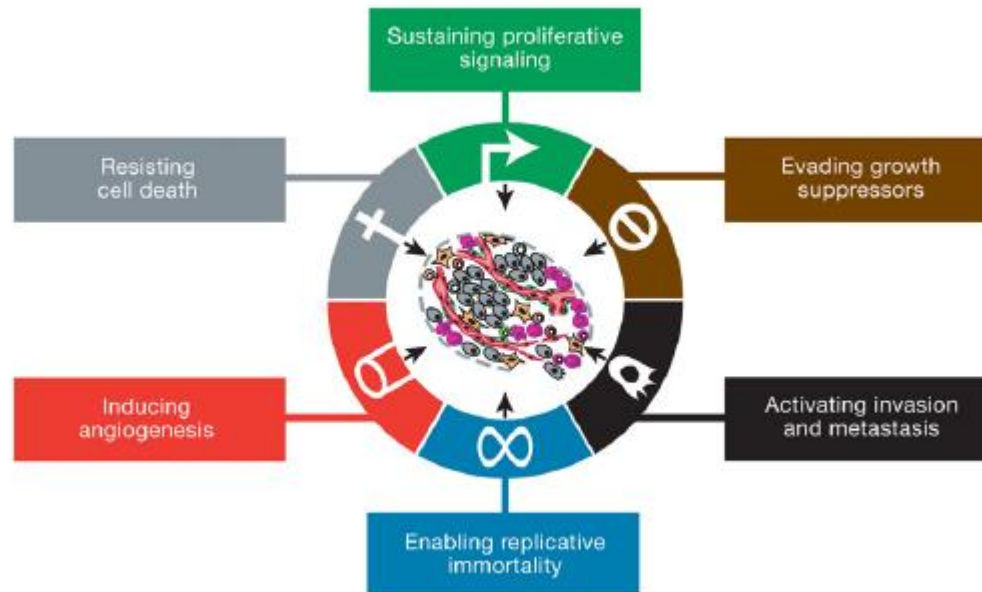
- Kræfts kompleksitet
- Udfordringer
- Kirurgisk stress og dets indflydelse
- Risikofaktorer
- Forskning og perspektiver



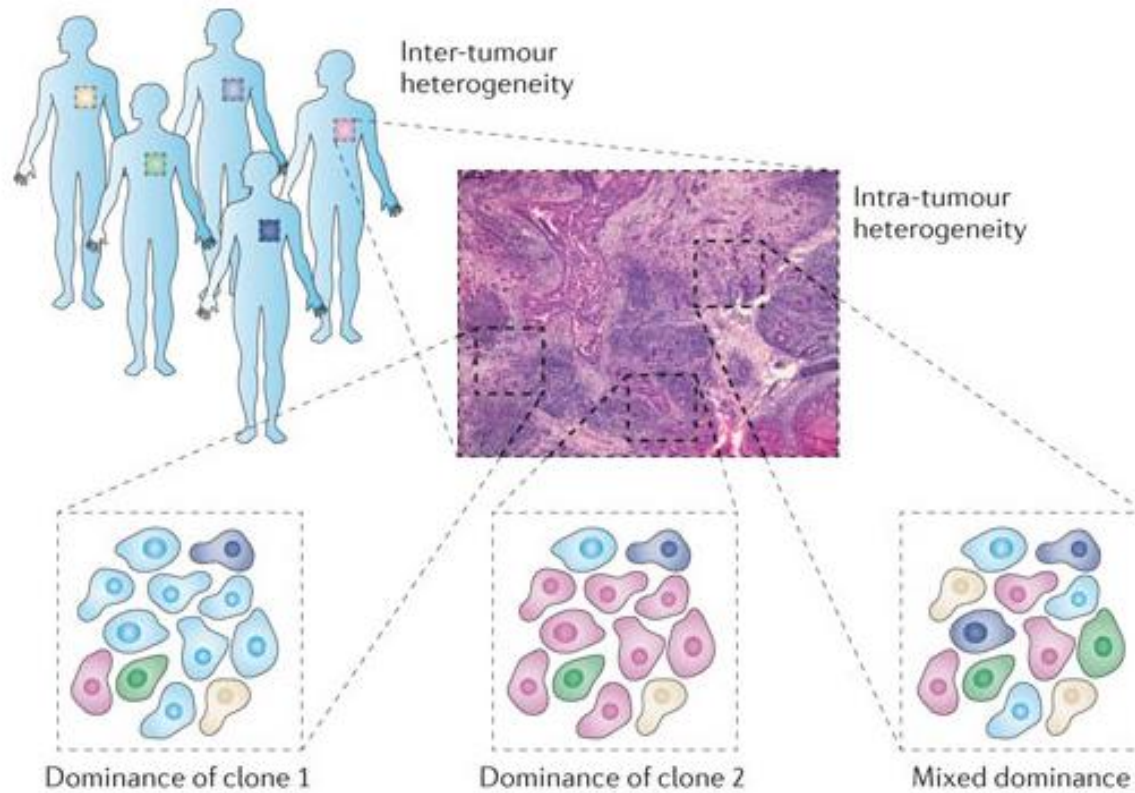
Hvad er kræft?

Kræft er en sygdom, der starter i kroppens celler. Kræftceller opfører sig anderledes end normale celler. De kan dele sig og ødelægge de normale raske celler. Med tiden kan kræftcellerne udvikle sig til en svulst.

- *Cancer.dk*



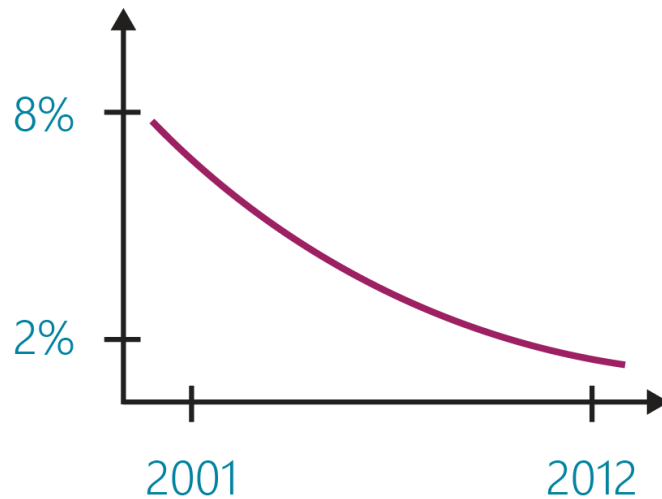
Hvad er kræft?



