

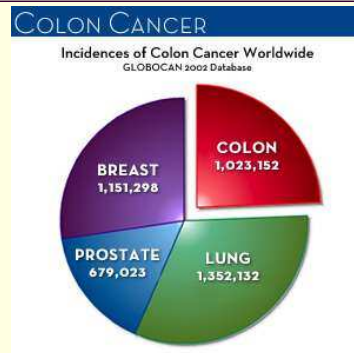
Rectum kanker

VVRO symposium 2011

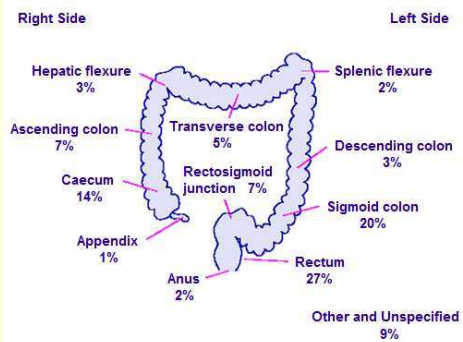
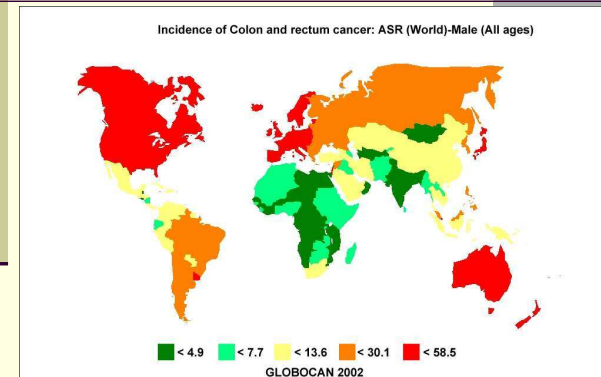
Dr Saskia Carton

St Maarten ziekenhuis
UZ Gasthuisberg

Incidentie

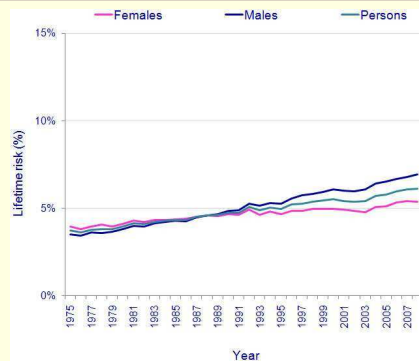


Incidentie



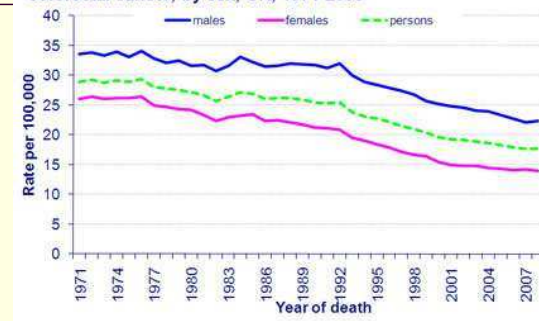
Cancer research UK

Life time risk of developing bowel cancer in great Britain. 1975 - 2008



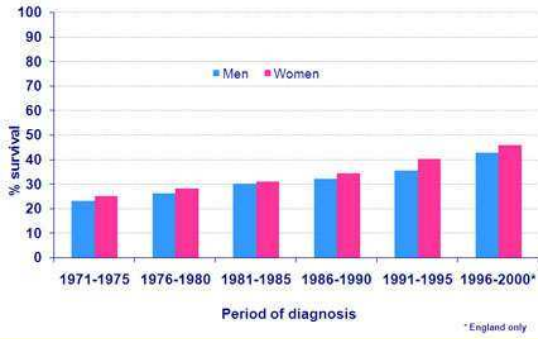
Cancer research UK

Figure 2.2: Age-standardised (European) mortality rates, colorectal cancer, by sex, UK, 1971-2008



