

Diagnostik, interventionelle Therapie und Komplikationsmanagement bei GI Tumoren

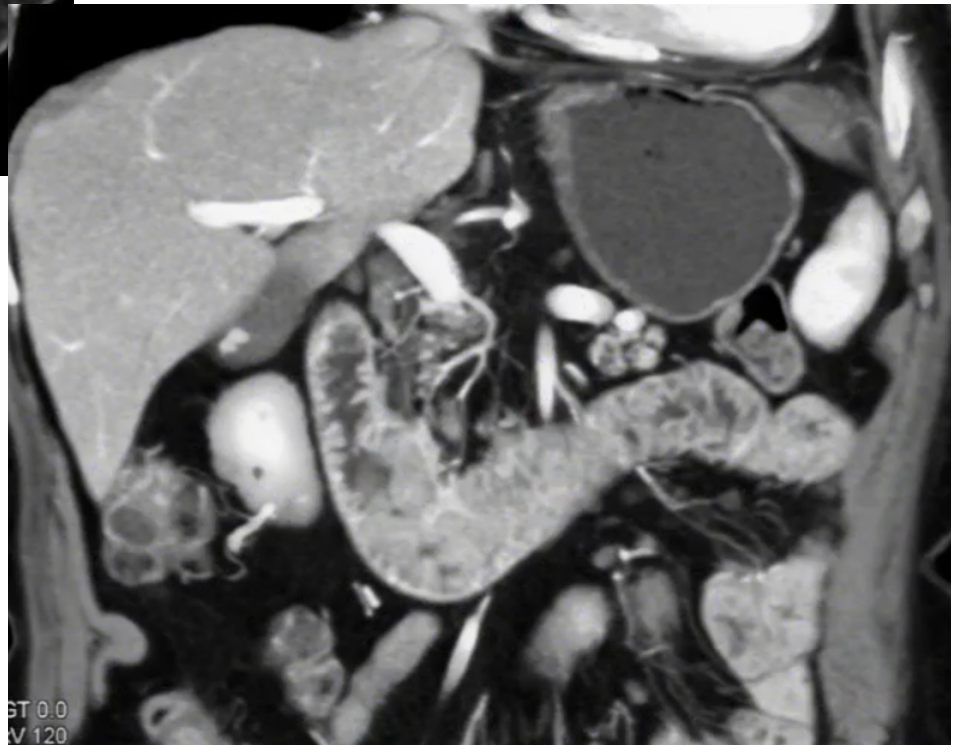
Harald Brodoefel

Szenarien der Diagnostik

- Staging bei bekanntem Tumor
- Tumorsuche bei tumortypischen Symptomen oder Filiae
- Zufallsbefunde

Werkzeuge der Tumordiagnostik

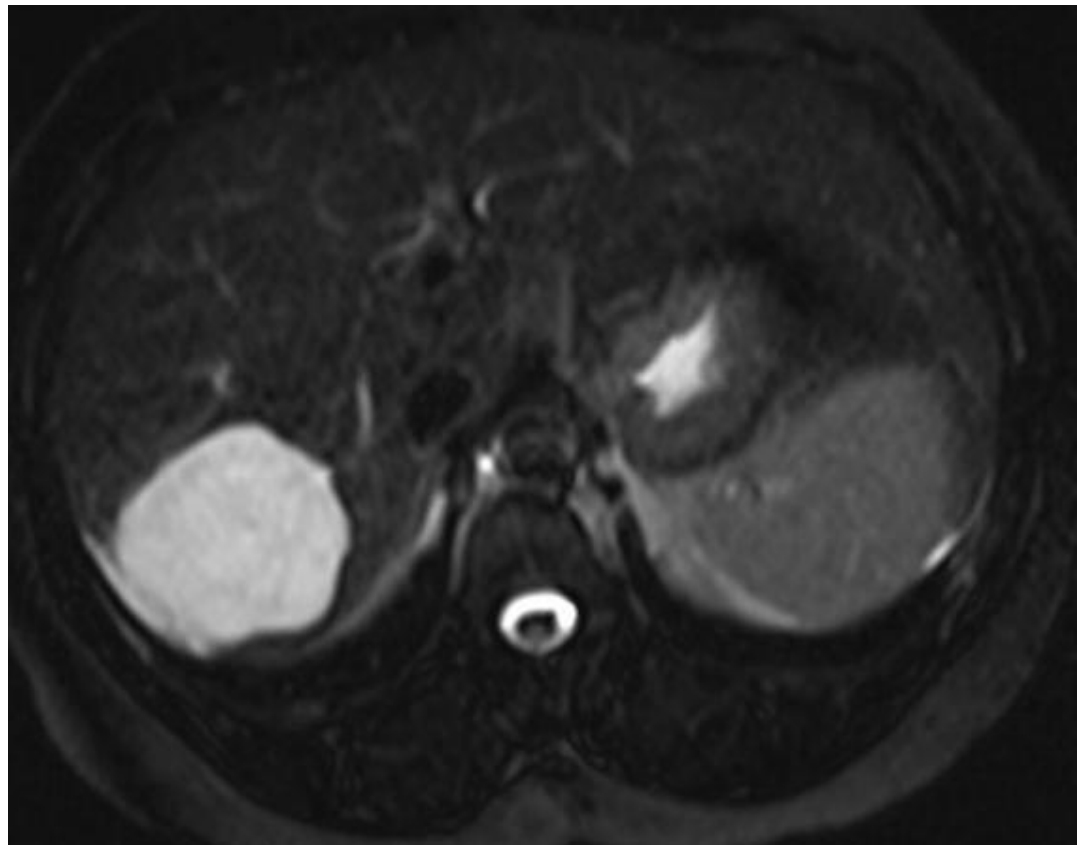
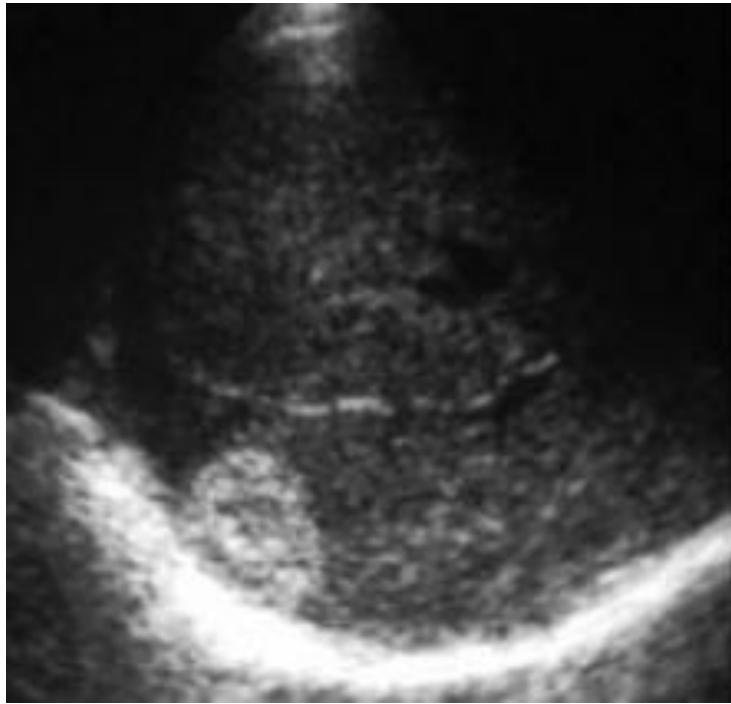
- CT mit multiplanarer Rekonstruktion
 - *Multiphasisch bei Pankreas Ca, Carzinoid, GIST, NETs des Pankreas*
- MRT ggf. in Ergänzung
 - *Staging Rektum Ca*
 - *Dignität von Leber RF*
 - *Zahl und Lage von Leber RF vor Resektion (Primovist)*
 - *Charakterisierung von Pankreastumoren*

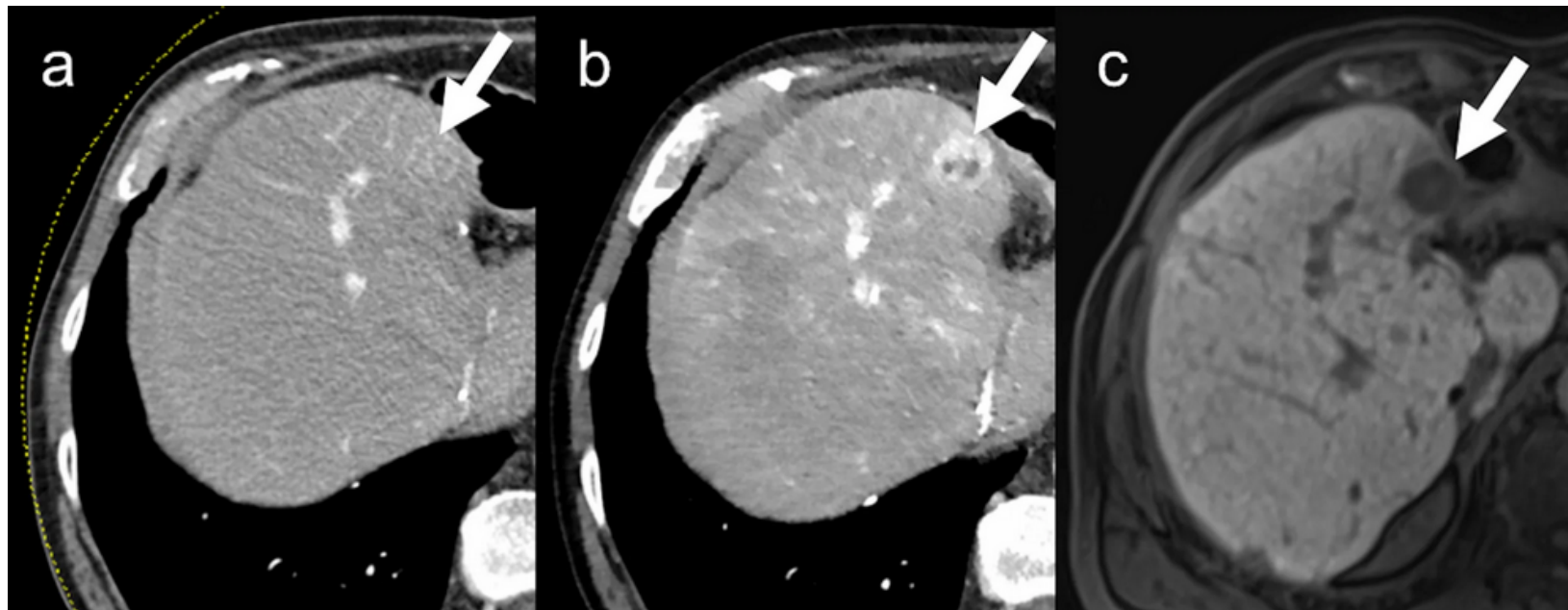
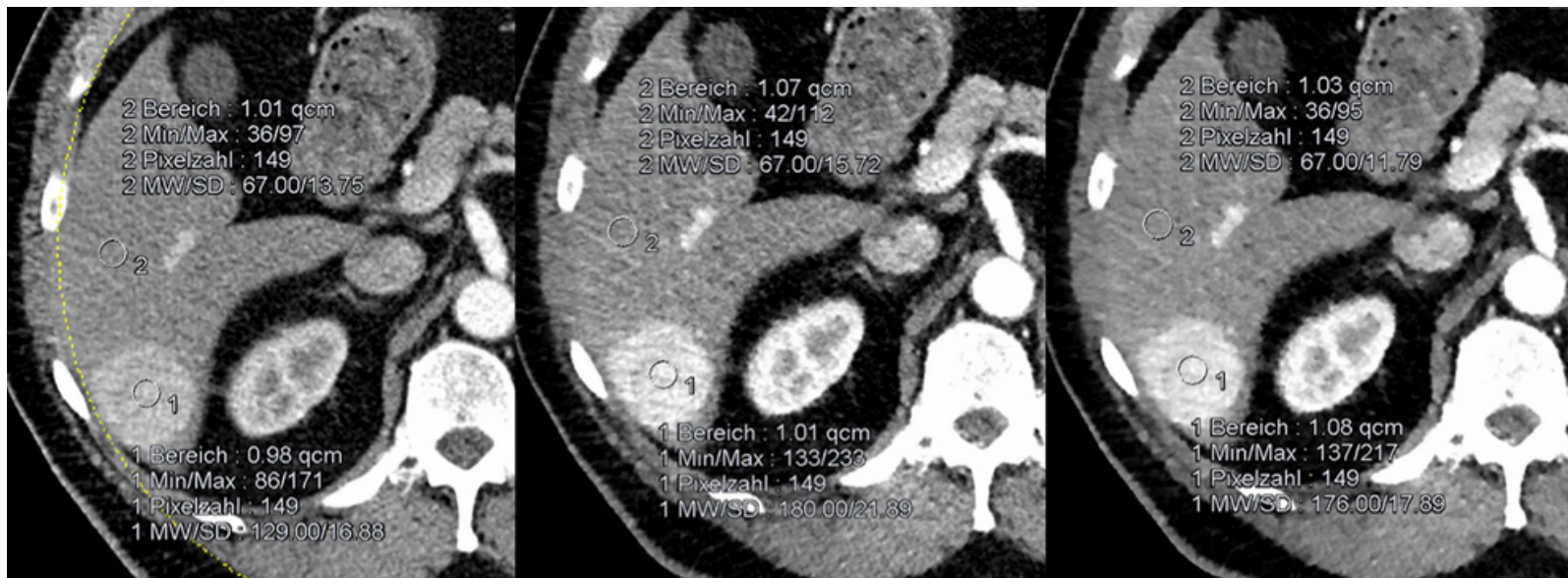