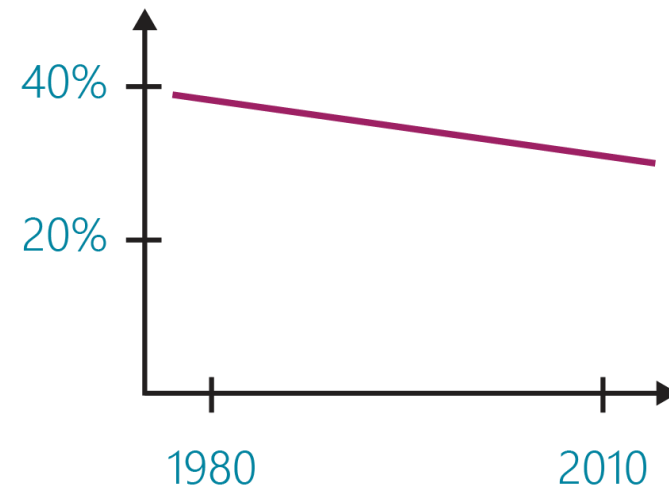


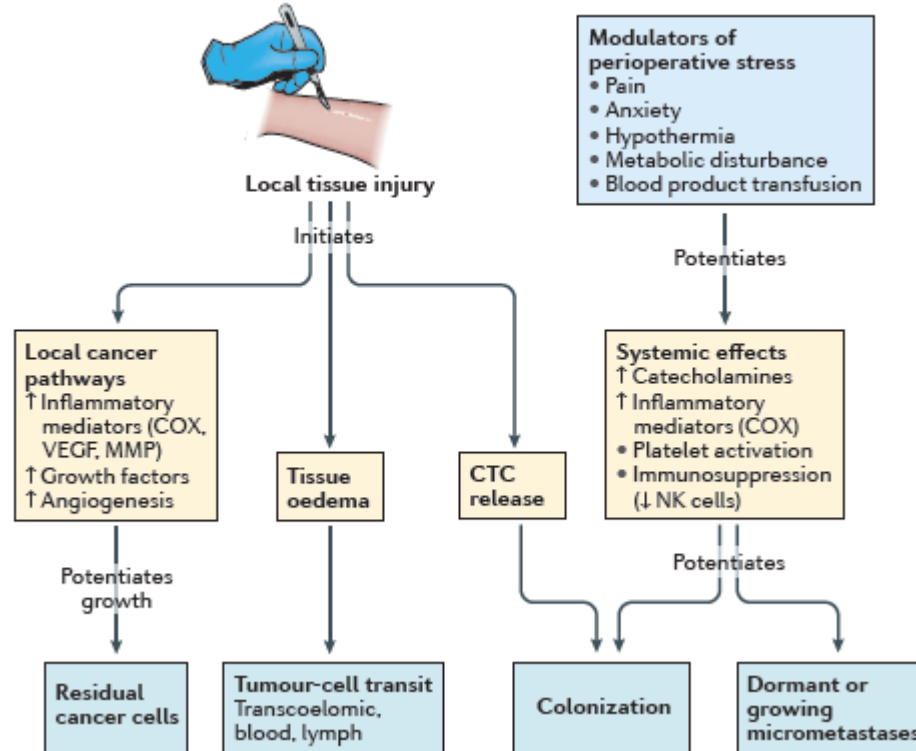
- 5000 personer pr. år i Danmark
- Ca. 80 % gennemgår operation

DØDELIGHED (<30 DAGE)

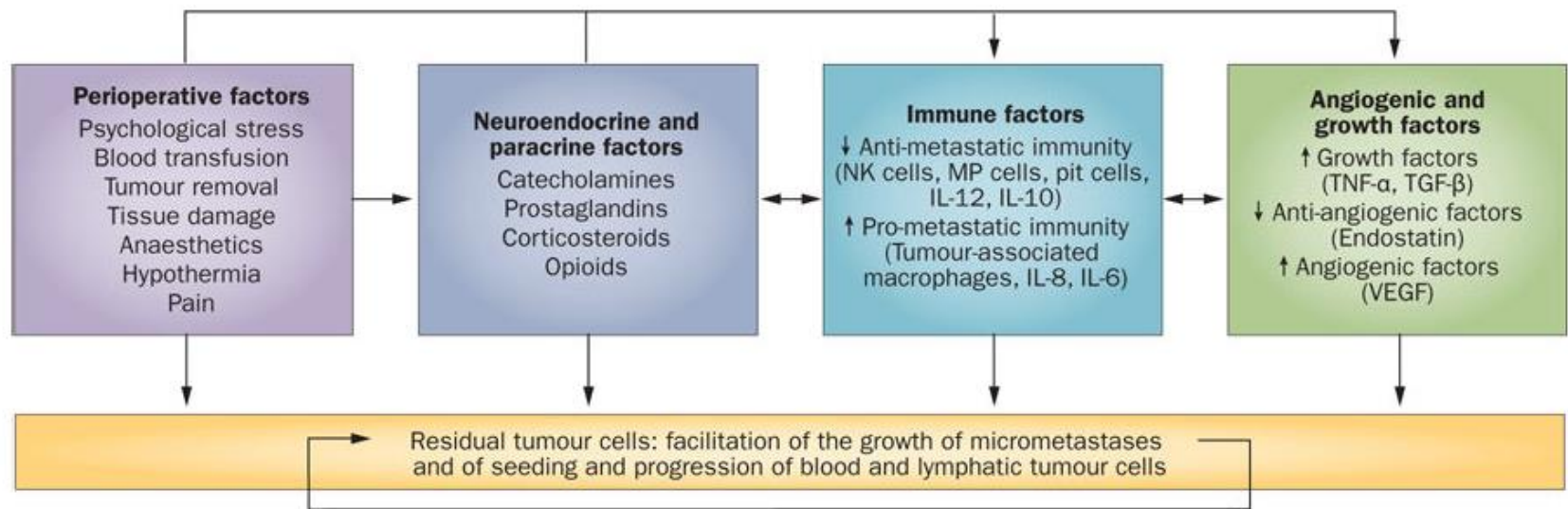


TILBAGEFALD (< 3 ÅR)