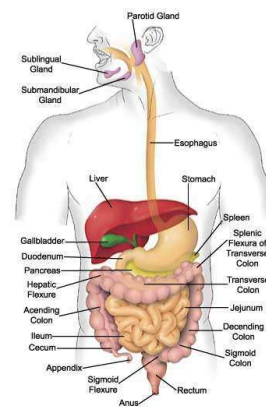
Cancer research UK

Figure 3.6: Ten year relative survival rate, rectal cancer, by sex, England and Wales, 1971-2000

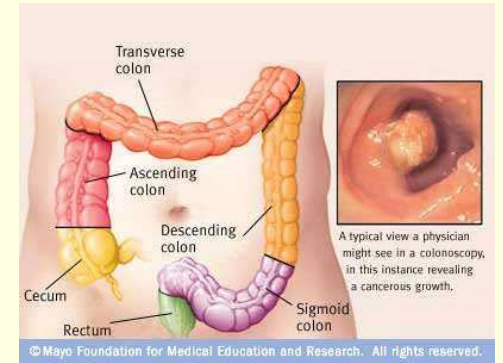


Cancer research UK

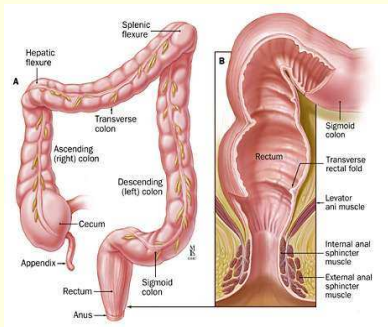
Anatomic



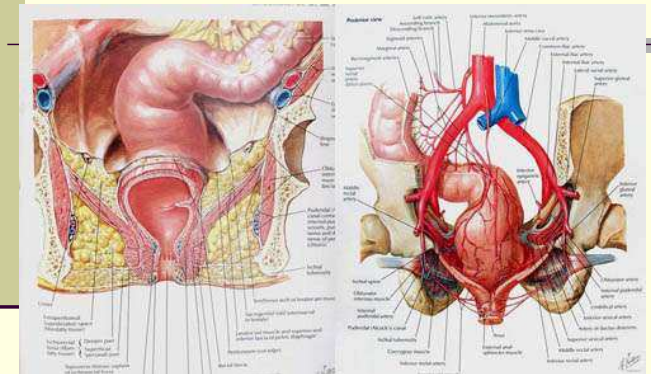
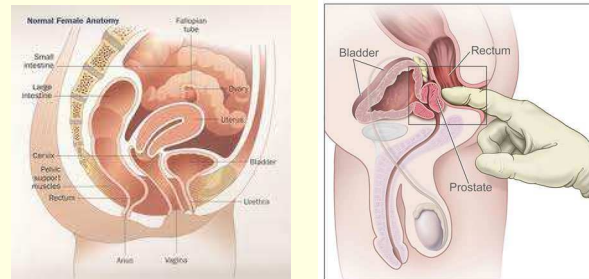
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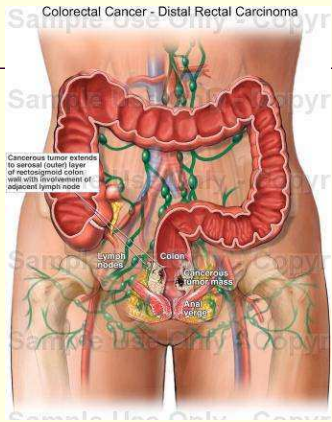


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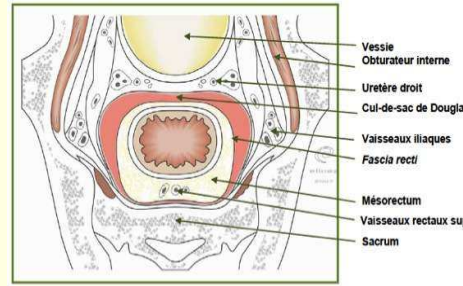


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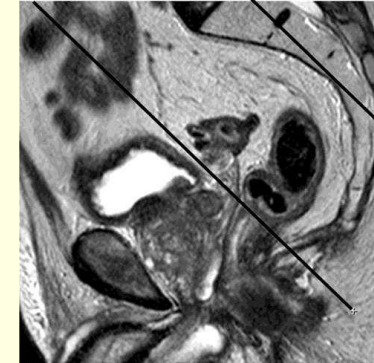