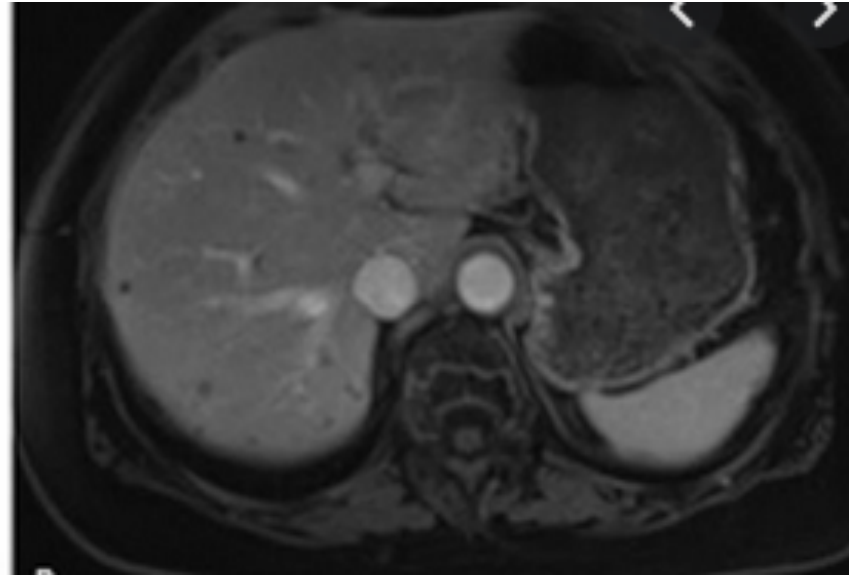
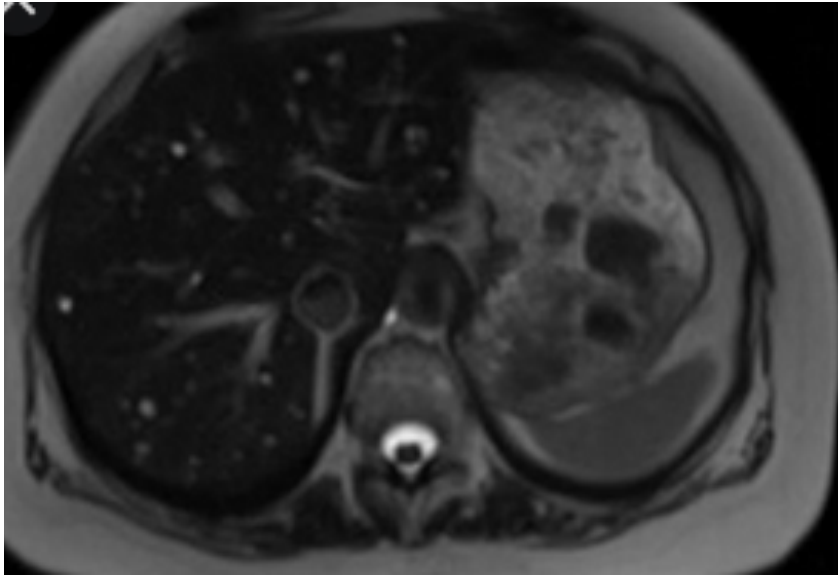
Detektion und Charakterisierung von Leberherden

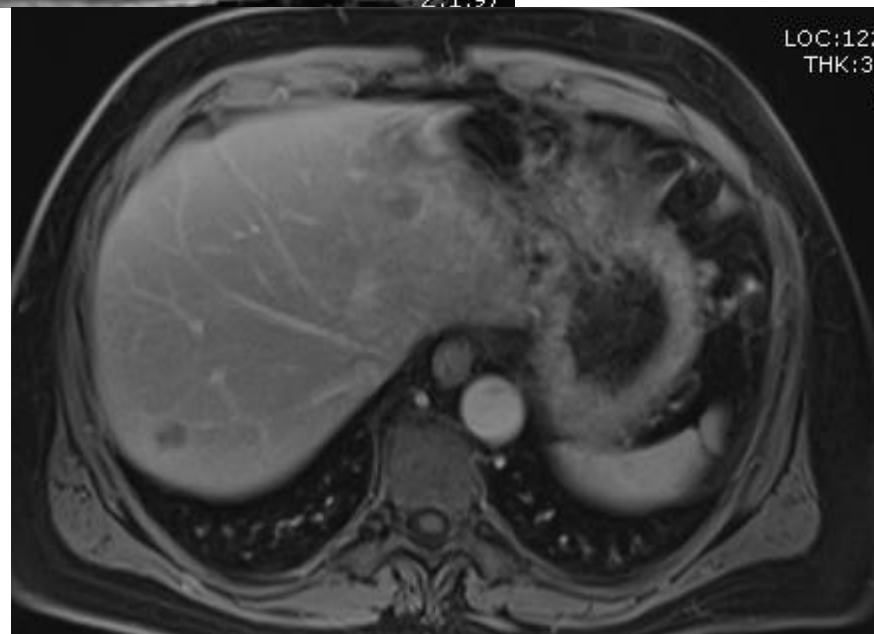
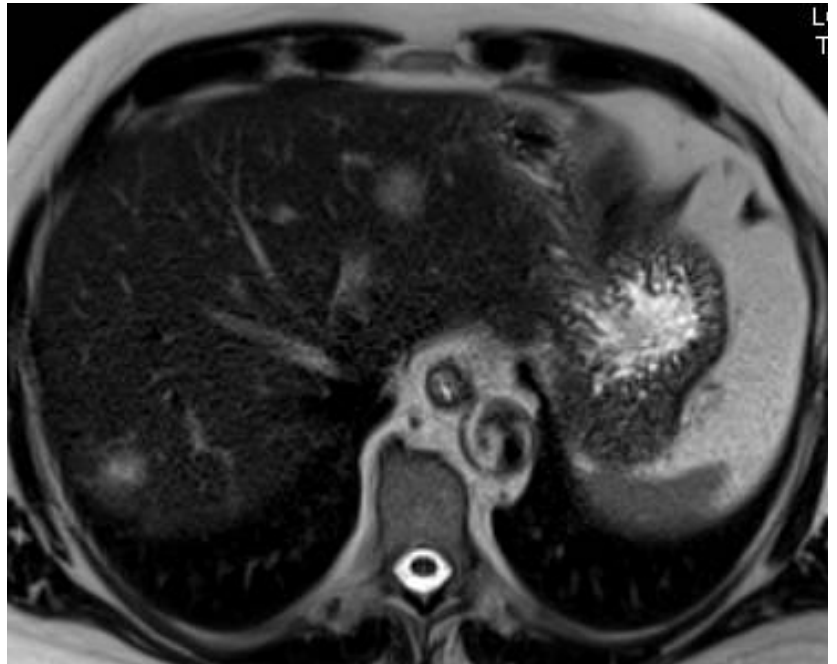
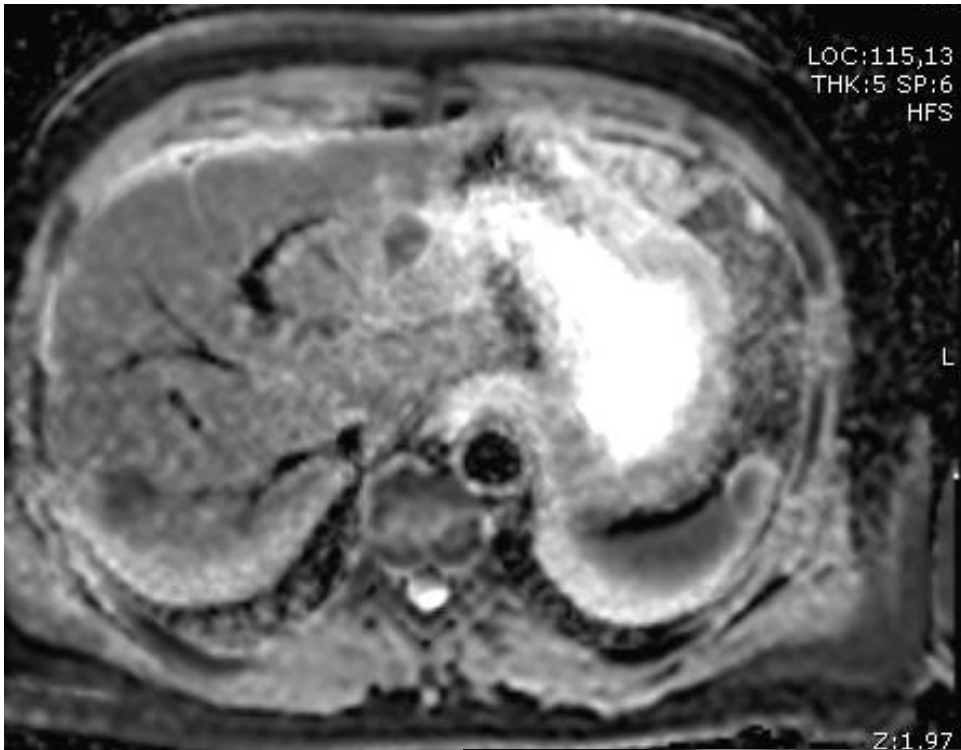


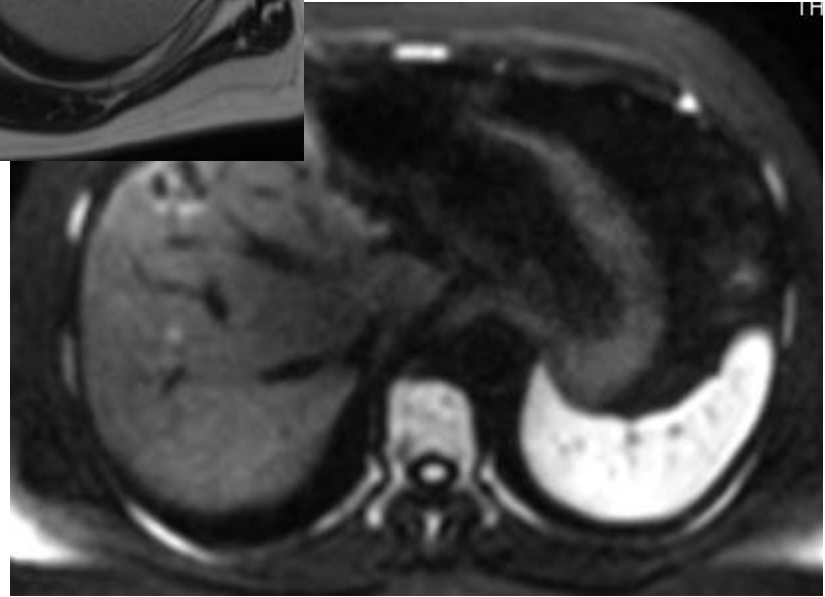
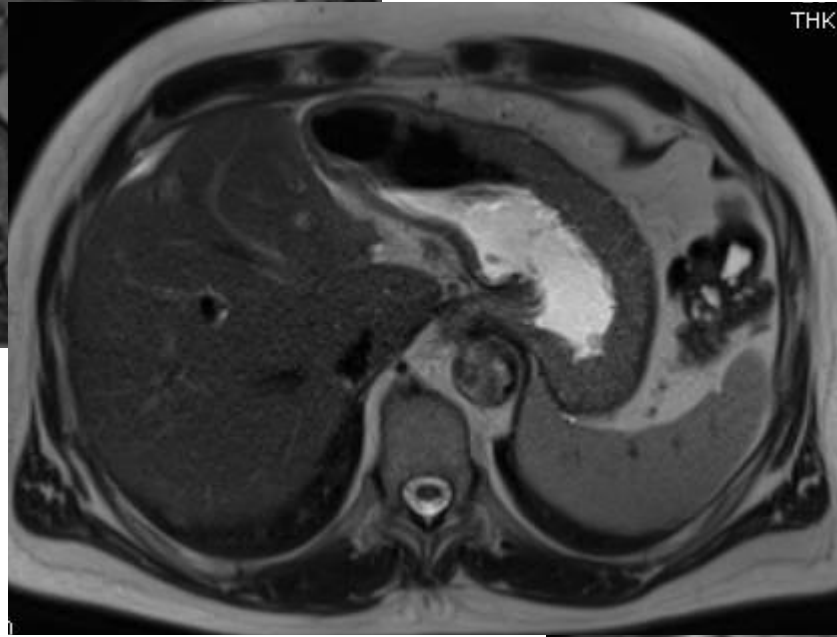
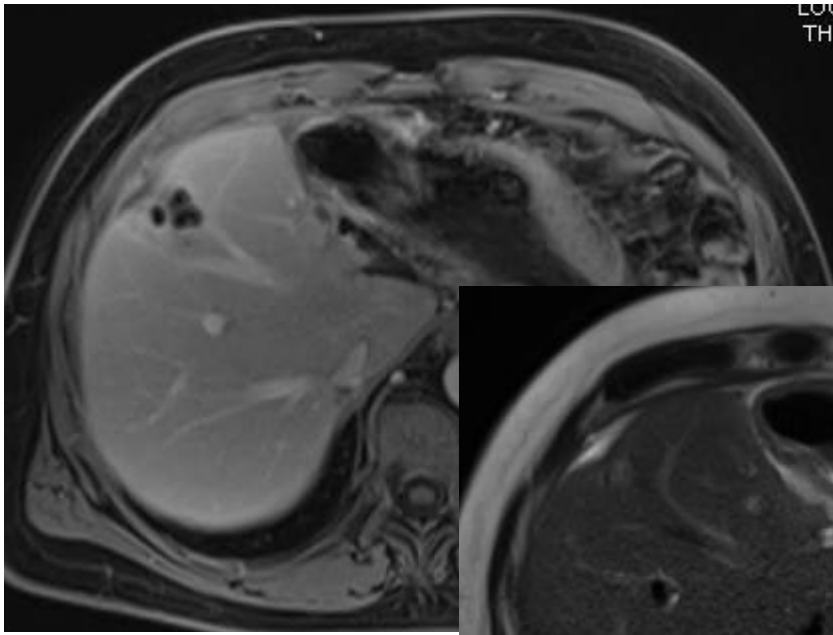


