

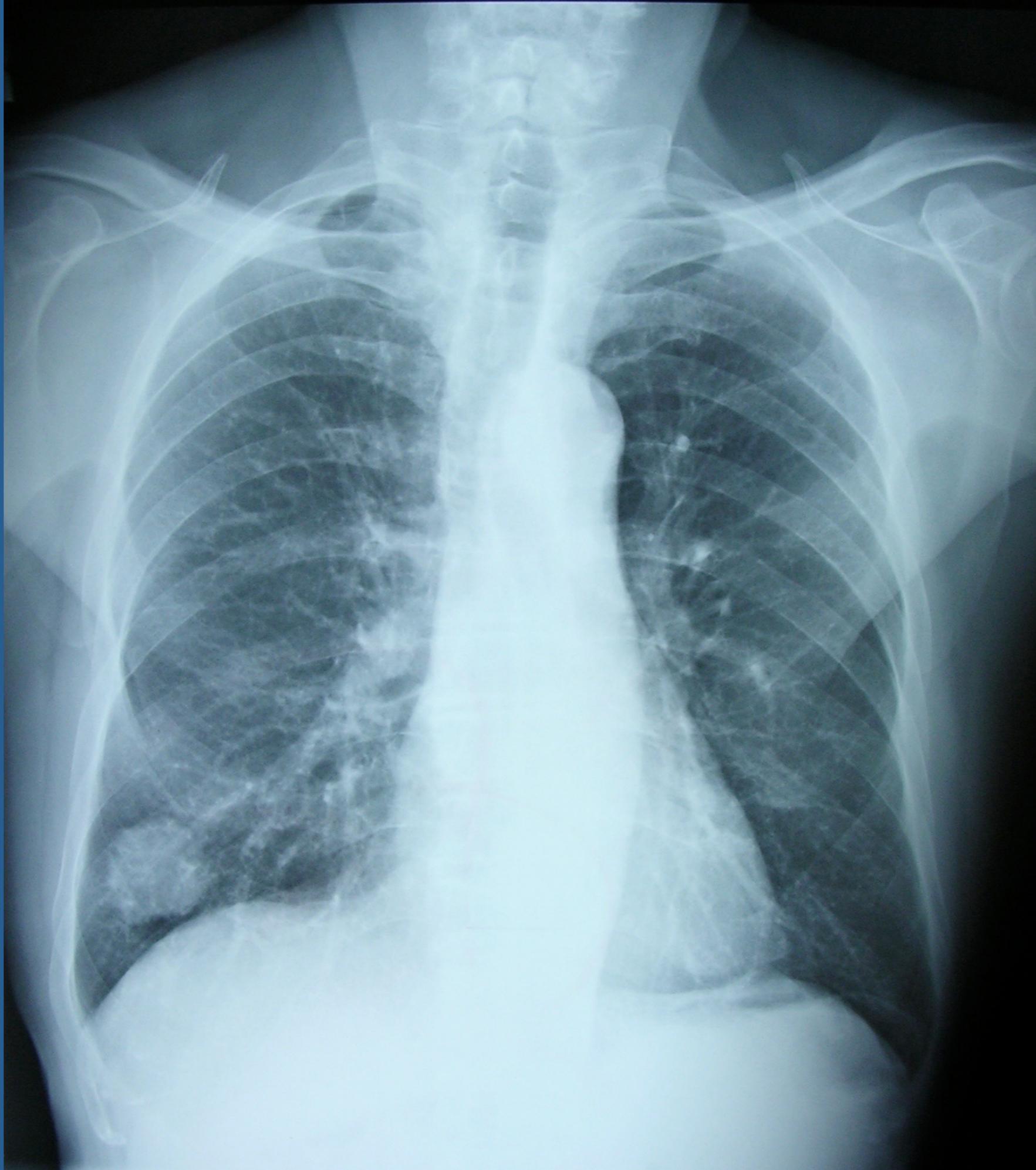
Akciğer Kanserinde Tanı ve Tedavi

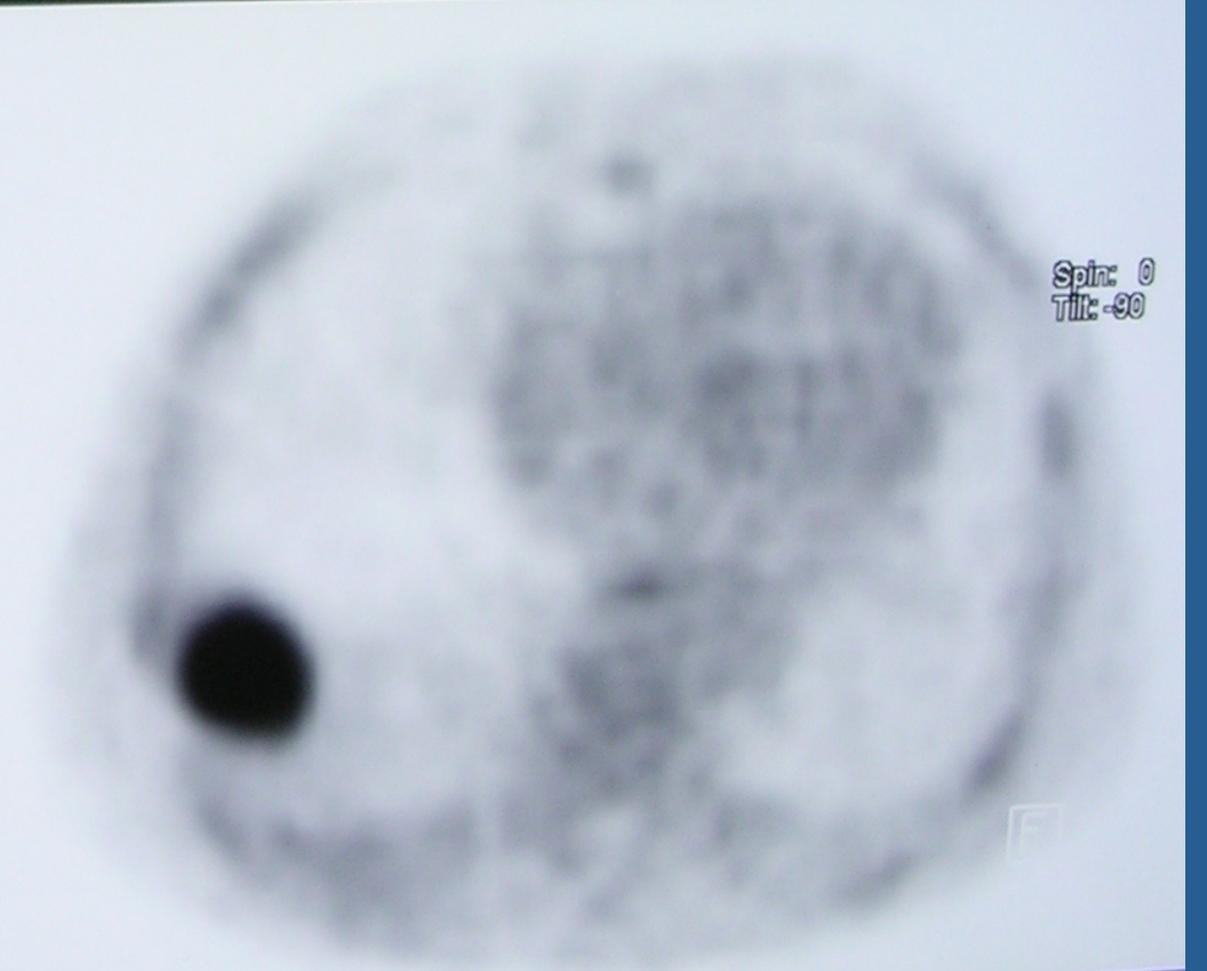
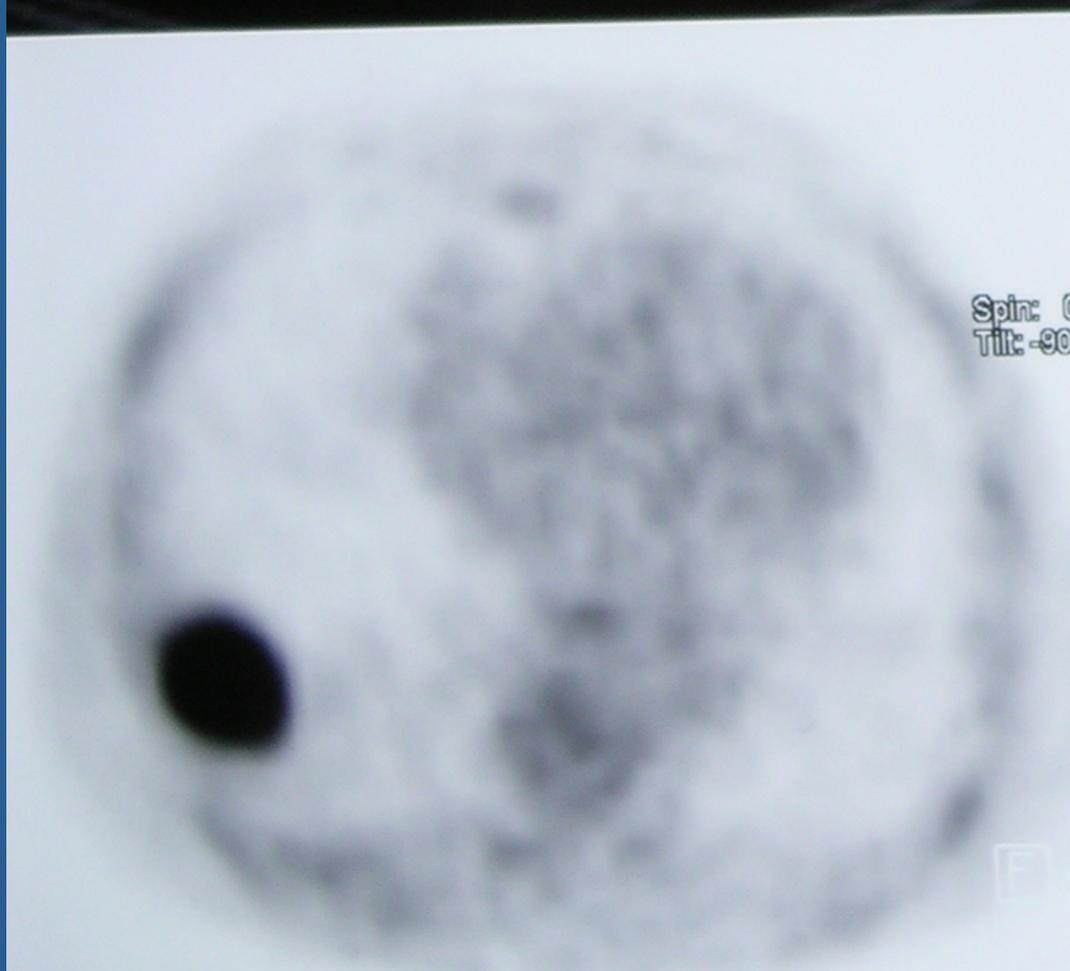
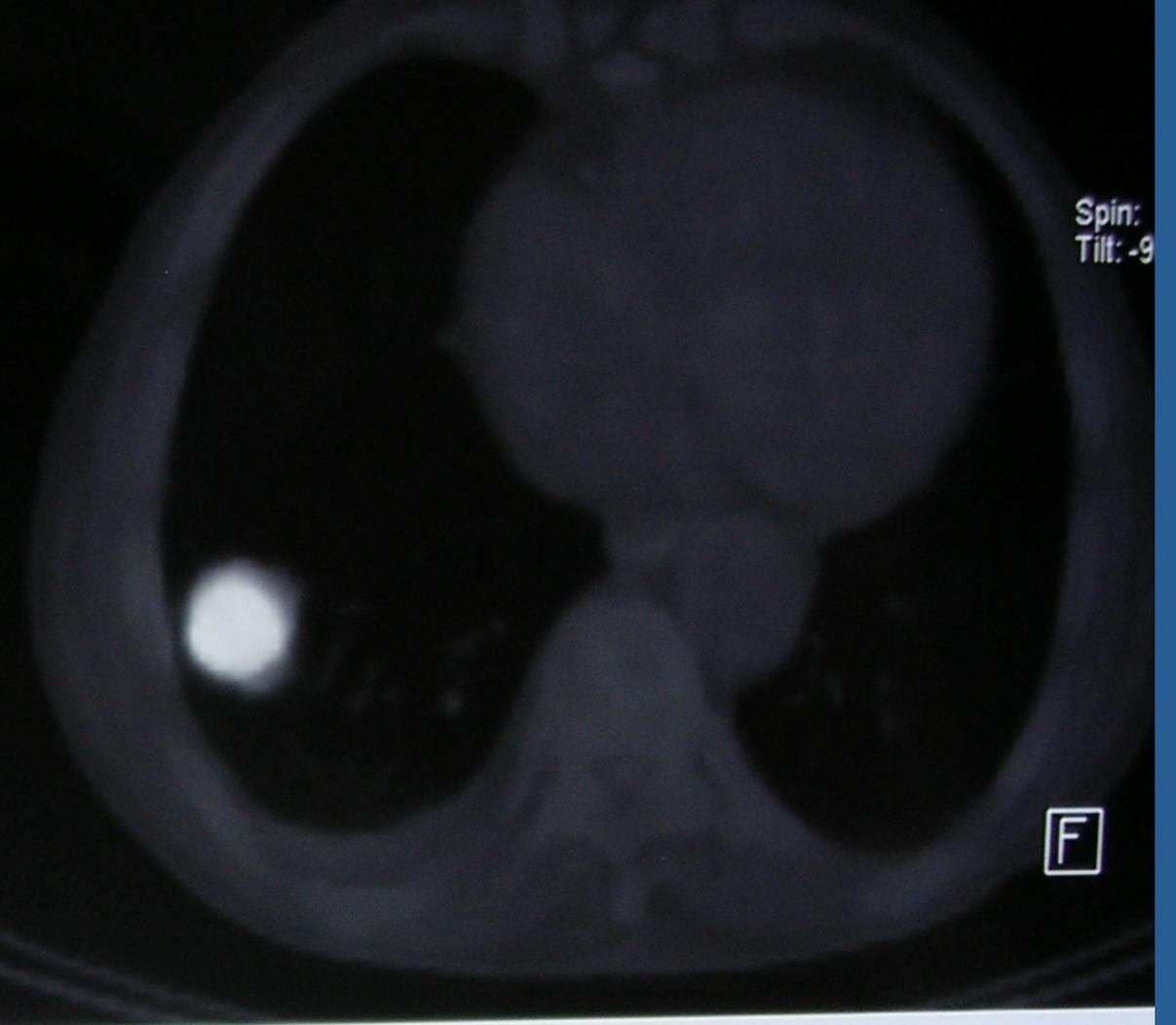
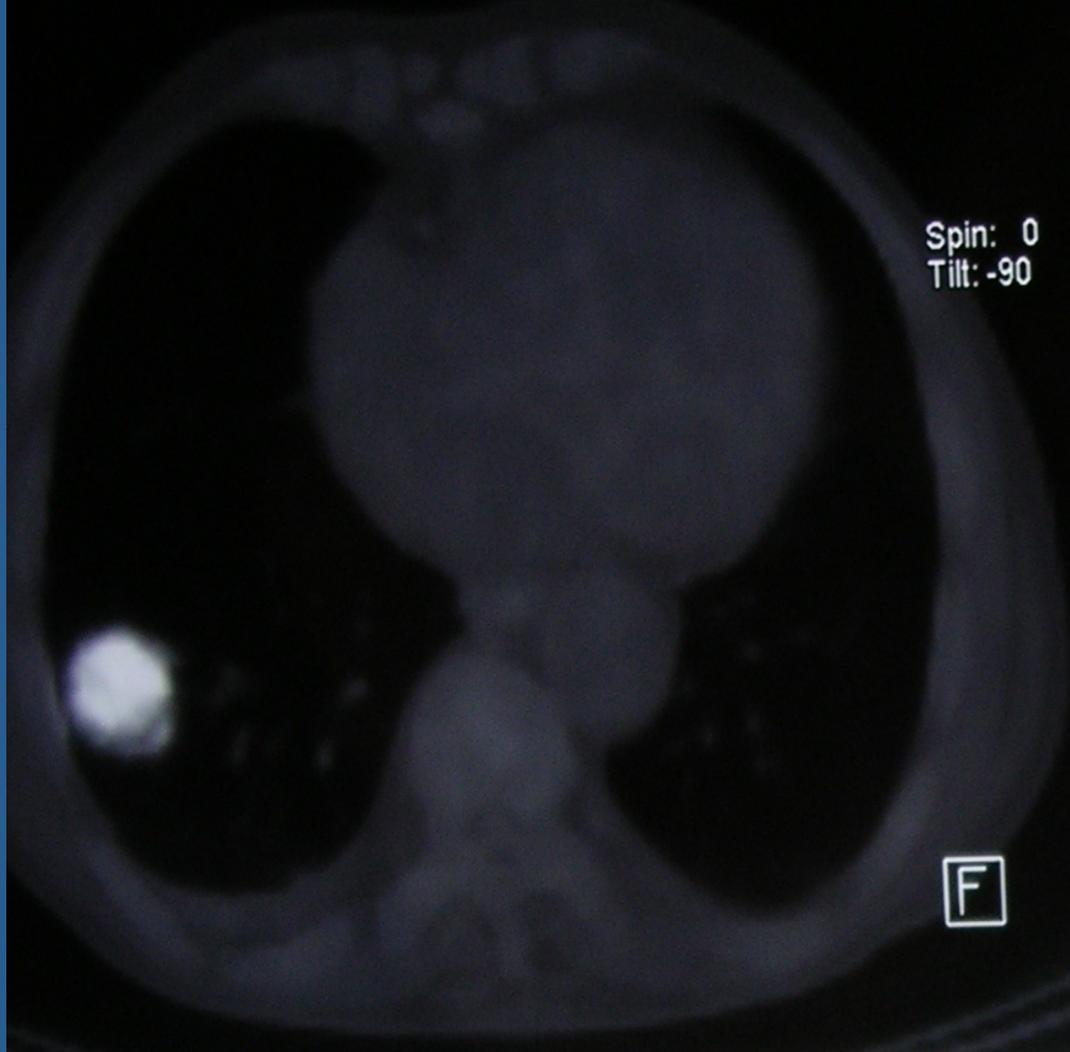
Akif Turna

Cerrahpaşa Tıp Fakültesi
Göğüs Cerrahisi Anabilim Dalı

(aturna@istanbul.edu.tr)

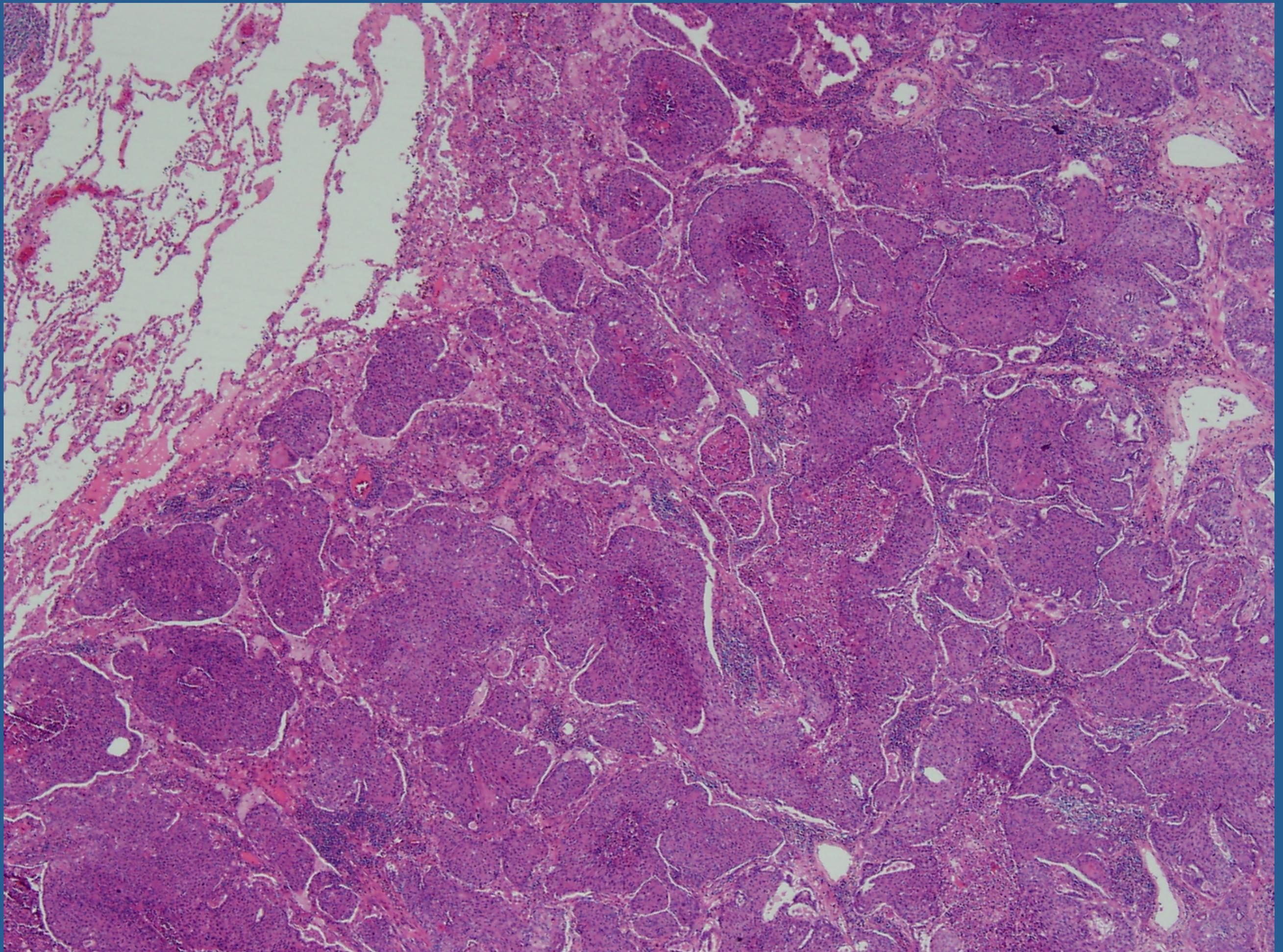
- 75 yaşında erkek hasta
- Göğüs ağrısı ile hekime başvurdu
- Öksürük
- 25 paket.yıl sigara
- Ekim 2010: Prostat ca tanısı
- 1973: Subtotal gastrektomi
- 2008'de kolesistektomi





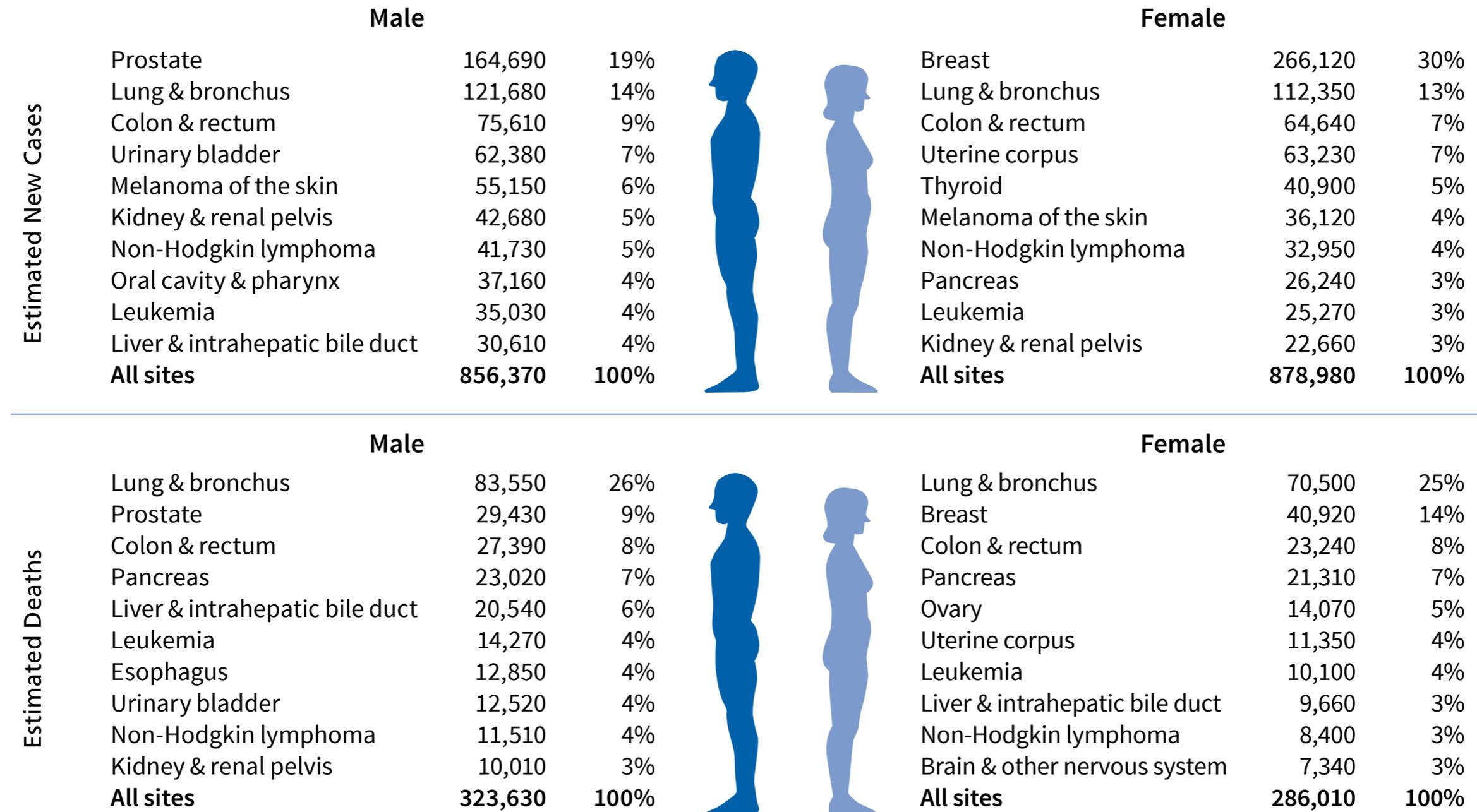
Ameliyatlara (6.12.2010)