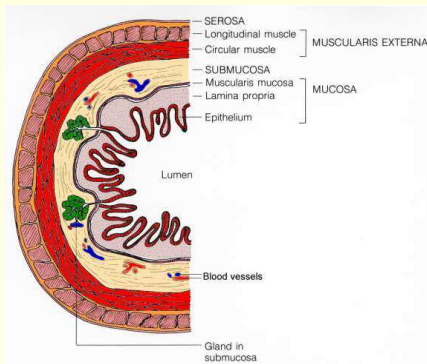
Anatomie



Anatomie

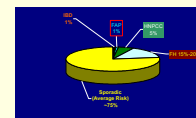


Anatomie



Colorectale kanker: risico groepen

- 70 – 75 %: **Average risk**
 - Geen familiale belasting of genetische achtergrond: Sporadic disease
- 25 – 30 %: **Increased risk**
 - CRC in persoonlijke voorgeschiedenis
 - 15-20% familielid met CRC
 - 1% langdurig inflammatoir darmlijden
 - 5 – 6 % **high** hereditary risk: HNPCC and FAP syndrome

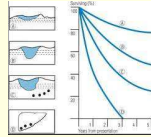


Average/increased/high risk

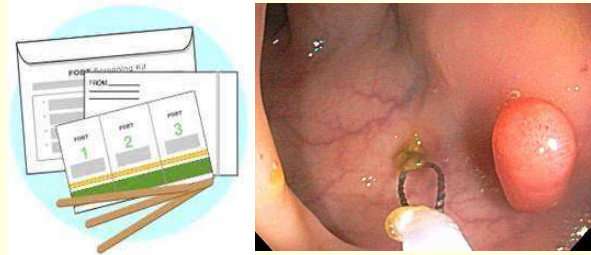
| Familial history | life time risk CRC |
|---|--------------------|
| no crc in family | 2-6% |
| 1 first degree relative with crc | 6% |
| 1 first degree relative with crc and 2 second degree relatives with crc | 8% |
| 1 first degree relative with crc under 45 y | 10% |
| 2 first degree relatives with crc | 17% |
| HNPCC carrier | 80% |
| FAP carrier | 100% |

Screening

- Enkele bemerkingen
 - Veel voorkomend probleem
 - Betere overleving bij vroegere detectie
 - Aanvaardbare methode
 - Voldoende sensitiviteit en specificiteit
 - Lage kost
 - Kost-effectief
 - Weinig neveneffecten



Screening



Symptomen of klachten

- Veranderd stoelgangspatroon
- Bloed en/of slijm bij de stoelgang
- Valse stoelgangsnood
- Pijn of eerder vage buiklast
- Gewichtsverlies
- Verdwijnen van het hongergevoel
- Bloedarmoede



Onderzoeken

1. Bloedonderzoek
2. Coloscopie met biopsie
3. CT van de buik en van de longen
4. Kernspintomografie (KST of MRI)
5. Echo-endoscopie (bij rectale kanker)
6. PET onderzoek

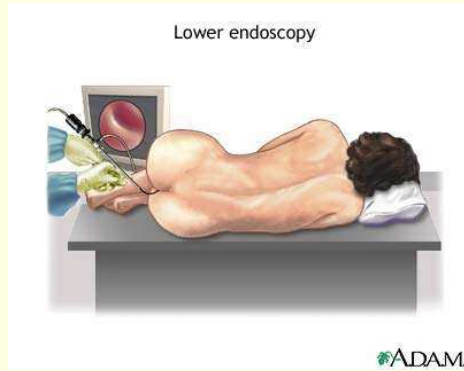
Onderzoeken: bloed

- Tumormarker – CEA
 - Eiwit in het bloed dat **soms** door de tumor geproduceerd wordt en dan kan gebruikt worden om de tumor op te volgen.
 - Is **geen** goede manier om kanker uit te sluiten want wordt door sommige kankers niet aangemaakt.