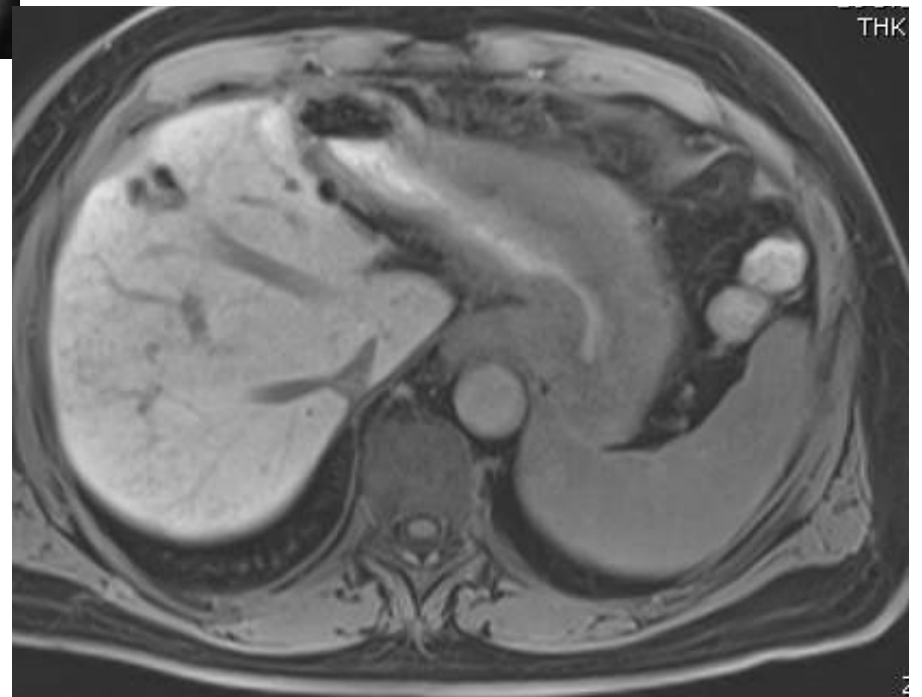
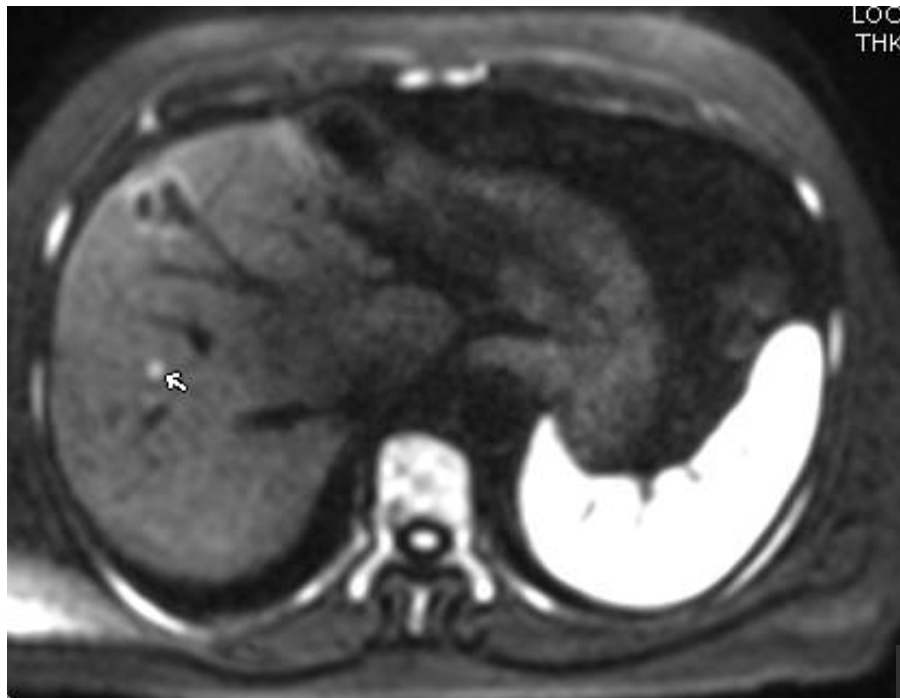


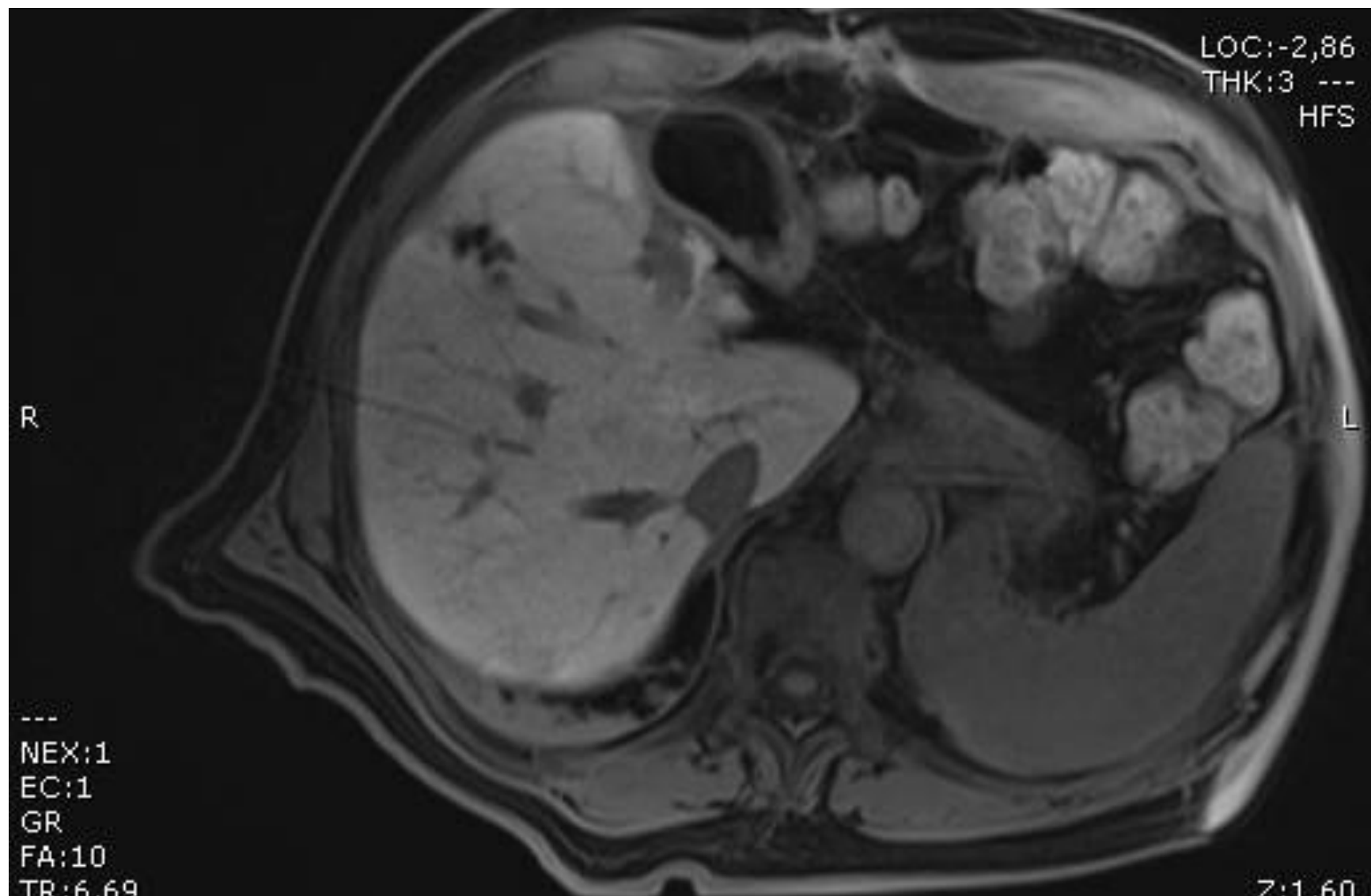
T2w, Diffusion und Primovist



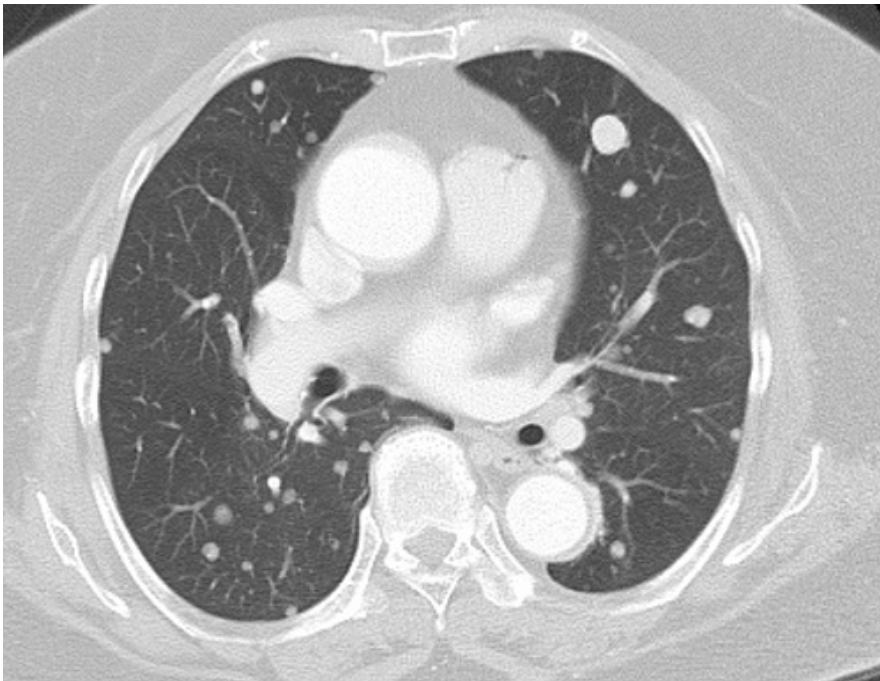












Das Kreuz mit den Lungenrundherden



Solid	Size	Follow up		
	< 6 mm (<100mm ³)	Single	Low risk High risk	No routine follow Optional CT at 12 months
		Multiple	Low risk High risk	No routine follow Optional CT at 12 months
	6-8 mm (100-250mm ³)	Single	Low risk High risk	CT at 6-12 mo, then consider CT at 18-24 CT at 6-12 mo, then CT at 18-24
		Multiple	Low risk High risk	CT at 3-6 mo, then consider CT at 18-24 CT at 3-6 mo, then CT at 18-24
	> 8 mm (> 250mm ³)	Single	All	Consider CT at 3 mo, PET/CT or Biopsy
		Multiple	Low risk High risk	CT at 3-6 mo, then consider CT at 18-24 CT at 3-6 mo, then CT at 18-24

