Suivi oncologique

Le cas du cancer du rectum

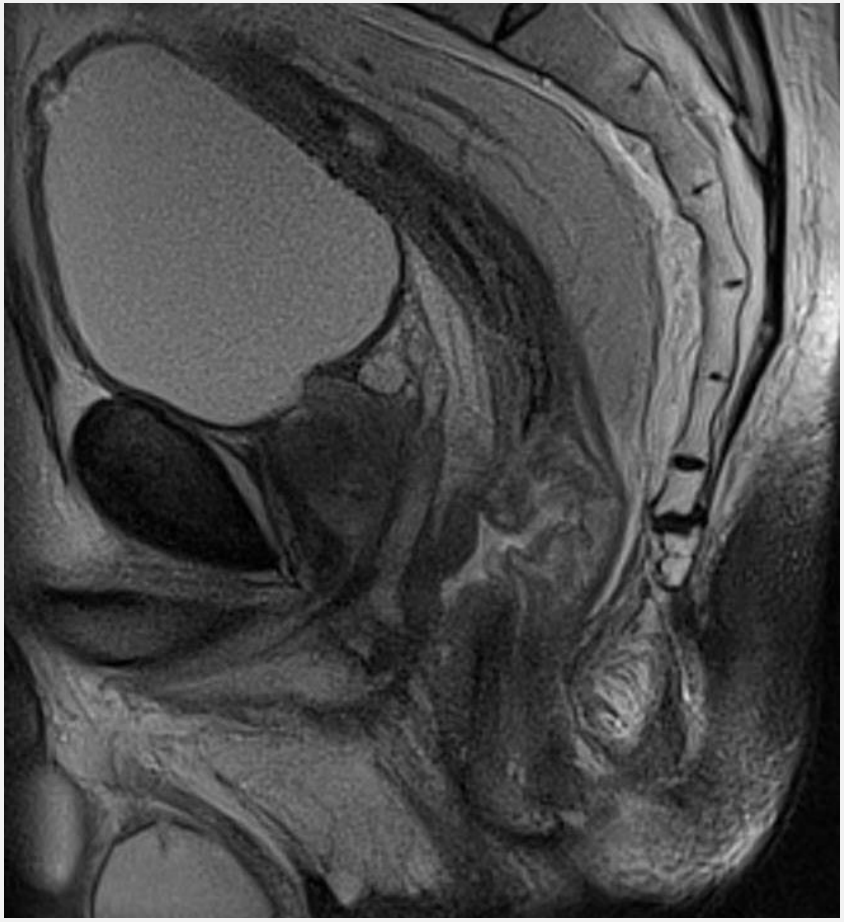
Rôle de l’imagerie dans le suivi

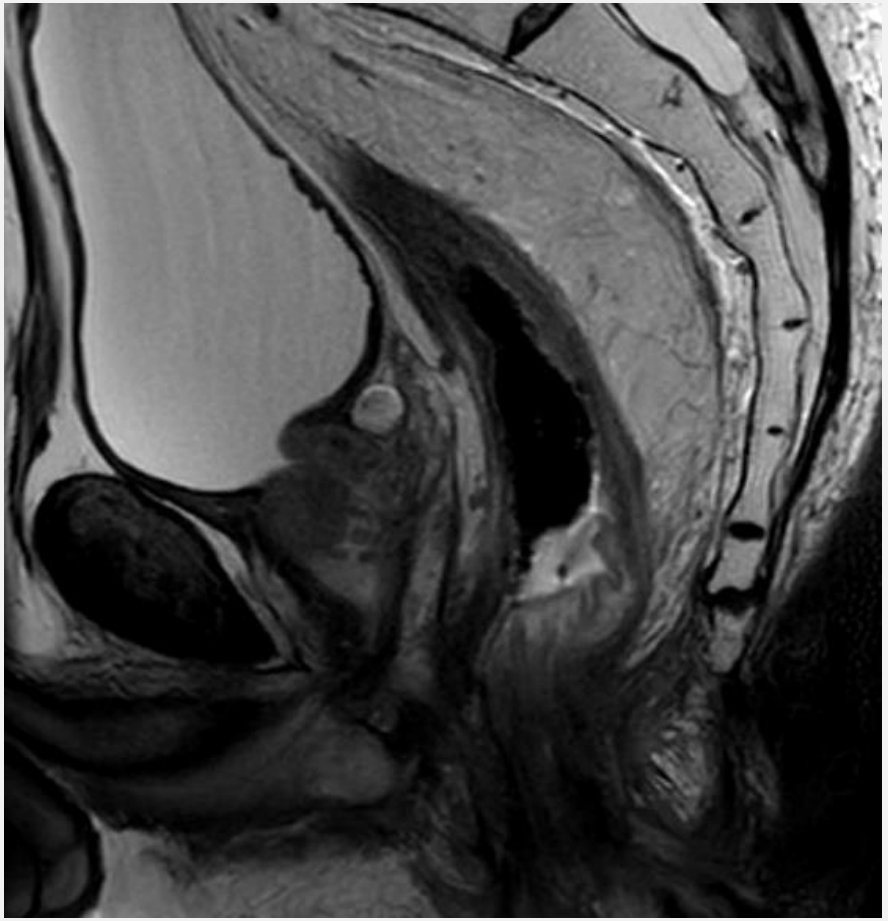
- Etudier la réponse à la chimiothérapie néo-adjuvante
- Ré-évaluer la possibilité de résection chirurgicale
- Détection des récidives

Loco-régional

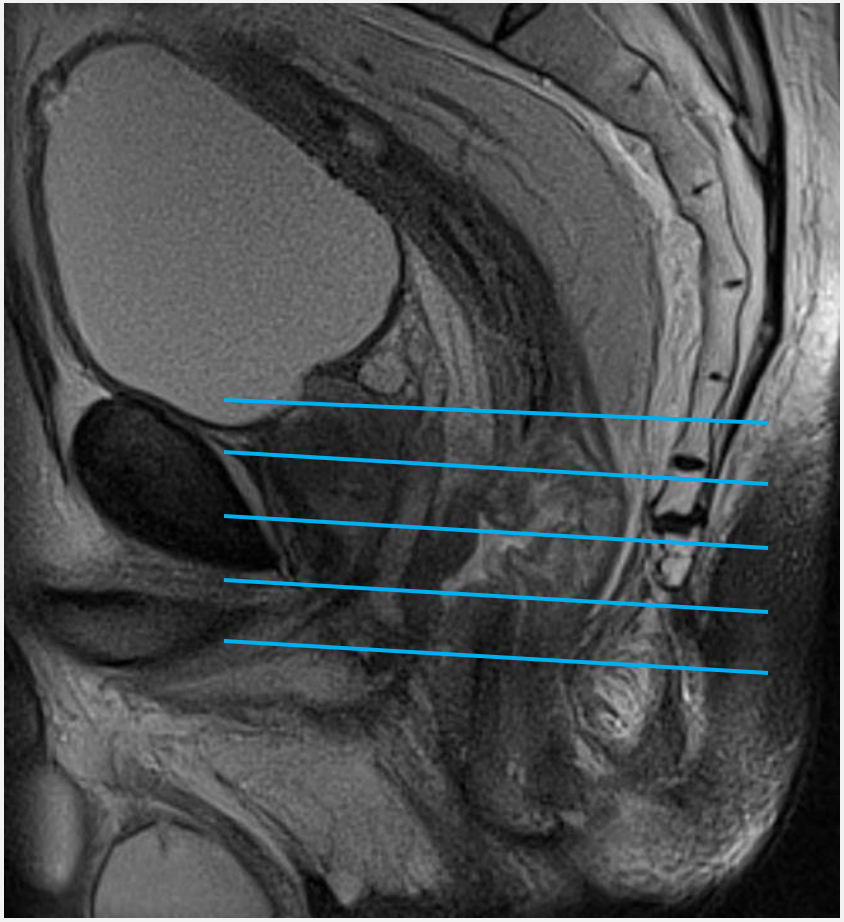
Cancer du rectum

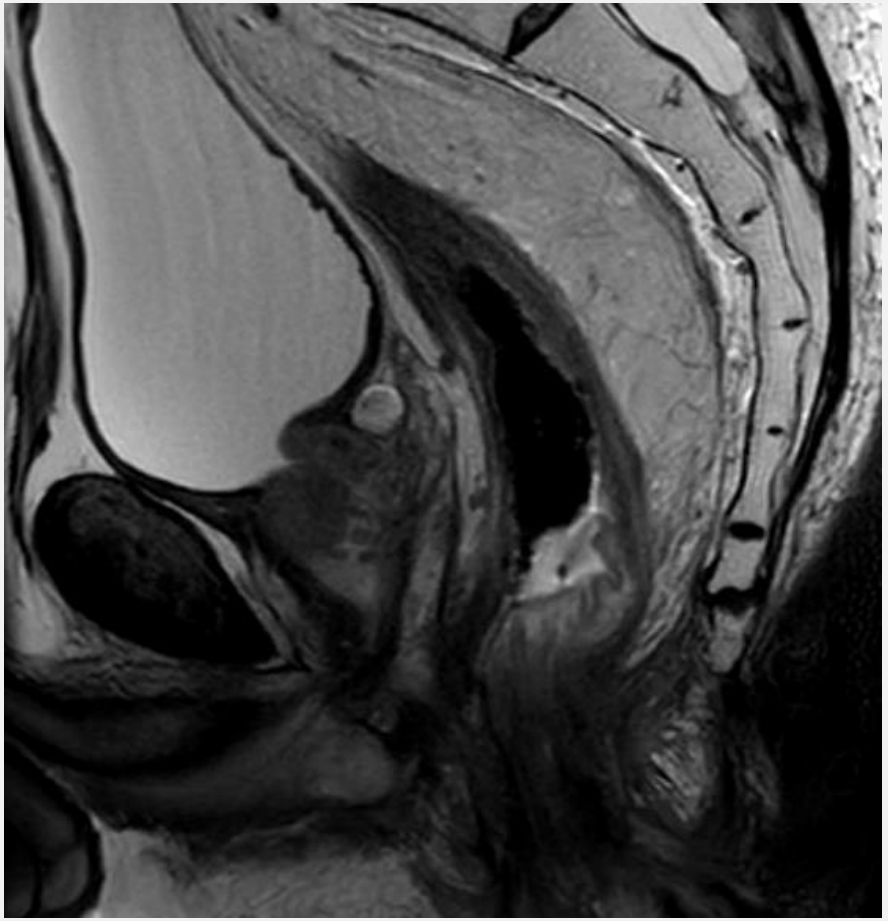
Bilan d’imagerie par IRM



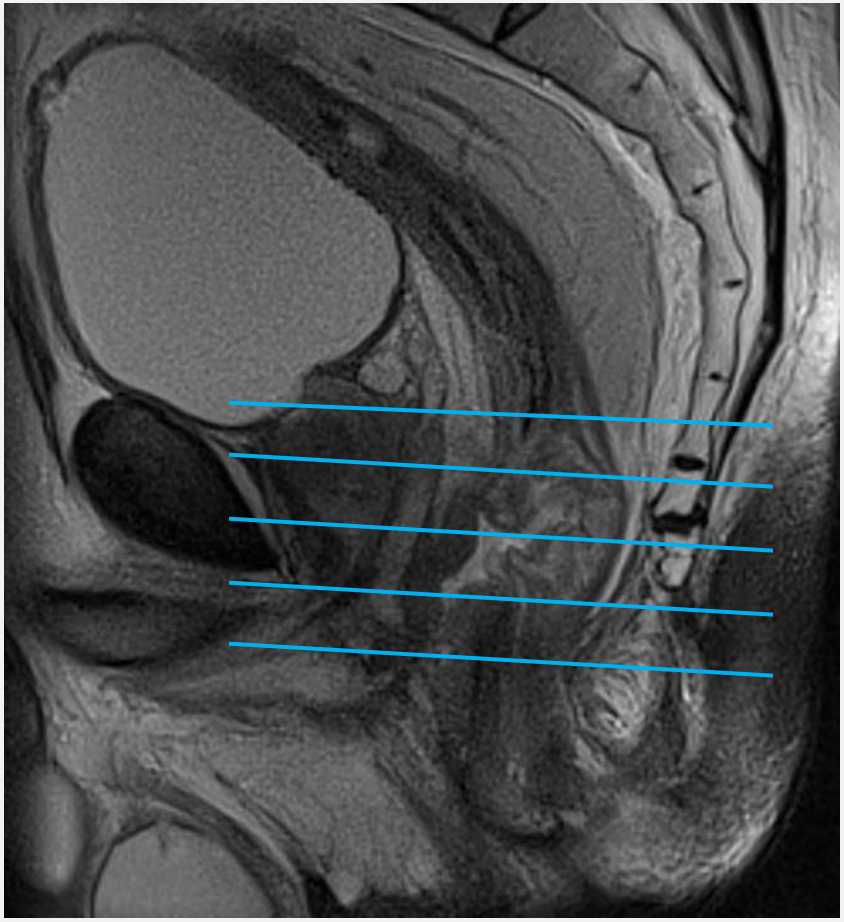


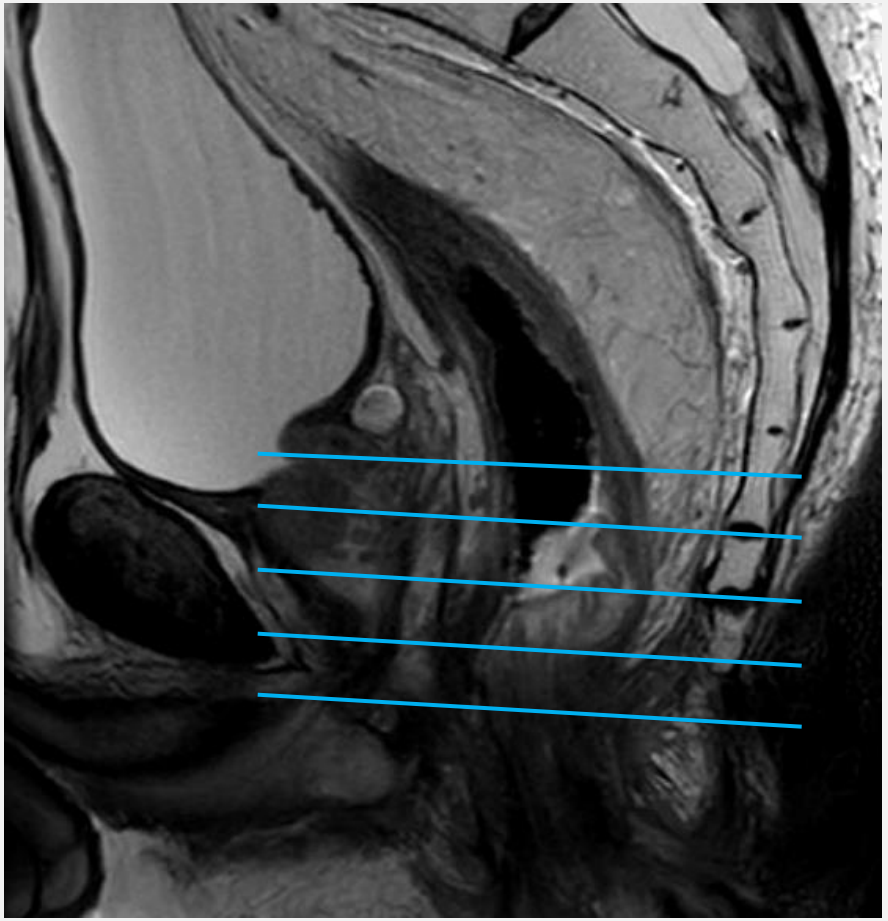
Bilan d’imagerie par IRM



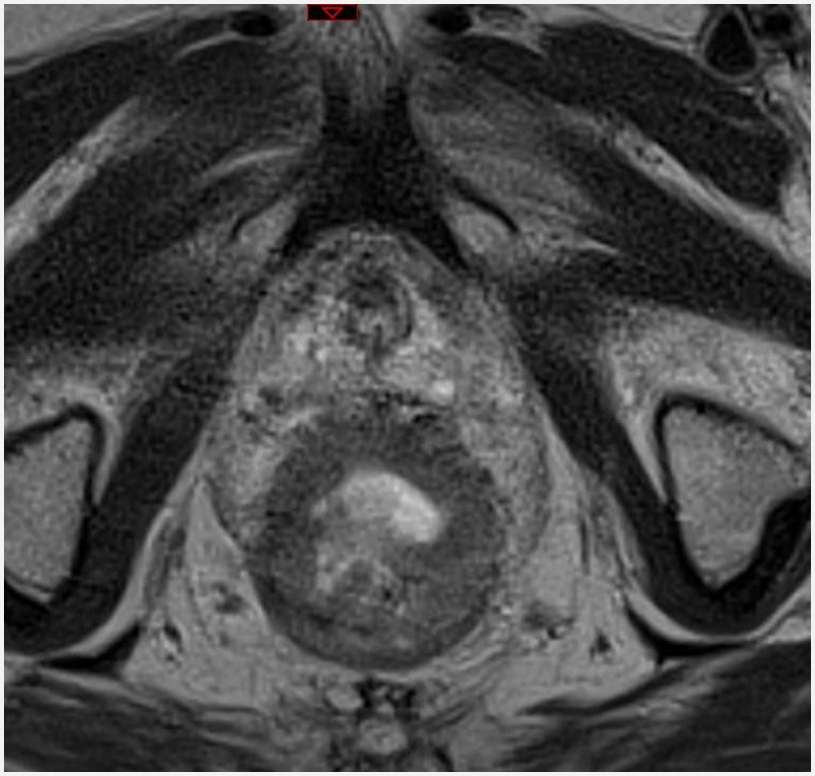


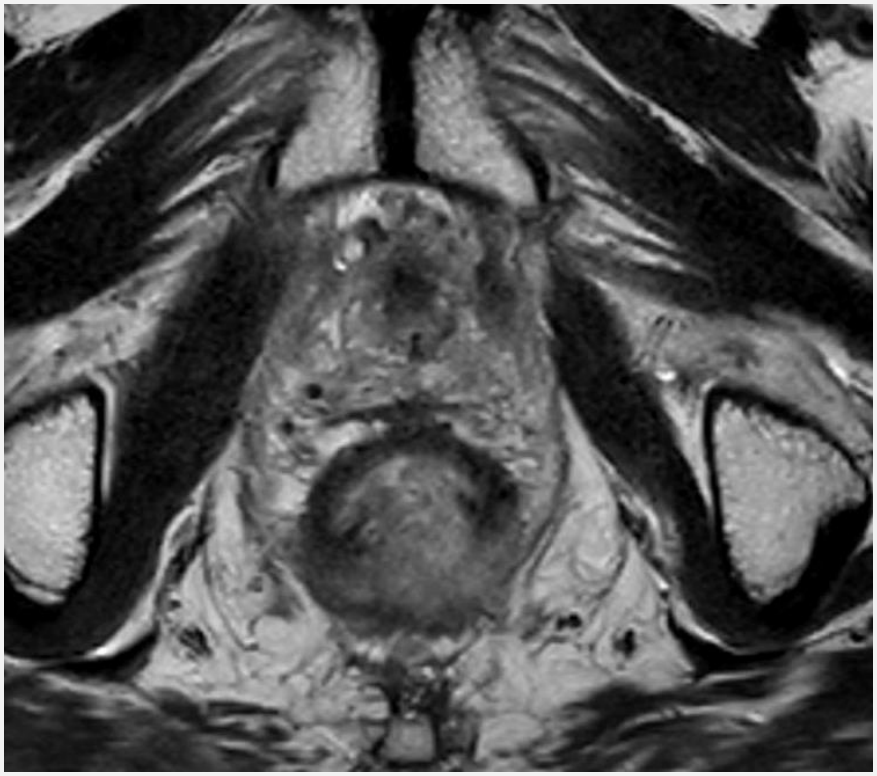
Bilan d’imagerie par IRM





Bilan d’imagerie par IRM





Rapport radiologique

DIS - distance pôle inférieur - MA

T - T-staging

A - anal complex, sph. puborectal

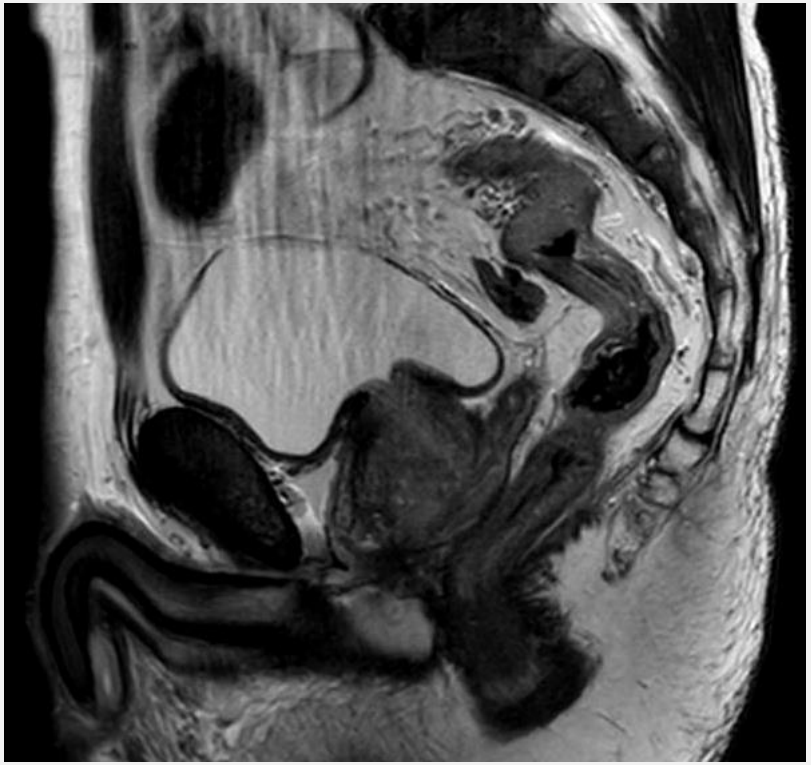
N - Nodal staging

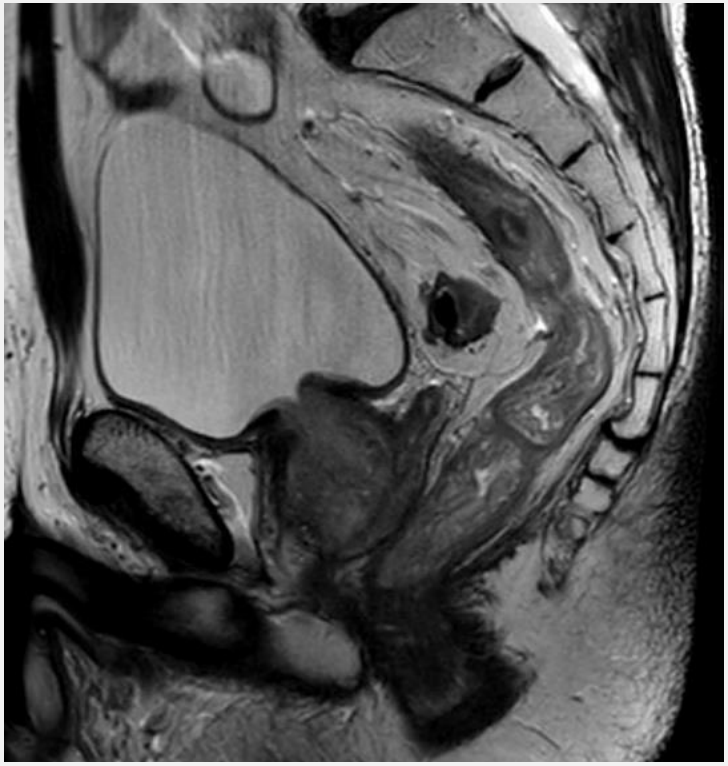
C - CRM

E - extramural vascular invasion

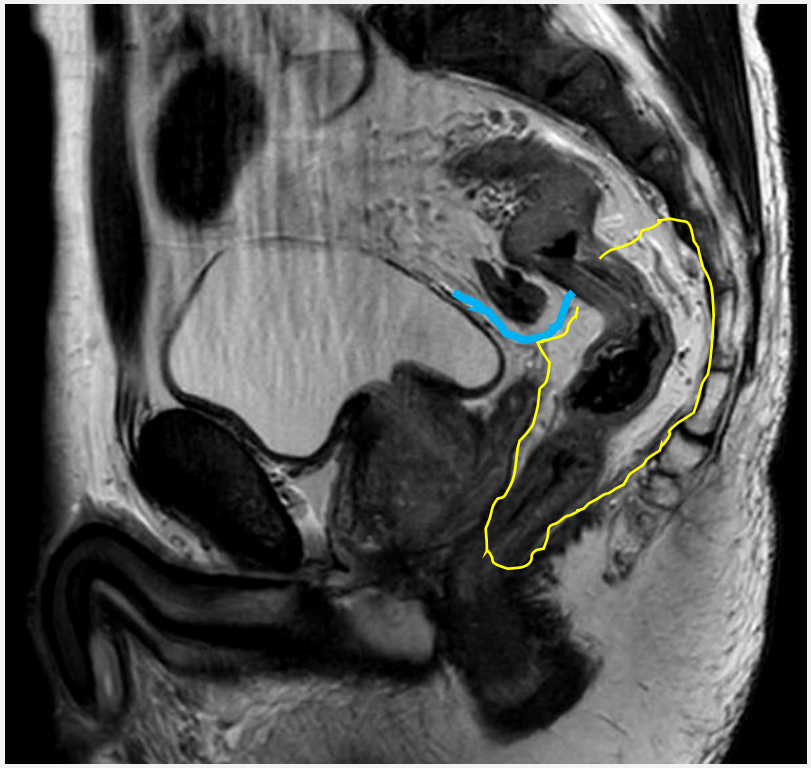
Nougaret S et al. Radiology 2013

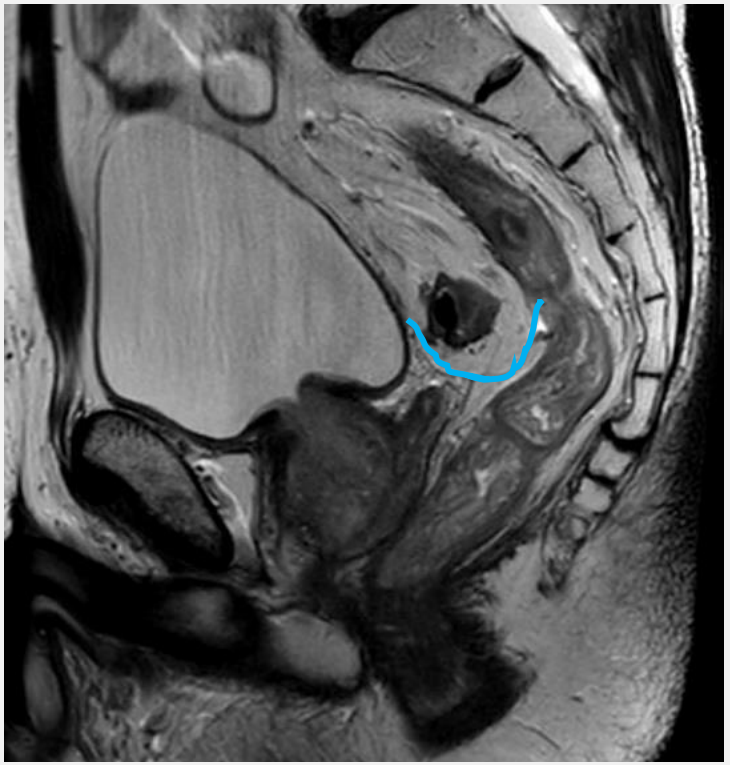
Staging post radio-chimiothérapie - localisation





Staging post radio-chimiothérapie - localisation





! CRM uniquement tumeur rectale sous-péritonéale !

