CCE COM TUMOR PALPÁVEL 20 SEMANAS APÓS QT/RT. COMO CONDUZIR?

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Belo Horizonte, 2020

ATENÇÃO AO TERMO “CÂNCER DE ÂNUS”

Nem todos são CCE: adenocarcinoma, melanoma, sarcoma, metástases, carcinoide, pequenas células.

IMUNOHISTOQUÍMICA É GRANDE ALIADA

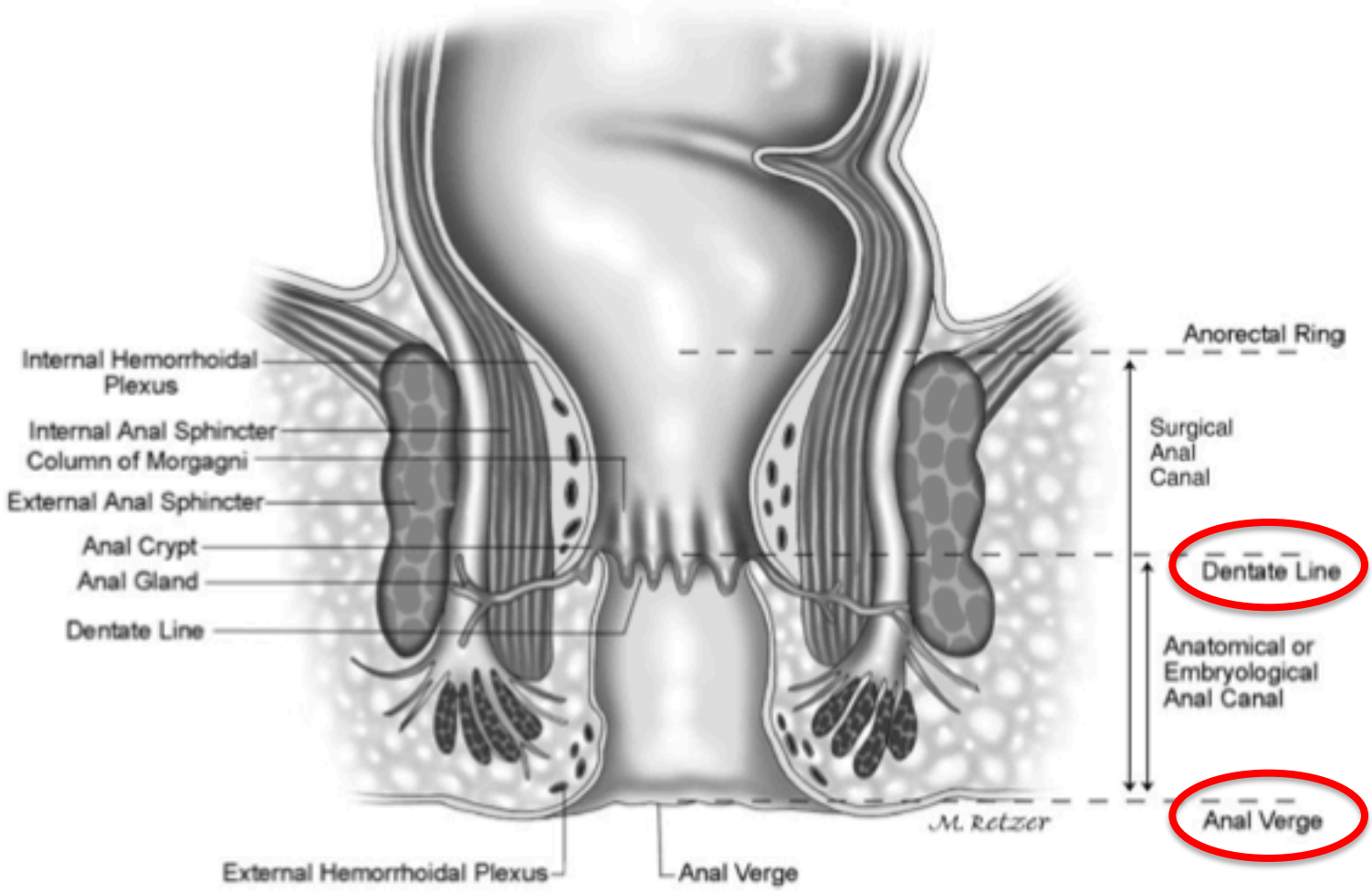
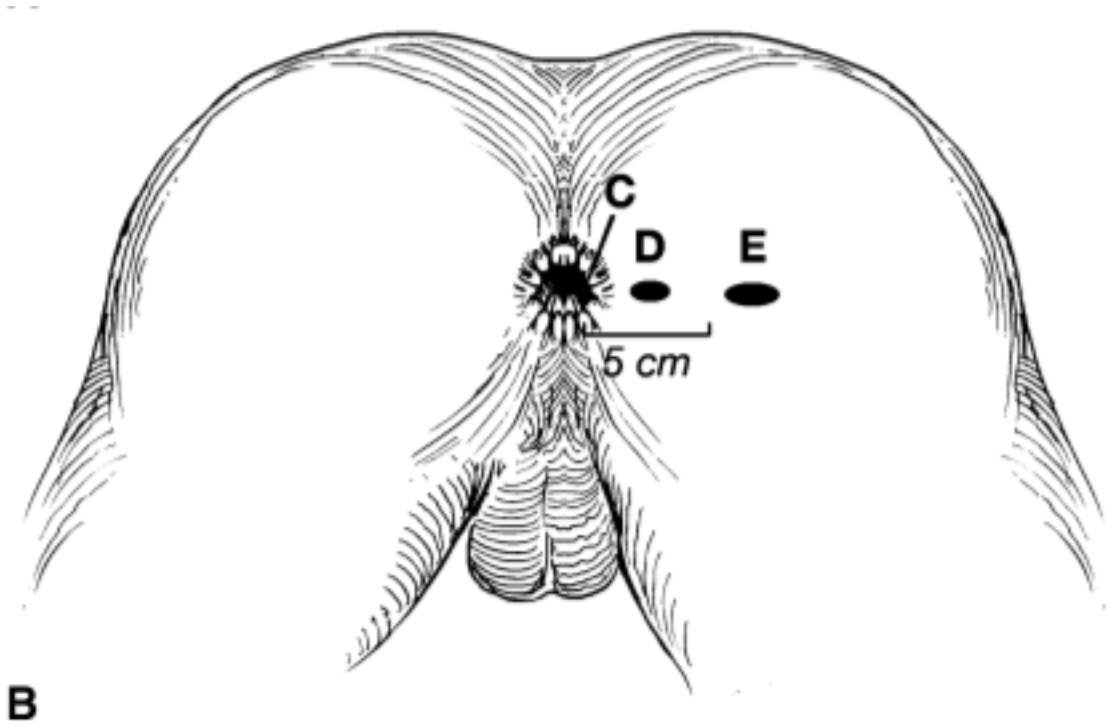
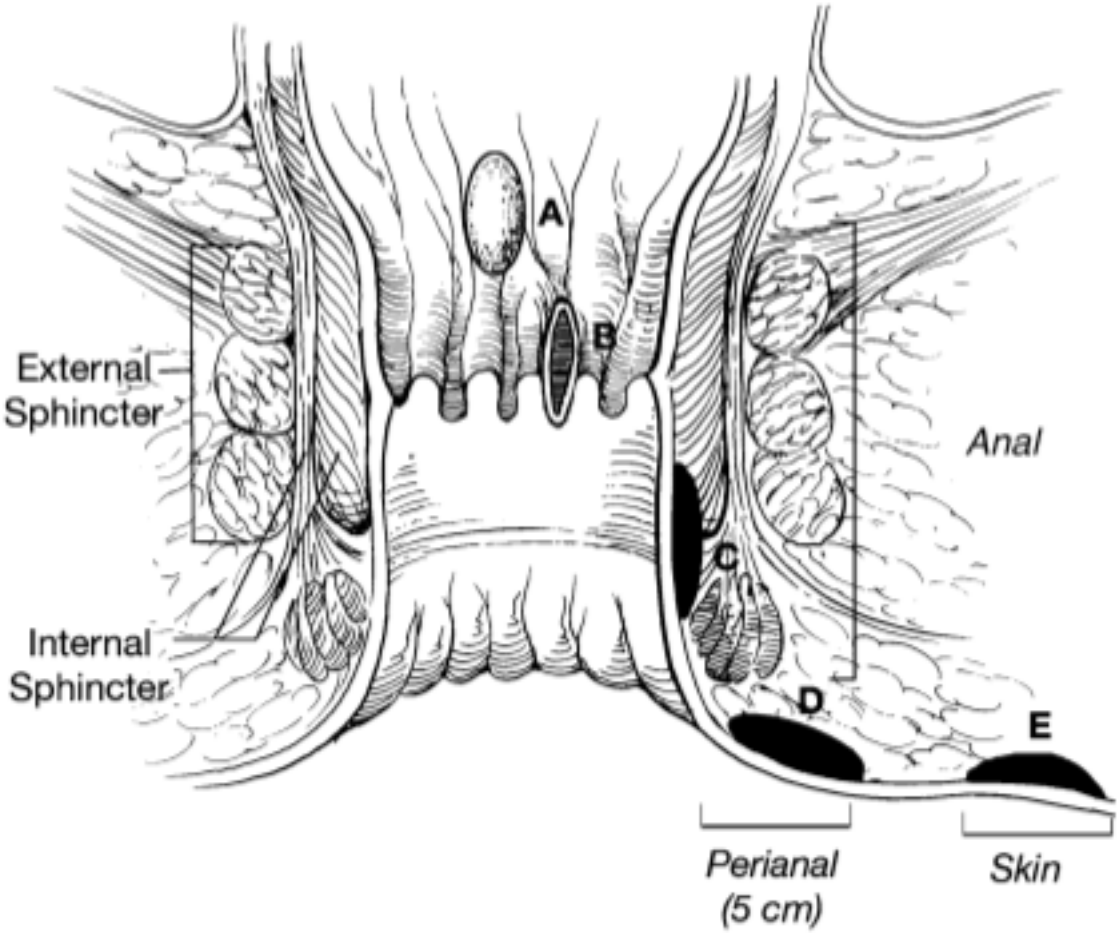


FIGURE 1-1. Anal canal.


C
D
E
5 cm
B


A
B
External
Sphincter
Internal
Sphincter
C
D
E
Anal
Perianal
(5 cm)
Skin

- LESÃO DO CANAL ANAL
  - Não é totalmente visível a inspecção

  Ou
  - Visão incompleta da lesão ao se expor a nádega

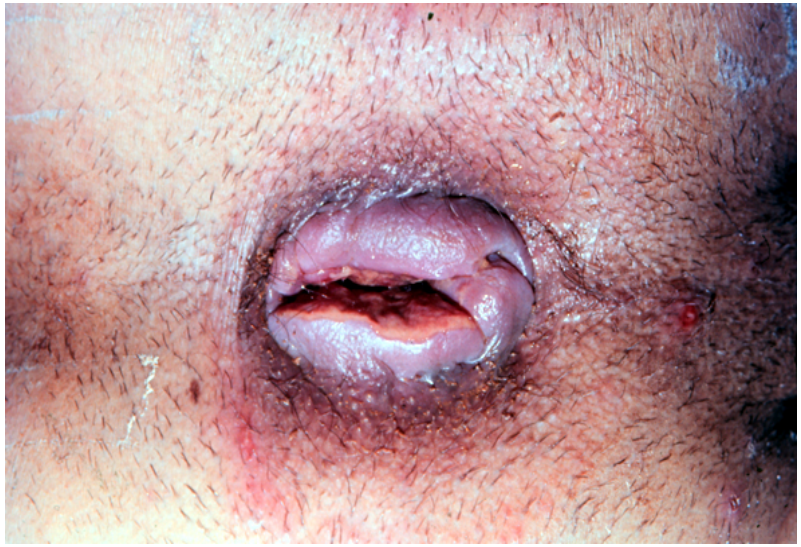
- LESÃO DA MARGEM ANAL
  - Completamente visível com simples exposição da nádega

