



Dr. Levent Tabak

1.-6.öneri

- 1975'e kadar (5319)
- Tek merkez
- BT her olguda yok
- Çoğunlukla cerrahi yapılan olgular

7.Öneri

1990-2000 (63725)

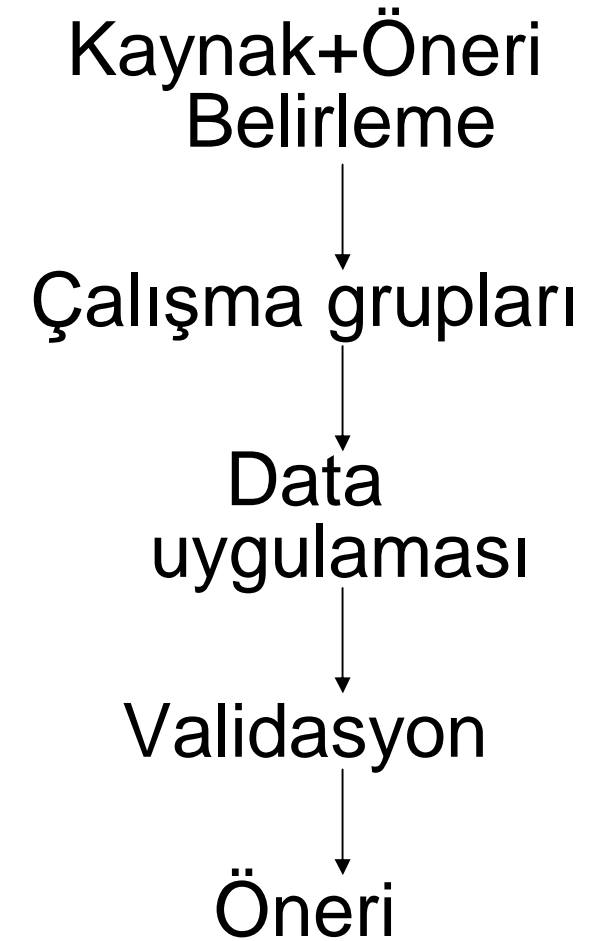
19 ülke, 46 merkez

Evreleme metodları
Standart/homojen

5 yıllık takibi bitmiş
her türlü tedavi

As the project progressed, the ISC created subcommittees to manage the various elements of the project³:

- 1. T Descriptors Subcommittee**
- 2. N Descriptors Subcommittee**
- 3. M Descriptors Subcommittee**
- 4. Small-Cell Lung Cancer**
- 5. Nodal Chart Subcommittee**
- 6. Prognostic Factors Subcommittee**
- 7. Validation and Methodology Subcommittee**



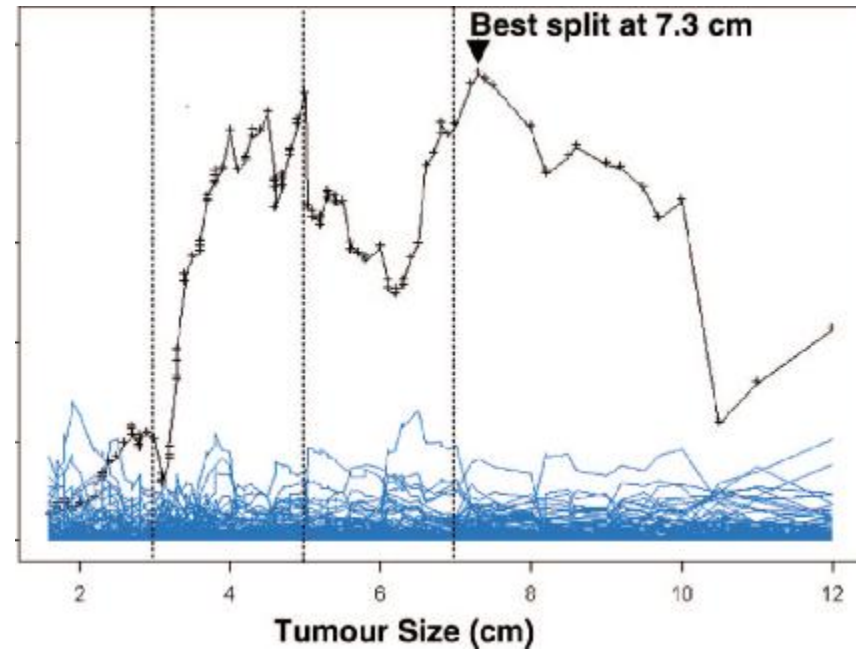
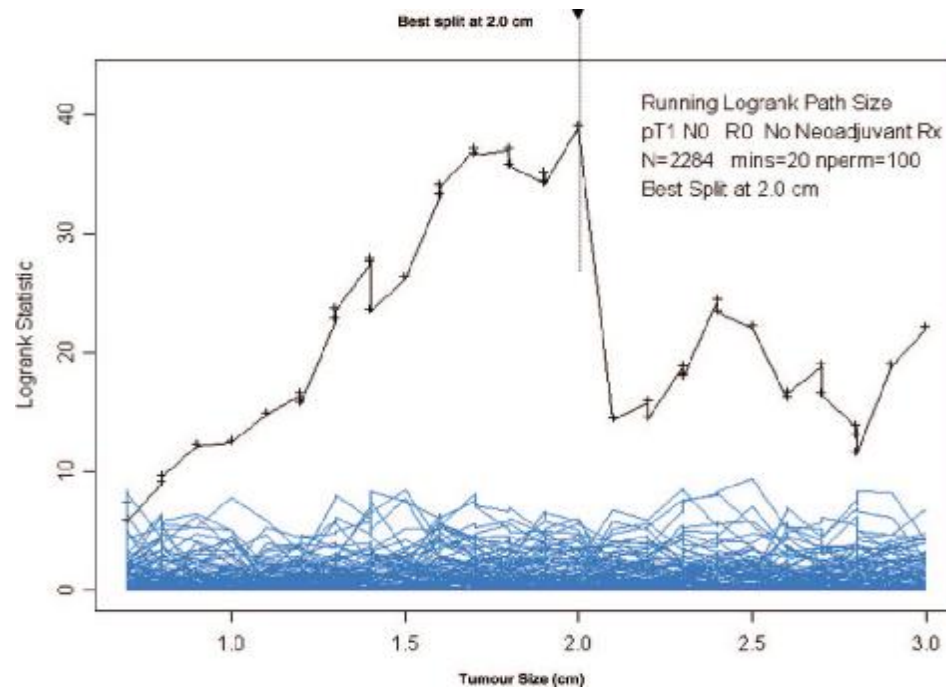
The IASLC International Database 1990 – 2000.