- Mediastinoskopi: 4R,7(-)
- Sağ alt lobektomi+lenf nodu disseksiyonu
- Sağ üst lob wedge rezeksiyon (bül nedeni ile)



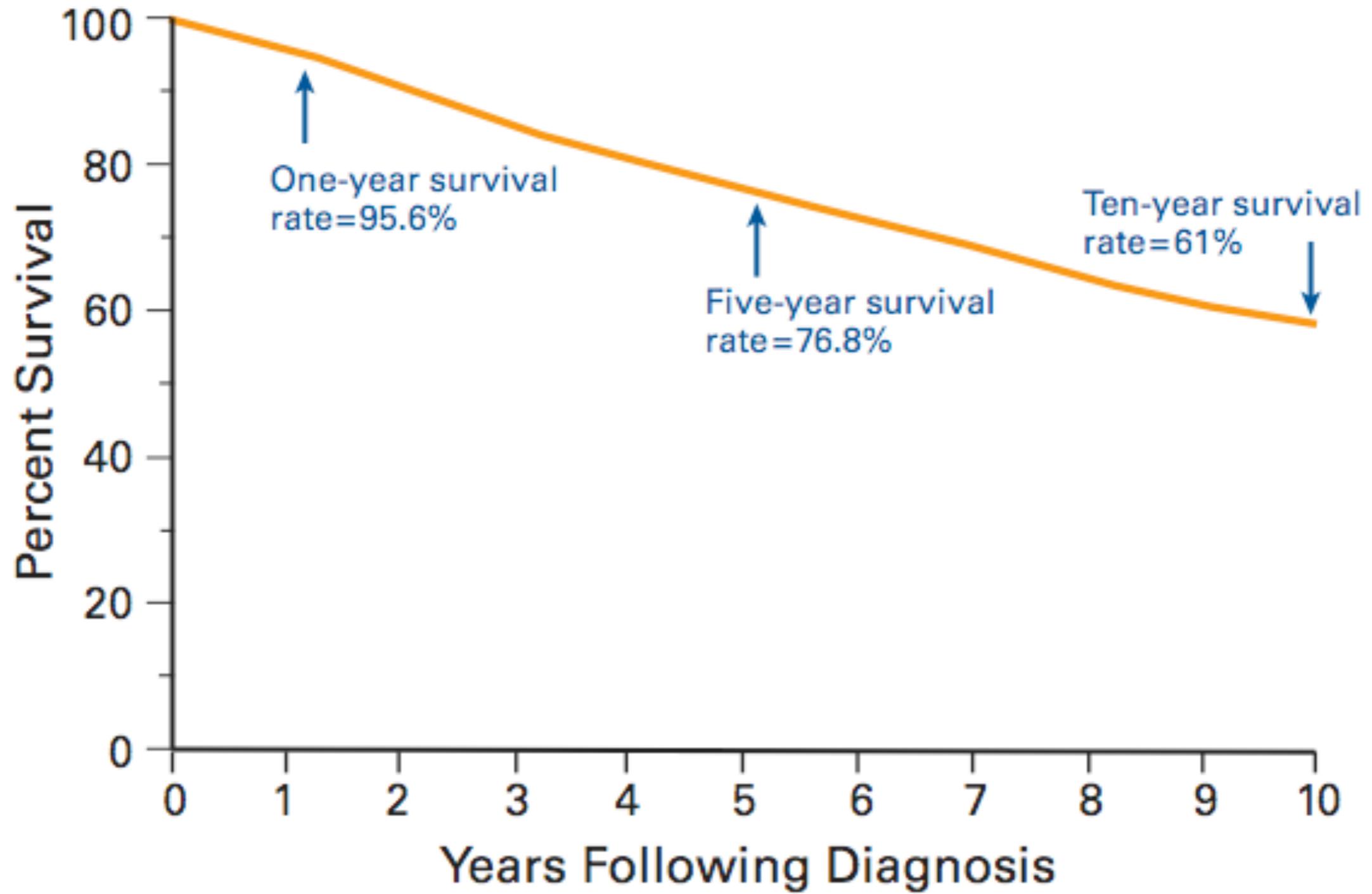
Tüm tümörlerin insidansların ve Ölüm Oranları

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2018 Estimates

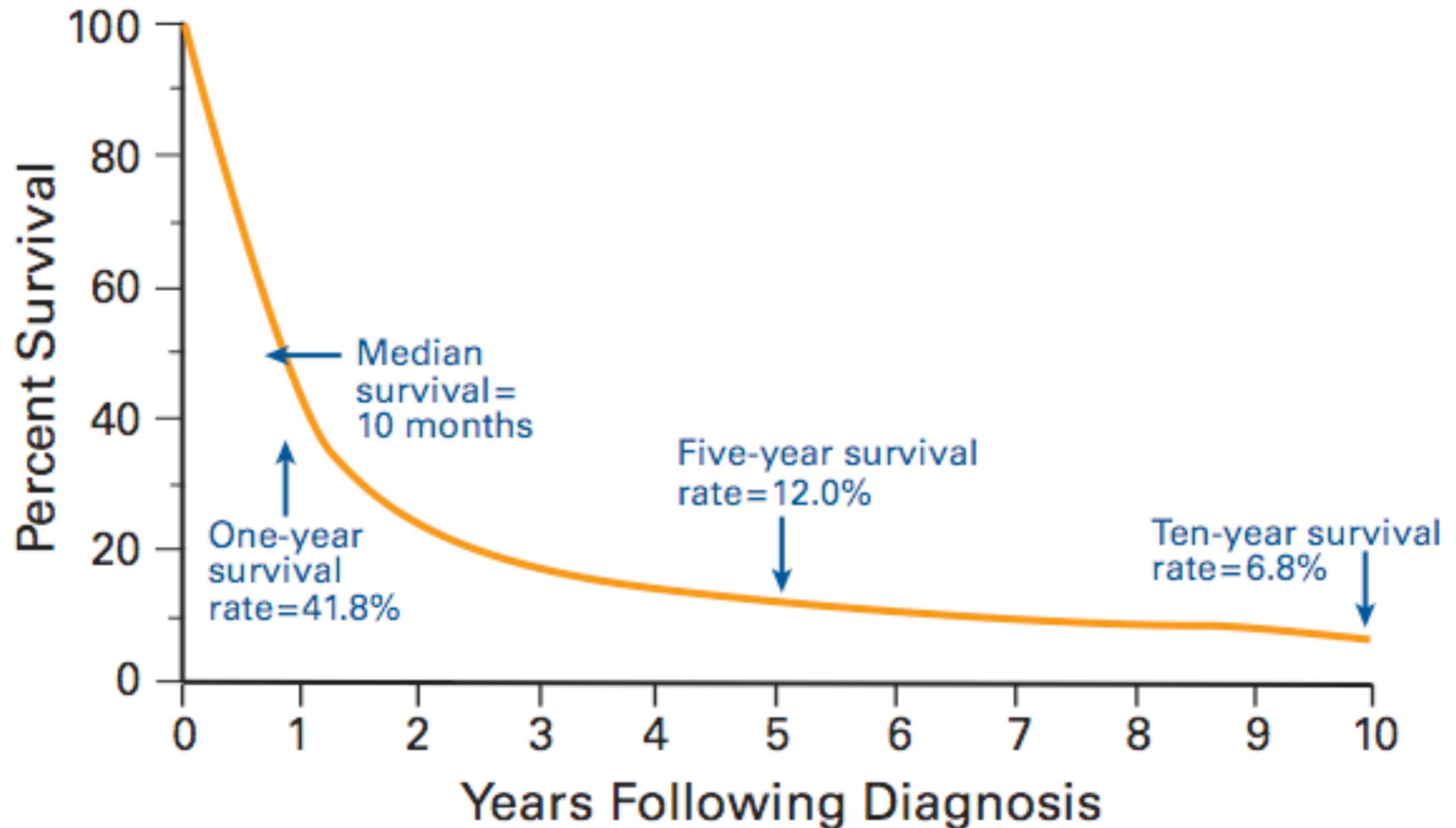


Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Ranking is based on modeled projections and may differ from the most recent observed data.

Meme Karsinomlarında Sağkalım

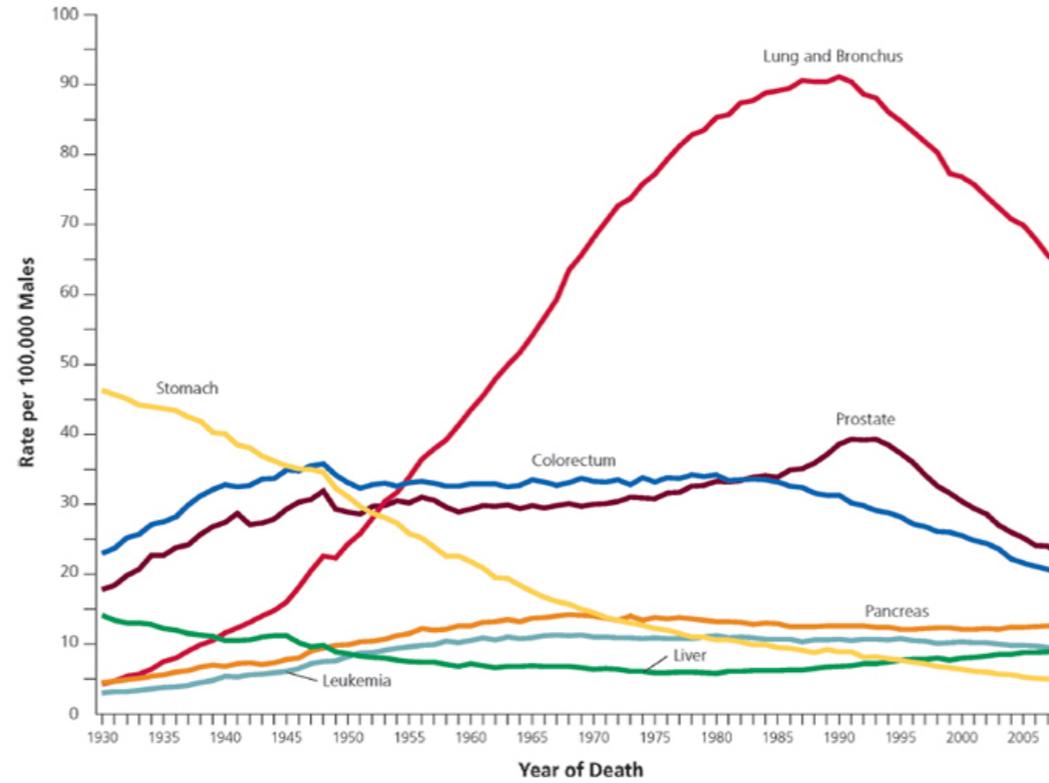


Akciğer Karsinomlarında Sağkalım

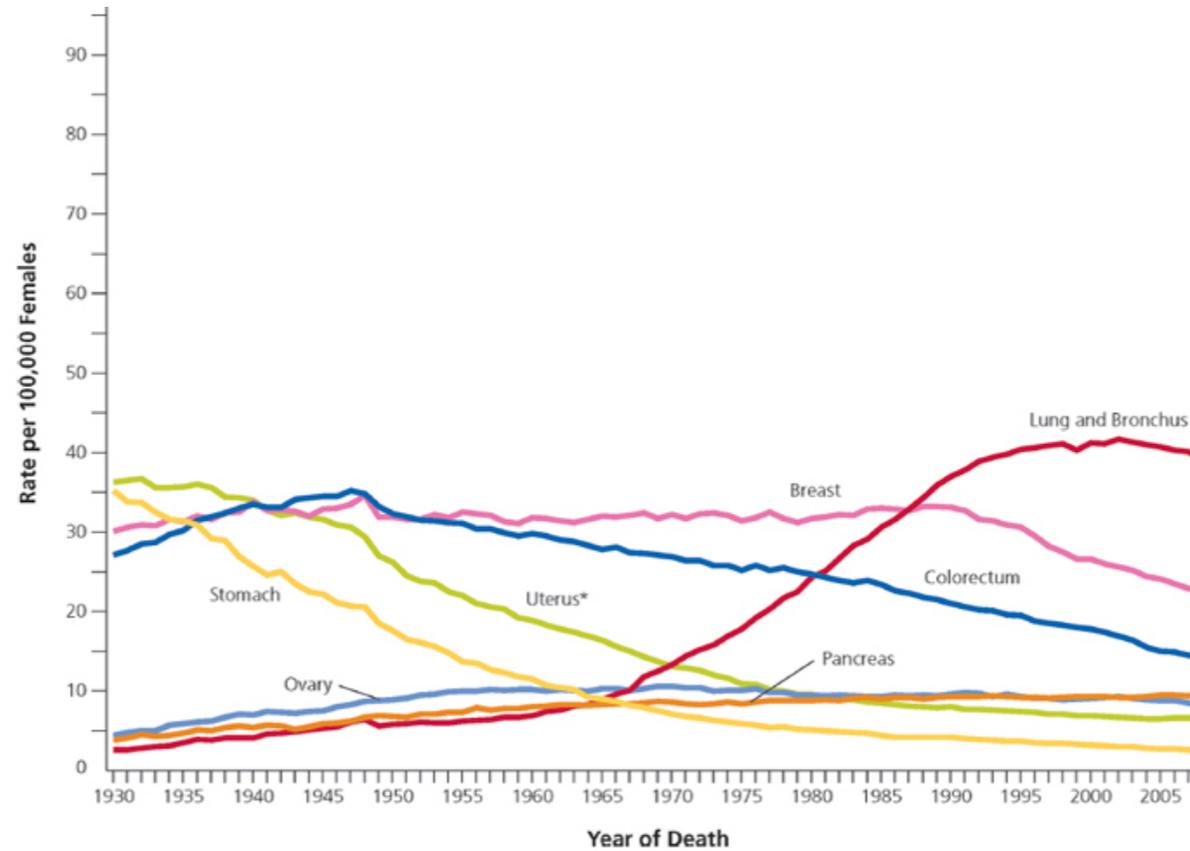


Akciğer Kanseri Ölüm Oranları

Erkekler



Kadınlar



FOR MORE PURE PLEASURE
No other cigarette is
so rich-tasting, yet so mild
as CAMEL!

*No other cigarette has ever
been able to equal the pure
pleasure in Camel's exclusive
blend of costly tobaccos!*

TODAY, with over fifty brands to choose from,
more smokers get *more pure pleasure* from
Camels than from any other cigarette!
For only in Camels can you find such genuine
mildness *combined* with fuller, richer flavor!
You owe it to yourself to *try* Camel's
famous blend of costly tobaccos!

Make your own 30-day Camel Mildness Test

Smoke only Camels for 30 days! You'll agree — no other
cigarette is so *rich-tasting*, yet so *mild* as Camel!

"FOR ME, CAMELS
HAVE IT ALL OVER
OTHER CIGARETTES
— BOTH FOR
MILDNESS AND
GOOD FLAVOR!"

Teresa Wright
LOVELY HOLLYWOOD STAR



R. J. Reynolds
Tobacco Co.,
Winston-Salem, N. C.

See, Dad, you always get
the best of everything
...even

Marlboro!



Yes, you need
never feel
over-smoked
...that's the
secret of
Marlboro!



REGISTRATION BY TRADE MARK
© 1964 B&W T Co. BOSTON, MASS. 02111

It's one of the best-
 known names. With the
 American and British
 2nd and 3rd Army units
 it's a fact.

There's no other
 cigarette, and a friendly
 reminder from the
 all the way to make you
 buy and smoke.



*According to a recent **Nationwide** survey:*

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS... they know what's best for you. In all their quiet, unobtrusive ways of cigarette preference. They're looking for a cigarette with the "right" flavor. The one that's just what you need. What cigarette do you smoke, Doctor?

The best answer is... Camels! The rich, full flavor and good balance of Camels make them a favorite choice for many of the nation's leading doctors. It's the reason why so many of them smoke Camels. If you can't find a Camels pack, the pharmacist or grocer will be glad to help you. If you're new to it, try Camels...



See "T. Jones" will tell you...

The Taste...
 The Strength...
 And your
 smoking pleasure
 for any cigarette
 has it. Camels
 don't just give
 "T. Jones" a "T."

CAMELS Camel Cigarettes

哈德門



香清
味妙
質美
價廉



MURAD

THE
TURKISH
CIGARETTE



The Knight of
the White Horse
Prefers Murad
at any cost.

Murad
Cigarettes
Manufactured by the Murad Cigarette Co.
and Sold by the Murad Cigarette Co.



When I asked the grown-ups to judge for themselves what Xmas present they wanted —they all chose

20¢

MURAD

THE TURKISH CIGARETTE



SAYIN SİGARA İÇİCİLERİMİZ...

PİYASAYA YENİ SUNULAN **İZMİR** SİGARAMIZ TÜKETİCİLERİMİZDEN BÜYÜK İLGİ GÖRMEKTEDİR.

BU İLGİNİN GİDEREK ARTACAĞI GÖZLENDİĞİNDEN **İZMİR**'İN YURDUN HER YERİNDE İÇİCİLERİMİZİN TALEBİNE YETECEK DÜZEYDE ÜRETİMİ İÇİN ÇALIŞMALARIMIZ YOĞUNLAŞTIRILMIŞTIR.

TAMAMEN TÜRK TÜTÜNÜNDEN ÖZEL HARMANLANMIŞ **İZMİR**'İ DENEYİNİZ, SİZ DE BEĞENECEKSİNİZ. İLGİNİZE TEŞEKKÜR EDERİZ.

SAYGILARIMIZLA

TEKEL

L&M. Sınırsız Özgürlüğü Yaşayın!



Amerikan kalitesi, uygun fiyat.

Kanserden sağkalım artıyor

	ALL RACES		
	1975 TO 1977	1987 TO 1989	2004 TO 2010
All sites	49	55	68†
Brain & other nervous system	22	29	35†
Breast (female)	75	84	91†
Colon	51	60	65†
Esophagus	5	9	20†
Hodgkin lymphoma	72	79	88†
Kidney & renal pelvis	50	57	74†
Larynx	66	66	63†
Leukemia	34	43	60†
Liver & intrahepatic bile duct	3	5	18†
Lung & bronchus	12	13	18†

CANCER CARE

SURGERY

ancient times-
present

RADIOTHERAPY

1890s-present

TRADITIONAL CHEMOTHERAPY

1940s-present

PRECISION THERAPY

1998-present

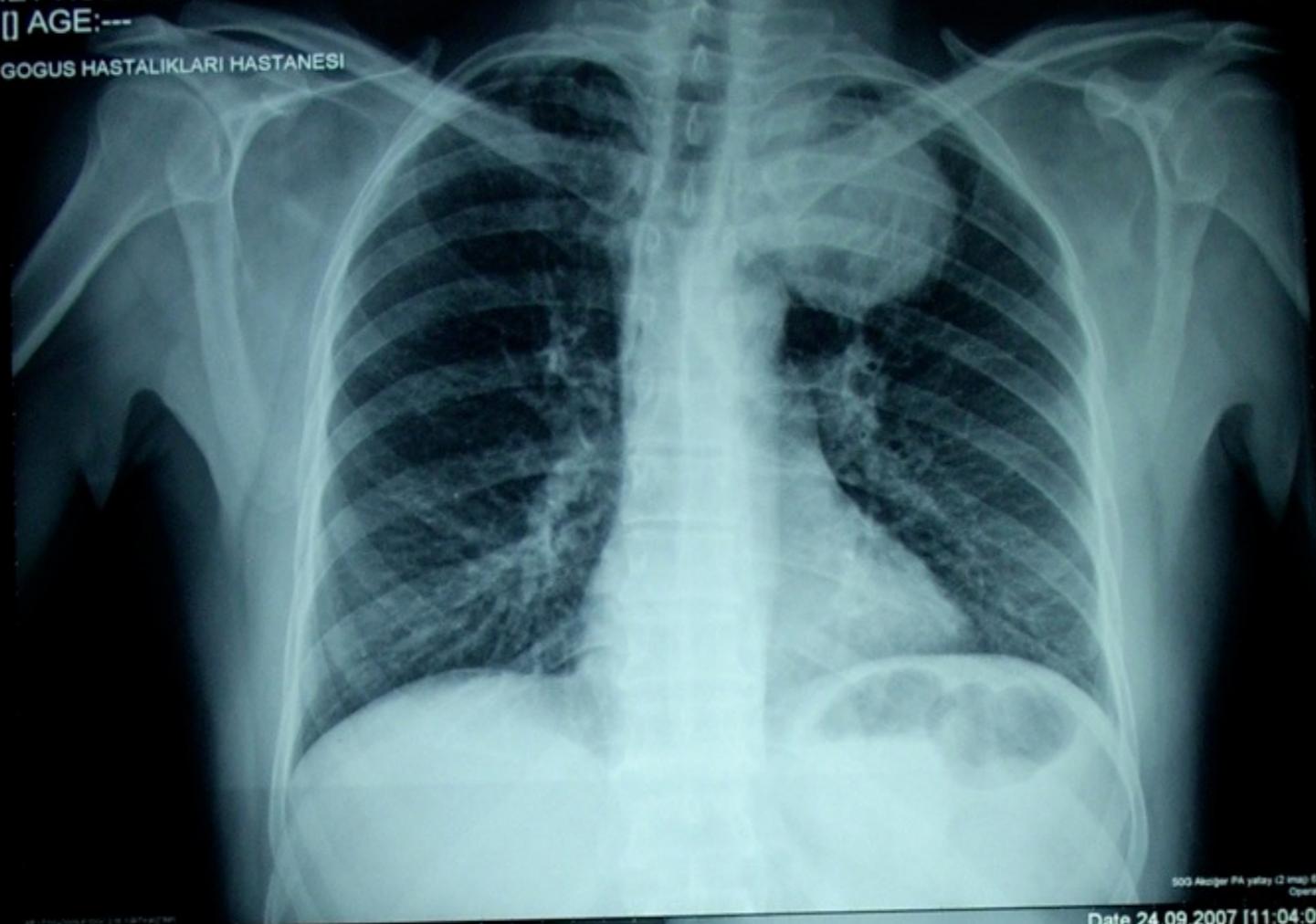
IMMUNOTHERAPY

1997-present

2 AHMET KOLDEMİR
AGE:---

CANON CXDI 50G

EDIKULE GOGUS HASTALIKLARI HASTANESI

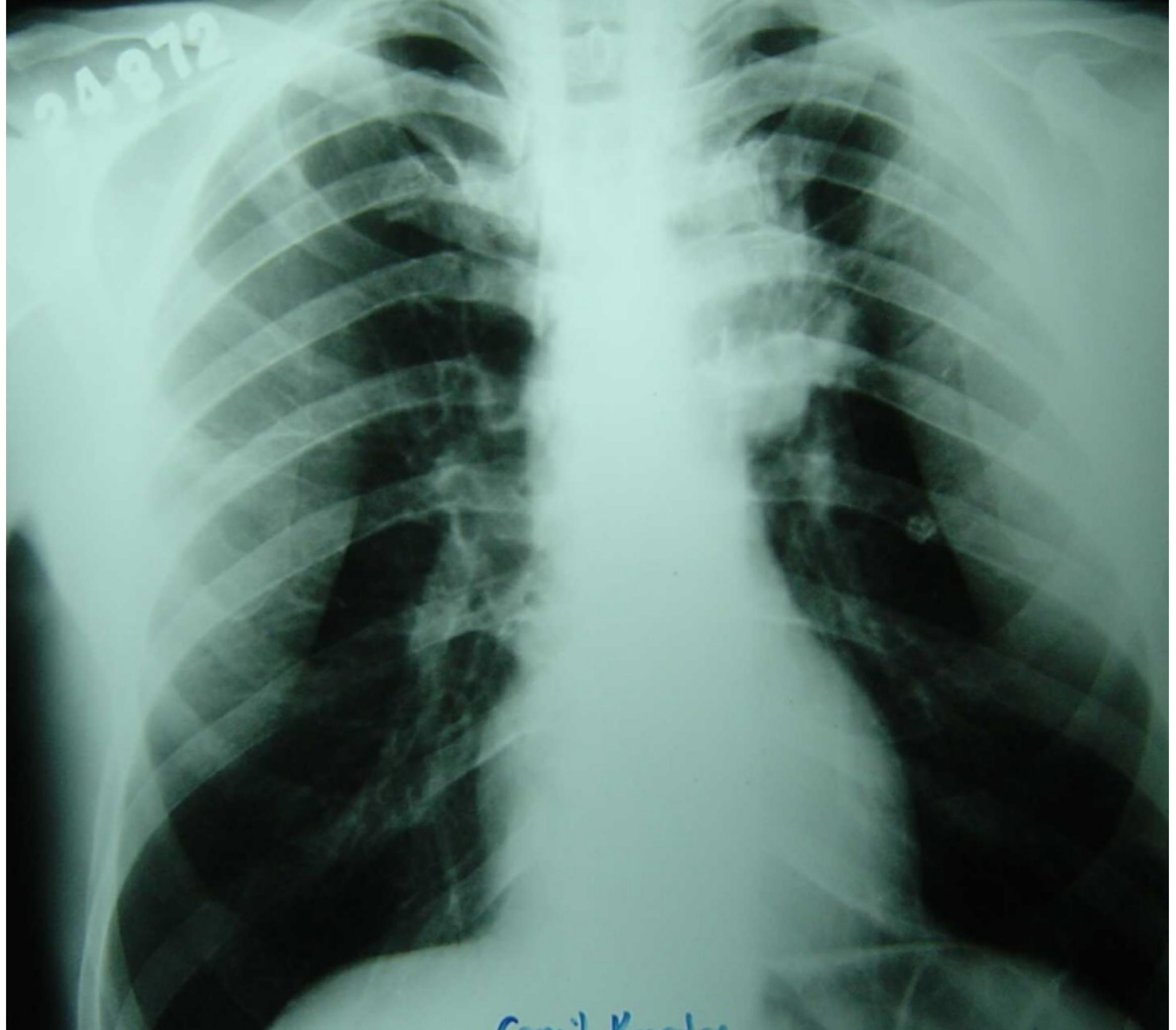


50G Acceptor PA yatağı (2 image) 62%
Operator:

Date 24.09.2007 [11:04:09]
CANON CXDI 50G

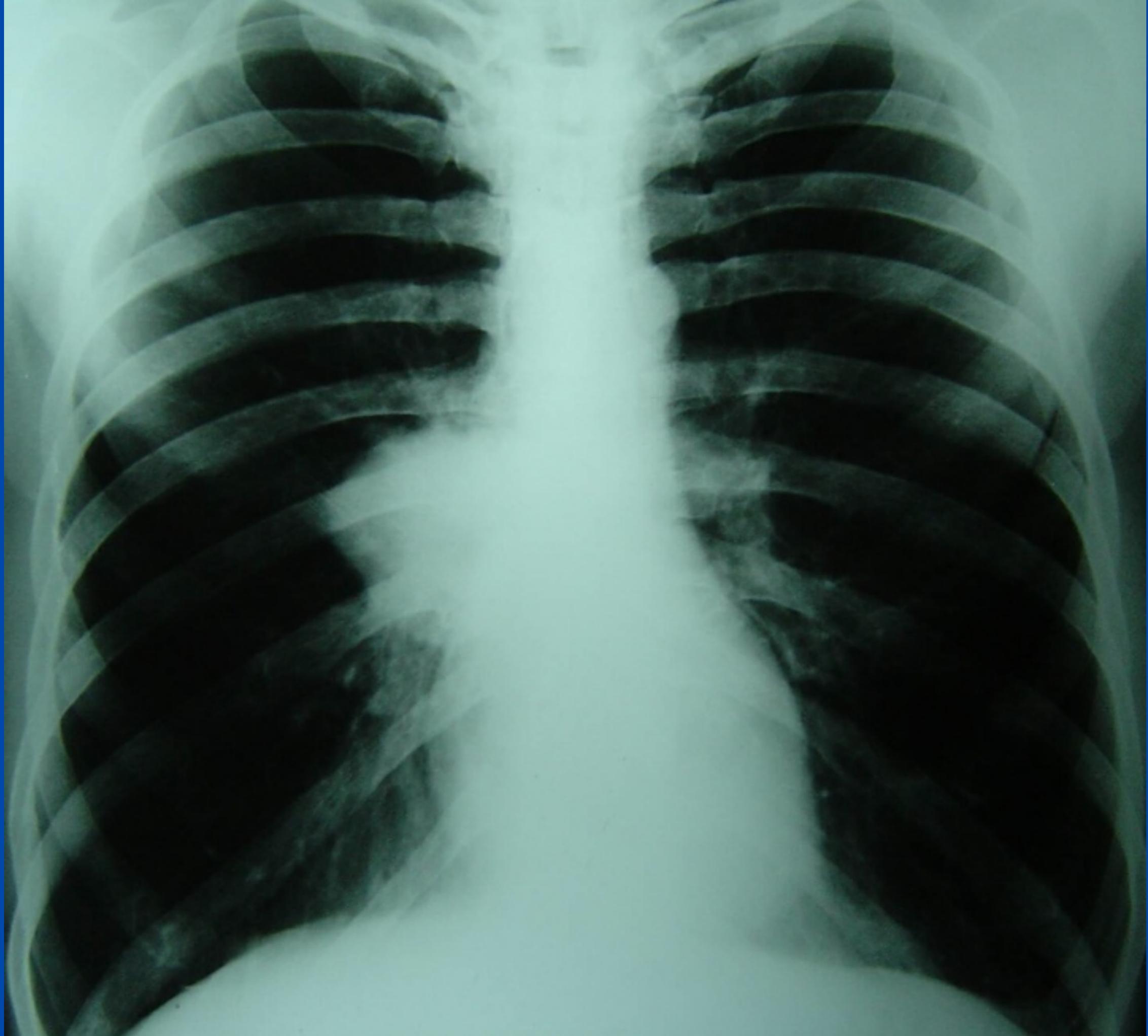


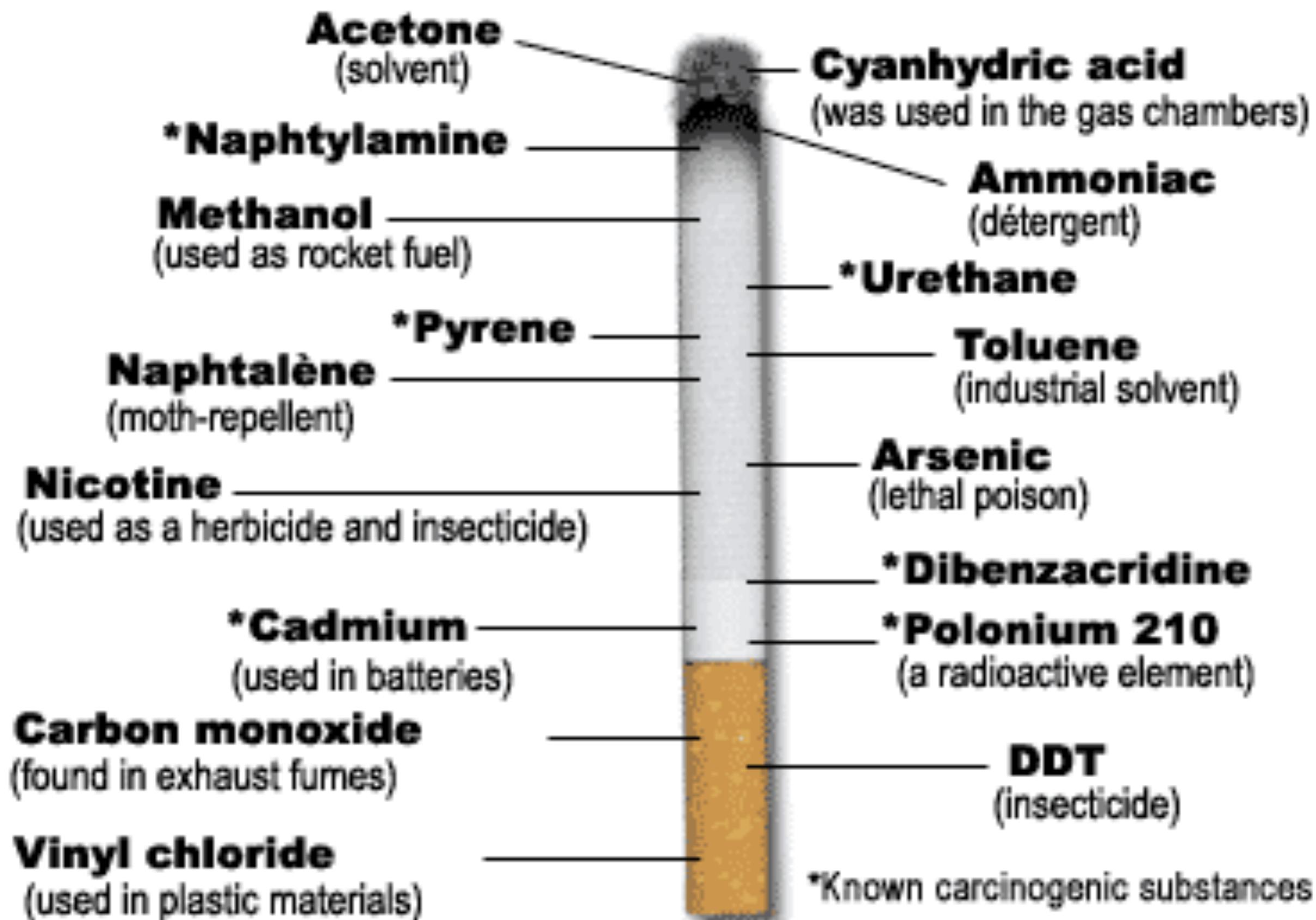
50G Acceptor L1 yatağı (2 image) 62%
Operator:



24872

Smit K...





CHEMICAL COMPOUNDS IN CIGARETTE SMOKE

A SUMMARY OF A SELECTION OF HAZARDOUS COMPOUNDS IN CIGARETTE SMOKE & THEIR EFFECTS

ESTIMATED NUMBER OF CHEMICAL COMPOUNDS IN CIGARETTE SMOKE

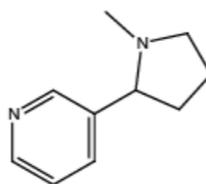
7,357

70

NUMBER OF THESE COMPOUNDS WITH CONFIRMED CARCINOGENIC ACTIVITY

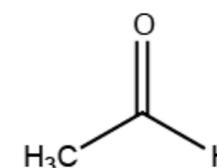
The compounds shown below are all found in cigarette smoke. The mass figures, given in μg , take into account both mainstream (inhaled) and sidestream smoke. 1 μg is equal to 1 millionth of a gram. Amounts of these compounds vary in different brands of cigarettes - these figures are approximate.

NICOTINE



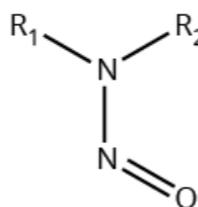
- Approx. 919 μg per cigarette
- Addictive
- Increases heart rate
- Increases blood pressure
- Increases blood glucose
- Lethal dose: around 500-1000mg

ACETALDEHYDE



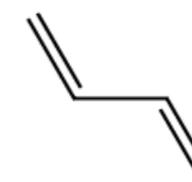
- Approx. 680-1571 μg per cigarette
- **Known animal carcinogen**
- **Probable human carcinogen**
- Irritant to skin & eyes
- Irritant to respiratory tract

N-NITROSAMINES



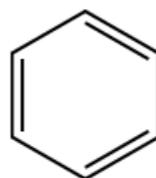
- Large class of compounds
- Several are tobacco-specific
- **Known human carcinogens**
- Most carcinogenic: NNK & NNN
- NNK: approx. 0.3 μg per cigarette
- NNN: approx. 2-50 μg per cigarette
- May cause reproductive damage

1,3-BUTADIENE



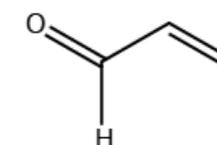
- Approx. 36-191 μg per cigarette
- **Known human carcinogen**
- **Suspected human teratogen**
- Irritant to eyes & skin
- Irritant to upper respiratory tract

BENZENE



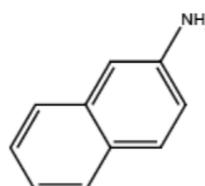
- Approx. 46-272 μg per cigarette
- **Known human carcinogen**
- Damages bone marrow
- Lowers red blood cell count
- May harm reproductive organs

ACROLEIN



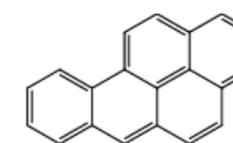
- Approx. 69-306 μg per cigarette
- **Possible human carcinogen**
- **Known DNA mutagen**
- Irritant to skin & nasal passages
- May contribute to heart disease

AROMATIC AMINES

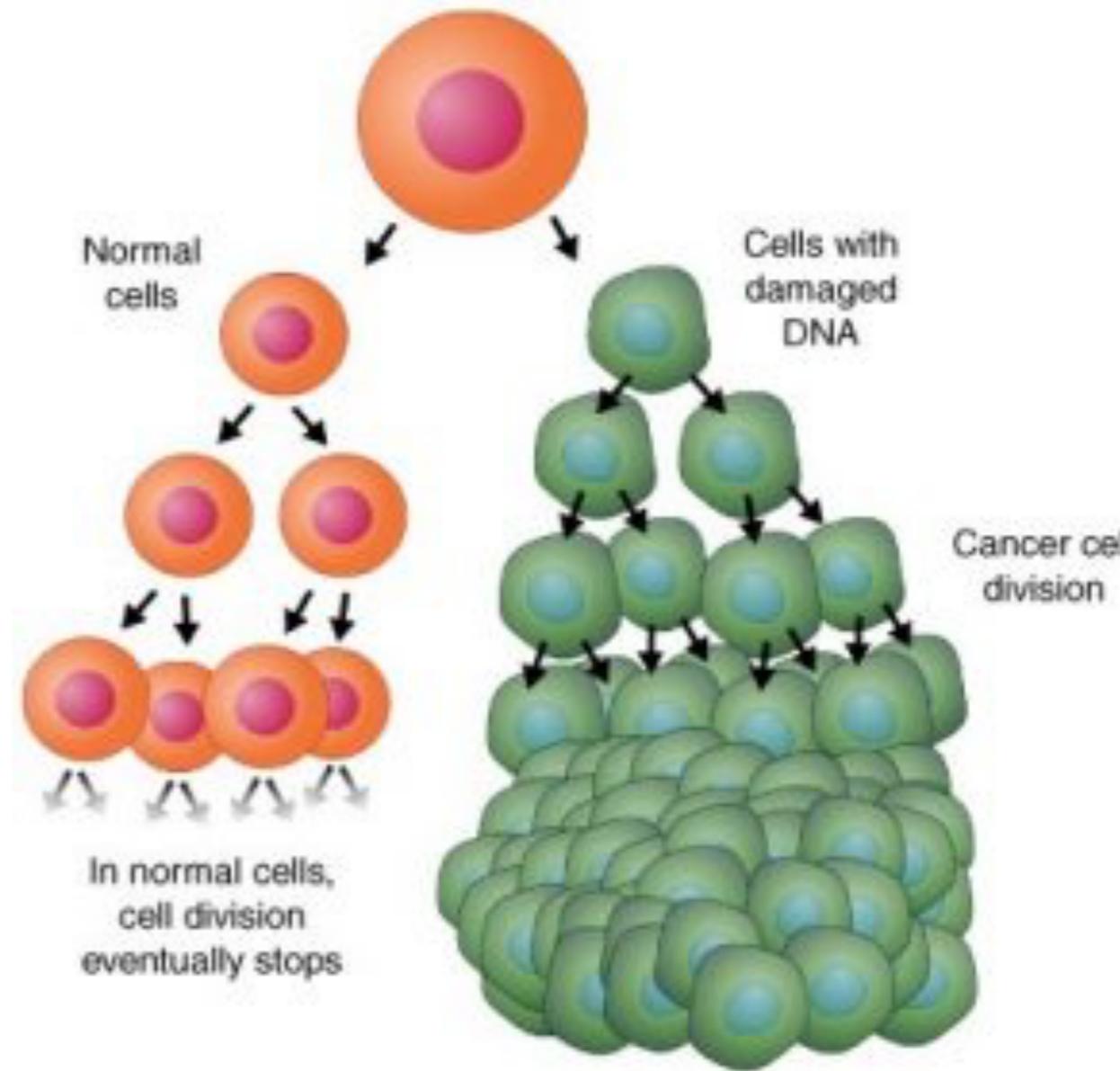
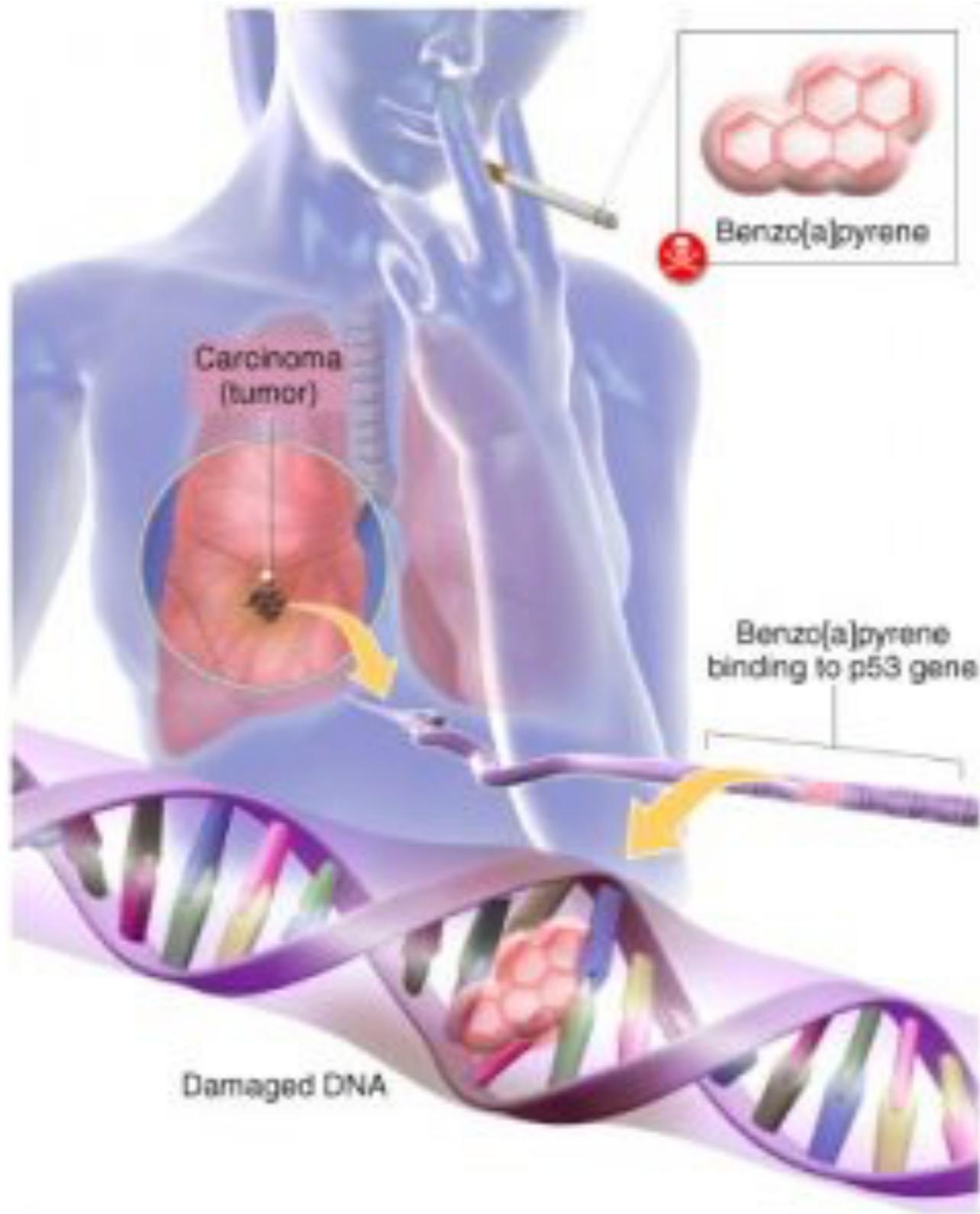


- Large class of compounds
- Includes 2-aminonaphthalene:
 - **Known human carcinogen**
 - Linked with bladder cancer
 - Approx. 0.04 μg per cigarette