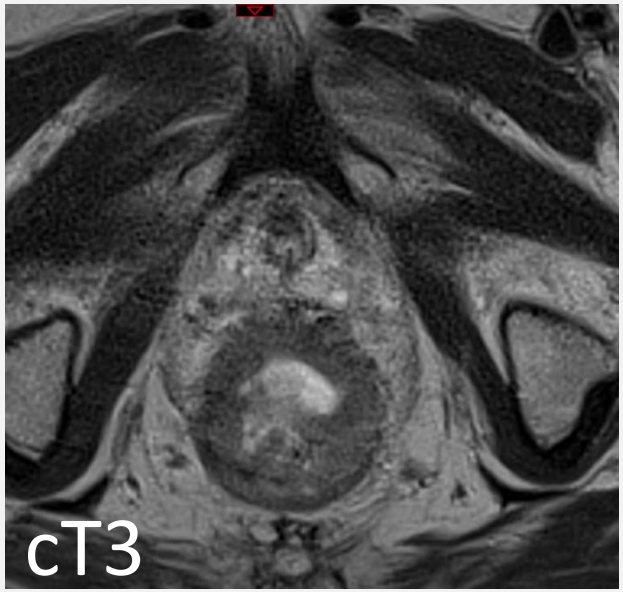
Staging post radio-chimiothérapie

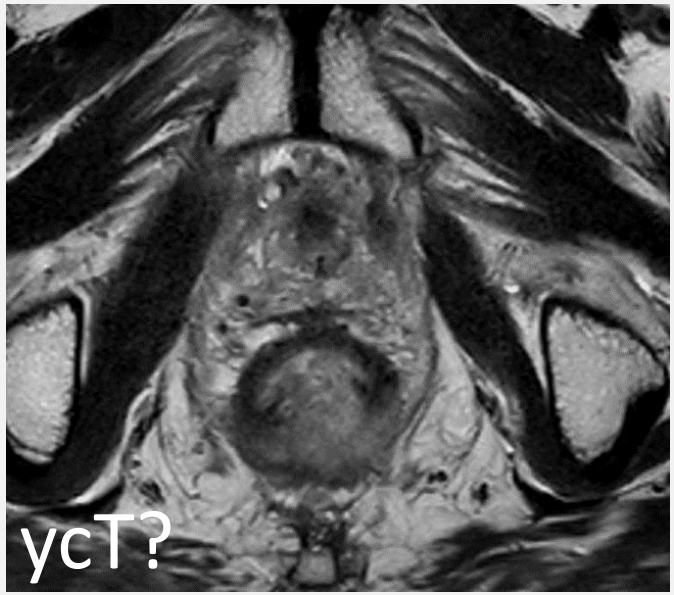
- Réduction du volume de la lésion

≥ 70% = bon pronostic

<45% = mauvais pronostic

- T-staging après radio-chimiothérapie ± 50% (vs 83-94%)





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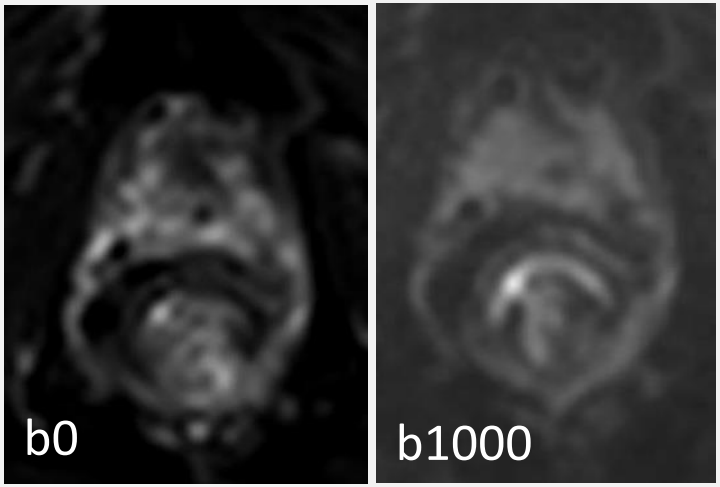

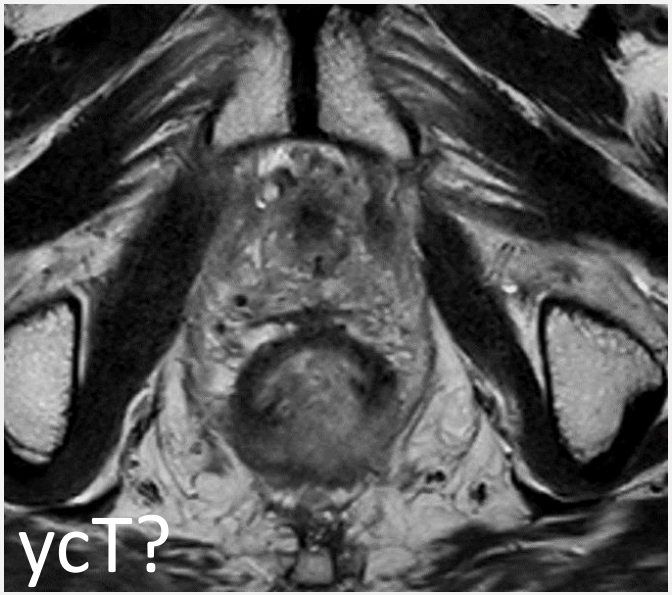

Staging post radio-chimiothérapie

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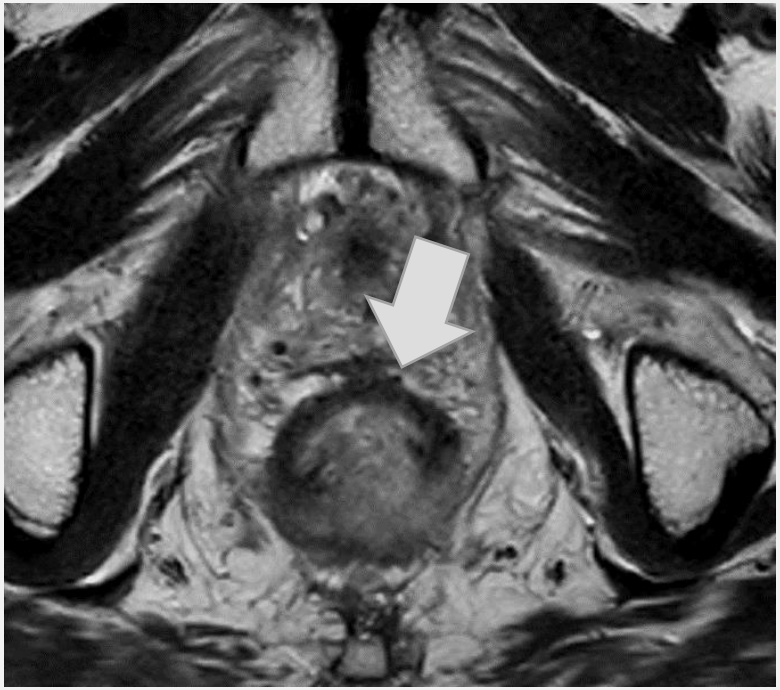
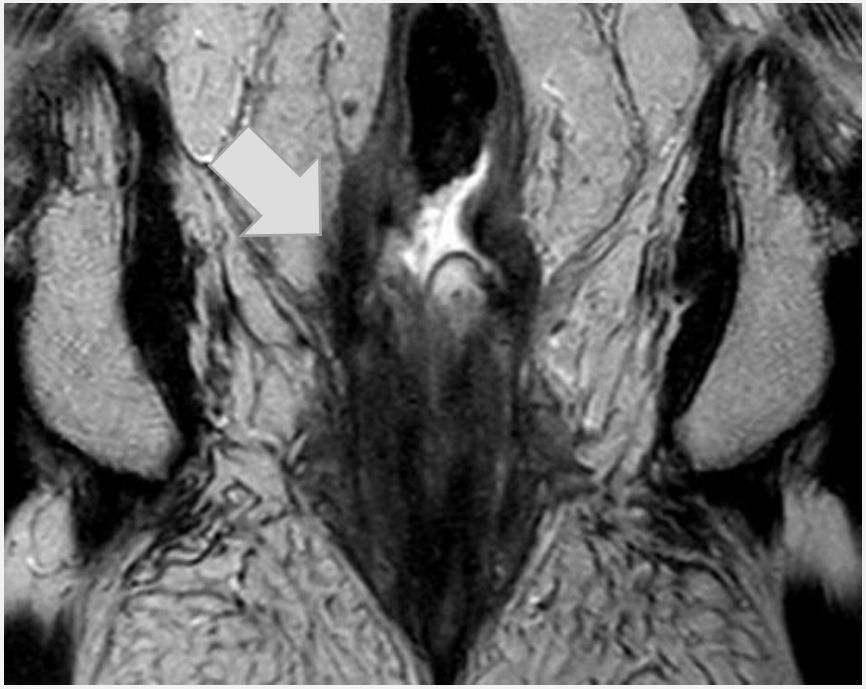
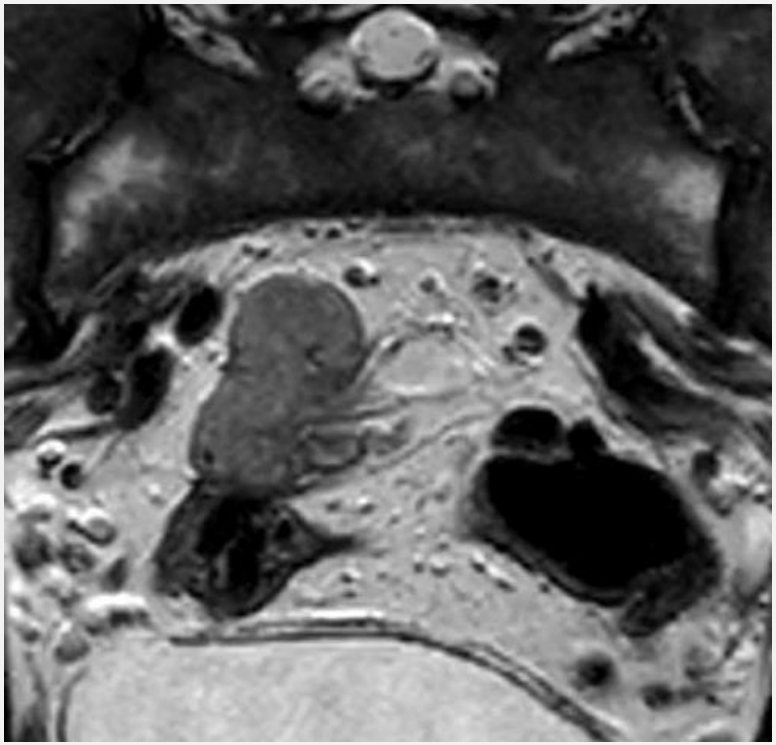
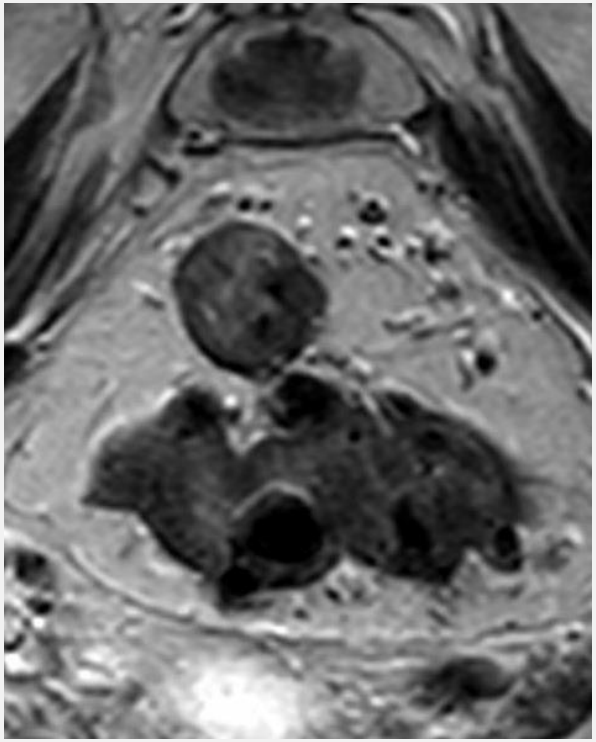




Réaction fibro-desmoplastique avec spicules hypoT2

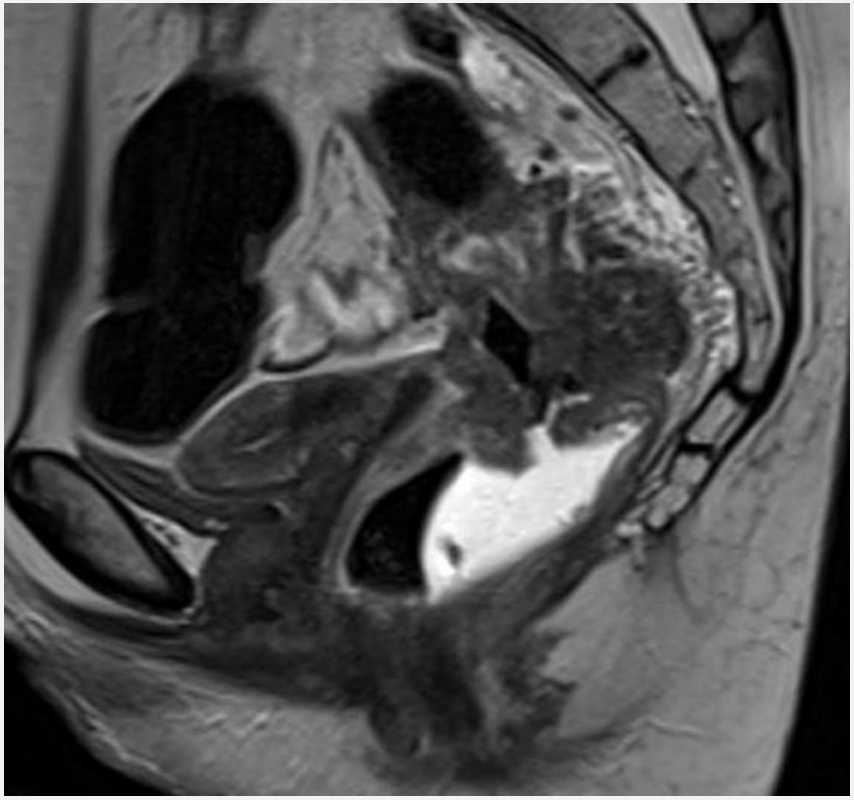
Staging post radio-chimiothérapie

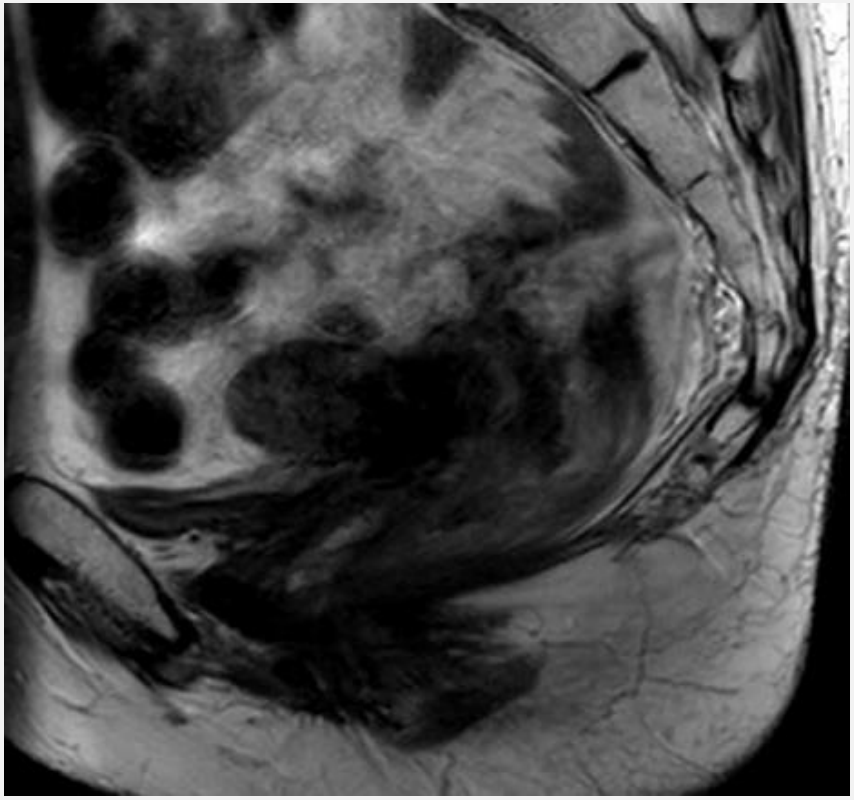




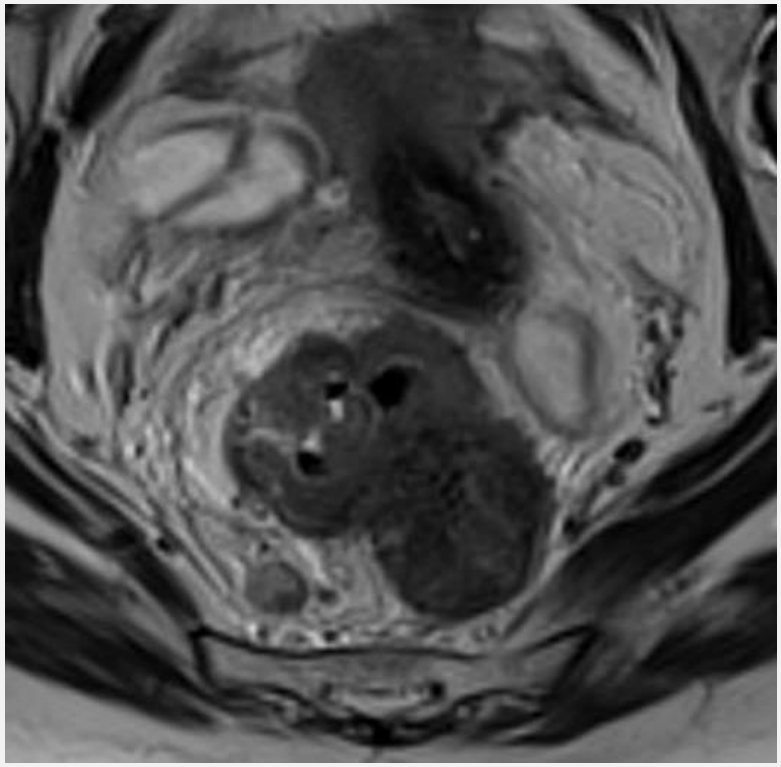
Réapparition d'un signal hypoT2 de la musculeuse post RXTH -> ycT1 ou T2

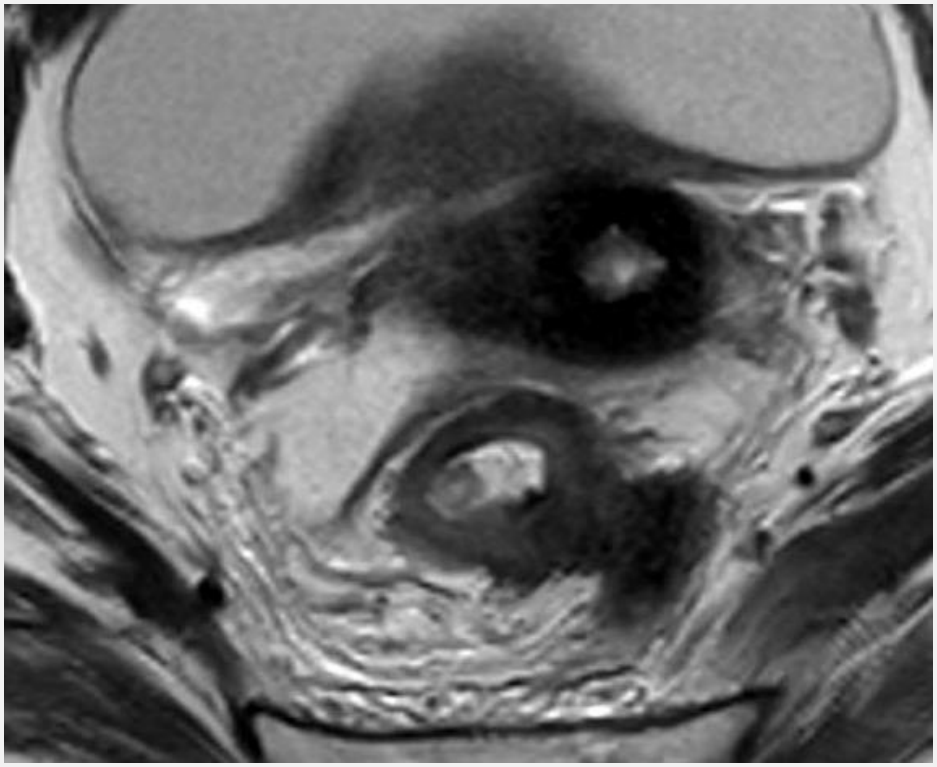
Staging post radio-chimiothérapie



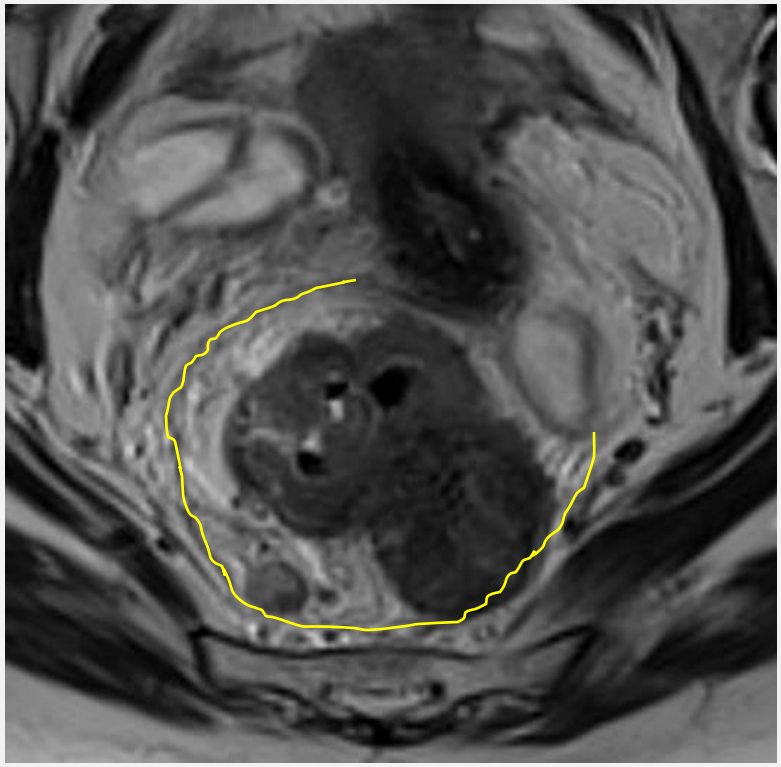


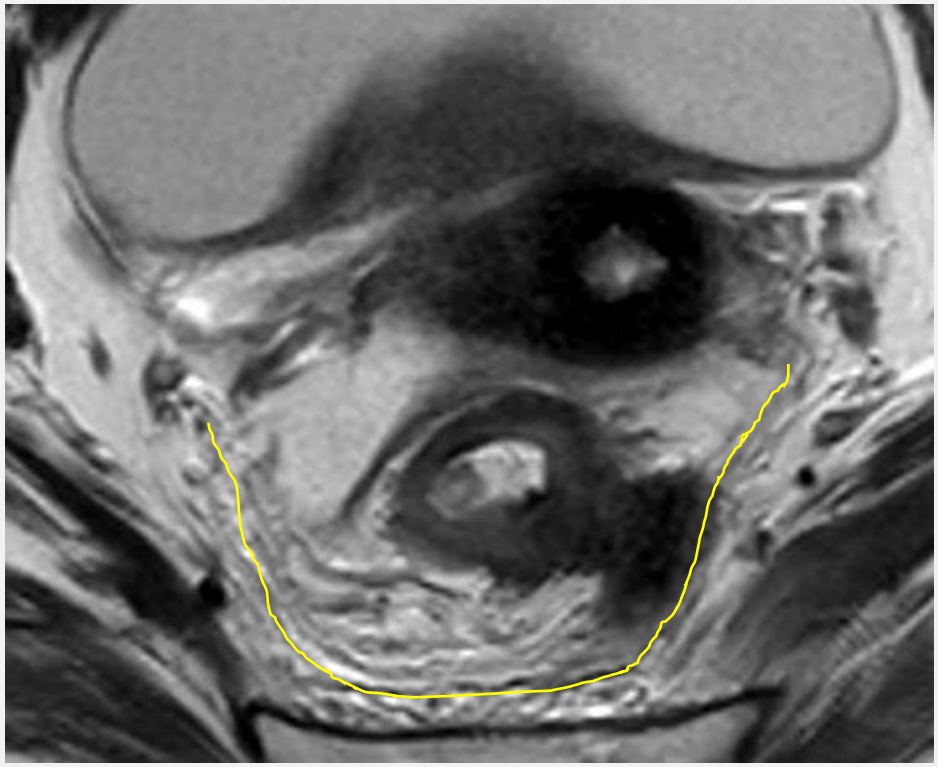
Staging post radio-chimiothérapie





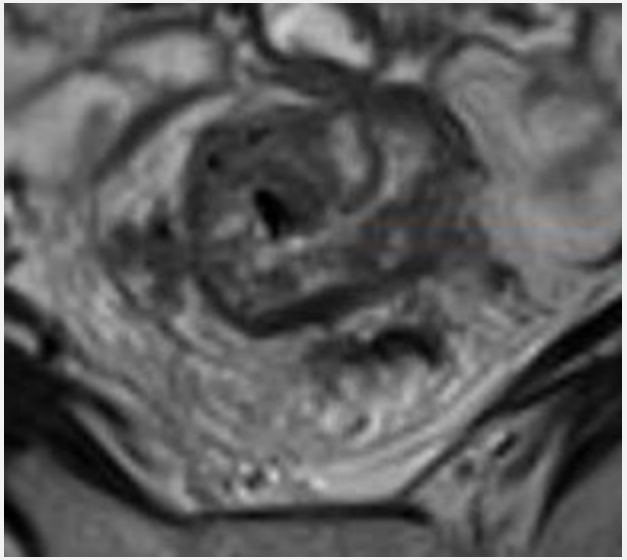
Staging post radio-chimiothérapie

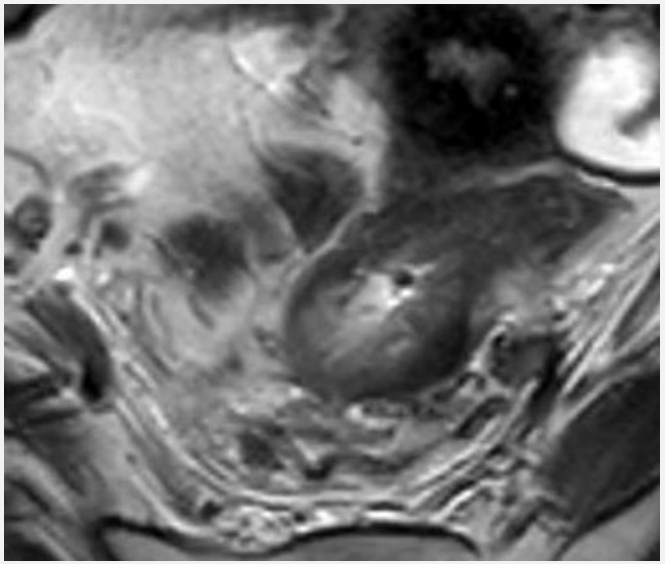




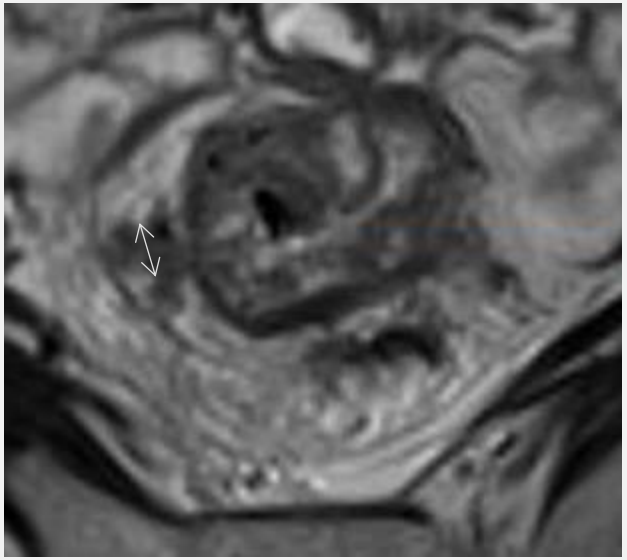
CRM positive <1mm du fascia méso-rectal

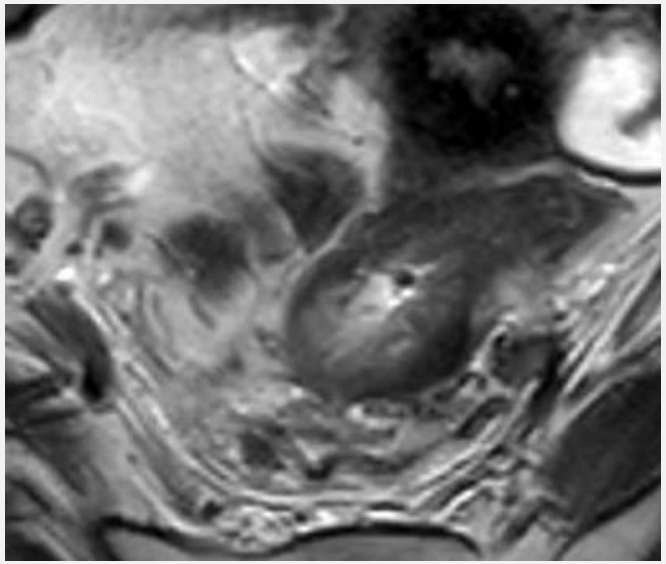
Staging post radio-chimiothérapie





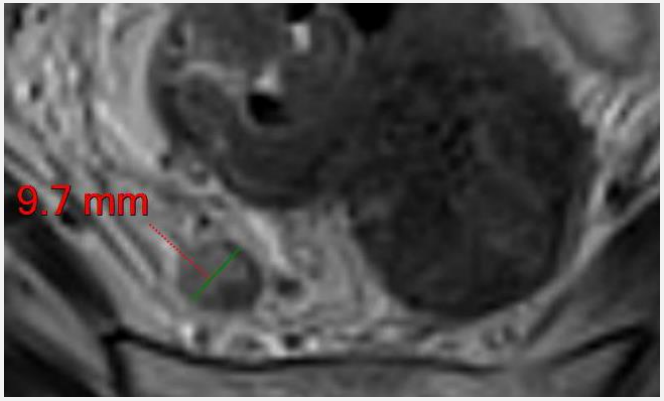
Staging post radio-chimiothérapie

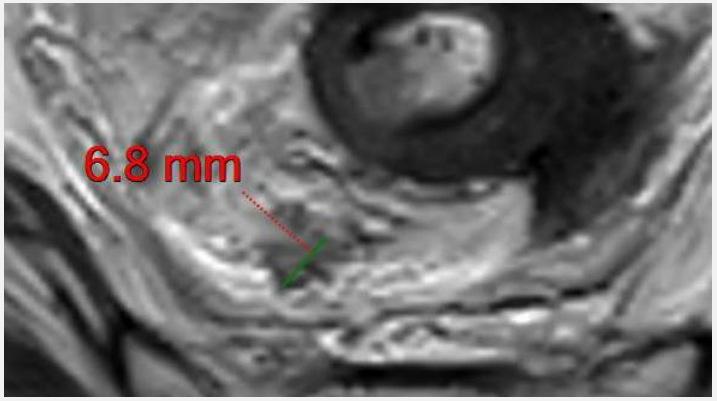




EVMI = cT3

Staging post radio-chimiothérapie



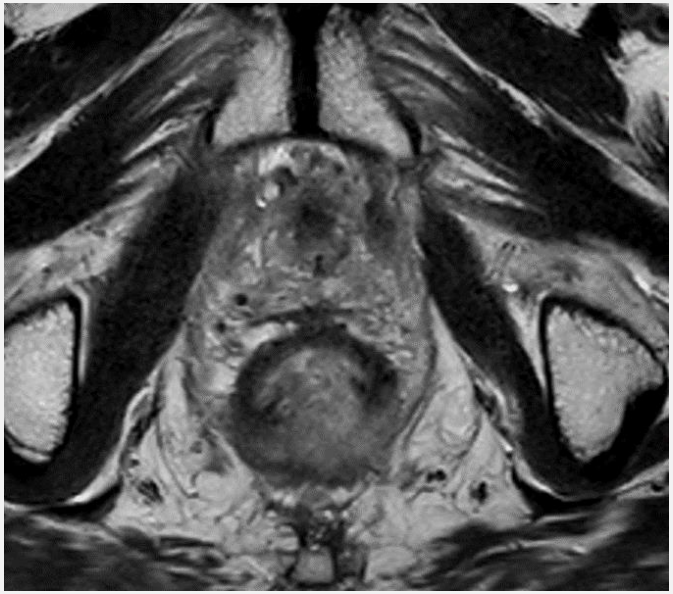


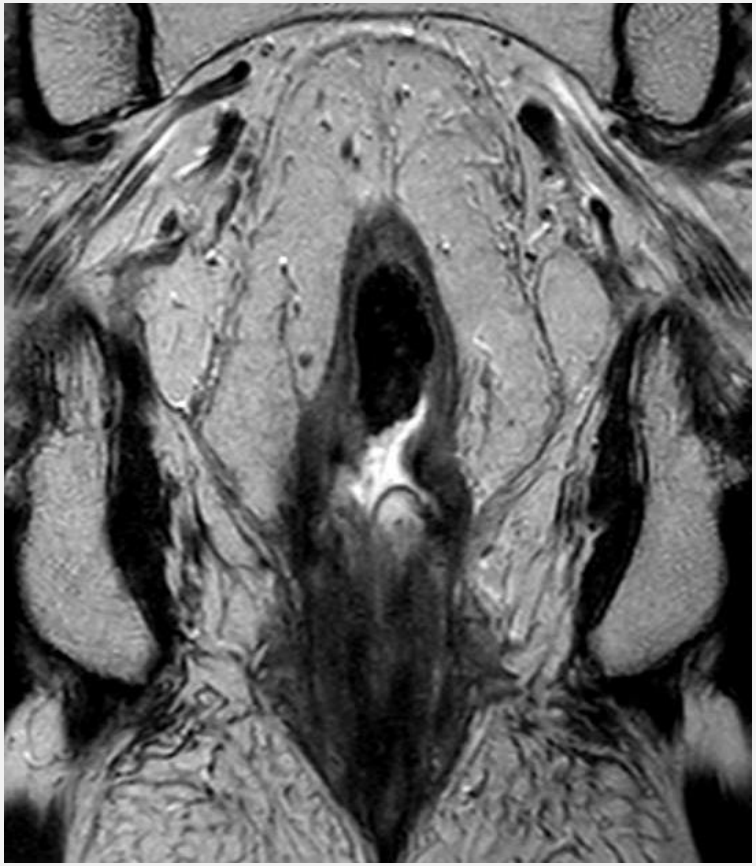
N = ?