PERIOPERATIV STRESS



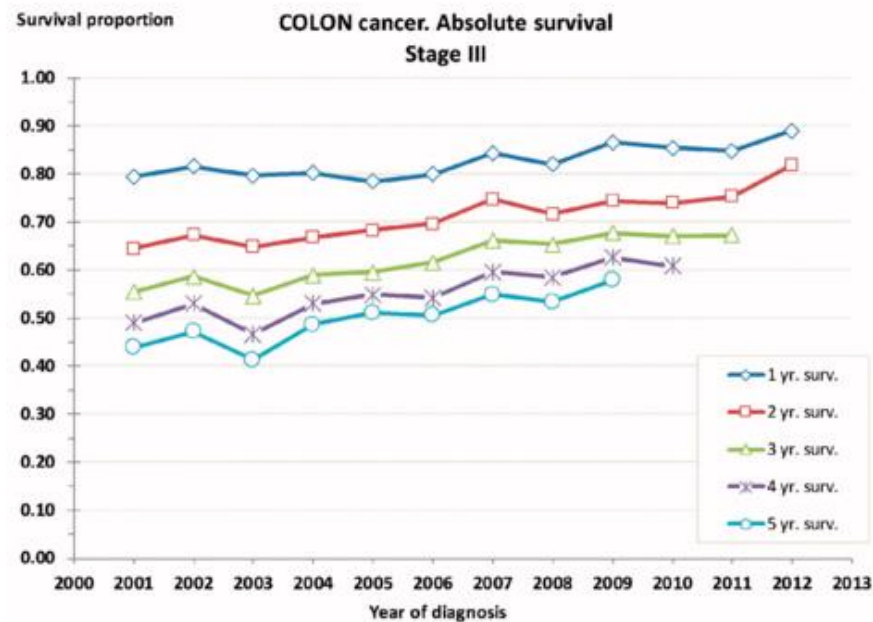
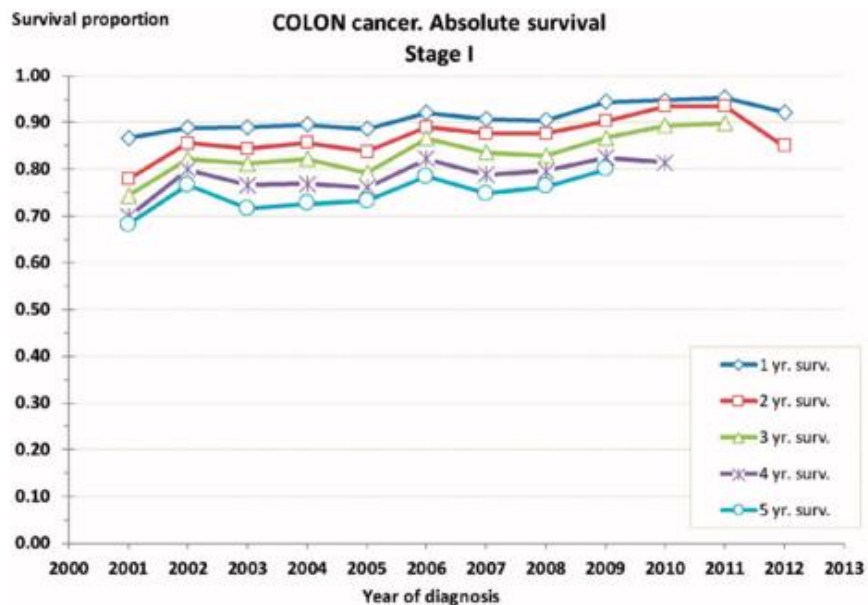
- Personrelateret
- Tumorkarakteristika
- Multidisciplinære team
- Molekylære karakteristika
- Immunologiske karakteristika



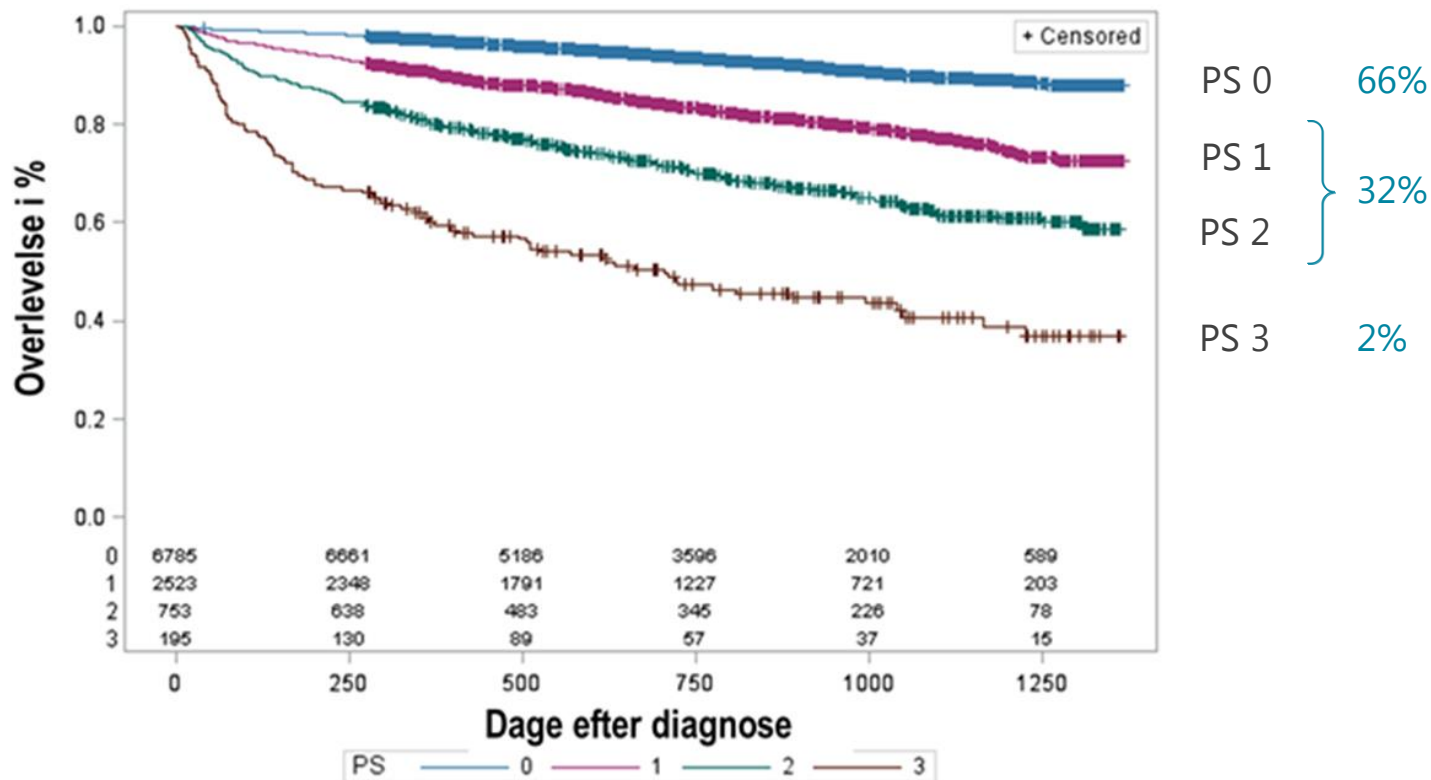
RISIKOFAKTORER FOR TILBAGEFALD?