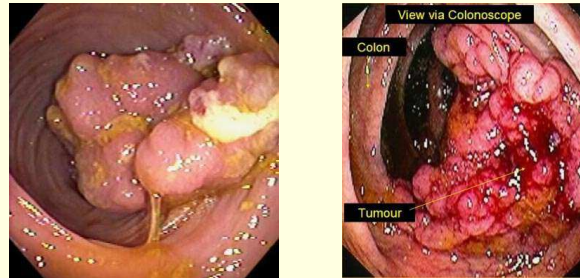
Onderzoeken: Coloscopie



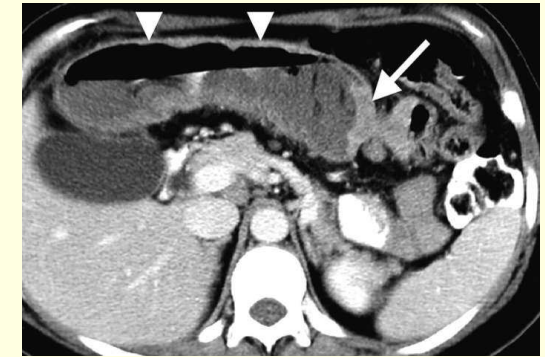
Onderzoeken: Coloscopie



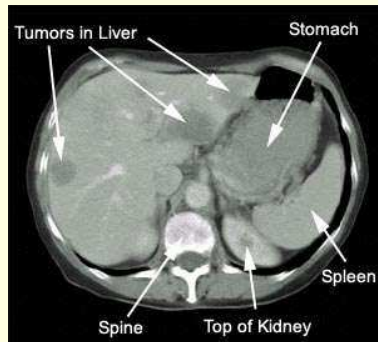
Onderzoeken: Coloscopie



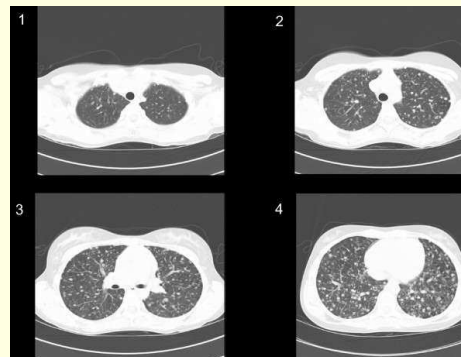
Onderzoeken: CT scan



Onderzoeken: CT scan

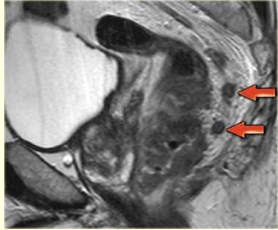
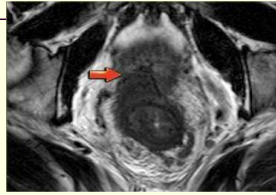
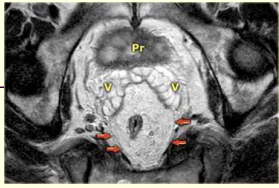


Onderzoeken: CT scan

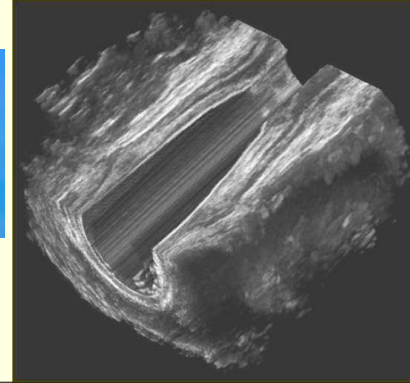


Onderzoeken: KST of MRI

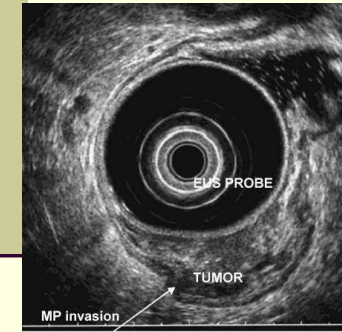




Onderzoeken: Echo-endoscopie



Echo-endoscopie



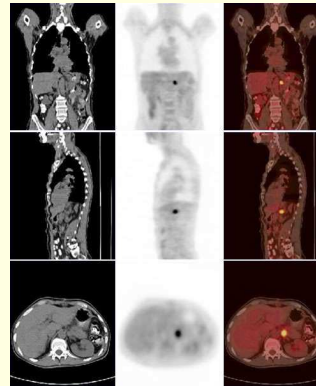
Most of the tumor appears to be T2 except in one small portion (arrowhead) where there appears to be penetration into perirectal fat.
Source: Curr Opin Gastroenterol © 2007 Lippincott Williams & Wilkins

