

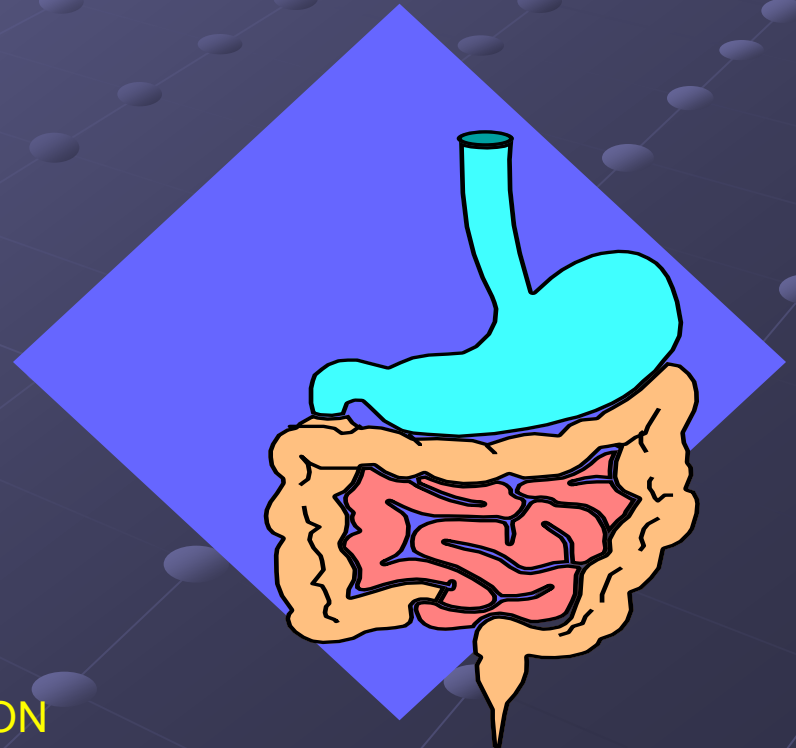


# ΚΑΡΚΙΝΟΙ ΤΟΥ ΠΕΠΤΙΚΟΥ ΣΥΣΤΗΜΑΤΟΣ

ΑΝΤΩΝΗΣ Ι. ΠΑΠΑΔΟΠΟΥΛΟΣ

ΕΠΙΚ. ΚΑΘΗΓΗΤΗΣ ΠΑΘΟΛΟΓΙΑΣ – ΛΟΙΜΩΞΕΩΝ  
Δ' ΠΑΘΟΛΟΓΙΚΗ ΠΑΝΕΠ. ΚΛΙΝΙΚΗ

ΓΕΝΙΚΟ ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΝΟΣΟΚΟΜΕΙΟ «ΑΤΤΙΚΟΝ»



# ΚΑΡΚΙΝΟΙ ΤΟΥ ΠΕΠΤΙΚΟΥ ΣΥΣΤΗΜΑΤΟΣ

- ΣΤΟΜΑΤΟΣ – ΡΙΝΟΦΑΡΥΓΓΟΣ
- ΟΙΣΟΦΑΓΟΥ
- ΣΤΟΜΑΧΟΥ
- ΛΕΠΤΟΥ ΕΝΤΕΡΟΥ
- ΠΑΧΕΟΣ ΕΝΤΕΡΟΥ
- ΠΡΩΚΤΟΥ

# ΚΑΡΚΙΝΟΣ ΟΙΣΟΦΑΓΟΥ

- Σχετικά ασυνήθης – υψηλή θνητότητα
- Συχνότερα > 50 ετών
- Χαμηλότερη κοινωνικο-οικονομική κατάσταση
- Συχνός σε Κεντρική Ασία – Κίνα
- 10 % σε άνω 1/3, 35 % στο μέσον και 55 % στο κάτω 1/3

# ΚΑΡΚΙΝΟΣ ΟΙΣΟΦΑΓΟΥ

## Συσχετιζόμενοι παράγοντες

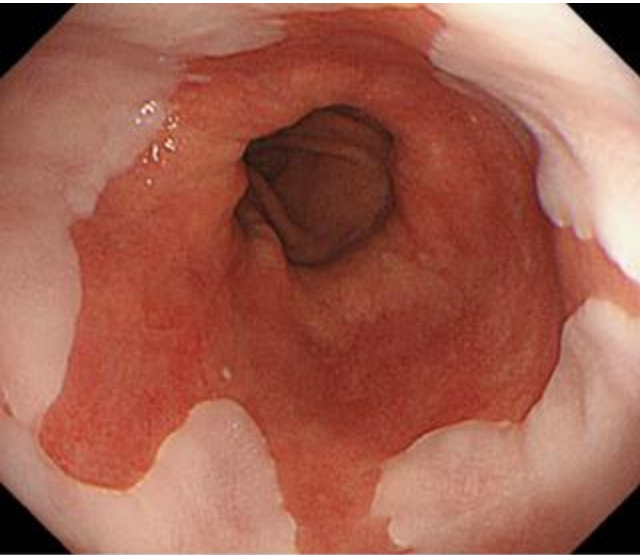
### ΕΚ ΠΛΑΚΩΔΟΥΣ ΕΠΙΘΗΛΙΟΥ

- Υπερβολική χρήση αλκοόλ (ιδίως βαρέων ποτών)
- Κάπνισμα
- Καρκινογόνα (νιτροζαμίνες, τοξίνες μυκήτων σε συντηρημένα λαχανικά)
- Φυσικοί παράγοντες (καυτό τσάι, καυστική σόδα ή ποτάσσα  
ακτινοβολία – στενώσεις, χρόνια αχαλασία)
- Ευαισθησία ξενιστή
- Οισοφαγικό δίχτυ (web) σε σιδηροπενία (σ.Plummer-Vinson)
- Συγγενής υπερκεράτωση με τύλωση παλαμών-πελμάτων
- Έλλειψη σεληνίου, μολυβδενίου, ψευδαργύρου, βιτ. Α ? – HPV ?
- Καρκίνος κεφαλής-τραχήλου

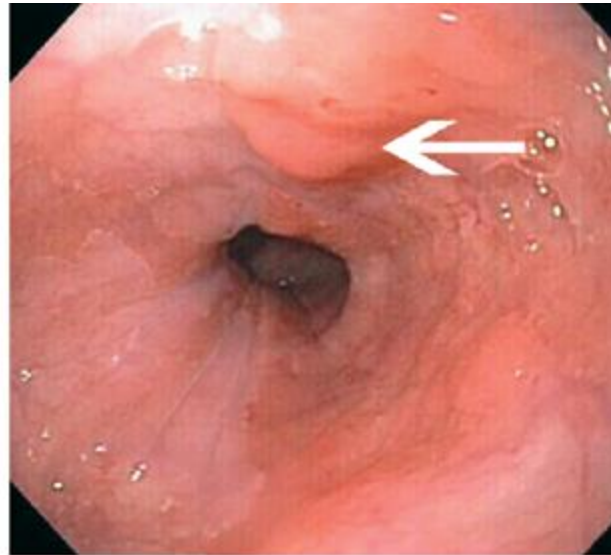
### ΑΔΕΝΟΚΑΡΚΙΝΩΜΑ (Α/Γ=7/1)

- Αύξηση συχνότητας – κατώτερο τριτημόριο
- Οισοφάγος Barrett (χρόνια ΓΟΠ + γαστρική μεταπλασία)

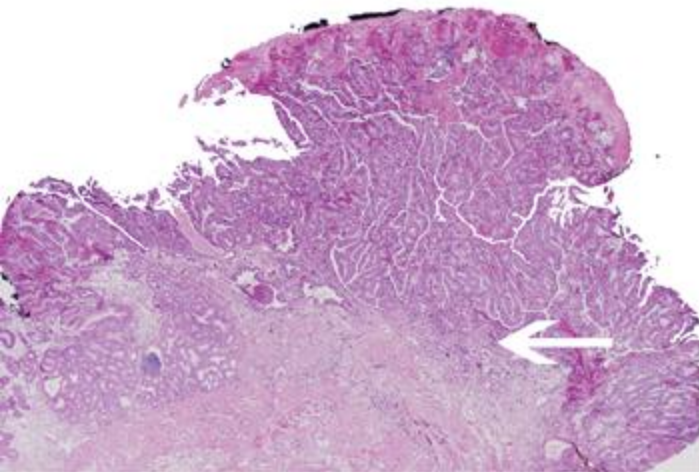
# ΟΙΣΟΦΑΓΟΣ Barrett -ΚΑΡΚΙΝΟΣ ΟΙΣΟΦΑΓΟΥ



A



B



C



D

## Barrett's esophagus.

- A. Pink tongues of Barrett's mucosa extending proximally from the gastroesophageal junction.
- B. Barrett's esophagus with a suspicious nodule (*arrow*) identified during endoscopic surveillance.
- C. Histologic finding of intramucosal **adenocarcinoma** in the endoscopically resected nodule. Tumor extends into the esophageal submucosa (*arrow*).
- D. Barrett's esophagus with locally advanced adenocarcinoma.

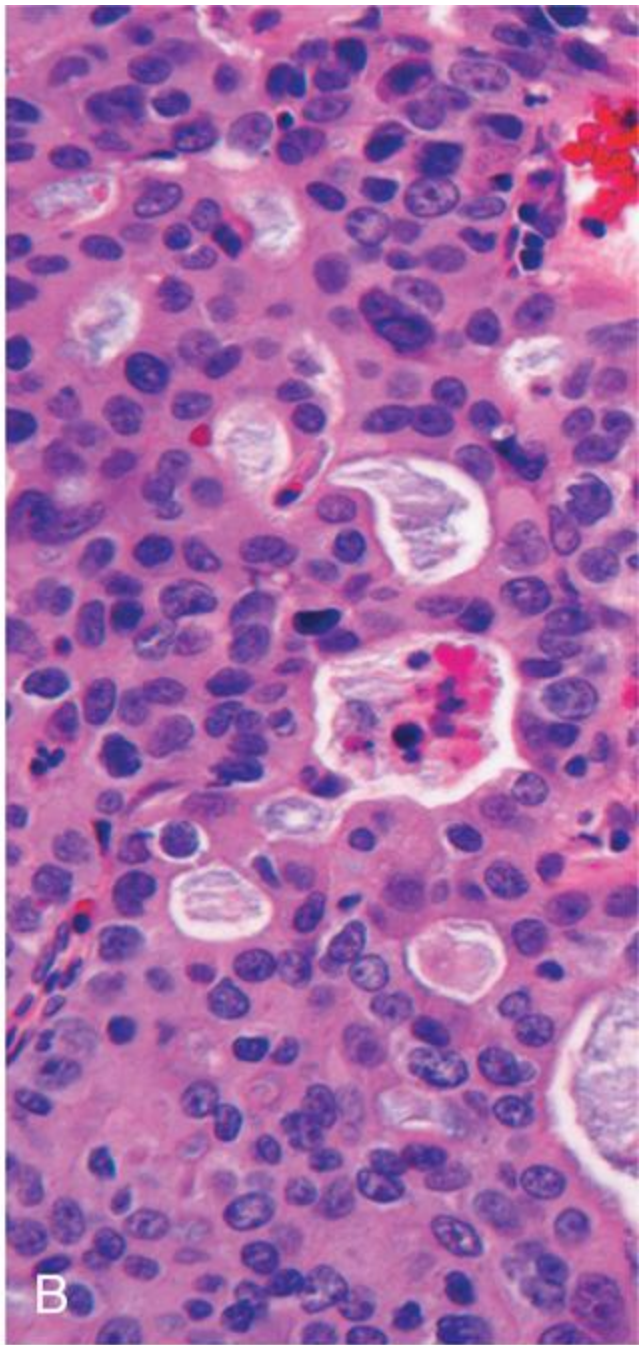


**Esophageal adenocarcinoma.**

**A**, Adenocarcinoma usually occurs distally and, as in this case, often involves the gastric cardia.

**B**, Esophageal adenocarcinoma growing as back-to-back glands.

Tumors typically produce mucin and form glands



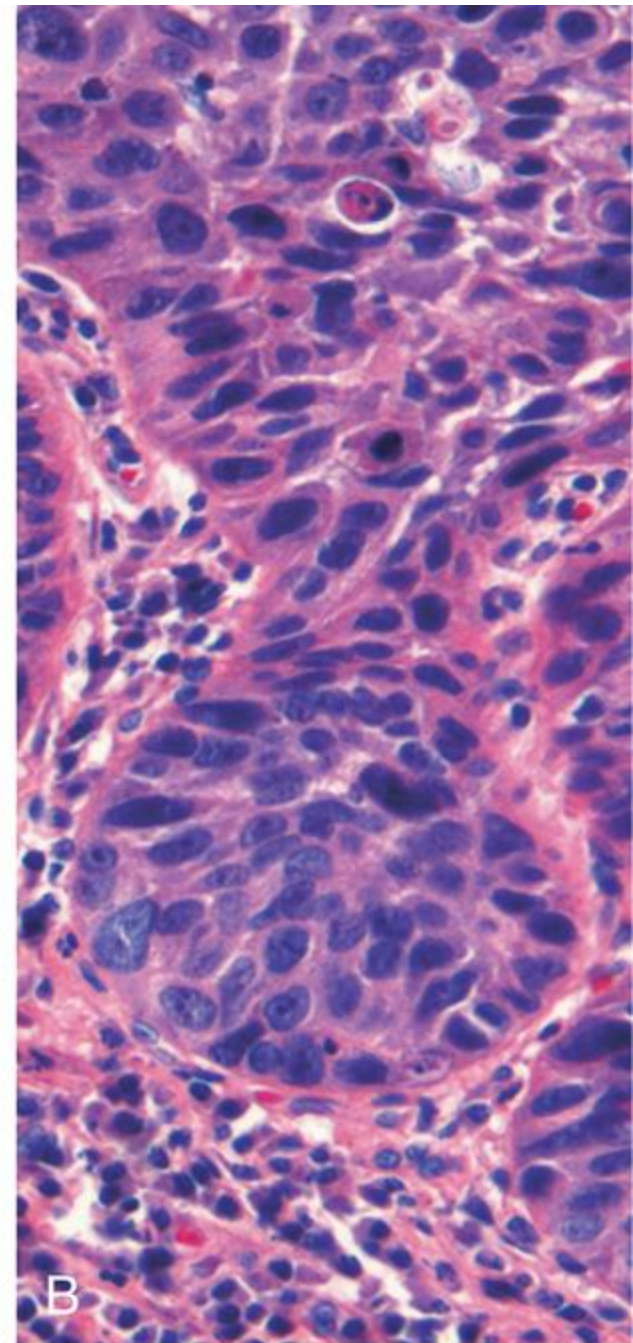


## Esophageal squamous cell carcinoma.

**A**, Squamous cell carcinoma most frequently is found in the midesophagus, where it commonly causes strictures.

**B**, Squamous cell carcinoma composed of nests of malignant cells that partially recapitulate the stratified organization of squamous epithelium.

