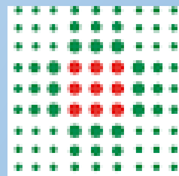

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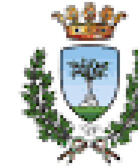

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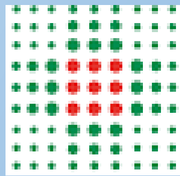
- EX LABORE FRUCTUS -

Percorso Diagnostico Terapeutico Assistenziale della/del Paziente con Neoplasia del Distretto Cervico Facciale

Sabato 13 Maggio 2023

Il follow up

Prof.ssa C. Bianchini / Dott. M. Geminiani



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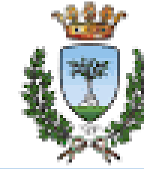

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- EX LABORE FRUCTUS -

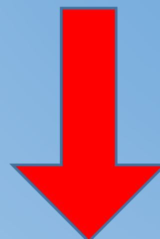
Definizione: Controllo

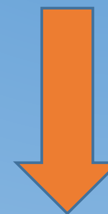
Monitoraggio (Oncologico)

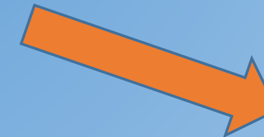
Osservazione

Ricerca di un Follow up ottimale:

MONITORAGGIO MALATTIA







QUALITA' DI VITA

STATO PSICOLOGICO

SALUTE

- Adeguato / Oculato impiego di risorse (costo beneficio)
- Organizzazione assistenza sanitaria
- Razionalizzazione assistenza sanitaria

Il Paziente: Non puo essere escluso l'Obiettivo di essere seguito nel modo migliore e piu completo

Tutto e Sempre?

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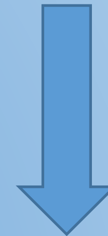
Chi è coinvolto?

PAZIENTE

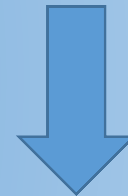
CAREGIVERS FAMILIARI

CAREGIVERS SANITARI:
MMG, INFERMIERE AD
MEDICI OSPEDALIERI

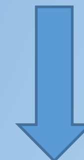
PRIMA POSSIBILITA':
Controlli molto frequenti



CTR clinico soffocante
Socialmente disturbante



STRESS ANSIA DIFFICOLTA' FAMILIARI



Peggioramento qualità di vita

TUTTO E SEMPRE E AL MASSIMO LIVELLO NON E' POSSIBILE

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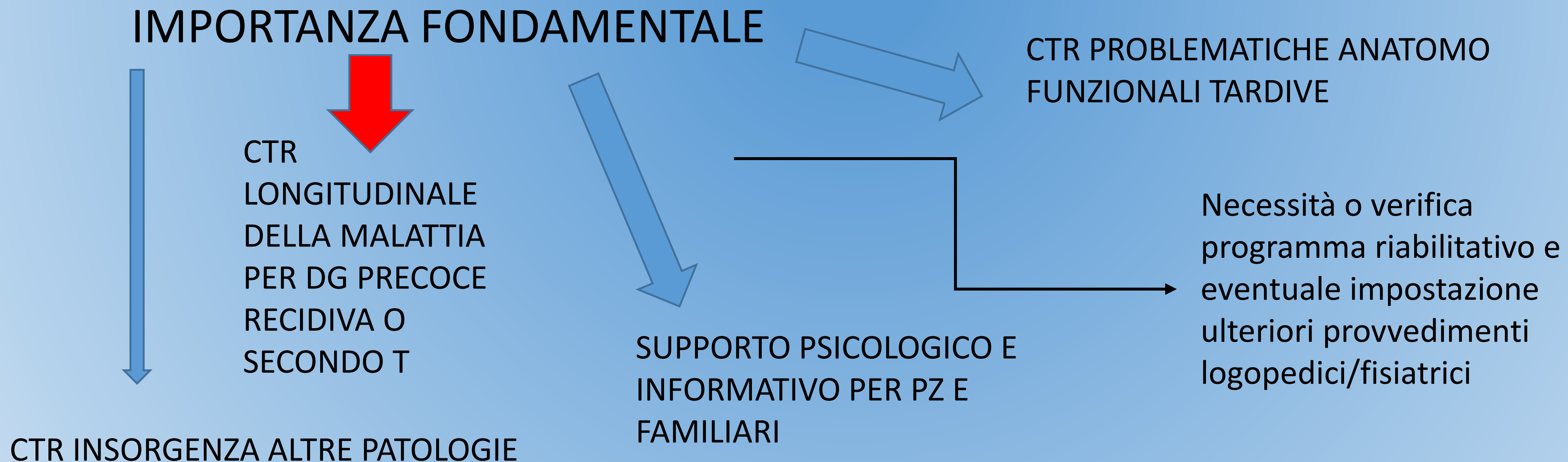
CAREGIVERS FAMILIARI/SANITARI