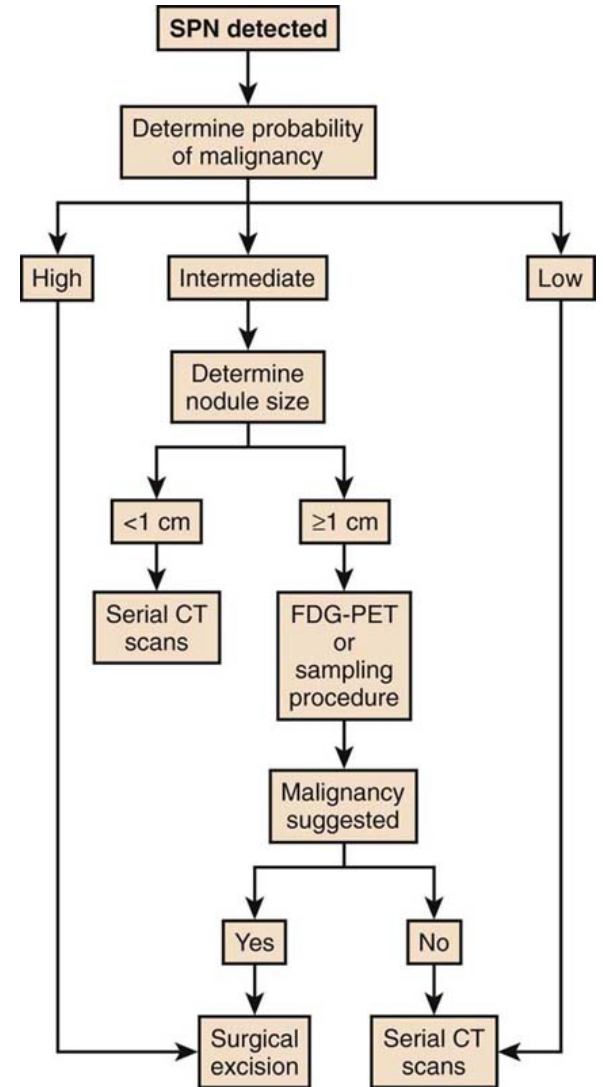
Subsolid	Size	Follow up
 Groundglass	< 6 mm	No FU indicated
	≥ 6 mm	CT at 6-12 months to confirm persistence, then CT at 3 and 5 years
 Part-solid	< 6 mm	No FU indicated
	≥ 6 mm	CT at 3-6 months to confirm persistence, then annual CT for 5 years
 Multiple	< 6 mm	CT at 3-6 months. If stable CT at 2 and 4 years
	≥ 6 mm	CT at 3-6 months. Subsequent management based on most suspicious nodule

- Coding and Reimbursement
- Risk Calculator
- Clinical Practice Guidelines
- Expert Consensus Statements
- STS-Endorsed Clinical Practice Documents
- Lung Nodule Resources**
- Practice Management Columns
- Career Resources
- Awards & Scholarships
- Student & Resident Resources
- Apps

Lung Nodule Risk Calculators

Lung Nodule Risk Calculators

1. [Brock University Calculator](#)
2. [NPS-BIMC](#) (Bayesian Inference Malignancy Calculator)
3. [Solitary Pulmonary Nodule Malignancy Risk](#) (Mayo Clinic model)



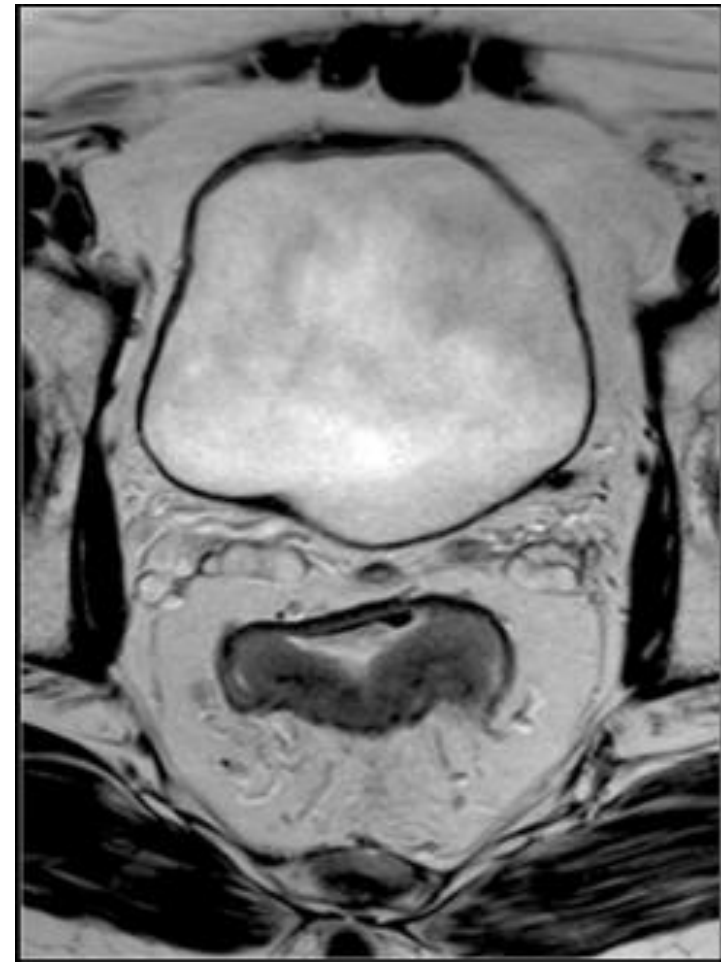
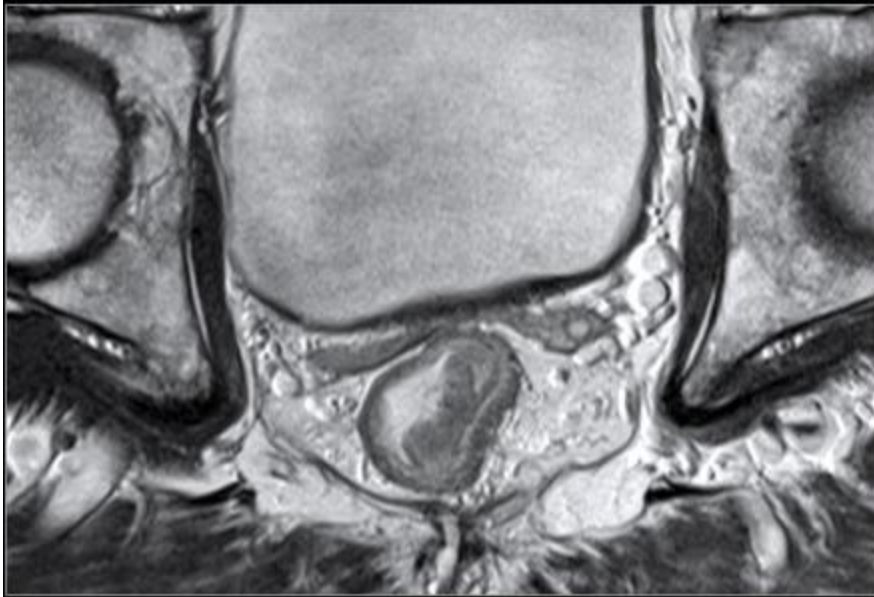
Gefäßinvasion bei Pankreas-Ca

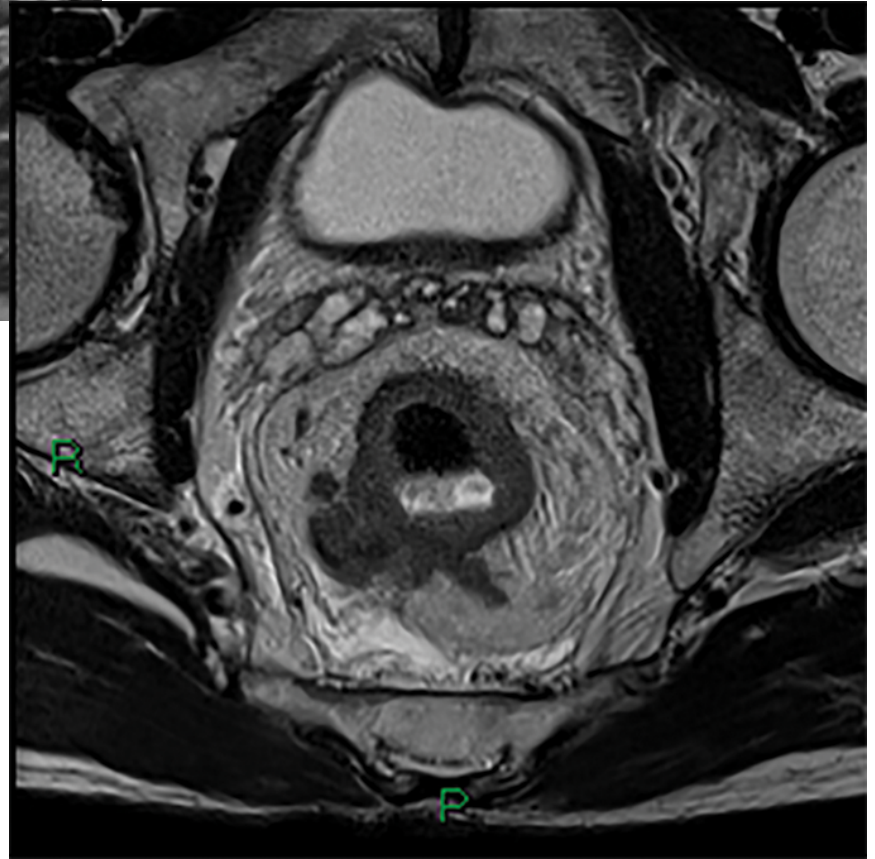
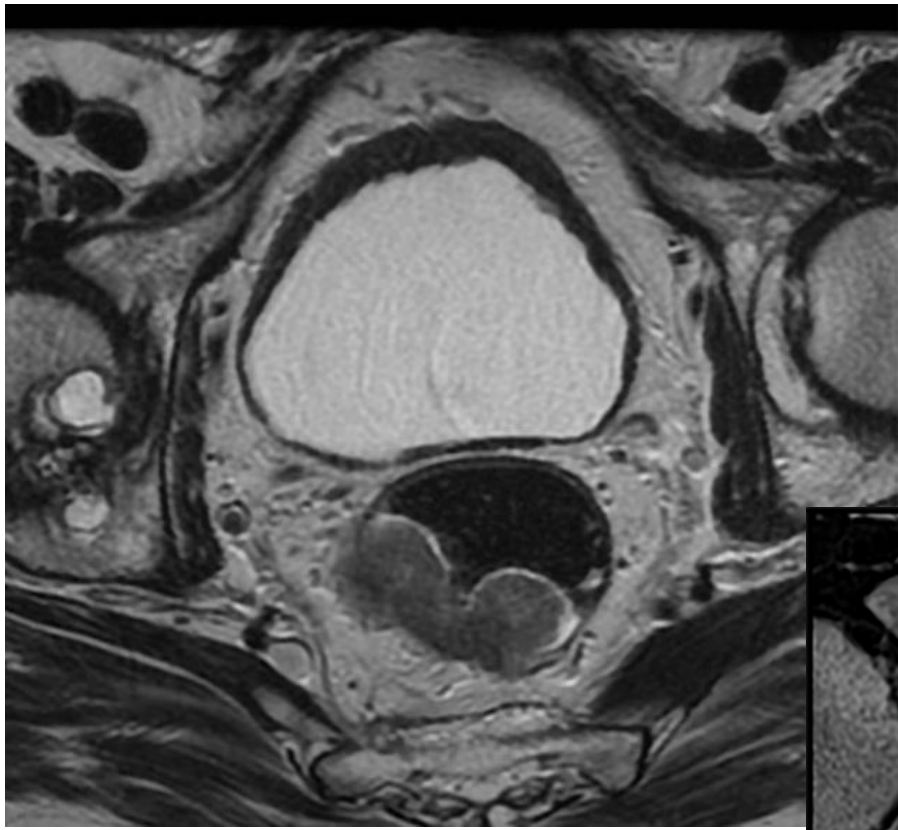