Onderzoeken: PET scan

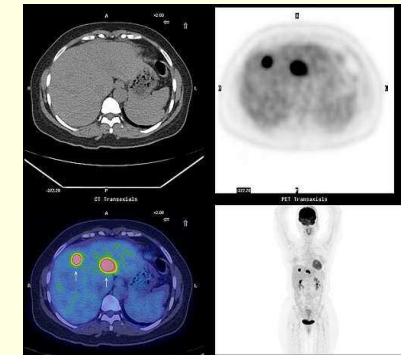
■ PET onderzoek = Positron Emissie Tomografie

- Radioactief isotoop wordt gekoppeld aan een glucose analoog (FDG) en ingespoten in de patiënt.
- Er wordt een uur gewacht zodat de glucose wordt opgenomen in de tumorcellen. Deze nemen meer glucose op dan gezonde cellen en worden zo zichtbaar op de scan als een 'hotspot'
- Veelal in combinatie met CT waarbij beelden kunnen gecorreleerd worden

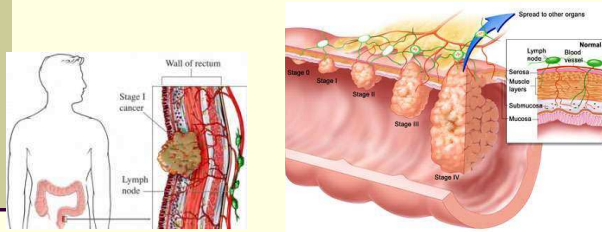
Onderzoeken: PET scan



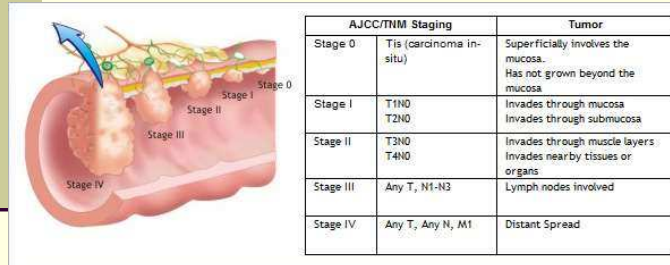
Onderzoeken: PET scan



Classificatie



Classificatie



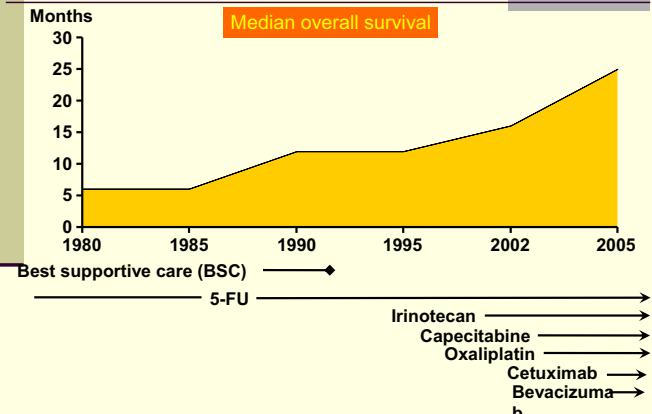
Presentatie

| | |
|-------------|---------|
| stadium I | 15% |
| stadium II | 20%–30% |
| stadium III | 30%–40% |
| stadium IV | 20%–25% |

Behandeling - Rectum

- Stadium I en II: enkel heelkunde
- Stadium III (pos klieren): neoadjuvante chemoradiotherapie + heelkunde.
- Stadium IV (metastasen):
 - Palliatieve chemotherapie.
 - Zo obstructie: stenting of heelkunde
 - Zo solitaire meta (of beperkt tot 1 leverlob of longkwab) metastasectomie overwegen

Evolutie in behandeling



For more information on the different ways you can be tested, call 1-800-227-2345 or visit www.cancer.org/NYNI