cut off >5mm; hétérogène, bords mal définis

Staging post radio-chimiothérapie

- T-staging après radio-chimiothérapie – le cas des cancers du bas rectum





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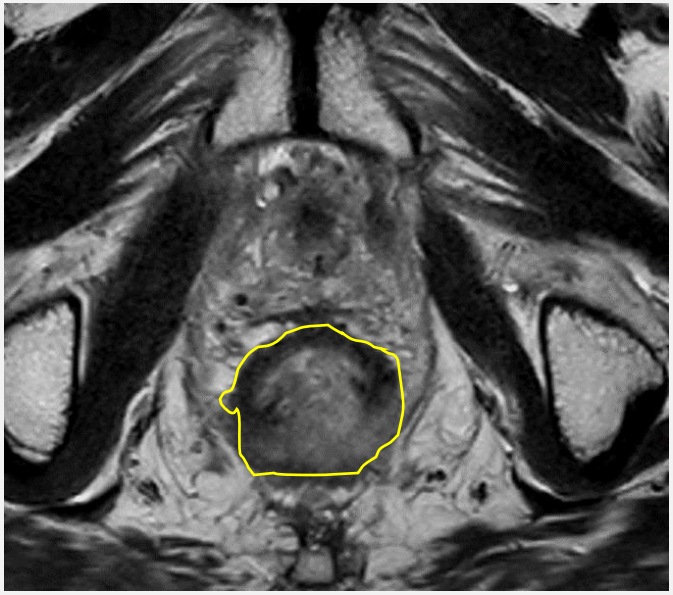

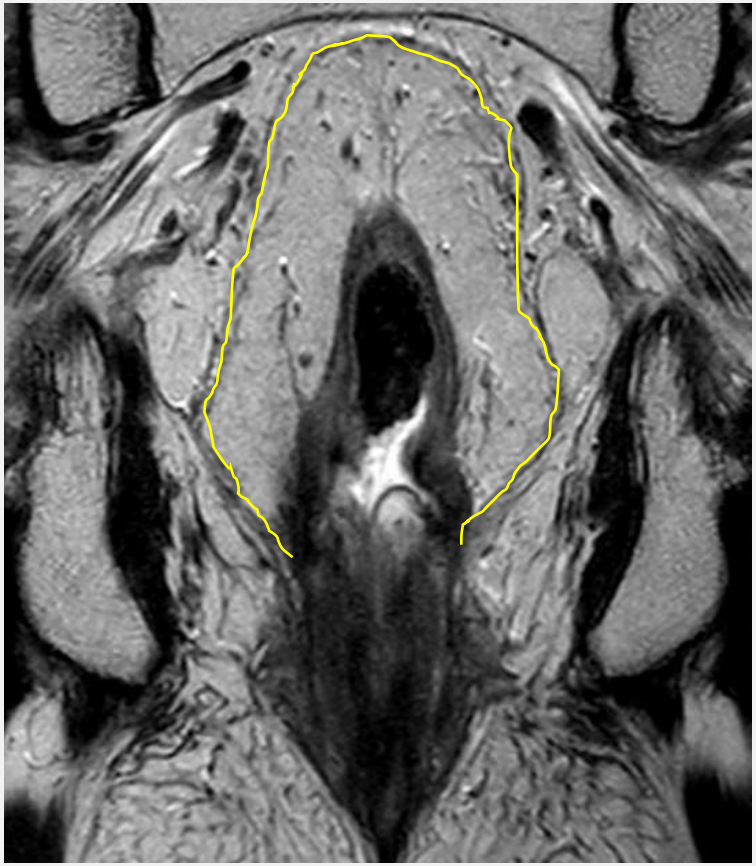

30% pCRM +

Staging post radio-chimiothérapie

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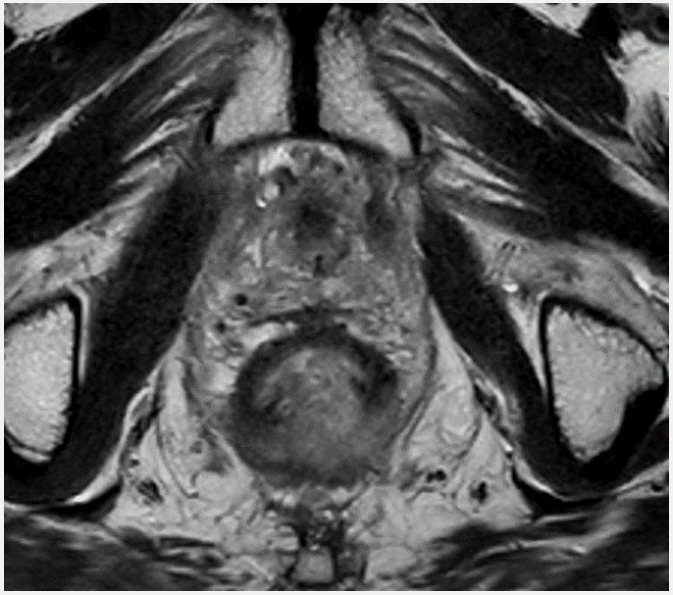
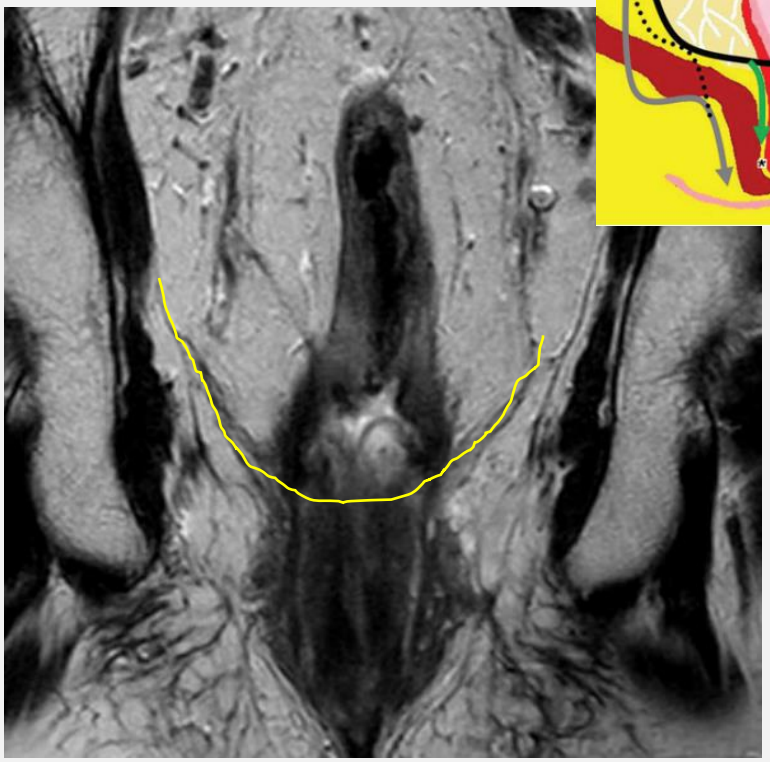
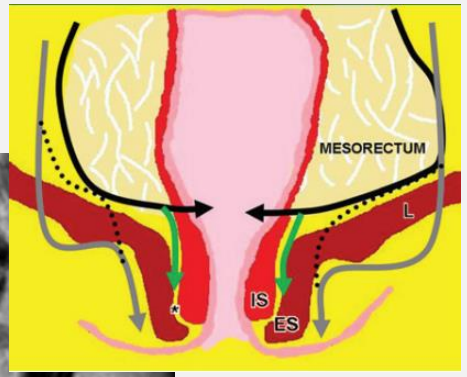
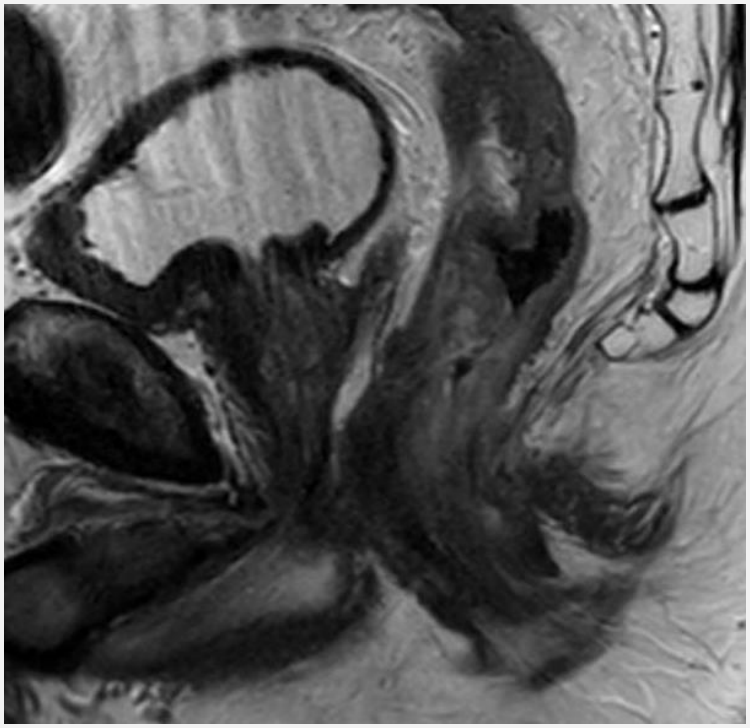


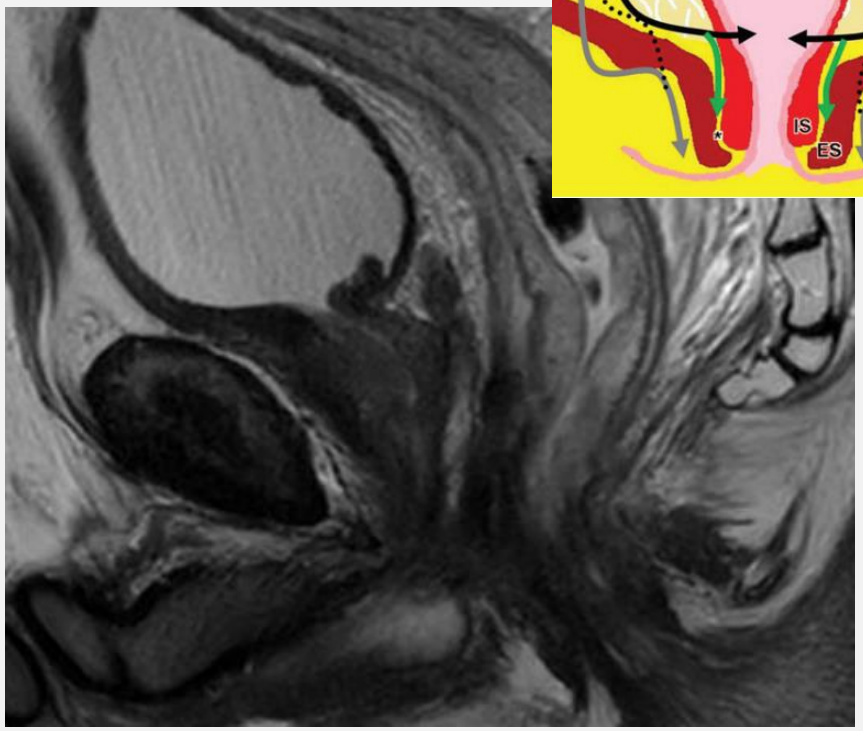


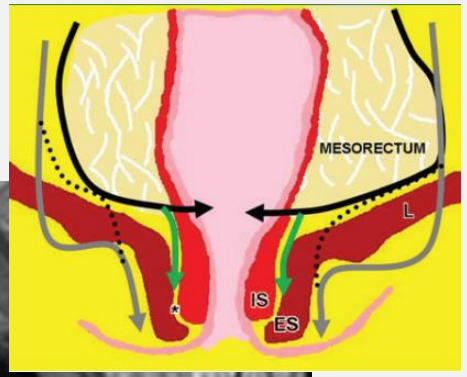


Staging post radio-chimiothérapie

- T-staging après radio-chimiothérapie – le cas des cancers du bas rectum

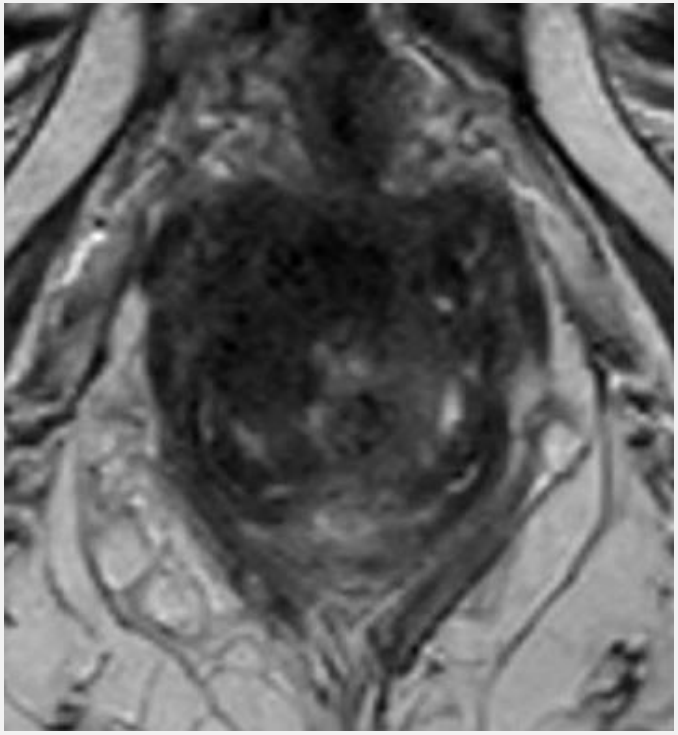


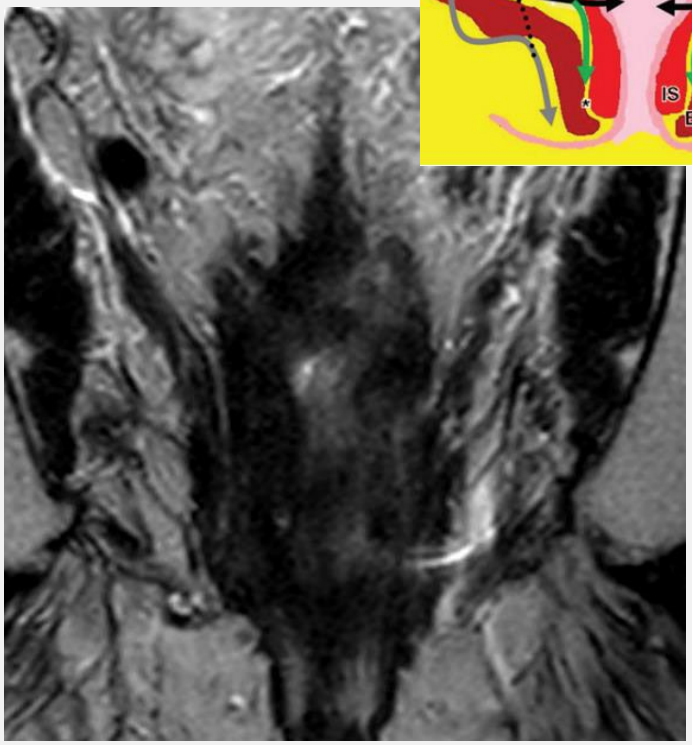


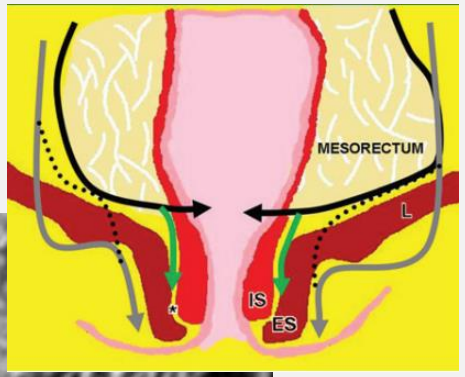


Staging post radio-chimiothérapie

- T-staging après radio-chimiothérapie – le cas des cancers du bas rectum







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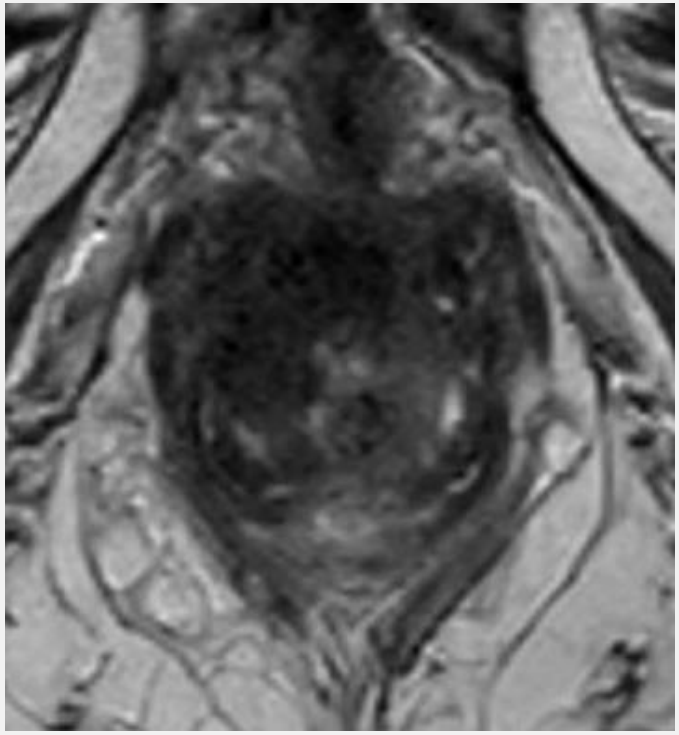
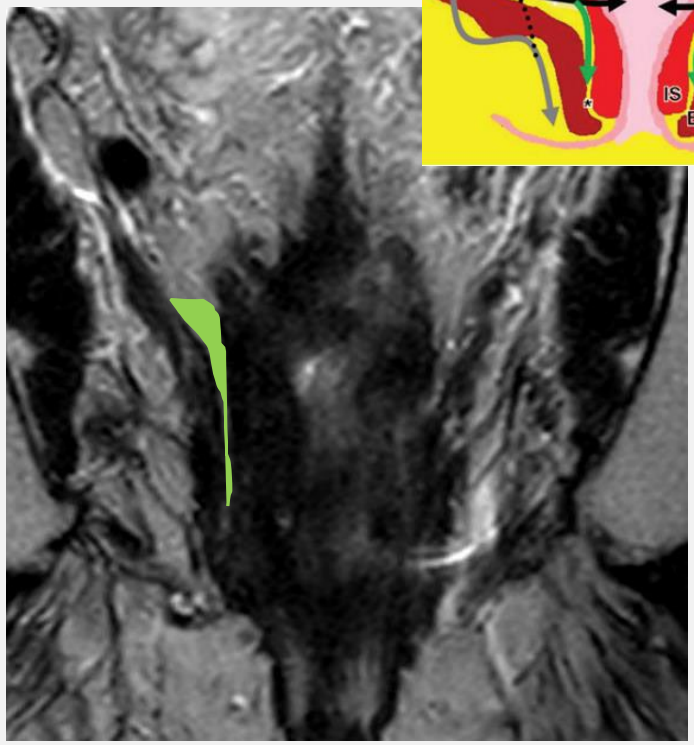
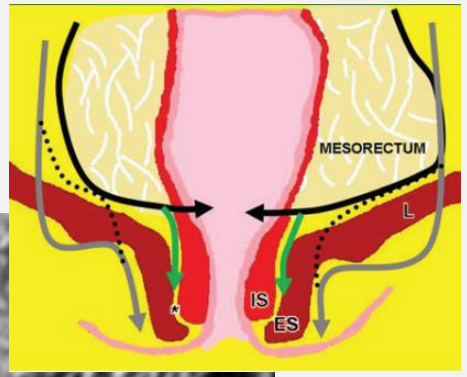
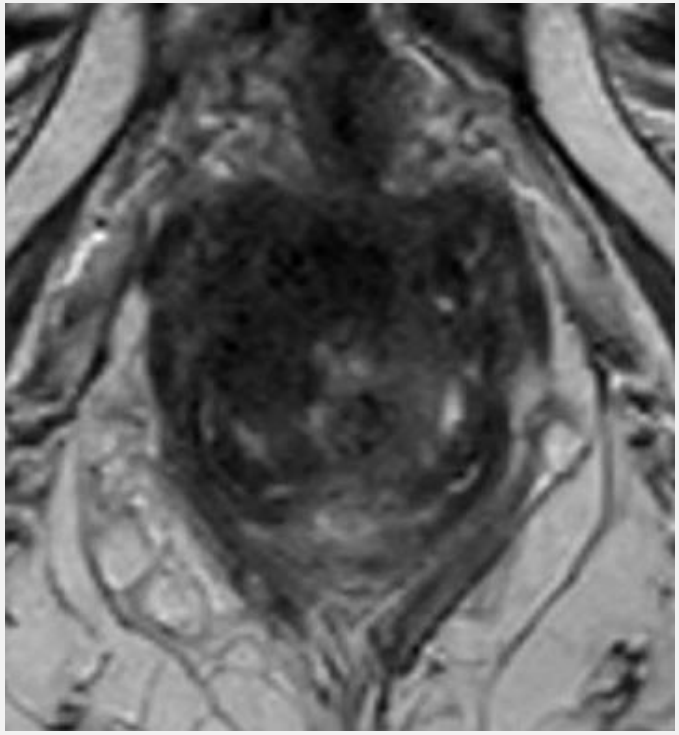


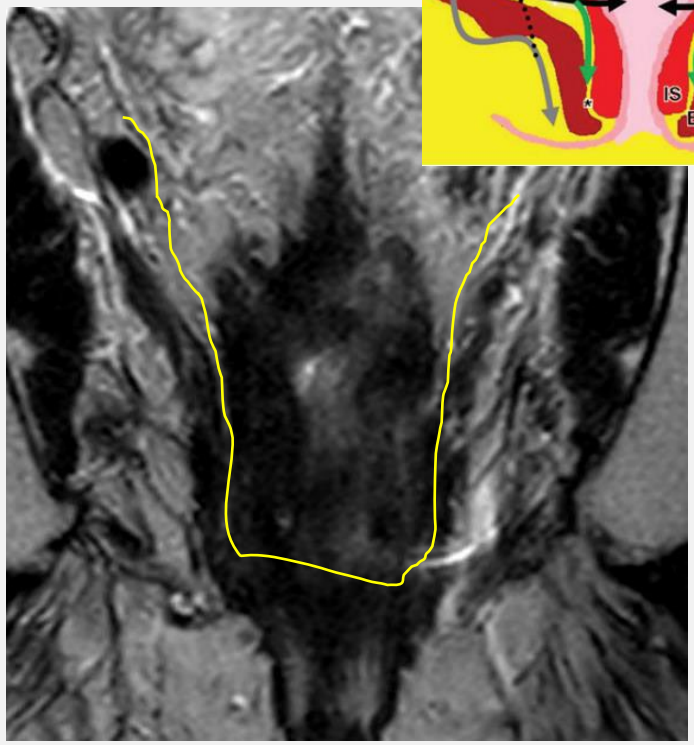


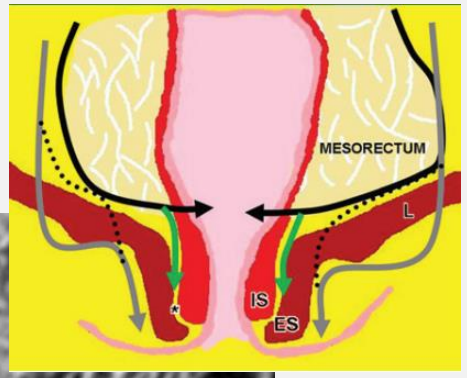


Staging post radio-chimiothérapie

- T-staging après radio-chimiothérapie – le cas des cancers du bas rectum

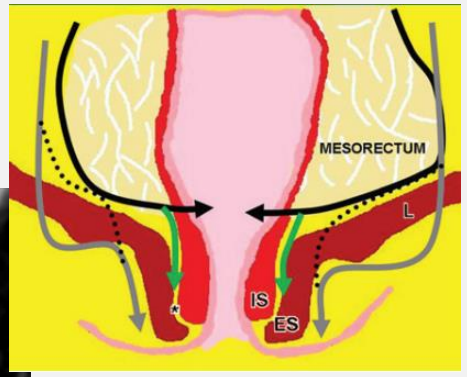


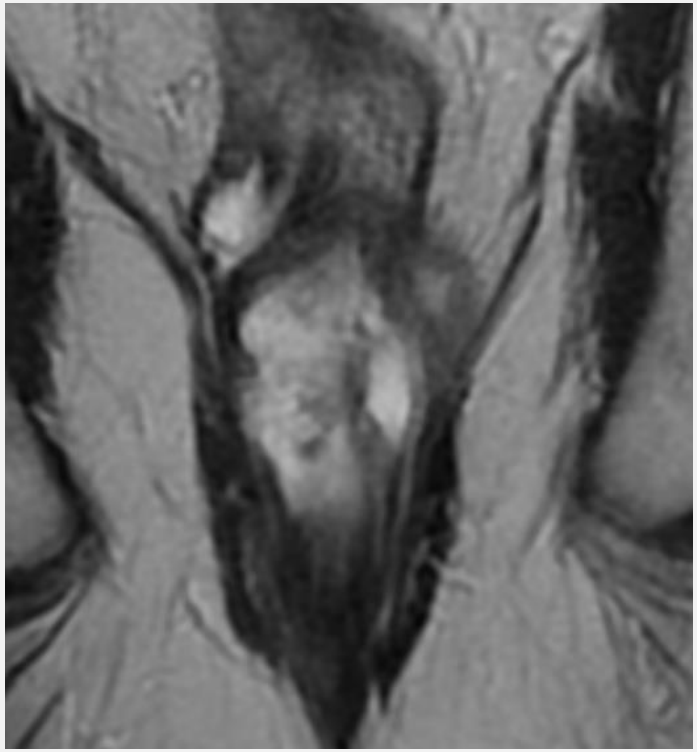


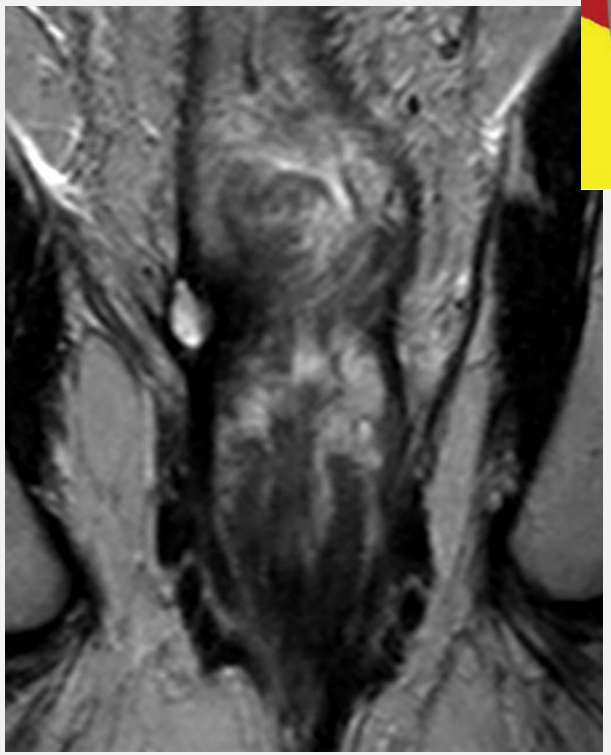


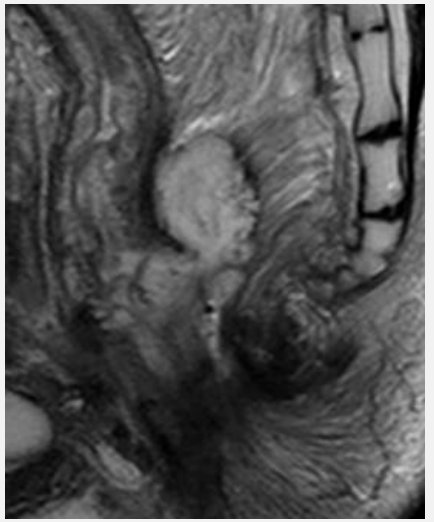
Staging post radio-chimiothérapie

- T-staging après radio-chimiothérapie – le cas des cancers du bas rectum



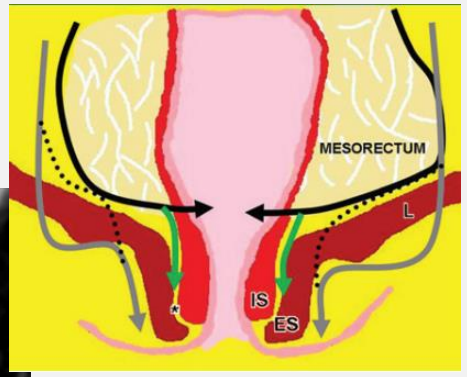


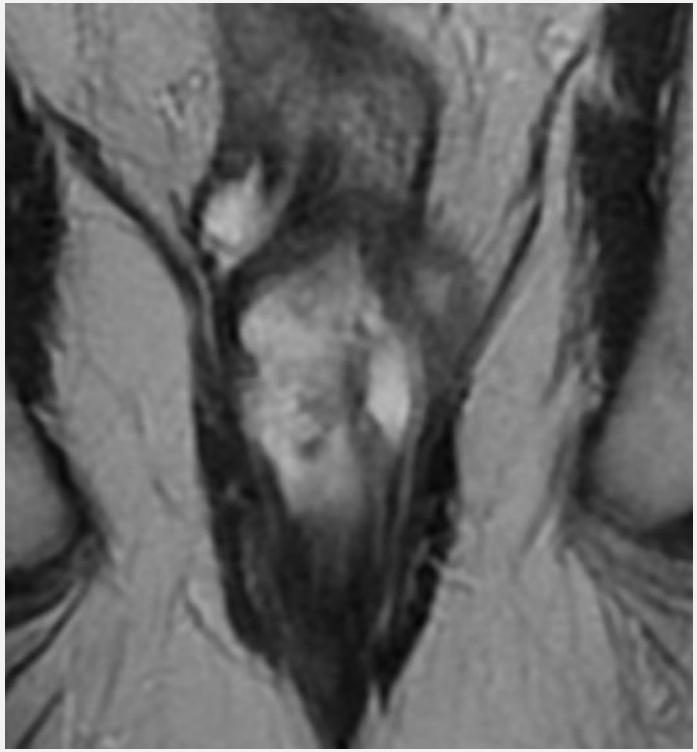


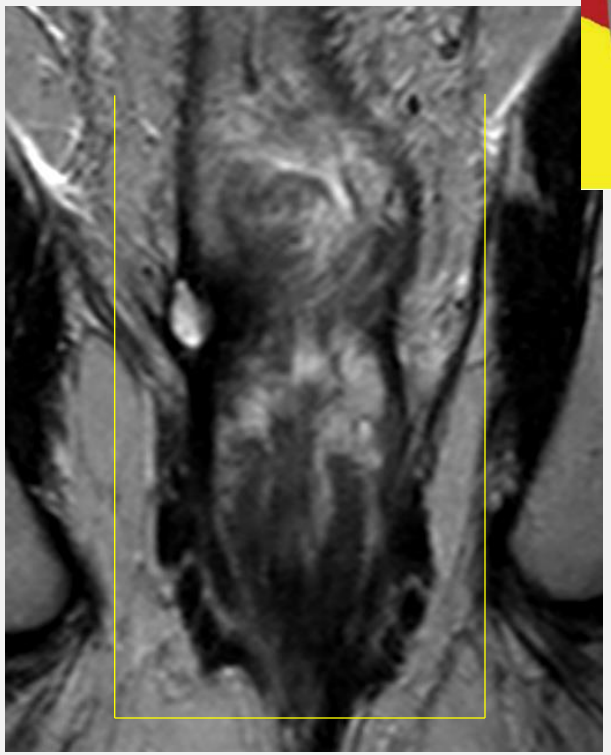


Staging post radio-chimiothérapie

- T-staging après radio-chimiothérapie – le cas des cancers du bas rectum







Staging post radio-chimiothérapie

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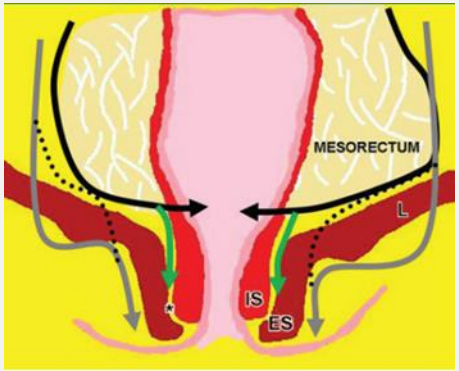