- INDISPENSABILE LA PRESENZA DEL FAMILIARE

NO CONTROLLI TROPPO STRETTI

- CAREGIVERS SANITARI

IMPORTANZA FONDAMENTALE



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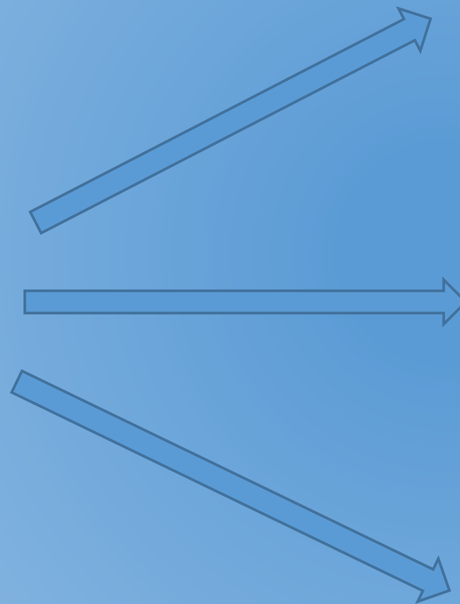
Come si svolge?

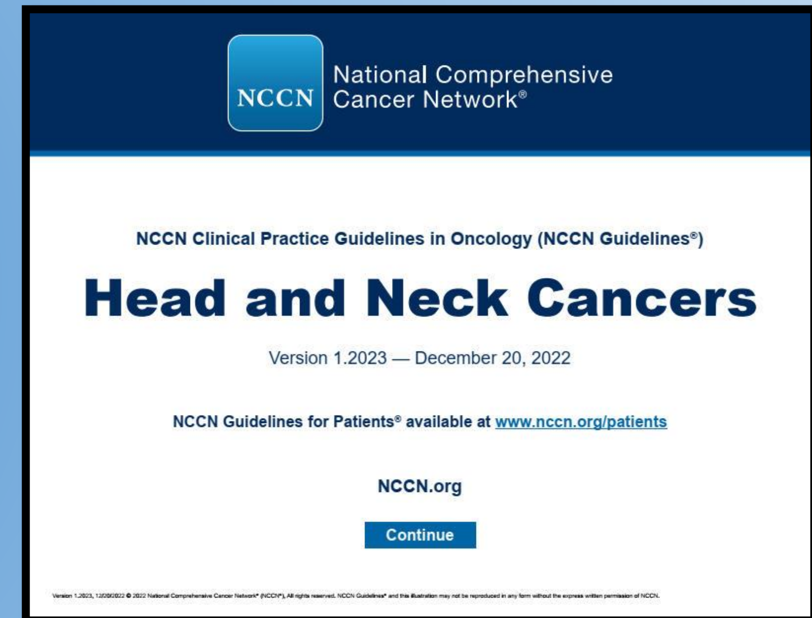
ONCOLOGO MEDICO

Specialisti di Riferimento



Orl

RADIOTERAPISTA


National Comprehensive Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Head and Neck Cancers