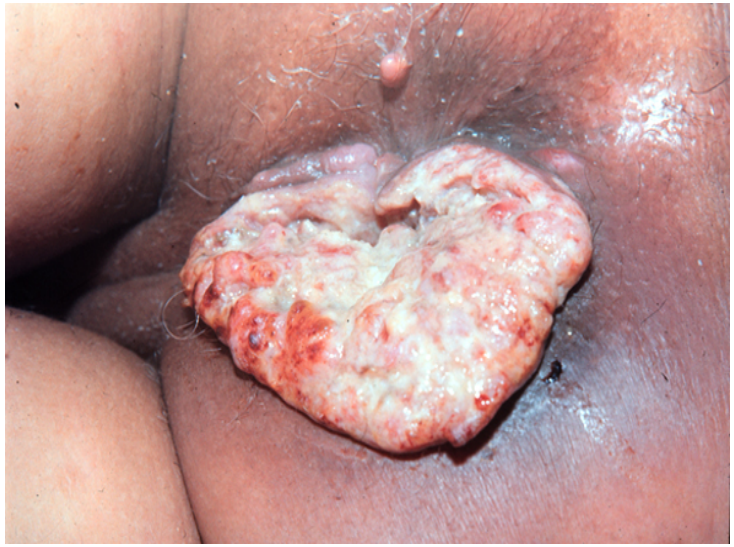
>>> ZONA DE TRANSFORMAÇÃO

Acima da linha pectínea!!! Metaplasia escamosa susceptível ao HPV

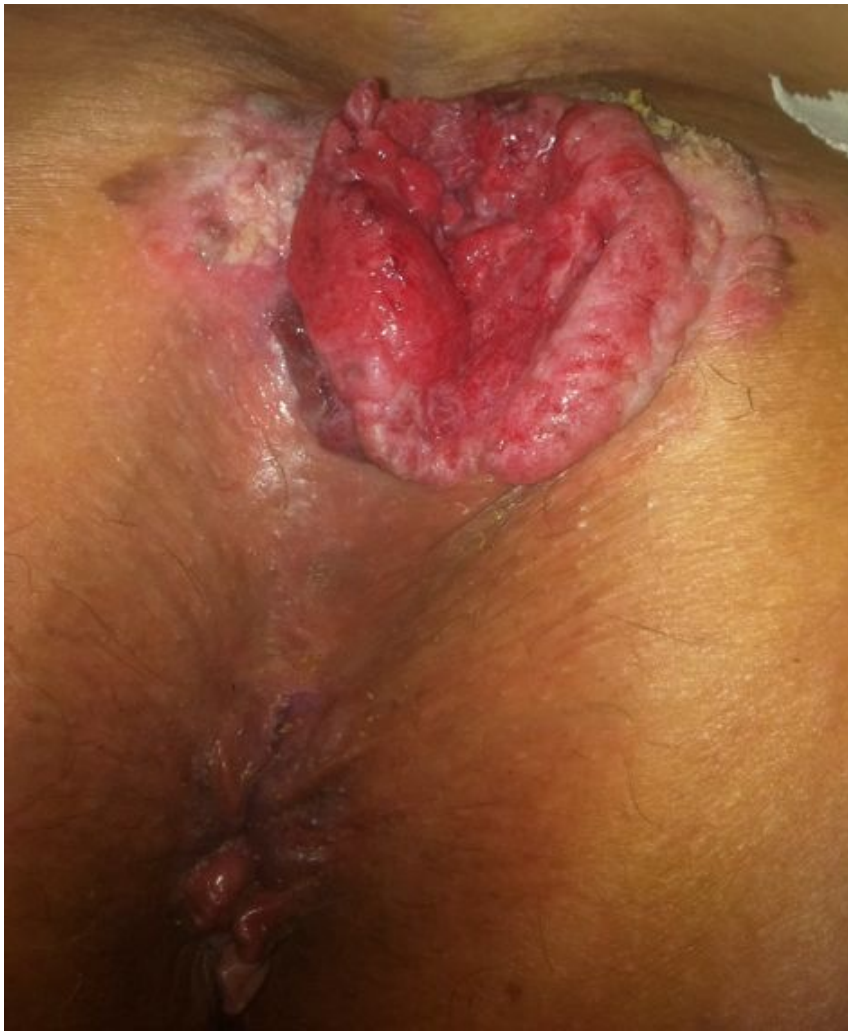
Justifica CCE até 10cmou mais da linha pectínea

- LESÃO DO CANAL ANAL



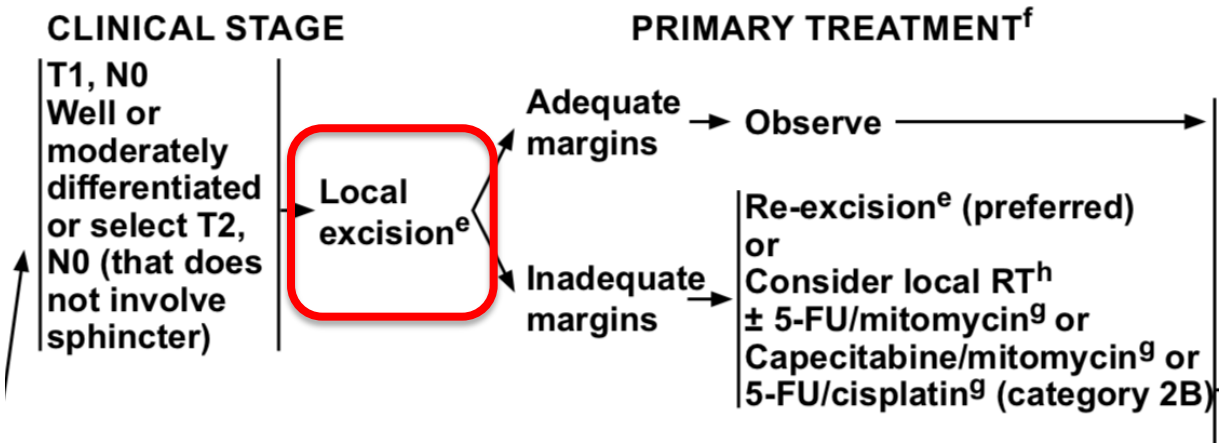


- LESÃO DE PELE



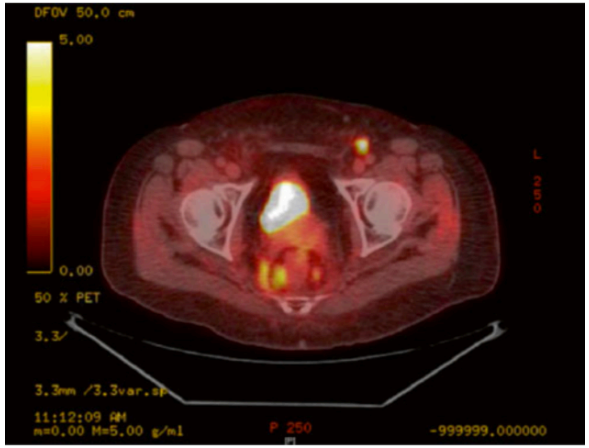
- LESÃO DO CANAL ANAL
  - Comportamento biológico mais agressivo
  - Mais comum
  - QT/RT

- LESÃO DA MARGEM ANAL
  - É possível tratamento apenas com excisão local (T1)



Lymphatic Drainage

Lymphatic drainage above the dentate line occurs via the superior rectal lymphatics to the inferior mesenteric lymph nodes and laterally to the internal iliac nodes. Below the dentate line, drainage is not only primarily to the inguinal nodes, but may also involve the inferior or superior rectal lymph nodes.



ETIOLOGIA

- HPV é o principal fator causal (90%)
- Maioria dos pacientes está infectado, apenas 1% tem verrugas
- Preservativos não evitam a infecção pelo HPV pois o vírus instala-se na base no pênis e no escroto
- O intercurso anal receptivo está associado mas não é obrigatório
- Mesmo o tecido intacto é susceptível ao HPV, mas coitonreceptivo anal tem trauma na barreira
- Displasia é mais frequente na zona de transição

HPV E HIV

- Há associação entre HIV e o câncer anal
- Houve aumento da sobrevida dos pacientes HIV após a TARV
- Aumentando os riscos de câncer anal nestes pacientes

CCE

- Avaliação proctológica
- Avalição clínica inguinal
- Estadiamento por imagem (TC, RNM)
- Avaliação ginecológica
- Teste de HIV

- PET pode ser útil no estadiamento e no seguimento

CCE

National Comprehensive Cancer Network®

- **Digital rectal examination (DRE)**
- **Inguinal lymph node evaluation**
- **Consider biopsy or FNA if suspicious nodes**
- **Chest/abdominal CT[c] + pelvic CT or MRI**
- **Consider PET/CT[d] or PET/MRI (if available)**
- **Anoscopy**
- **HIV testing (if HIV status unknown)**
- **Gynecologic exam for women, including screening for cervical cancer**

CCE

TABLE 20-1. American Joint Committee on Cancer (AJCC) Staging of Squamous Cell Carcinoma (SCC)

Primary Tumor (T)	
Tx	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T*is*	Carcinoma in situ (Bowen's disease, high-grade squamous intraepithelial lesion (HSIL), anal itraepithelial neoplasia II-III (AIN II-III)
T1	Tumor less ≤2 cm in greatest dimension
T2	Tumor 2–5 cm in greatest dimension
T3	Tumor ≥5 cm in greatest dimension
T4	Tumor of any size invades adjacent organ(s), e.g., vagina, urethra, bladder*
	*Direct invasion of the rectal wall, perirectal skin, subcutaneous tissue, or the sphincter muscle(s) is not classified as T4.
Nodal Status (N)	
Nx	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in perirectal lymph node(s)
N2	Metastasis in unilateral internal iliac and/or inguinal lymph node(s)
N3	Metastasis in perirectal and inguinal lymph nodes and/or bilateral internal iliac and/or inguinal lymph nodes
Distant Metastasis (M)	
M0	No distant metastasis
M1	Distant metastasis present

CCE DE MARGEM ANAL
TRATAMENTO T1N0

- Ressecção local com margens de 1cm
- Se margens inadequadas: tentar nova ressecção
- Seguir por 5 anos com avaliações a cada 3-6 meses

- Recidiva: RT/QT

CCE
TRATAMENTO

Combined Preoperative Radiation and Chemotherapy for Squamous Cell Carcinoma of the Anal Canal

NORMAN D. NIGRO MD,* H. GUNTER SEYDEL, MD, MS, FACR,† BASIL CONSIDINE, MD,†
V. K. VAITKEVICIUS, MD,‡ LAWRENCE LEICHMAN, MD,‡ AND JEANNIE J. KINZIE, MD†

Cancer 51:1826–1829, 1983.