SYGDOMSSTADIE

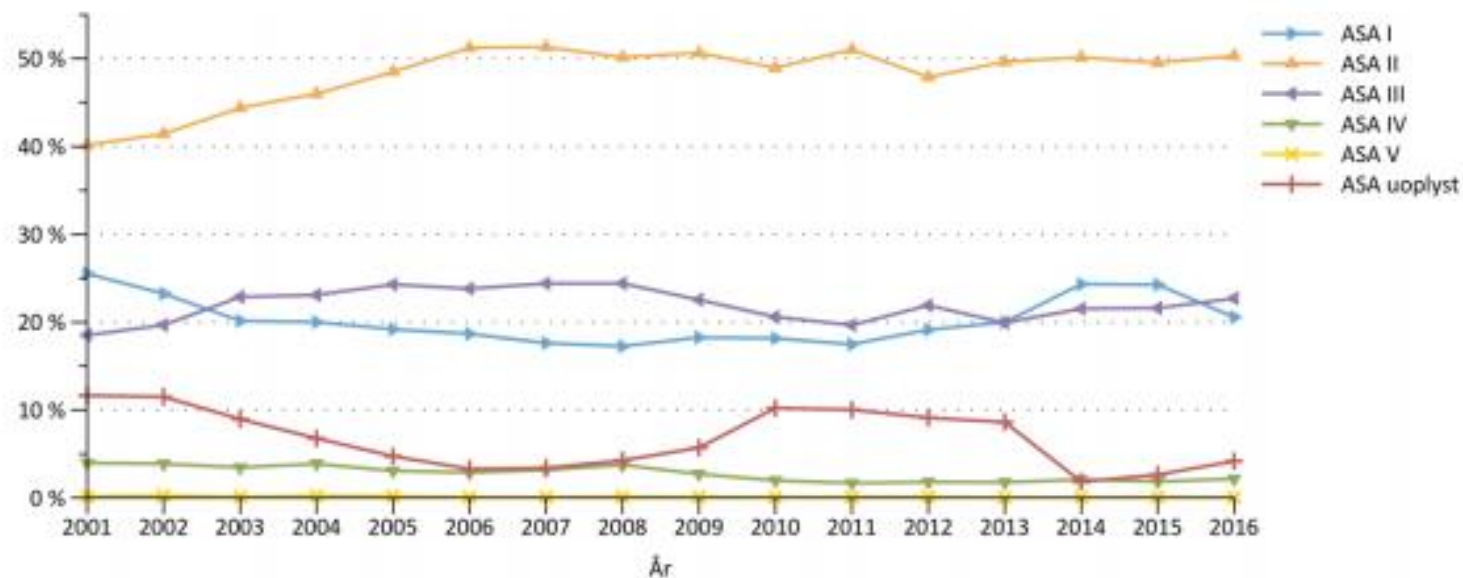


Performancestatus og overlevelse



N= 10 256. Kolorektalcancer elektivt opereret i perioden 2014-16, Danmark.