Version 1.2023 — December 20, 2022

NCCN Guidelines for Patients® available at www.nccn.org/patients

NCCN.org

Continue

Vantaggi:
1 solo follow up
1 sola visita con 3 specialisti

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LINEE GUIDA National Comprehensive Cancer Network

Generali per Follow up

Specifiche per sede

Specifiche per paziente

Ogni clinico che applica o consulta semplicemente le linee guida è tenuto ad utilizzare un giudizio medico indipendente nel contesto di circostanze cliniche individuali per determinare il tipo di cura e trattamento per il paziente.

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Head and Neck Cancers

NCCN Head and Neck Cancers Panel Members
Summary of the Guidelines Updates
Multidisciplinary Team and Support Services (TEAM-1)
Cancer of the Oral Cavity (Including Mucosal Lip) (OR-1)
Cancer of the Oropharynx (ORPH-1)
• p16-negative (ORPH-2)
• p16 (HPV)-positive (ORPHPV-1)
Cancer of the Hypopharynx (HYPO-1)
Cancer of the Nasopharynx (NASO-1)
• Systemic Therapy for Nasopharyngeal Cancers (NASO-B)
Cancer of the Glottic Larynx (GLOT-1)
Cancer of the Supraglottic Larynx (SUPRA-1)
Ethmoid Sinus Tumors (ETHM-1)
Maxillary Sinus Tumors (MAXI-1)
Very Advanced Head and Neck Cancer (ADV-1)
Recurrent/Persistent Very Advanced Head and Neck Cancer (ADV-3)
Occult Primary (OCC-1)
Salivary Gland Tumors (SALI-1)
• Systemic Therapy for Salivary Gland Tumors (SALI-B)
Mucosal Melanoma (MM-1)
Follow-up Recommendations (FOLL-A)
Principles of Imaging (IMG-A)
Principles of Surgery (SURG-A)
Principles of Radiation Techniques (RAD-A)
Principles of Systemic Therapy for Non-Nasopharyngeal Cancers (SYST-A)
Principles of Nutrition: Management and Supportive Care (NUTR-A)
Principles of Oral/Dental Evaluation and Management (DENT-A)

Staging (ST-1)

Abbreviations (ABBR-1)

Clinica... the bes... with ca... Particip... especia...

Find an... https://... instituti...

NCCN ... Conse... are cat... indicate...

See NC... and Co...

NCCN ... All reco... approp...

See NC...

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[f] Cohen EE, LaMonte SJ, Erb NL, et al. American Cancer Society Head and Neck Cancer Survivorship Care Guideline. CA Cancer J Clin 2016;66:203-239.

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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Dove si svolge?
AMB 25 settore 2 E 1 Osp di Cona
a domicilio (ADI)
Amb Logopedico settore 2 E 1 Osp di Cona

Tipo di Follow up:

Scadenze programmate

Sintomatologia

Pagh A, Vedtofte T, Lynggaard CD, et al. The value of routine follow-up after treatment for head and neck cancer. A National survey from DAHANCA. Acta Oncol 2013;52:277-84.

one silent recurrence detected per 99 visits

Kissun D, Magennis P, Lowe D, et al. Timing and presentation of recurrent oral and oropharyngeal squamous cell carcinoma and awareness in the out-patient clinic. Br J Oral Maxillofac Surg 2006;44:371-6.

