



KANKER PARU

MENALDI RASMIN* , A MULAWARMAN JAYUSMAN**

* Dept.Pulmonologi & Kedokteran Respirasi FKUI-RSUP Persahabatan, Jakarta

** SMF Paru RS Kanker Dharmais, Jakarta

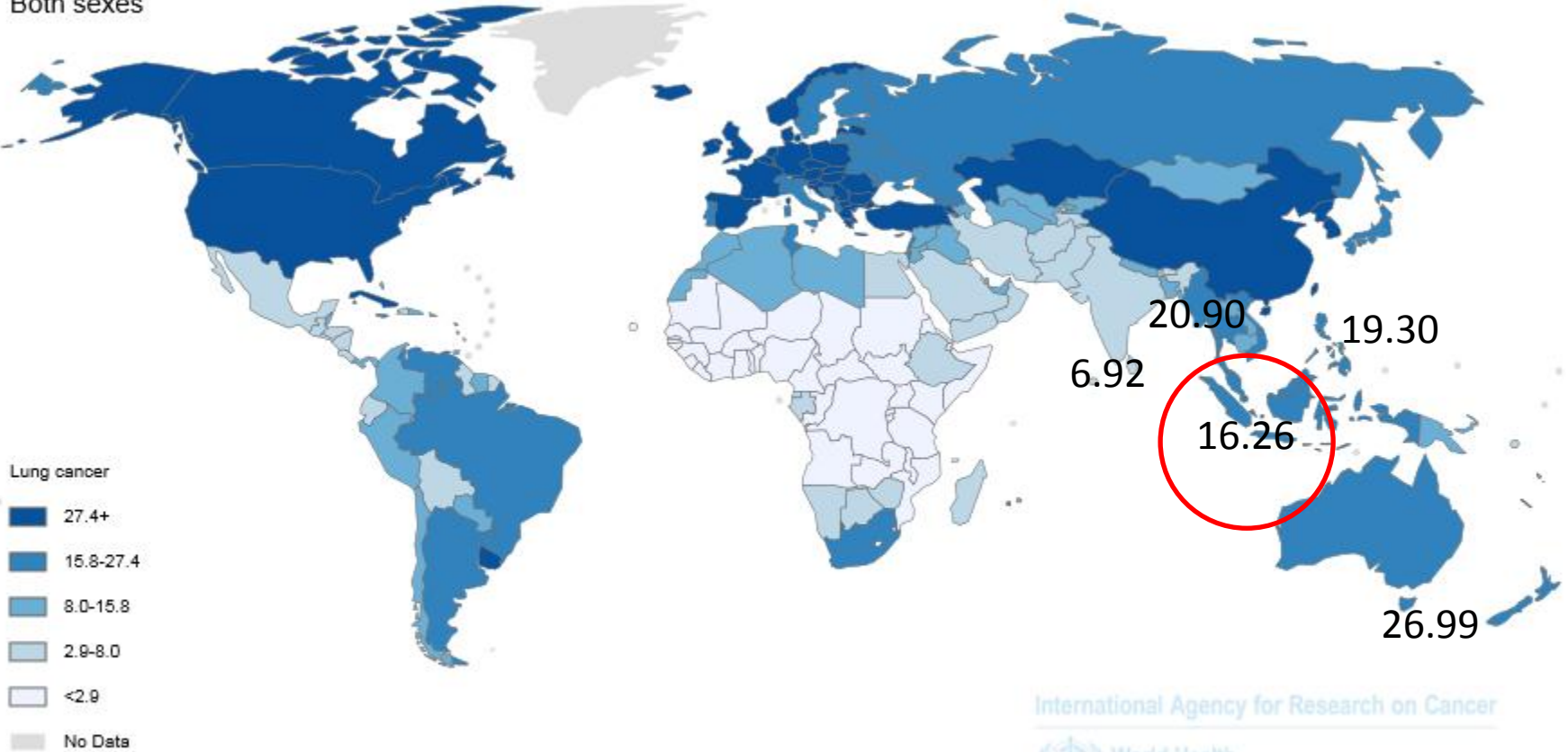
Fakta

American Cancer Society (ACS), 2012 :