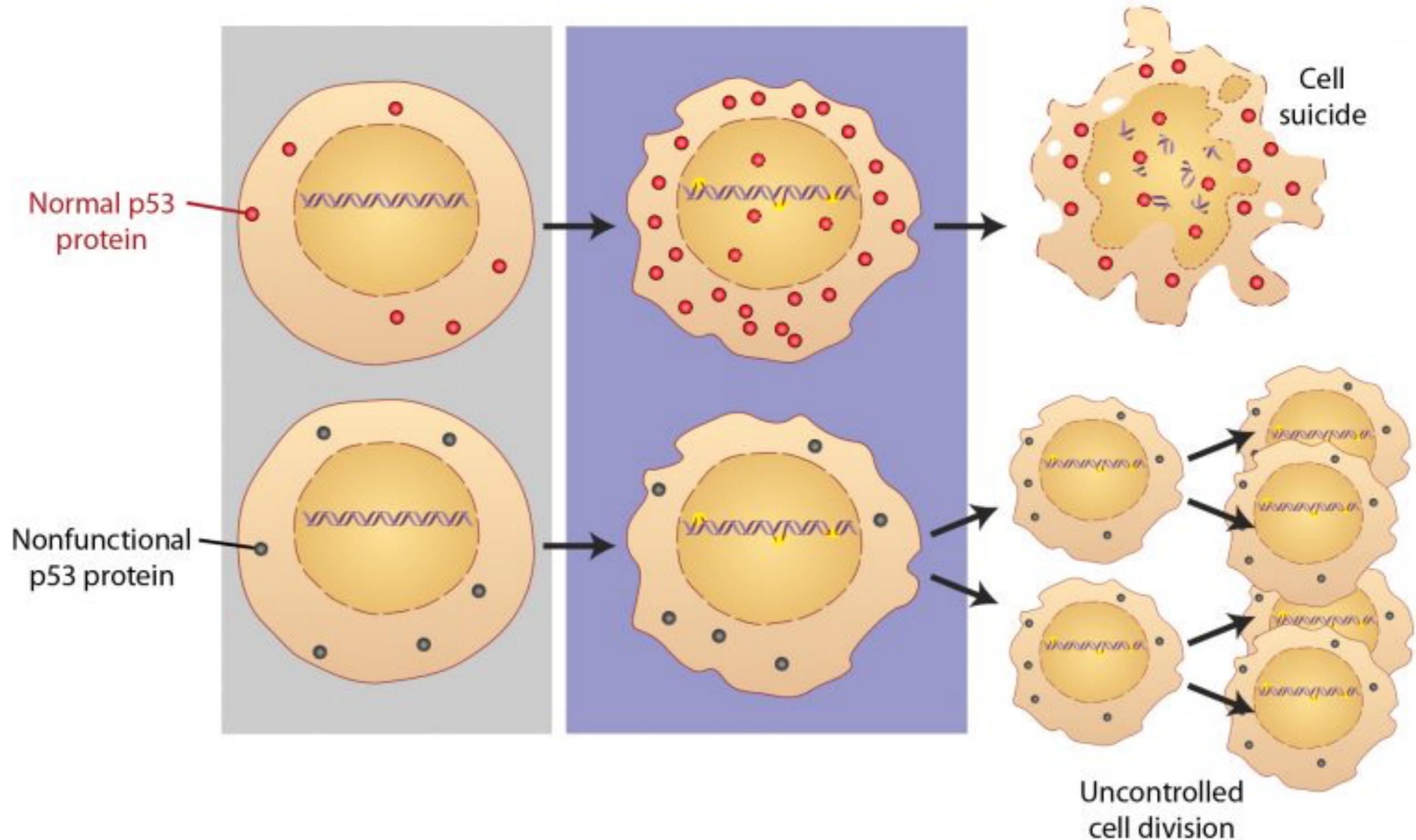
POLYAROMATICS

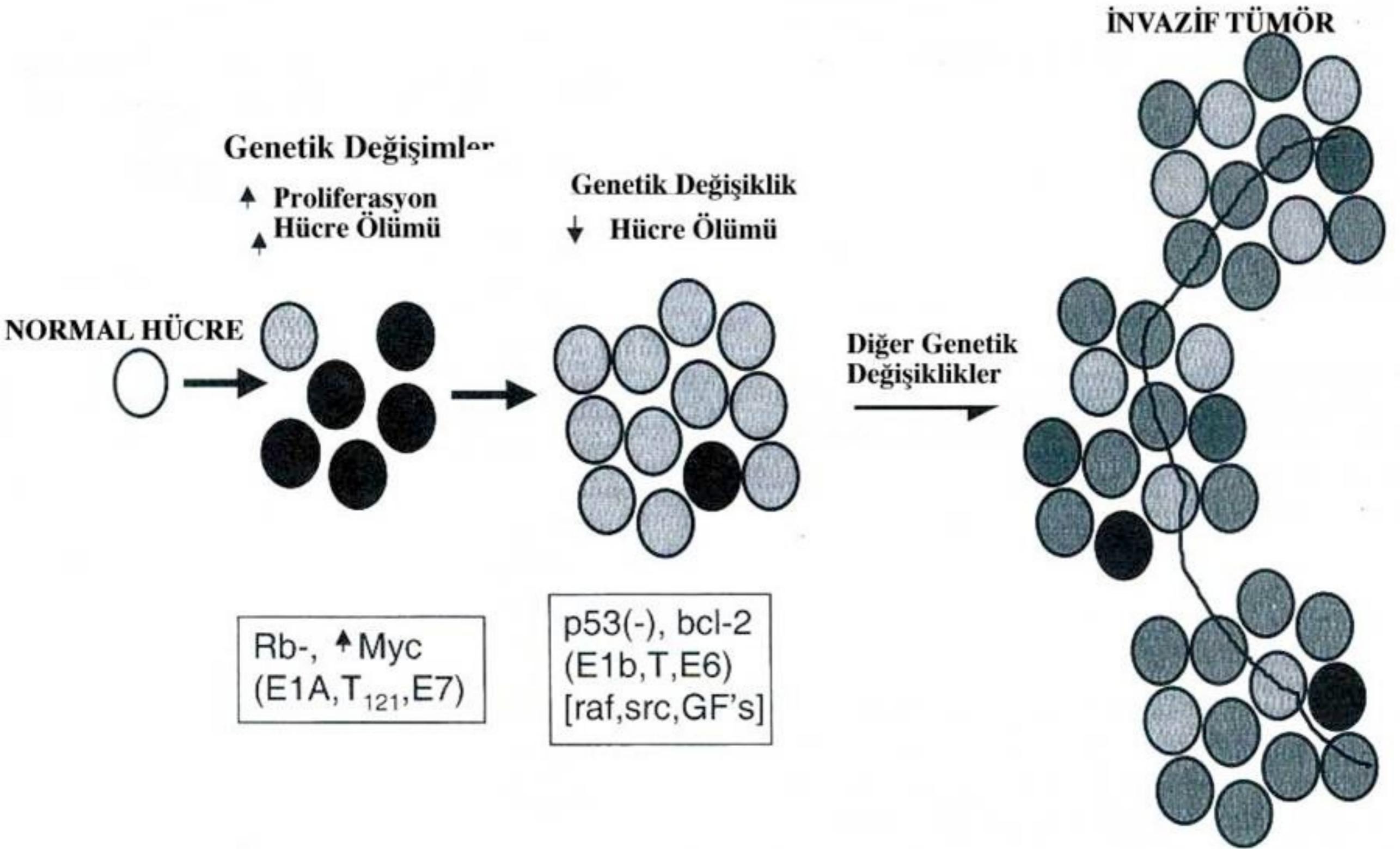


- Large class of compounds
- Includes benzo[a]pyrene:
 - **Known human carcinogen**
 - **Known DNA mutagen**
 - Affects reproductive capacity
 - Up to 0.14 μg per cigarette

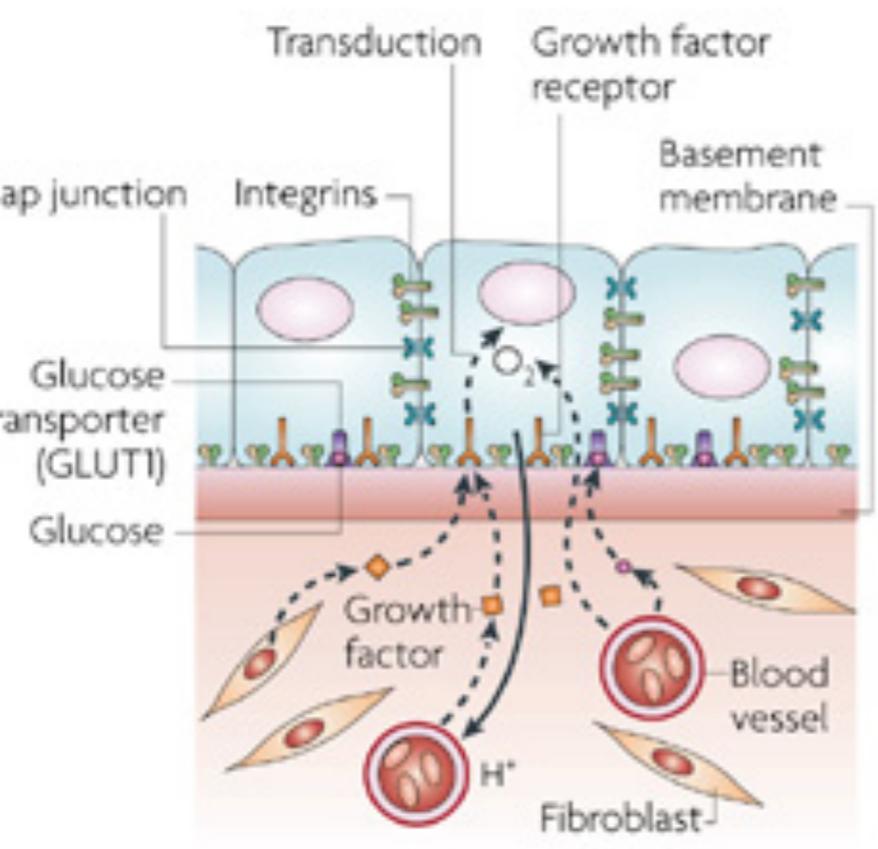


Normal ve Mutasyonlu p53

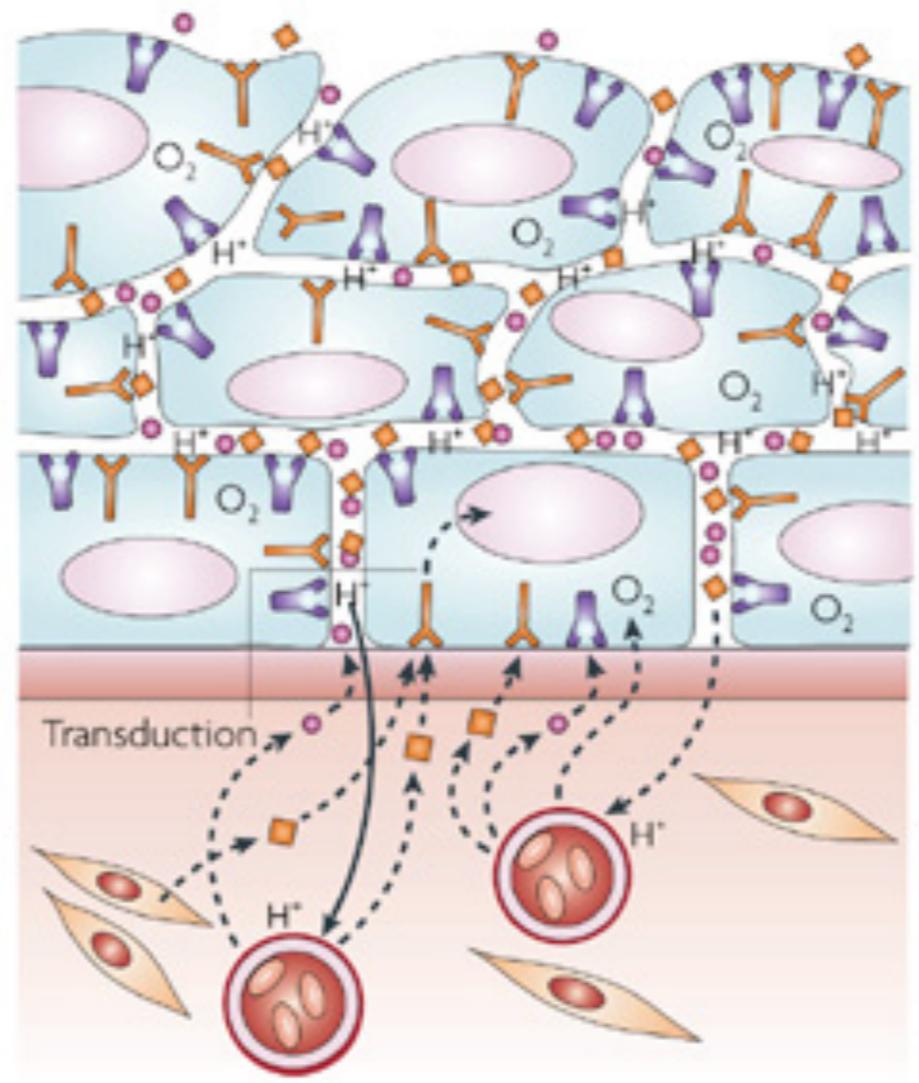




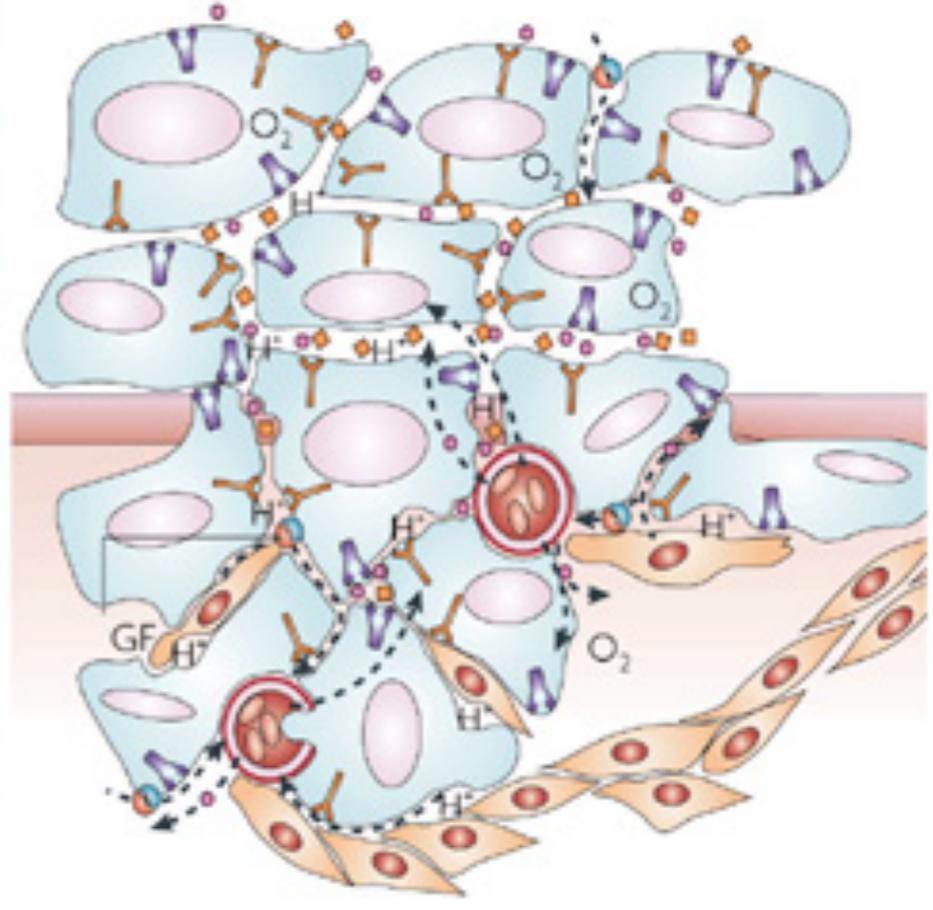
a Normal epithelium



b Dysplastic epithelium

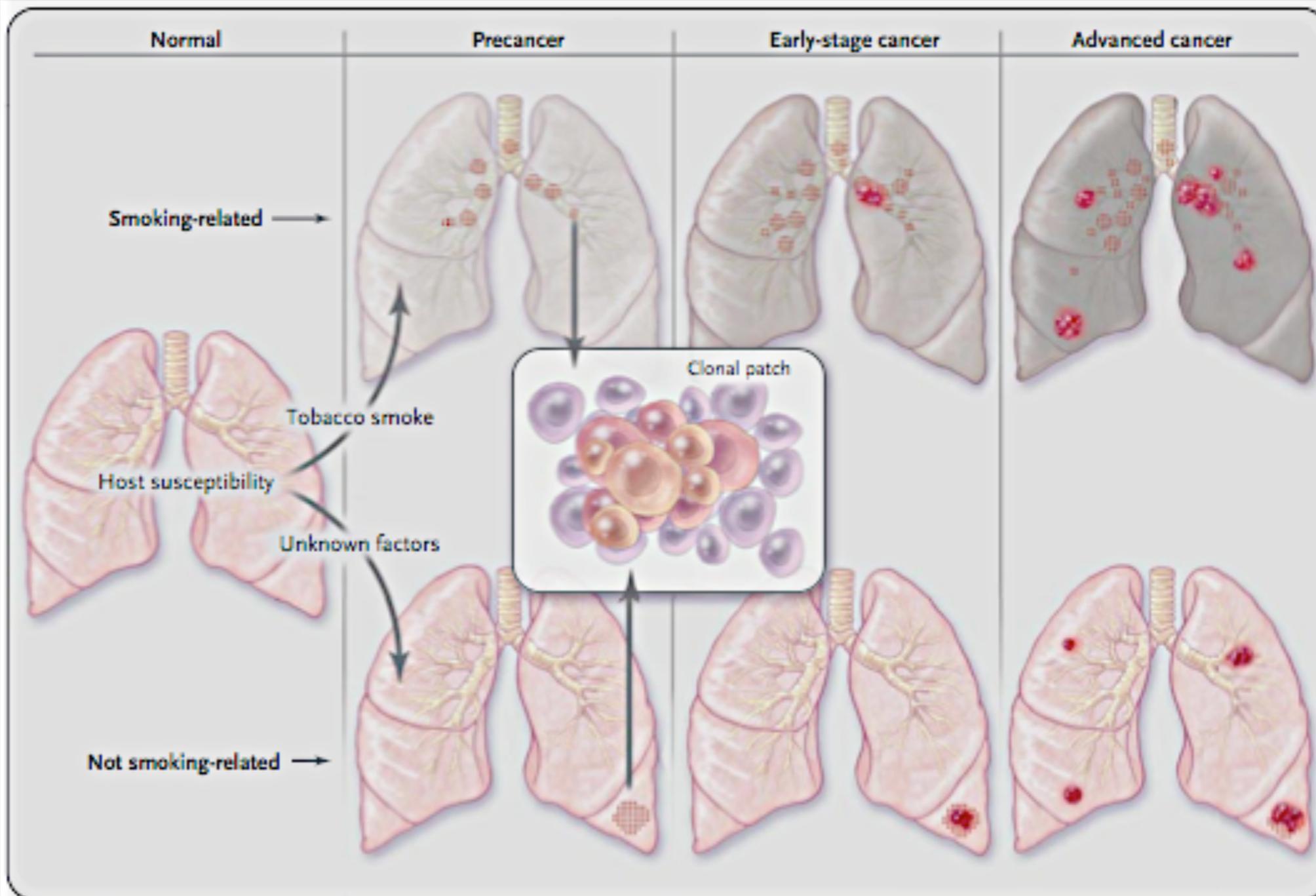


c Microinvasion



Belli Başlı Onkogenler ve Anti-onkogenler

Table 1. Genetic Abnormalities Specific in the Lung to Non–Small-Cell Lung Cancer and Small-Cell Lung Cancer.*			
Abnormality	Non–Small-Cell Lung Cancer		Small-Cell Lung Cancer
	Squamous-Cell Carcinoma	Adenocarcinoma	
Precursor			
Lesion	Known (dysplasia)	Probable (atypical adenomatous hyperplasia)	Possible (neuroendocrine field)†
Genetic change	<i>p53</i> mutation	<i>KRAS</i> mutation (atypical adenomatous hyperplasia in smokers), <i>EGFR</i> kinase domain mutation (in nonsmokers)	Overexpression of c-MET
Cancer			
<i>KRAS</i> mutation	Very rare	10 to 30%‡	Very rare
<i>BRAF</i> mutation	3%	2%	Very rare
<i>EGFR</i>			
Kinase domain mutation	Very rare	10 to 40%‡	Very rare
Amplification§	30%	15%	Very rare
Variant III mutation	5%¶	Very rare	Very rare
<i>HER2</i>			
Kinase domain mutation	Very rare	4%	Very rare
Amplification	2%	6%	Not known
<i>ALK</i> fusion	Very rare	7%	Not known
<i>MET</i>			
Mutation	12%	14%	13%
Amplification	21%	20%	Not known
<i>TTF-1</i> amplification	15%	15%	Very rare
<i>p53</i> mutation	60 to 70%	50 to 70%‡	75%
<i>LKB1</i> mutation	19%	34%	Very rare
<i>PIK3CA</i>			
Mutation	2%	2%	Very rare
Amplification	33%	6%	4%

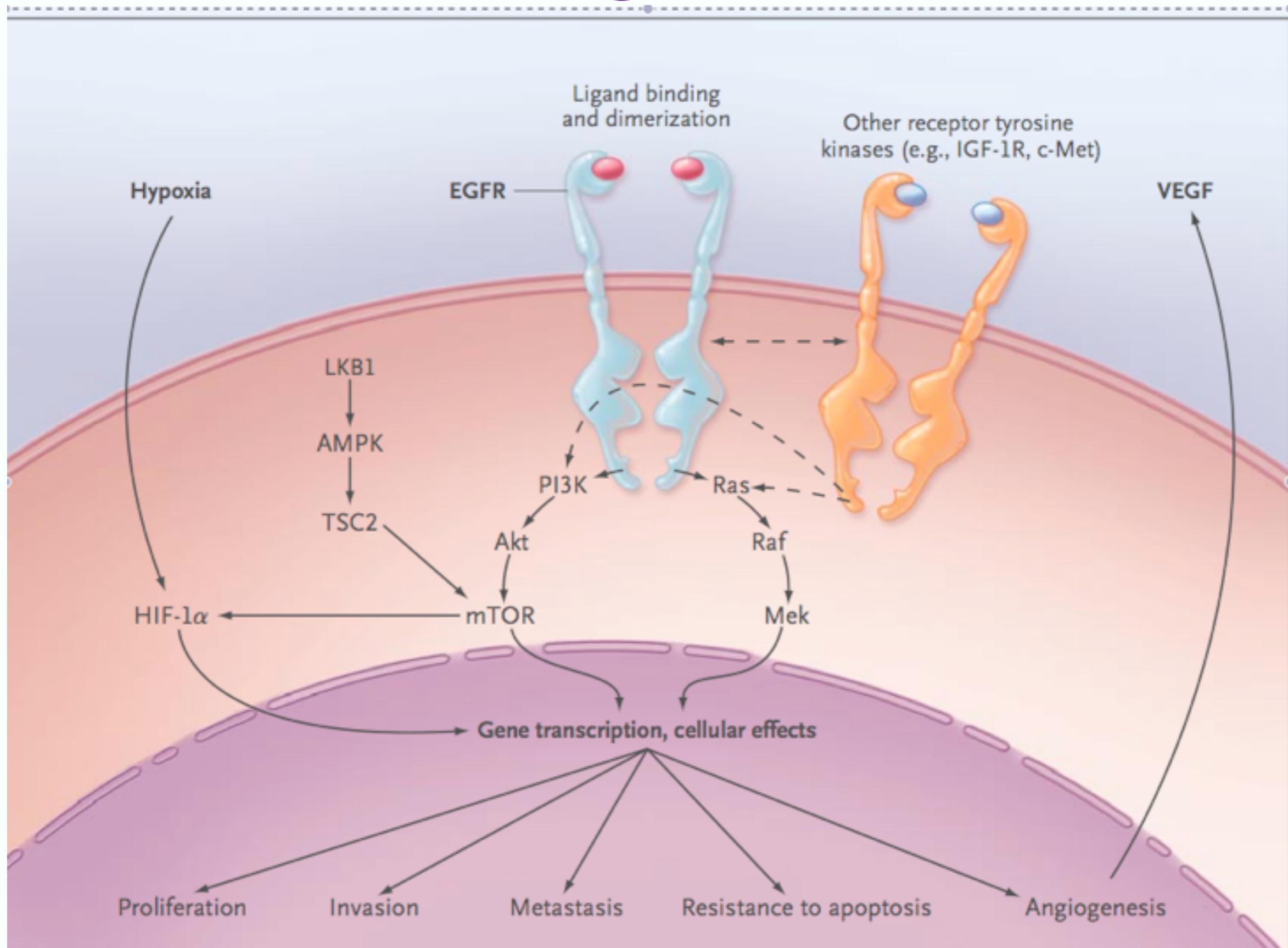


Molecular-cellular features	Common germ-line genetic variations	Tissue injury → Clonal patches Genetic, epigenetic changes	Invasion, angiogenesis	Metastatic spread
		Dysregulated pathways, proliferation, apoptosis		

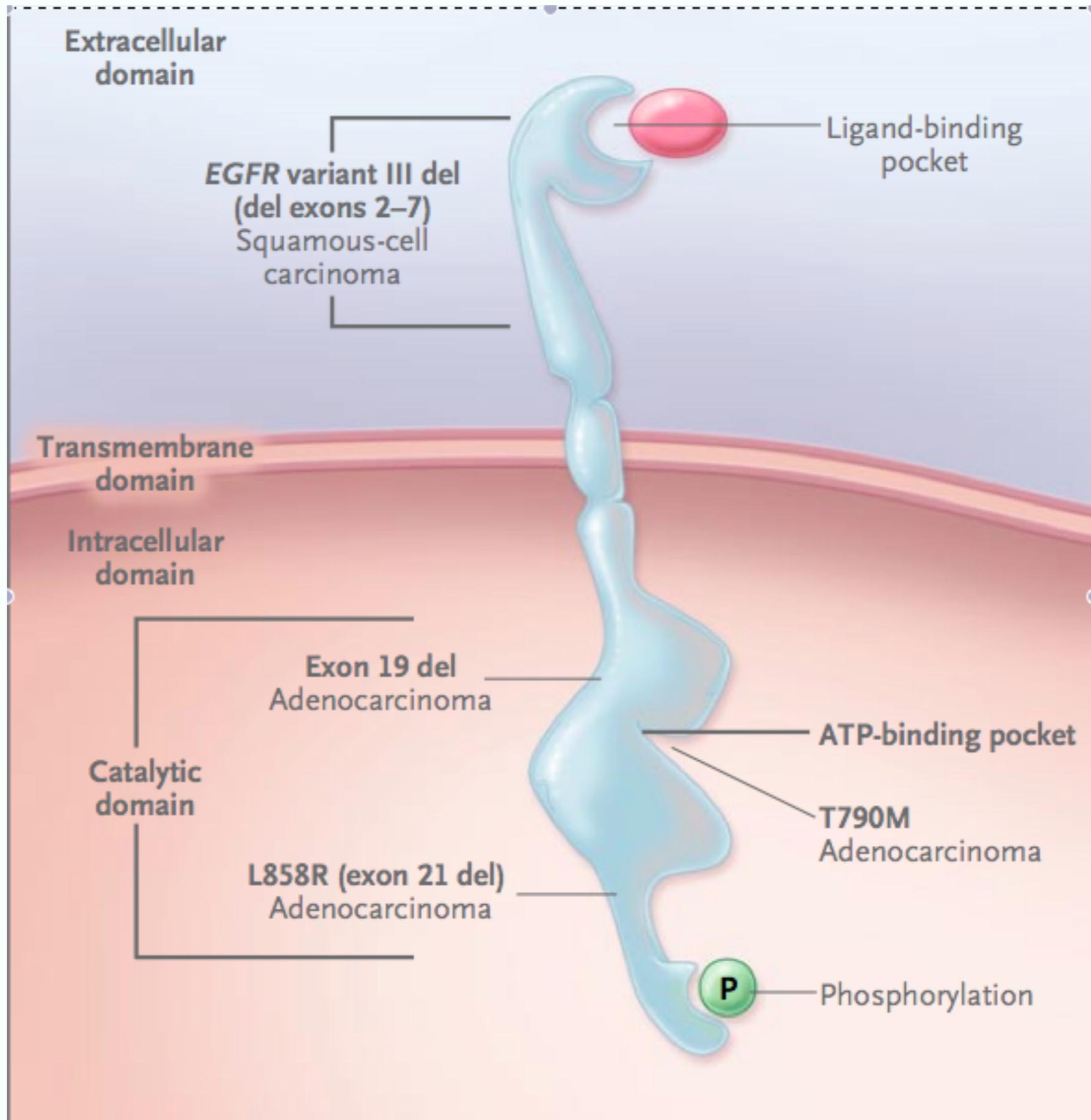
Treatment approaches	Prevention	→	Definitive local therapy with or without adjuvant therapy	Systemic therapy with or without radiation therapy
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Roles for molecular markers	Cancer risk	→	Prognostic, predictive	Predictive
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Onkogenese