Total cases submitted	<u>100,869</u>
Excluded from current analysis	19,854
Outside of 1990-2000 time frame	5,443
Incomplete survival data	1,505
Unknown histology	2,468
Incomplete stage information	7,720
Recurrent cases and other (e.g not known if recurrent vs. newly diagnosed, occult tumours)	1,603
Carcinoids, sarcomas and other histologies	1,115
<u>Included in analyses</u>	<u>81,015</u>
SCLC (and mixed SCLC/NSCLC)	13,290
NSCLC (basis for IASLC recommendations for 7th Edition)	67,725

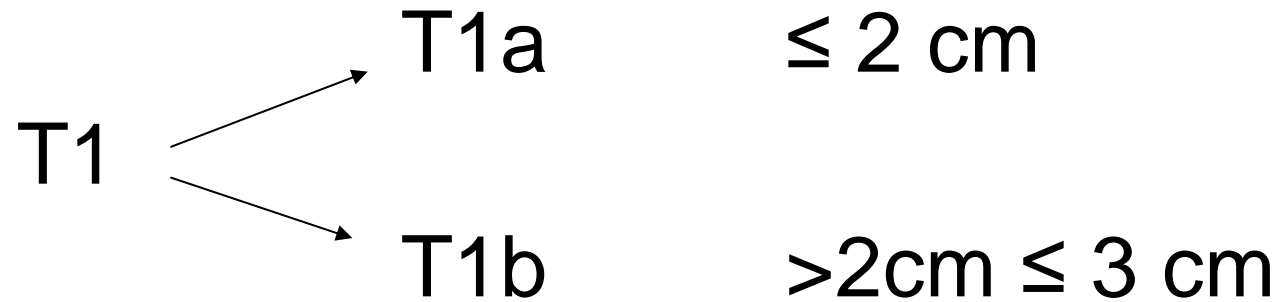
DEĞİŞİKLİKLERE DAYANAK BAŞLICA YAYINLAR

- Ø Lopez-Encuentra A, Duque-Medina JL, Rami-Porta R, et al. Staging in lung cancer: is 3 cm a prognostic threshold in pathologic stage I non-small cell lung cancer? A multicenter study of 1,020 patients. *Chest* 2002;121:1515–1520.
- Ø Bronchogenic Carcinoma Cooperative Group of the Spanish Society of Pneumology and Thoracic Surgery (GCCB-S). Clinical tumour size and prognosis in lung cancer. *Eur Respir J* 1999;14:812–816.
- Ø Carbone E, Asamura H, Takei H, et al. *T2 tumors larger than five centimeters in diameter can be upgraded to T3* in non-small cell lung cancer. *J Thorac Cardiovasc Surg* 2001;122:907–912.
- Ø Cangir AK, Kutlay H, Akai M, et al. Prognostic value of tumor size in non-small cell lung cancer *larger than five centimeters in diameter*. *Lung Cancer* 2004;46:325–331.
- Ø Vansteenkiste JF, De Belie B, Deneffe GJ, et al. Practical approach to patients presenting with *multiple synchronous suspect lung lesions*: a reflection on the current TNM classification based on 54 cases with complete follow-up. *Lung Cancer* 2001;34:169–175.

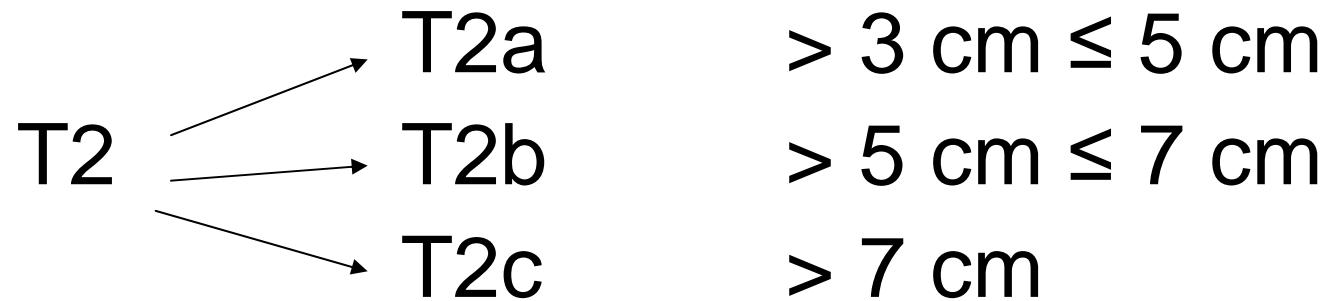
TÜMÖR BOYUTU & SURVİ



- Değişiklik 1:

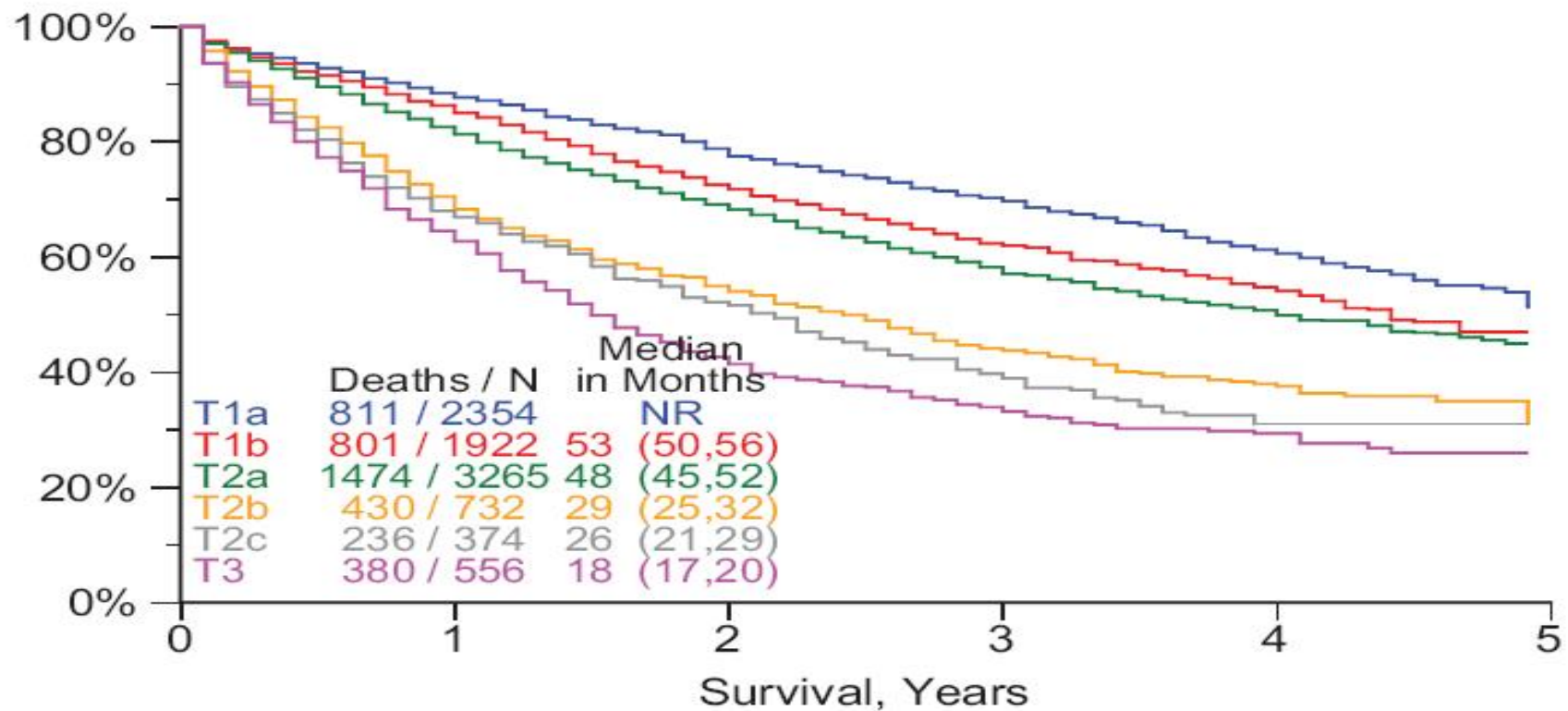


- Değişiklik 2:



- Değişiklik 3:

– T2 > 7 cm.....T3



	1 Yr	5 Yrs	Comparison	HR	P
T1a	88%	51%			
T1b	85%	47%	vs T1a:	1.27	<.0001
T2a	81%	45%	vs T1b:	1.14	0.0039
T2b	68%	31%	vs T2a:	1.51	<.0001
T2c	67%	31%	vs T2b:	1.15	0.0924
T3	63%	26%	vs T2c:	1.18	0.0464

- Değişiklik 4 :