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Linee guida di riferimento:
1996 American Society for Head and Neck Surg: 28 visite + 5rx torace in 5 anni

2001 British Association Head and Neck Oncology:
4/8 sett primi 2 anni
3 mesi terzo anno
6 mesi 4°/5° anno
Ogni 12 mesi dopo il 5°anno

NCCN

1 RX torace all’anno
F(X) Tiroidea
Markers EBV
1 imaging di ristadiazione entro 6 mesi dalla fine del trattamento (almeno 2 mesi dopo fine tratt)
Poi imaging al bisogno

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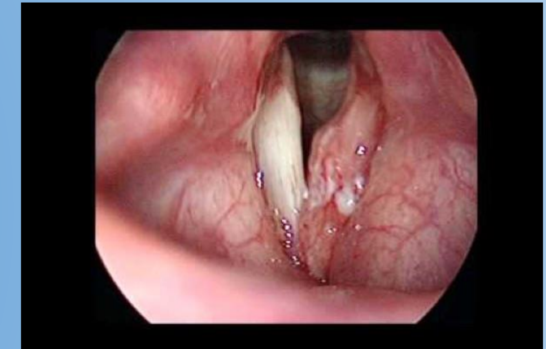
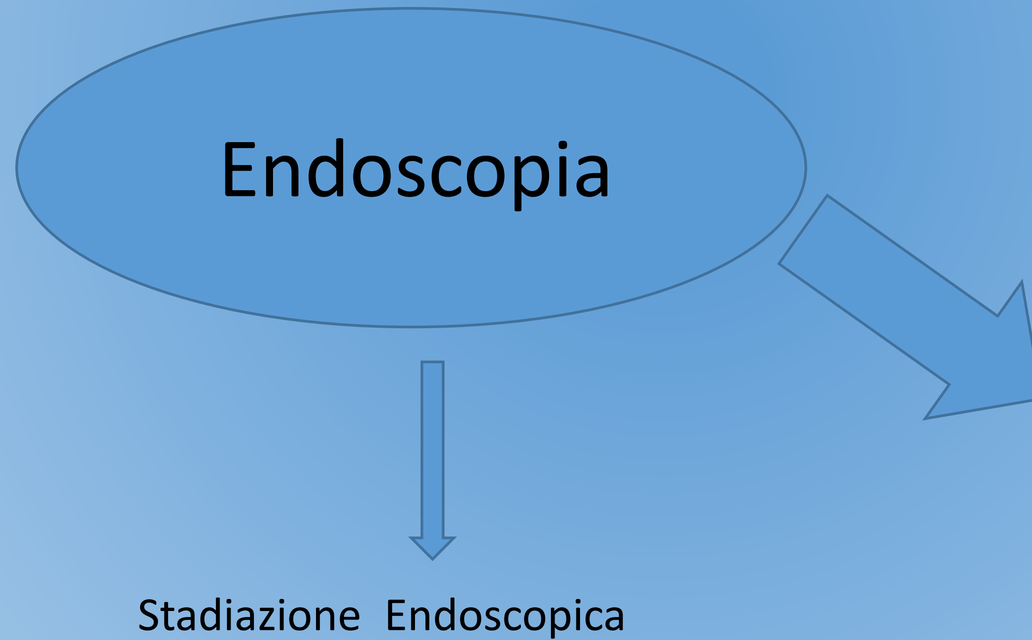
Esame obiettivo ORL con endoscopia sempre

Piu del 50% in stadio III/IV sviluppa recidiva locale o metastatica nei primi 3 anni





FOLLOW UP

Stadiazione Endoscopica

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Endoscopia: Precoce detezione Recidive su superfici mucose

Imaging: Utile nell'identificazione di Recidive profonde sottomucose (al di sotto di ricostruzioni con lembi, rinofaringe, seni paranasali)

Sullivan BP, Parks KA, Dean NR, et al. Utility of CT surveillance for primary site recurrence of squamous cell carcinoma of the head and neck. Head Neck 2011;33:1547-50.