- Kanker paru penyebab kematian kanker terbanyak, 176.000 dari 585.720 kematian pd kanker, terutama akibat rokok
- Thn 2012 : 14,1 juta kasus di seluruh dunia
- Faktor risiko: merokok, pajanan thd asap rokok, pajanan terhadap asbes, pajanan radiasi pd toraks, diet
- Konsep masa kini: **penyakit Gen**

Globocan 2012: Perkiraan Insidens Kanker Paru per Negara pada 184 Negara di Dunia

Incidence ASR
Both sexes



International Agency for Research on Cancer



Source: GLOBOCAN 2012 (IARC)

Tantangan

- Diagnostik
- Terapi
- Kondisi Khusus :
 1. Tumor Pancoast
 2. Sindrom Vena Kava Superior
 3. Efusi pleura masif
 4. Efusi pleura berulang



Diagnostik

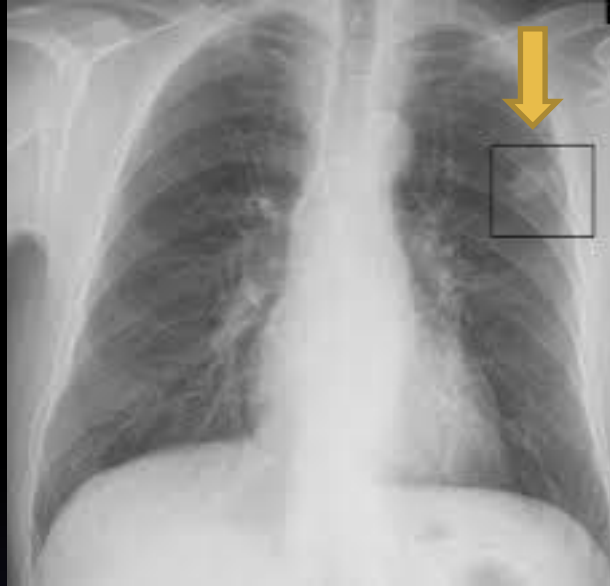
1. Keluhan
2. Riwayat
3. Pemeriksaan fisis
4. Radiografi
5. Pulmonologi intervensional

- Keluhan
- Riwayat Penyakit
- Pemeriksaan Fisis

batuk kronik, napas pendek,
kehilangan nafsu makan, nyeri dada,
sakit kepala, batuk berdahak,
batuk berdarah,
suara parau, bising mengi,
penurunan BB tanpa sebab yang jelas, nyeri tulang



Nodul Paru



Tuberkuloma / Karsinoma

Pendekatan

Diagnostik

CT-scan

EBUS (endobronkial ultrasound) (kgb)

TBLB (nodul sentral)

TTNA (nodul perifer)