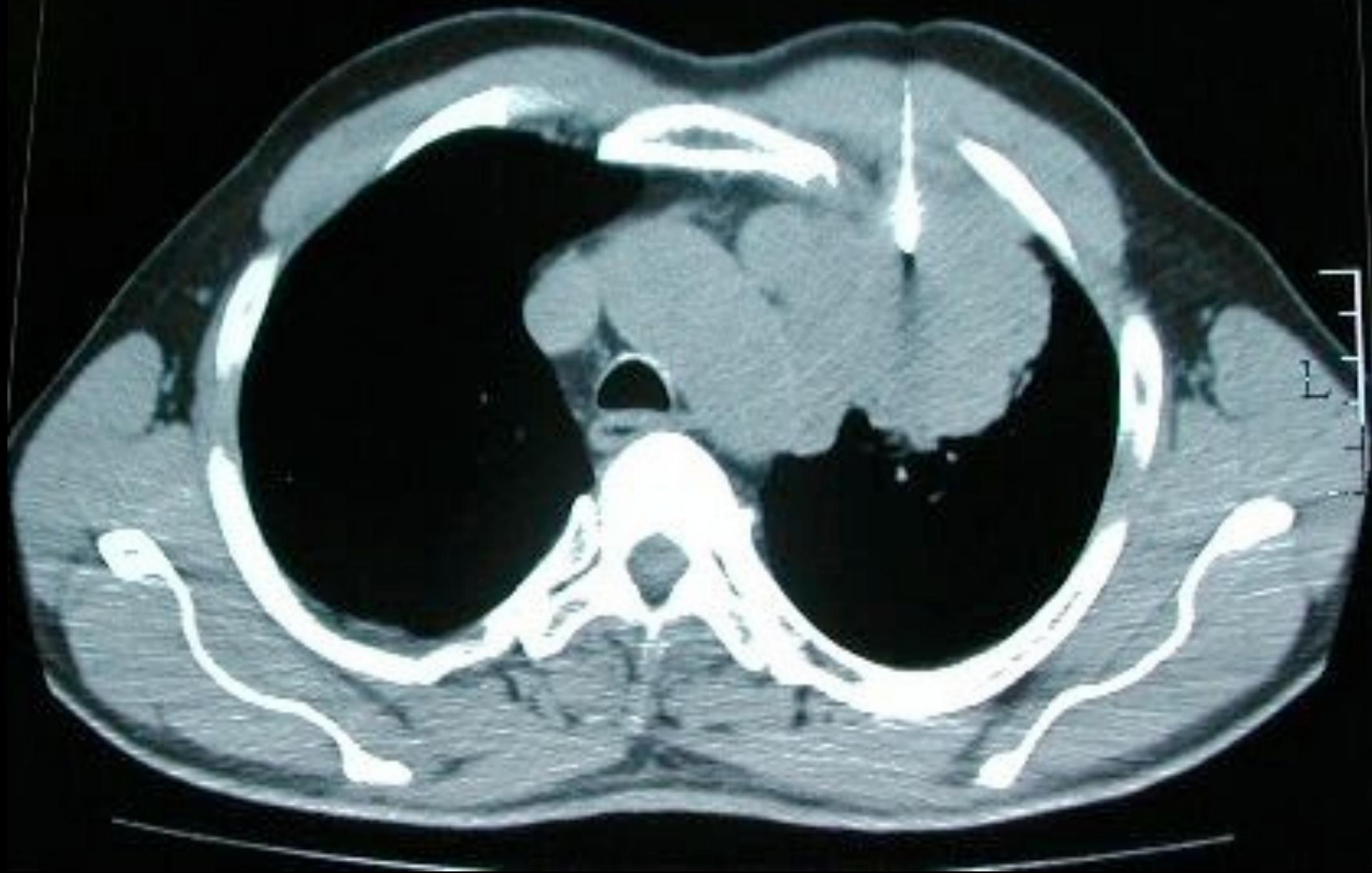
EGFR



TANI VE EVRELEME

- Balgam Sitolojisi (Santral ise %52 - 87)
- Fiberoptik Bronkoskopi
 - Periferik ise %15 - 24
 - Santral ise %70 - 90
- Fluoroskopik Bronkoskopi (Tümünde %40-80)
- Transtorasik İğne Aspirasyonu(Tümünde %35 – 65)
- PET (Hassasiyet : %90 -94,Özgüllük : %71-82)

+0.0mm
0.0deg
I#3



EVRELEMEDE T FAKTÖRÜ

	Months After Treatment (Cumulative Percent Surviving)				
	12 (%)	24 (%)	36 (%)	48 (%)	60 (%)
cTNM*					
cT1N0M0 (n=687)	91	79	71	67	61
cT2N0M0 (n=1,189)	72	54	46	41	38
pTNM[†]					
pT1N0M0 (n=511)	94	86	80	73	67
pT2N0M0 (n=549)	87	76	67	62	57

T-descriptor

Every cm counts...

Proposed (TNM 8th)

Up to 1 cm: T1a

>1-2 cm: T1b

>2-3 cm: T1c

>3-4 cm: T2a

>4-5 cm: T2b

>5-7 cm: T3

>7 cm: T4

Previous (TNM 7th)

T1a

T1a

T1b

T2a

T2a

T2b

T3

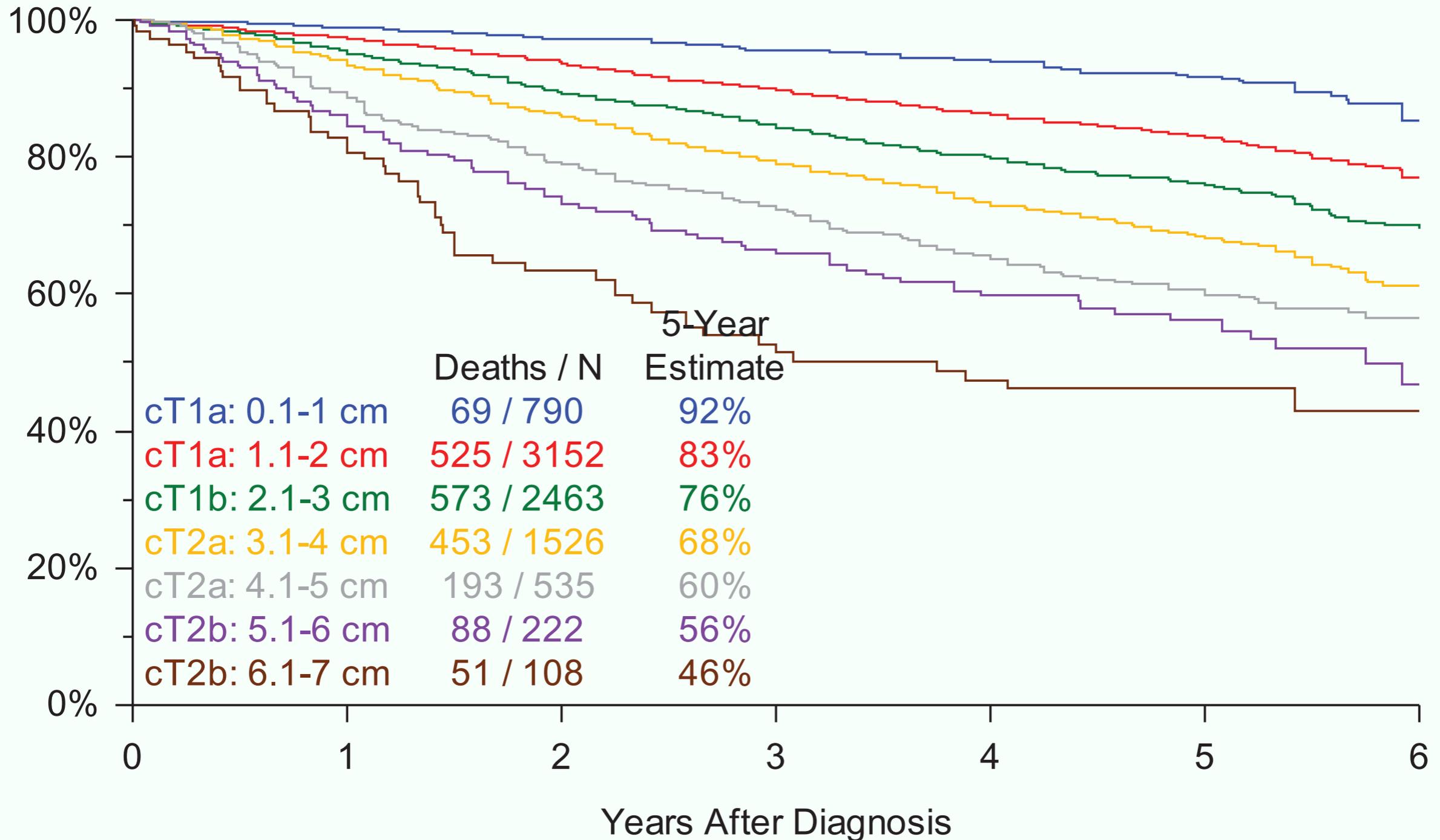
Rami-Porta R, [J Thoracic Oncol, 2015](#)

International Association for the Study of Lung Cancer, 2015

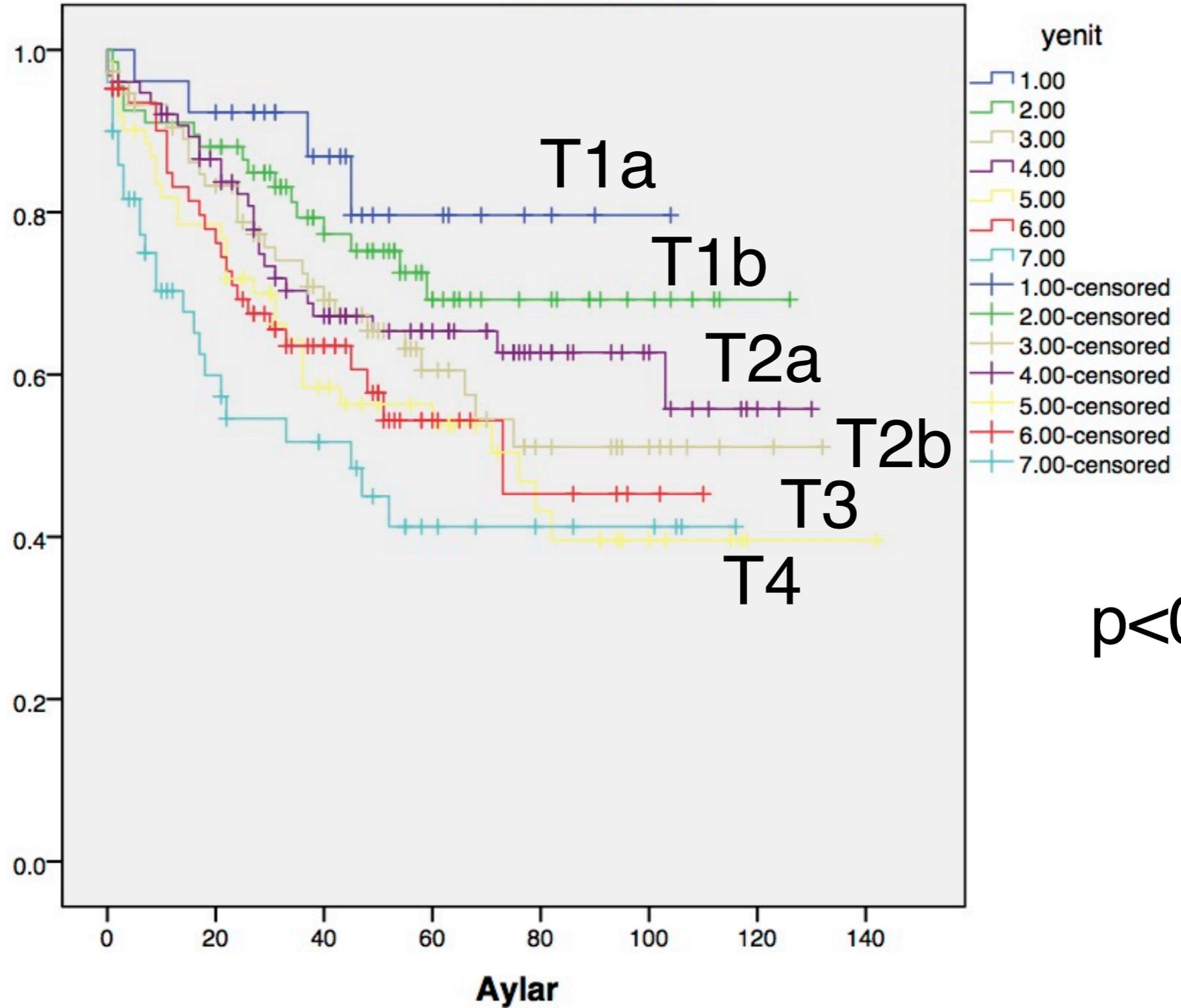
Importance of T Factor

by Size Only
cT1-2 N0 M0 NSCLC

B



Cerrahpaşa Tıp Fakültesi Göğüs Cerrahisi Anabilim Dalı'nda Opere Olan Hastalar

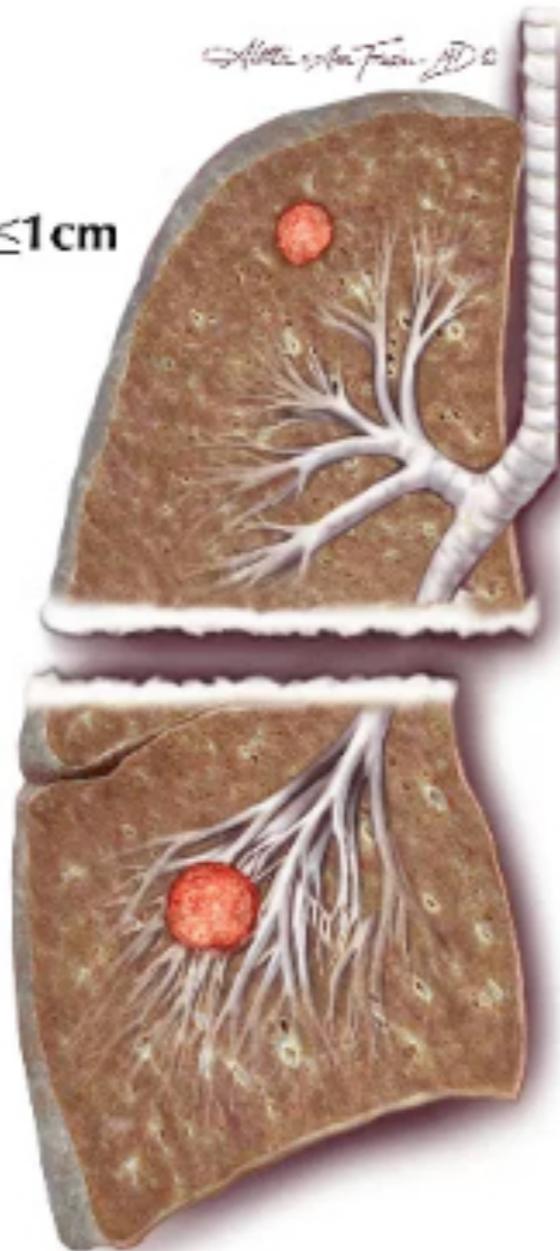


T1a, T1b ve T1c

T1a, T1b

T1c

Tumour ≤ 1 cm



Tumour:
>1cm, ≤ 2 cm

Tumour:
>2cm, ≤ 3 cm



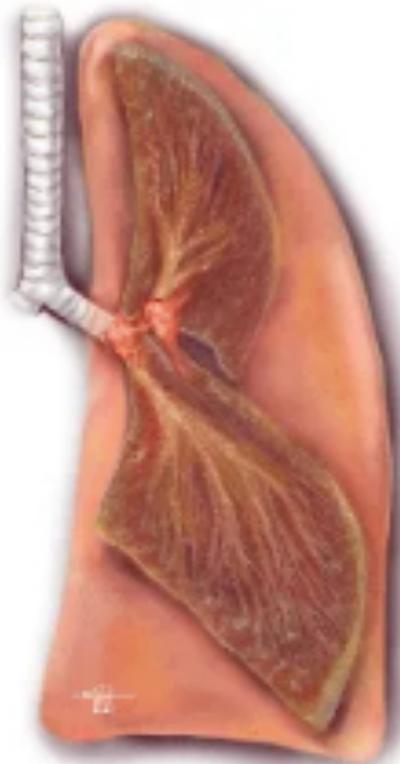
Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus is T1

Tumour ≤ 3 cm;
any associated bronchoscopic invasion should not extend proximal to the lobar bronchus



T2

Tumour in the main bronchus < 2cm from the carina (without involvement of the carina) and/or associated atelectasis or obstructive pneumonitis of the entire lung



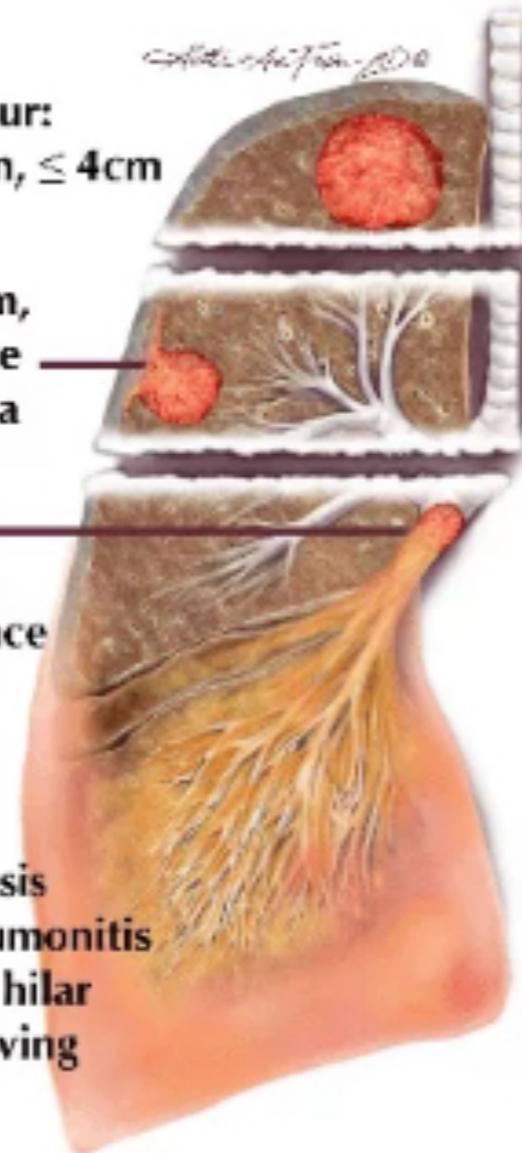
T2a

Tumour: > 3cm, ≤ 4cm

Tumour ≤ 4cm, invasion of the visceral pleura

Tumour involves main bronchus, regardless of distance from carina but without carinal involvement

Associated atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung



T2b

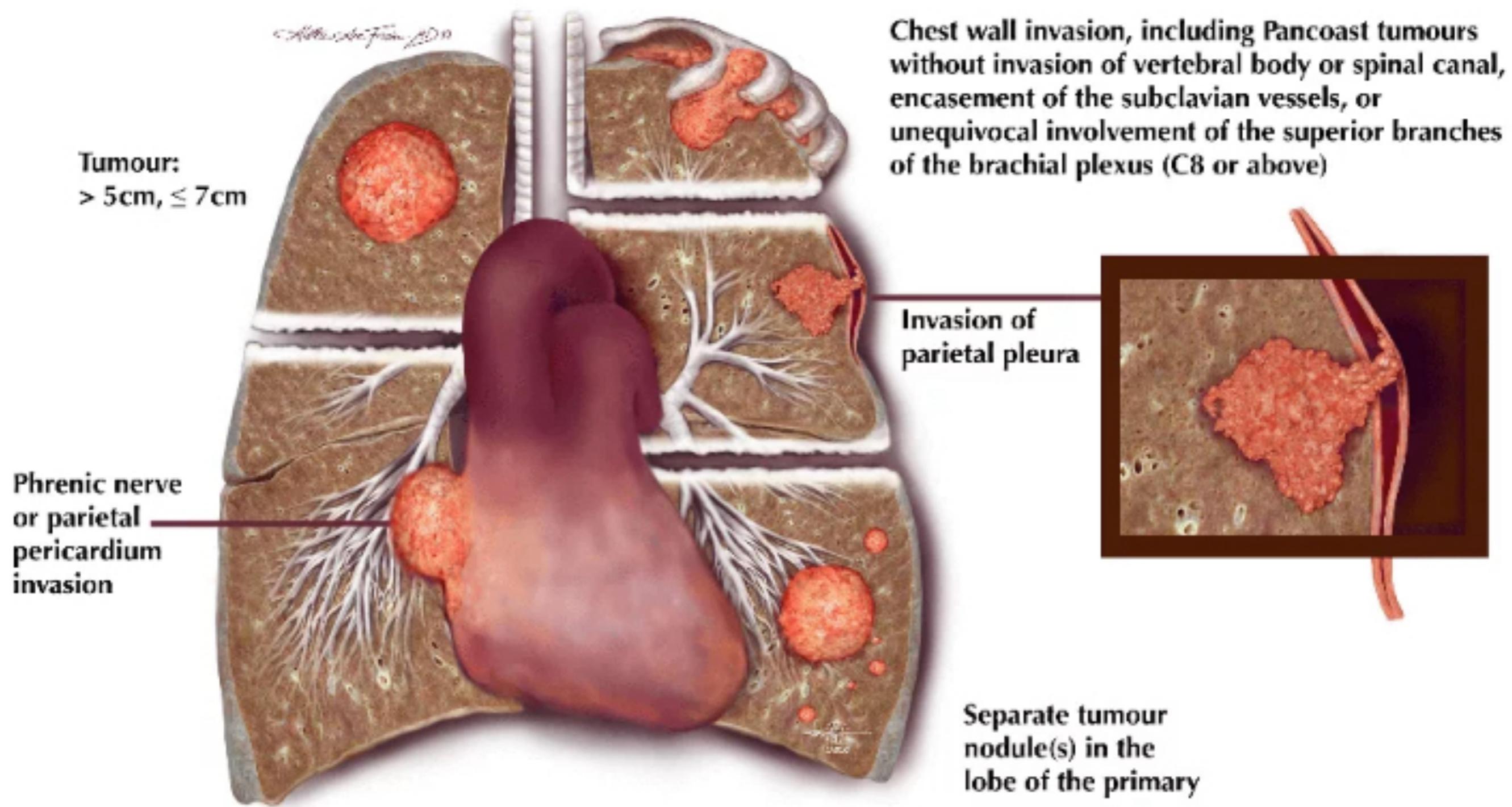
Tumour: > 4cm, ≤ 5cm (with or without other T2 descriptors)



Note: if the tumour is associated with atelectasis or pneumonitis, it is T2a if lesion ≤ 4cm or if tumour size cannot be measured; it is T2b if lesion > 4cm, ≤ 5cm.