- Απόφραξη αυλού
- Πάχυνση τοιχώματος και στένωση αυλού
- Παρακείμενα όργανα
- Συρίγγια
- Λεμφαδένες
- Ήπαρ, πνεύμονες, οστά



## **ΚΑΡΚΙΝΟΣ ΟΙΣΟΦΑΓΟΥ**

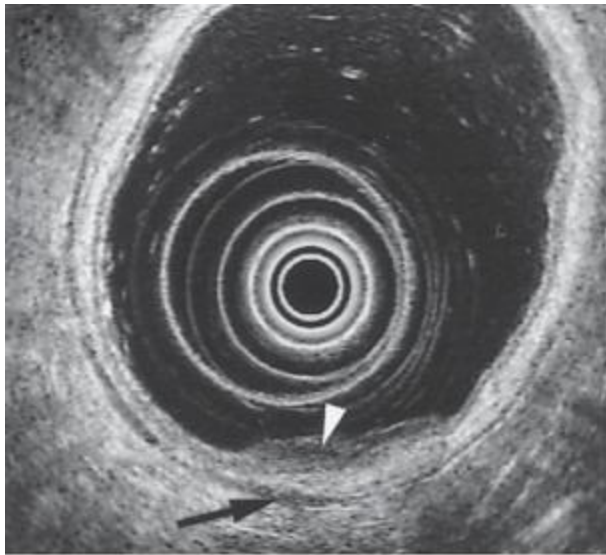
### **κλινικά χαρακτηριστικά**

- Προοδευτική δυσφαγία (αρχικά σε στερεά) – προχωρημένη νόσος
- Οδυνοφαγία
- Απώλεια βάρους
- Θωρακαλγία, ραχιαλγία
- Αναγωγή, έμετος
- Τραχειο-οισοφαγικά συρίγγια
- Πνευμονία από εισρόφηση
- Οστικές μεταστάσεις με υπερασβεστιαμία (PTH-related peptide)

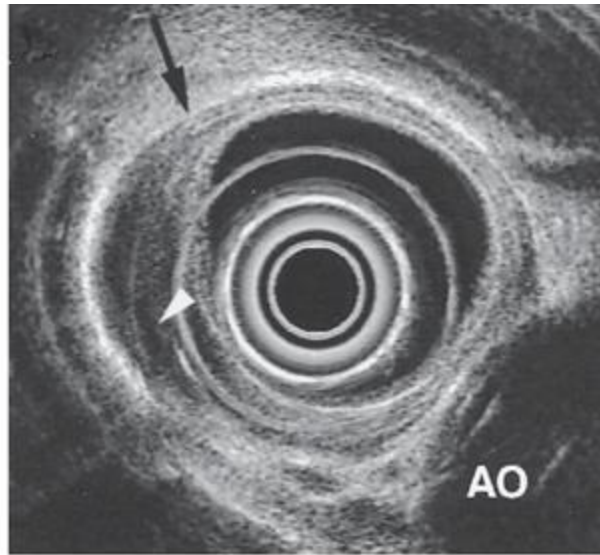
### **Διάγνωση – σταδιοποίηση**

- Οισοφαγογαστροσκόπηση
- Βαριούχο γεύμα
- CT / MRI / PET SCAN / US
- Ιστολογική / κυτταρολογική εξέταση

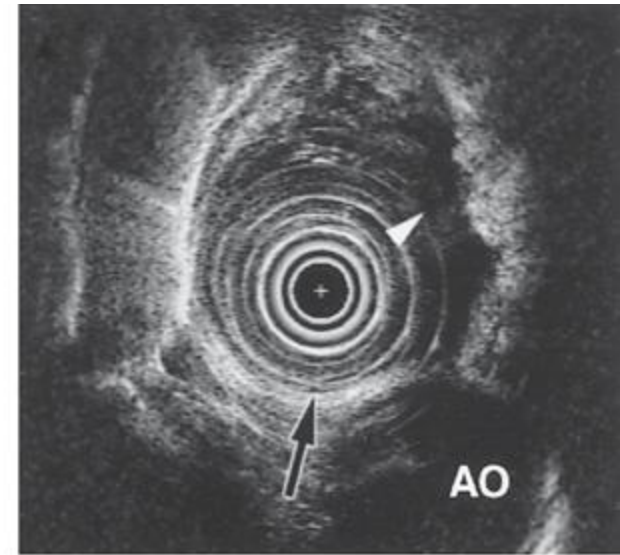




**A**



**B**



**C**

Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)

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**Local staging of gastrointestinal cancers with endoscopic ultrasound.** In each example the white arrowhead marks the primary tumor and the black arrow indicates the muscularis propria (mp) of the intestinal wall.

**A.** T1 gastric cancer. The tumor does not invade the mp.

**B.** T2 esophageal cancer. The tumor invades the mp.

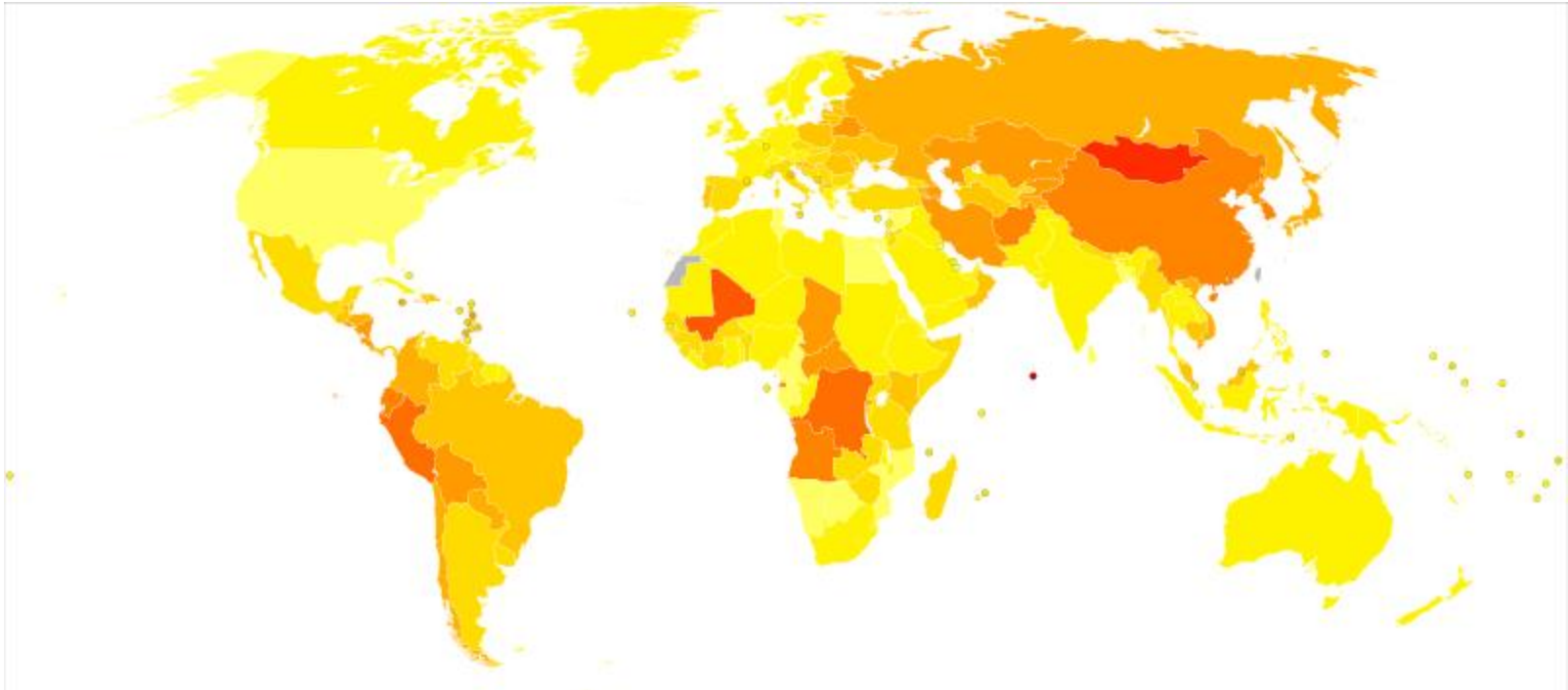
**C.** T3 esophageal cancer. The tumor extends through the mp into the surrounding tissue, and focally abuts the aorta. AO, aorta.

# ΚΑΡΚΙΝΟΣ ΣΤΟΜΑΧΟΥ

- **Αδενοκαρκίνωμα (90 %)**
- **Πρωτοπαθές λέμφωμα**  
(*mucosa-associated lymphoid tissue (MALT), or MALTomas*)
- **Σάρκωμα**  
(λαιομυοσάρκωμα, gastrointestinal stromal tumors, GISTs)

# ΑΔΕΝΟΚΑΡΚΙΝΩΜΑ ΣΤΟΜΑΧΟΥ

- Ανεξήγητη μείωση τα τελευταία 75 χρόνια
- Συχνός σε Κίνα, Ιαπωνία
- Χαμηλότερη κοινωνικο-οικονομική κατασταση
- Περιβαλλοντικός παράγων ?

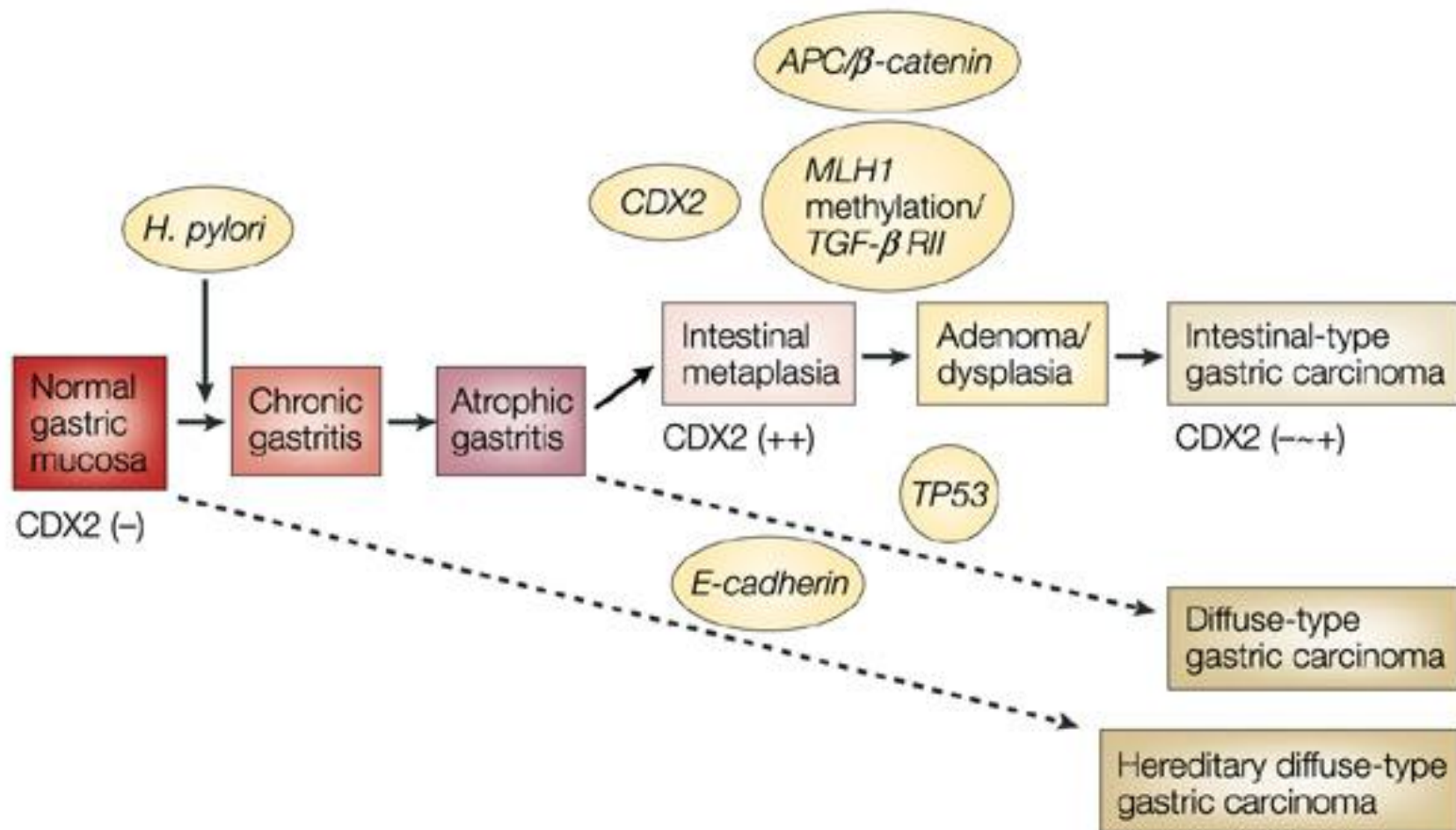


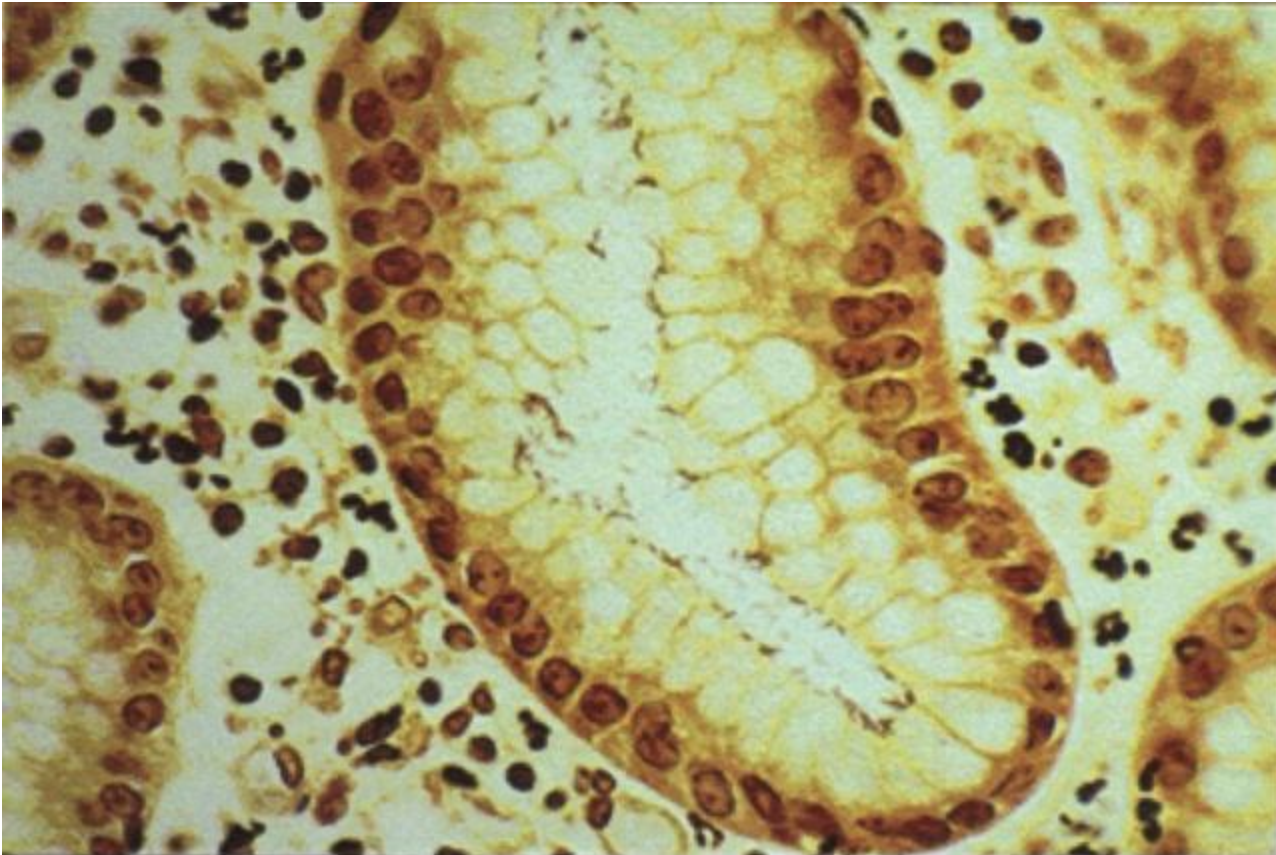
# ΚΑΡΚΙΝΟΣ ΣΤΟΜΑΧΟΥ

## Συσχετιζόμενοι παράγοντες

- **Εξωγενείς πηγές βακτηρίων που μετασχηματίζουν νιτρώδη:**
  - μέσω άψητων τροφών πλουσίων σε νιτρώδη (καπνιστά, αλατισμένα)
  - *Helicobacter pylori* (χρόνια γαστρίτις, απώλεια οξύτητος)
- **Ενδογενείς πηγές που ευνοούν ανάπτυξη βακτηρίων που μετασχηματίζουν νιτρώδη:**
  - ελαττωμένη γαστρική οξύτητα ( μερική γαστρεκτομή, αχλωρυδρία  
ατροφική γαστρίτις, κακοήθης αναιμία)
  - ατροφική γαστρίτις – μεταπλασία – ατυπία – νεοπλασία
- **Νόσος Menetrier (υπερτροφία πτυχών)**
- **Μετάλλαξη γονιδίου E-cadherin (CDH1) – οικογενής διάχυτος τύπος**
- **Αδενωματώδης πολυποδίαση εντέρου (APC)**
- **EBV**