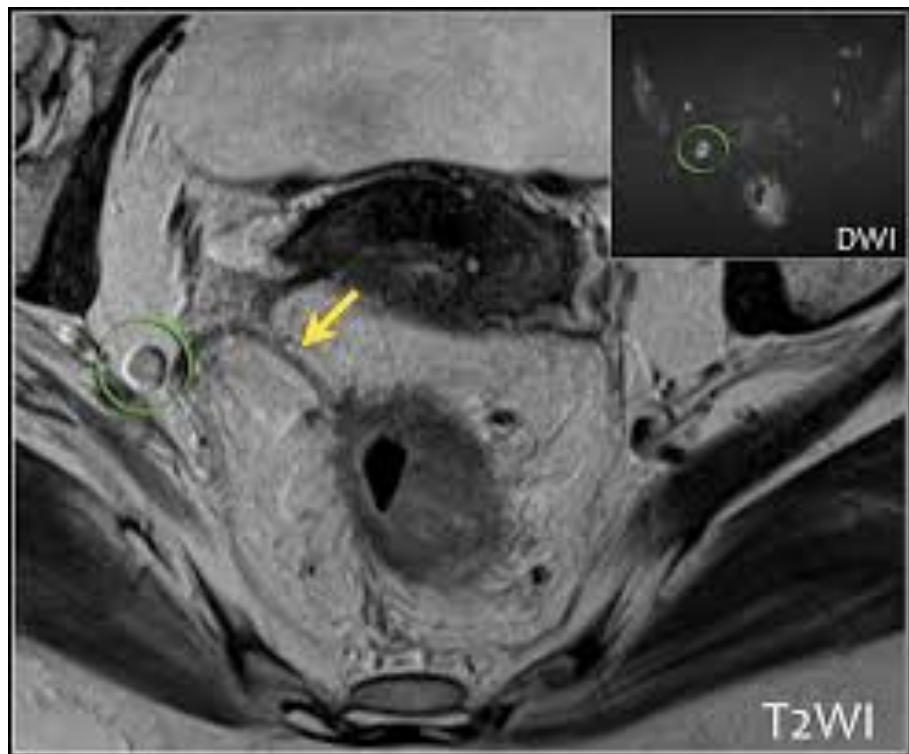
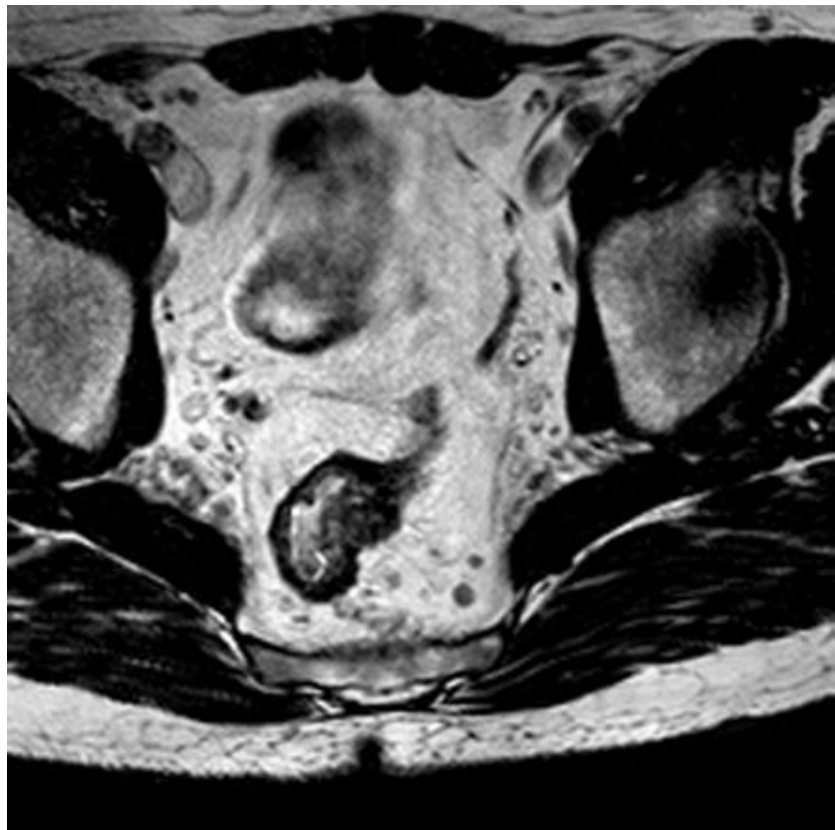
Peritonealkarzinose