T3

T3



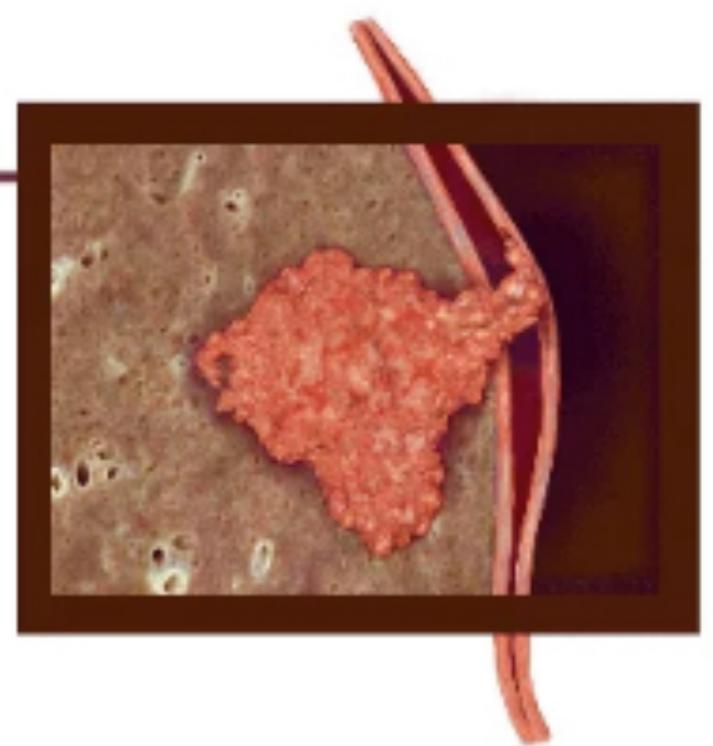
Tumour:
> 5cm, ≤ 7cm

Phrenic nerve
or parietal
pericardium
invasion

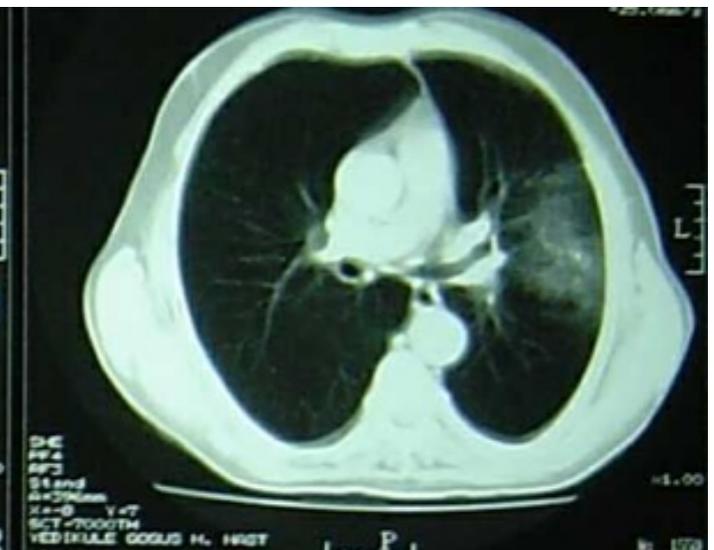
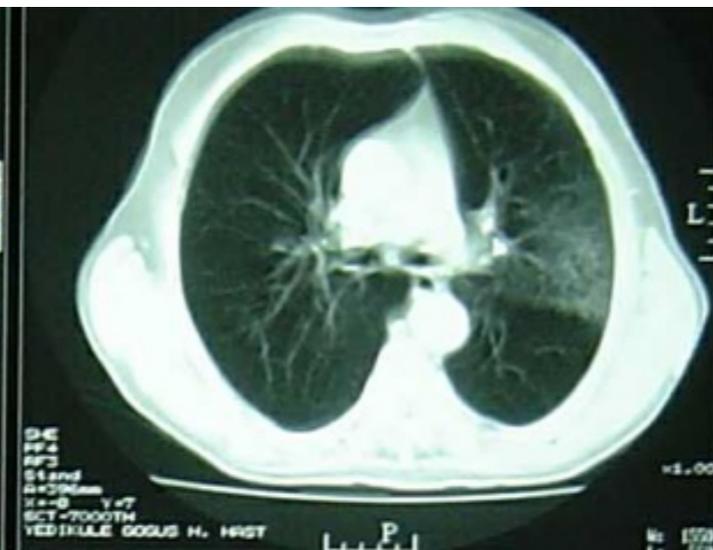
Chest wall invasion, including Pancoast tumours without invasion of vertebral body or spinal canal, encasement of the subclavian vessels, or unequivocal involvement of the superior branches of the brachial plexus (C8 or above)

Invasion of
parietal pleura

Separate tumour
nodule(s) in the
lobe of the primary







1558

1558

1559

1560

1561

1562

1562

1563

1564

1565

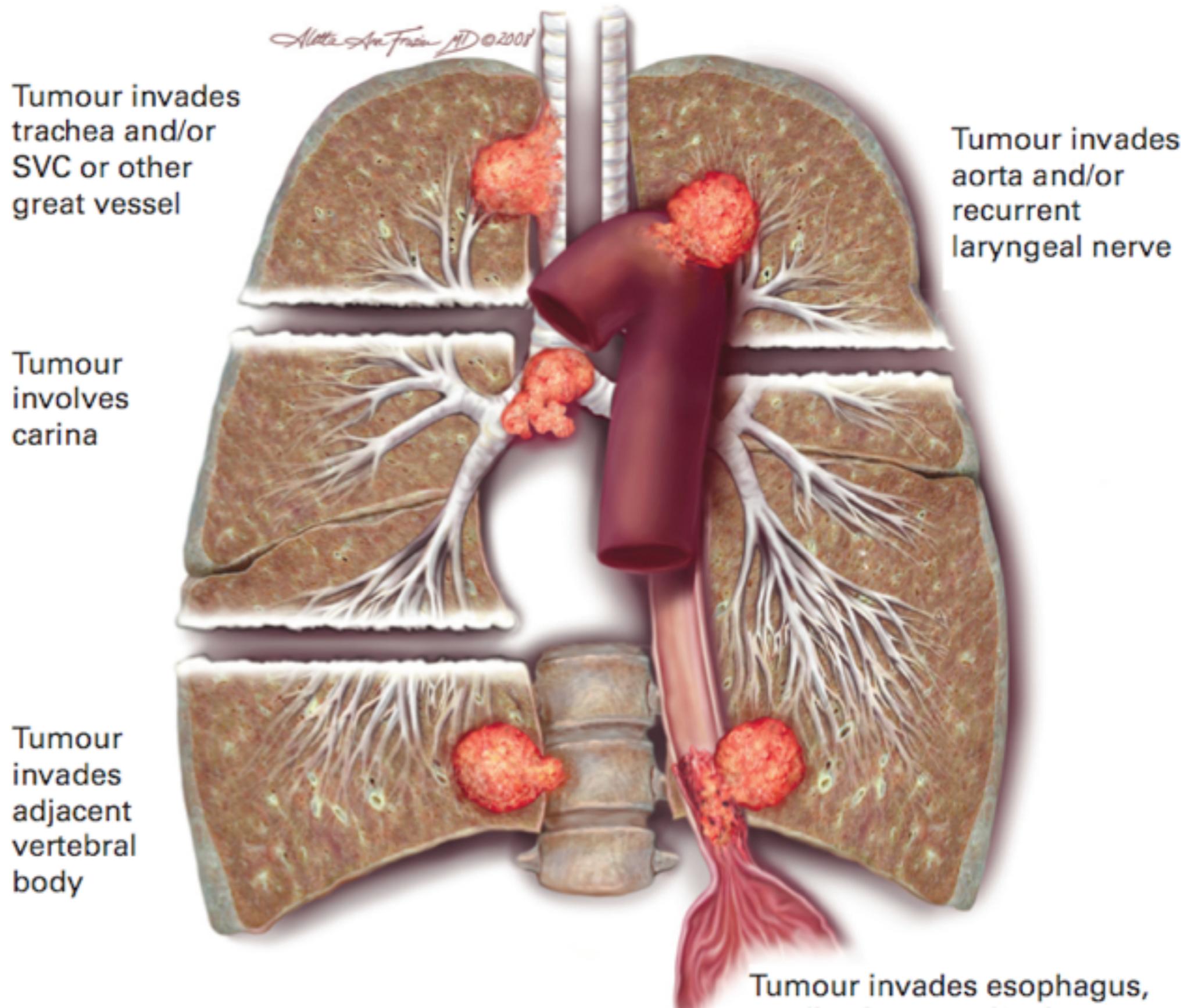
ISMAIL AFACAN
2003-05134.Y.D.
2003.07.28 11:13:22.6
34483. 3. 1. 15
IV. KONTRASTLI
120kV 160ma
1.0s 10.0mm
160mm
0.00s
00° 24' 4"
-25.0mm/s

ISMAIL AFACAN
2003-05134.Y.D.
2003.07.28 11:13:24.0
34483. 3. 1. 14
IV. KONTRASTLI
120kV 160ma
1.0s 10.0mm
160mm
0.00s
00° 24' 0"
-25.0mm/s

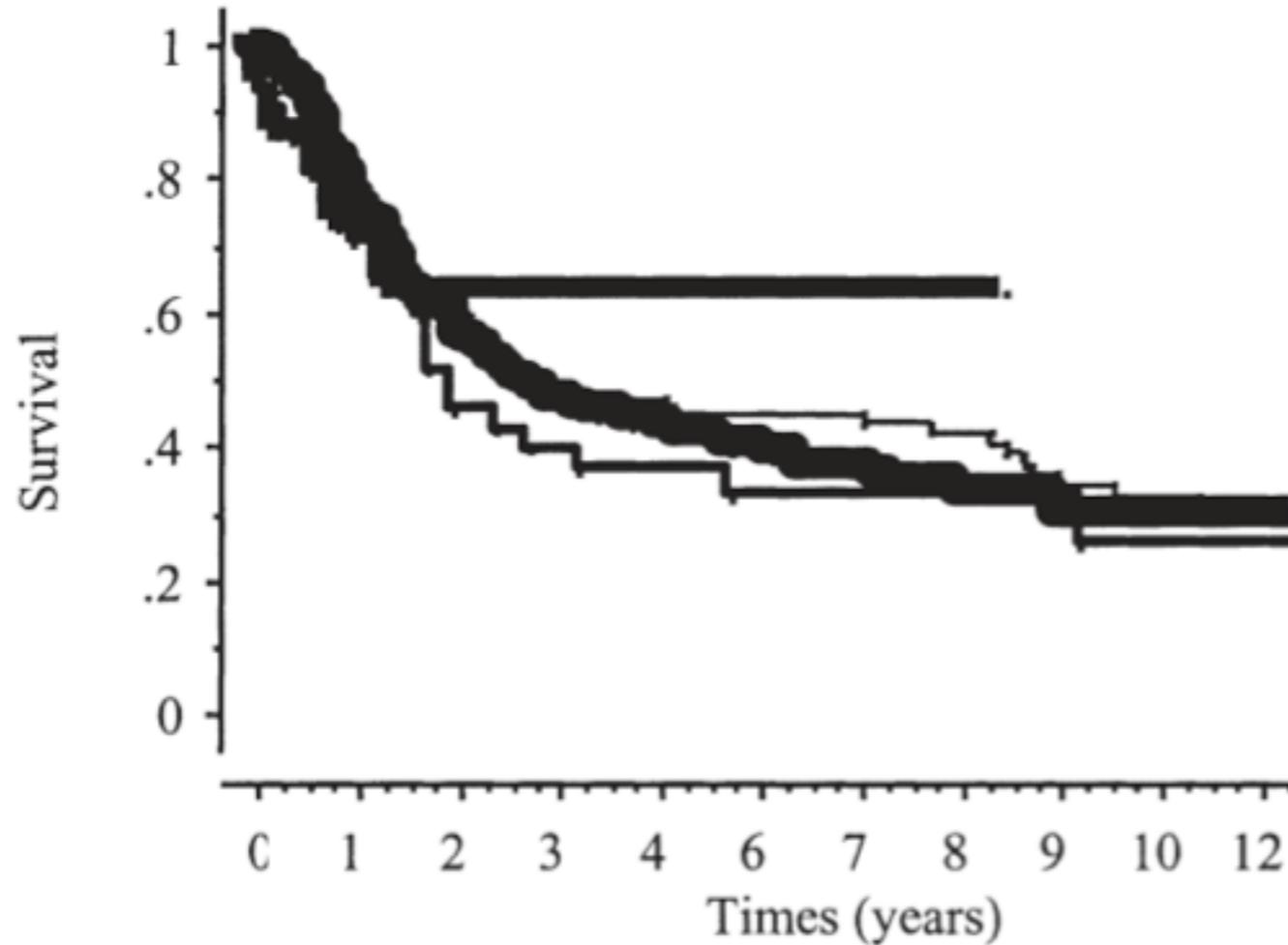
ISMAIL AFACAN
2003-05134.Y.D.
2003.07.28 11:13:24.4
34483. 3. 1. 15
IV. KONTRASTLI
120kV 160ma
1.0s 10.0mm
160mm
0.00s
00° 25' 1"
-25.0mm/s

ISMAIL AFACAN
2003-05134.Y.D.
2003.07.28 11:13:24.8
34483. 3. 1. 16
IV. KONTRASTLI
120kV 160ma
1.0s 10.0mm
160mm
0.00s
00° 25' 7"
-25.0mm/s

T4 Tumor



T4 TÜMÖRLERDE SAĞKALIM

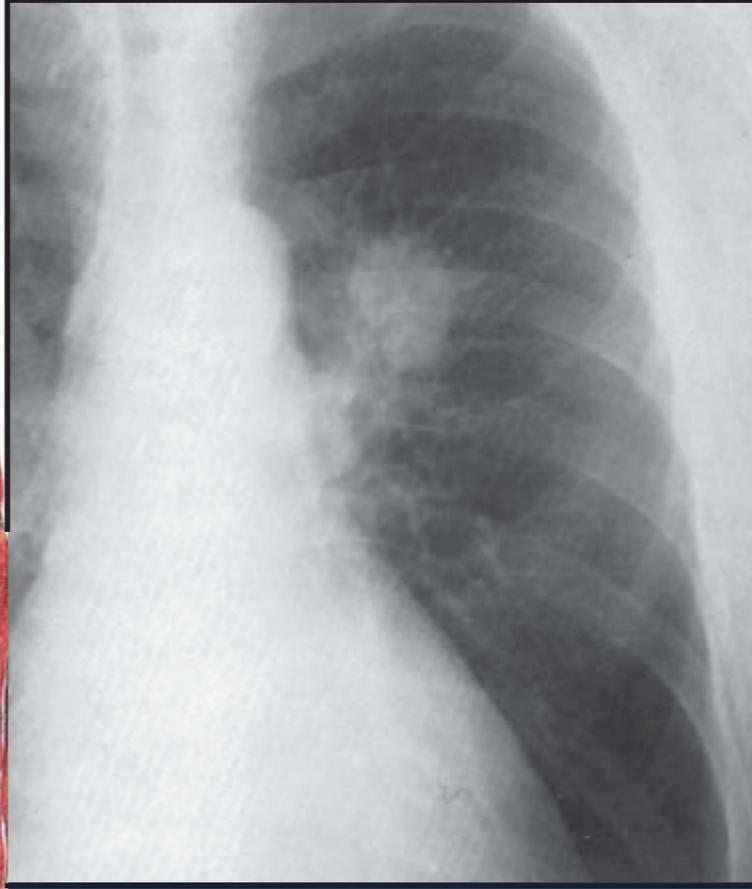


Patients at risk	0	1	2	3	4	5
Superior sulcus tumors	126	94	66	44	40	33
Carinal invasion	92	64	50	38	36	31
Superior vena caval replacement	39	24	12	14	8	7
Mediastinal group	14	8	5	3	2	2

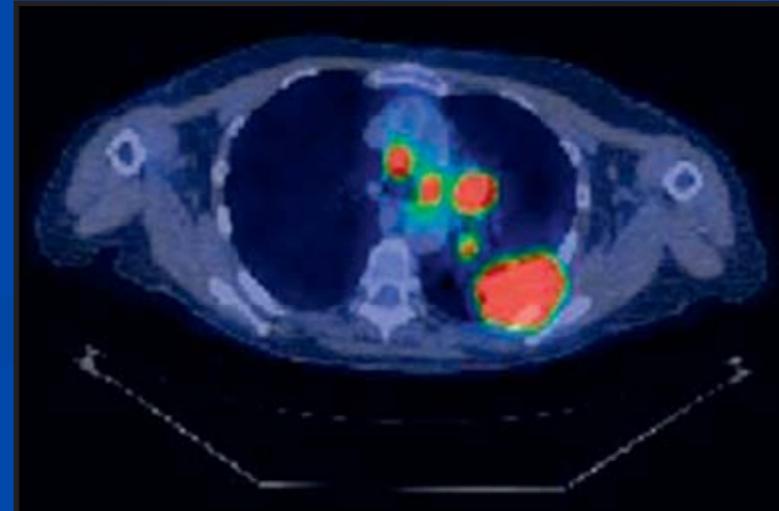
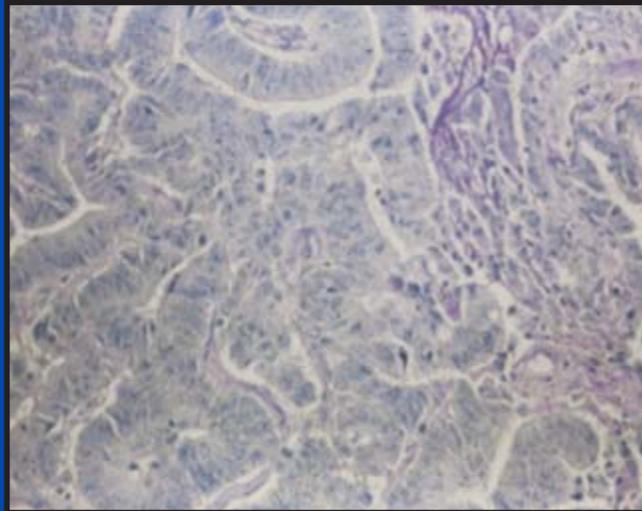
T FAKTÖRÜNÜN PREOPERATİF DEĞERLENDİRİLMESİ

- Non-İnvazif
 - BT
 - PET-BT
 - MR(Diyafragma ve vertebra tutulumu için, superior sulcus tm)
- İnvazif
 - Mediastinotomi
 - VATS