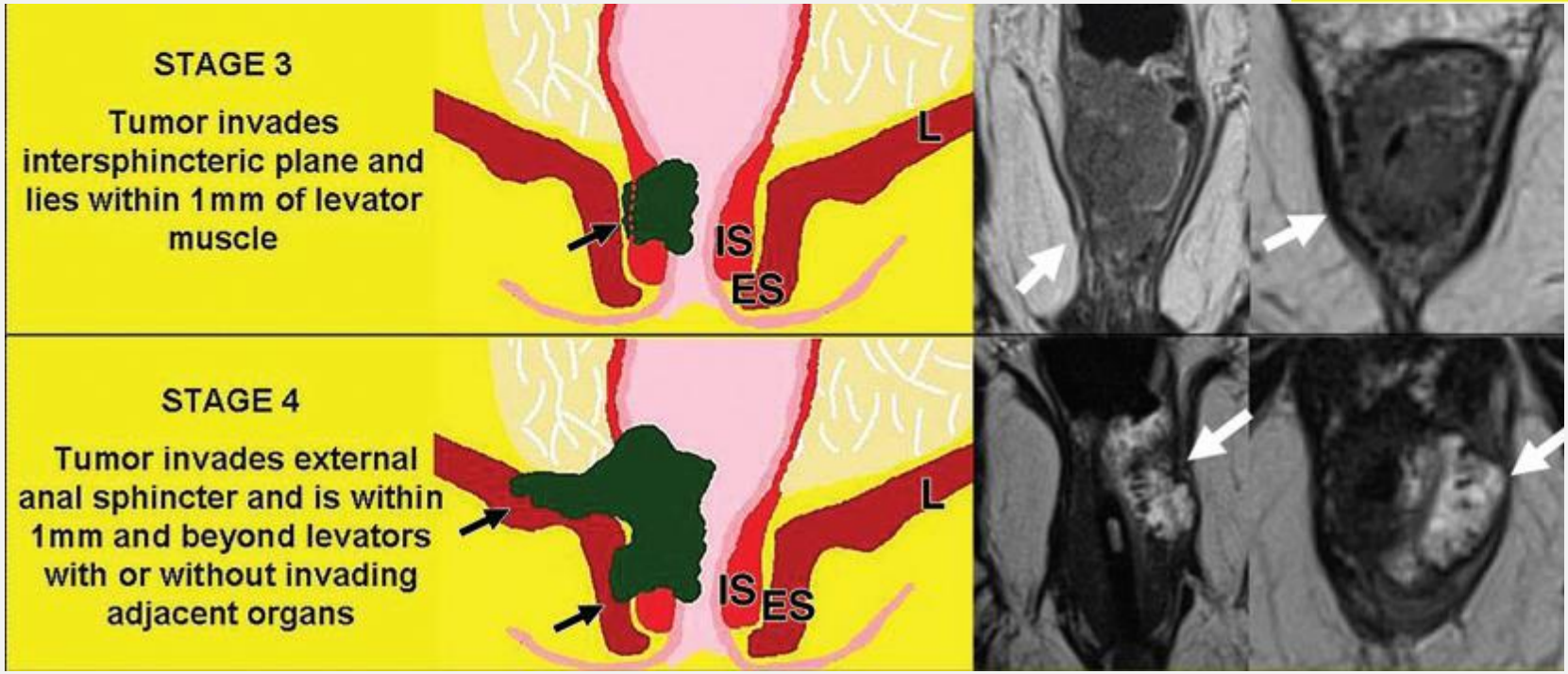

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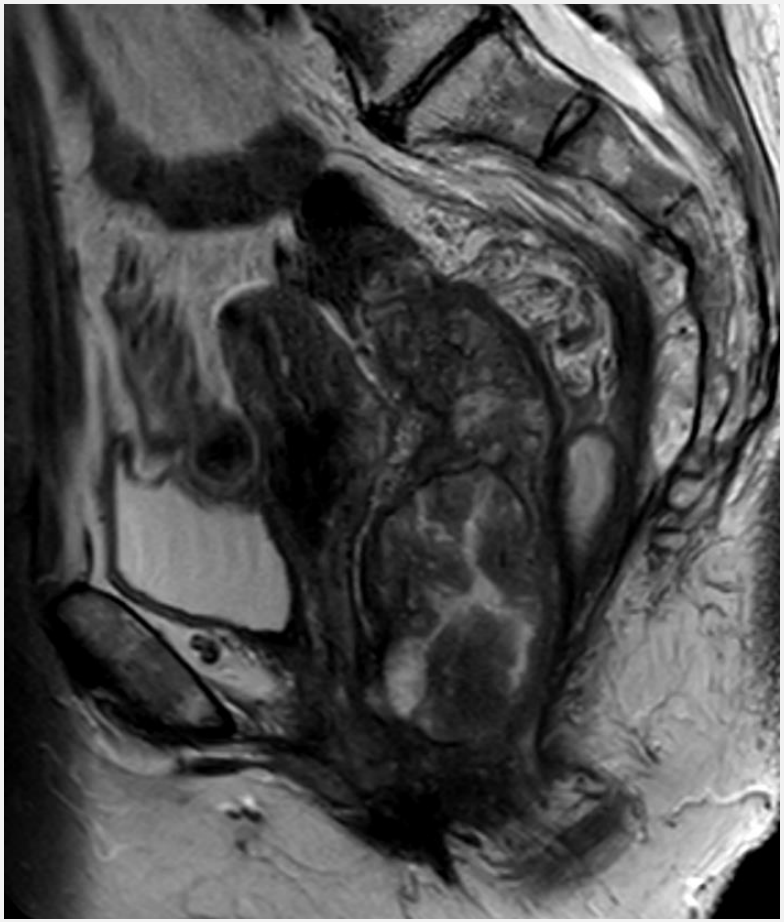
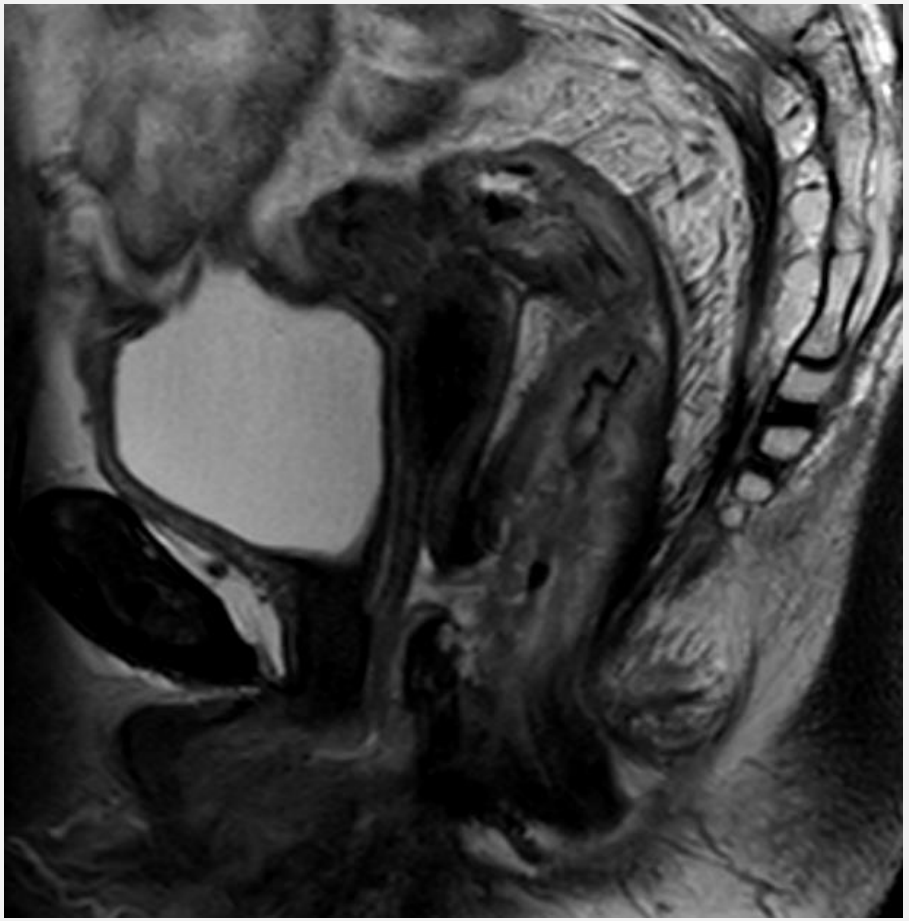
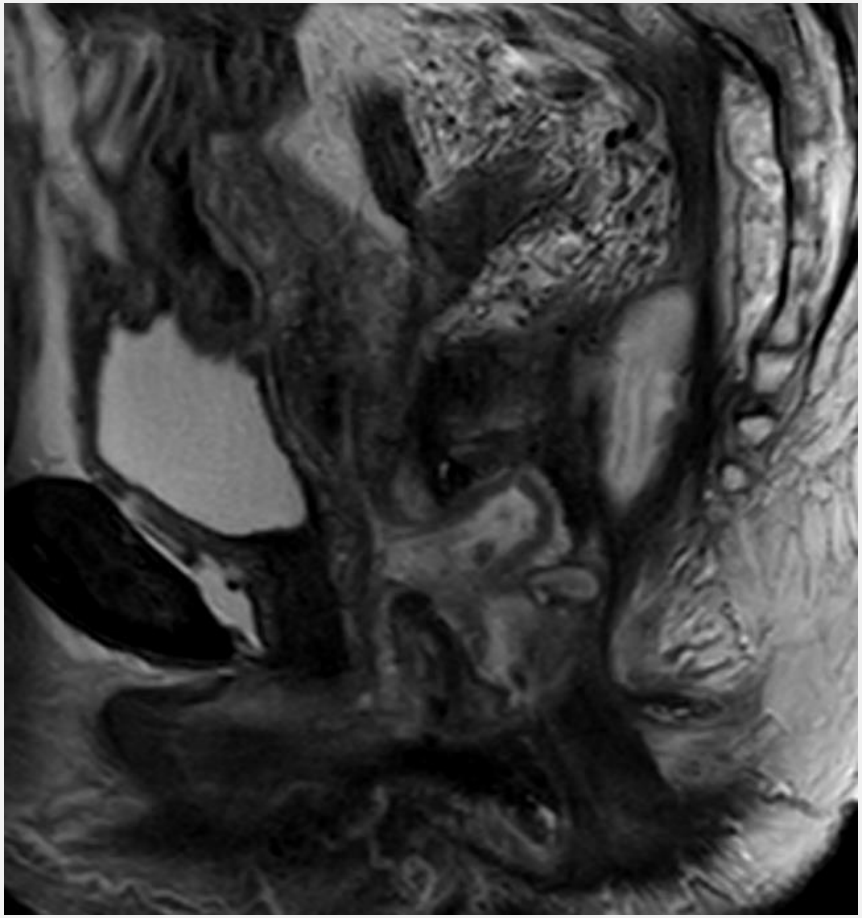
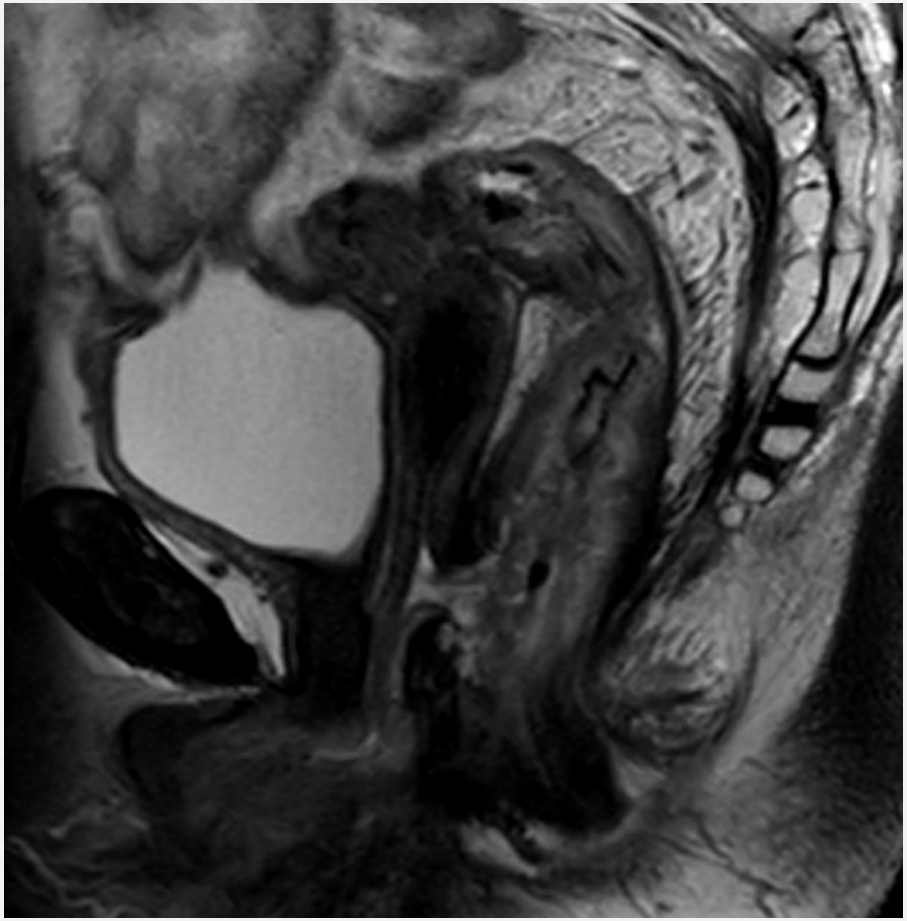
Staging post radio-chimiothérapie



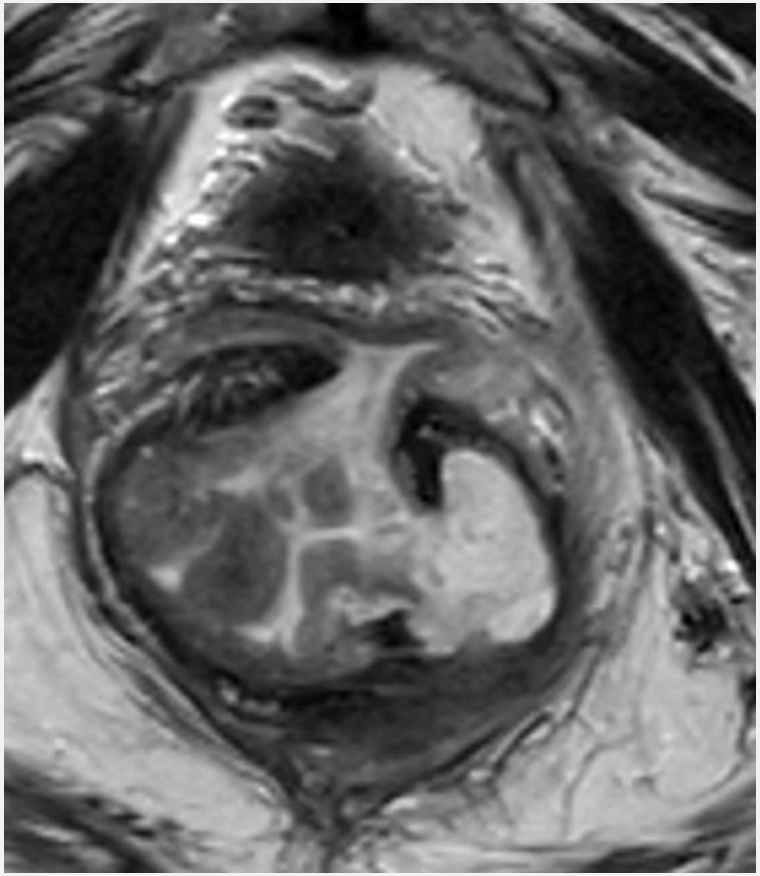


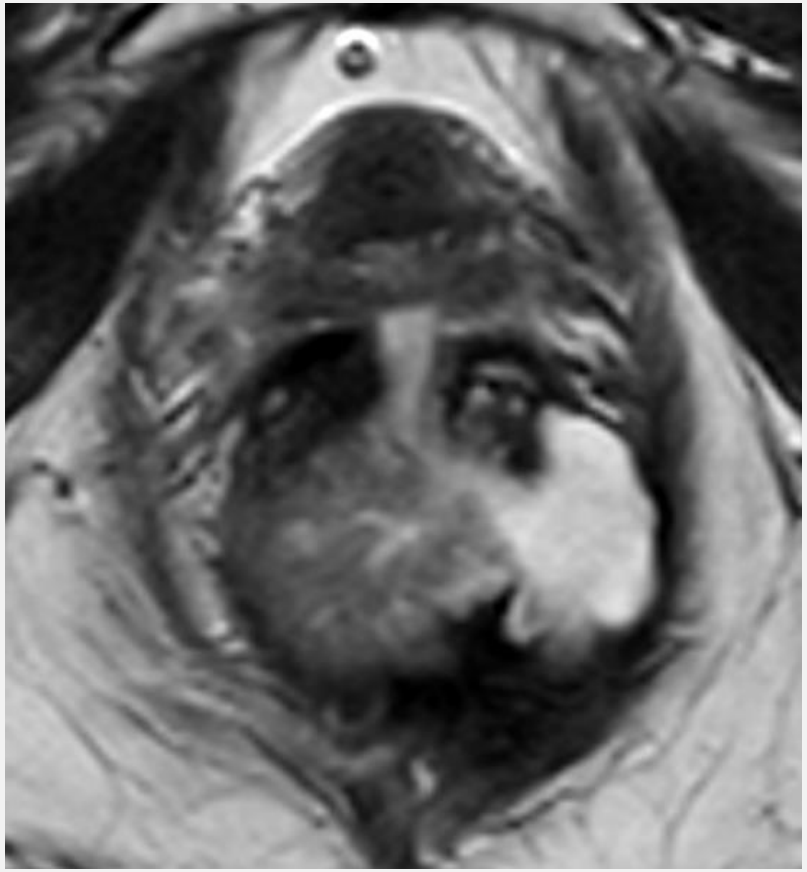
Staging post radio-chimiothérapie





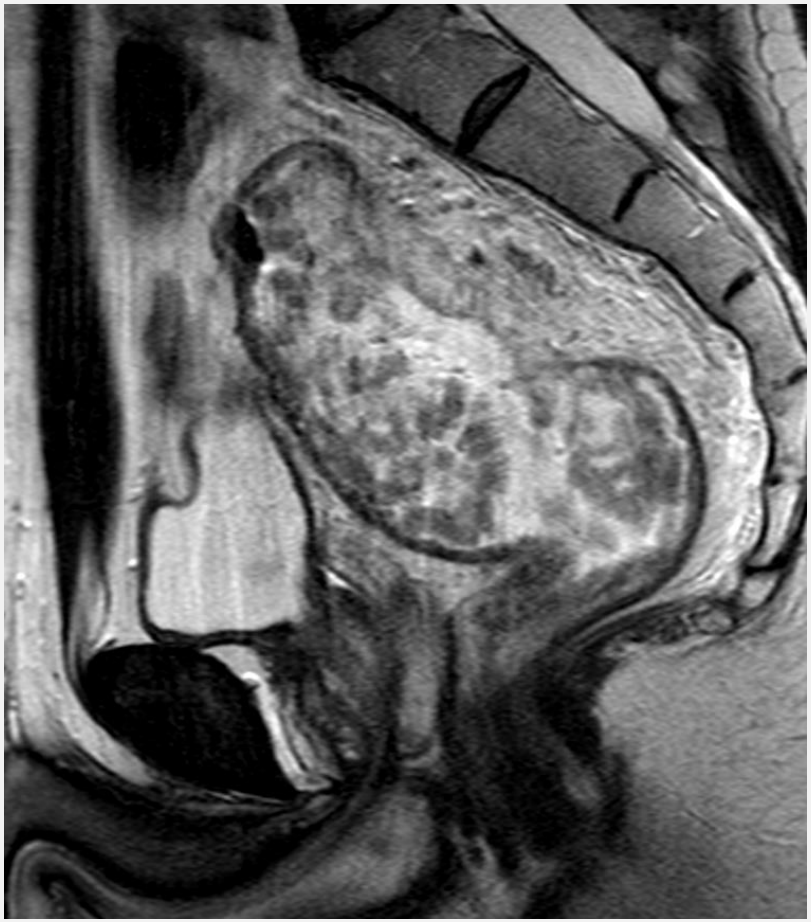
Staging post radio-chimiothérapie

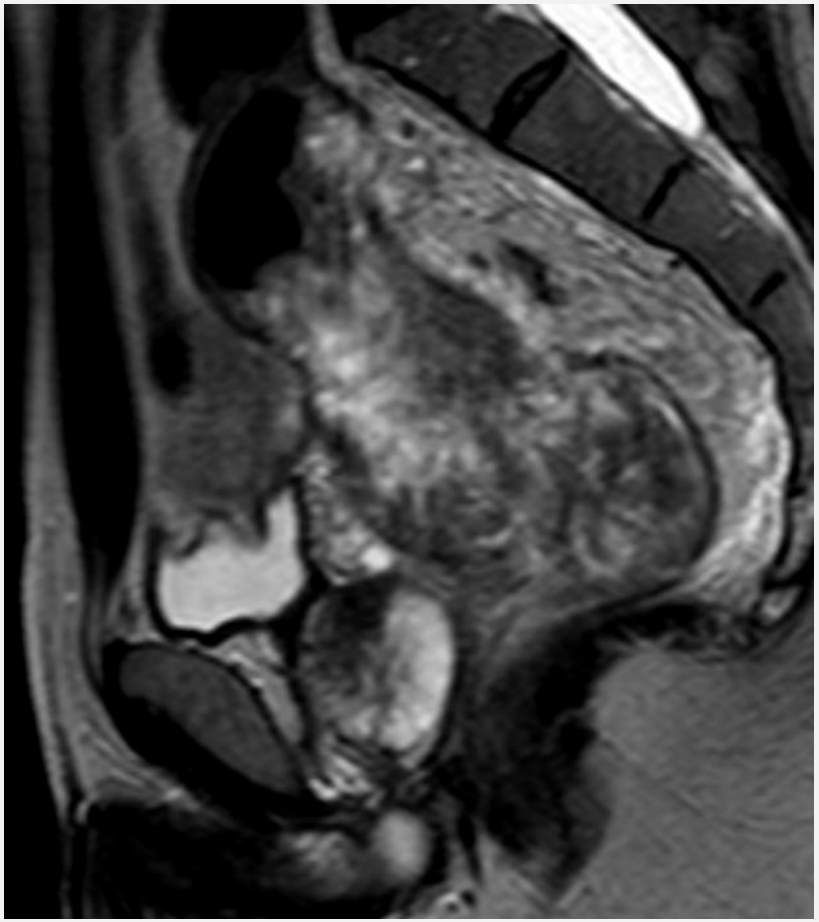




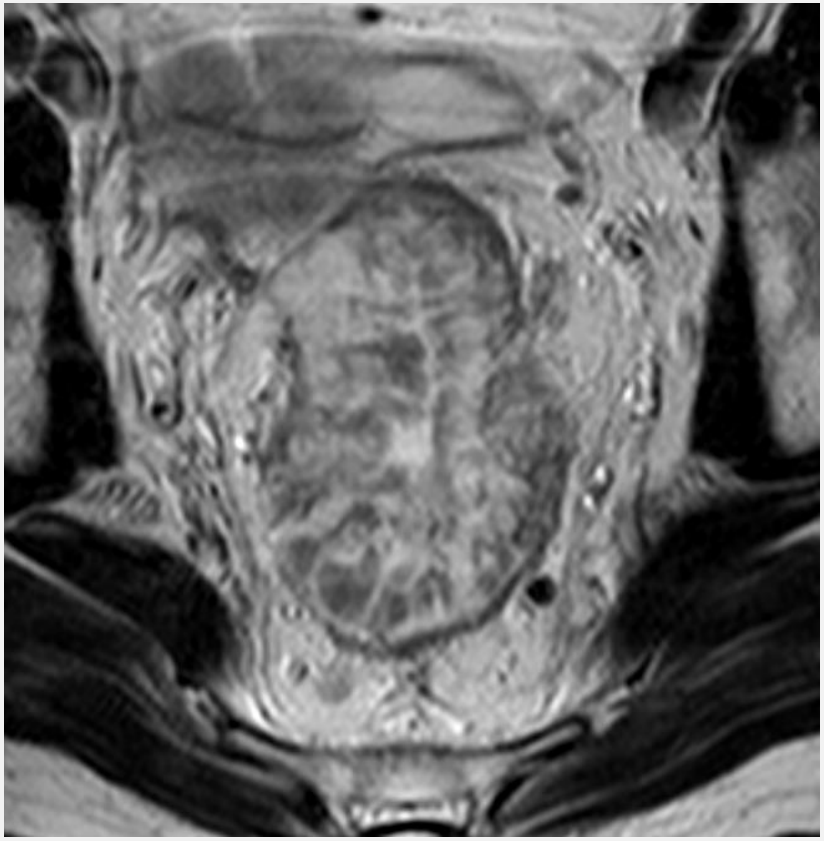
ycT4 avec fistule vaginale

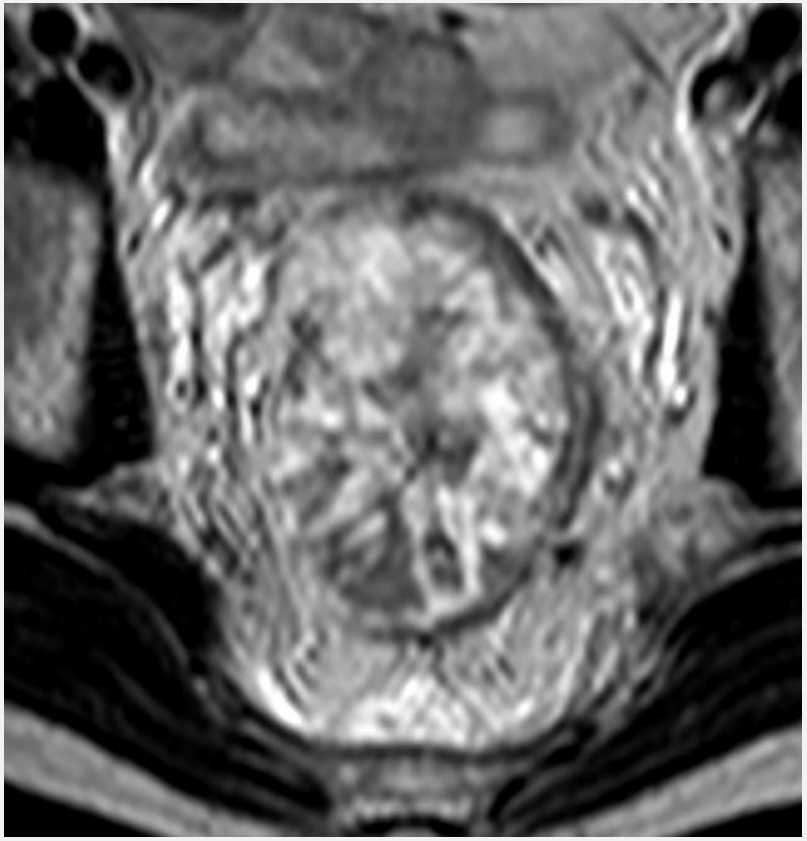
Cas particulier type mucoïde





Cas particulier type mucoïde





Aucune modification post chimio-RXTH

Résumé cancer du rectum post R/

DIS
T
A
N
C
E

Absence de tumeur à l'IRM $\neq$ T0

Overstaging lié aux réactions fibro-desmoplastiques

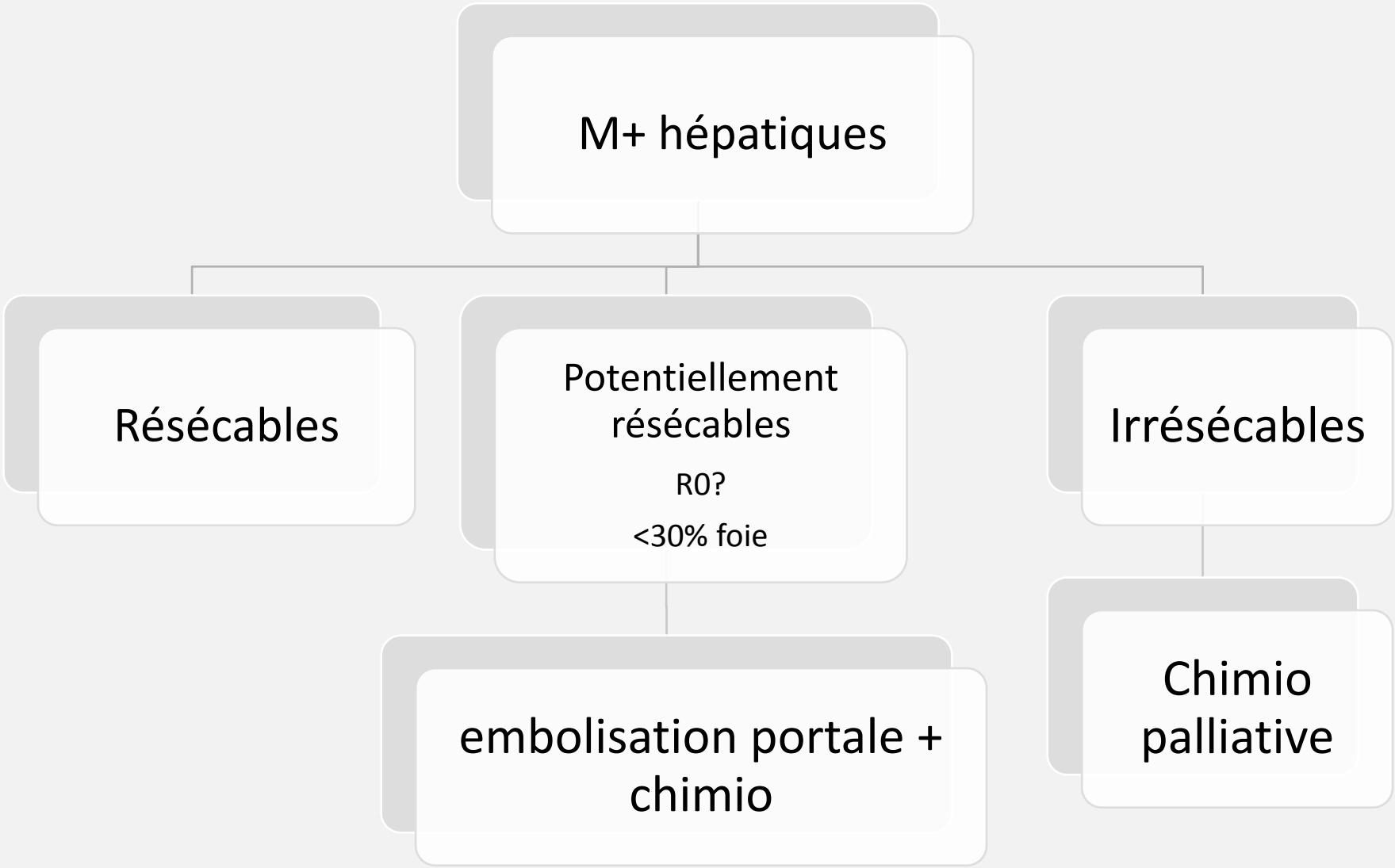
! Cas du bas rectum et appareil sphinctérien