ANDEN SYGDOM





Inhalationsbaseret bedøvelse

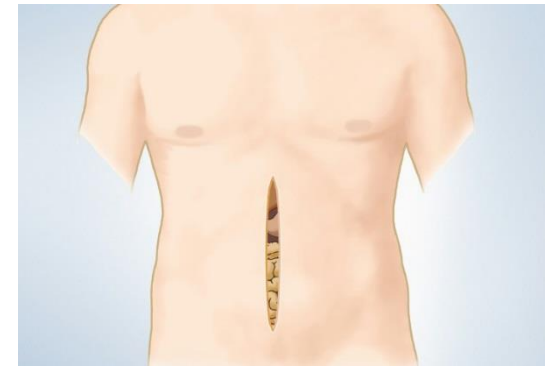
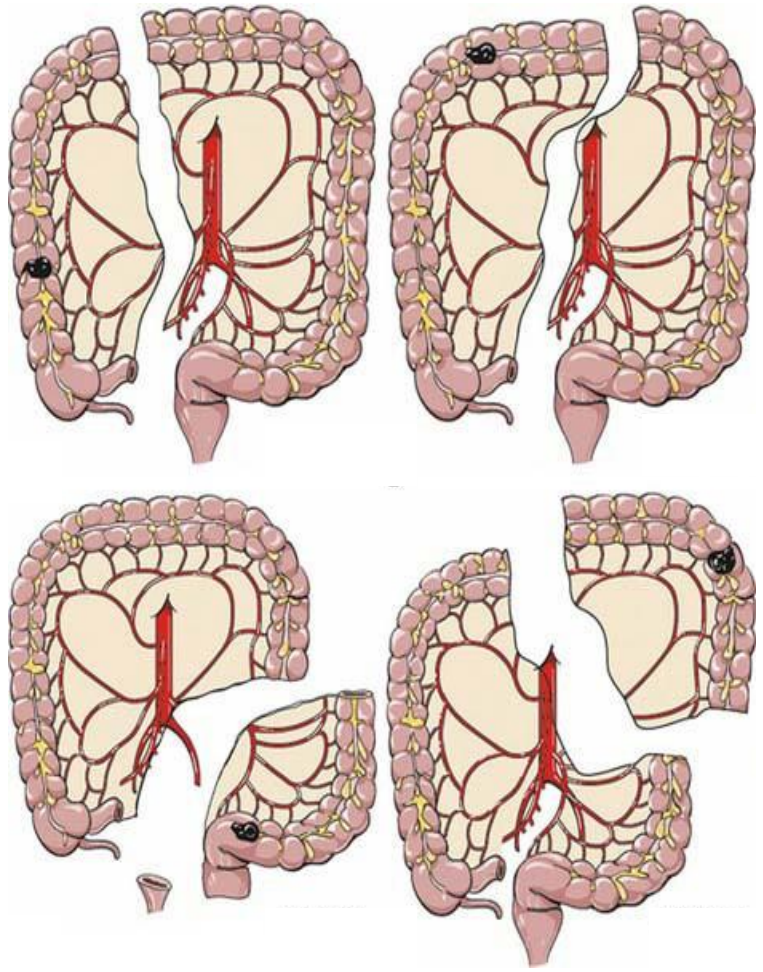
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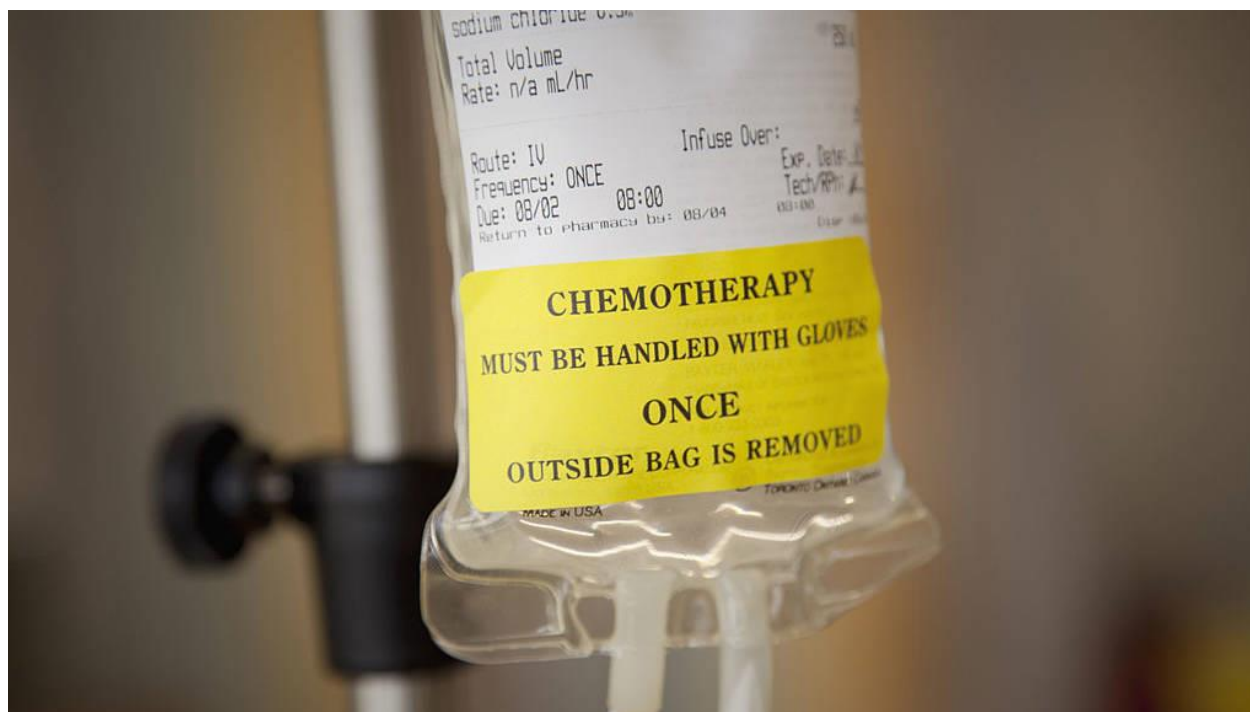
Intravenøs bedøvelse