TRATAMENTO

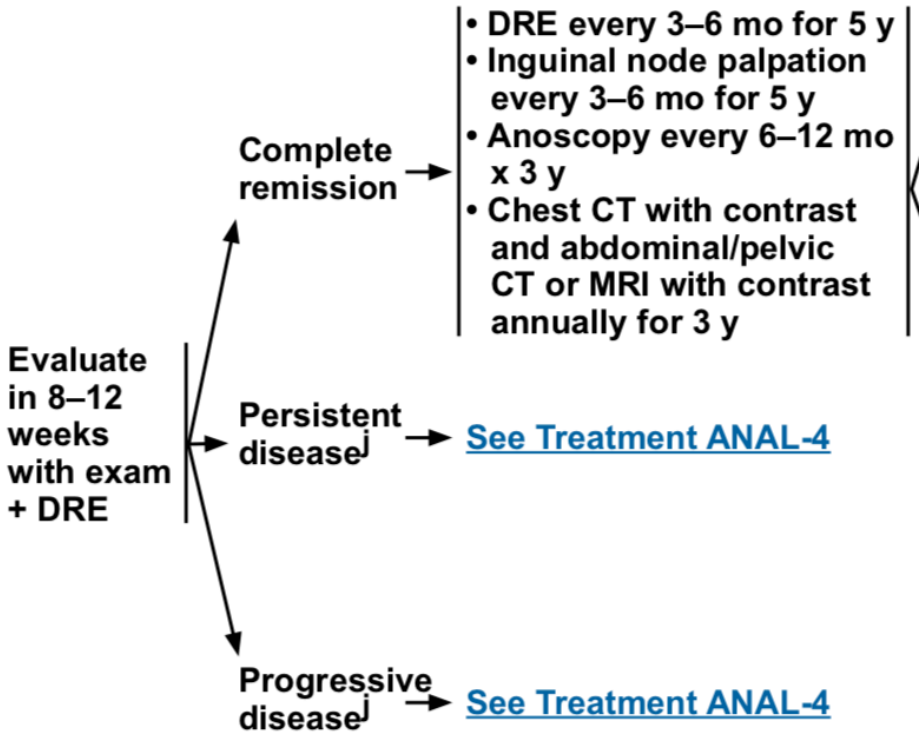
RT/QT

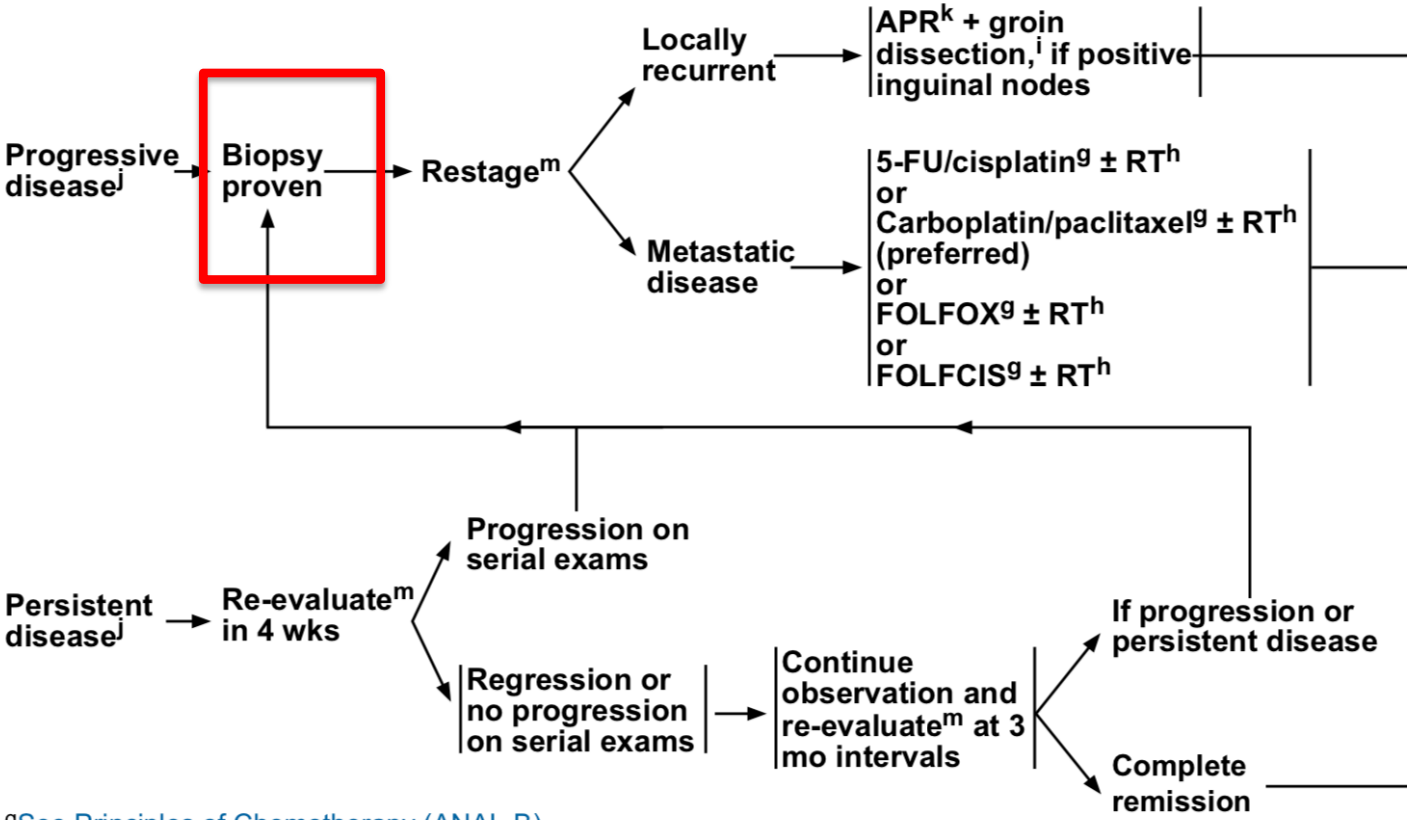
Reavaliação proctológica em 8-12 semanas ou até 16 semanas

Em caso de persistência: BX e reestadiamento

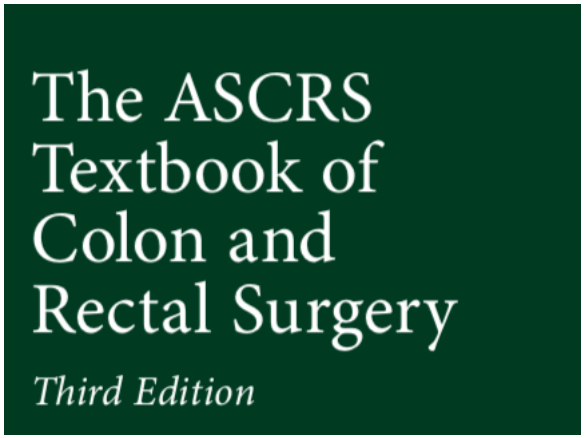
Doença local: amputação abdomino-perineal

Doença metastática: QT


Evaluate in 8–12 weeks with exam + DRE
Complete remission
• DRE every 3–6 mo for 5 y
• Inguinal node palpation every 3–6 mo for 5 y
• Anoscopy every 6–12 mo x 3 y
• Chest CT with contrast and abdominal/pelvic CT or MRI with contrast annually for 3 y
Persistent disease[j]
See Treatment ANAL-4
Progressive disease[j]
See Treatment ANAL-4



[g]See Principles of Chemotherapy (ANAL-B).
[h]See Principles of Radiation Therapy (ANAL-C).



Approximately 10–30 % of patients have persistent or recurrent disease after initial CRT. Risk factors associated with failure of initial treatment include:

- HIV-positive status.
- High T and N stage at original presentation.
- Interruption of treatment during CRT.

disease (T3/T4) or node-positive cancer.

- *Progressive or persistent disease at 6 months*: If the patient has persistent disease at 6 months or progressive disease develops in the meantime, biopsy may be done to confirm cancer. Biopsy is recommended earlier in the setting of tumor mass progression or unsatisfactory response to treatment [3, 8, 10, 36]. However, unnecessary biopsy should be avoided to minimize the risk of soft tissue infections, tissue necrosis, or impairment of anal function.

clinical practice guidelines

Annals of Oncology 25 (Supplement 3): iii10–iii20, 2014
doi:10.1093/annonc/mdu159
Published online 6 July 2014

Anal cancer: ESMO-ESSO-ESTRO Clinical Practice Guidelines for diagnosis, treatment and follow-up†

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[1]Centre for Cancer Treatment, Mount Vernon Hospital, Northwood, Middlesex, UK; [2]Department of Molecular Medicine and Surgery, Karolinska Instituet and Center for Surgical Gastroenterology, Karolinska University Hospital, Stockholm, Sweden; [3]Medical Oncology and Hematology, Felettino Hospital, La Spezia, Italy; [4]Division of Imaging Sciences and Biomedical Engineering, King's College London, London, UK; [5]Department of Radiotherapy, Centre Alexis Vautrin, Vandoeuvre-lès-Nancy, France; [6]Department of Hematology and Medical Oncology, INCLIVA, University of Valencia, Valencia, Spain; [7]Klinik für Tumorbiologie, Freiburg, Germany

basis for 3 years. Suspicious progressing lesions should be biopsied. Data from ACT II suggest very few (<1%) relapses occur

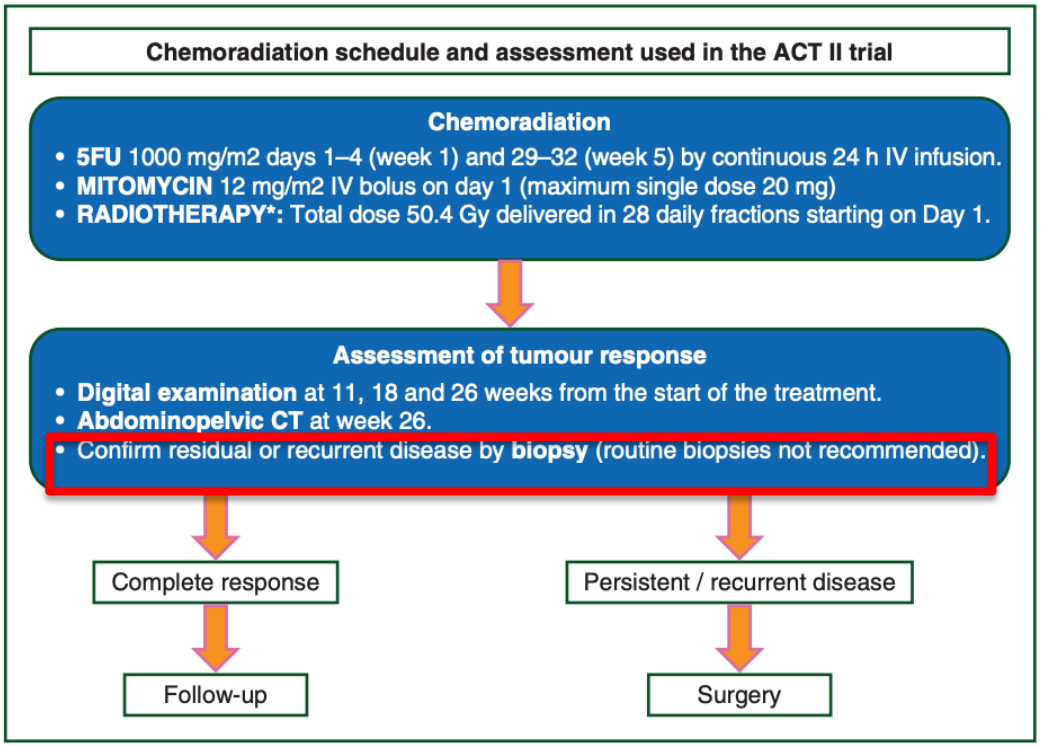
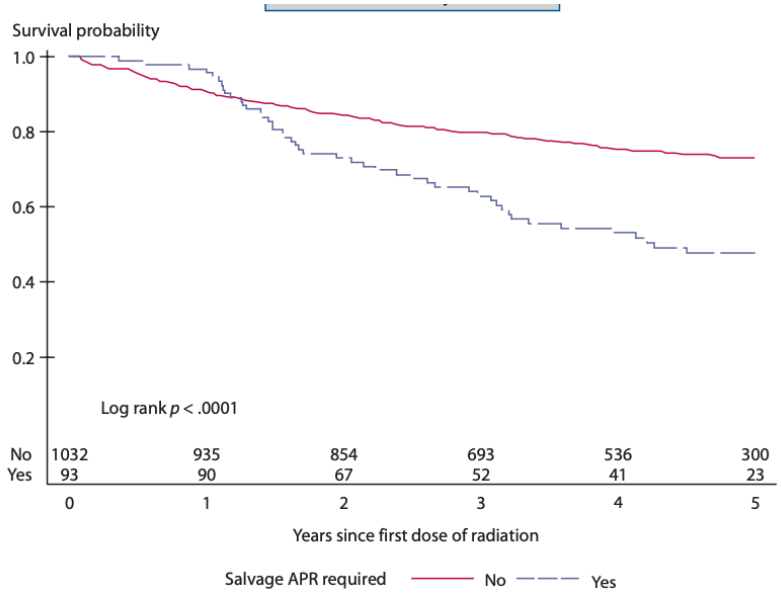
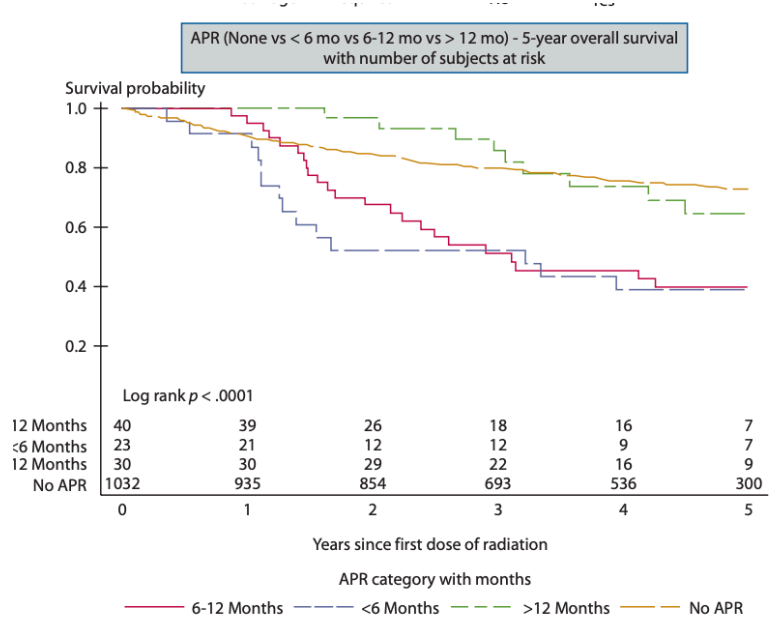