À distance

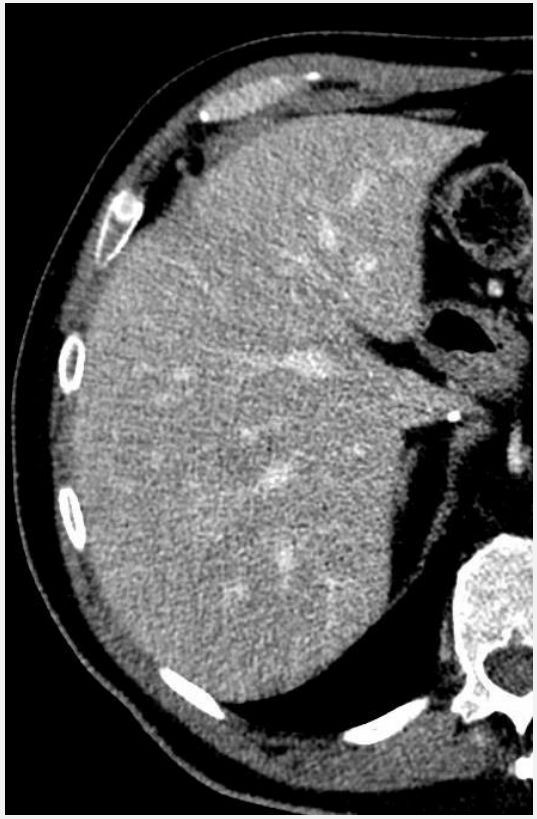
Métastases hépatiques

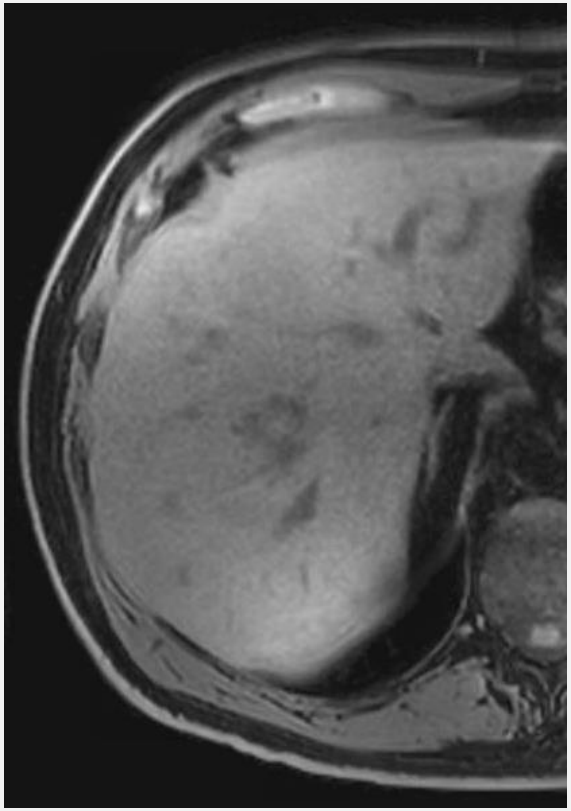
Métastases péritonéales

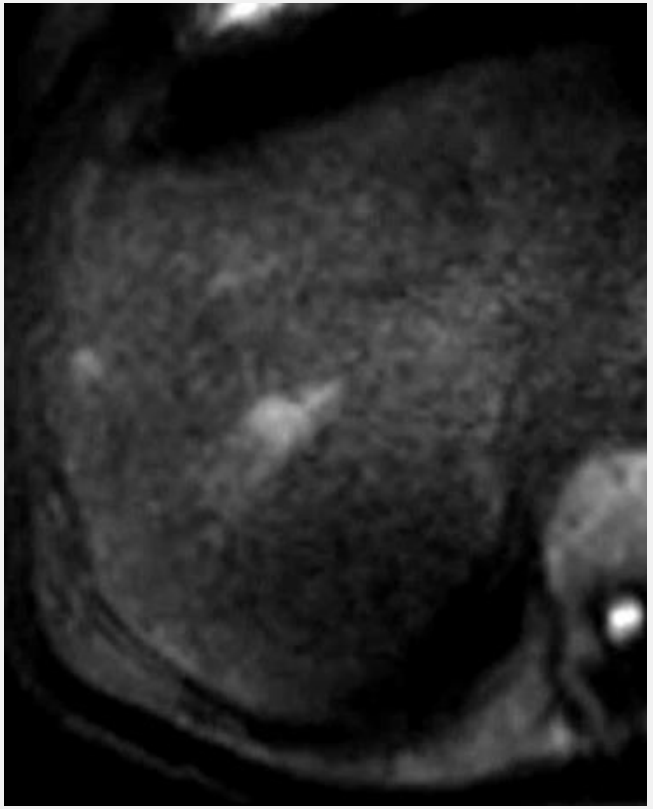
Métastases hépatiques



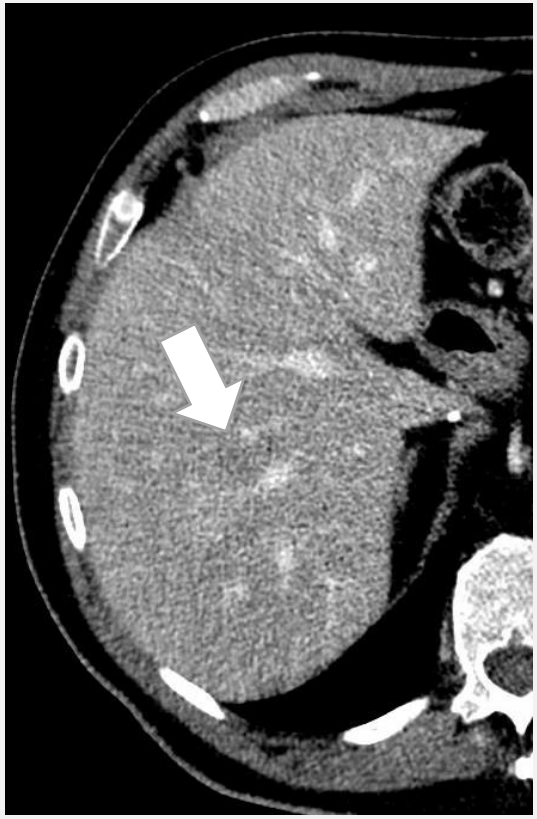
CT ou IRM?