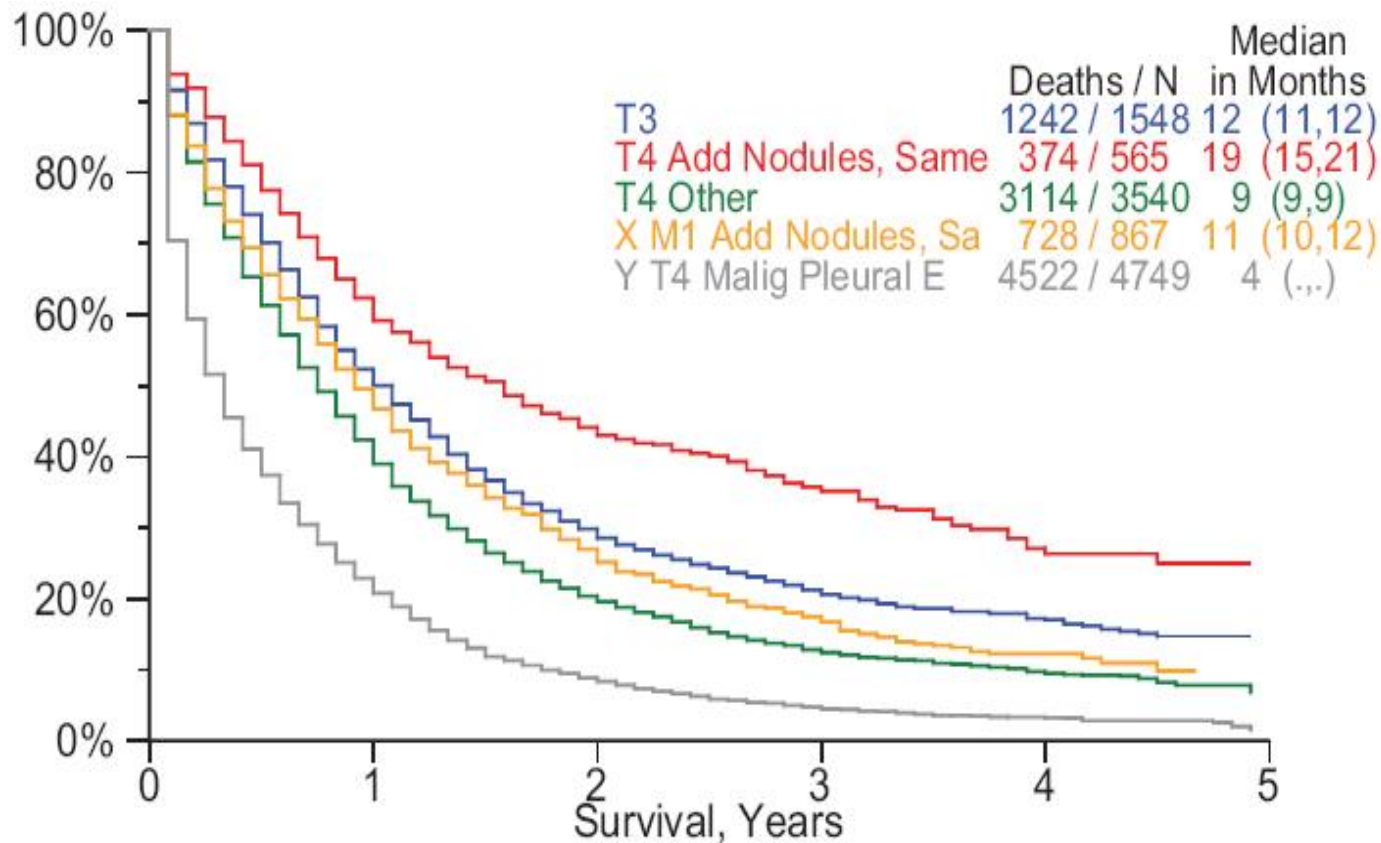
- T4; aynı taraf, aynı lob ilave Tm.....T3

- Değişiklik 5:

- M1; aynı taraf, farklı lob'da ilave Tm.....T4

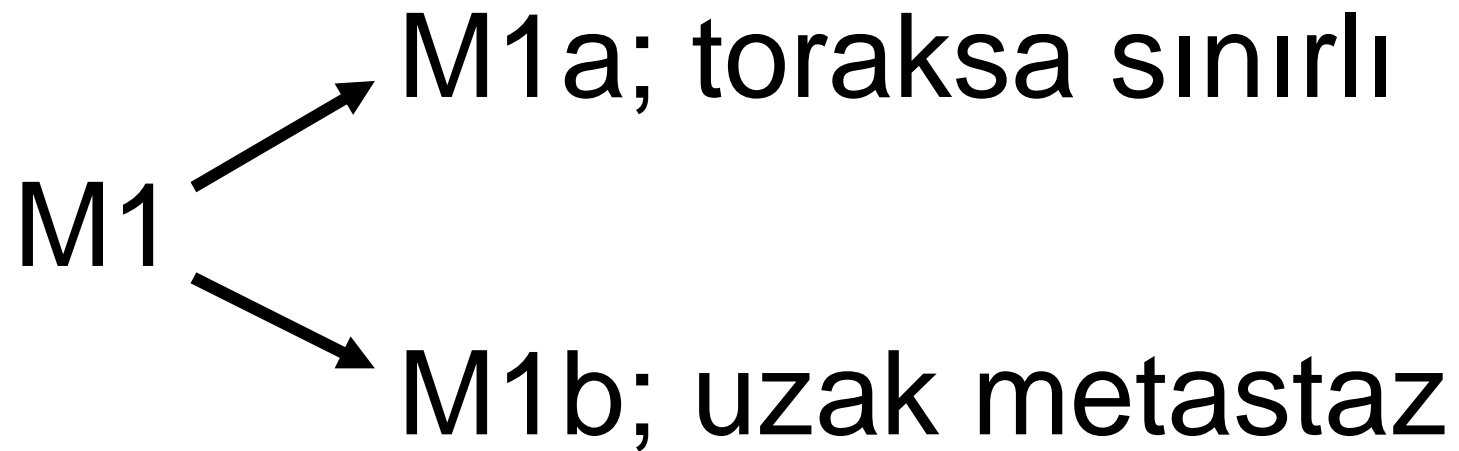
- Değişiklik 6:

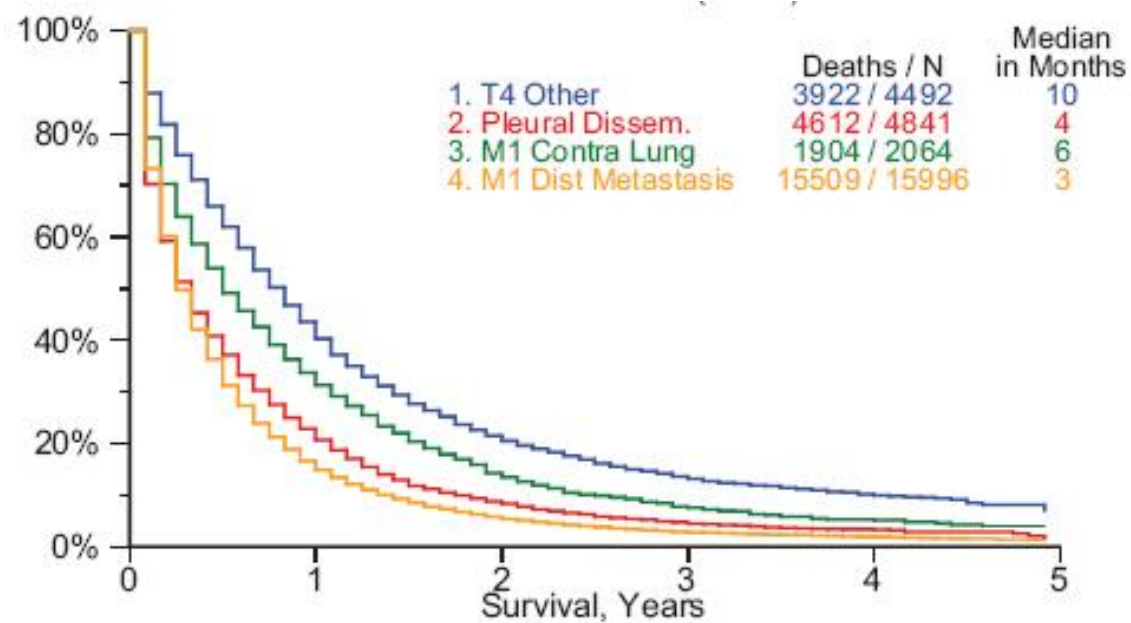
- T4; perikardiyal/plevral sıvı(+).M1



	1 Yr	5 Yrs	Comparison	HR	P
T3	50%	15%			
T4 Add Nodules, Same Lobe	59%	25%	vs T3:	0.70	<.0001
T4 by Other Factor	39%	7%	vs T4 Same Lobe:	1.88	<.0001
M1 Add Nodules, Same Side	47%	10%	vs Other T4:	0.86	0.0002
T4 Pleural Dissemination	21%	2%	vs Other T4:	1.72	<.0001

- Değişiklik 7:





	1 Yr	5 Yrs	Comparison	HR	P
T4 Other	40%	7%			
T4 Pleural Dissem.	21%	2%	vs T4:	2.81	<.0001
M1 Contra Lung	31%	4%	vs Pleural Dissem.:	0.75	<0.001
M1 Dist Metastasis	15%	1%	vs Contra Lung:	1.52	<.0001
<i>M1 Distant vs Pleural Dissem.</i>				<i>1.14</i>	<i><0.001</i>

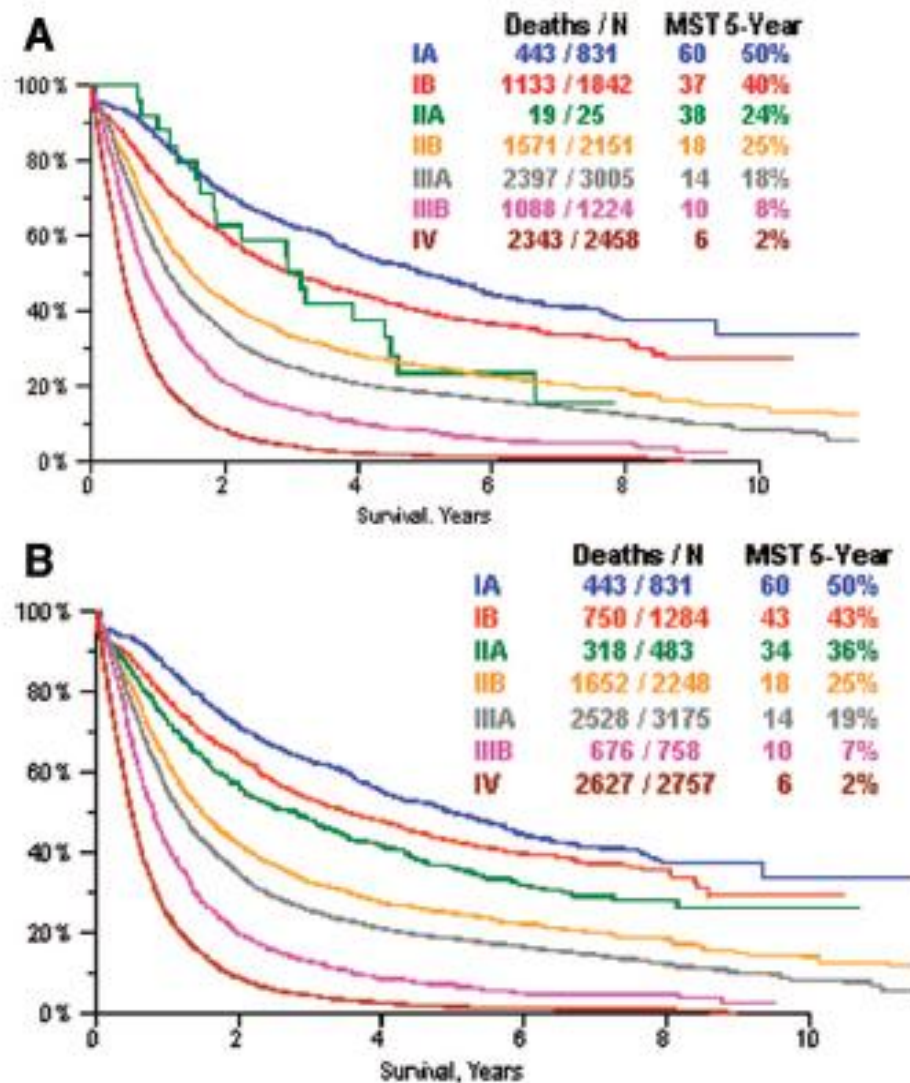


FIGURE 2. Overall survival, expressed as median survival time (MST) and 5-year survival, by clinical stage using the sixth edition of TNM (A) and proposed International Association of the Study of Lung Cancer recommendations (B).