TABLE 4. Five-year overall survival for those treated for SCCA treated in Ontario between 2007 and 2015

Patient group	*5-Year overall survival (95% CI)*
Entire cohort	70.7% (67.8%–73.5%)
Salvage APR	
Yes	47.8% (37.2%–58.4%)
No	72.9% (70.0%–75.8%)
Time period of salvage APR, mo	
<6	39.1% (19.2%–59.1%)
6–12	39.8% (24.0%–55.5%)
>12	64.5% (45.5%–83.5%)

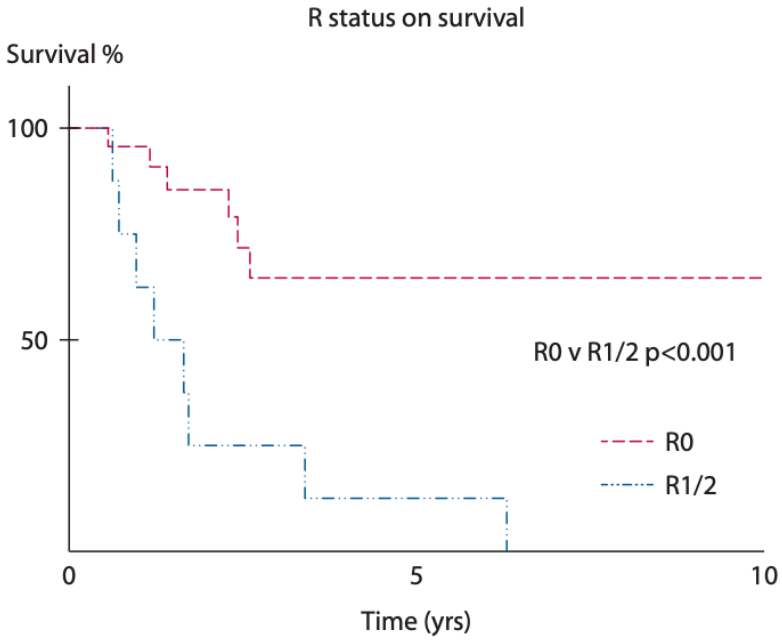
SCCA = squamous cell carcinoma of the anus; APR = abdominoperineal resection.

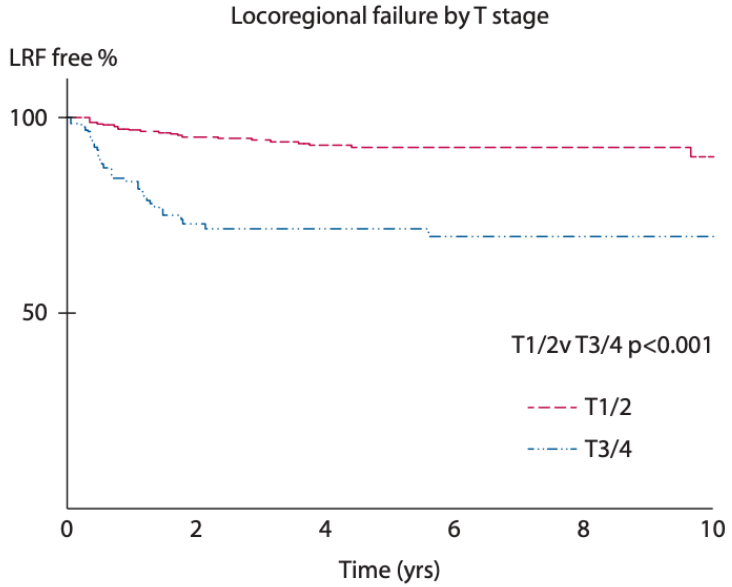




Salvage Abdominoperineal Resection for Anal Squamous Cell Carcinoma: Use, Risk Factors, and Outcomes in a Canadian Population

Sunil V. Patel, M.Sc., M.D.[1,2] • Gary Ko, M.D.[1] • Michael J. Raphael, M.D.[2,3]
Christopher M. Booth, M.D.[2–4] • Susan B. Brogly, M.Sc., Ph.D.[1] • Maria Kalyvas, M.D.[5]
Wenbin Li, M.Sc.[4] • Timothy Hanna, Ph.D., M.D.[2,4,5]

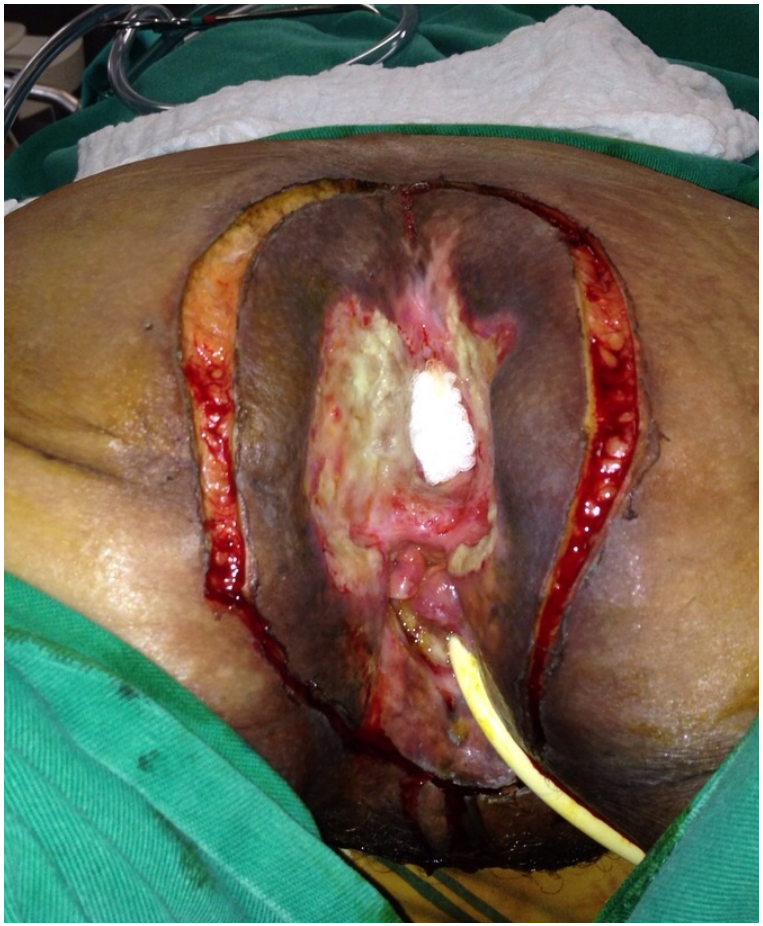


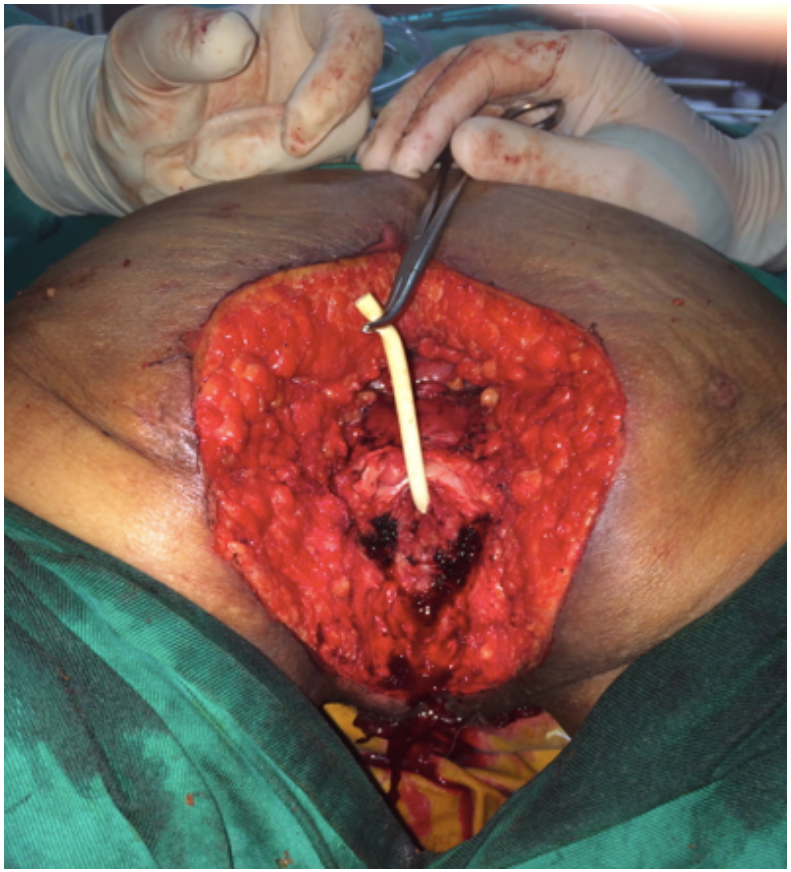


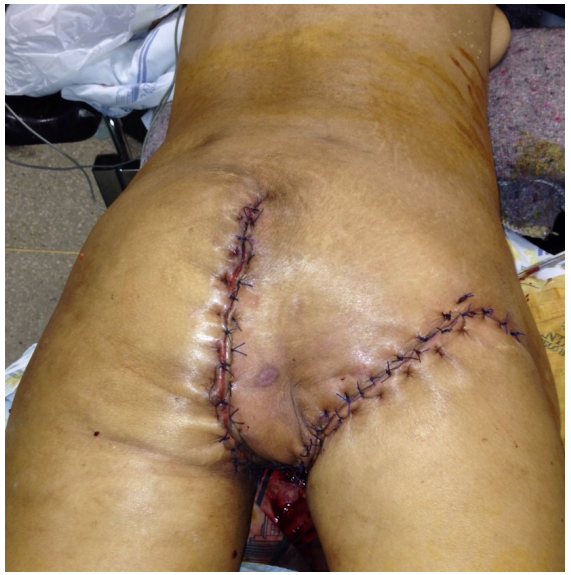
Salvage Surgery for Locoregional Failure in Anal Squamous Cell Carcinoma

Glen R. Guerra, M.B.B.S., F.R.A.C.S.[1,2,4,5] • Joseph C. Kong, M.S., F.R.A.C.S.[1,2,4,5]
Maria-Pia Bernardi, M.B.B.S., F.R.A.C.S.[1,4] • Robert G. Ramsay, Ph.D.[2,4]
Wayne A. Phillips, Ph.D.[1,2,4,5] • Satish K. Warrier, M.S., F.R.A.C.S.[1]
A. Craig Lynch, M.S., F.R.A.C.S.[1,4] • Samuel Y. Ngan, M.B.B.S., F.R.A.N.Z.C.R.[3,4]
Alexander G. Heriot, M.D., M.B.A., F.R.A.C.S.[1,4]

DESAFIOS: recidiva???