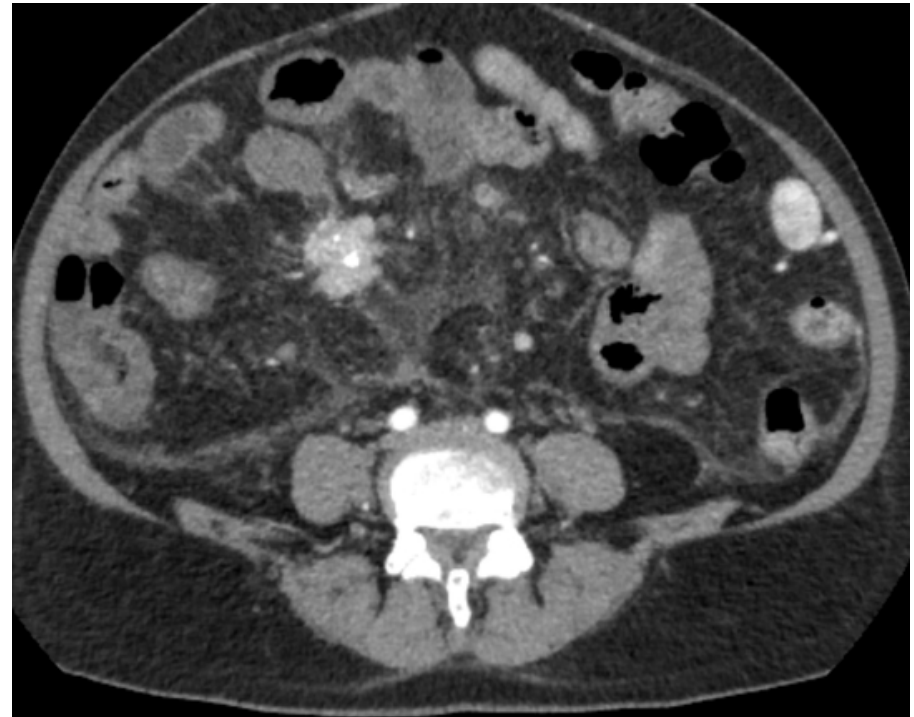
Lokales Staging bei Rektum Ca

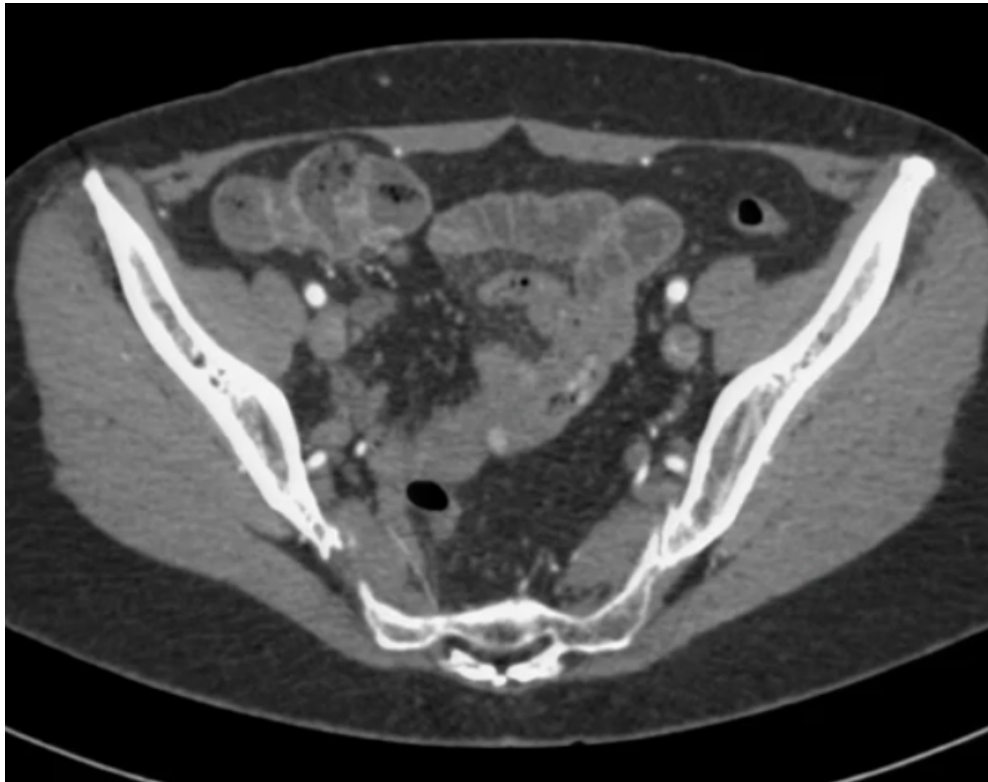


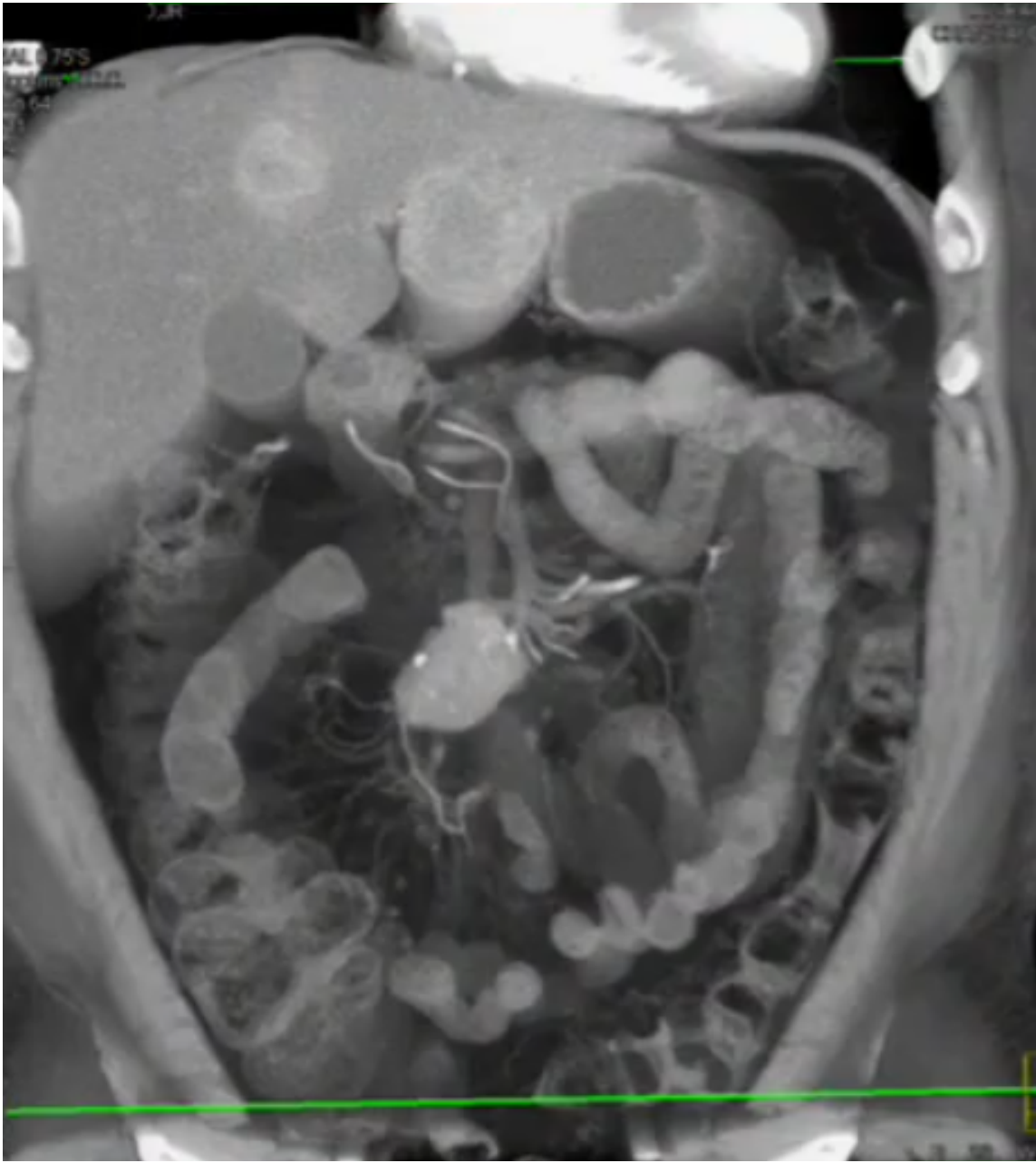




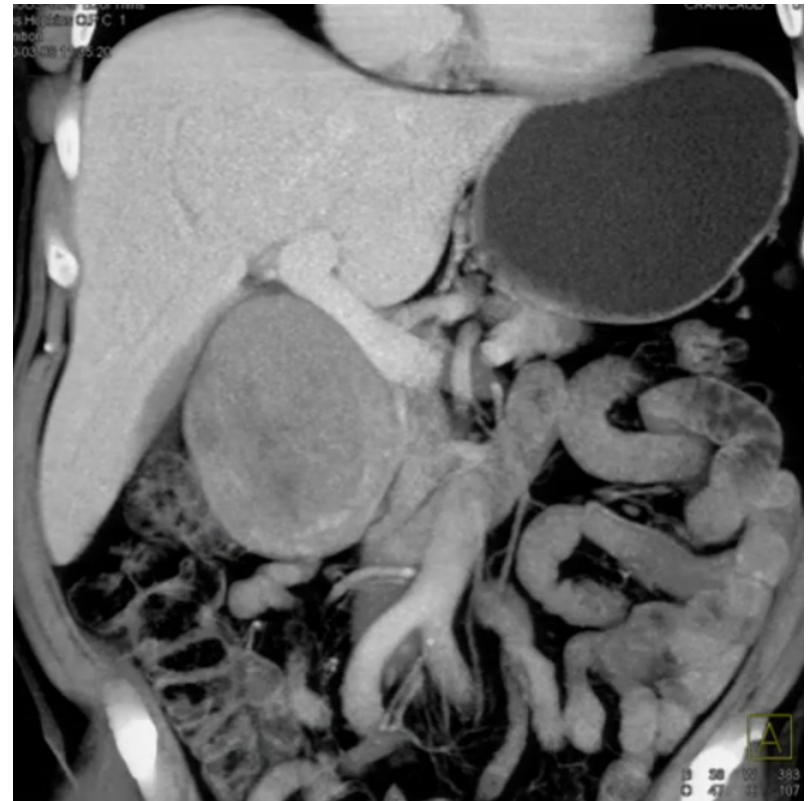
Karzinoide

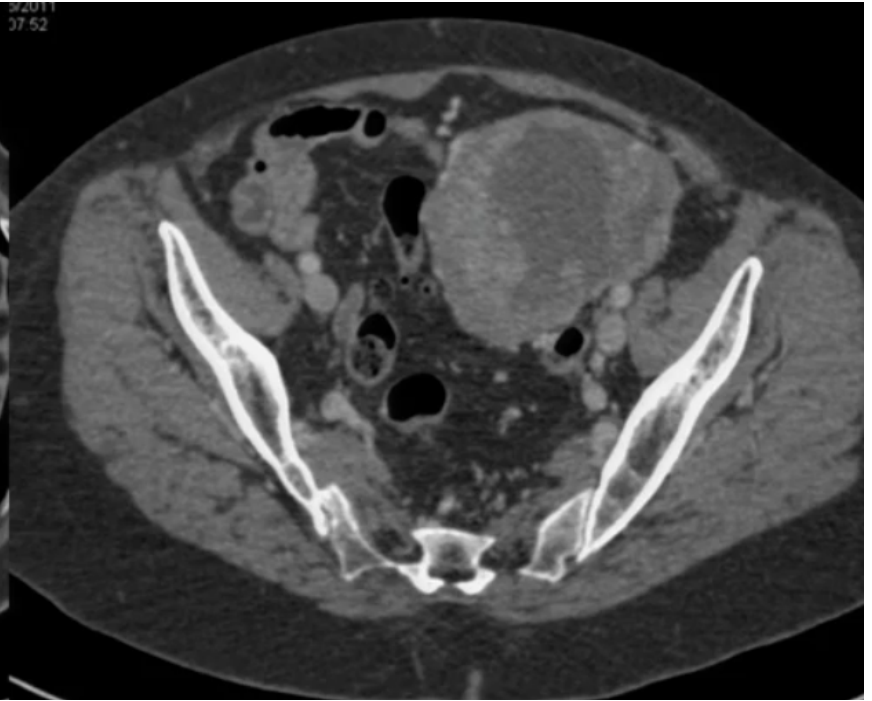






GIST



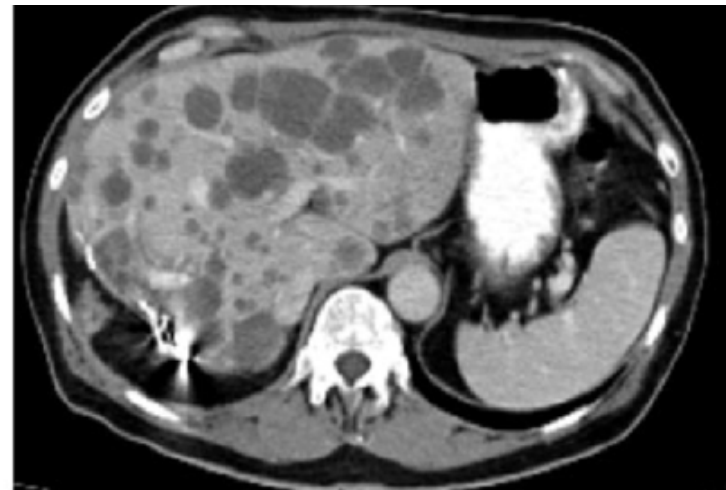
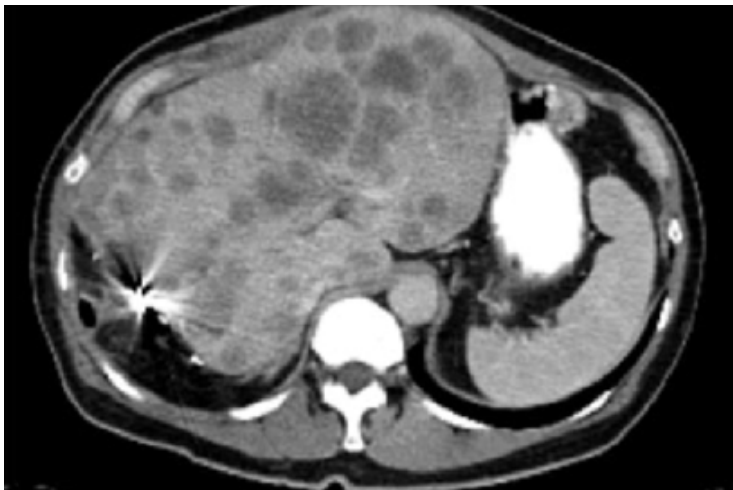


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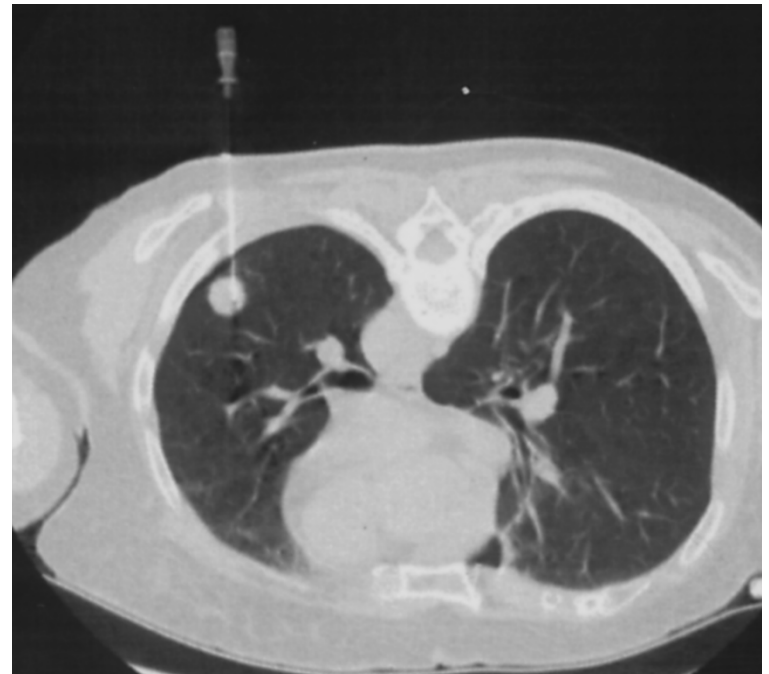
Modifizierte RECIST Kriterien für GIST Tumoren

Partial Response:

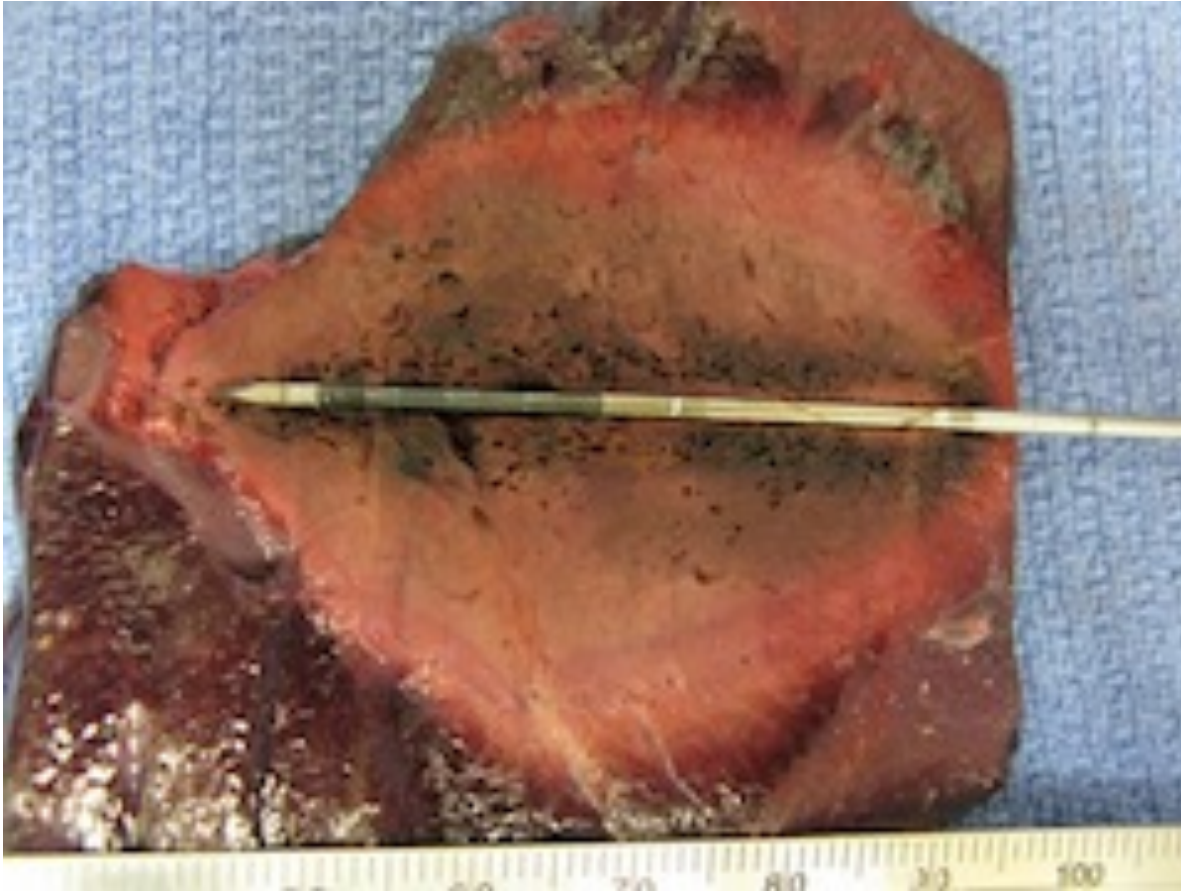
- 10% Größenabnahme der Target-Läsionen
- 15% Dichtereduktion (HU) der Target Läsionen
- Keine offensichtlicher Größenprogress der nichtmessbaren Läsionen.