Terapi

Bedah & Kemoterapi

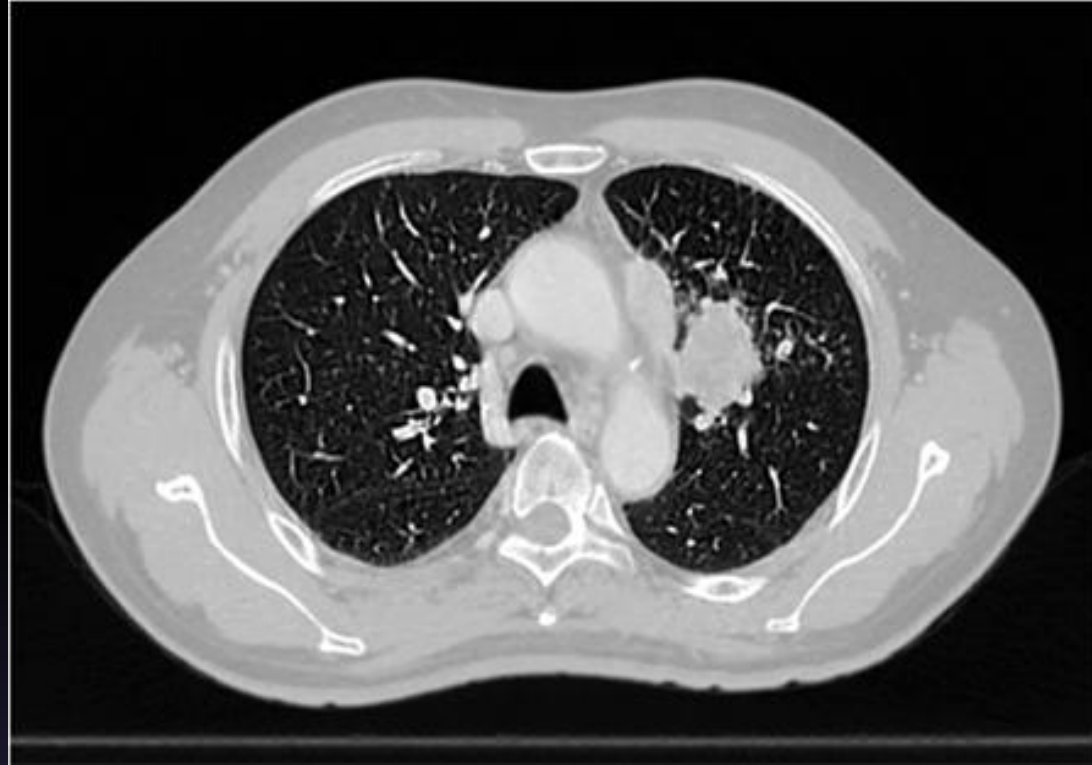


Tumor Paru

Pendekatan

Diagnostik :

- Bronkoskopi
- EBUS
- TBLB
- TBNA



Bedah / Kemoterapi/ Radiasi / Gabungan (tergantung jenis & stadium)

TTNA (Trans Thoracal Needle Aspiration) Core Biopsy

	<u>Sensitivitas</u>	<u>Spesifisitas</u>	<u>Akurasi</u>
FNAB	81,3-90,8 %	75,4-100 %	79,7-91,8 %
CNB	85,7-97,4%	88,6-100 %	89,0-96,9 %



Tumor Infiltratif Intrabronkus

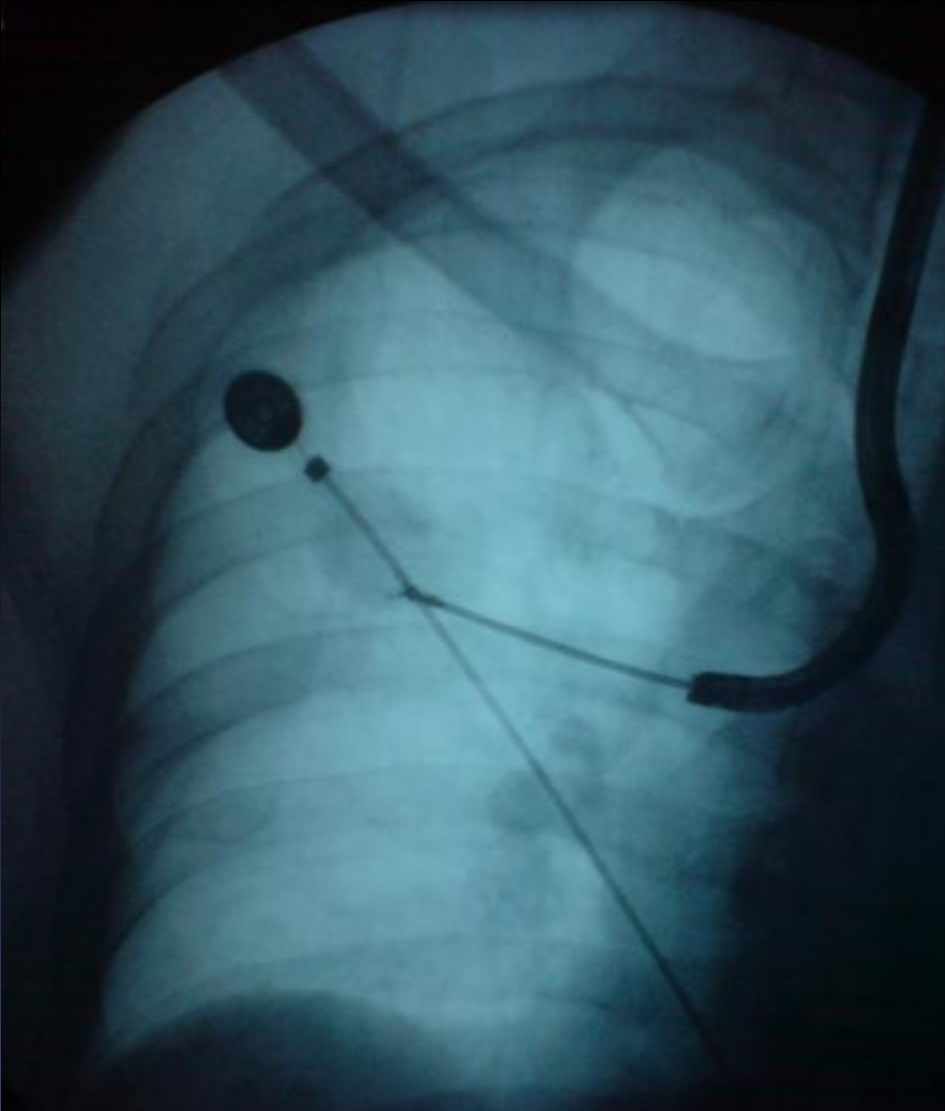
Pendekatan :