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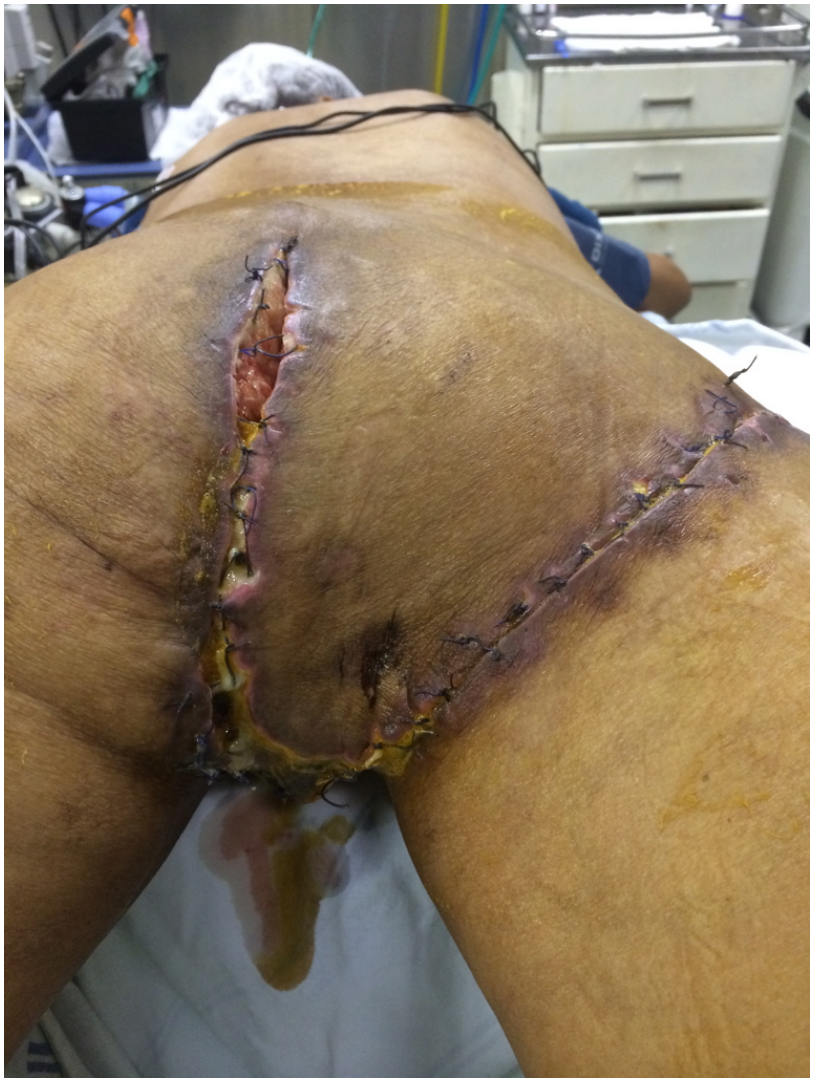

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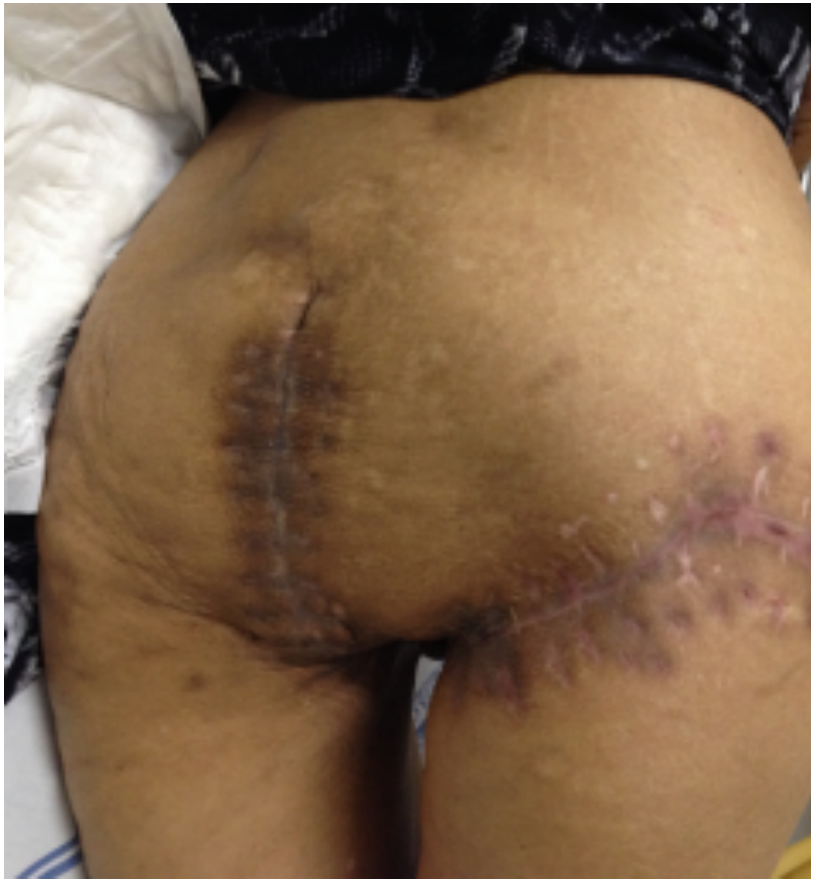

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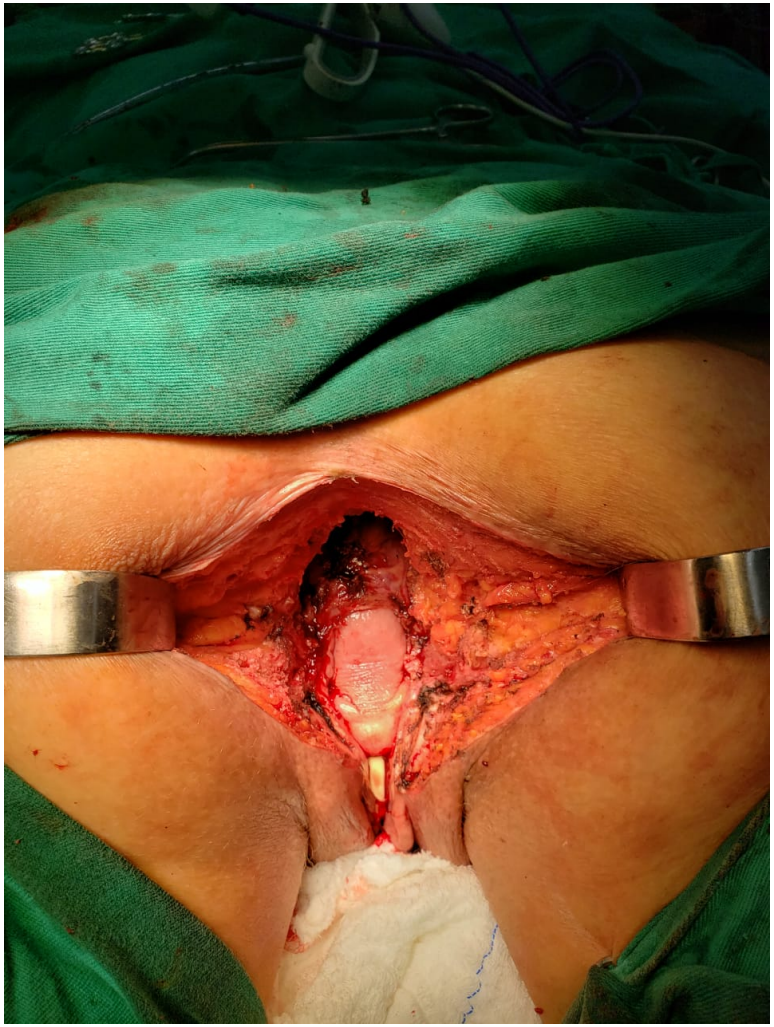

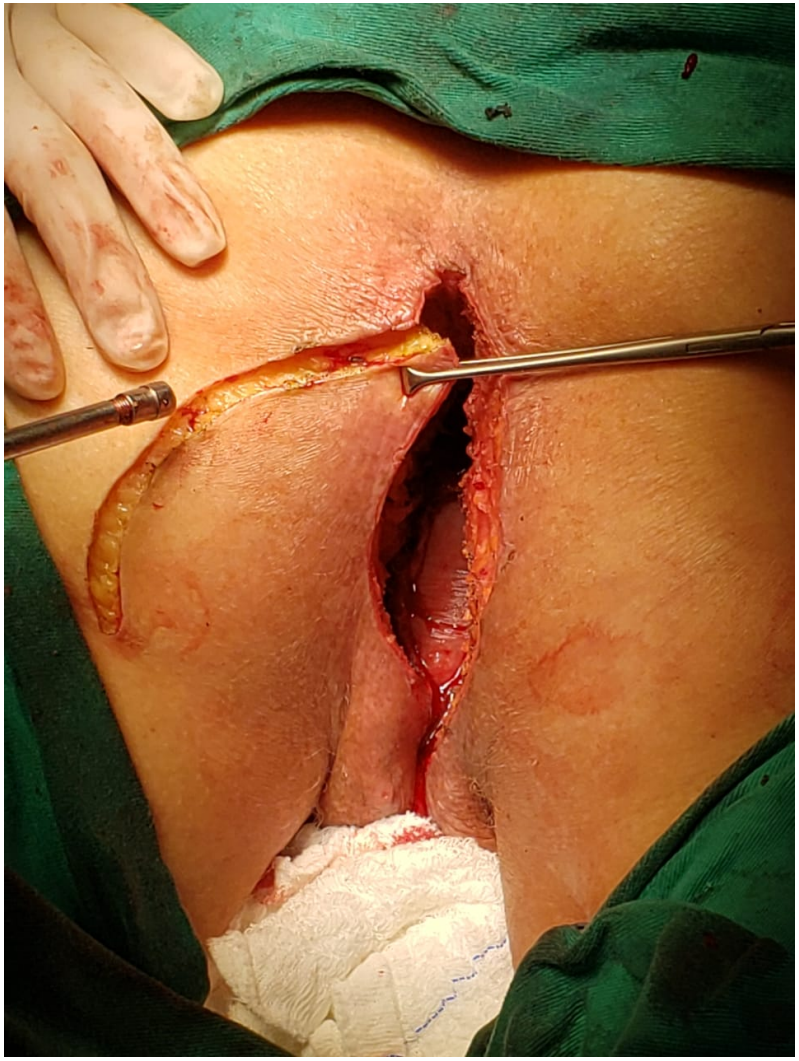

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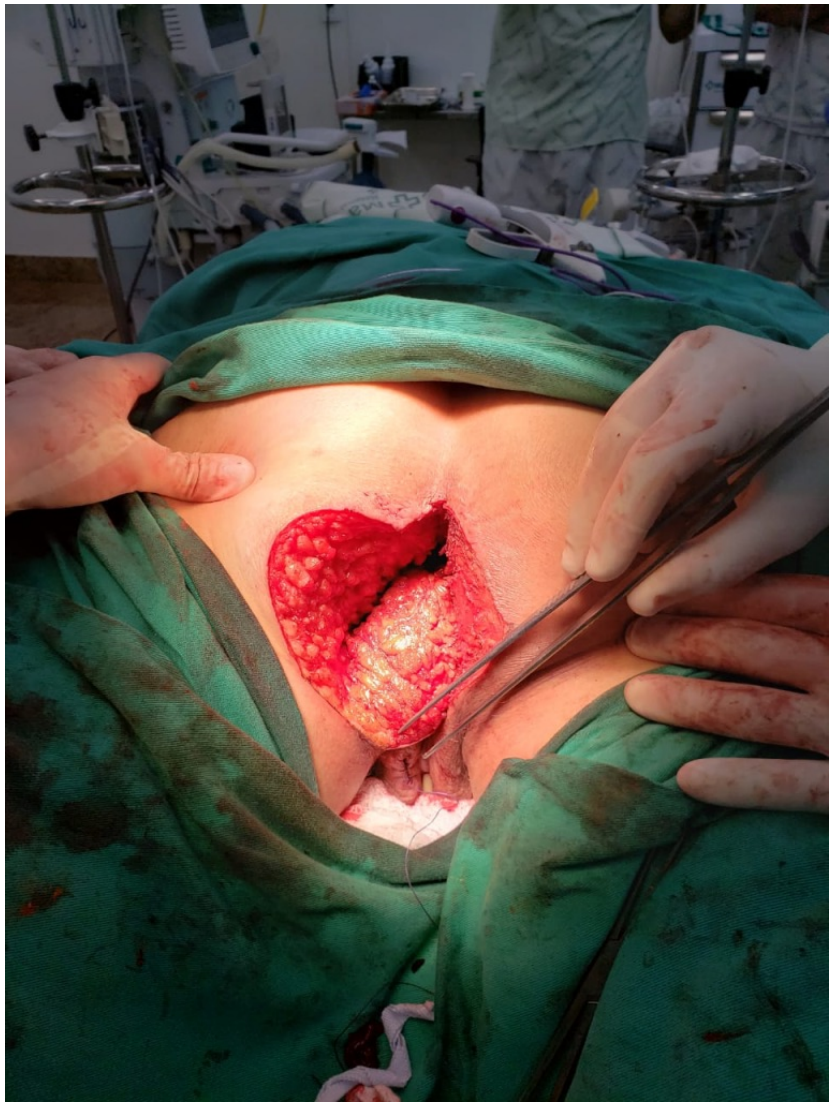