T FAKTÖRÜNÜN PREOPERATİF DEĞERLENDİRİLMESİ

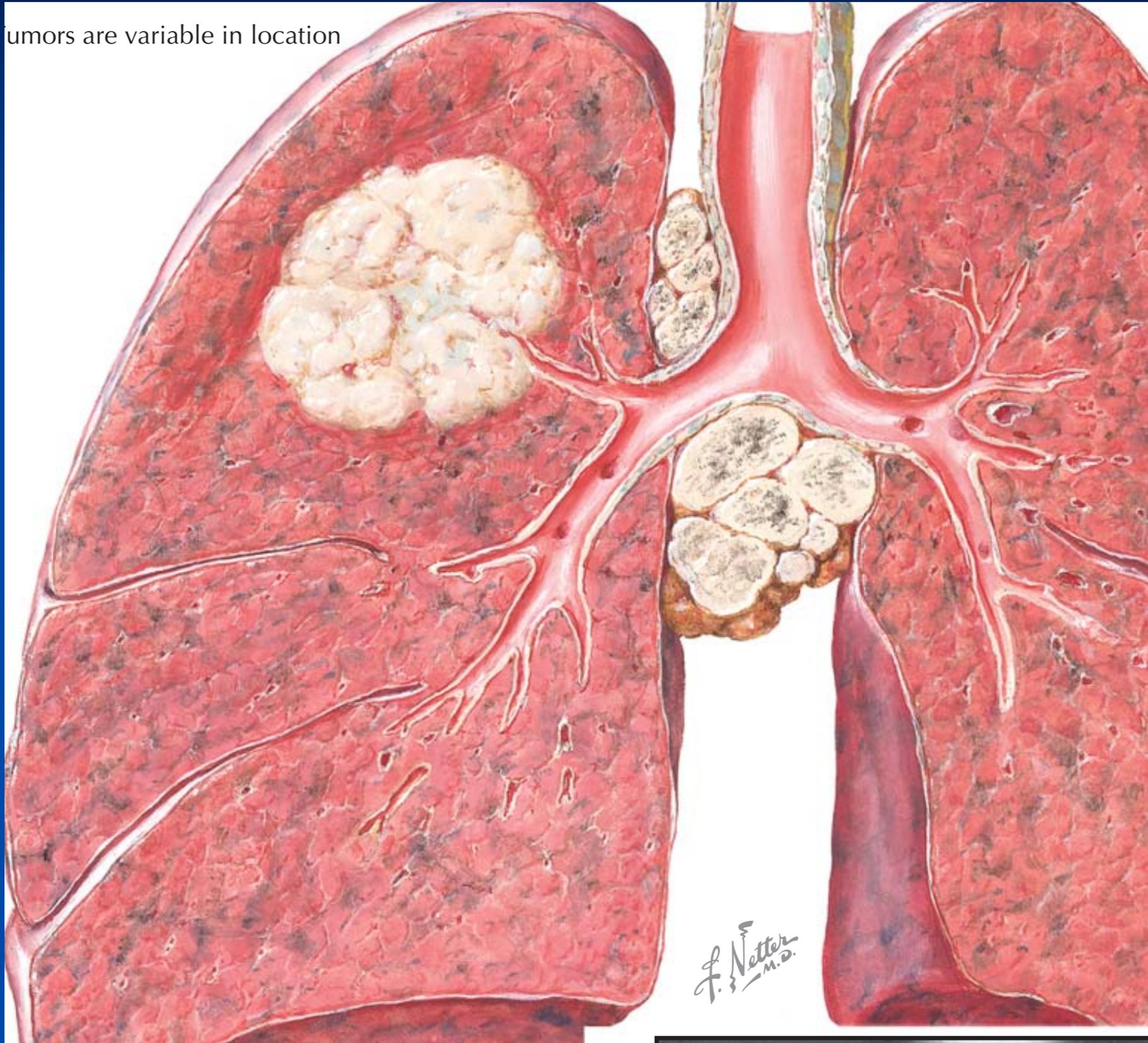


F. Netter
M.D.

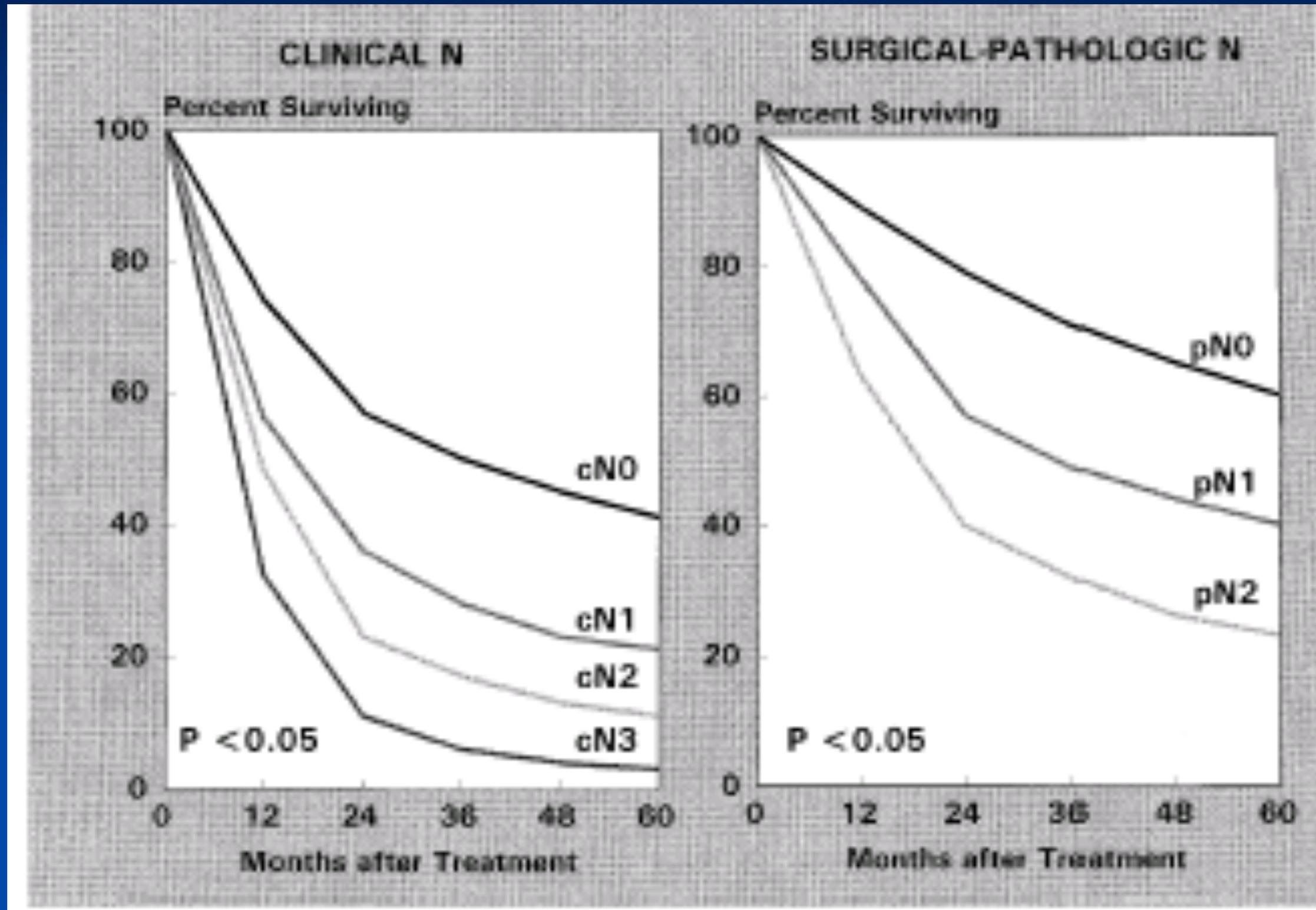


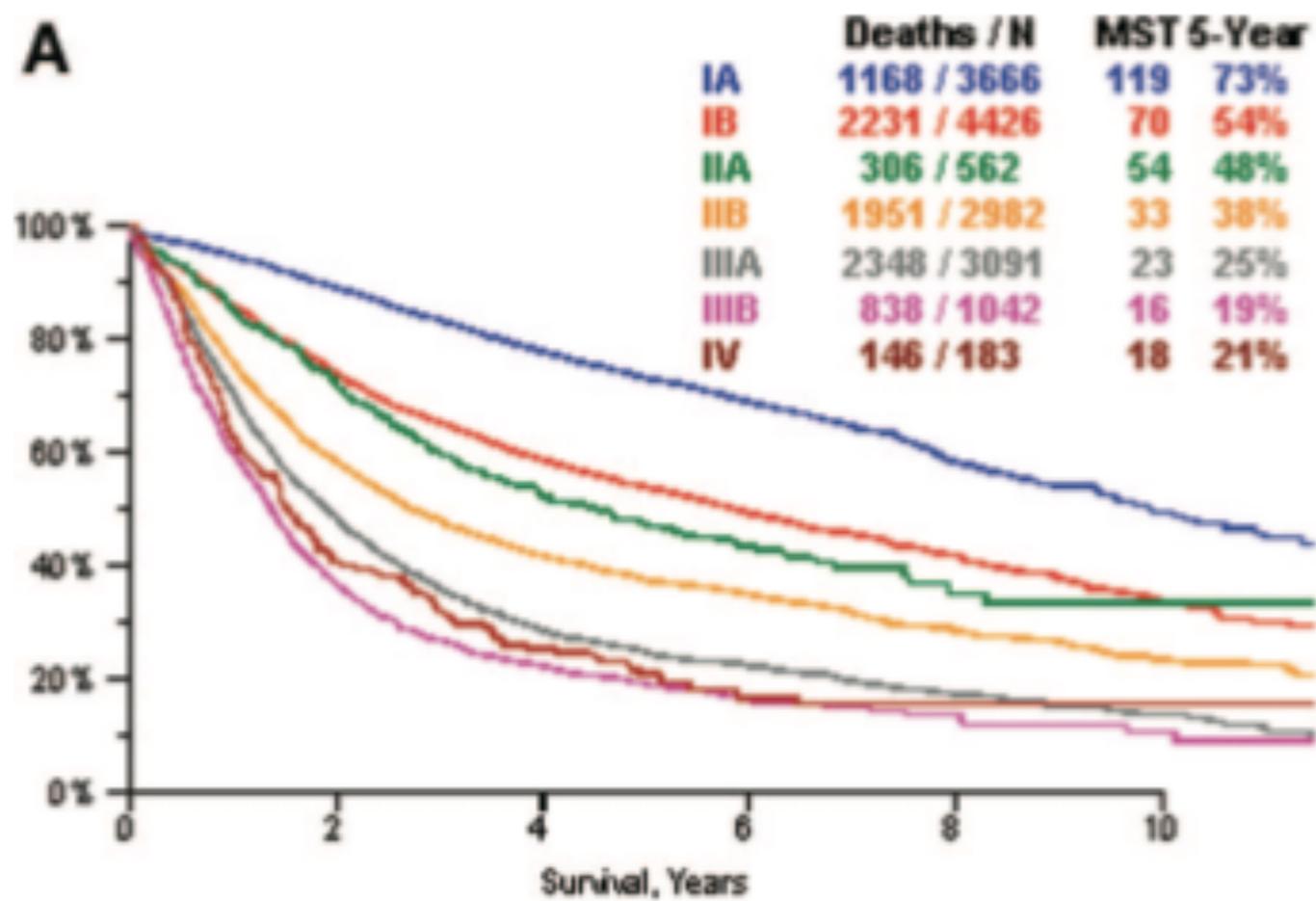
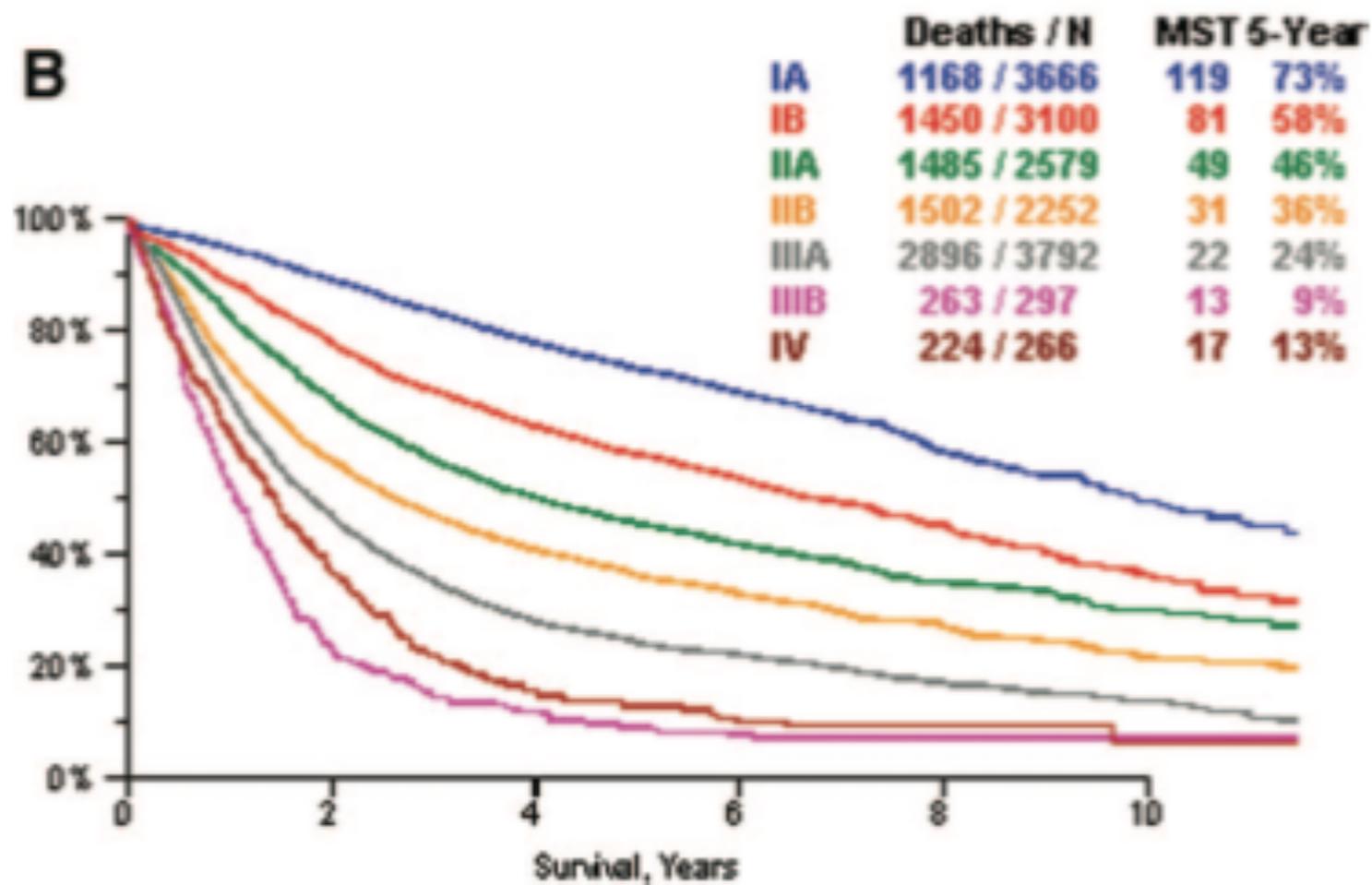
EVRELEMEDE N FAKTÖRÜ

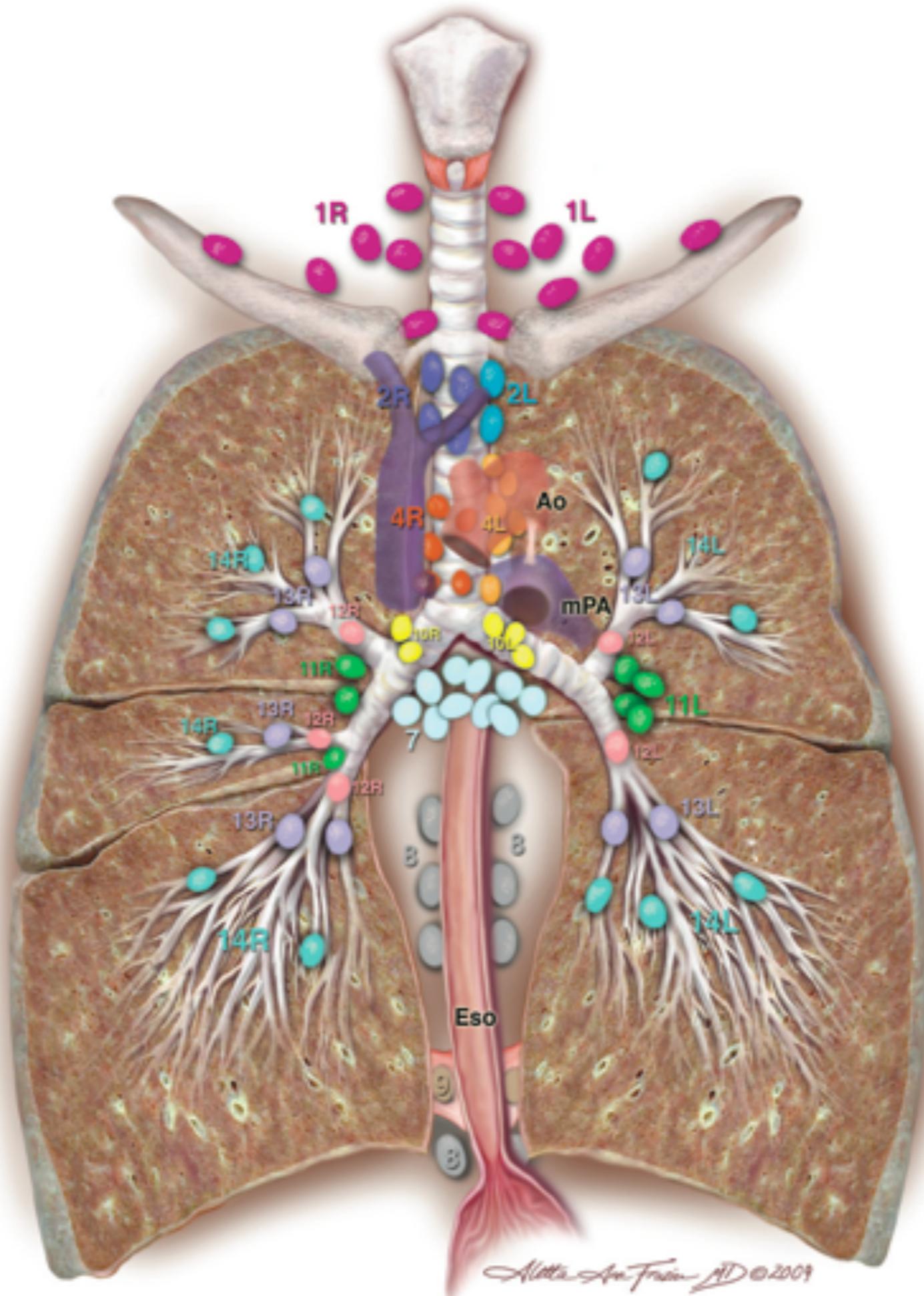
tumors are variable in location

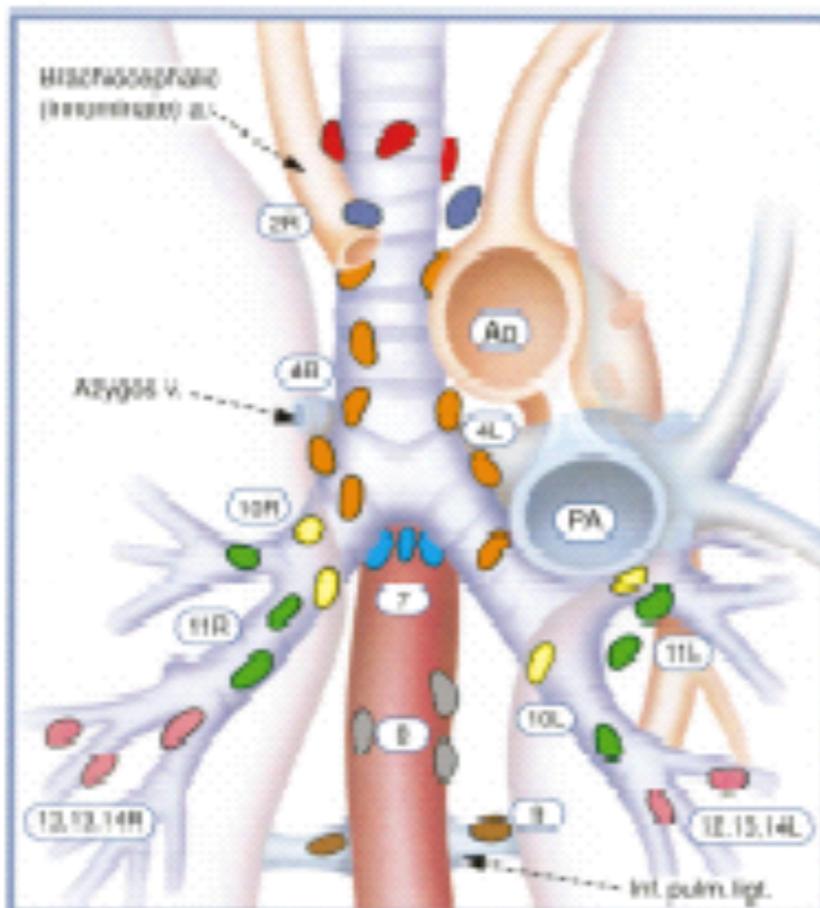


EVRELEMEDE N FAKTÖRÜ



A**B**





Superior Mediastinal Nodes

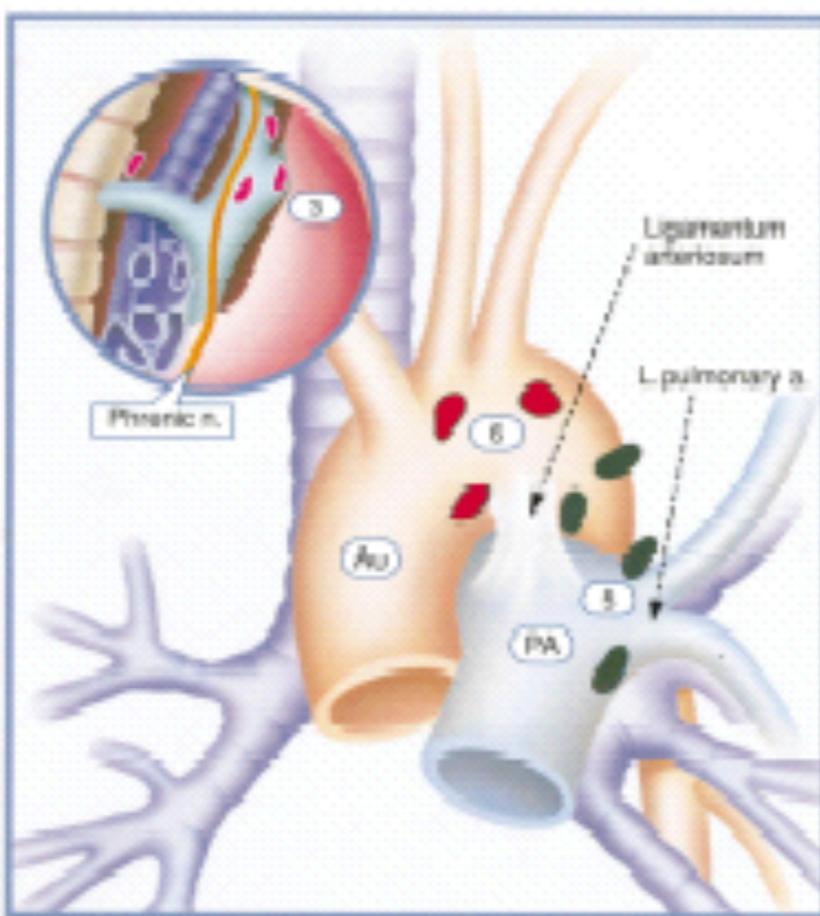
- 1 Highest Mediastinal
- 2 Upper Paratracheal
- 3 Pre-vascular and Retrotracheal
- 4 Lower Paratracheal (including Azygos Nodes)

N₁ = single digit, ipsilateral

N₂ = single digit, contralateral or supraclavicular

Aortic Nodes

- 5 Subaortic (A-P window)
- 6 Para-aortic (ascending aorta or phrenic)



Inferior Mediastinal Nodes

- 7 Subcarinal
- 8 Paraesophageal (below carina)
- 9 Pulmonary Ligament

N₁ Nodes

- 10 Hilar
- 11 Interlobar
- 12 Lobar
- 13 Segmental
- 14 Subsegmental

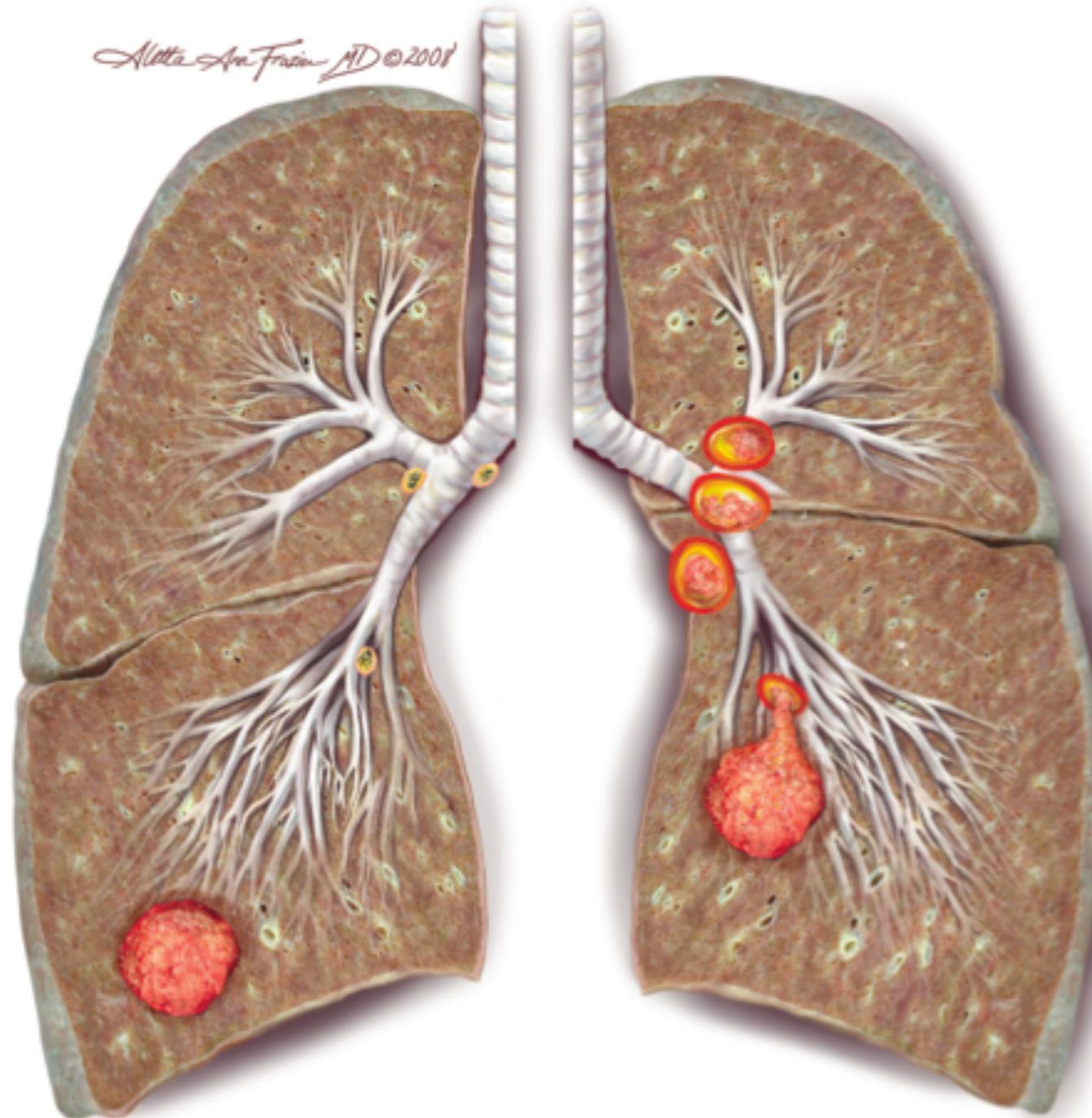
N FAKTÖRÜNÜN PREOPERATİF DEĞERLENDİRİLMESİ

- Non-İnvazif
 - BT
 - PET
 - Endoskopik Ultrasonografi (EBUS-TBİA)
- Mediastinoskopi
- Mediastinotomi
- 'Extended' Mediastinoskopi VATS
- Torakotomi (Peroperatif)