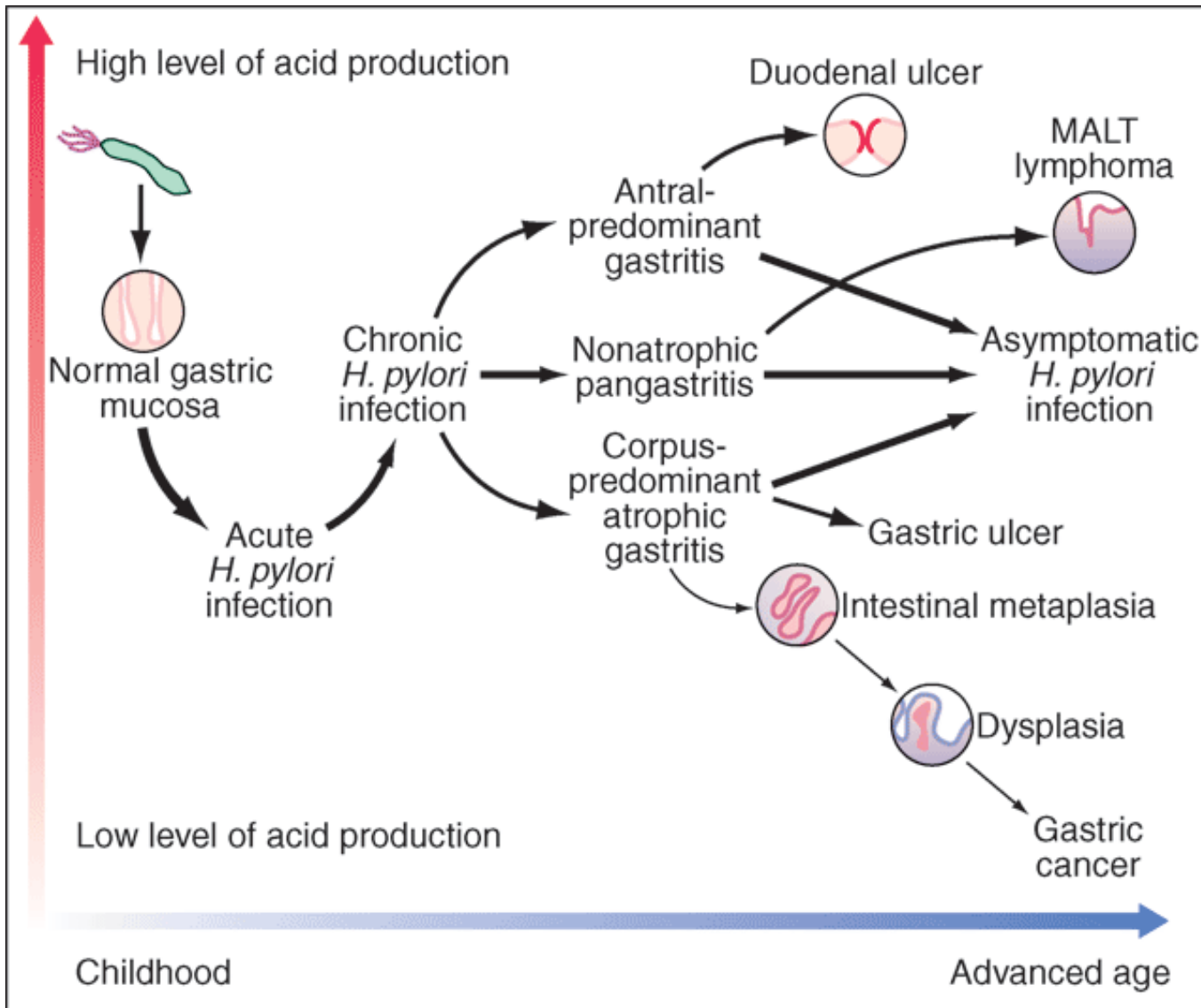






Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)  
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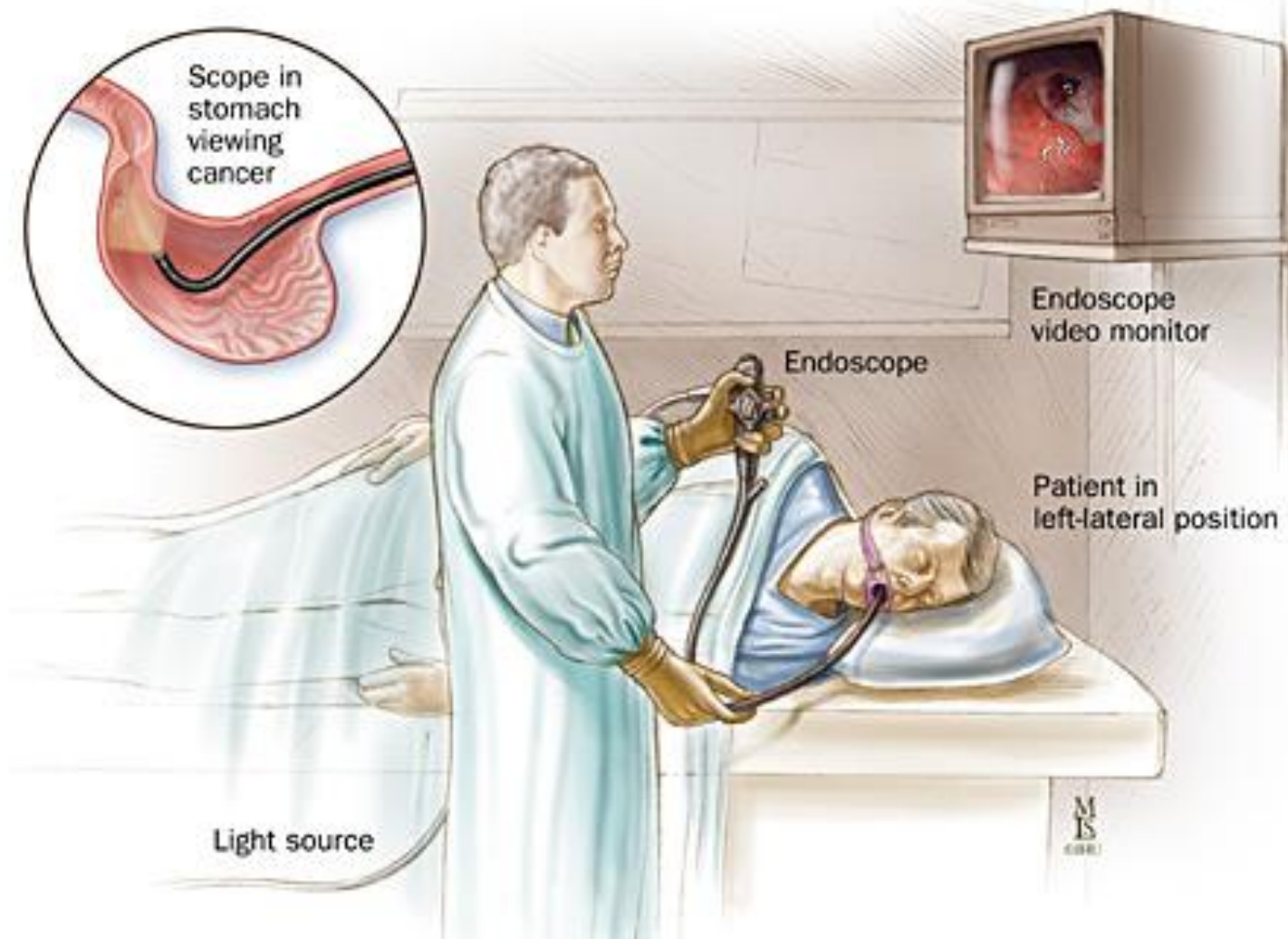
**Chronic gastritis and *H. pylori* organisms.** Steiner silver stain of superficial gastric mucosa, showing abundant darkly stained microorganisms layered over the apical portion of the surface epithelium. Note that there is no tissue invasion



Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J: *Harrison's Principles of Internal Medicine*, 18th Edition: www.accessmedicine.com

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**Natural history of *H. pylori*-infection. S Suerbaum, P Michetti: *N Engl J Med* 347:1175, 2002**



Endoscope

Endoscope video monitor

Patient in left-lateral position

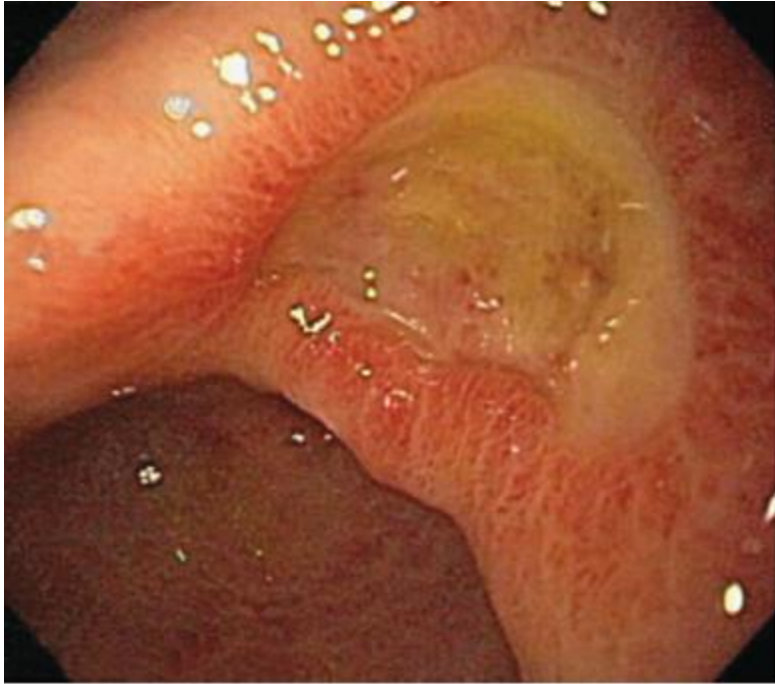
Light source

MS  
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**Gastric ulcers. A.** Benign gastric ulcer.

**B.** Malignant gastric ulcer involving greater curvature of stomach



**A**



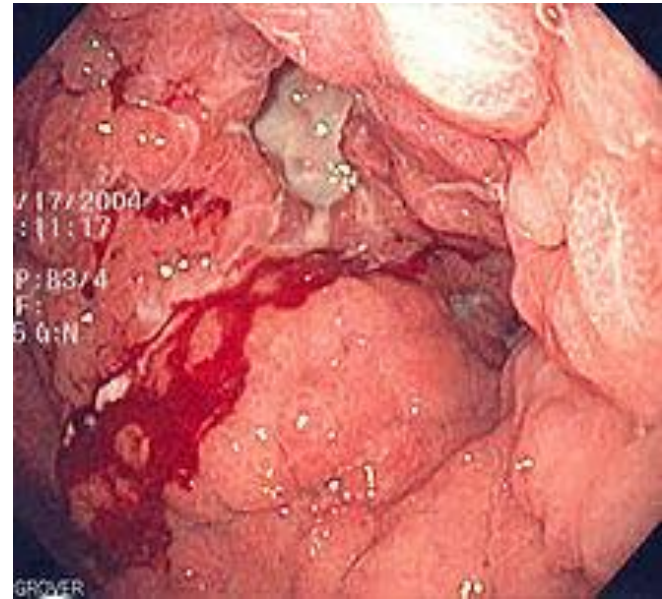
**B**

Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)

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A suspicious [stomach ulcer](#) that was ultimately diagnosed as cancer on [biopsy](#) and resected.