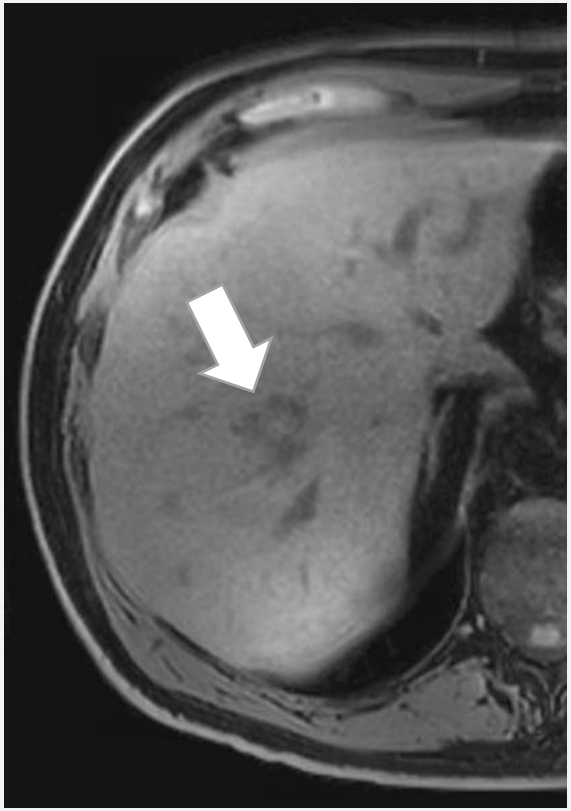


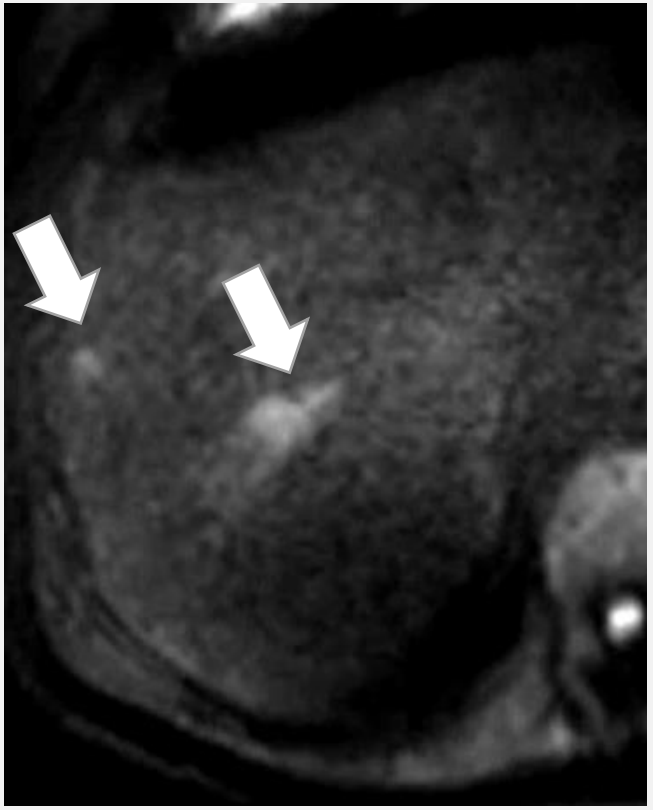




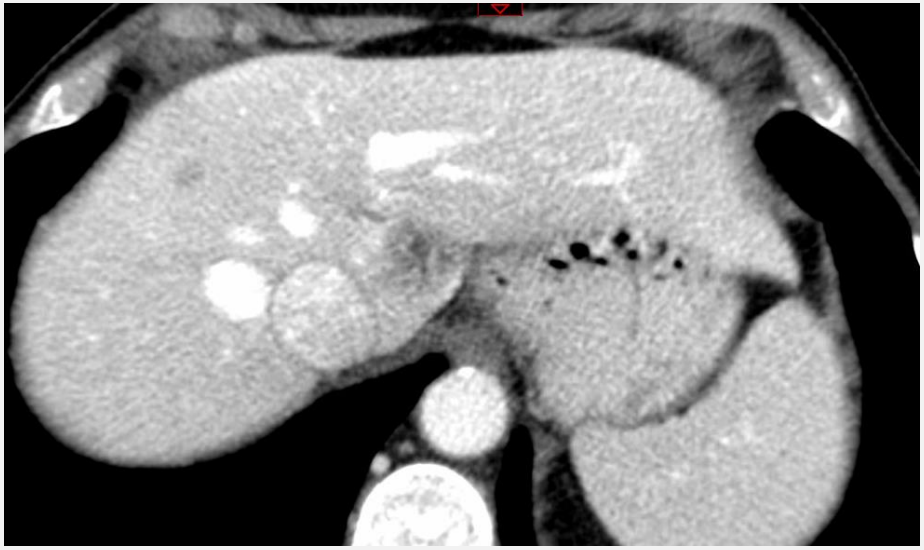
IRM > CT dans la détection des lésions

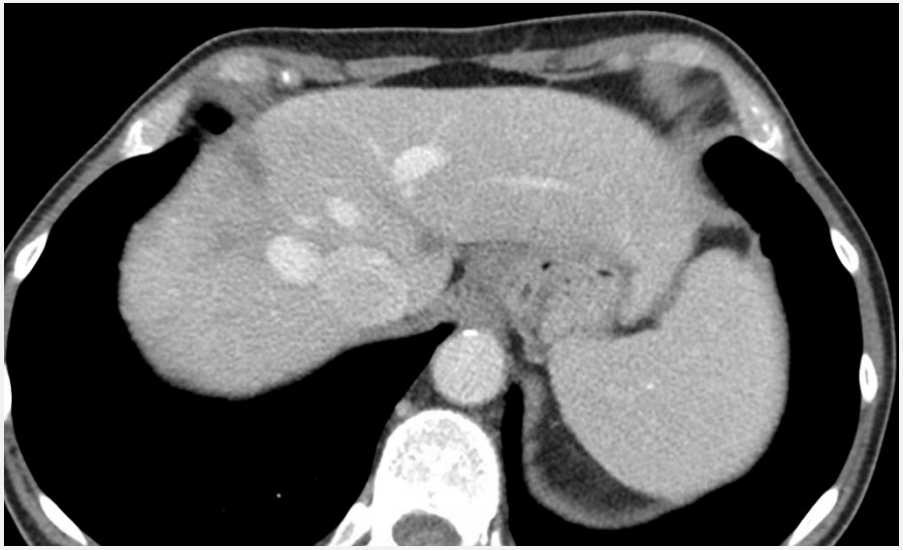




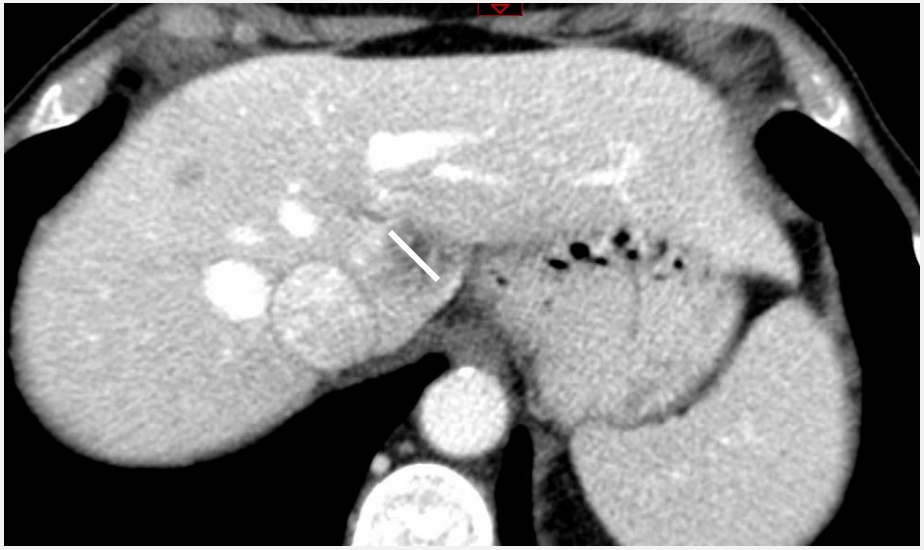


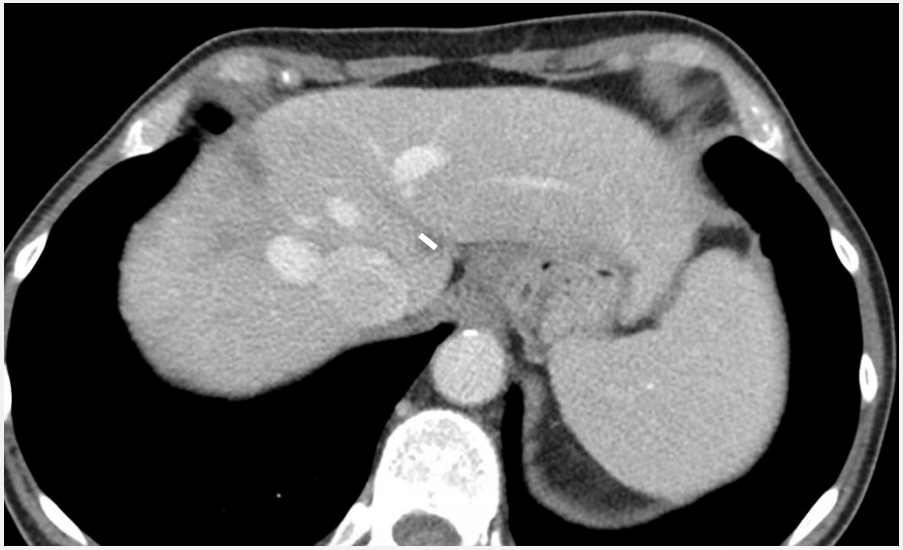
Evaluation de la réponse thérapeutique





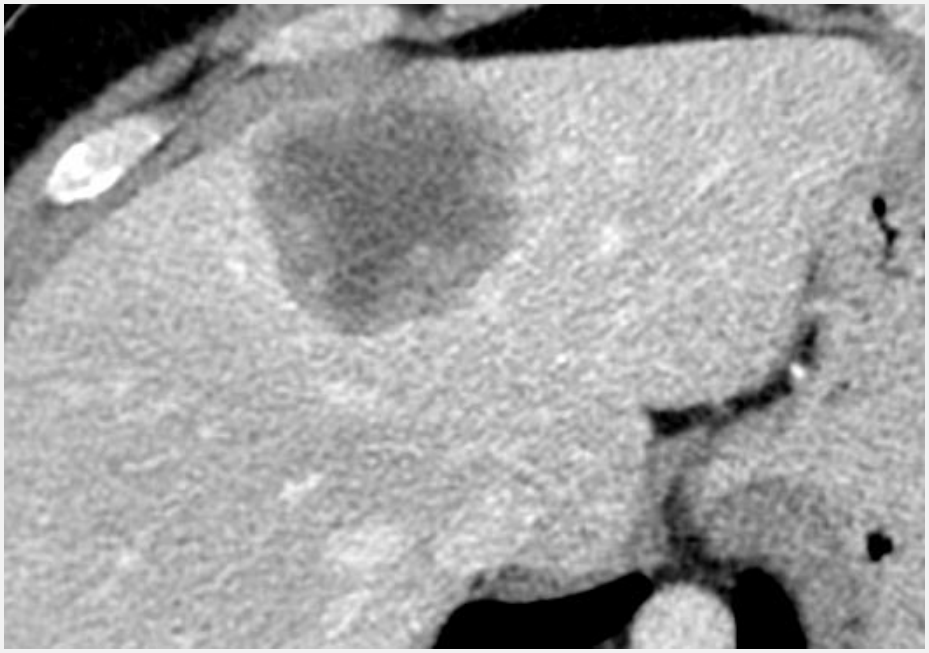
Evaluation de la réponse thérapeutique

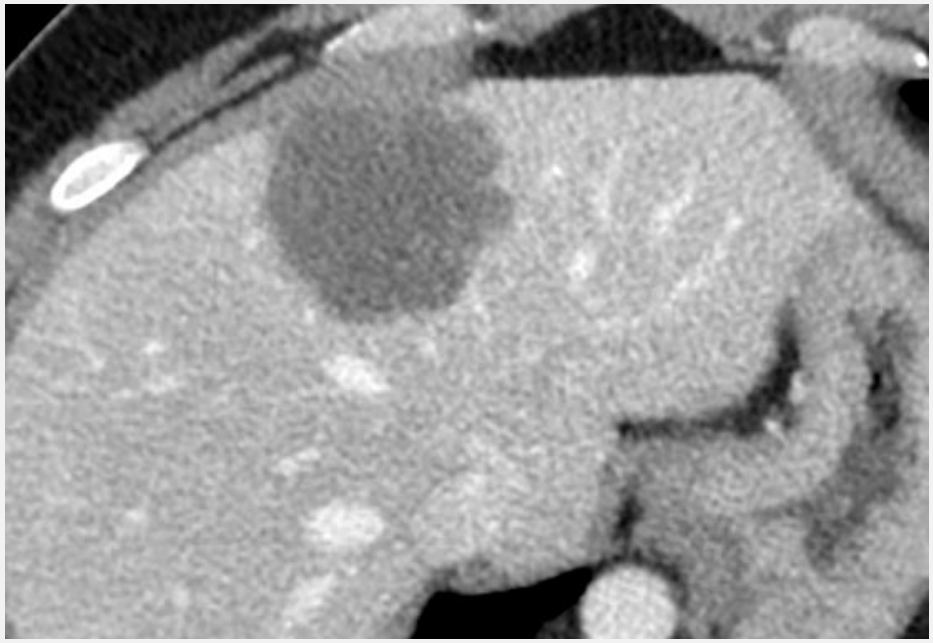




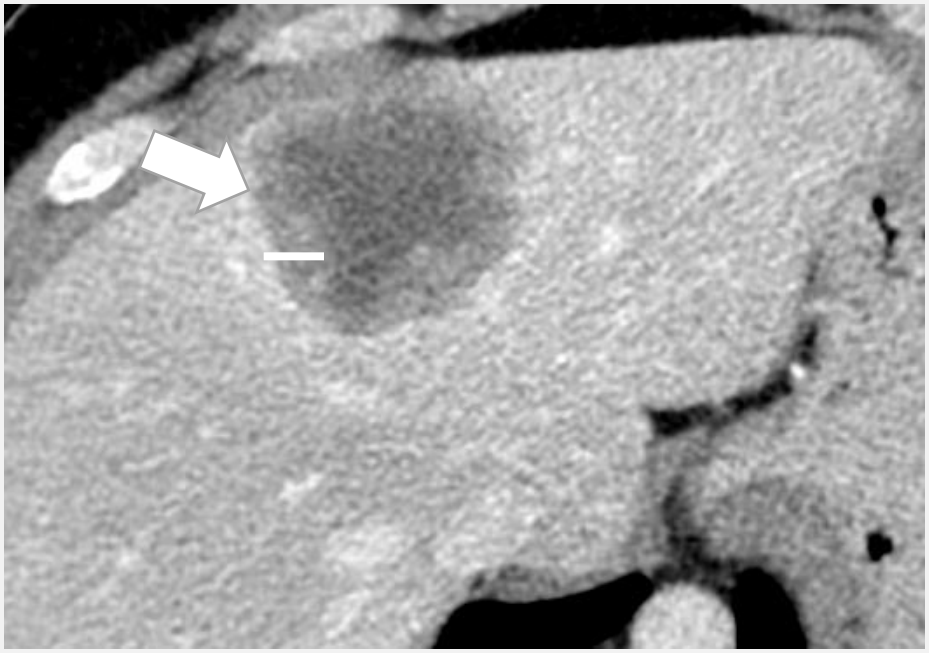
Régression des dimensions de la lésion

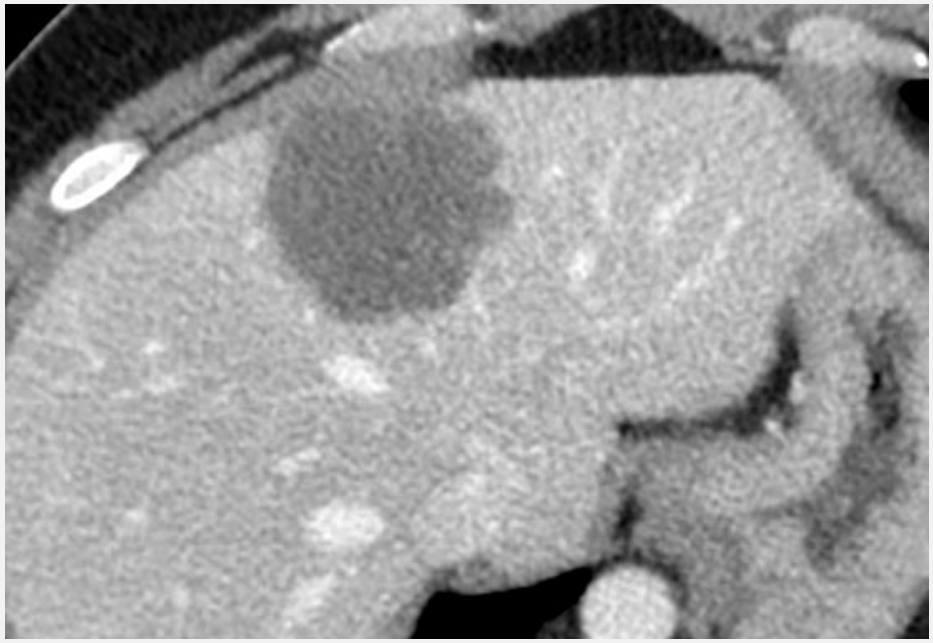
Evaluation de la réponse thérapeutique



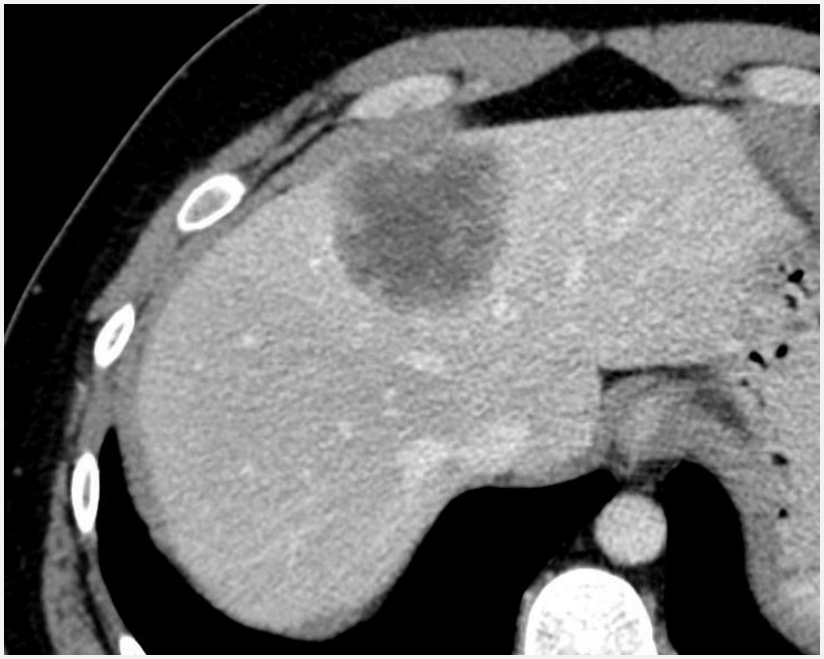


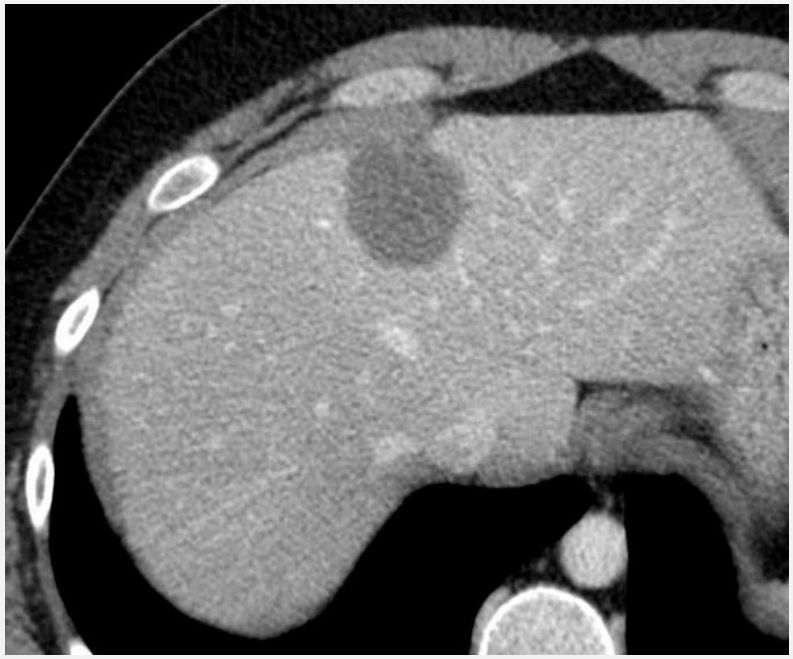
Evaluation de la réponse thérapeutique





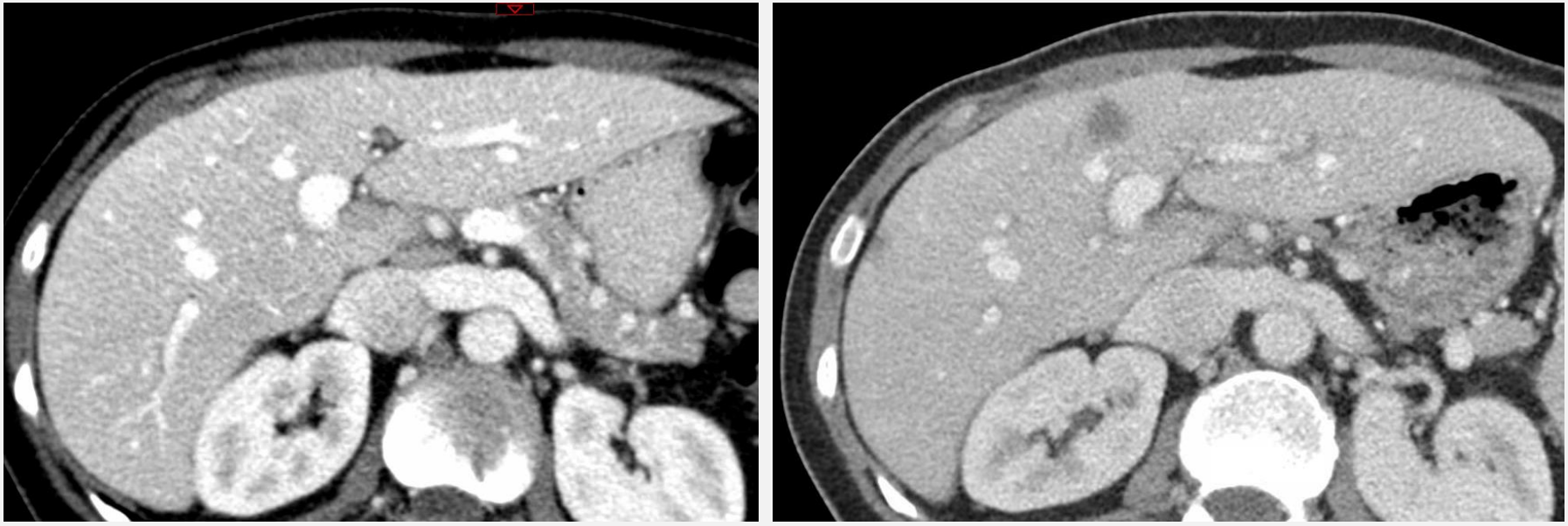
Evaluation de la réponse thérapeutique



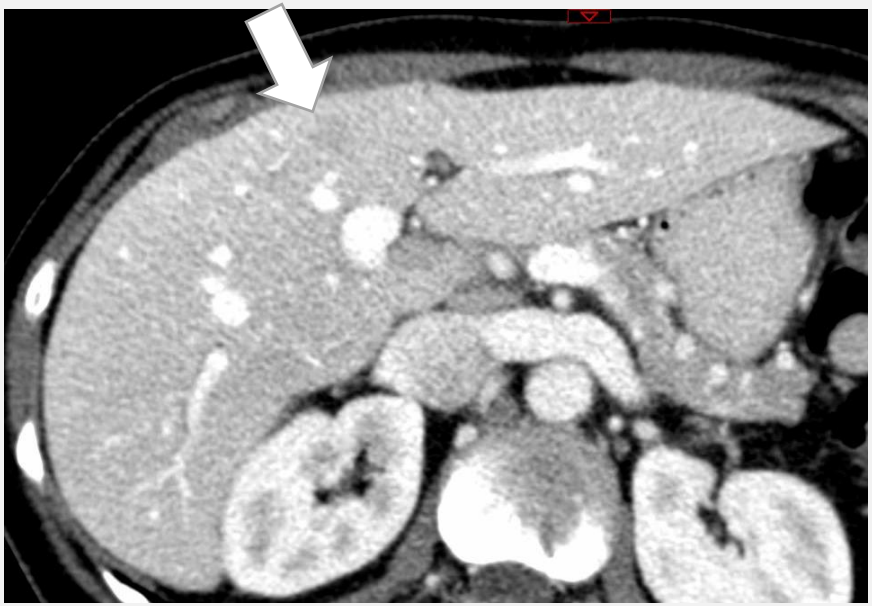


Régression de la portion charnue = réponse

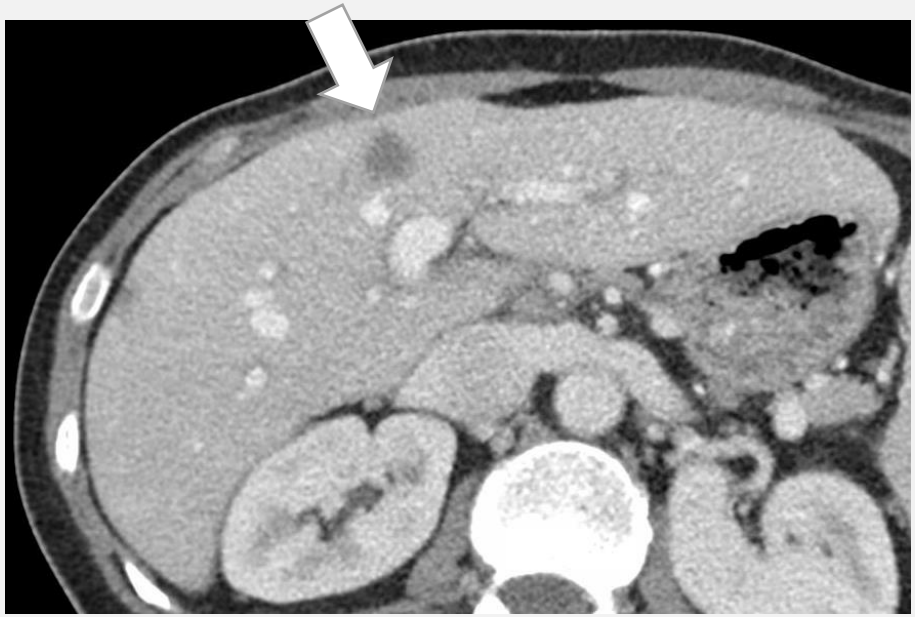
Evaluation de la réponse thérapeutique



Evaluation de la réponse thérapeutique

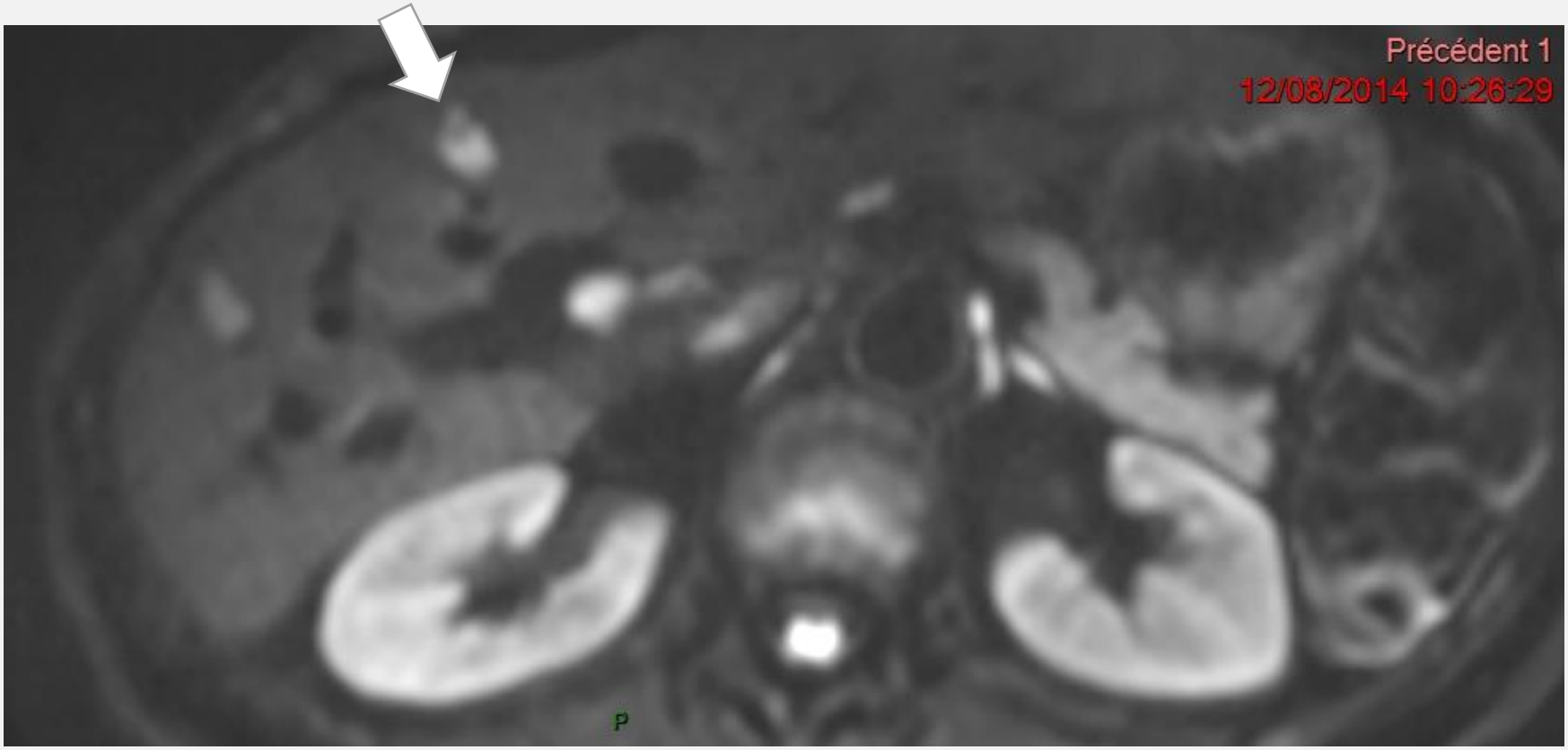


07/08/2014

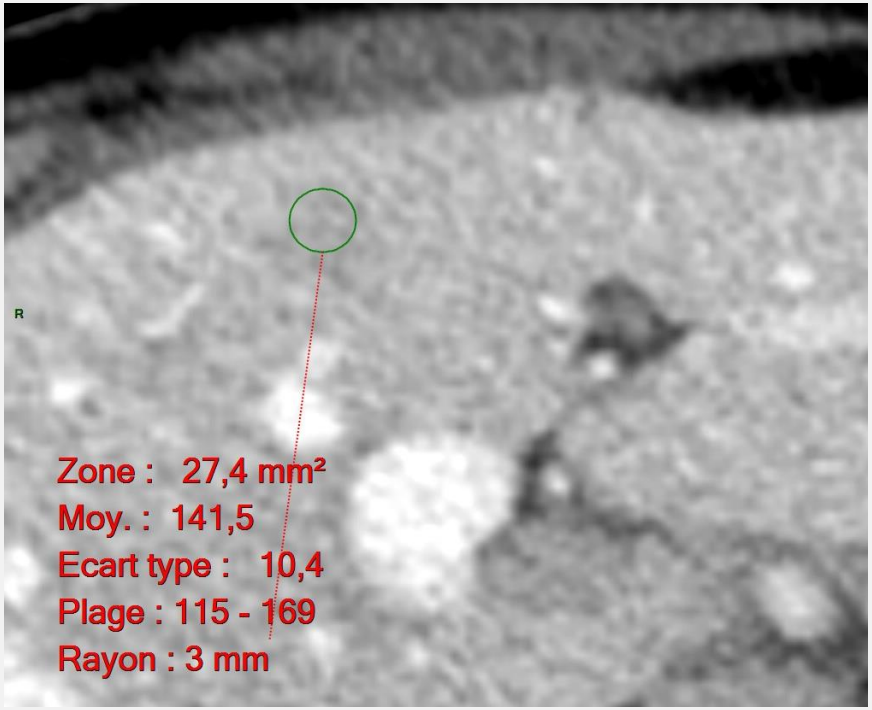


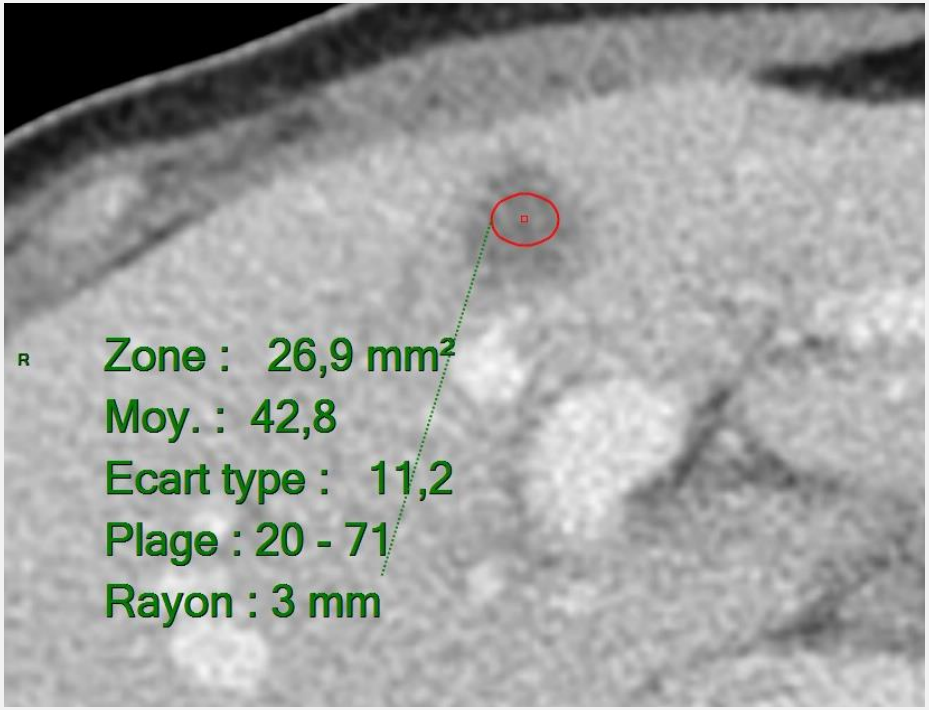
05/12/2014

Intérêt des autres modalités



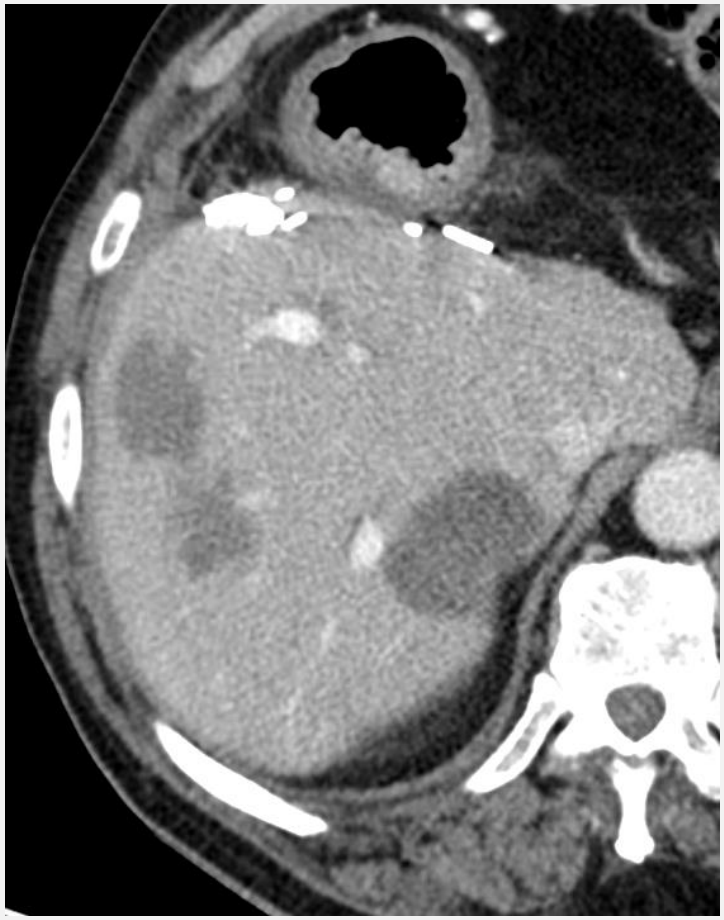
Evaluation de la réponse thérapeutique

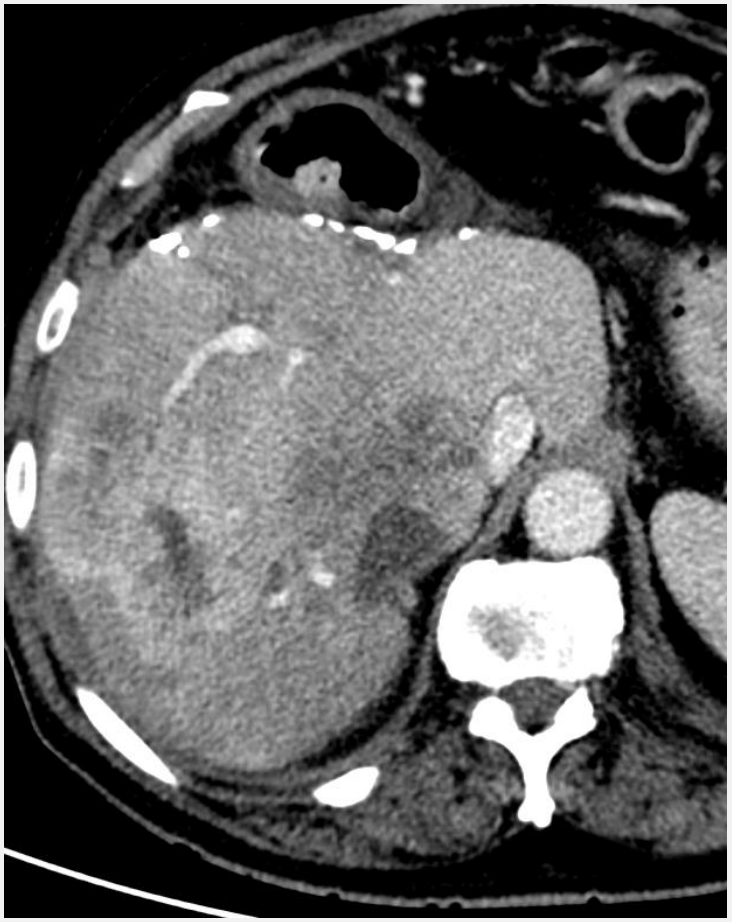




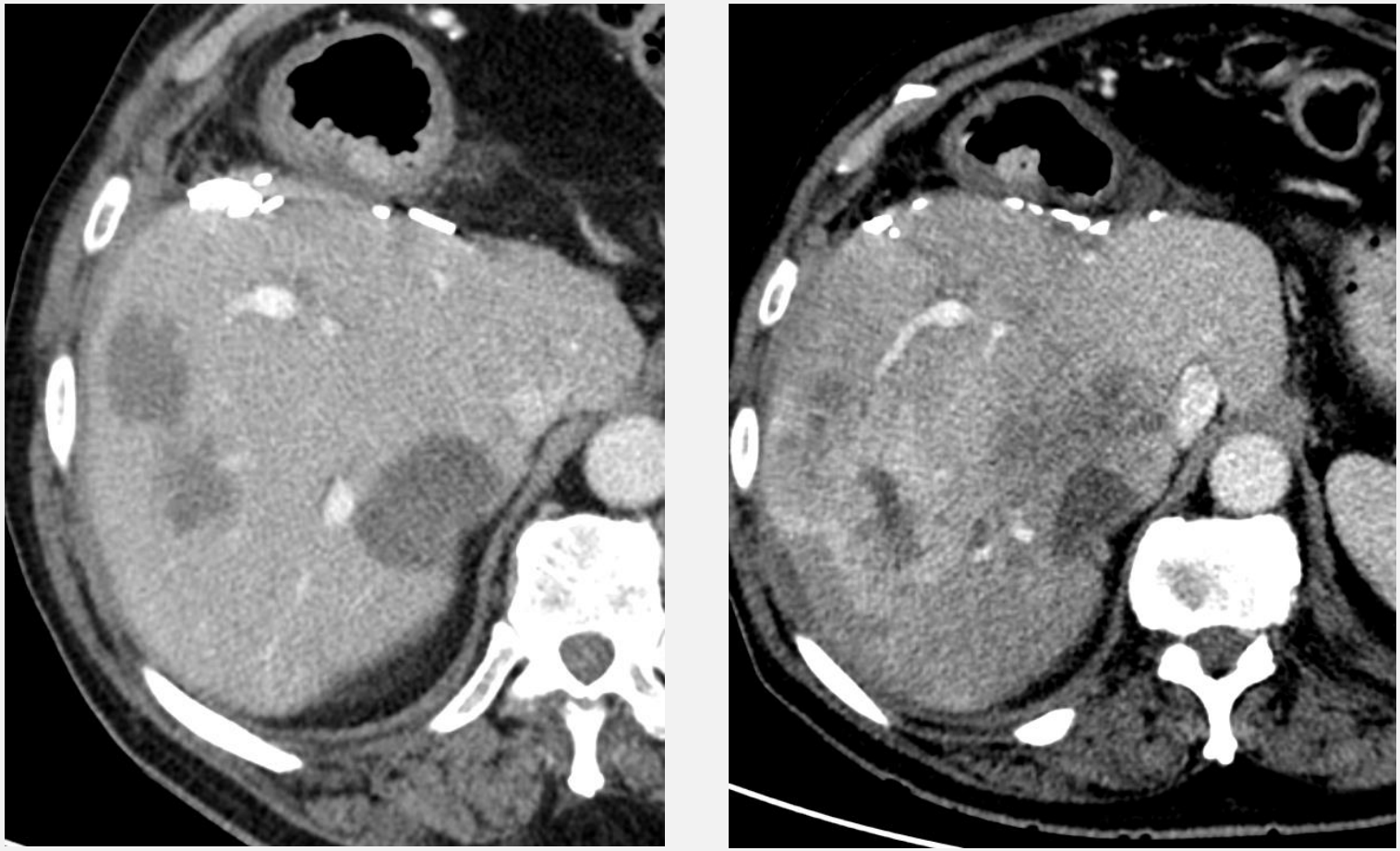
Meilleure délimitation de la lésion / pseudo-apparition = réponse

Evaluation réponse thérapeutique





Evaluation réponse thérapeutique



Ré-apparition de tissu charnu = progression

Résumé évaluation réponse tumorale

- **Critères RECIST 1.1**

À réaliser dans le cadre d'études cliniques

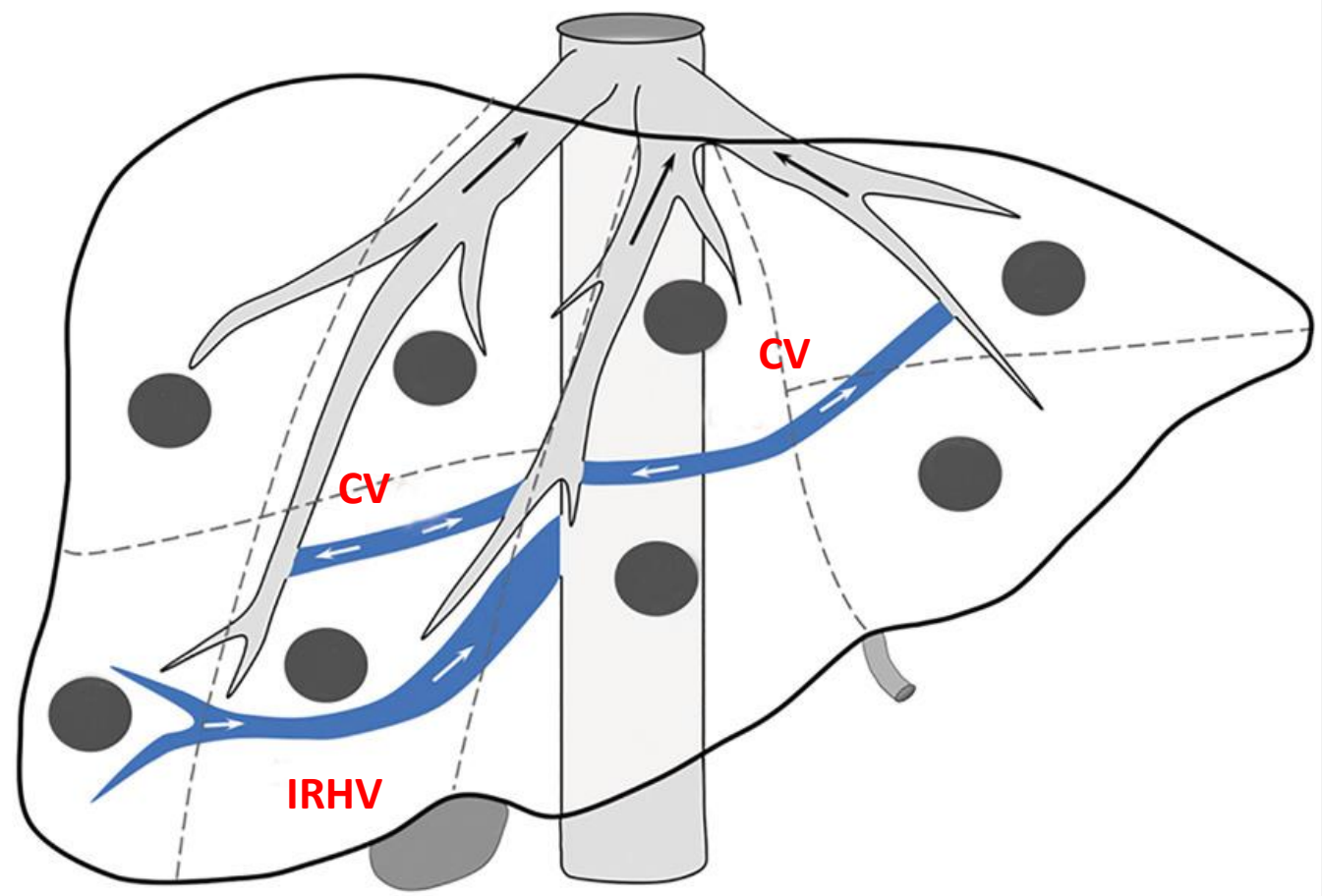
- **Critères de Chun**

Réponse = interface nette, régression portion charnue

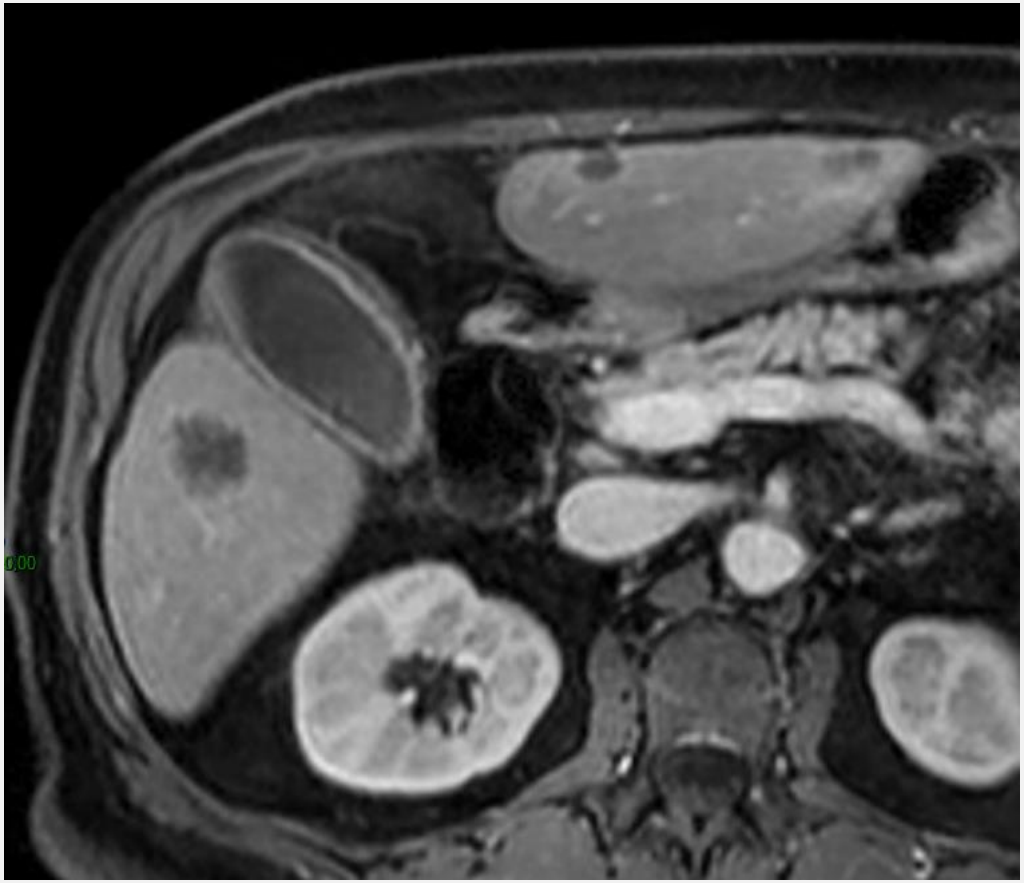
- **Critères de Choi**

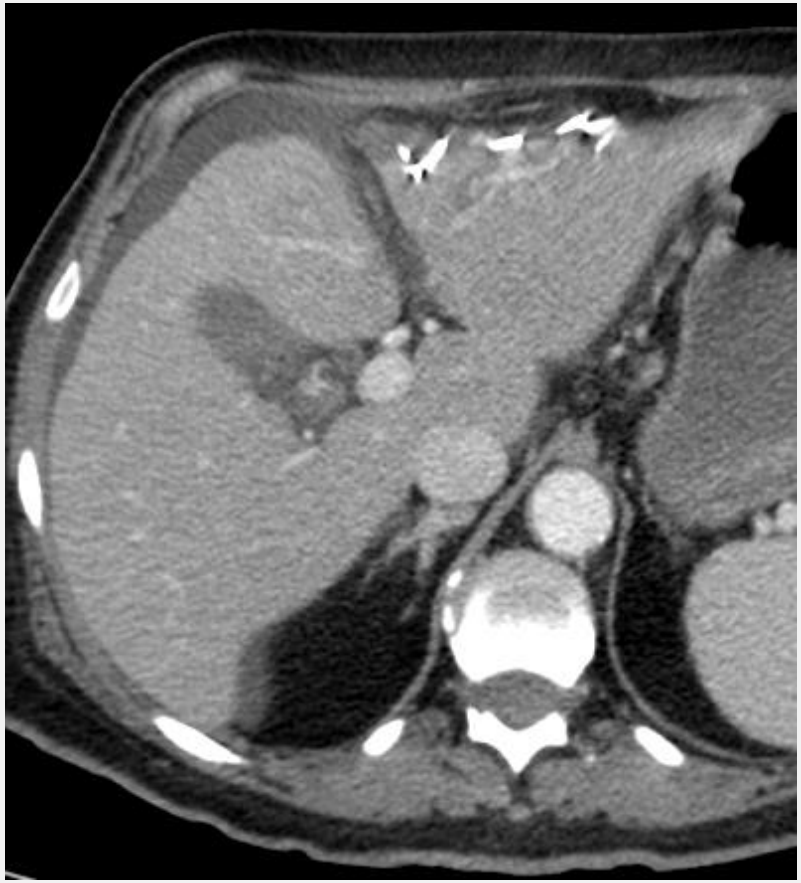
Réponse = Diminution densité >15% ou taille >10%
Progression = prise de contraste nodulaire