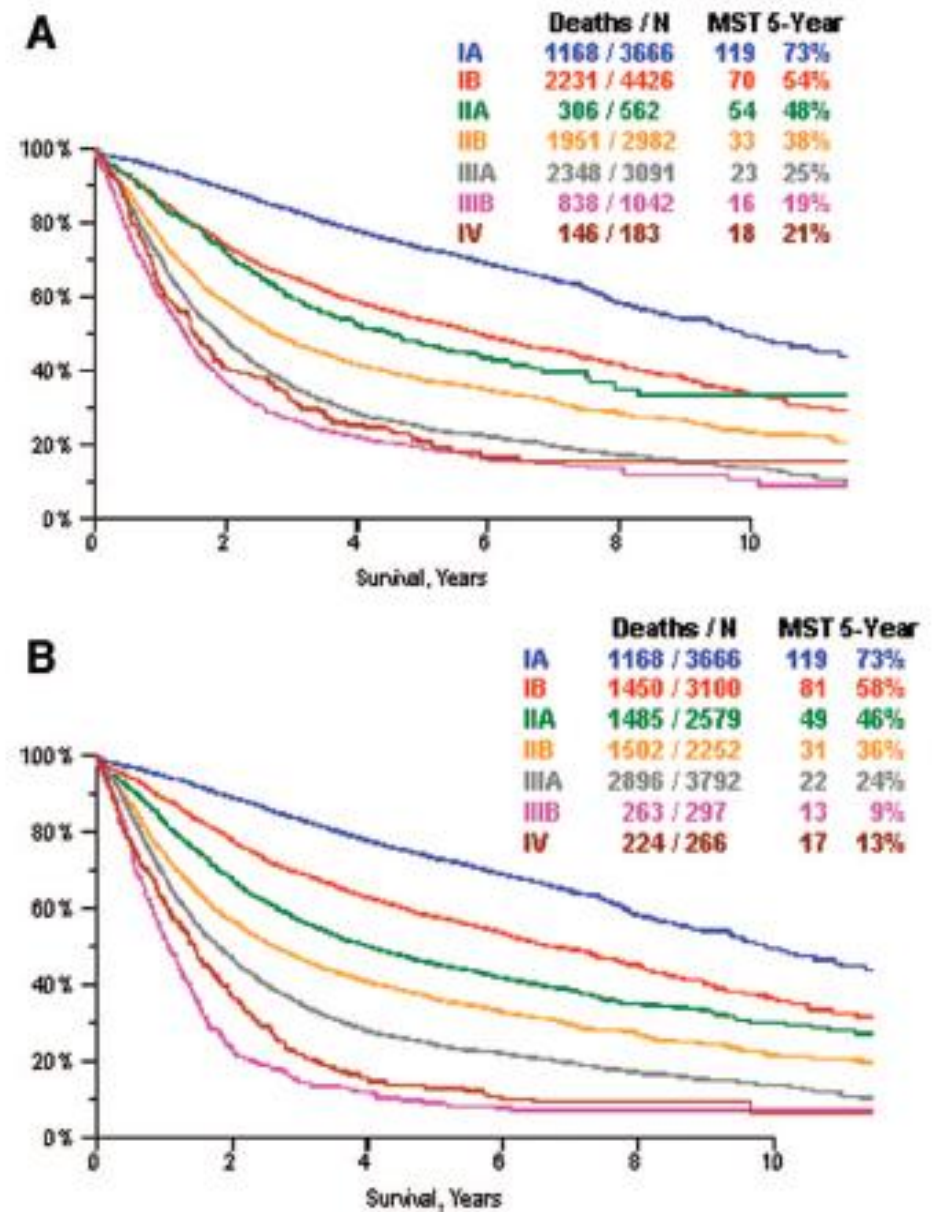


FIGURE 3. Overall survival, expressed as median survival time (MST) and 5-year survival, by pathologic stage using sixth edition of TNM (A) and proposed International Association of the Study of Lung Cancer recommendations (B).

Revised TNM Subgroups As Suggested by RPA on
17,726 “Best Stage” Cases

= Change in Classification

T and M		N0	N1	N2	N3
UICC6 and Descriptor	New T/M	Stg	Stg	Stg	Stg
T1 (<=2cm)	T1a	IA	IIA	IIIA	IIIB
T1 (>2 – 3 cm)	T1b	IA	IIA	IIIA	IIIB
T2(<=5cm)	T2a	IB	IIA IIB	IIIA	IIIB
T2 (>5-7cm)	T2b	IIA IB	IIB	IIIA	IIIB
T2 (>7cm))	T3	IIB IB	IIIA IIB	IIIA	IIIB
T3 invasion		IIB	IIIA	IIIA	IIIB
T4 (same lobe nodules)		IIB IIIB	IIIA IIIB	IIIA IIIB	IIIB
T4 (extension)	T4	IIIA IIIB	IIIA IIIB	IIB	IIIB
M1 (ipsilateral lung)		IIIA IV	IIIA IV	IIIB IV	IIIB IV
T4 (pleural effusion)	M1a	IV IIIB	IV IIIB	IV IIIB	IV IIIB
M1 (contralateral lung)		IV	IV	IV	IV
M1 (distant)	M1b	IV	IV	IV	IV