Su Orofaringe e laringe es clinico con endoscopia ha sensibilità e specificità migliori vs TC nella detezione delle recidive/persistenze di malattia

La TC migliore su Ipofaringe e Rinofaringe

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Ricorrenza di malattia LINFONODALE:

Eco collo a cadenza regolare (preferibile)
Basso costo, bassa invasività

Ctr malattia metastatica in torace:

1RX torace/anno

Non c'è significativo miglioramento prognostico se positivo

TC/RM: ristadiazione sempre dopo 12settimane entro 6 mesi post trattamento o ricostr con lembi o sedi profonde di malattia

PET: se tc/rm equivoca in ristadiazione

In malattia stadio III/IV come ctr M a distanza dopo 1 anno

Se sospetta REC/persistenza all'EO

Cpllaborazione Clinico/Radiologo = aumento di efficacia

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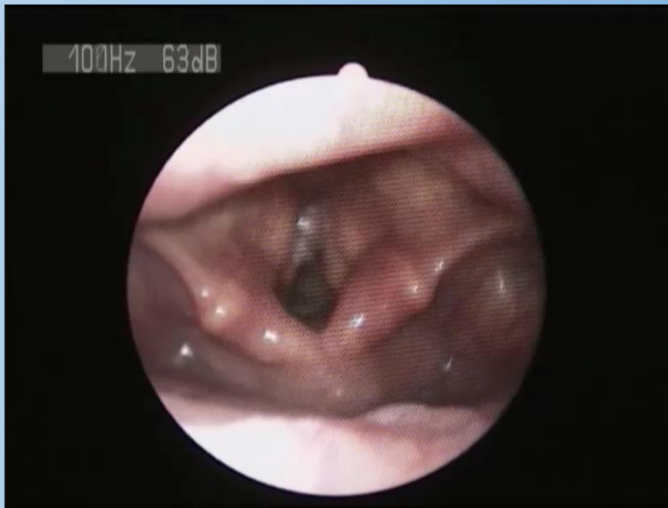
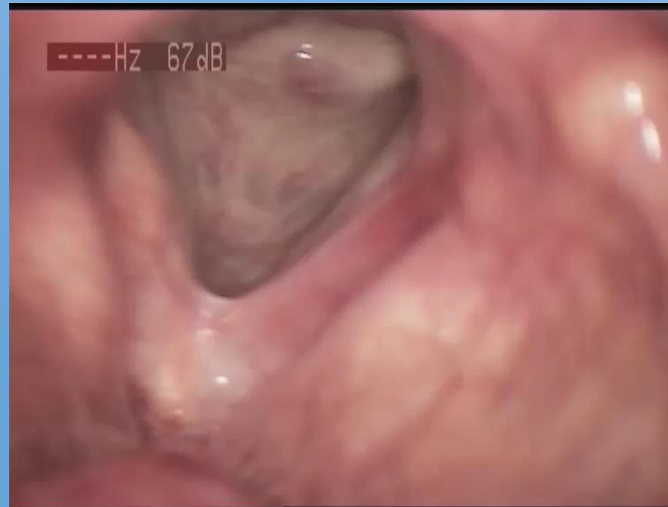
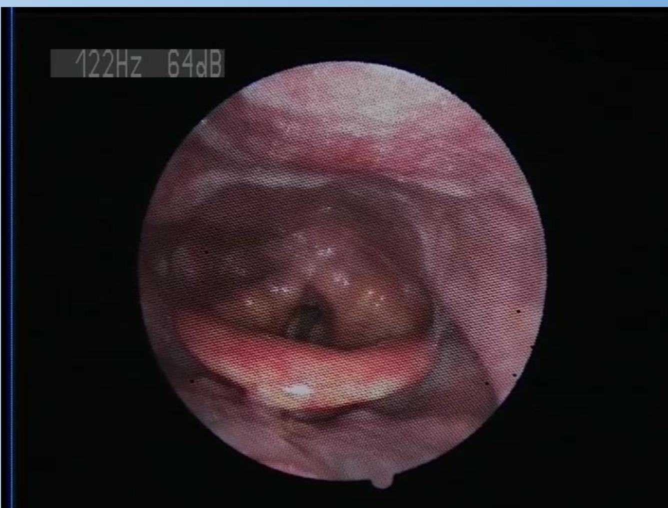
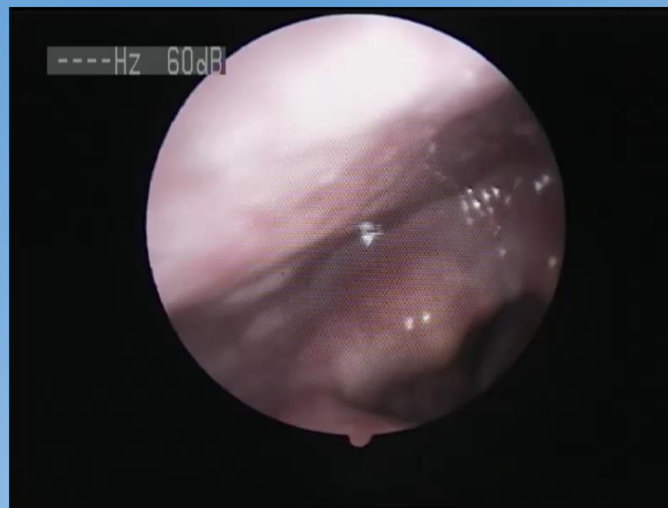
Follow up laringe