Blodtransfusion



KIRURGISK TEKNIK/KVALITET

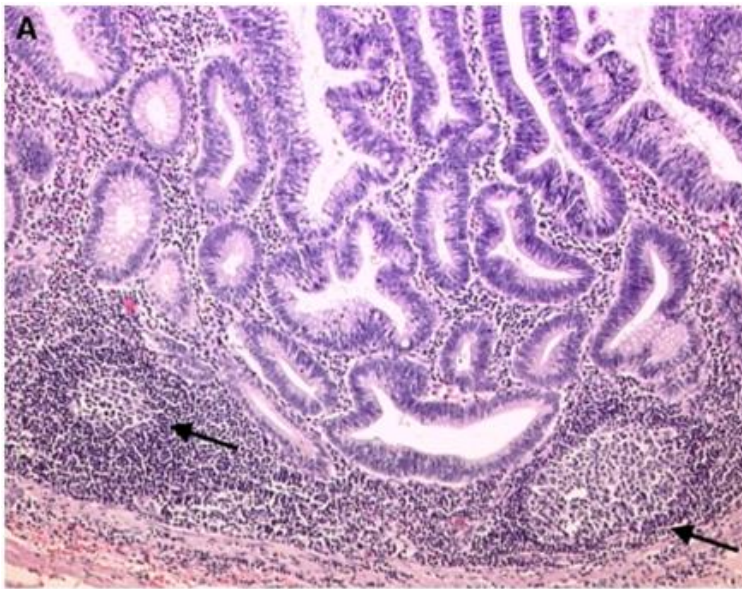




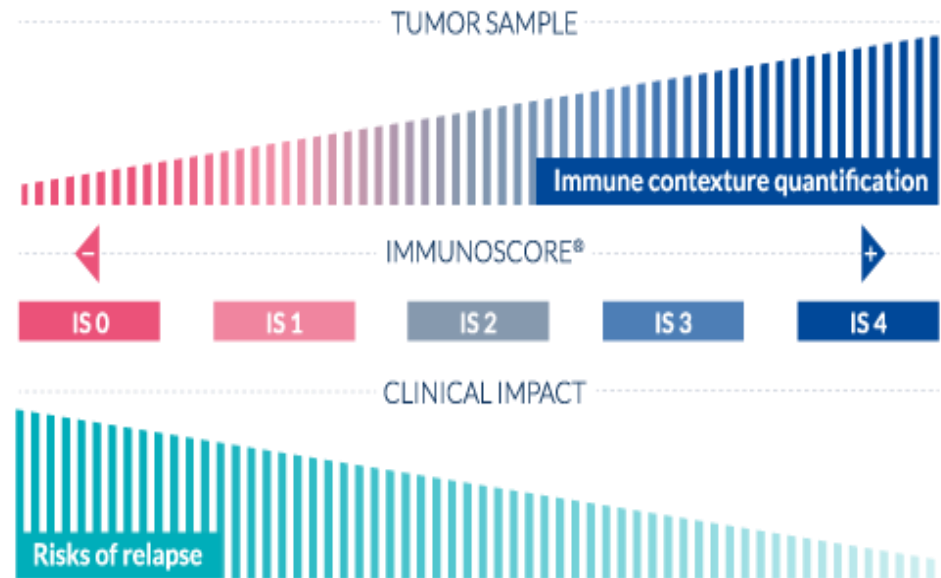


IMMUNSYSTEMETS ROLLE

Infiltration med immunceller er afgørende!