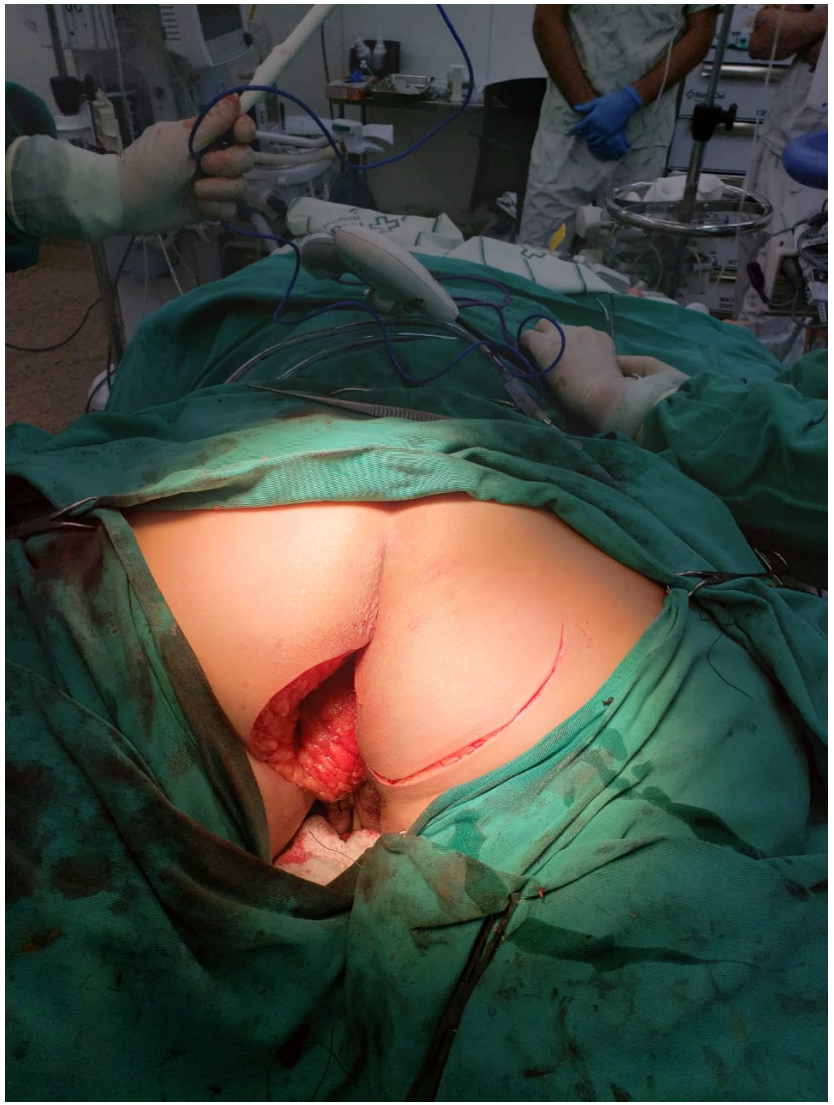

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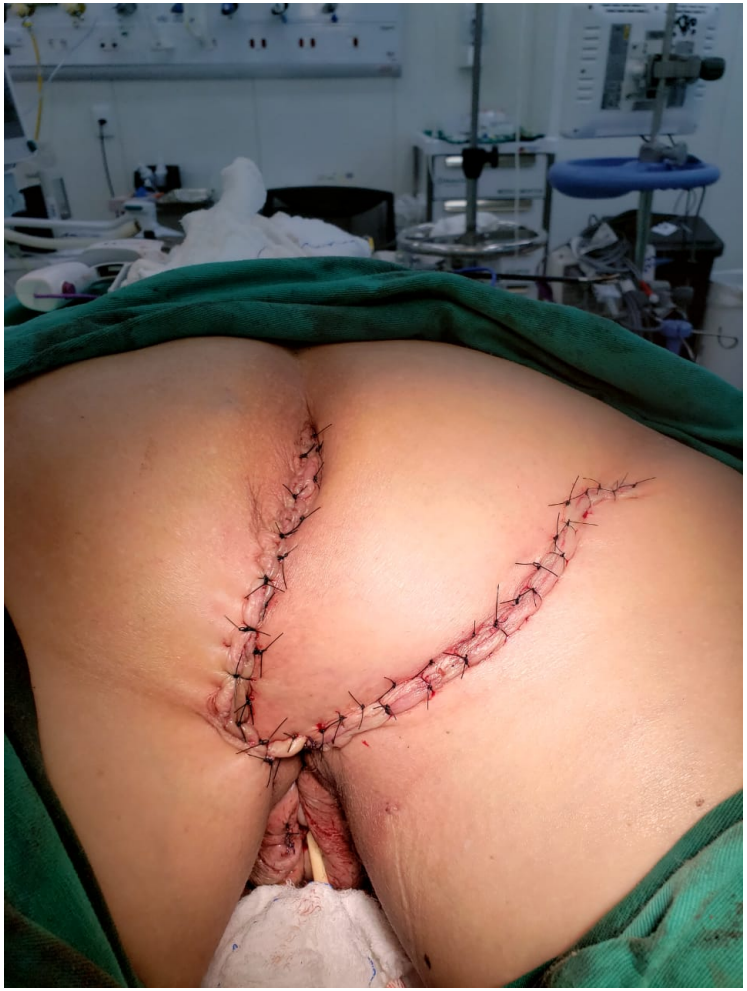

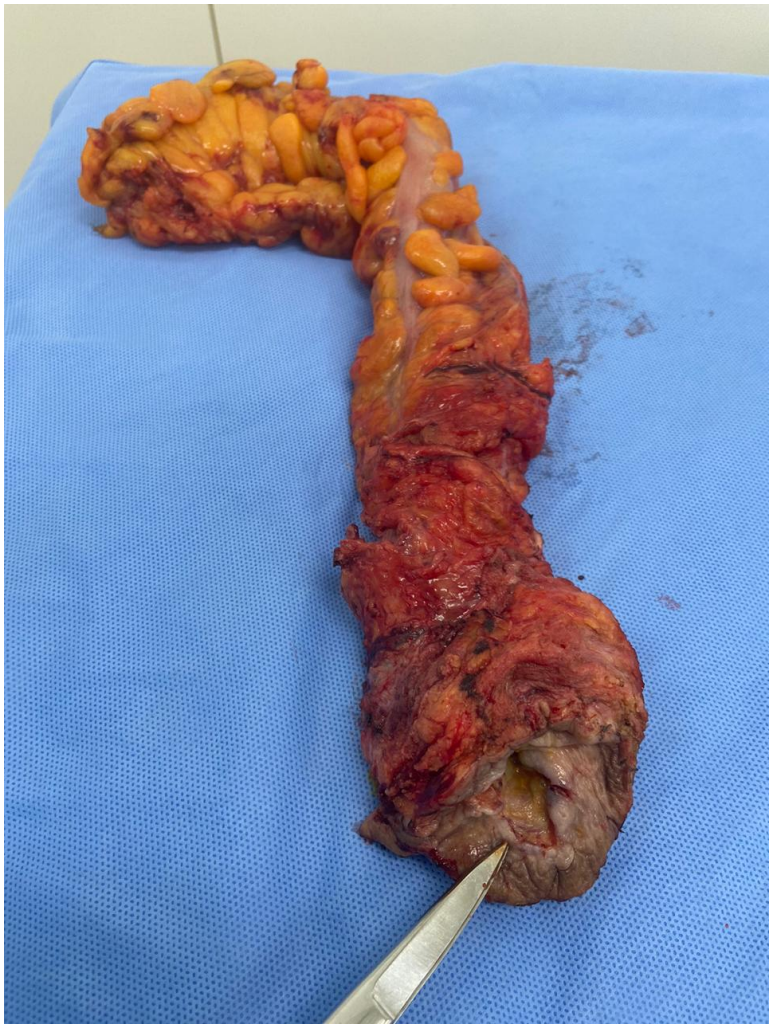

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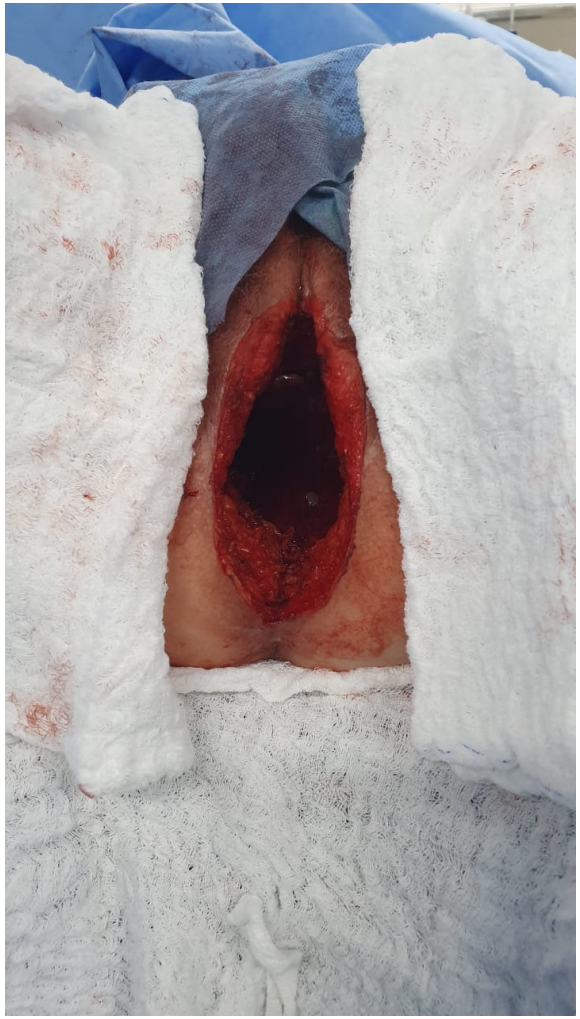

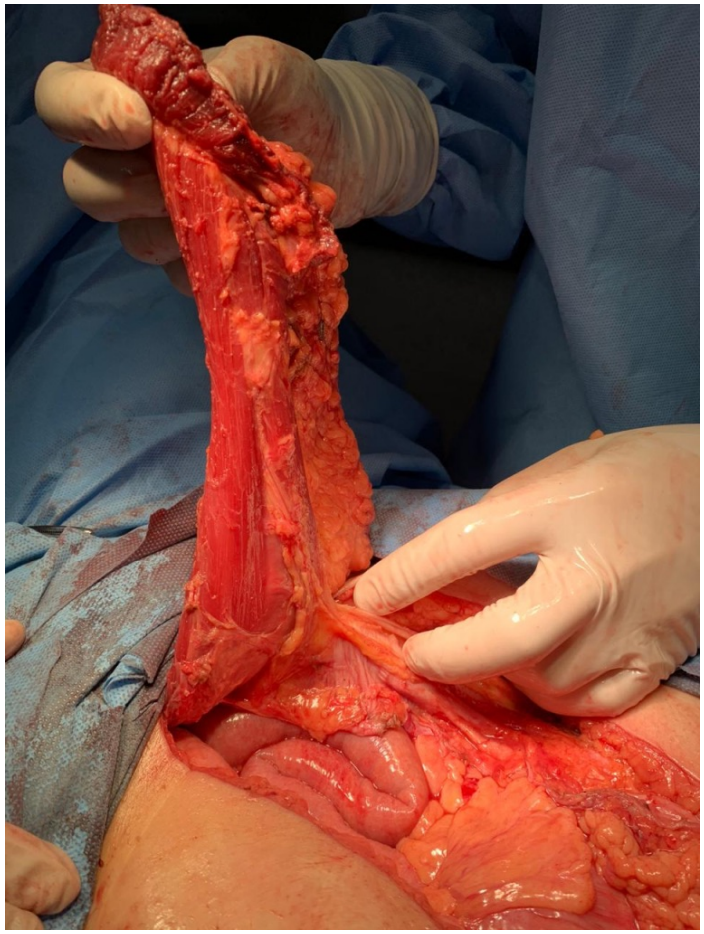

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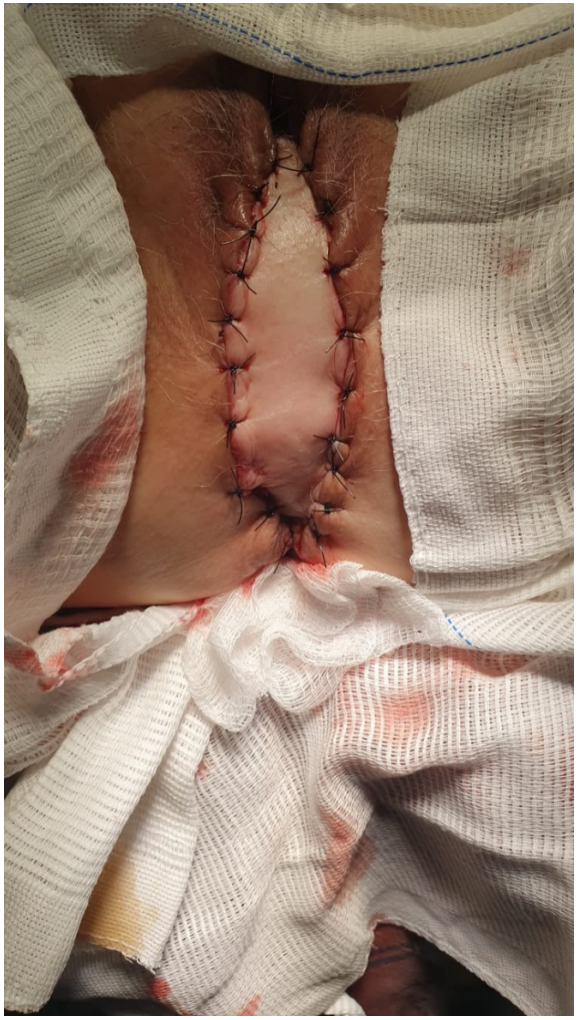