Endoscopic image of [linitis plastica](#), a type of stomach cancer where the entire [stomach](#) is invaded, leading to a leather bottle-like appearance with [blood](#) coming out of it

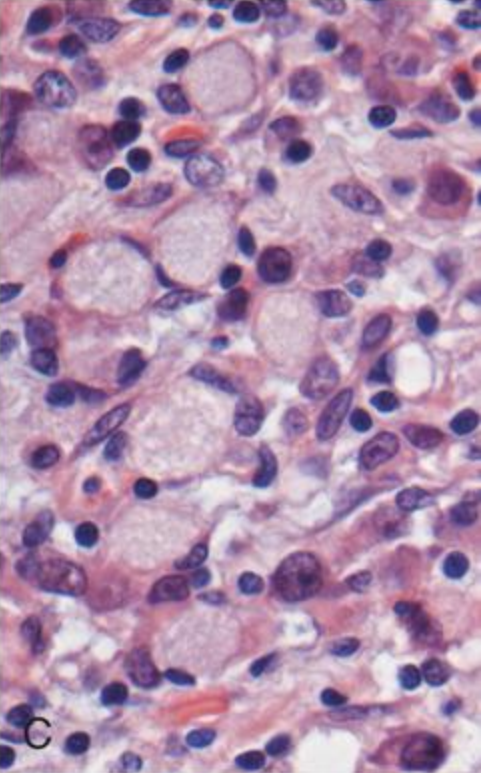
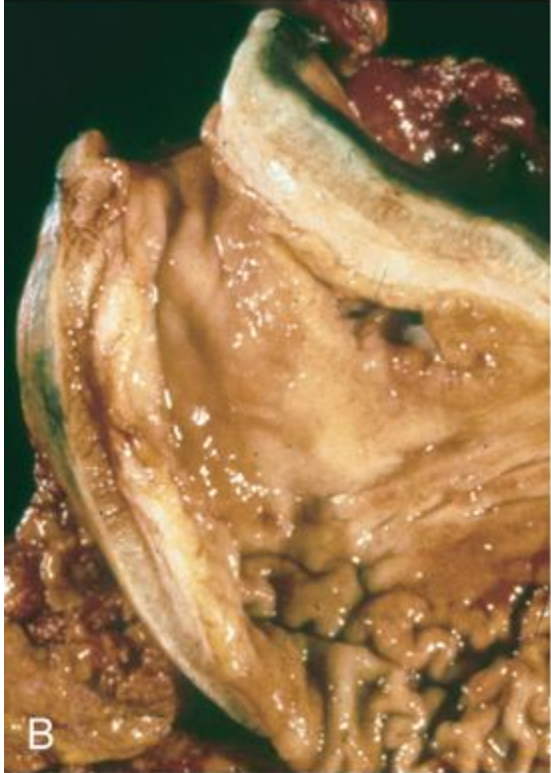
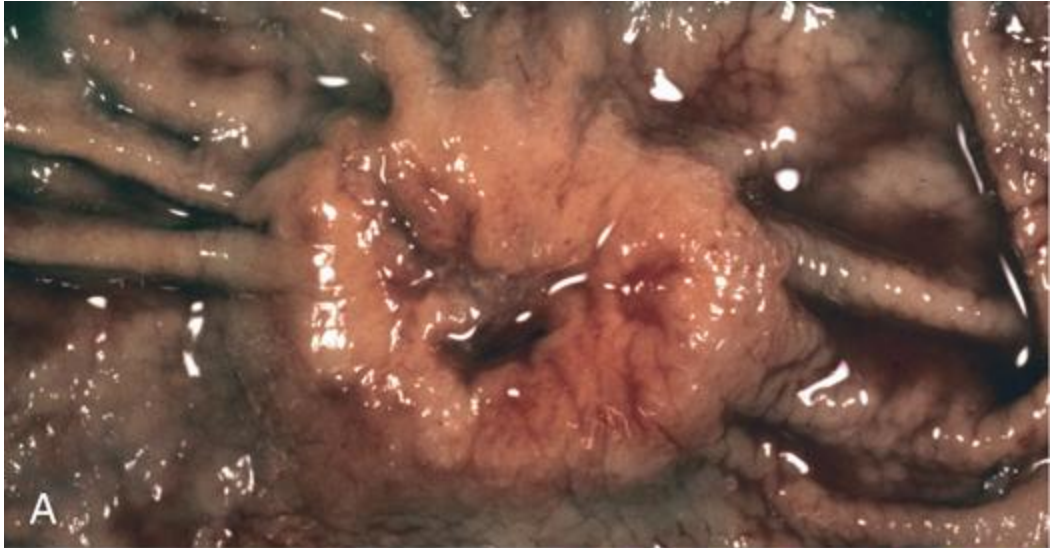


**Gastric adenocarcinoma.**

**A,** Intestinal-type adenocarcinoma consisting of an elevated mass with heaped-up borders and central ulceration. Compare with the peptic ulcer in Figure 14-15, A.

**B,** Linitis plastica. The gastric wall is markedly thickened, and rugal folds are partially lost.

**C,** Signet ring cells with large cytoplasmic mucin vacuoles and peripherally displaced, crescent-shaped nuclei.



# ΚΑΡΚΙΝΟΣ ΣΤΟΜΑΧΟΥ

## κλινικά χαρακτηριστικά

- Αρχικά ασυμπτωματικός
- Ασαφές αίσθημα πληρότητας έως σταθερό και ισχυρό άλγος
- Ανορεξία - εύκολος κορεσμός τροφής
- Δυσφαγία (καρδιακή μοίρα)
- Απώλεια βάρους
- Ναυτία – έμετος
- Αναιμία σιδηροπενική – Mayer κοπράνων (+)
- Ψηλαφητή μάζα
- Κακοήθης ασκίτης
- Μεταστατική νόσος
  - λεμφαδένες υπερκλείδιοι (σημείο Troisier)
  - ωοθήκη (όγκος Krungenberg)
  - περιομφαλικά (Sister Mary Joseph node)
  - Δουγλάσειο – ψηλαφητή μάζα
- Άλλα: μεταστατική θρομβοφλεβίτιδα, μικροαγγειοπαθητική αιμολυτική αναιμία  
μελαγχρωστική ακάνθωση

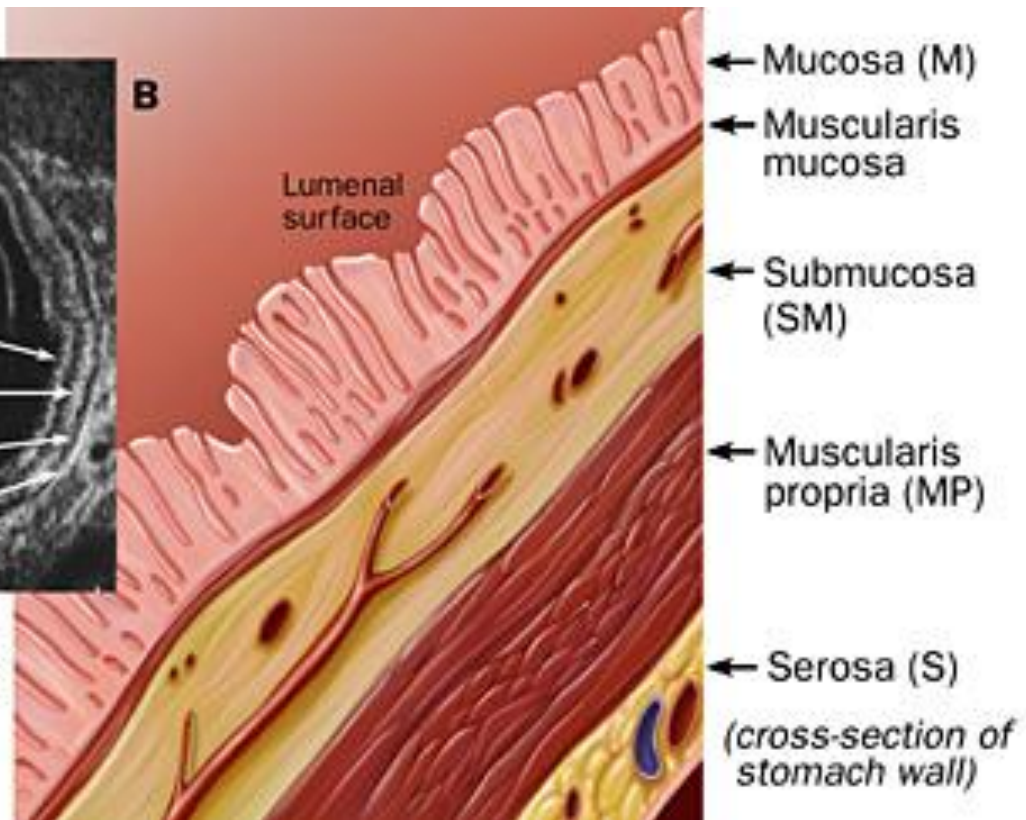
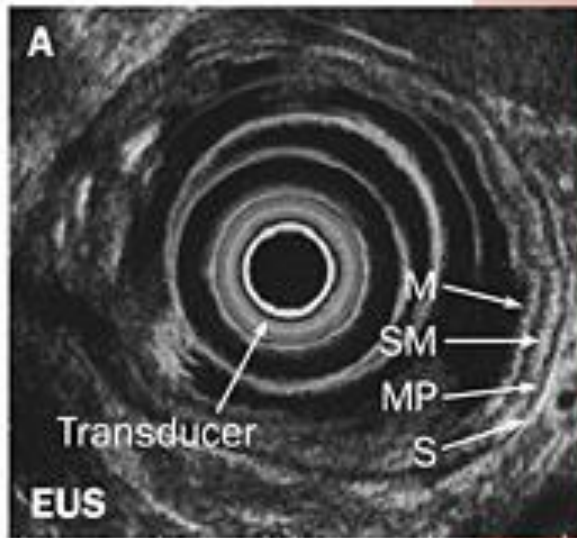


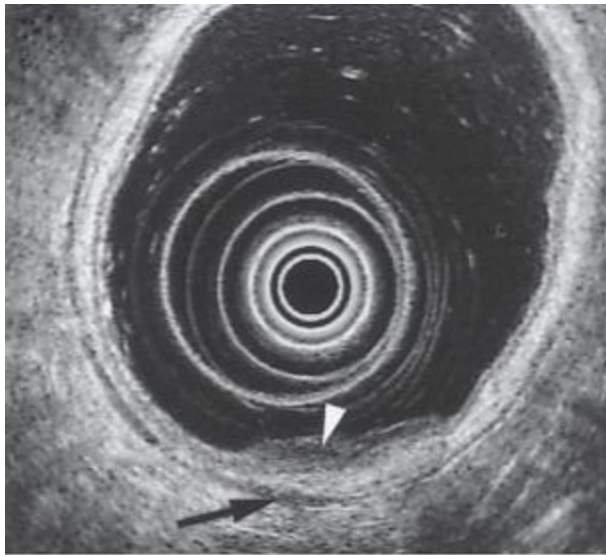
# ΚΑΡΚΙΝΟΣ ΣΤΟΜΑΧΟΥ

## Διάγνωση – σταδιοποίηση

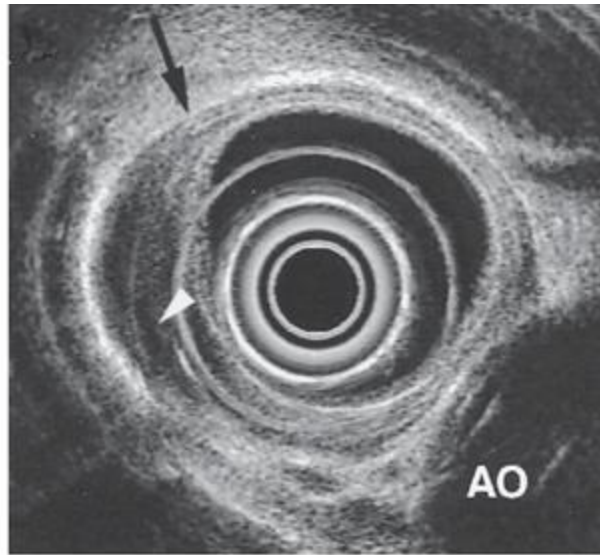
- Οισοφαγογαστροσκόπηση
- Βαριούχο γεύμα (με διπλή αντίθεση)
- CT / MRI / PET SCAN / US
- Ιστολογική / κυτταρολογική εξέταση

Because of the **advanced stage** at which most gastric cancers are discovered in the United States, the overall 5-year **survival is less than 30%**.

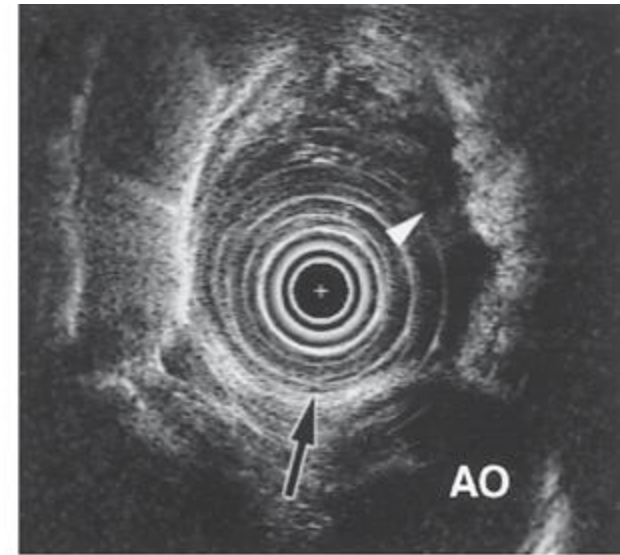




A



B



C

Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)

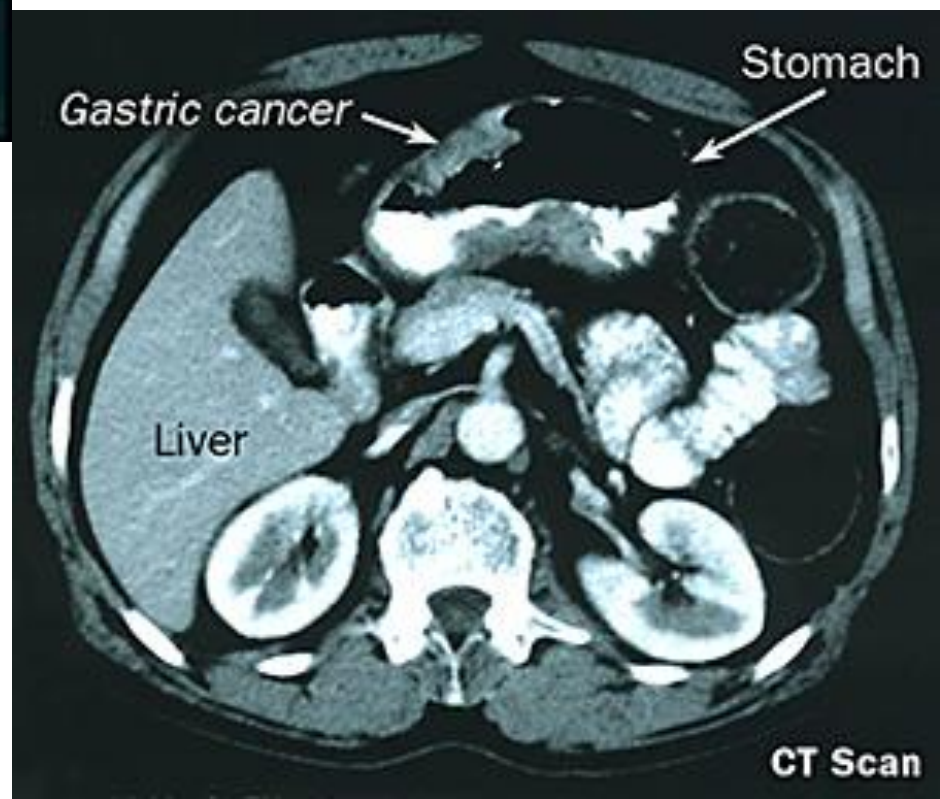
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**Local staging of gastrointestinal cancers with endoscopic ultrasound.** In each example the white arrowhead marks the primary tumor and the black arrow indicates the muscularis propria (mp) of the intestinal wall.

A. T1 gastric cancer. The tumor does not invade the mp.

B. T2 esophageal cancer. The tumor invades the mp.

C. T3 esophageal cancer. The tumor extends through the mp into the surrounding tissue, and focally abuts the aorta. AO, aorta.