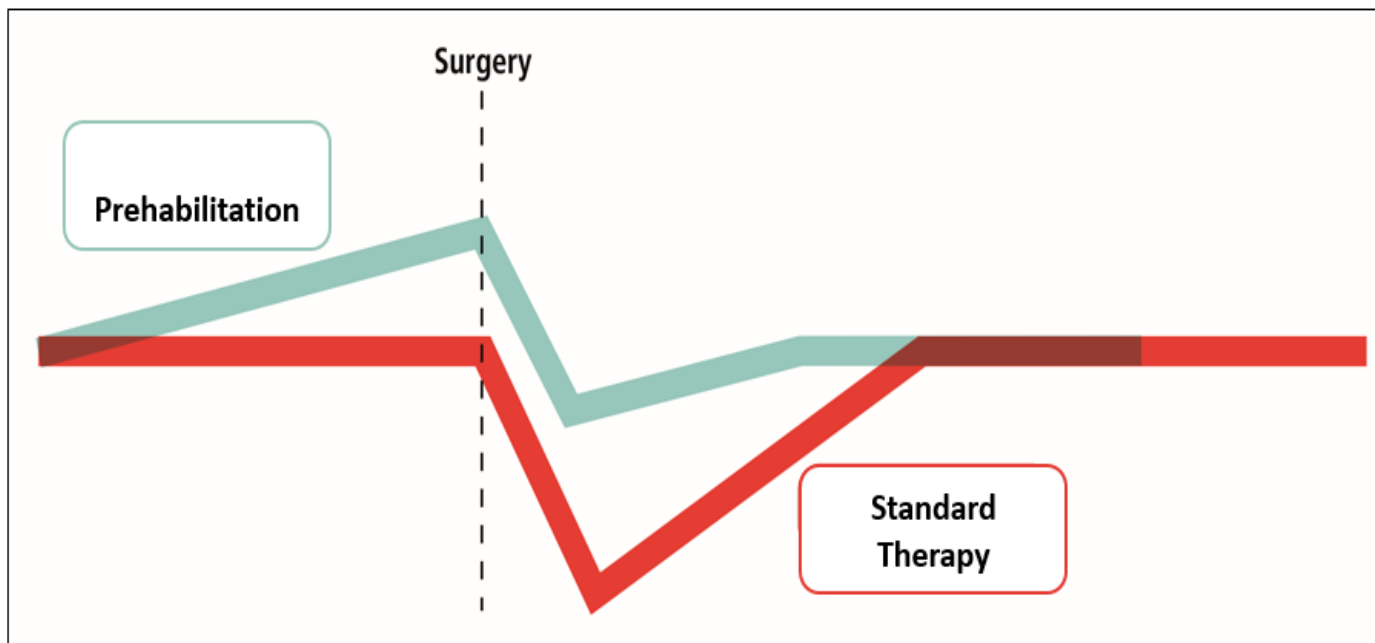


Galon et al. *Science*. 2006

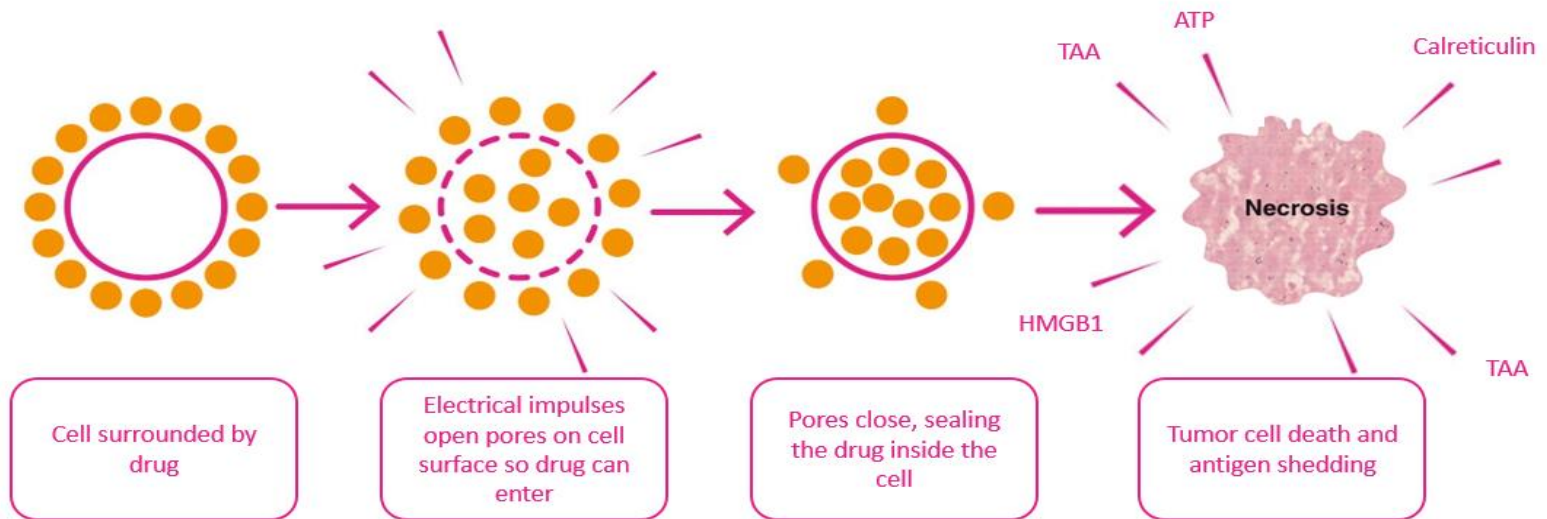


Mlecnik et al. *Journal of Clinical Oncology*. 2011

KIRURGISK STRESS



ELEKTROPORATION

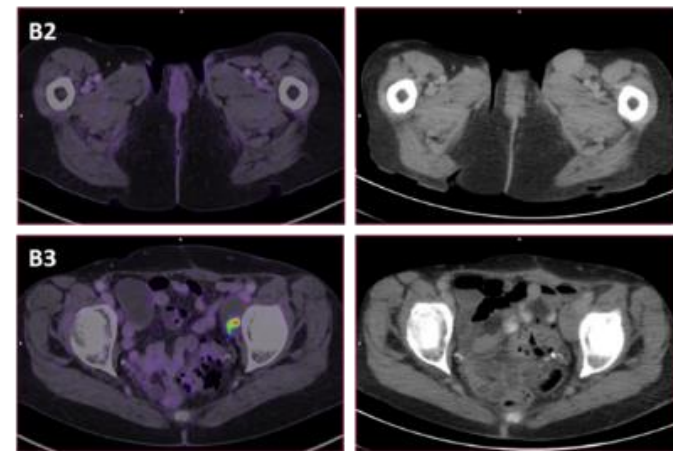
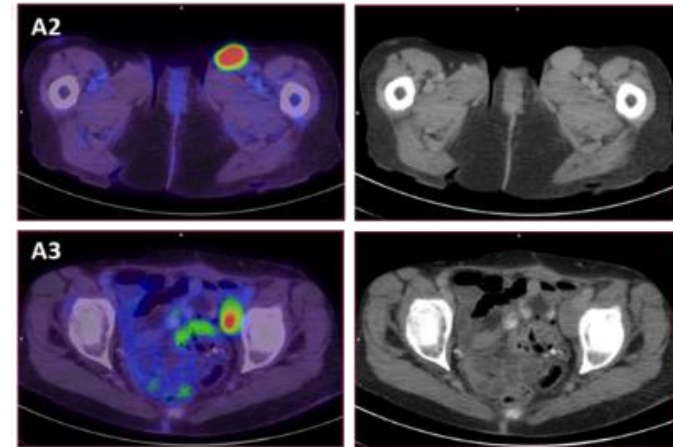


IMMUNSYSTEMET OG ELEKTROPORATION

Klinisk studie: eklatant respons
hos patient med malignt melanom



Respons i ubehandlede læsioner;
immunologisk effekt af behandling



Kliniske forsøg



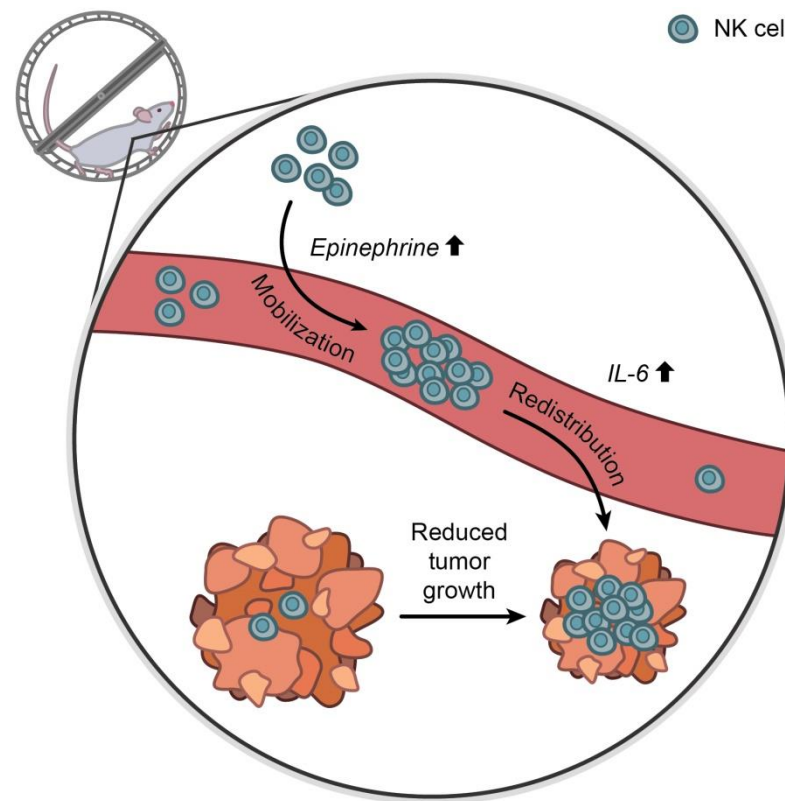
- Primær endetarmskræft:
Kon. kemostrålebehandling
- RCT:
20 ptt elektrokemoterapi
20 ptt kontrol
- Operation:
Primært endepunkt
mængde af vitalt tumorvæv