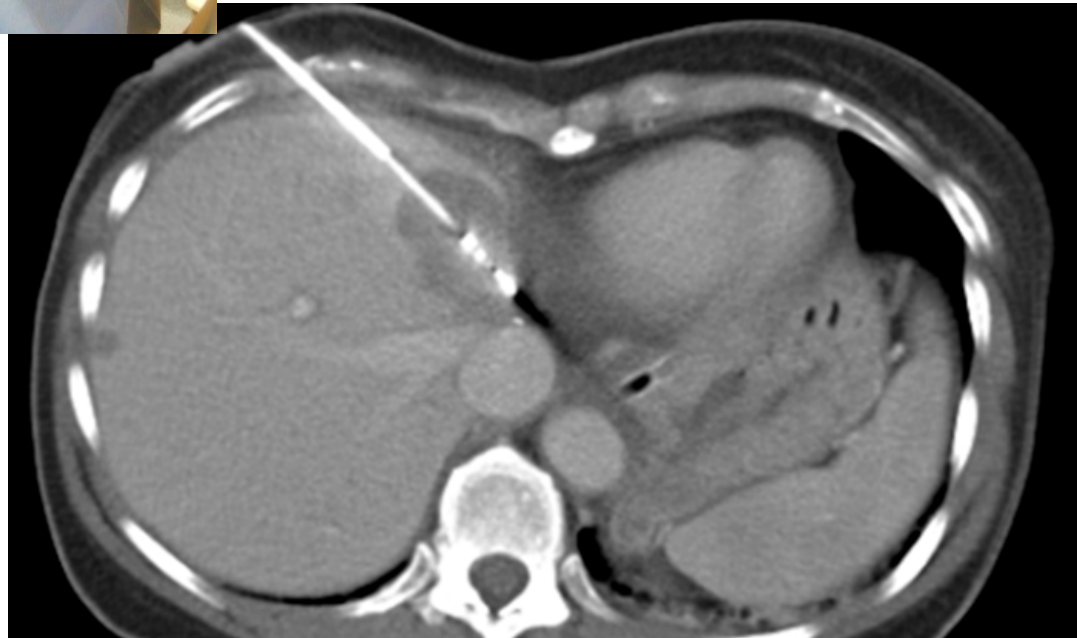


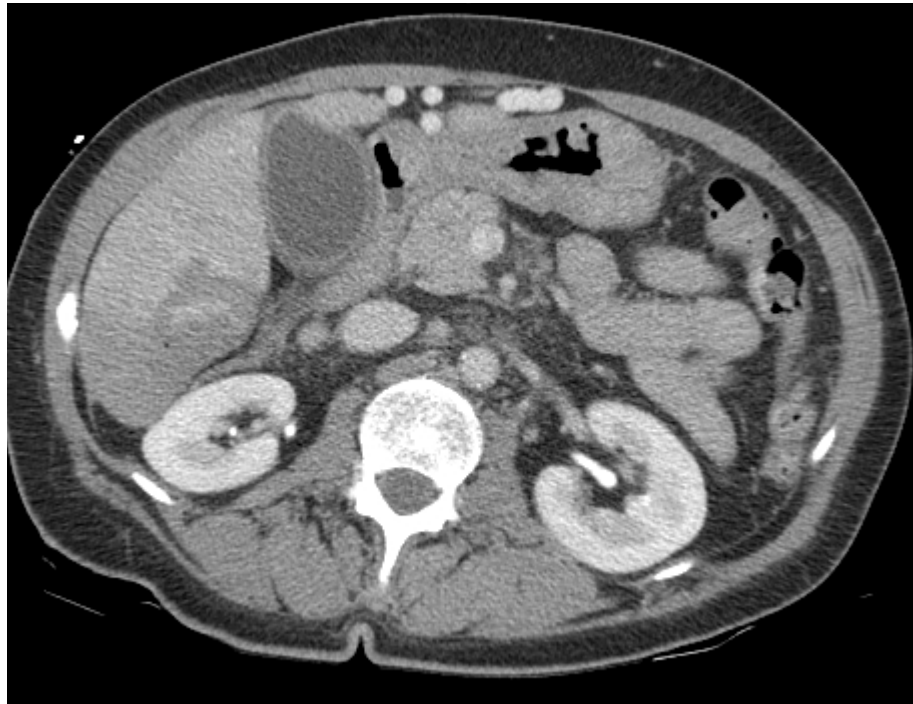
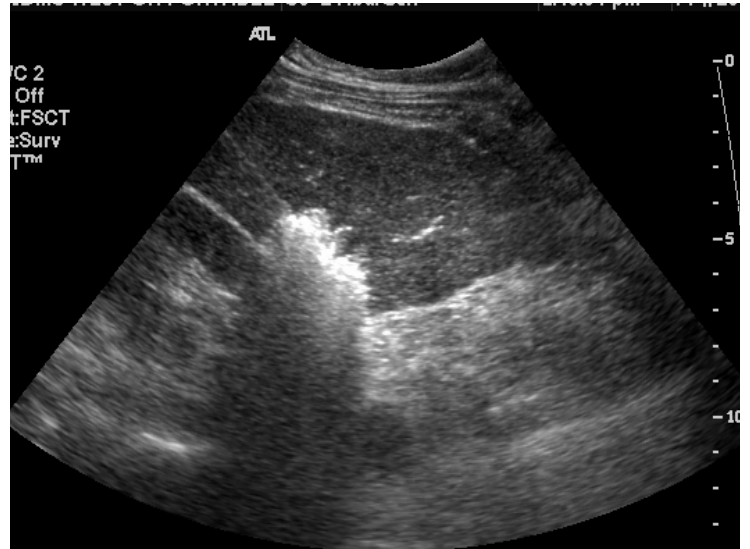
Biopsien

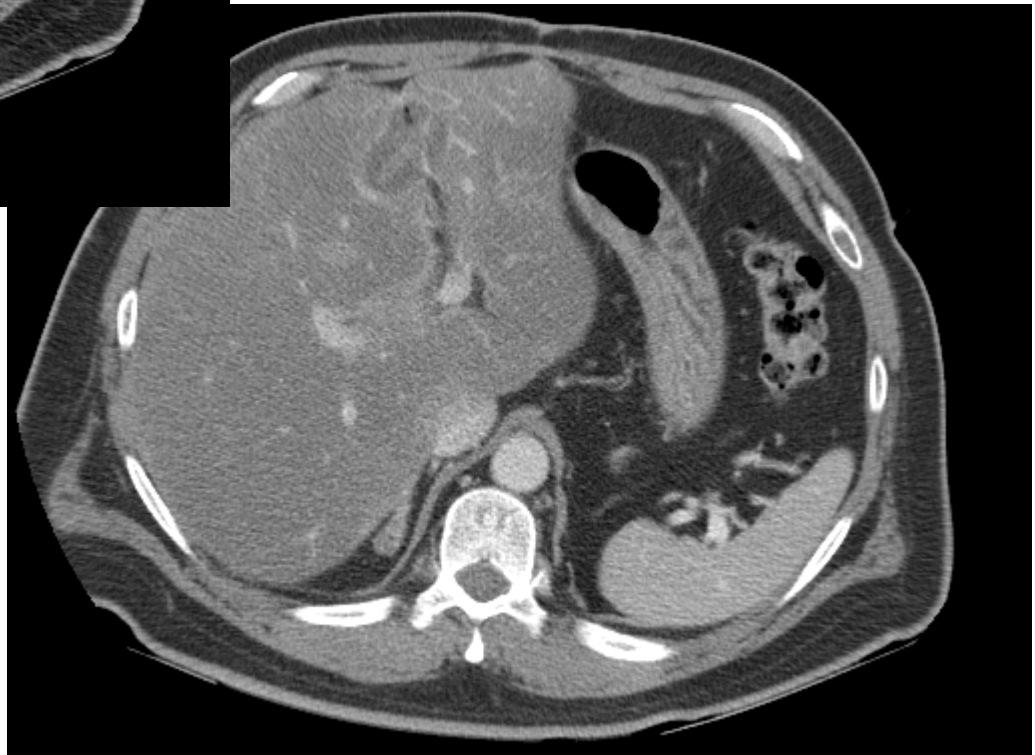


Thermoablation

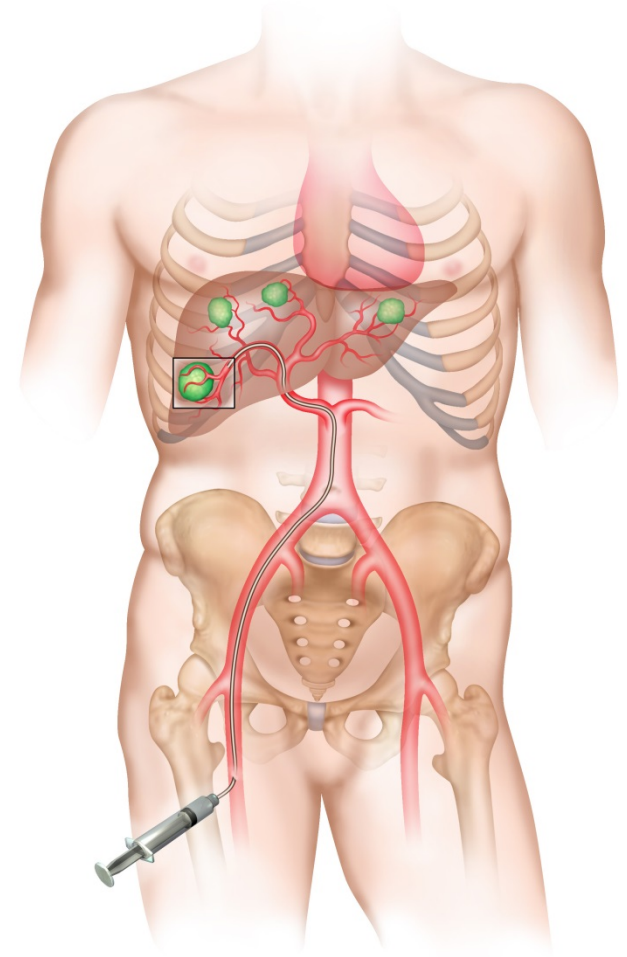


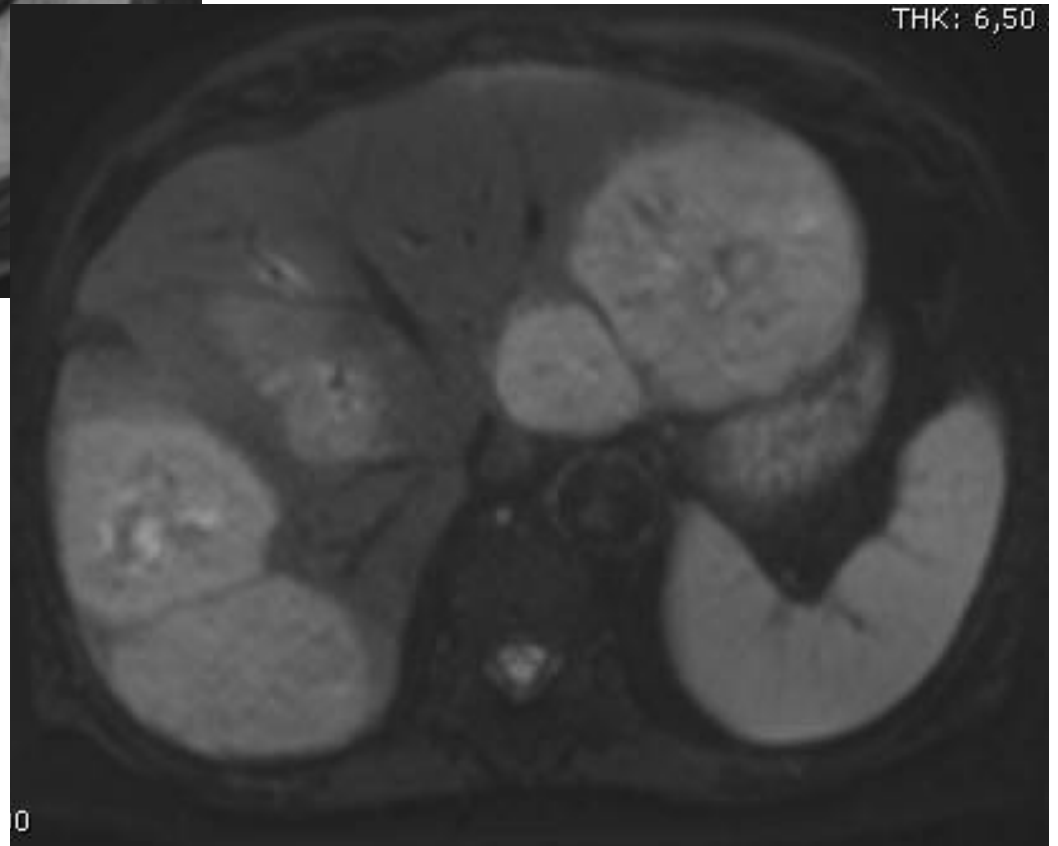
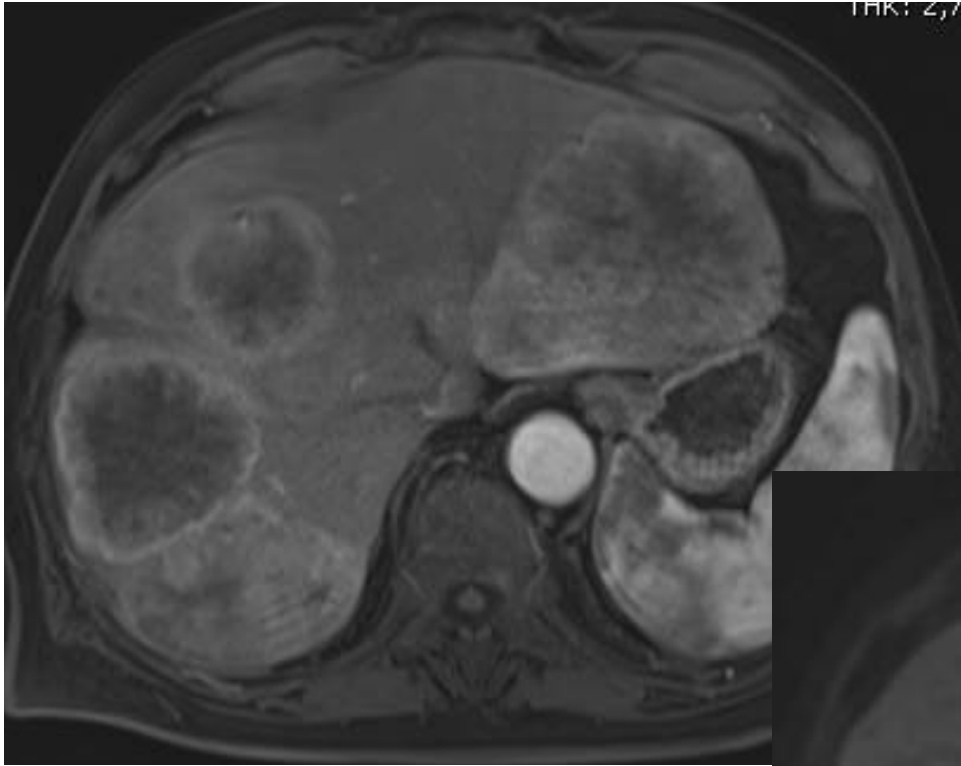