Cordectomia III° tipo
12 mesi





Radioterapia esclusiva
12 mesi

Follow up laringe

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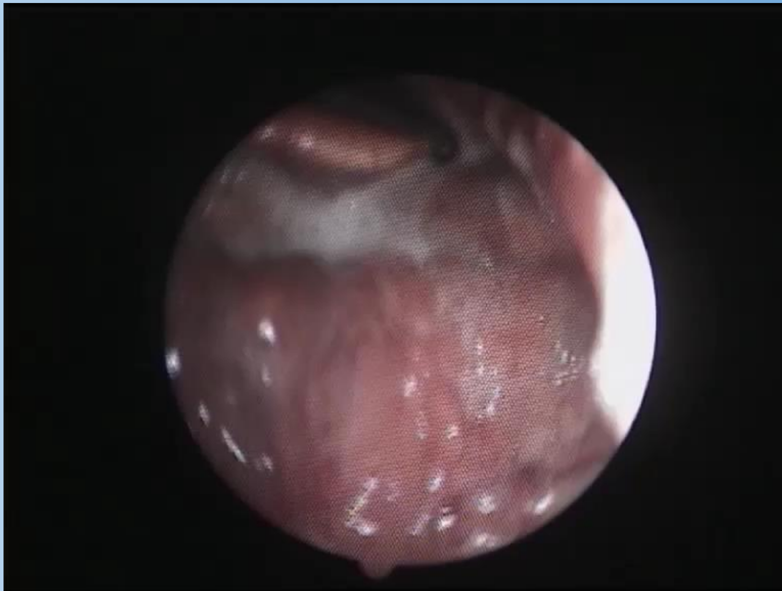
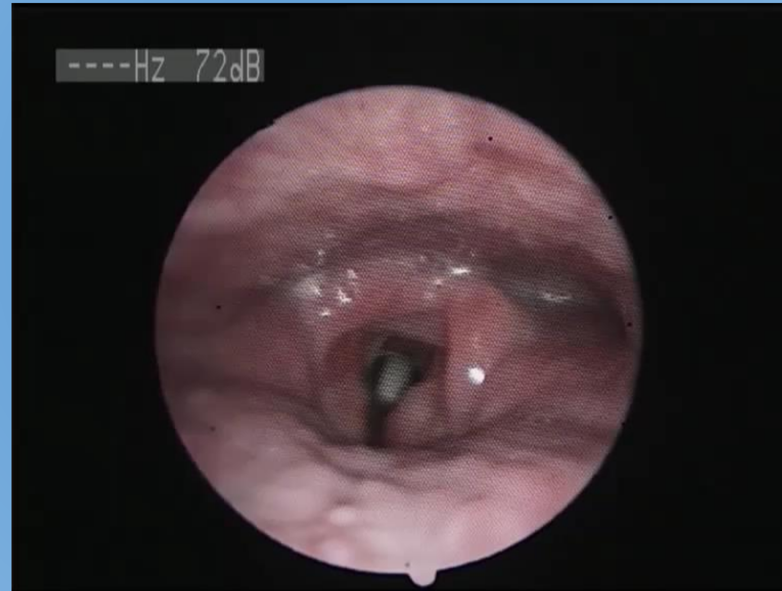
Laringectomia parziale
2 mesi