# TNM classification system

## Staging

The 2006 American Joint Committee on Cancer (AJCC) *Cancer Staging Manual* presents the following TNM classification system for staging gastric carcinoma:<sup>[16]</sup>

### Primary tumor

TX - Primary tumor (T) cannot be assessed

T0 - No evidence of primary tumor

Tis - Carcinoma in situ, intraepithelial tumor without invasion of lamina propria

T1 - Tumor invades lamina propria or submucosa

T2 - Tumor invades muscularis propria or subserosa

T3 - Tumor penetrates serosa (ie, visceral peritoneum) without invasion of adjacent structures

T4 - Tumor invades adjacent structures

### Regional lymph nodes

NX - Regional lymph nodes (N) cannot be assessed

N0 - No regional lymph node metastases

N1 - Metastasis in 1-6 regional lymph nodes

N2 - Metastasis in 7-15 regional lymph nodes

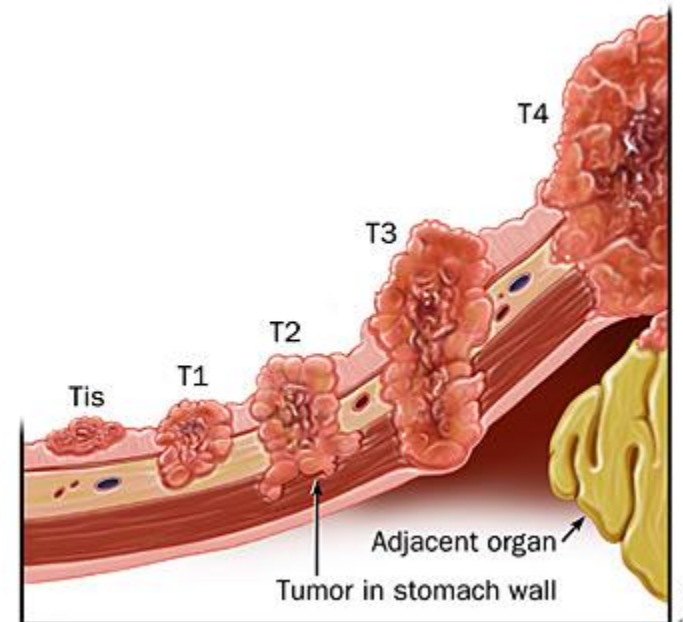
N3 - Metastasis in more than 15 regional lymph nodes

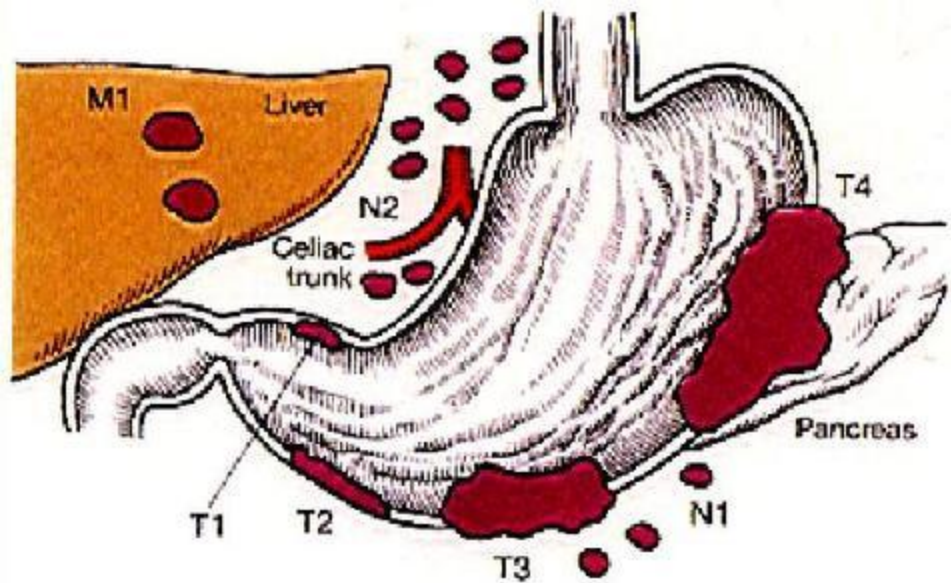
### Distant metastasis

MX - Distant metastasis (M) cannot be assessed

M0 - No distant metastasis

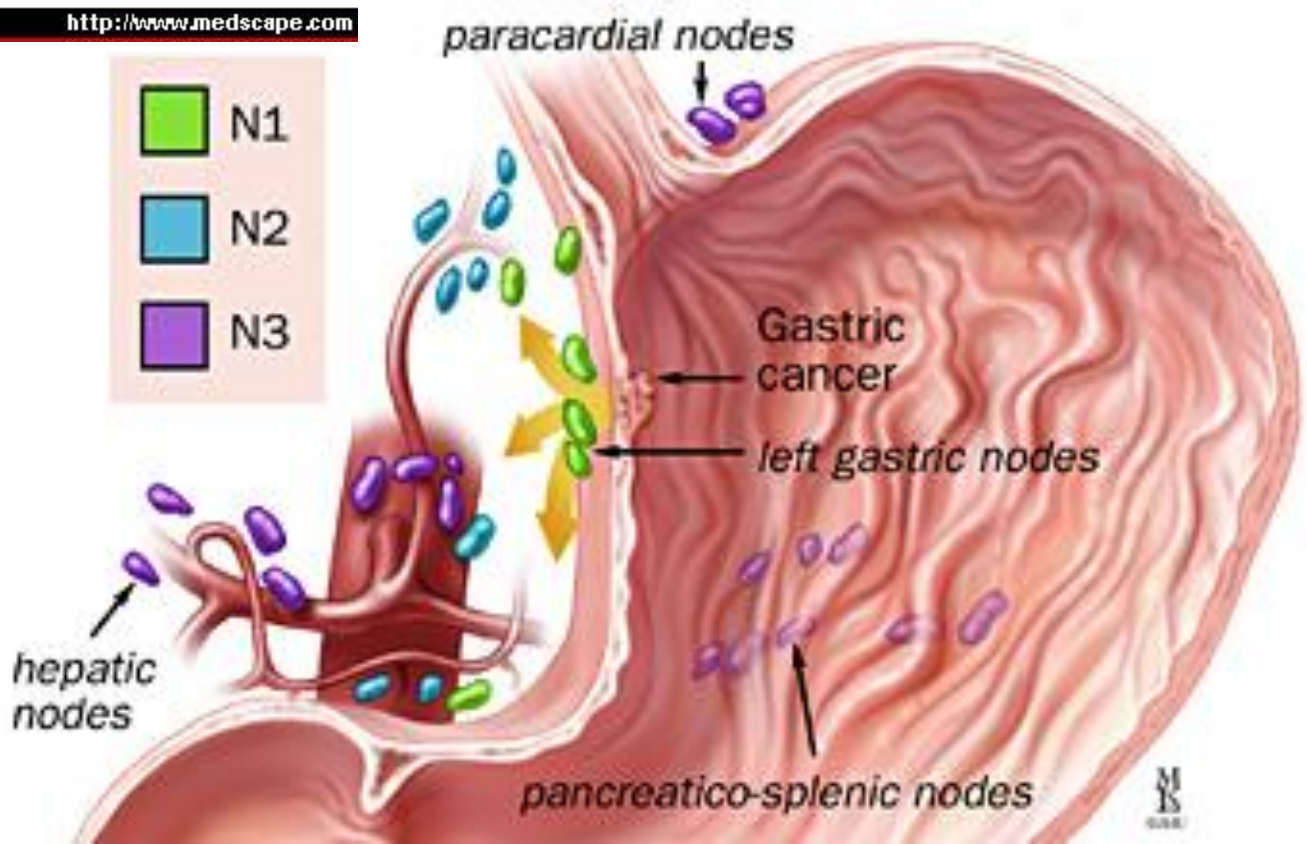
M1 - Distant metastasis





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- N1
- N2
- N3



## Staging

Stage 0 - Tis, N0, M0

Stage IA - T1, N0 or N1, M0

Stage IB - T1, N2, M0 or T2a/b, N0, M0

Stage II - T1, N2, M0 or T2a/b, N1, M0 or T2, N0, M0

Stage IIIA - T2a/b, N2, M0 or T3, N1, M0 or T4, N0, M0

Stage IIIB - T3, N2, M0

Stage IV - T1-3, N3, M0 or T4, N1-3, M0, or any T, any N, M1

TNM System for Staging Gastric Cancer

Stages	T	N	M
Stage 0	Tis	N0	M0
Stage IA	T1	N0	M0
Stage IB	T1	N1	M0
	T2	N0	M0
Stage II	T1	N2	M0
	T2	N1	M0
	T3	N0	M0
Stage IIIA	T2	N2	M0
	T3	N1	M0
	T4	N0	M0
Stage IIIB	T3	N2	M0
	T4	N1	M0
	T4	N2	M0
Stage IV	T4	N1	M0
	T1	N3	M0
	T2	N3	M0
	T3	N3	M0
	T4	N2	M0
	T4	N3	M0
	Any T	Any N	M1

## Survival rates

Stage 0 - Greater than 90%

Stage Ia - 60-80%

Stage Ib - 50-60%

Stage II - 30-40%

Stage IIIa - 20%

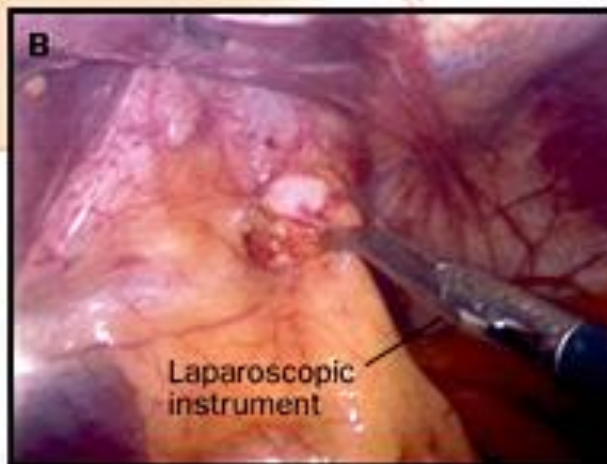
Stage IIIb - 10%

Stage IV - Less than 5%.

**A** Laparoscopic camera (for diagnosis of abdominal metastases)...  
...enters through an incision in the abdominal wall.

Abdominal cavity expanded with air

Abdominal organs



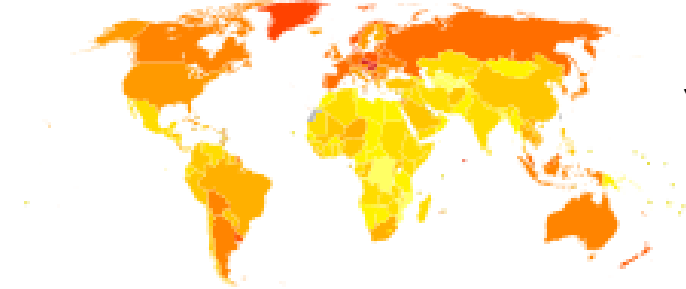
scope view



# ΚΑΡΚΙΝΟΣ ΛΕΠΤΟΥ ΕΝΤΕΡΟΥ

- ΑΔΕΝΟΚΑΡΚΙΝΩΜΑ
- ΛΕΜΦΩΜΑ
- ΚΑΡΚΙΝΟΕΙΔΕΣ
- ΛΕΙΟΜΥΟΣΑΡΚΩΜΑ

# ΚΑΡΚΙΝΟΣ ΠΑΧΕΟΣ ΕΝΤΕΡΟΥ



Υψηλό κοινωνικο-οικονομικό status

- 2<sup>η</sup> αιτία θανάτου από καρκίνο
- Μείωση θνητότητας λόγω πρωιμότερης διάγνωσης
- Συνήθως εξορμάται από έναν αδενωματώδη πολύποδα
- Πολύποδες: 30-50 % σε μεση και μεγάλη ηλικία - < 1 % εξαλλάσσονται
- Μεγαλύτερος κίνδυνος (10 %): μεγάλος πολύπους > 2,5 εκ. Επίσης σε ευρεία βάση και θηλωματώδη (villous) τύπο
- Η καρκινωματώδης εξεργασία συνήθως απαιτεί > 5 έτη

## Παράγοντες κινδύνου:

- Δίαιτα πλούσια σε ζωικά λίπη και θερμίδες
- Παχυσαρκία (αντοχή σε ινσουλίνη, αύξηση IGF-1)
- Οικογενής πολυποδίαση εντέρου, σ.Gardner
- Κληρονομικός χωρίς πολύποδες καρκίνος του παχέος εντέρου (σ.Lynch)
- Φλεγμονώδης νόσος εντέρου (ιδίως η πανκολίτις)

Προστασία:  
Ασπιρίνη, NSAIDs

## "Polyp-to-Cancer" Progression

Normal  
Colon



Small  
Early  
Polyp



Growing Pedunculated Polyps  
(Pre-Cancerous)