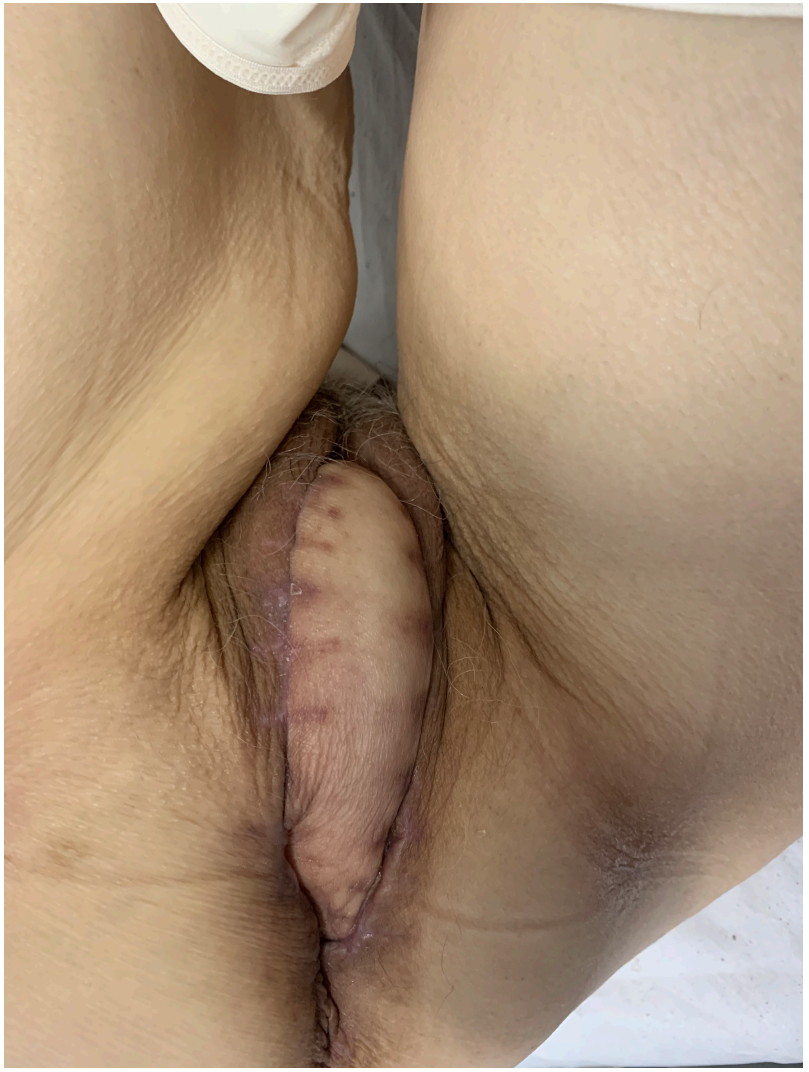

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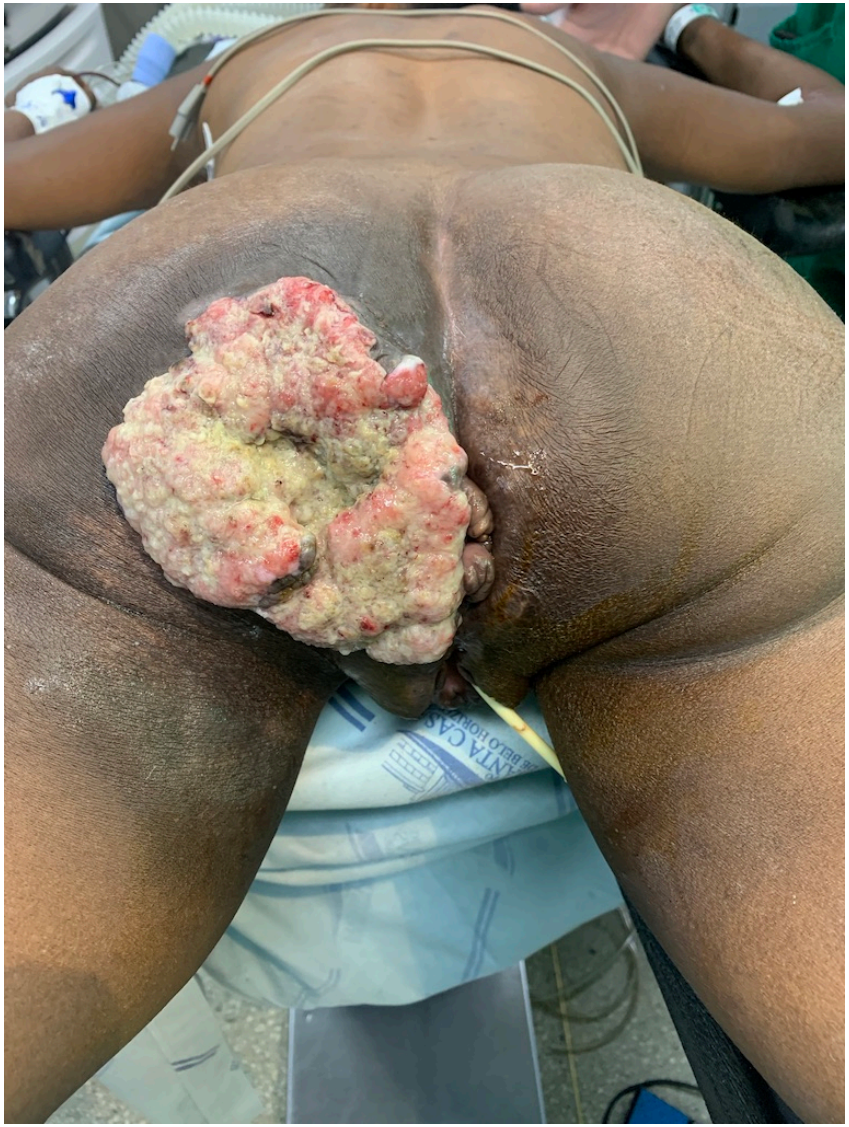

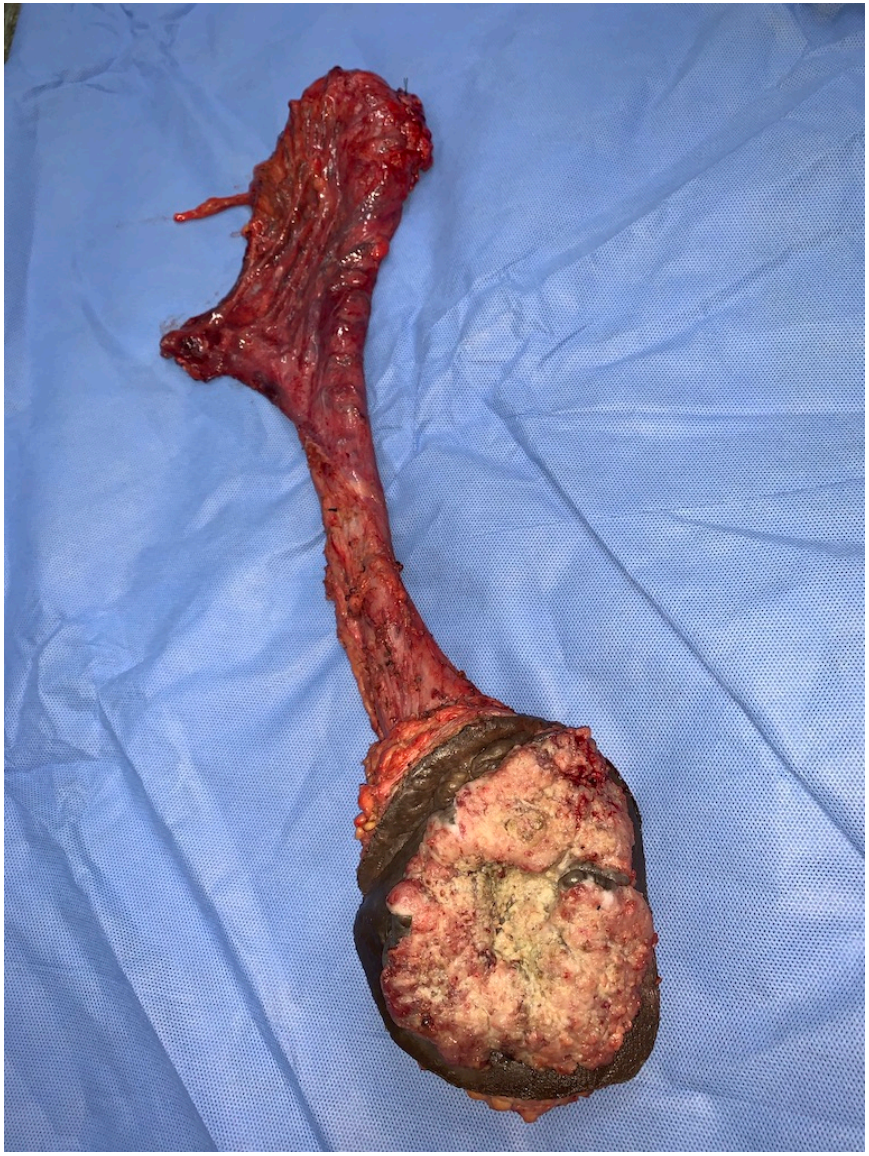

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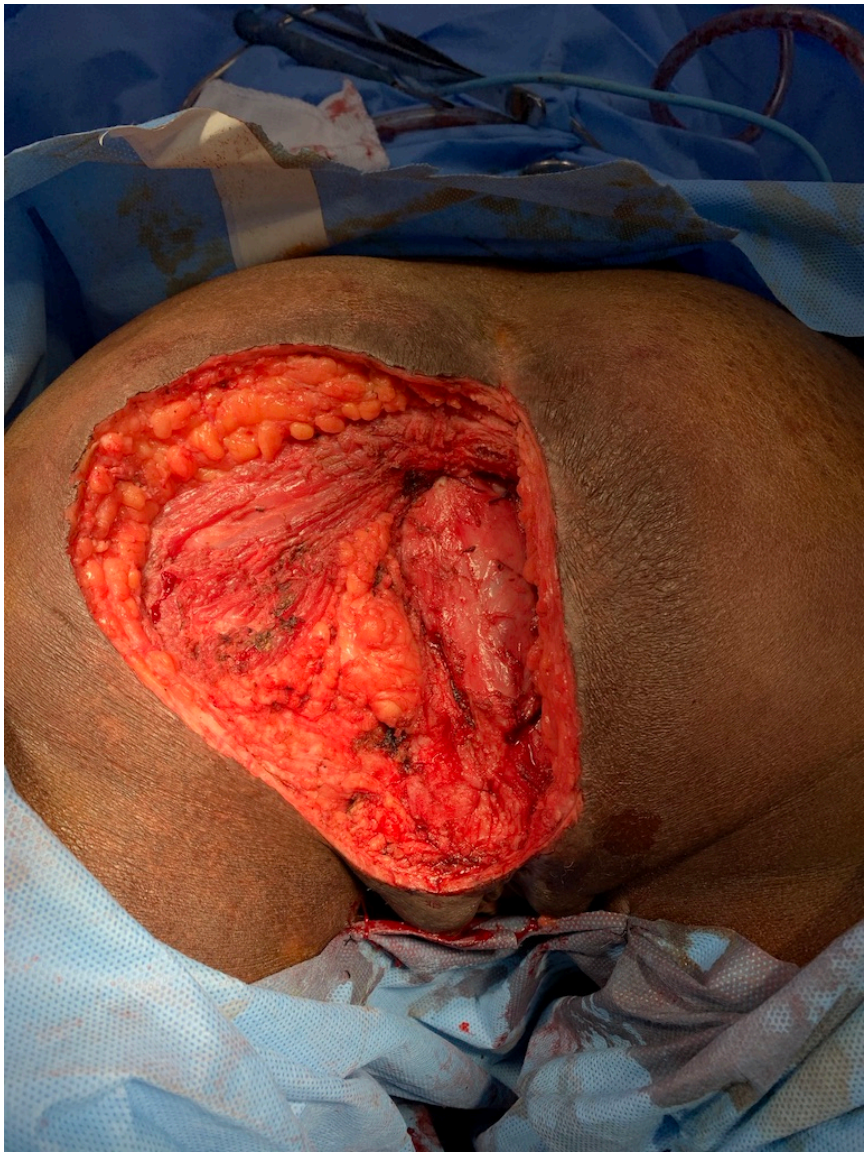