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Follow up cavo orale

Recidiva su T ed N o comparsa di metastasi nel 70% è nei primi 2 anni poi diminuisce sino al 5° anno fin o ad essere rara dopo il 5° anno

AIOOC/AIRO/AIOM

1-3 mesi 1° anno
2-6 mesi 2° anno
4-8 mesi 3°4°5° anno
12 mesi dopo il 5° anno

- Cooper JS, Pajak TF, Rubin P, et al. Second malignancies in patients who have head and neck cancer: incidence, effect on survival and implications based on the RTOG experience. Int J Radiat Oncol Biol Phys 1989;17:449-56. 9.
- Vikram B, Strong EW, Shah JP, et al. Second malignant neoplasms in patients successfully treated with multimodality treatment for advanced head and neck cancer. Head Neck Surg 1984;6:734-7.
- Lin K, Patel SG, Chu PY, et al. Second primary malignancy of the aerodigestive tract in patients treated for cancer of the oral cavity and larynx. Head Neck 2005;27:1042-8.

Follow up faringe:
Rinofaringe titolazione EBV-DNA 2-6-24-36 mesi post radiochemioterapia

Ferrari D, Codecà C, Bertuzzi C, et al. Role of plasma EBV DNA levels in predicting recurrence of nasopharyngeal carcinoma in a Western population. BMC Cancer 2012;30:12:208.

Wang WY, Twu CW, Lin WY, et al. Plasma Epstein-Barr virus DNA screening followed by ^{1}F-fluoro-2-deoxy-D-glucose positron emission tomography in detecting posttreatment failures of nasopharyngeal carcinoma. Cancer 2011;117:4452-9.

Follow up seni paranasali:
recidiva locale 50% dei casi, in alcuni casi 15 anni dopo il trattamento (ca adenoidocistico)
RM sempre (localizzazione profonda difficilmente individuabile endoscopicamente)

Farina D, Borghesi A, Botturi E, et al. Treatment monitoring of paranasal sinus tumors by magnetic resonance imaging. Cancer Imaging 2010;10:183-93.

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D) FASE DI FOLLOW UP (congiunto)

Una buona qualità di cura del paziente sopravvivente include:

- **monitoraggio delle recidive;**
- **monitoraggio, screening e prevenzione dei secondi tumori;**
- **monitoraggio e trattamento degli effetti tardivi indotti dal suo trattamento;**
- **riferimento a specialisti appropriati (odontoiatra, logopedista, nutrizionista, pneumologo in caso di polmoniti recidivanti, fisioterapista, ecc.);**
- **fornire raccomandazioni riguardo alla dieta, all'attività fisica e al mantenimento di stili di vita sani;**
- **incoraggiare i sopravviventi a farsi promotori delle richieste riguardo ai propri bisogni.**

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[d] See Principles of Nutrition: Management and Supportive Care (NUTR-A).
[e] All patients who currently smoke should be advised to quit smoking, and those who formerly smoked should be advised to remain abstinent from smoking. For additional cessation support, refer to the Patient/Provider Smoking Cessation Resources in the NCCN Guidelines for Smoking Cessation.
[f] Cohen EE, LaMonte SJ, Erb NL, et al. American Cancer Society Head and Neck Cancer Survivorship Care Guideline. CA Cancer J Clin 2016;66:203-239.

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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ORL-Oncologo-Radioterapista sempre presenti per tutta la durata del follow up

GRAZIE PER L’ATTENZIONE