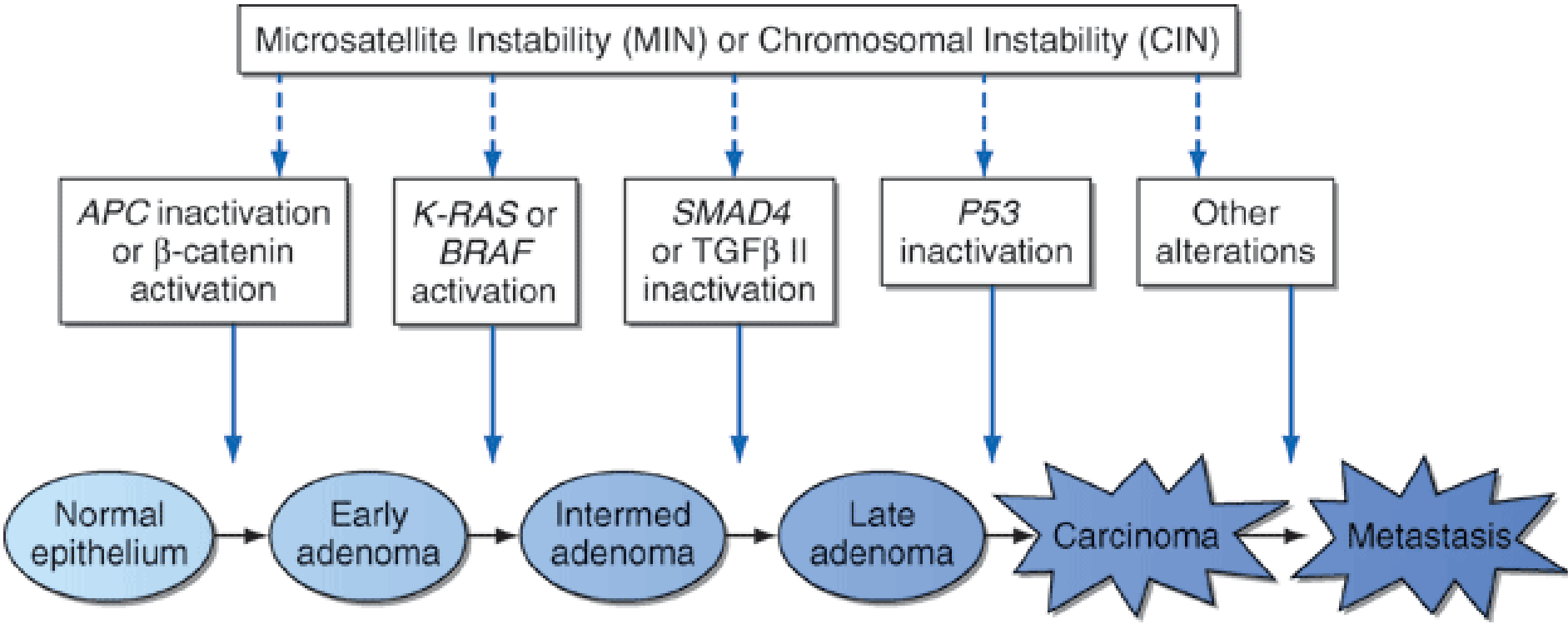


Cancer  
invading  
Colon Wall



Large  
Cancerous  
Polyp

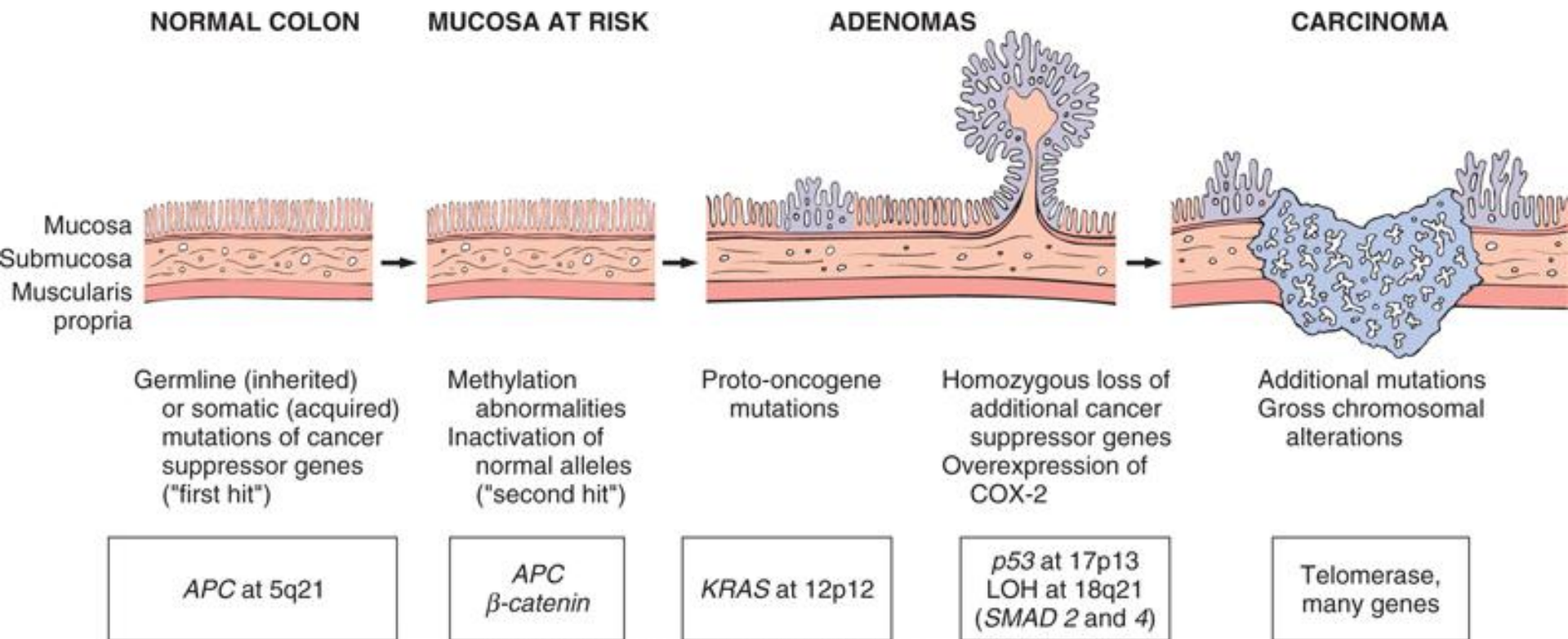




Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)  
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**Progressive somatic mutational steps in the development of colon carcinoma.** The accumulation of alterations in a number of different genes results in the progression from normal epithelium through adenoma to full-blown carcinoma. Genetic instability (microsatellite or chromosomal) accelerates the progression by increasing the likelihood of mutation at each step. Patients with familial polyposis are already one step into this pathway, since they inherit a germline alteration of the *APC* gene. TGF, transforming growth factor.





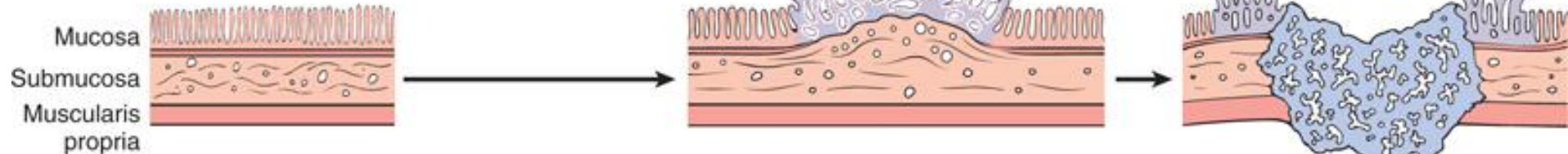
Kumar et al: Robbins Basic Pathology, 9e.  
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**Morphologic and molecular changes in the adenoma-carcinoma sequence.** It is postulated that loss of one normal copy of the tumor suppressor gene *APC* (adenomatosis polyposis coli) occurs early. Persons may be born with one mutant allele, making them extremely prone to the development of colon cancer, or inactivation of *APC* may occur later in life. This is the "first hit" according to Knudson's hypothesis. The loss of the intact copy of *APC* follows ("second hit"). Other mutations involving *KRAS*, *SMAD2*, and *SMAD4*, and the tumor suppressor gene *TP53*, lead to the emergence of carcinoma, in which additional mutations occur. Although there may be a preferred temporal sequence for these changes, it is the aggregate effect of the mutations, rather than their order of occurrence, that appears most critical

## NORMAL COLON

## SESSILE SERRATED ADENOMA

## CARCINOMA



Germline (inherited) or somatic (acquired) mutations of mismatch repair genes

Alteration of second allele by LOH, mutation, or promoter methylation

Microsatellite instability/ "mutator phenotype"

Accumulated mutations in genes that regulate growth, differentiation, and/or apoptosis

*MLH1, MSH2*  
(*MSH6, PMS1, PMS2*)

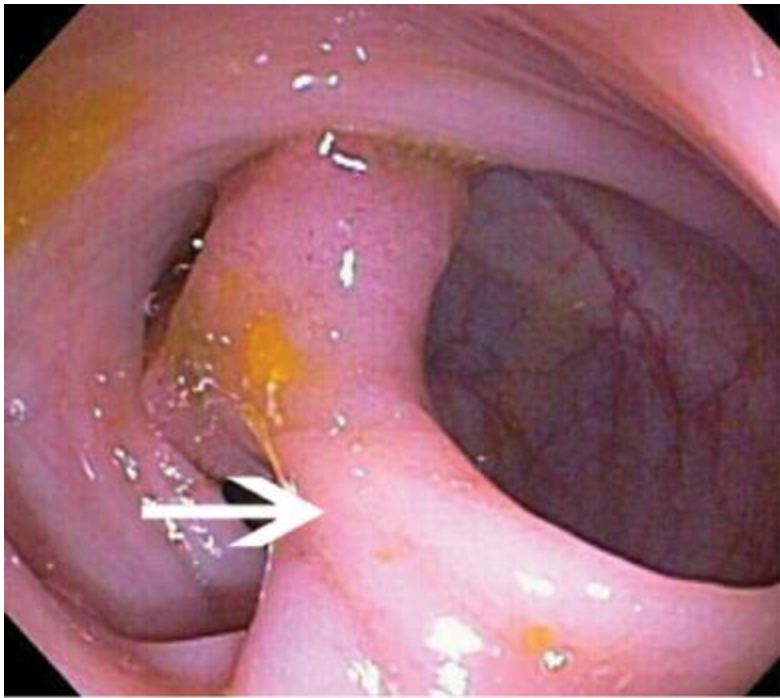
*TGF $\beta$ RII, BAX, BRAF, TCF-4, IGF2R, others*

Kumar et al: Robbins Basic Pathology, 9e.

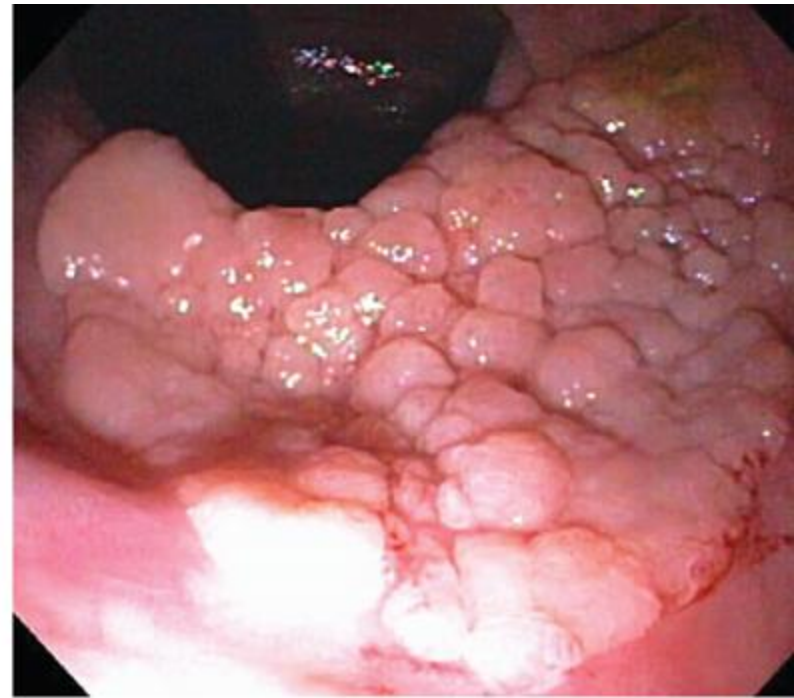
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## Morphologic and molecular changes in the mismatch repair pathway of colon carcinogenesis.

Defects in mismatch repair genes result in microsatellite instability and permit accumulation of mutations in numerous genes. If these mutations affect genes involved in cell survival and proliferation, cancer may develop. LOH, loss of heterozygosity.



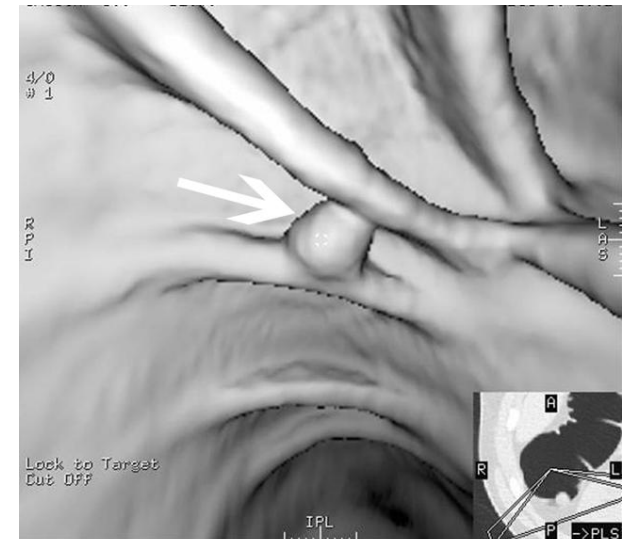
**A**



**B**

Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)  
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**Colonic polyps. A.** Pedunculated colon polyp on a thick stalk covered with normal mucosa (arrow). **B.** Sessile rectal polyp.



**Virtual colonoscopy image of a colon polyp**

Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)  
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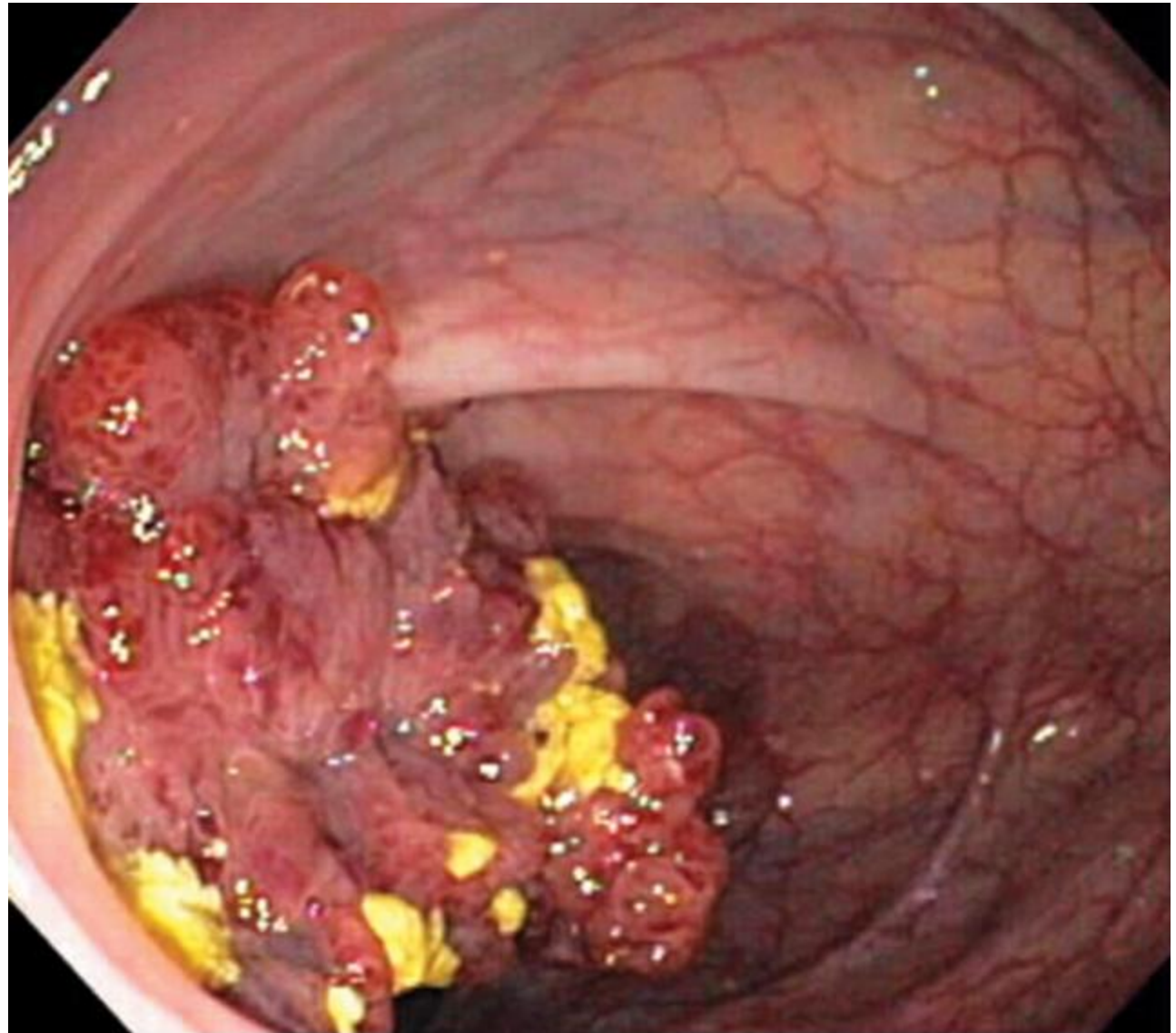
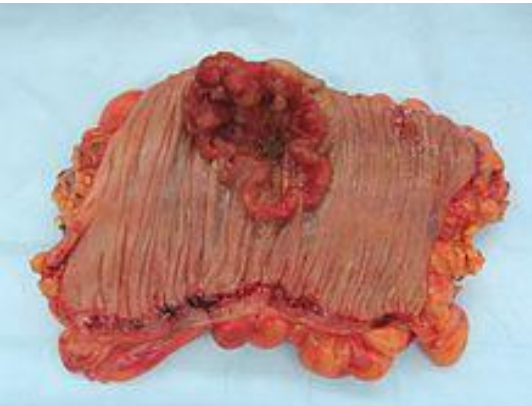