Diagnostik : bronkoskopi, biopsi, sikatan, dan bilasan bronkus
aspirasi jarum

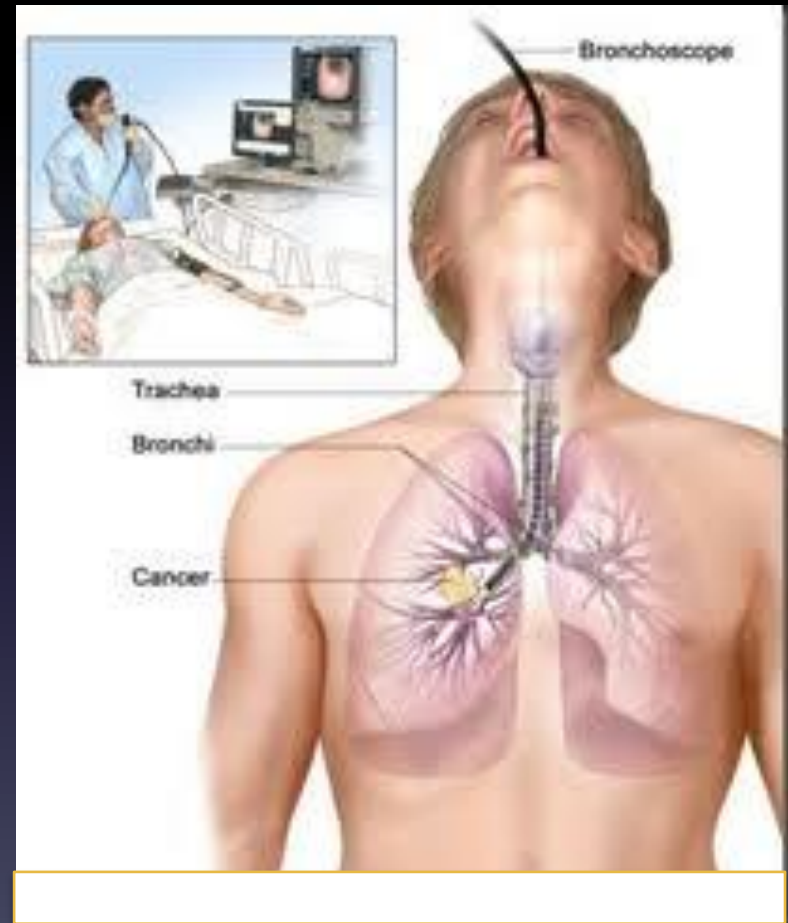
Terapi : LASER/ **Cryo surgery**/elektrokauter / stent



TBLB (Trans Bronchial Lung Biopsy)