TRÆNING

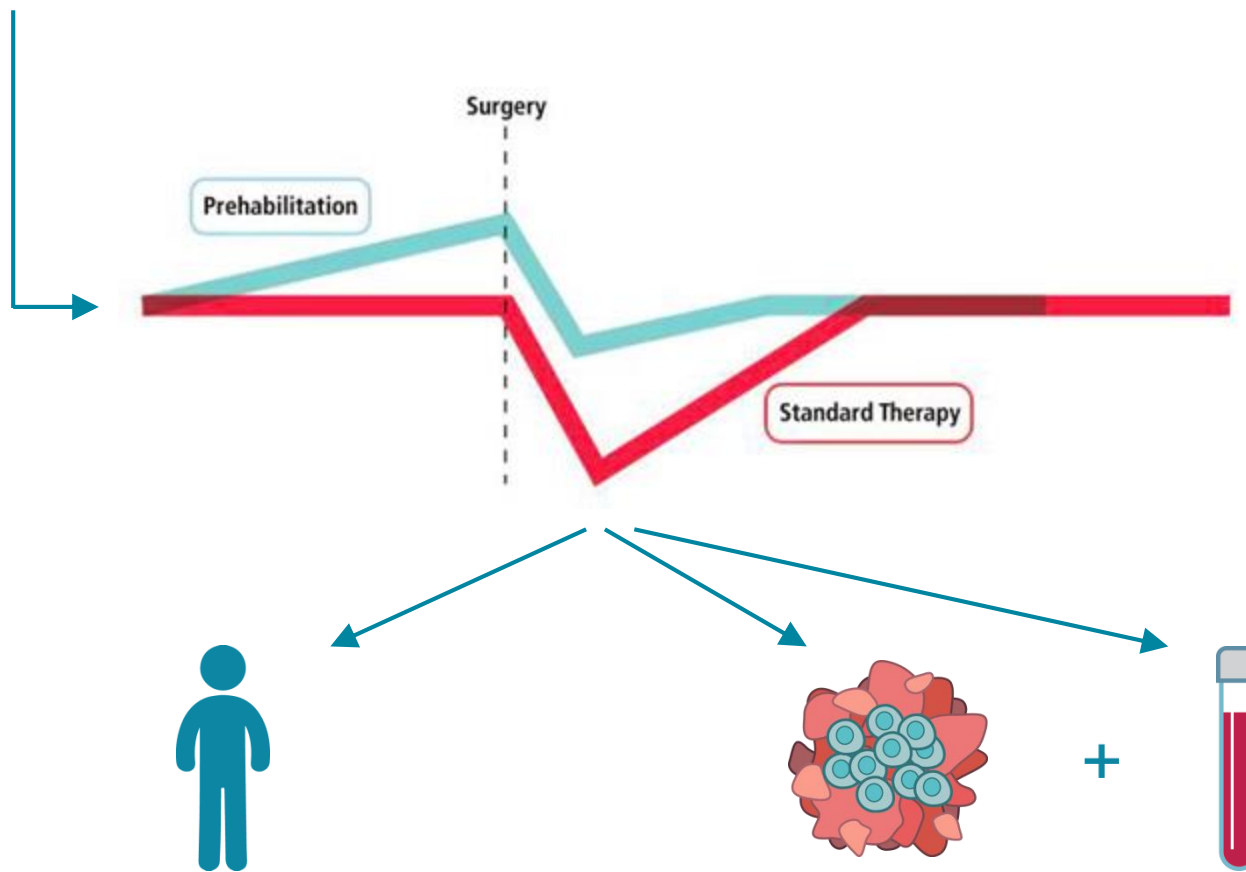
Effekt af træning før kirurgi på det postoperative forløb



Effekt af træning på immunsystemet og canceren



PRÆHABILITERING



ELEKTROPORATION

præoperativ

anæstesi - kirurgi

postoperativ

Tidlig colon og
rectum cancer

Lokal avanceret
rectum cancer

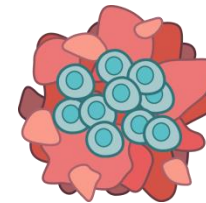
Metastatisk
sygdom



+



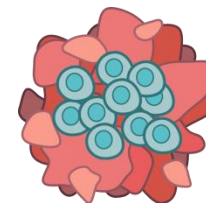
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FARMAKOLOGISK INTERVENTION

præoperativ

anæstesi - kirurgi

postoperativ

Interferon alfa

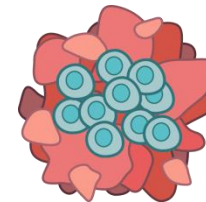
Metformin



+



+



ANÆSTESI

præoperativ

anæstesi - kirurgi

postoperativ

TQL-blok
(transmuscular quadratus
lomborum)



+



**Gas vs
TIVA**
(total intravenøs anæstesi)



+



+



præoperativ

anæstesi - kirurgi

postoperativ

Disease-free survival after complete mesocolic excision compared with conventional colon cancer surgery: a retrospective, population-based study



Claus Anders Bertelsen, Anders Ulrich Nevenschwander, Jens Erik Jansen, Michael Wilhelmsen, Anders Kirkegaard-Klitbo, Jutaka Reilin Tenma, Birgitte Bols, Peter Ingeholm, Leif Ahrenst Rasmussen, Lars Vedel Jepsen, Else Refsgaard Iversen, Bent Kristensen, Ismail Gögenur, on the behalf of the Danish Colorectal Cancer Group

Summary

Background Application of the principles of total mesorectal excision to colon cancer by undertaking complete mesocolic excision (CME) has been proposed to improve oncological outcomes. We aimed to investigate whether implementation of CME improved disease-free survival compared with conventional colon resection.

Lancet Oncol 2015; 16: 161-68

Published Online

December 31, 2014

<http://dx.doi.org/10.1016/>

KIRURGISK PROCEDURE

præoperativ

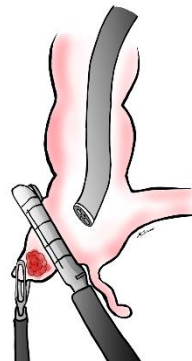
anæstesi - kirurgi

postoperativ

Intrakorporal
suturering



Kombineret
endoskopisk-
laparoskopisk
kirurgi



ACCELERERET ONKOLOGI