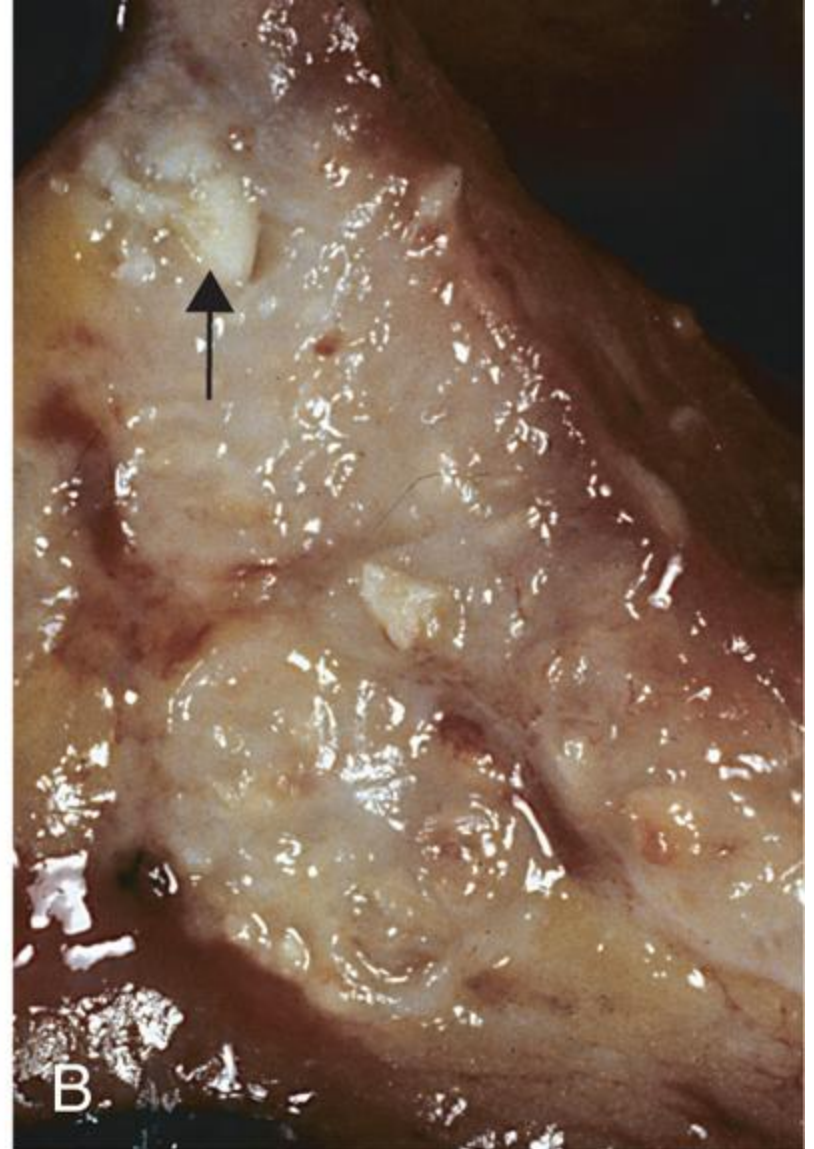
Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
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**Innumerable colon polyps of various sizes in a patient with familial adenomatous polyposis syndrome.**



## Colon adenocarcinoma growing into the lumen.





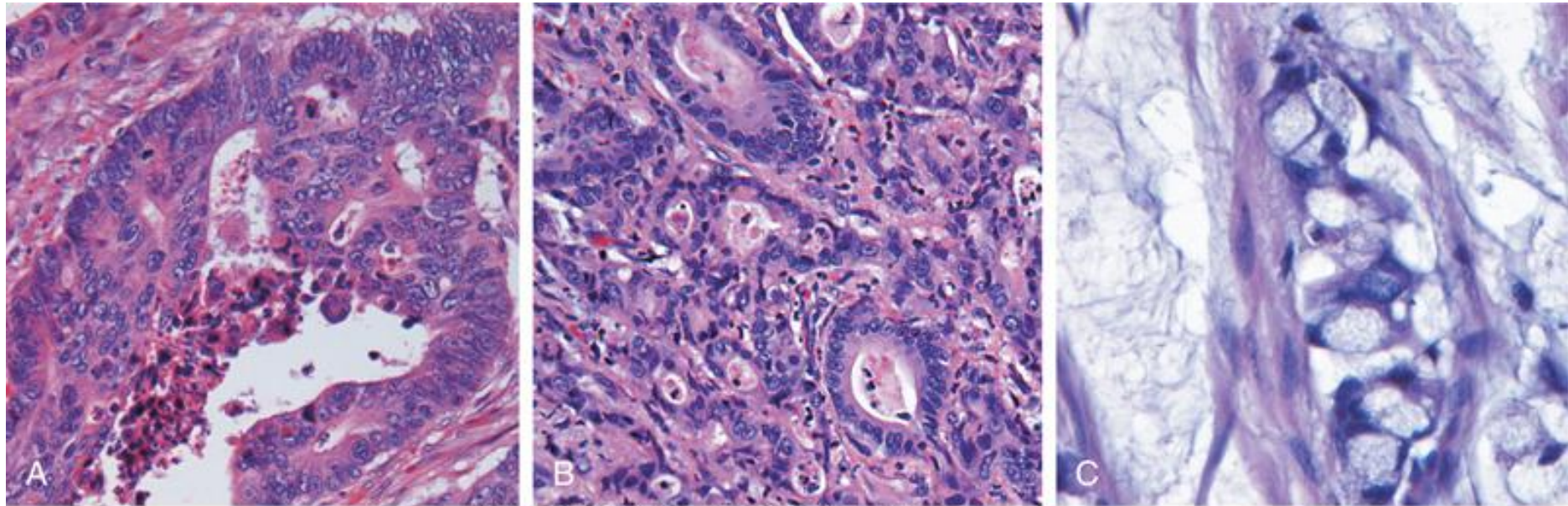
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## Colorectal carcinoma.

**A**, Circumferential, ulcerated rectal cancer. Note the anal mucosa at the bottom of the image.

**B**, Cancer of the sigmoid colon that has invaded through the muscularis propria and is present within subserosal adipose tissue (*left*). Areas of chalky necrosis are present within the colon wall (*arrow*).





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### **Histologic appearance of colorectal carcinoma.**

**A,** Well-differentiated adenocarcinoma. Note the elongated, hyperchromatic nuclei. Necrotic debris, present in the gland lumen, is typical.

**B,** Poorly differentiated adenocarcinoma forms a few glands but is largely composed of infiltrating nests of tumor cells.

**C,** Mucinous adenocarcinoma with signet ring cells and extracellular mucin pools.

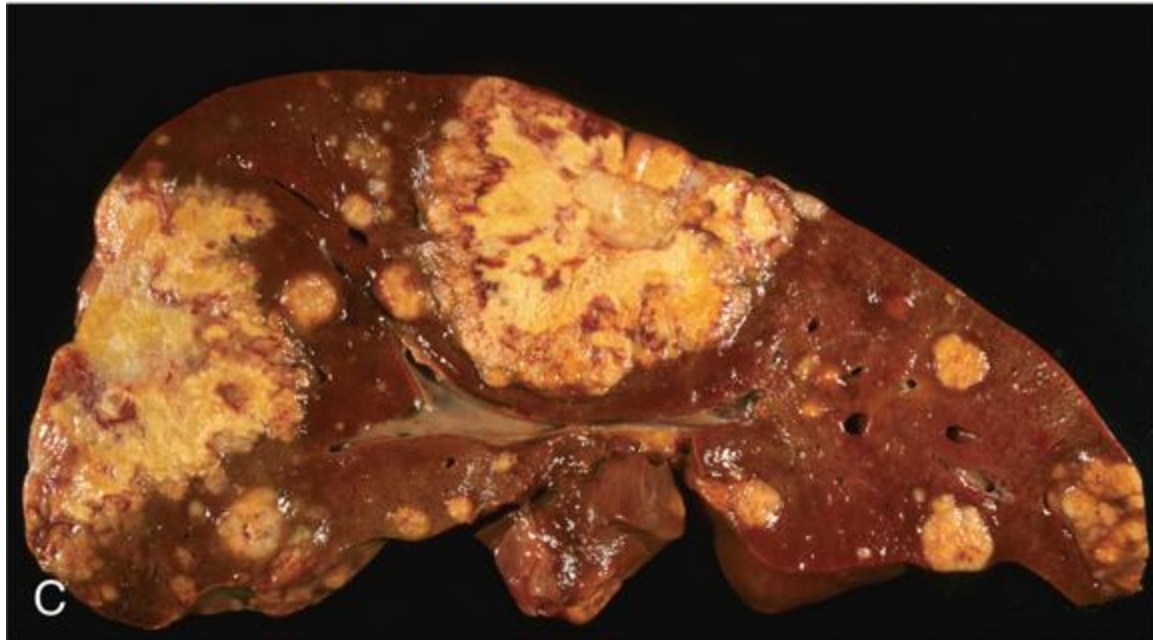
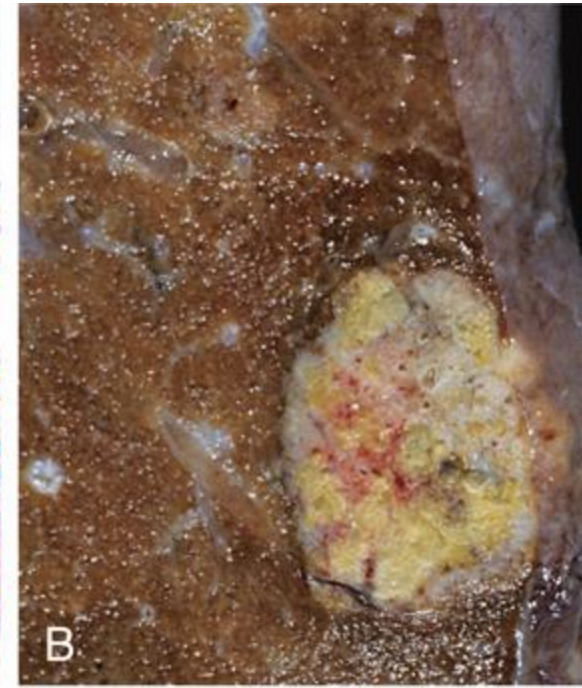
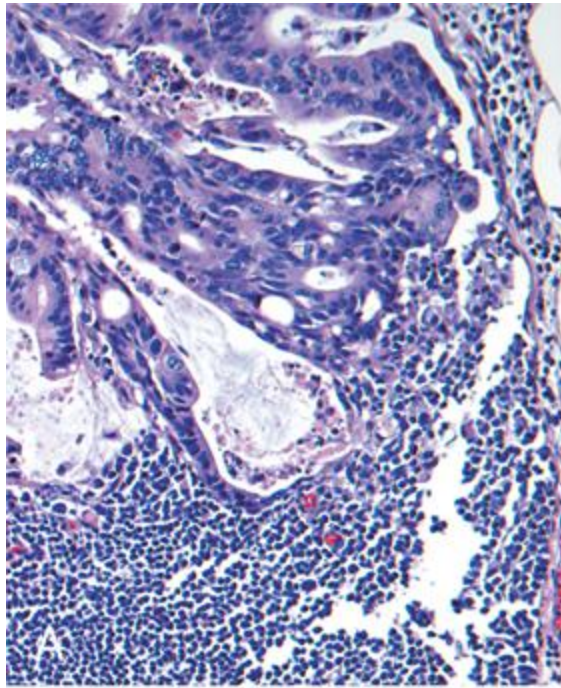
**Metastatic colorectal carcinoma.**

**A,** Lymph node metastasis.

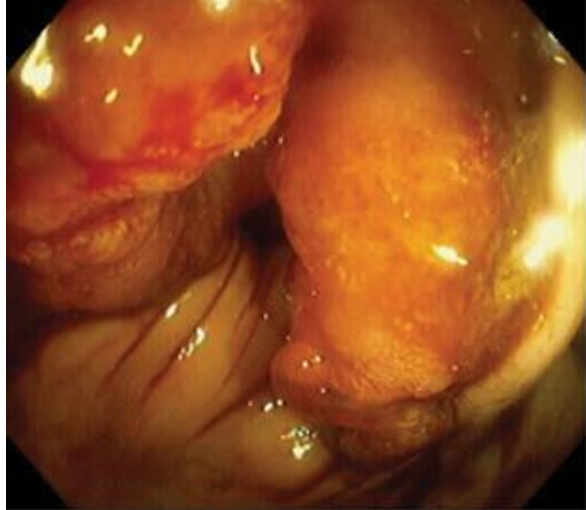
Note the glandular structures within the subcapsular sinus.

**B,** Solitary subpleural nodule of colorectal carcinoma metastatic to the lung.

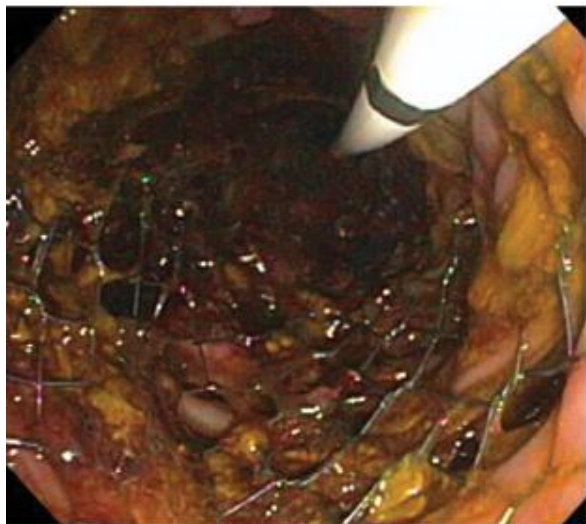
**C,** Liver containing two large and many smaller metastases. Note the central necrosis within metastases.