C Arm



Pleural Biopsy - Pleuroscopy

INDICATIONS : exudative pleural effusion of an unknown etiology, mesothelioma, tuberculosis, benign pleural disorders, fistula repair, lysis of loculation in pleural infection, pneumothorax



NLST (National Lung Cancer Screening Trial) :

2002-2009

- Randomized, controlled trial at 33 US Medical Centre, 53.000 participants (ages 55-74 yo, minimal 30 pack-years history of smoking for formal smokers quit less than 15 years prior to study), divided into 2 groups
- Yearly screening for Lung Ca for 3 years, one group with PA Chest X-ray & the other group with low dose helical CT-scan (LDCT)
- Result : 20% reduction of mortality in LDCT group

Terapi

- Bedah
- Nonbedah :
 1. Kemoterapi
 2. Radiasi
 3. Gabungan
 4. Immunoterapi
 5. Tyrosine Kinase Inhibitor
- Paliatif :

Obat Baru

Nivolumab (Opdivo) – NSCLC

Gefitinib (Iressa) – metastatic NSCLC, tumor dengan mutasi EGFR,

Pembrolizumab (Keytruda) – NSCLC metastasis setelah lini-1,

Nivolumab (Opdivo) – NSCLC & SCLC,

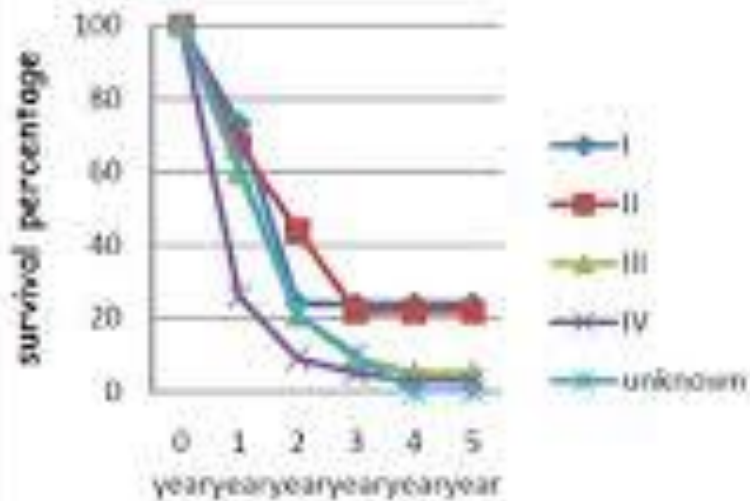
Osimertinib (Tagrisso) – Ca progresif setelah terapi dengan terapi sel target,

Necitumumab (Portrazza) – NSCLC, SCLC metastasis progresif,

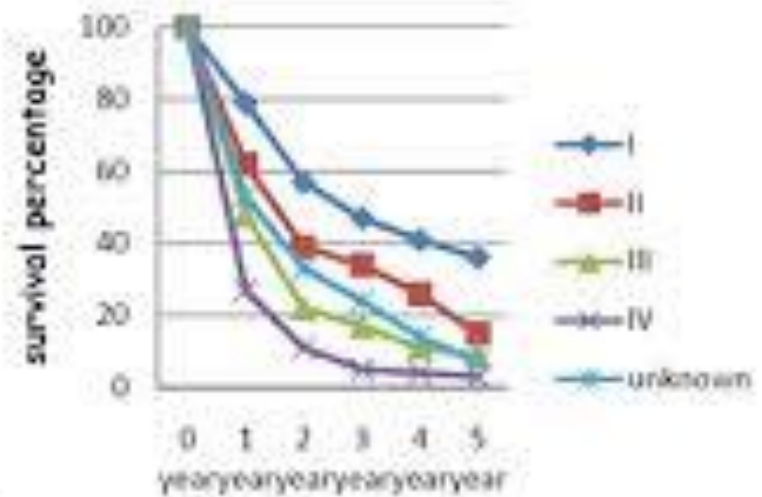
Alectinib (Alecenza) – ALK (Anaplastic Lymphoma Kinase)

SINTASAN KANKER PARU

5-year Survival by stage for SCLC



5-year Survival by stage for NSCLC





Terima Kasih

Buah Merah, Papua – Agustus 2015