TACE

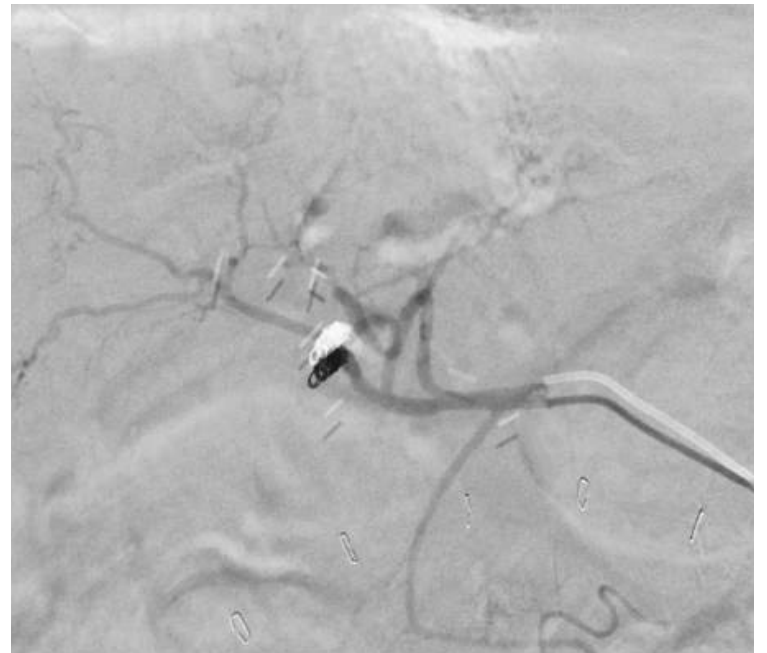


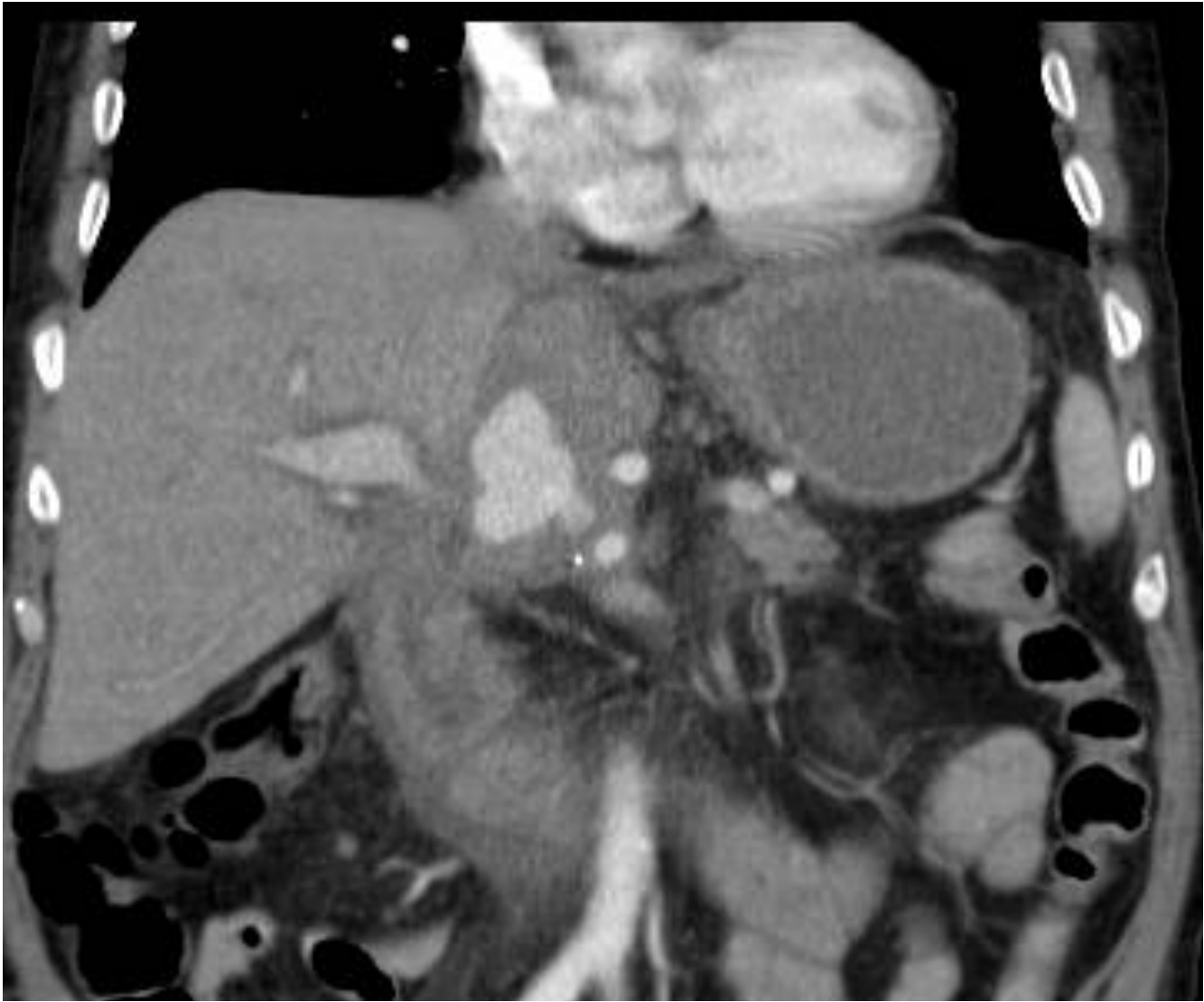


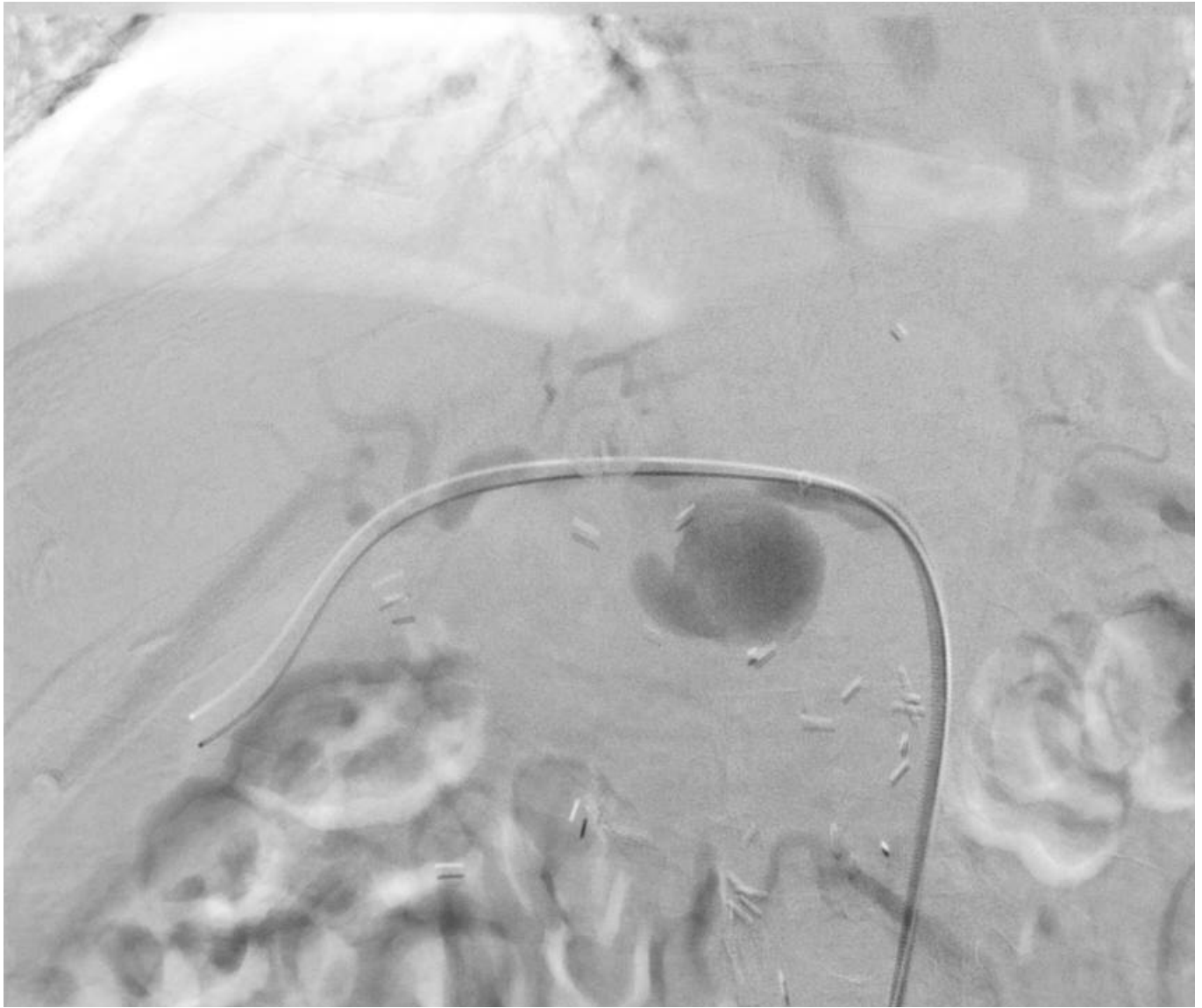
Applikationspunkt re Leberarterie

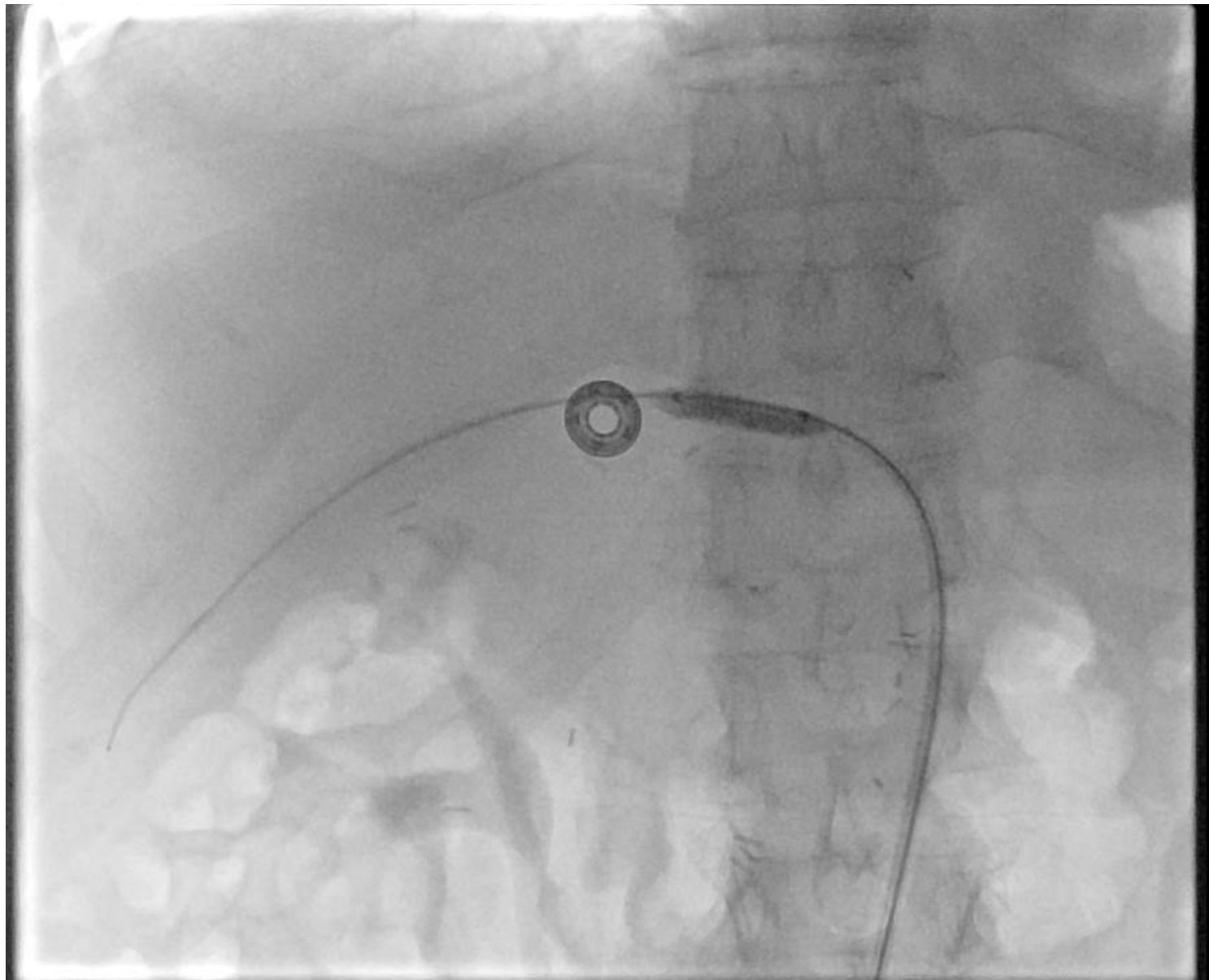


Komplikationsmanagement









6 x 22 Advanta Stent