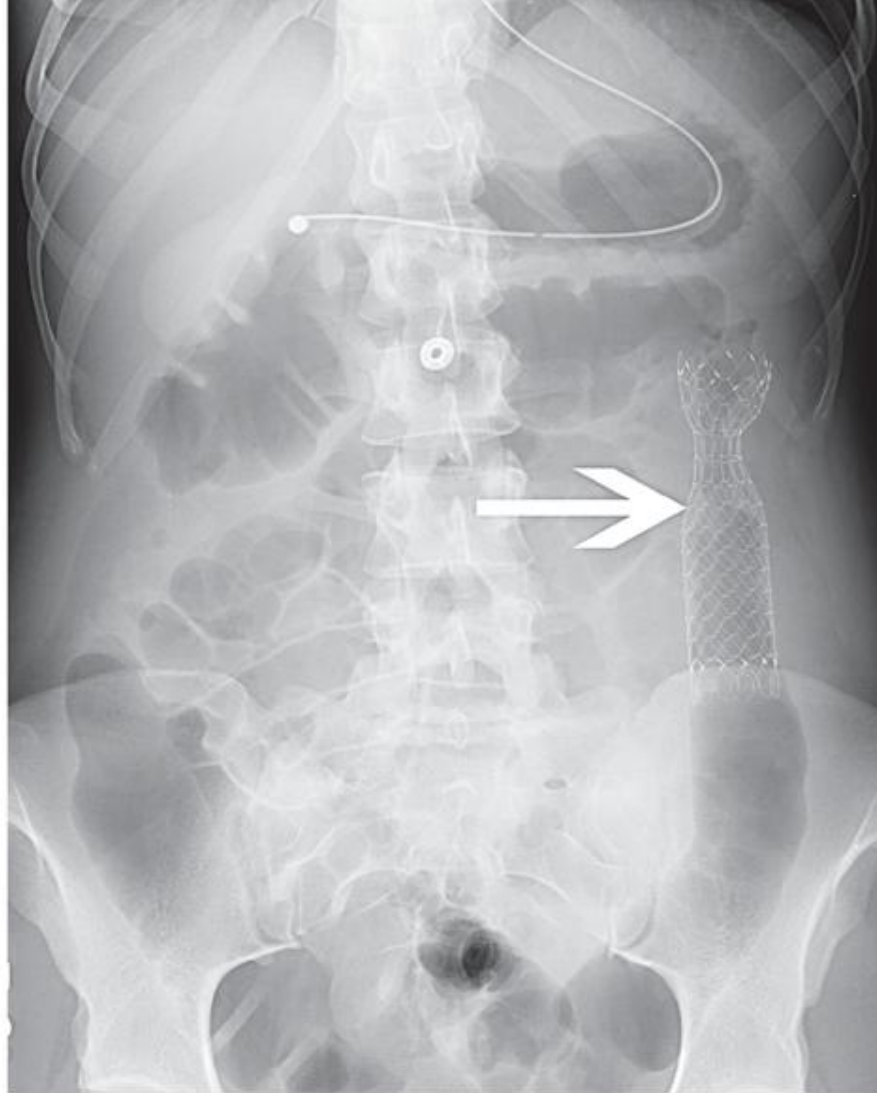




**A**



**B**



**C**

Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)  
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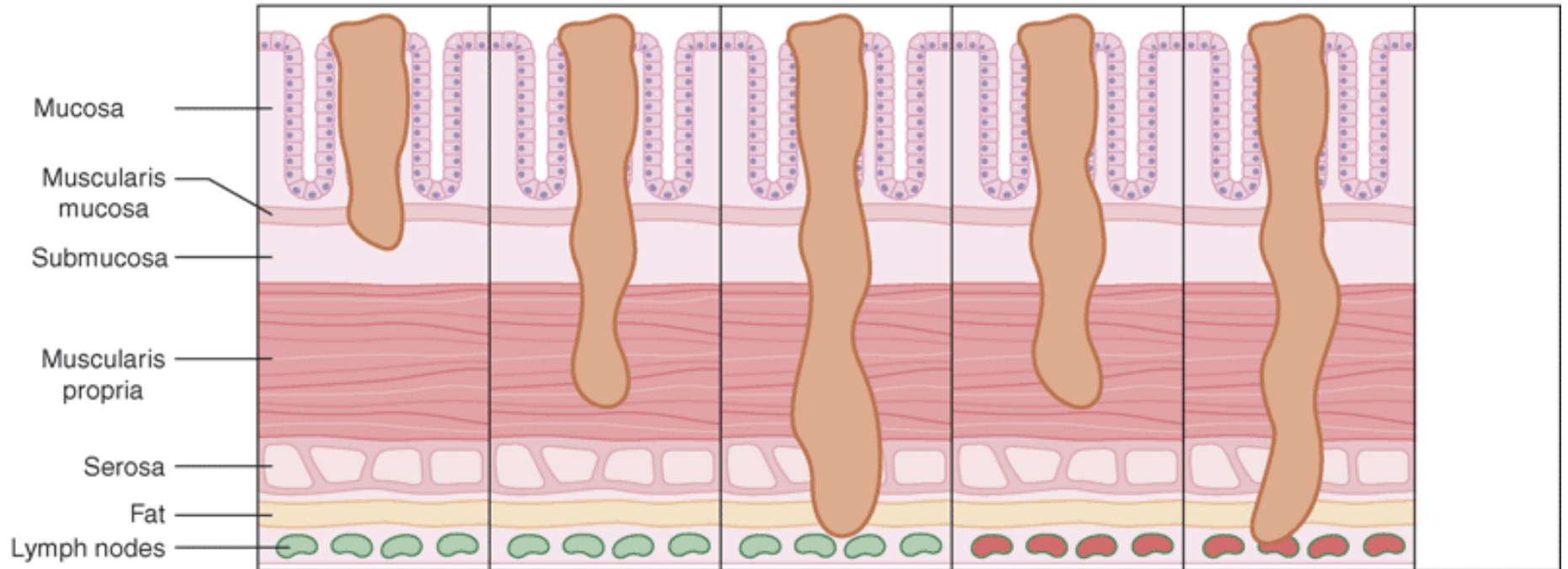
**Obstructing colonic carcinoma. A.** Colonic adenocarcinoma causing marked luminal narrowing of the descending colon. **B.** Endoscopic placement of a self-expanding metal stent. **C.** Radiograph of expanded stent across the obstructing tumor with a residual waist (*arrow*).



# Staging and prognosis for patients with colorectal cancer.

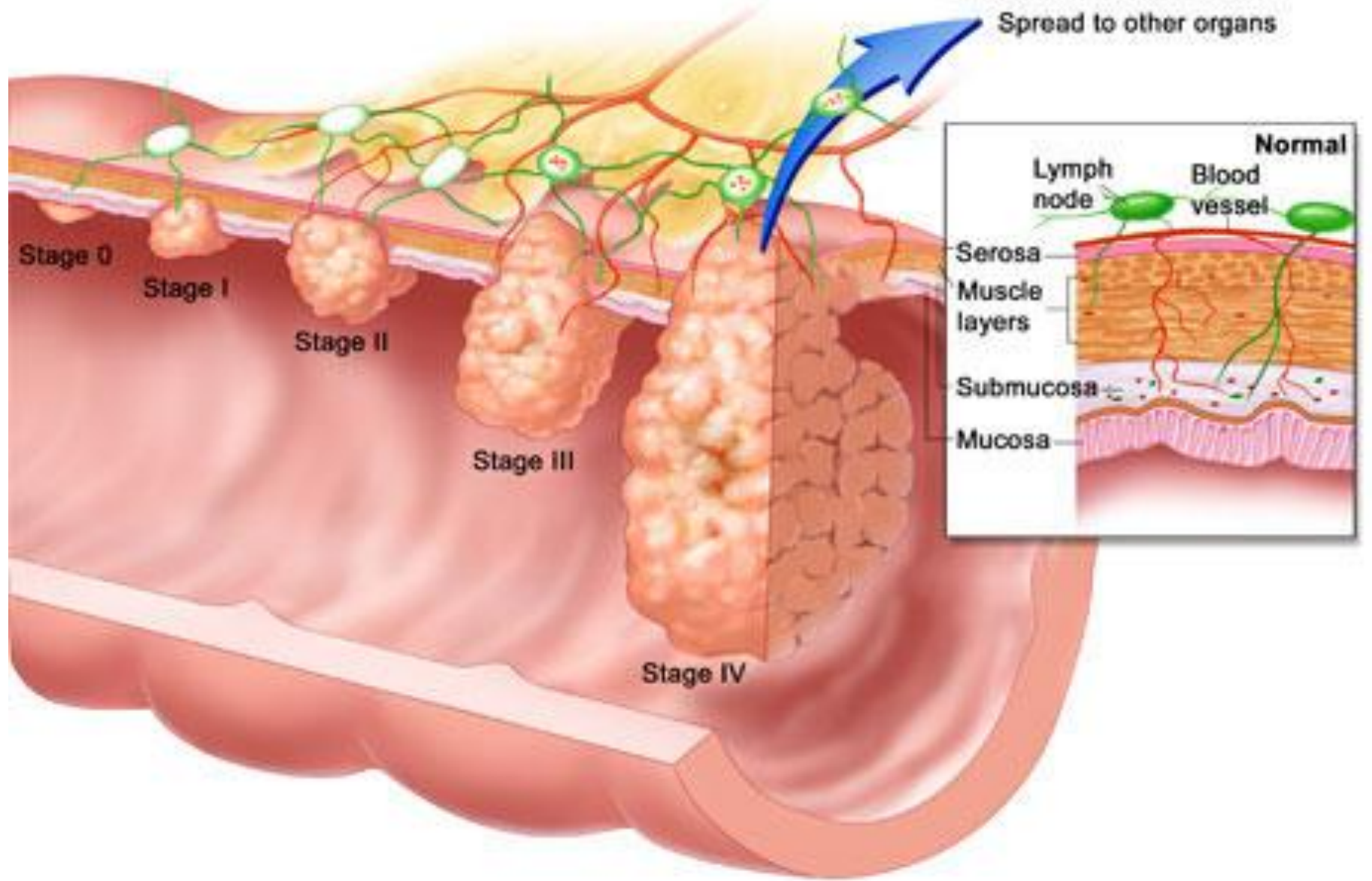
Staging of colorectal cancer

Stage	I		II	III		IV
	T1	T2	T3	N1	N2	M
Extent of tumor	No deeper than submucosa	Not through muscularis	Through muscularis	1–3 lymph node metastases	≥4 lymph node metastases	Distant metastases
5-year survival	>95%	>90%	70–85%	50–70%	25–60%	<5%
Stage at presentation		23%	31%	26%	26%	20%
	Colon					
	Rectal	34%	25%	26%		15%



Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J: *Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)

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# ΚΑΡΚΙΝΟΣ ΠΑΧΕΟΣ ΕΝΤΕΡΟΥ

## κλινικά χαρακτηριστικά

### ΤΥΦΛΟ – ΑΝΙΟΝ

- Χρόνια απώλεια αίματος, σιδηροπενική αναιμία

### ΕΓΚΑΡΣΙΟ – ΚΑΤΙΟΝ

- Κοιλιακό άλγος, ίσως απόφραξη ή διάτρηση

### ΟΡΘΟΣΙΓΜΟΕΙΔΕΣ

- Αιματοχεσία, τεινεσμός, ελάττωση διαμέτρου κοπράνων

## ΠΡΟΣΟΧΗ ΣΕ ΑΛΛΑΓΗ ΣΥΝΗΘΕΙΩΝ ΕΝΤΕΡΟΥ

- Συνήθεις μεταστάσεις: τοπικοί λεμφαδένες, ήπαρ, πνεύμων, οστά
- Νεοπλασματικοί δείκτες: CEA, CA19-9 (κυρίως για παρακολούθηση θεραπείας)

# ΚΑΡΚΙΝΟΣ ΠΑΧΕΟΣ ΕΝΤΕΡΟΥ

## Διάγνωση – σταδιοποίηση

- Σιγμοειδοσκόπηση / κολonosκόπηση
- Βαριούχος υποκλυσμός (με διπλή αντίθεση)
- CT / MRI / PET SCAN
- Ιστολογική εξέταση

Because of the **advanced stage** at which most gastric cancers are discovered in the United States, the overall 5-year **survival is less than 30%**.



Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J:  
*Harrison's Principles of Internal Medicine*, 18th Edition: [www.accessmedicine.com](http://www.accessmedicine.com)  
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**Double-contrast air-barium enema** revealing a sessile tumor of the cecum in a patient with iron-deficiency anemia and guaiac-positive stool.  
The lesion at surgery was a stage II adenocarcinoma.



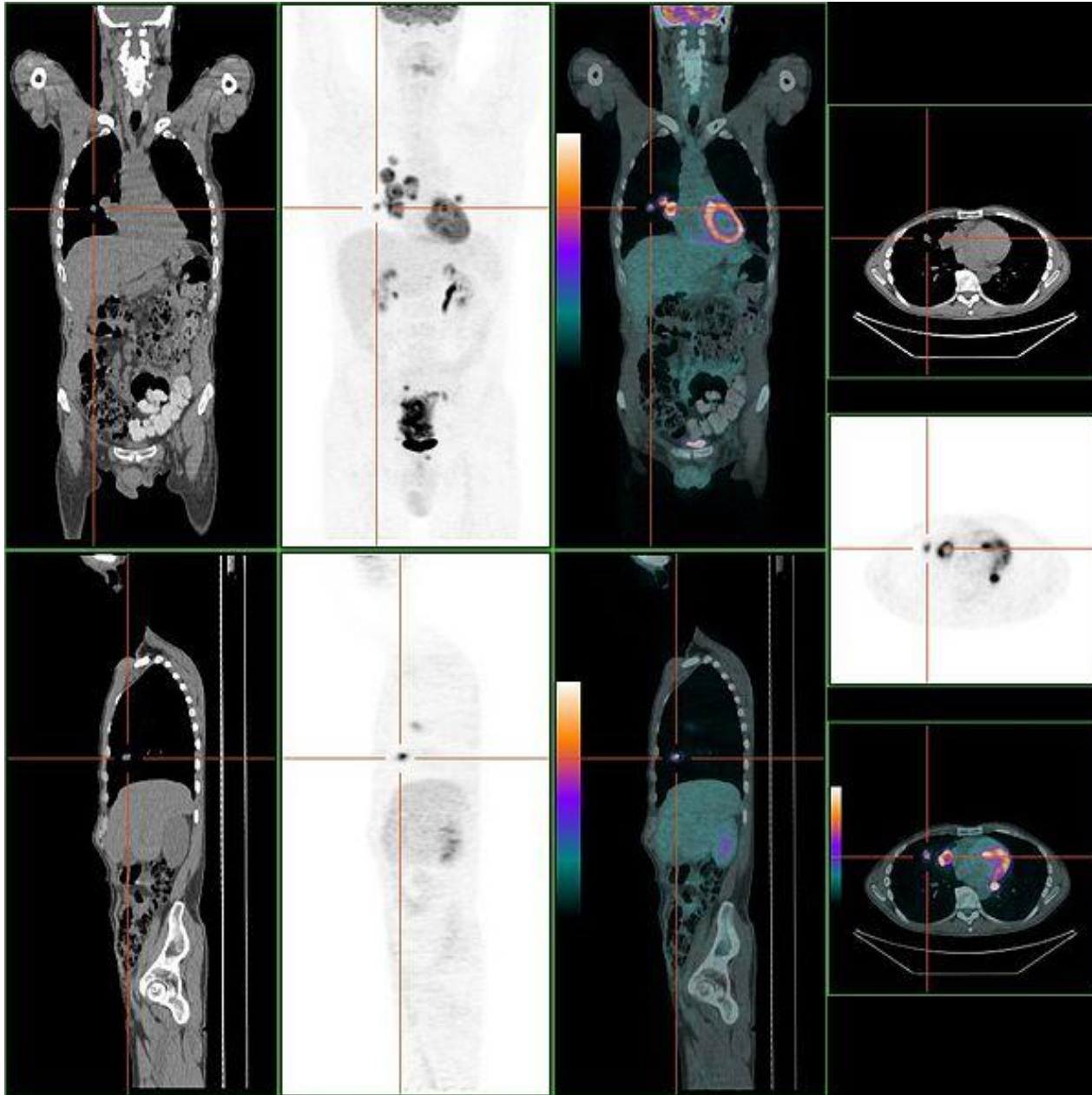
**Annular, constricting adenocarcinoma of the descending colon.**

This radiographic appearance is referred to as an "apple-core" lesion and is always highly suggestive of malignancy.



# PET/CT of a staging exam of colon carcinoma.

Besides the primary tumor a lot of lesions can be seen. On cursor position: lung nodule.



# ΠΡΟΛΗΠΤΙΚΟΣ ΕΛΕΓΧΟΣ (SCREENING)

- Δακτυλική εξέταση
- Αιμοσφαιρίνη κοπράνων
- Σιγμοειδοσκόπηση κάθε 5 έτη μετά τα 50 έτη + Hb κοπράνων
- Ή κολονοσκόπηση ολική ή βαριούχος υποκλυσμός διπλής αντιθέσεως κάθε 10 έτη μετά τα 50 έτη