Planning chirurgical

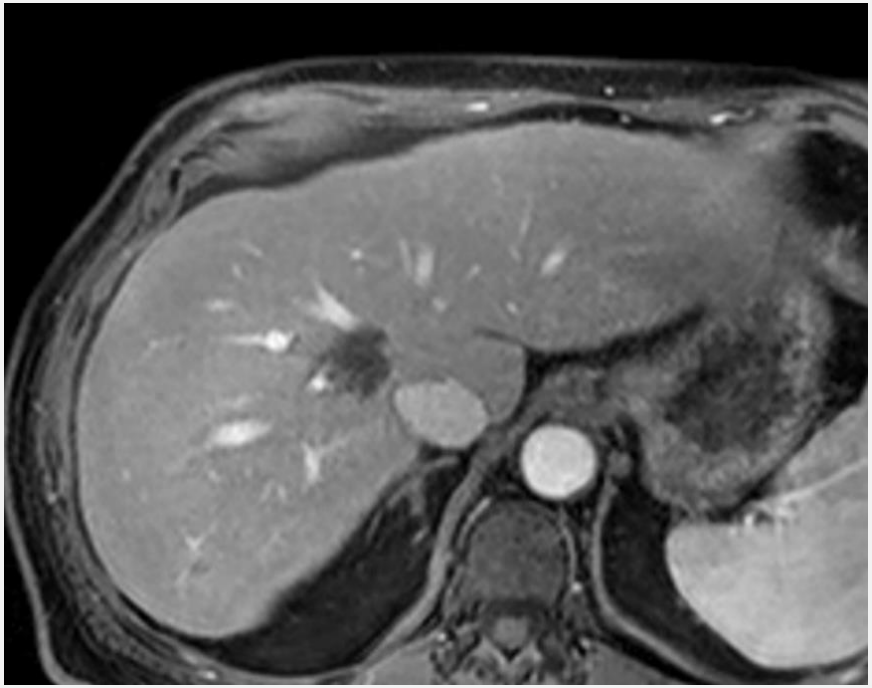


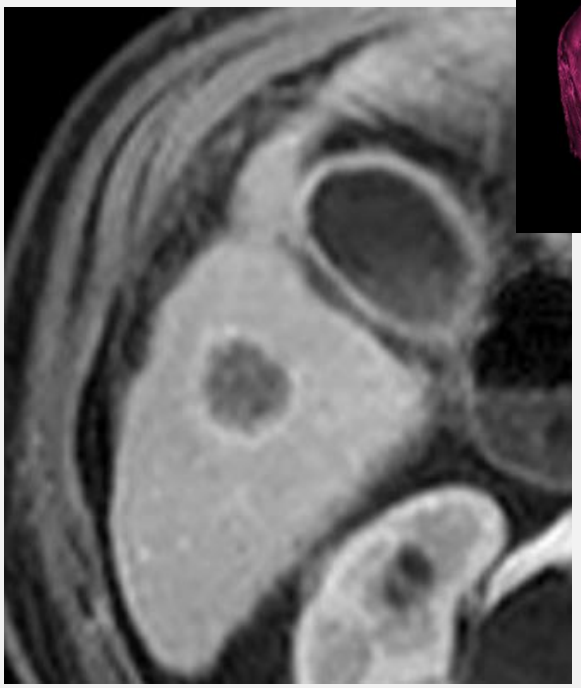
Planning chirurgical – lésions sous capsulaires

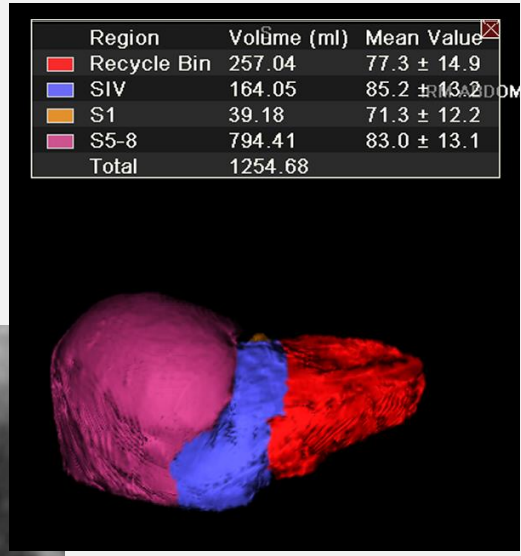




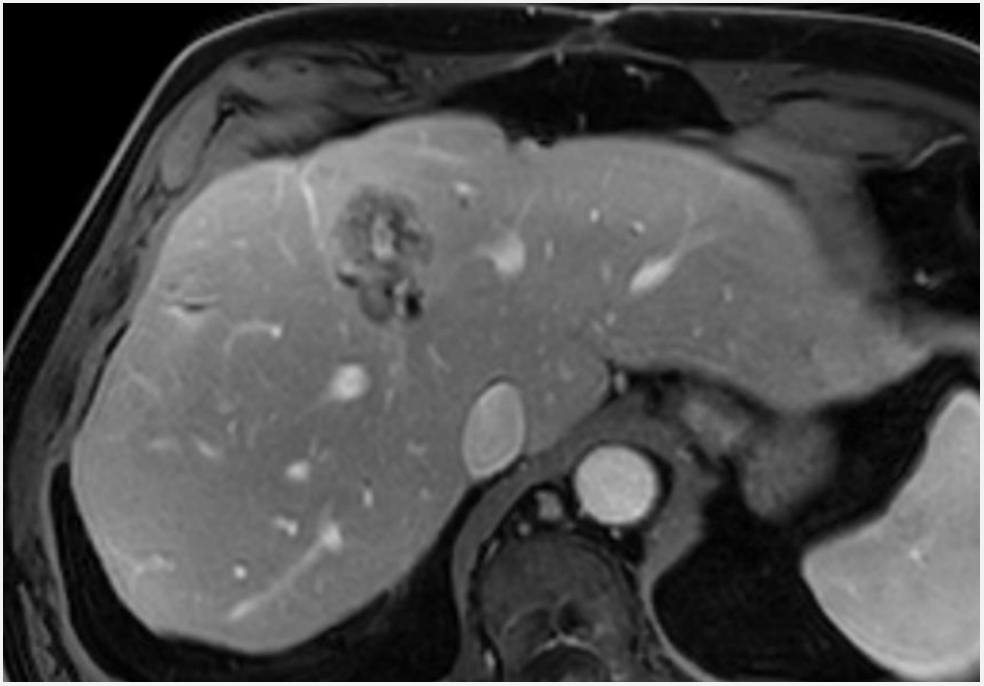
Planning chirurgical – lésions centrales

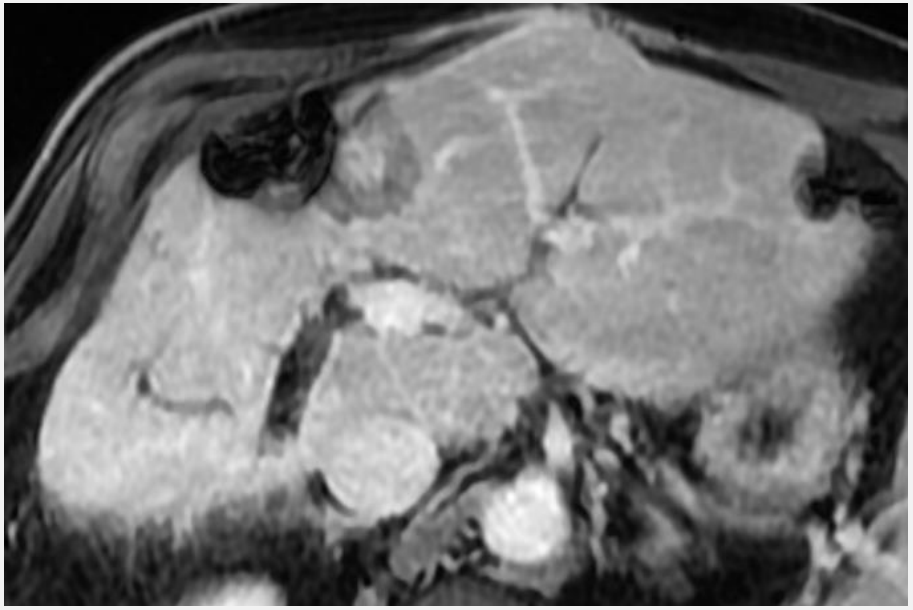




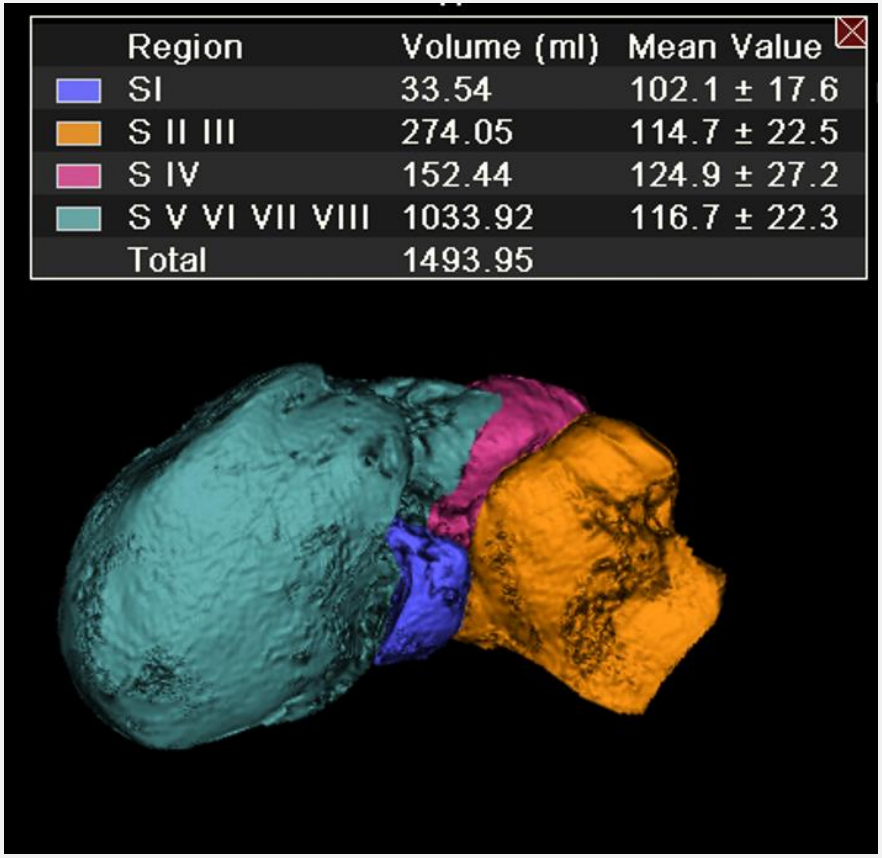


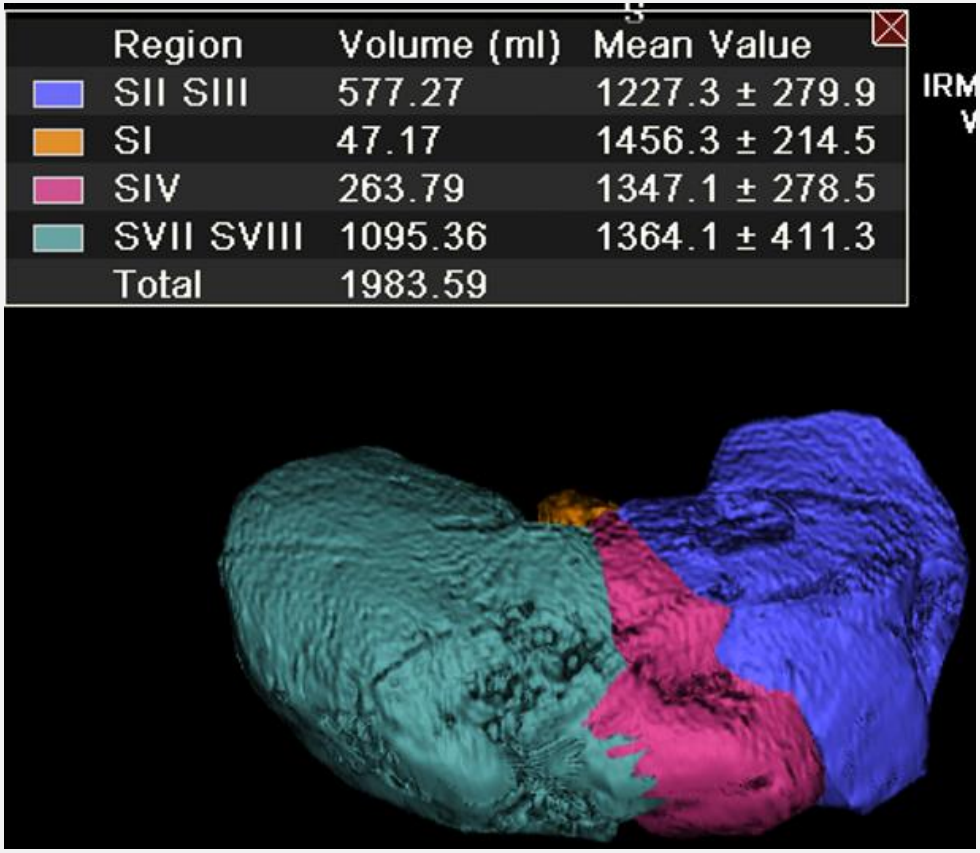
Planning chirurgical – embolisation portale



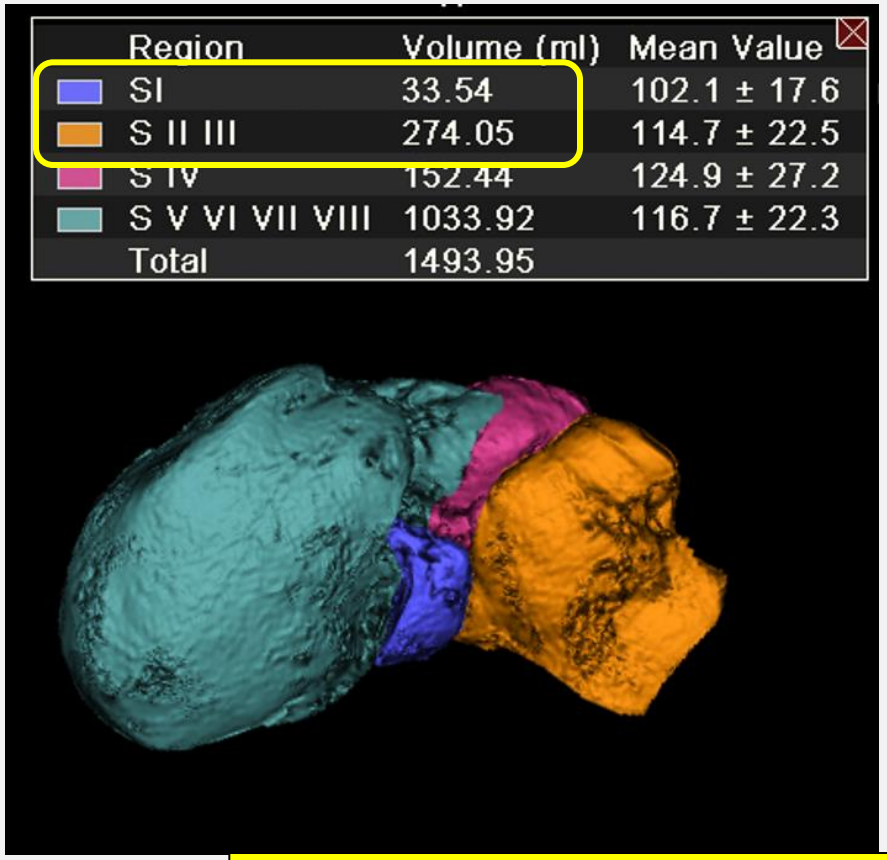


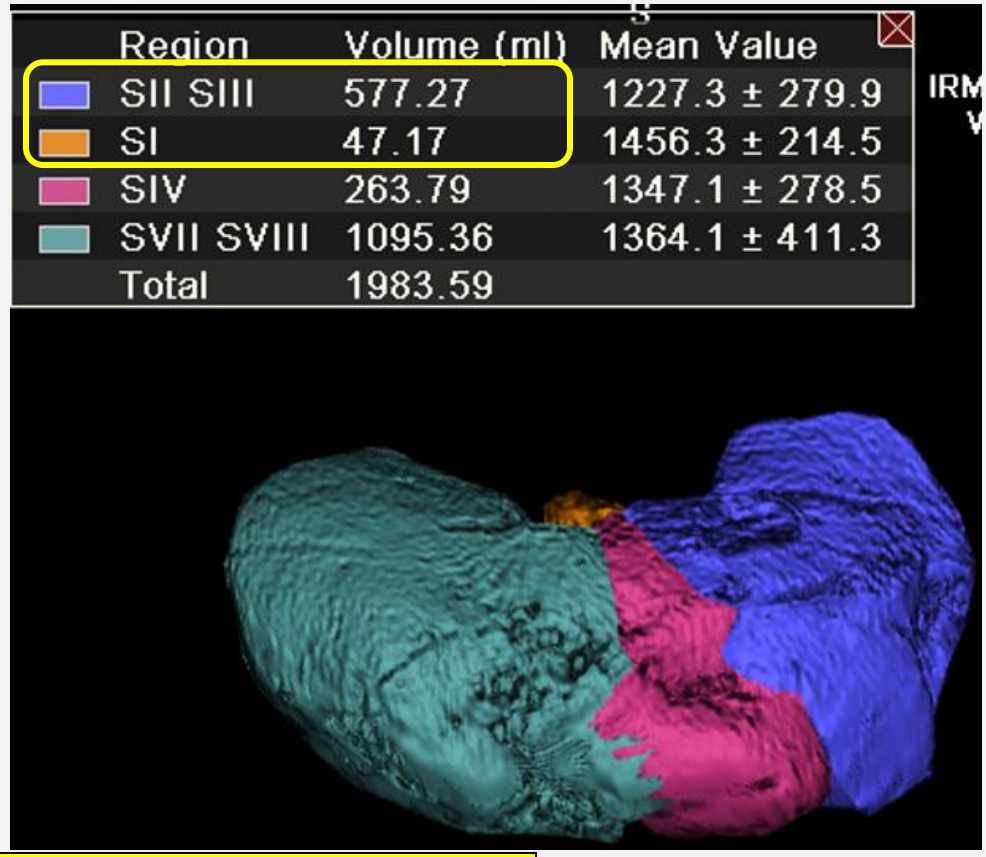
Planning chirurgical – contrôle post embolisation portale



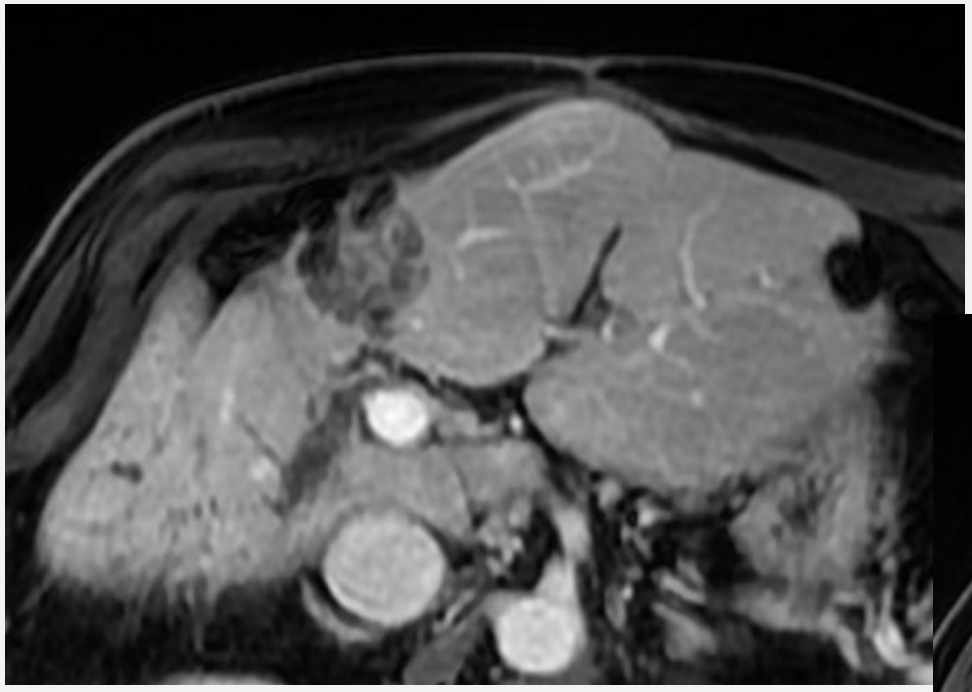


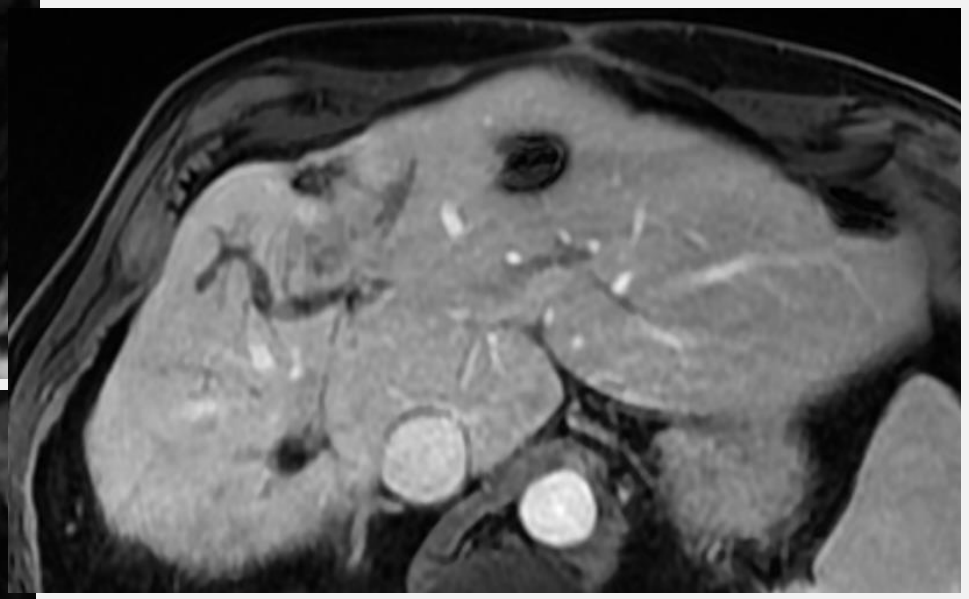
Planning chirurgical – contrôle post embolisation portale

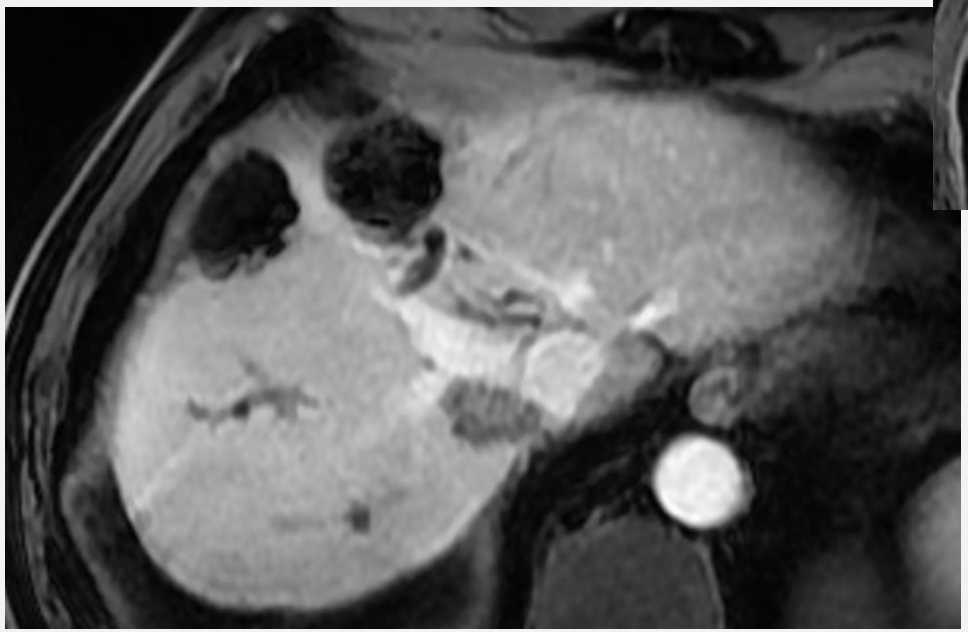




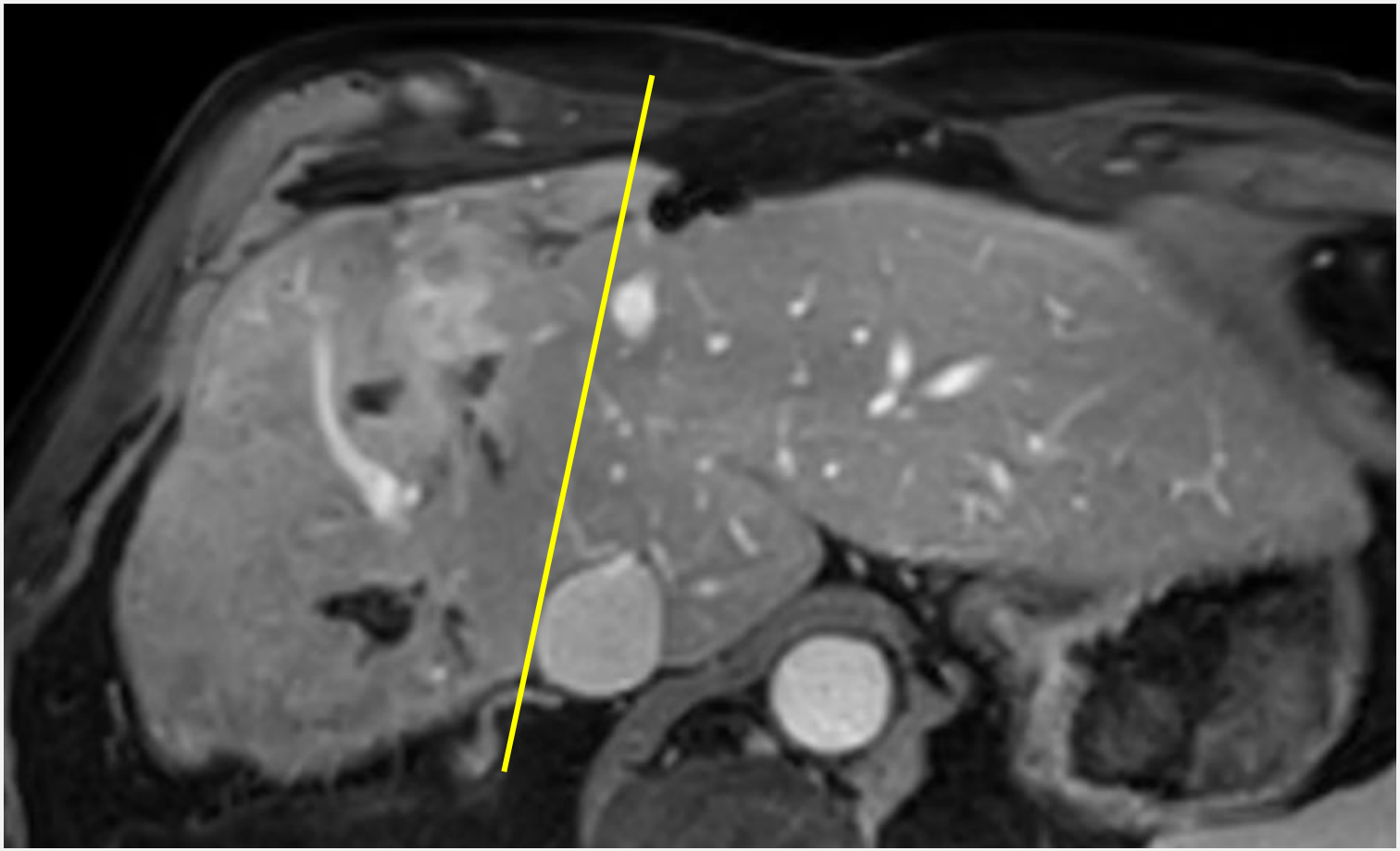
But = majoration du lobe/foie restant





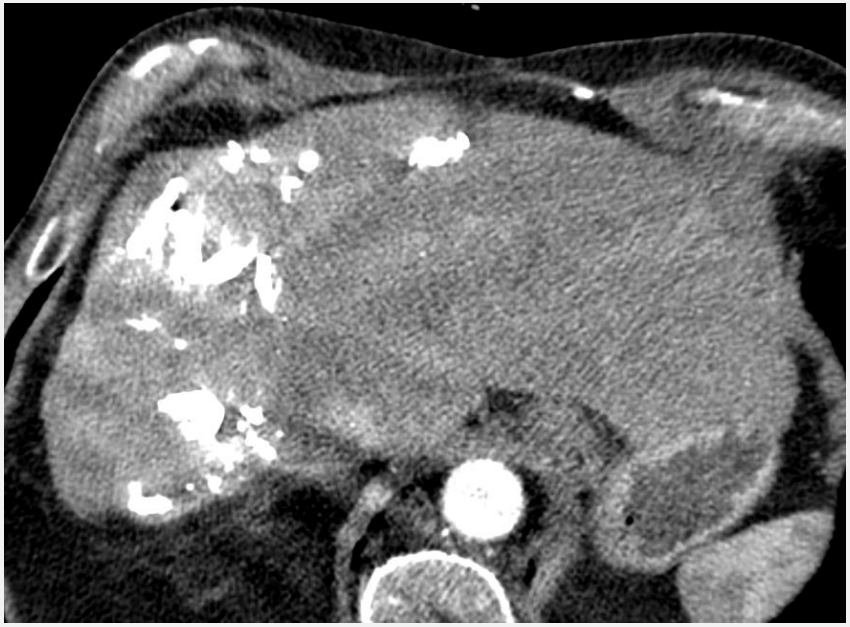


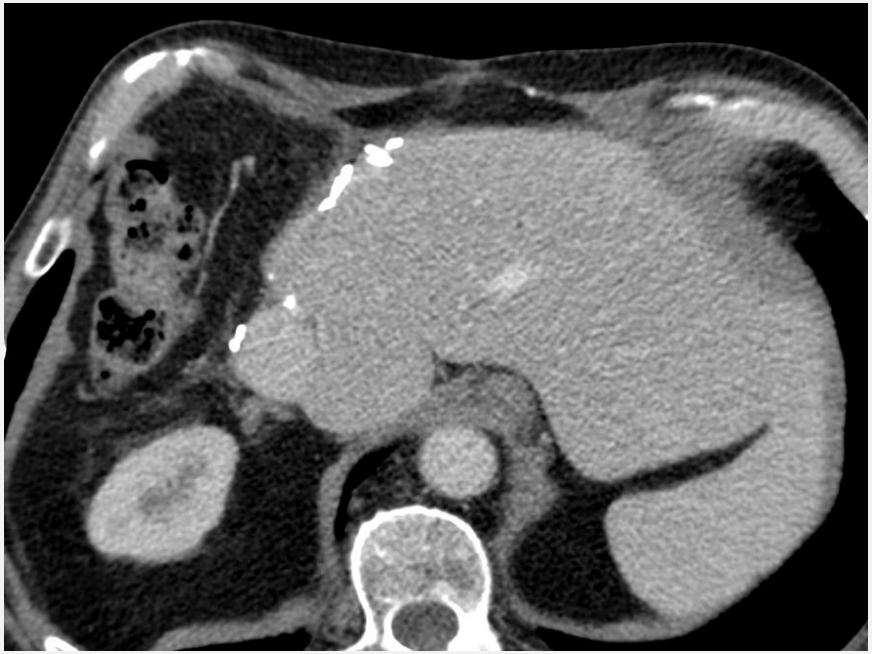
Suivi post chimio et embolisation – problème des « missing M+ »