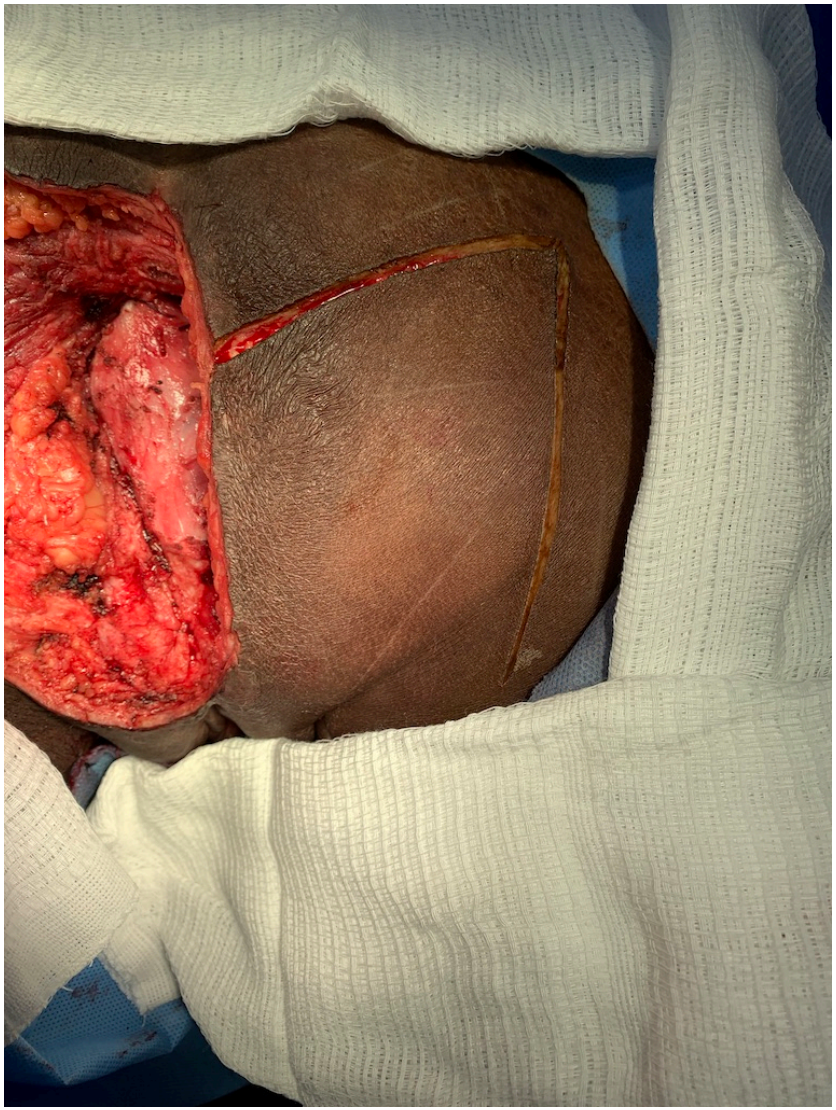

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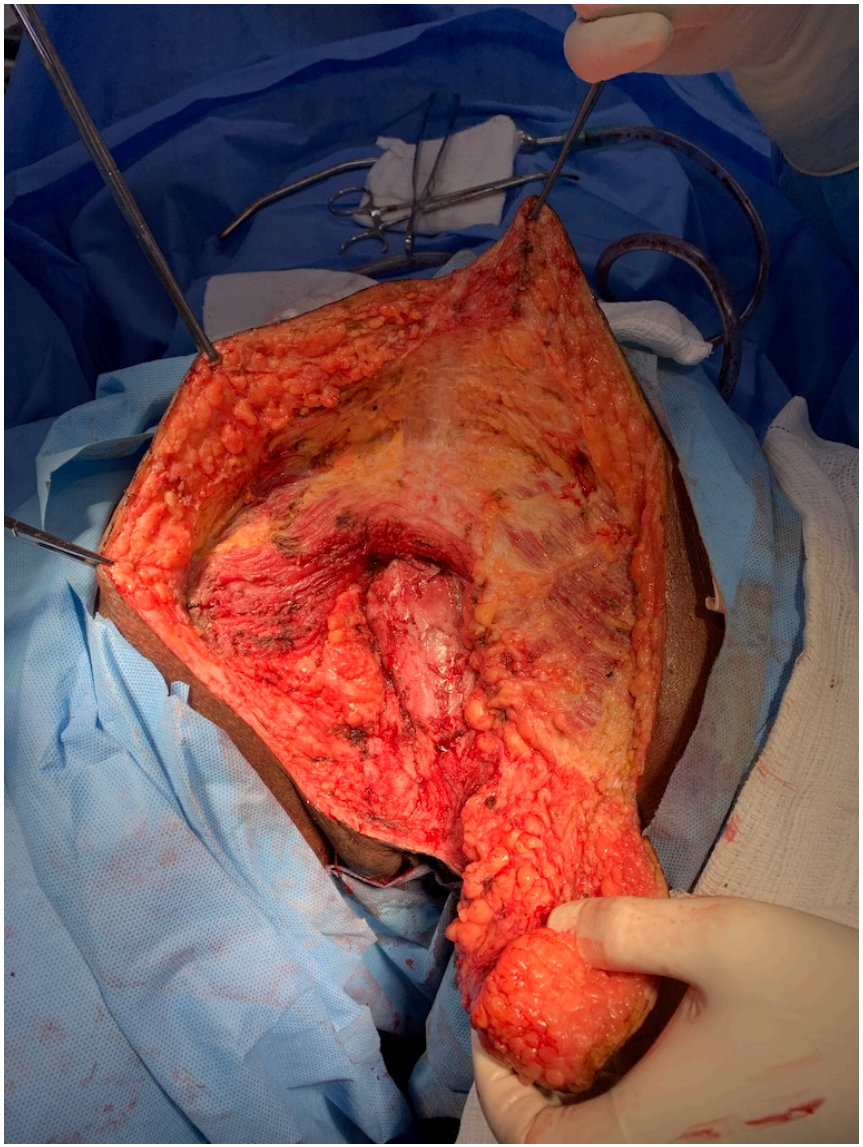

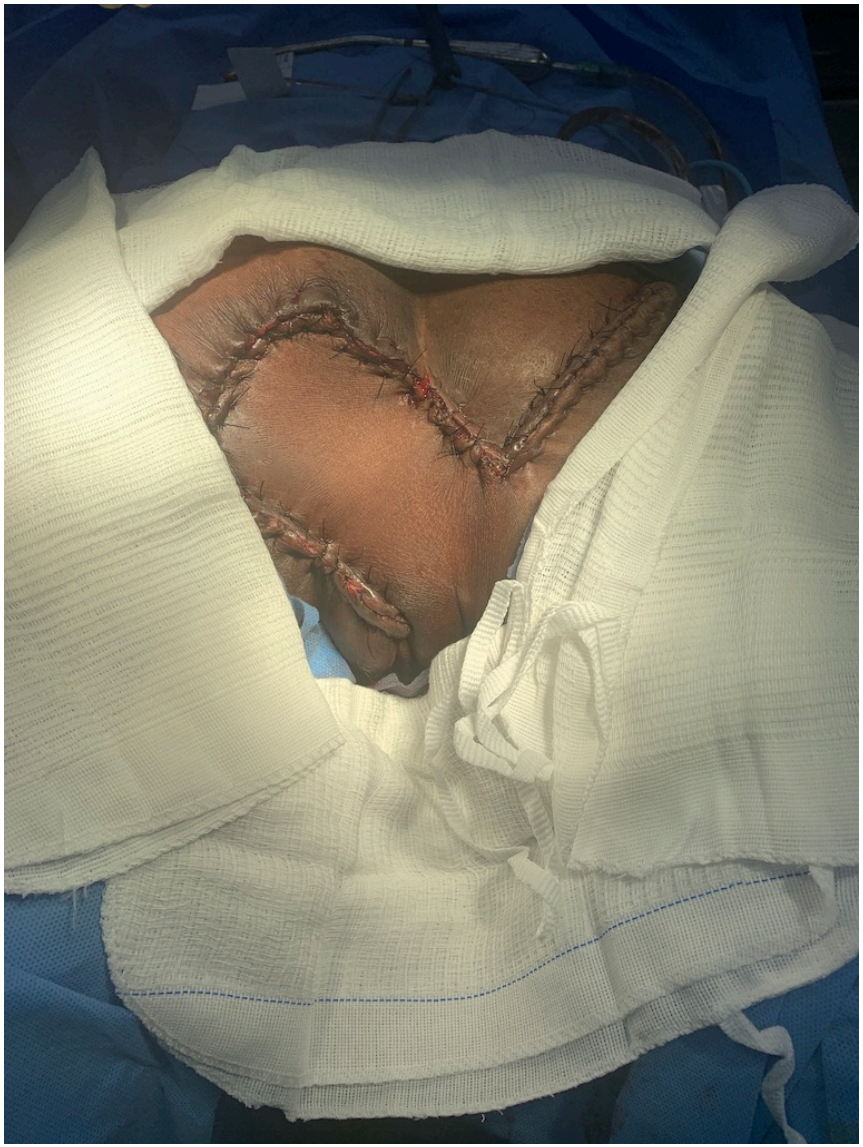

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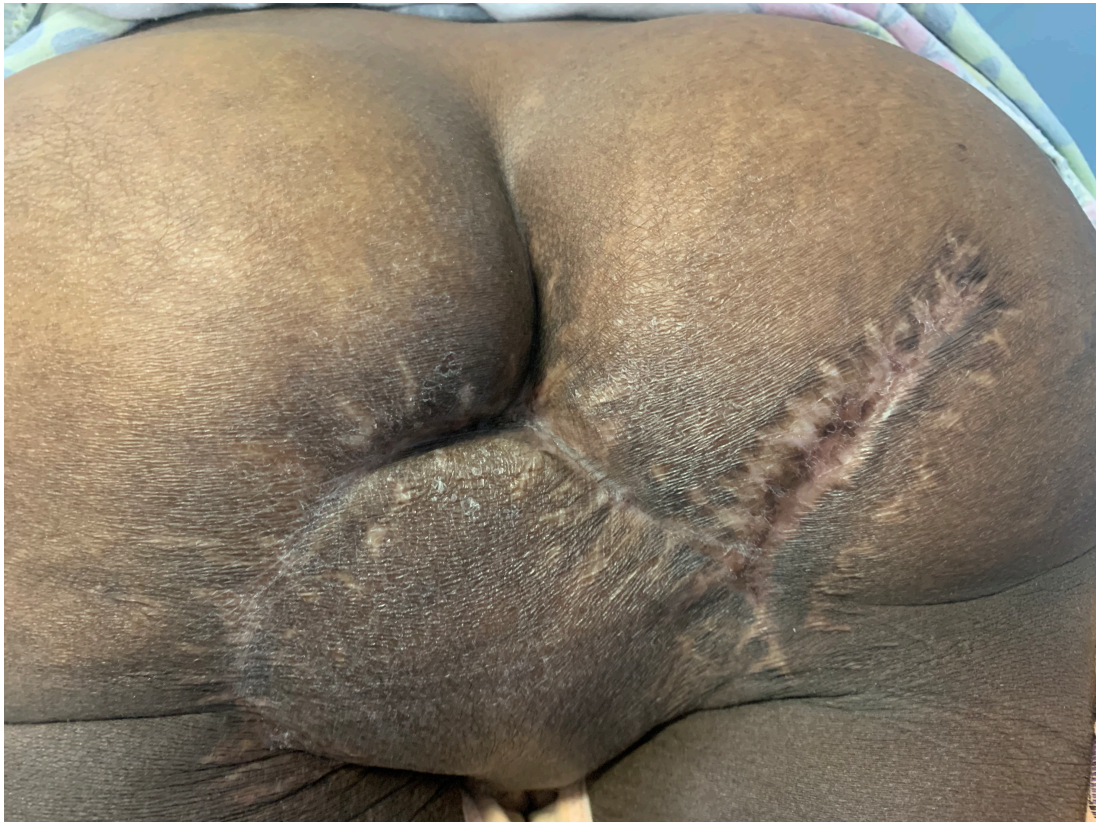

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