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T1 (<=2cm)	T1a	IA	IIA	IIIA	IIIB
T1 (>2 – 3 cm)	T1b	IA	IIA	IIIA	IIIB
T2(<=5cm)	T2a	IB	IIA IIB	IIIA	IIIB
T2 (>5-7cm)	T2b	IIA IB	IIB	IIIA	IIIB
T2 (>7cm))	T3	IIB IB	IIIA IIB	IIIA	IIIB
T3 invasion		IIB	IIIA	IIIA	IIIB
T4 (same lobe nodules)		IIB IIIB	IIIA IIIB	IIIA IIIB	IIIB
T4 (extension)	T4	IIIA IIIB	IIIA IIIB	IIIB	IIIB
M1 (ipsilateral lung)		IIIA IV	IIIA IV	IIIB IV	IIIB IV
T4 (pleural effusion)	M1a	IV IIIB	IV IIIB	IV IIIB	IV IIIB
M1 (contralateral lung)		IV	IV	IV	IV
M1 (distant)	M1b	IV	IV	IV	IV

- TNM sistemi
 - karsinoid ve SCLC uygulanabilir
 - T1a/T1b;
 - sublobar cerrahi
 - cerrahi vs radyoterapi
 - T2a/T2b;
 - adjuvan tedavi verilsin verilmesin?***
- ***SUV>7.5 ve/veya lenfatik yayılım(+), CEA!

PulmonaryE19

Image Guided Biopsy/ Novel Technologies

Chairs: Armin Ernst, USA; Eric Edell, USA

-
- *Virtual Bronchoscopic Navigation* - Fumihiko Asano, Japan
- *Electromagnetic Navigation* - Doug Arenberg, USA
- *Endobronchial Ultrasonography for Peripheral Lung Lesions* - Noriaki Kurimoto, Japan
- *EBUS-TBNA: A safe and accurate modality for mediastinal staging* - Takehiko Fujisawa, Japan

EVRELEME YÖNTEMLERİ

- Kontrastsız BT
- PET-BT yapılmışsa kemik sintigrafisine gerek yok
- Beyin MR her hastaya yapılmalı
- BRONKOSKOPI
 - TBNA her seferinde yapılmalı
 - EBUS > 1,5-2 cm faydalı
 - 2L,4L, paraaortik görüntü kötü, yarar?
 - İlk seçenek vs tamamlayıcı(deneyim)

Supportive Care Optimization as a Target

Chairs: Peter Harper, UK; Paul Hesketh, USA

- *Optimizing Supportive Care in Lung Cancer: Recent Advances in Antiemetics* - Paul Hesketh, USA
- *Evaluations of Symptoms and Quality of Live in Patients with Lung Cancer* - Richard Gralla, USA
- *Anemia* - Corey Langer, USA
- *Bone Metastases* - Carlo Barrios, Brazil
- *Dyspnea: Evaluation and Management Strategies* - Lorriana Leard, USA

Malignite-Dispne

- Morfin En etkili
- Benzodiazepin panik, aksiyete
- Kortikosteroid Lenfanjitik yayılım
- Oksijen Hipoksemi (+)