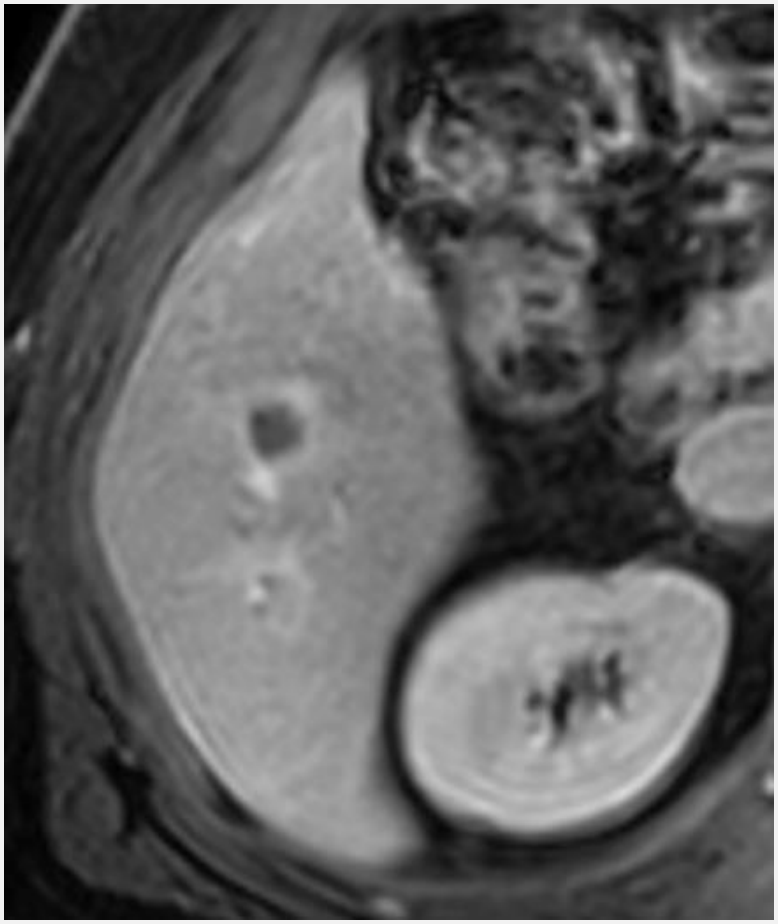
Tjs noter les lésions qui ont complètement répondu

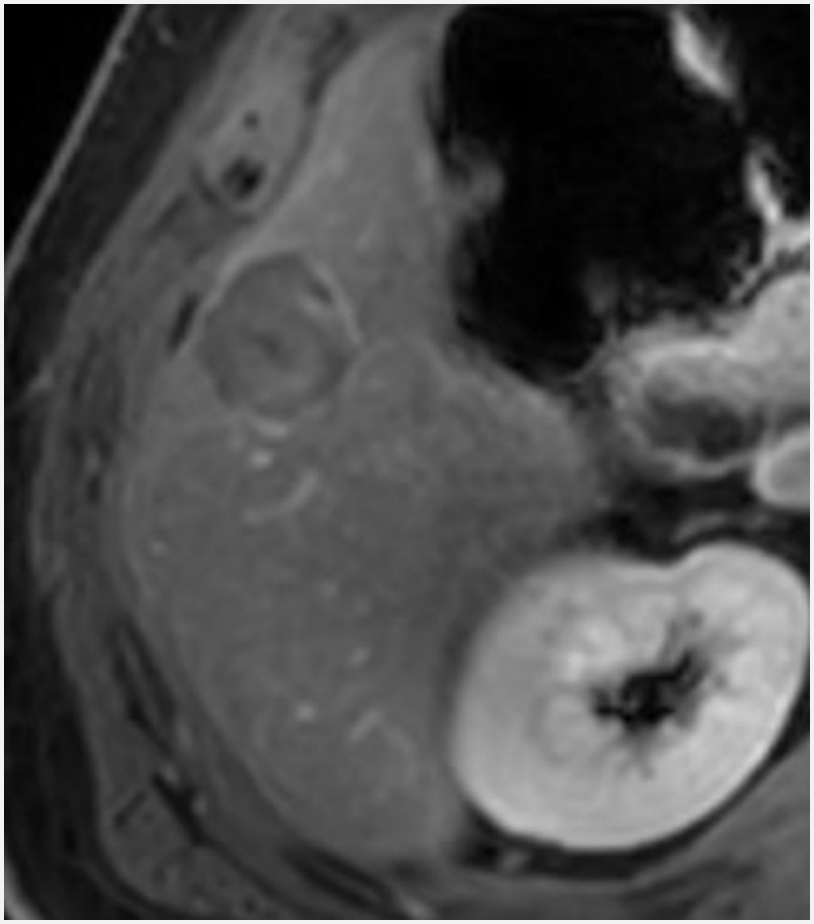
Planning chirurgical





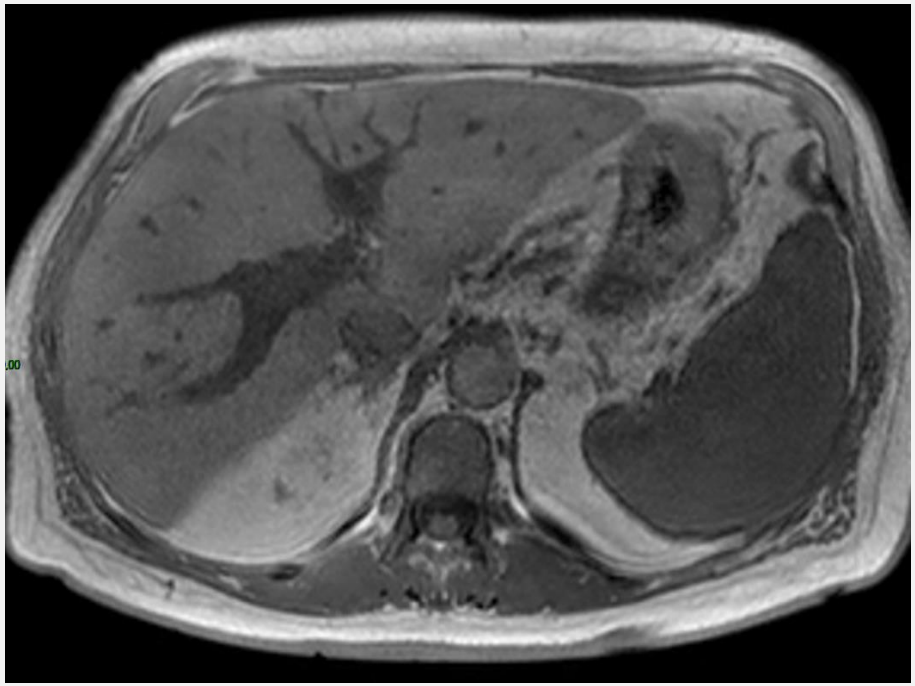
Post radiofréquence

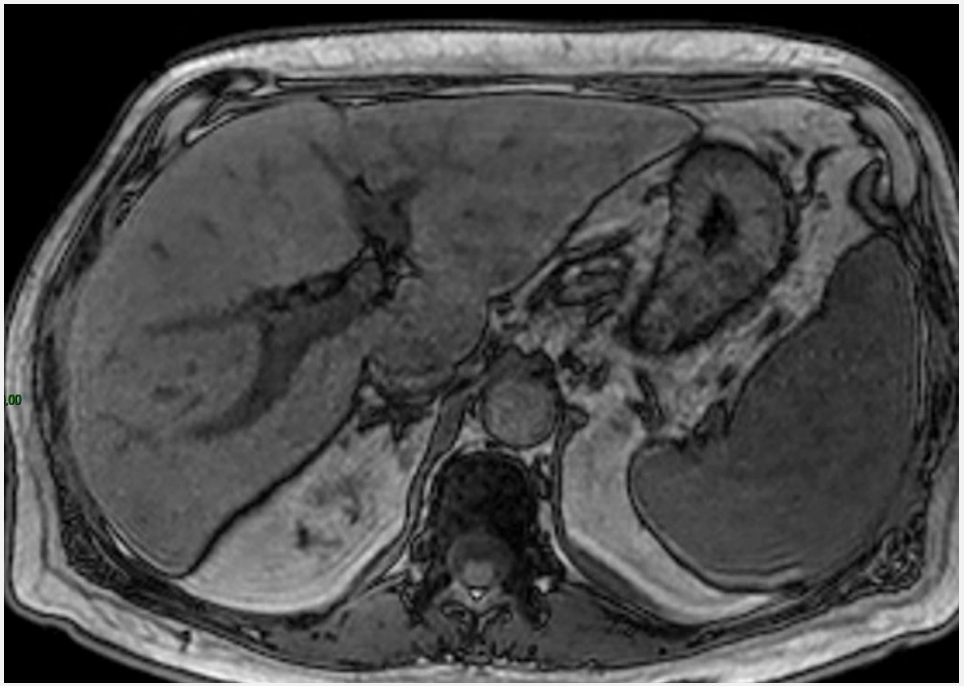




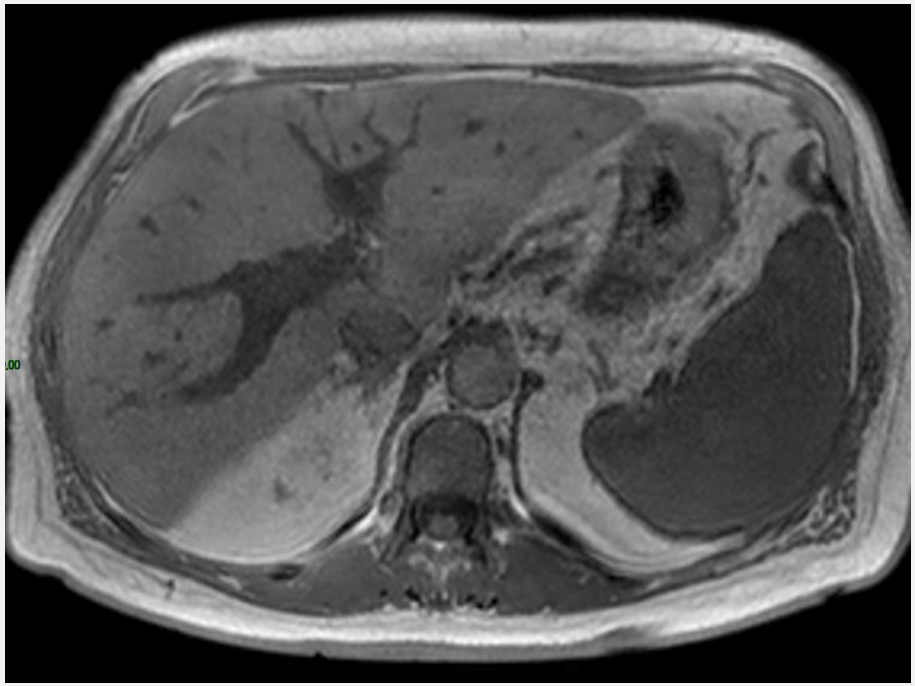
Remaniements post RFA - recherche de résidu tumoral

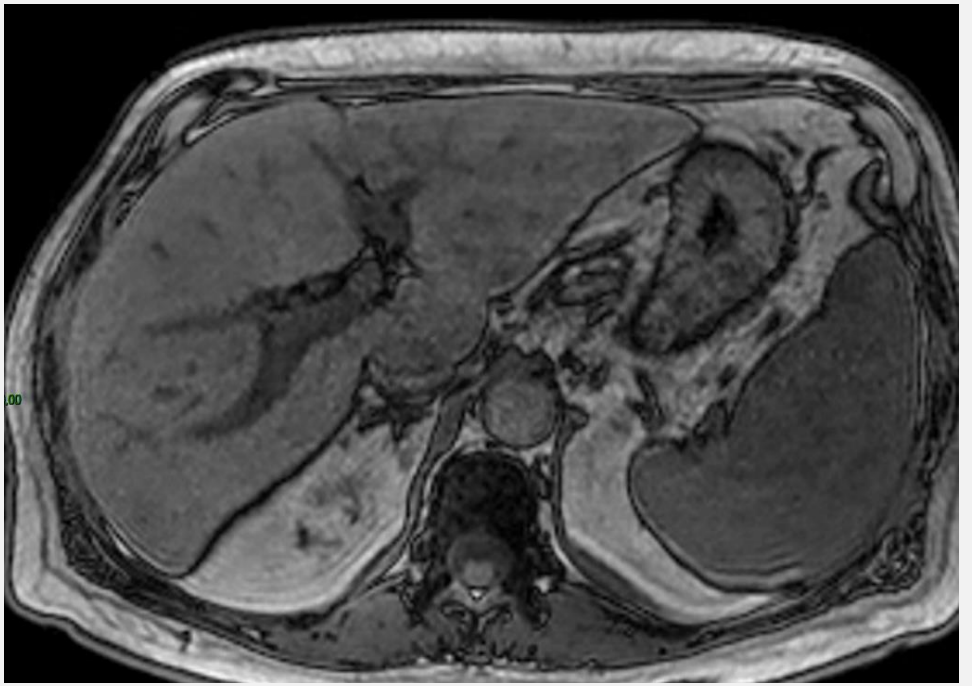
Etat du parenchyme hépatique





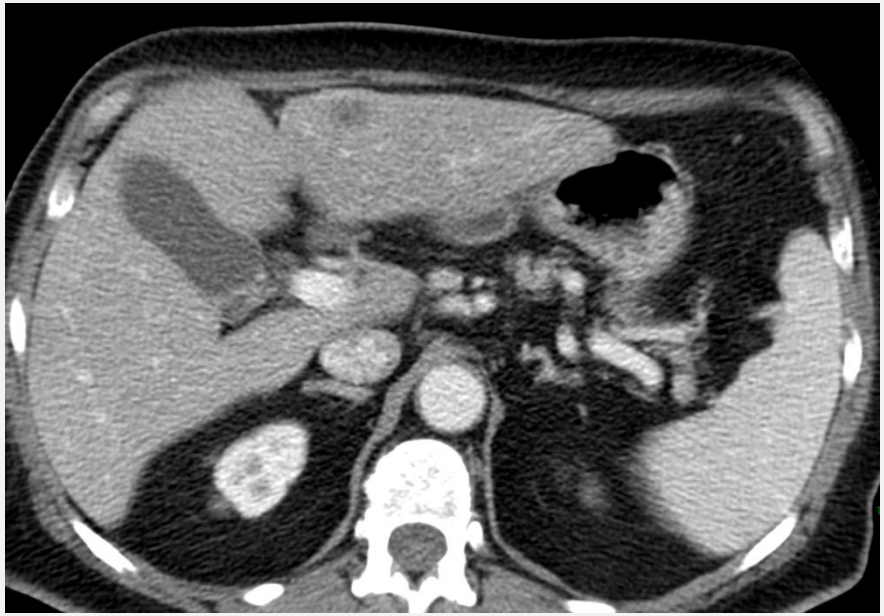
Etat du parenchyme hépatique

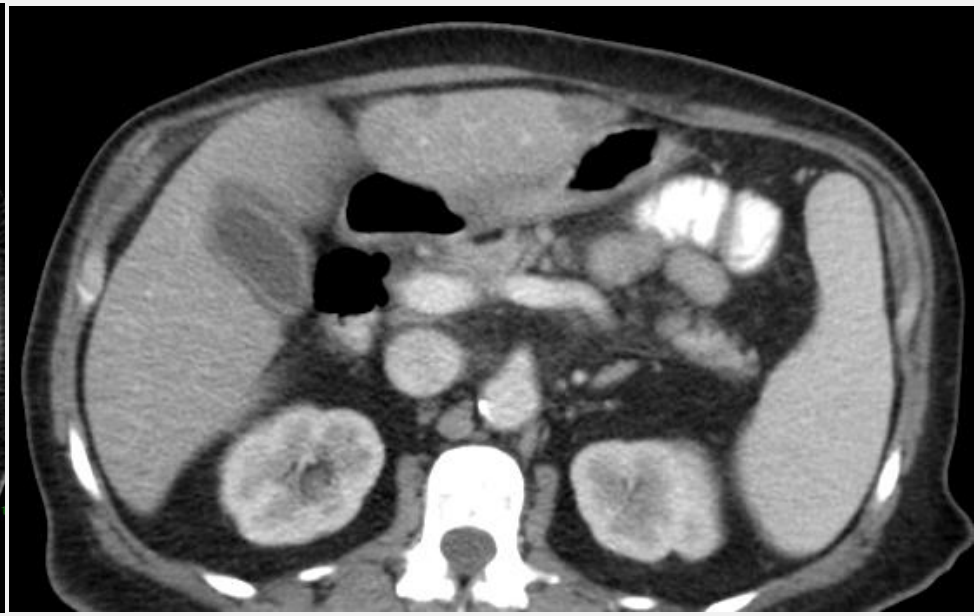




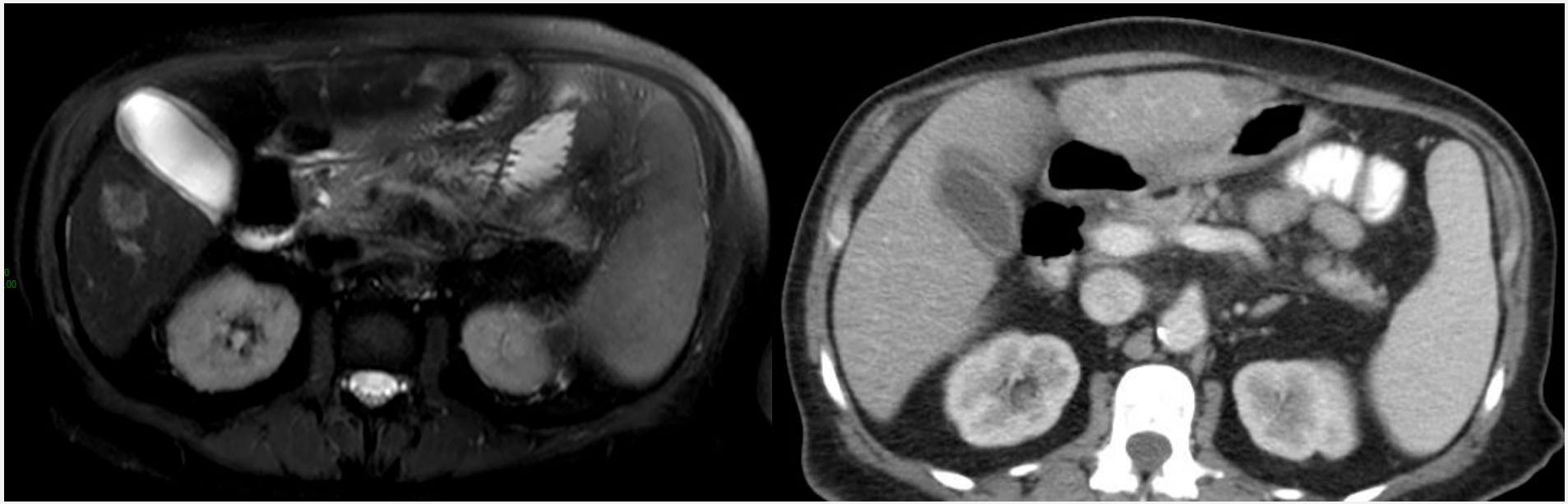
Rapporter les signes de stéatose

Etat du parenchyme hépatique

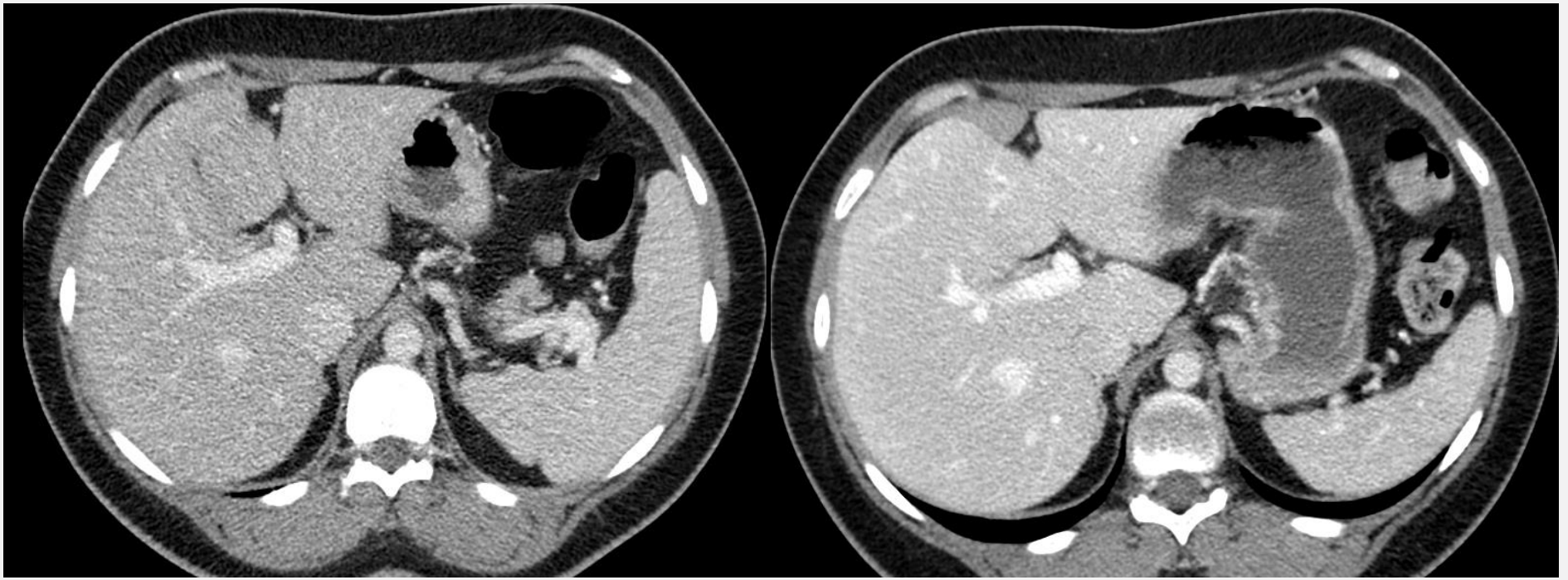




Etat du parenchyme hépatique

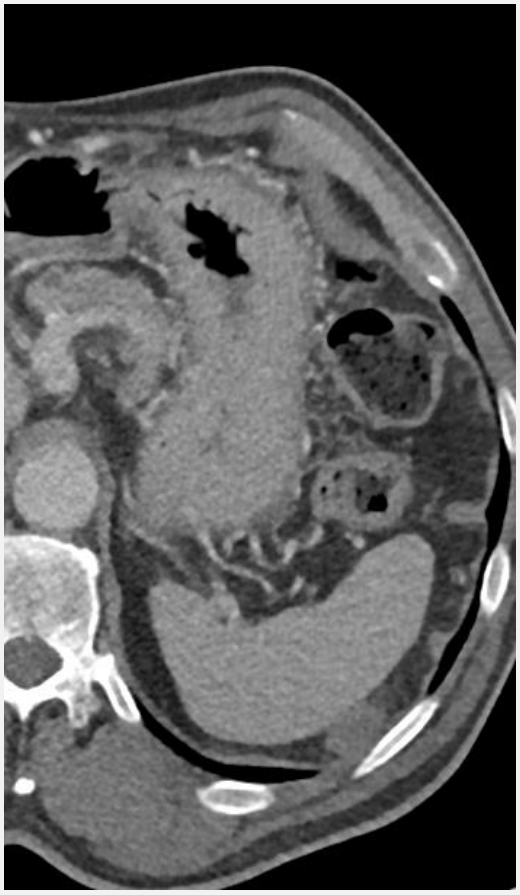


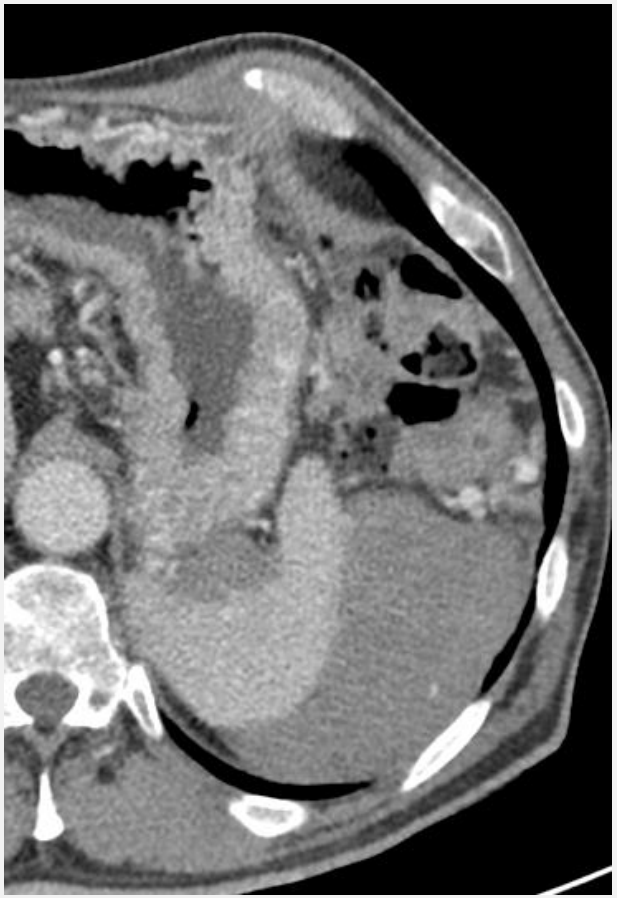
Etat du parenchyme hépatique



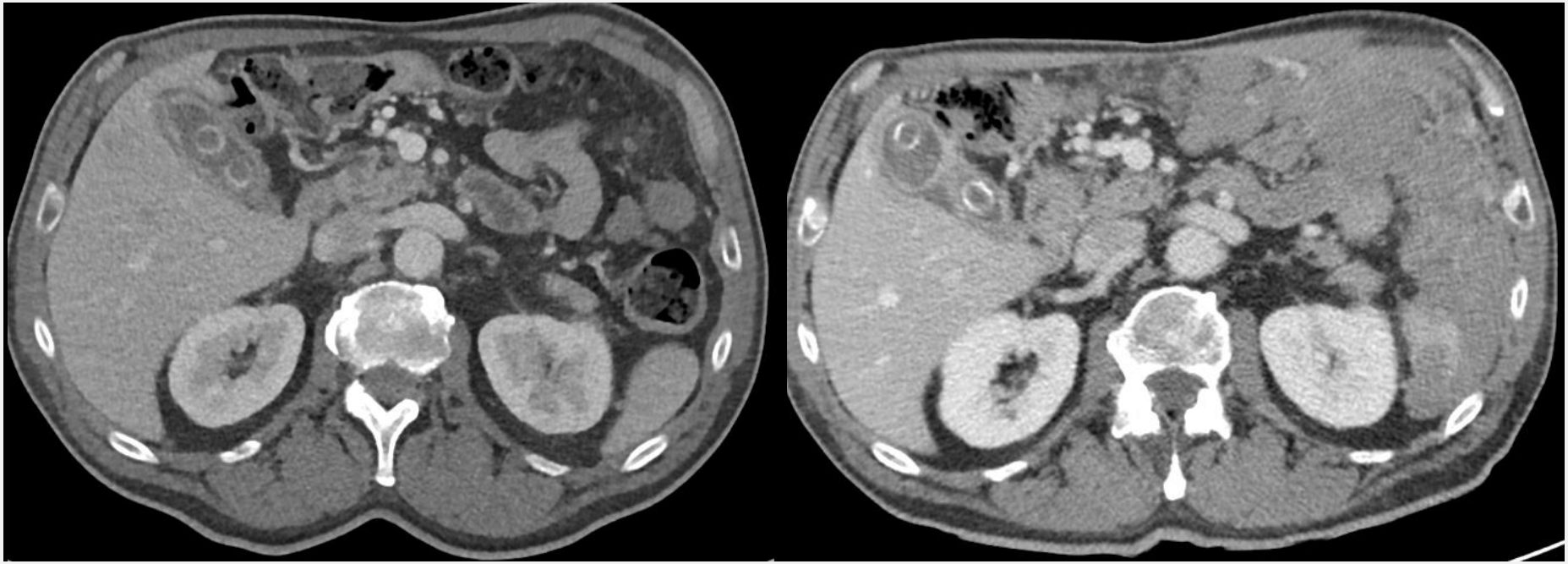
Rapporter les signes d’hypertension portale

Carcinomatose péritonéale





Carcinomatose péritonéale



Contre-indication à la cytoréduction + CHIP

Contre – indication CHIP

- Métastases hépatiques
- Absence de possibilité de résection chirurgicale
  (estomac, intestin, RP)

"La connaissance s'acquiert par l'expérience, tout le reste n'est que de l'information."

> Albert Einstein