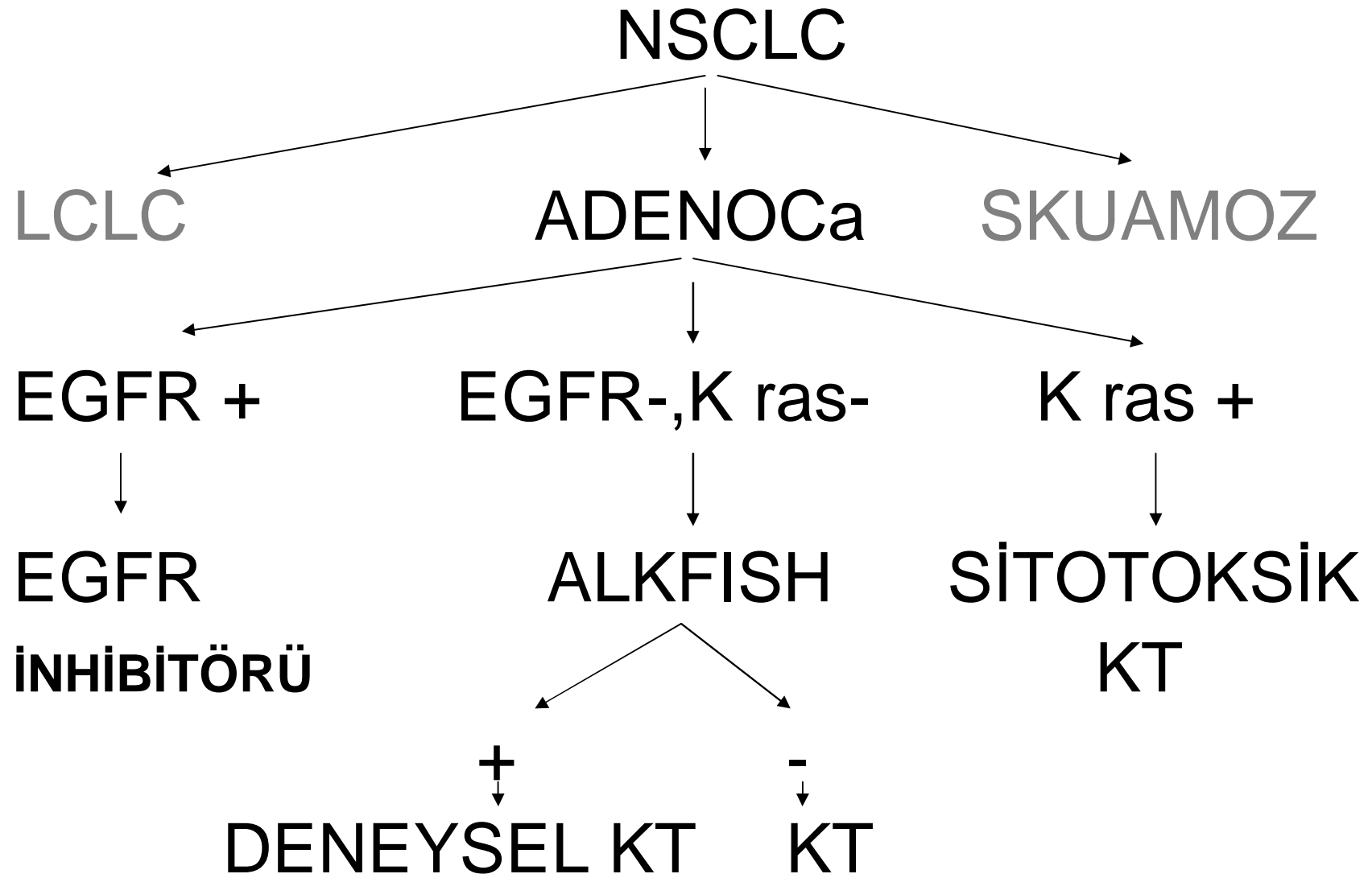
-
- Pulmoner Rehab
 - NIMV

INTERACTIVE GRAND ROUNDS

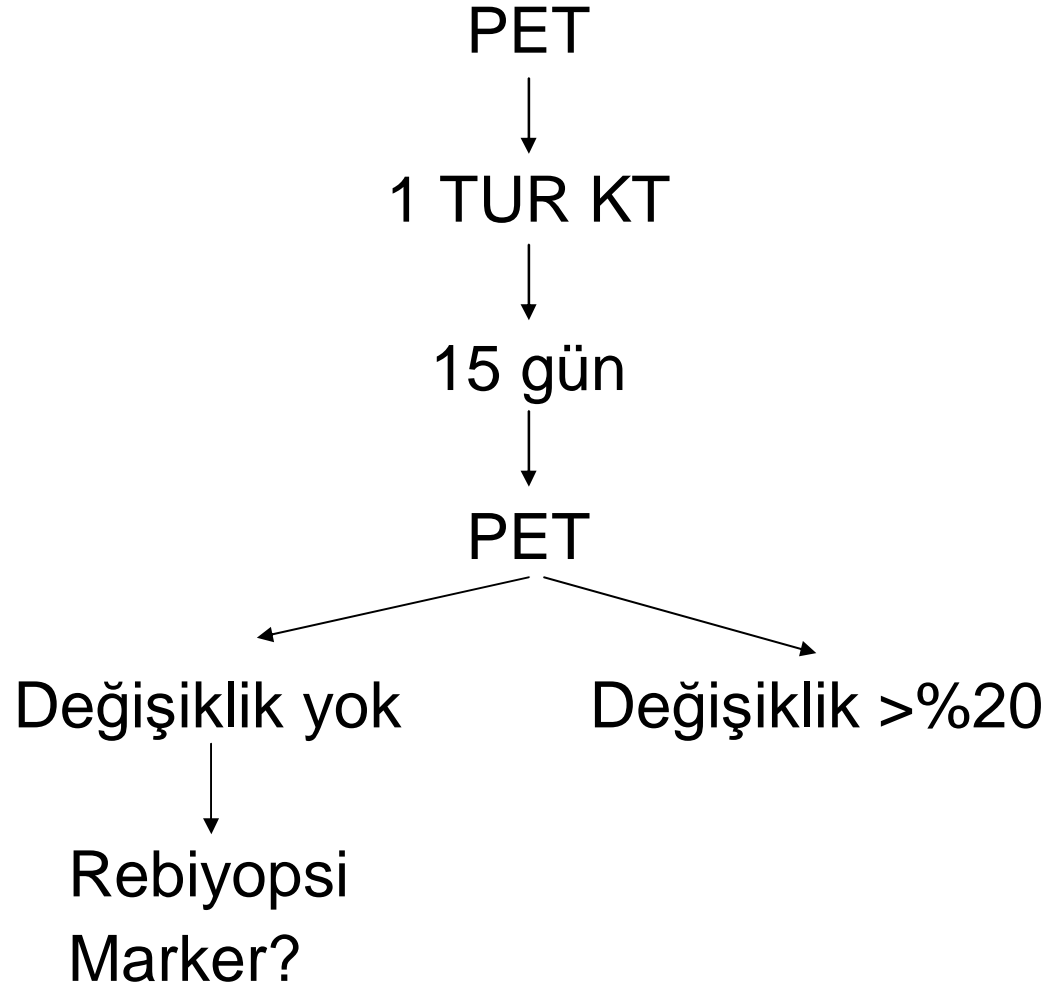
SESSION GR3 Testing for Biomarker driven Therapy (ERCC1 and EGFR)

Participants: Gerold Bepler, USA; Vincent Miller, USA; Janet Dancey, Canada

FARMAKOGENOMİK !!!



Kiřiye Özgü tedavi



GELECEK

TISSUE IS THE ISSUE