N0

N1

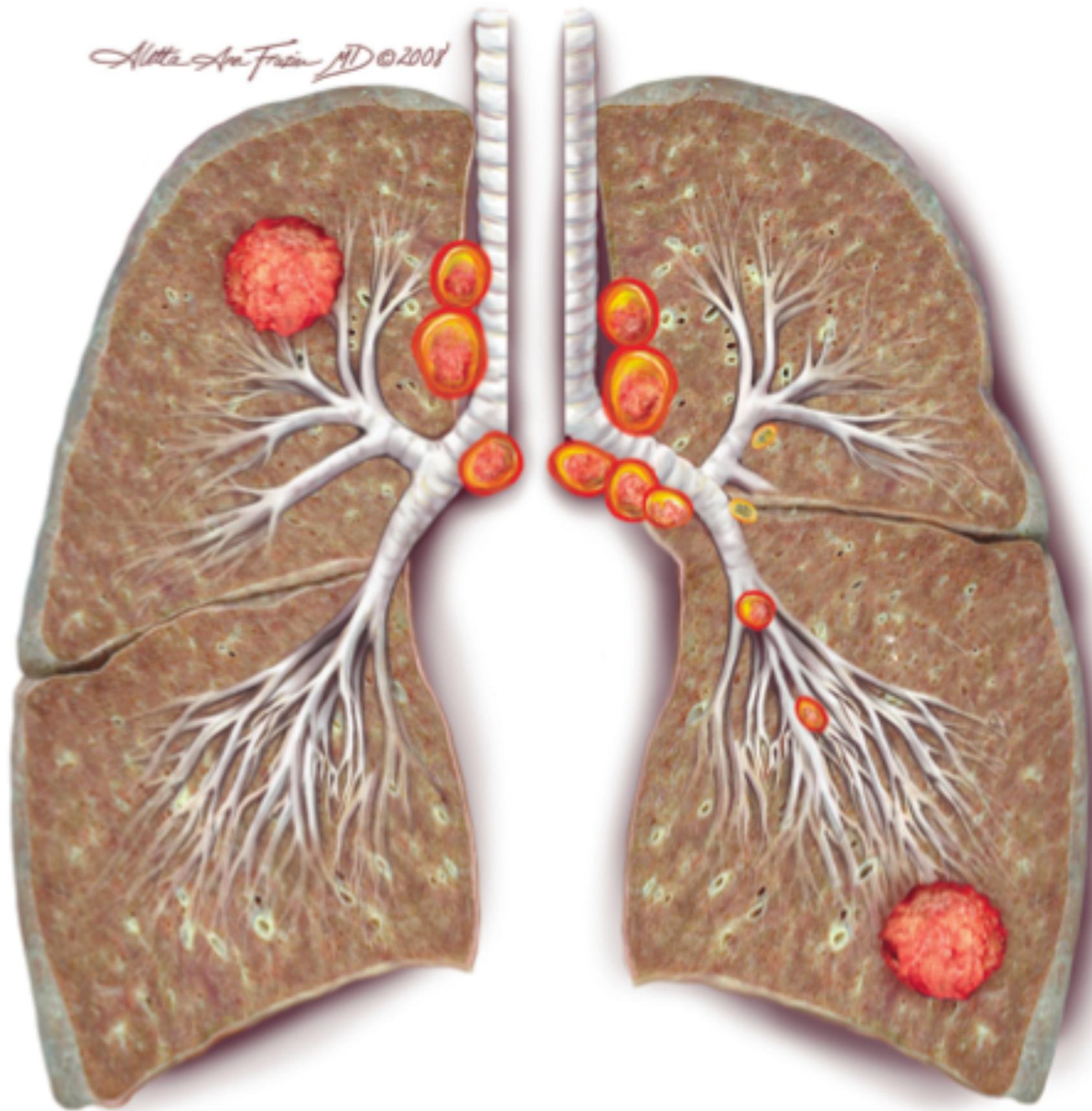
Alta An Frasin MD ©2008



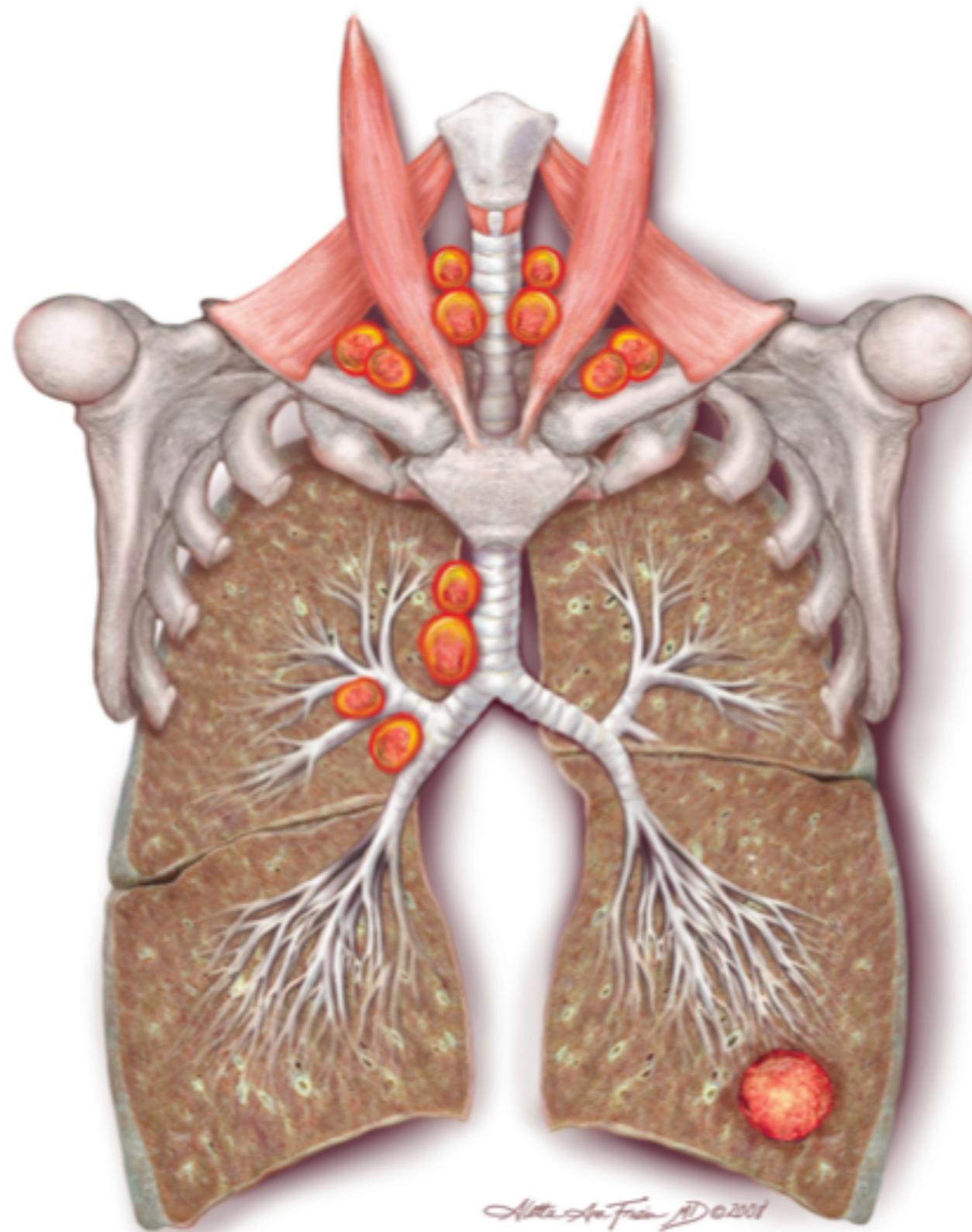
No regional lymph node metastases

Metastasis in ipsilateral intrapulmonary/ peribronchial/hilar lymph node(s), including nodal involvement by direct extension

Alta An Frasin MD ©2008



N3



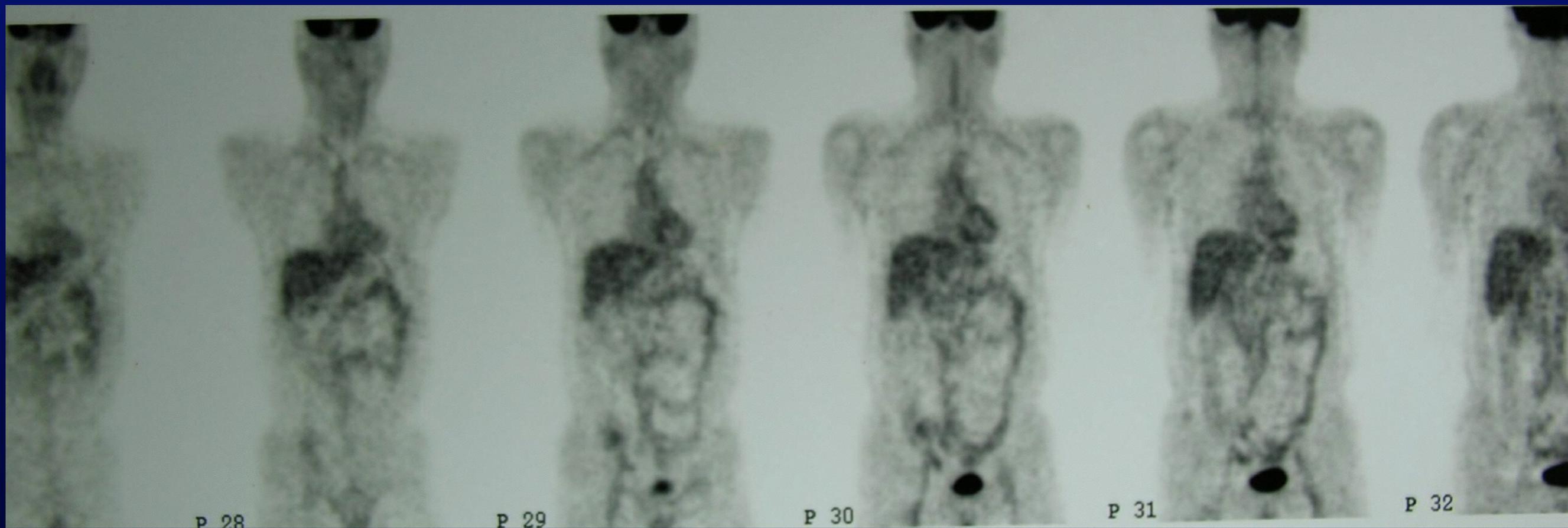
Metastasis in
contralateral hilar/
mediastinal/scalene/
supraclavicular
lymph node(s)

Metastasis in
ipsilateral scalene/
supraclavicular
lymph node(s)

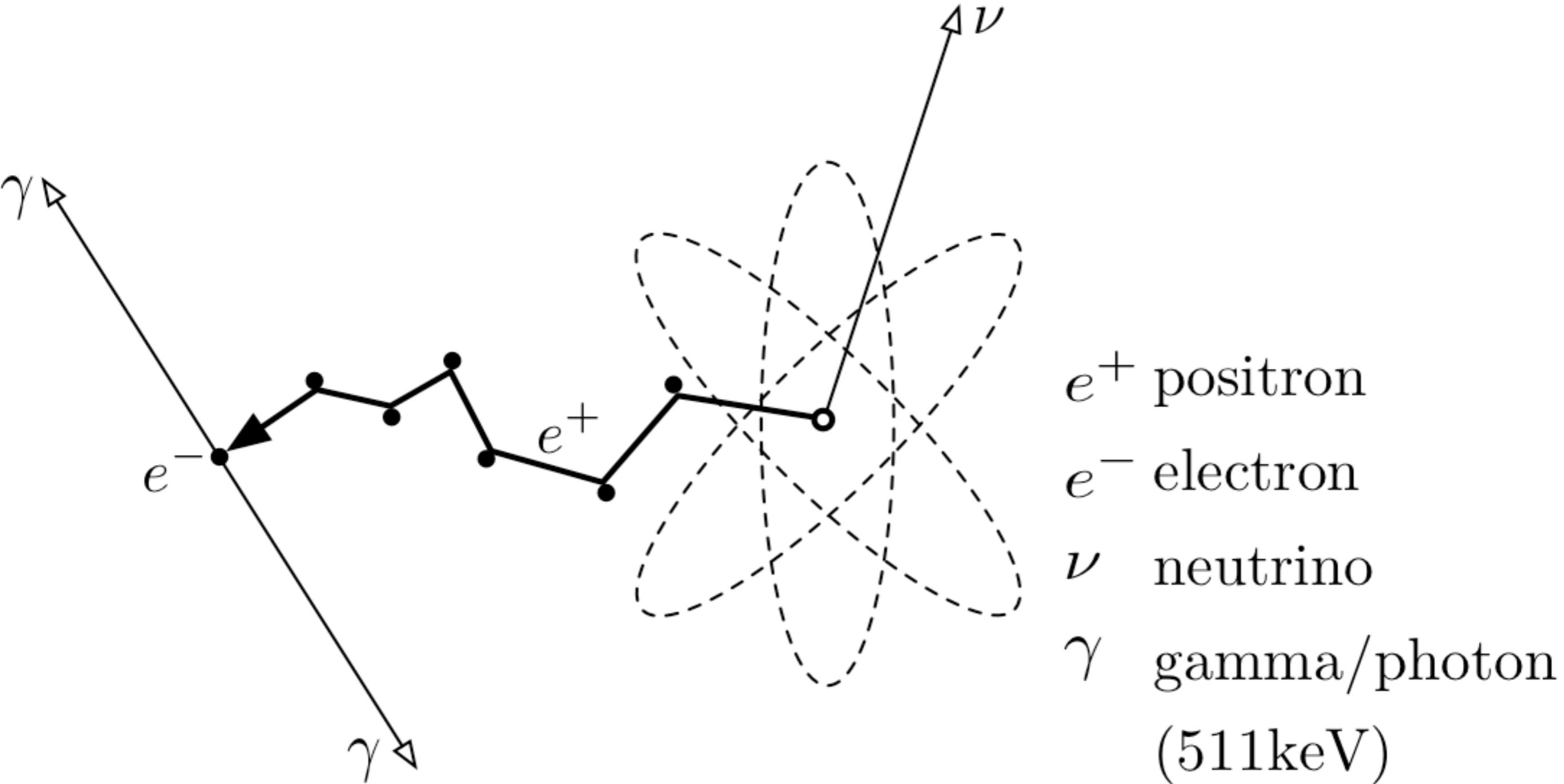
N FAKTÖRÜNÜN AMELİYAT ÖNCESİ DEĞERLENDİRİLMESİ

- **İnvazif Olmayan Yöntemler**
 - **BT**
 - **PET-BT**
 - **Endobronial Ultrasonografi**
- **Mediastinoskopi**
- **Mediastinotomi**
- **'Extended' Mediastinoskopi**
- **VATS**
- **Torakotomi (Peroperatif)**

PET-BT

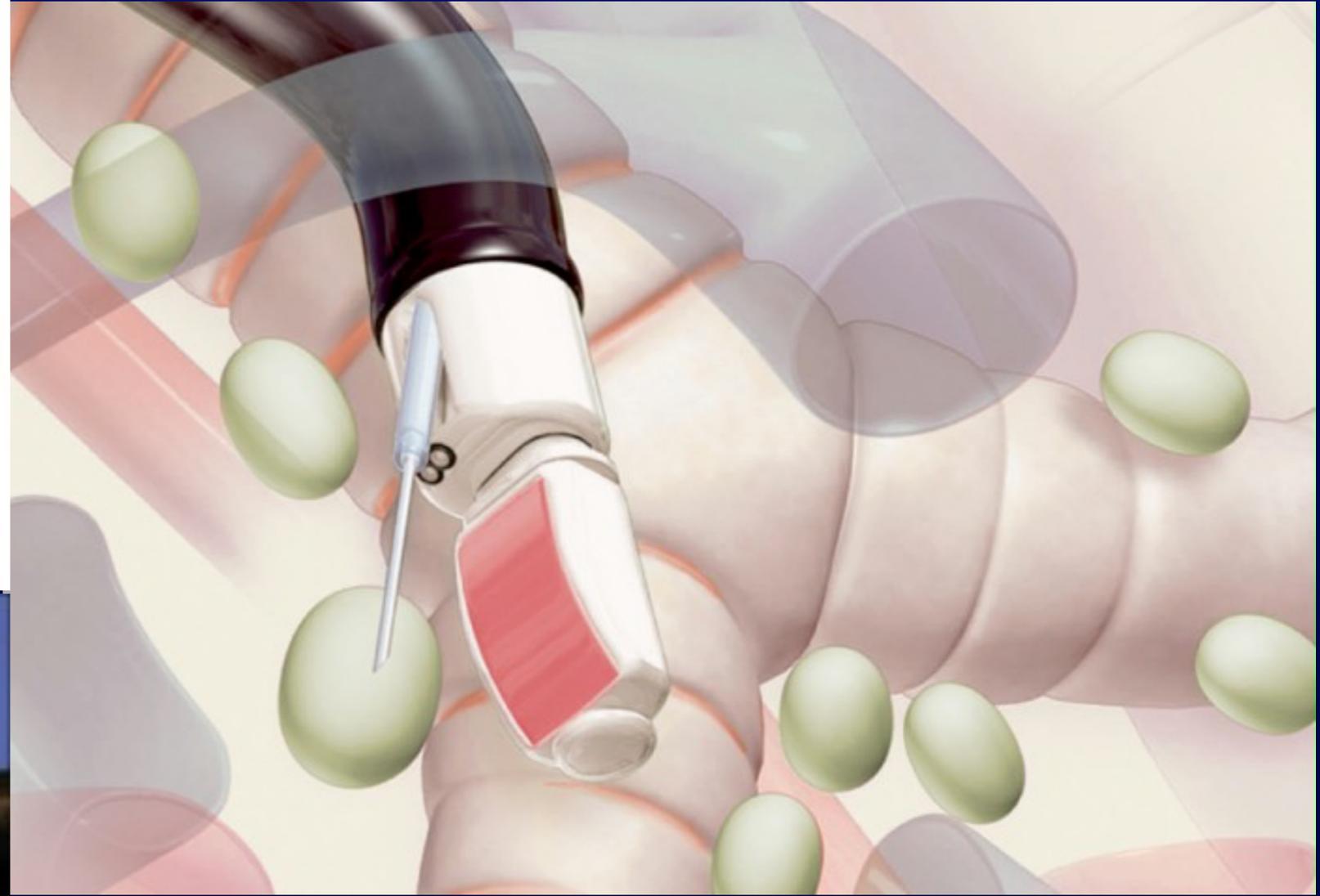


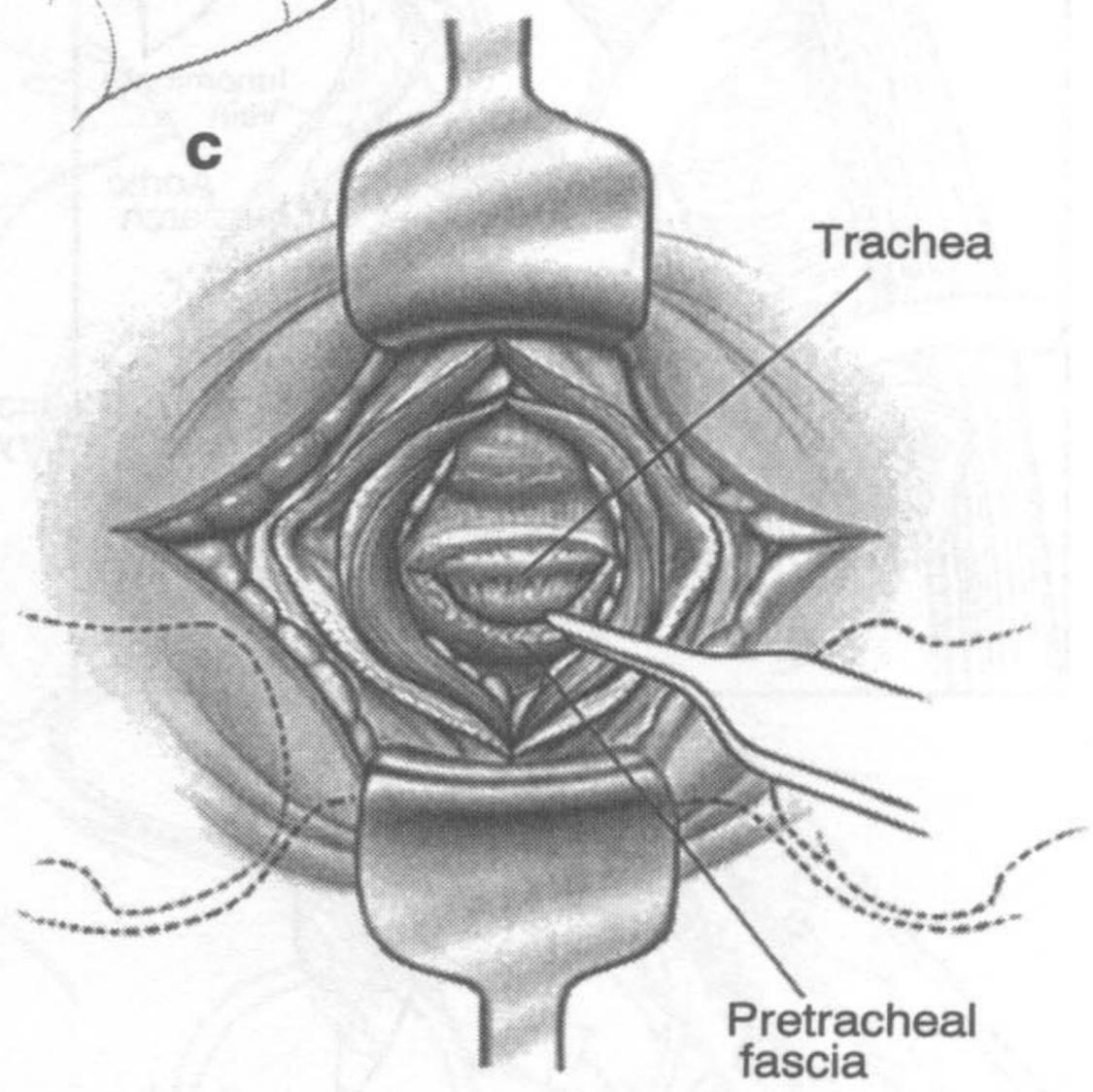
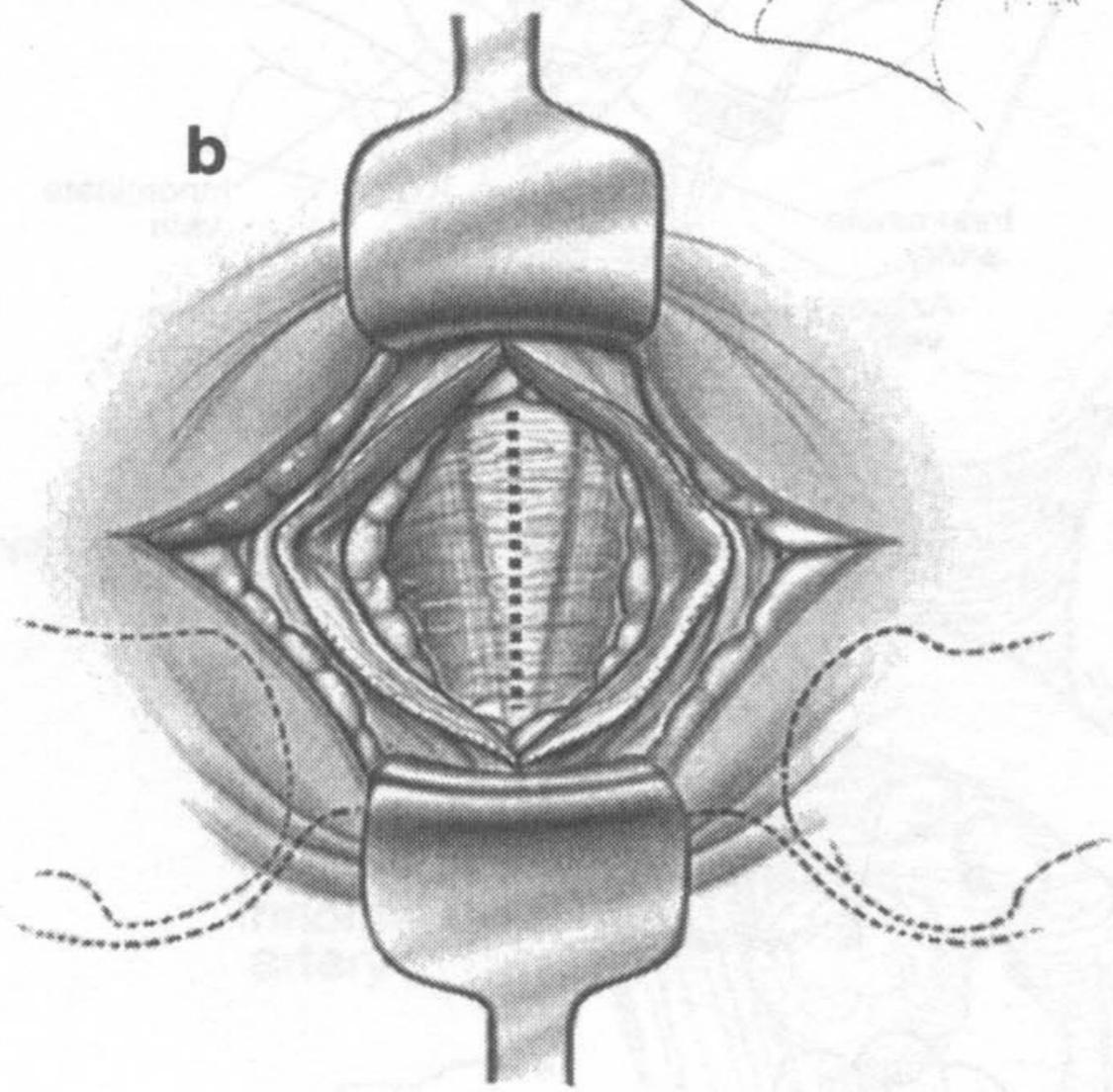
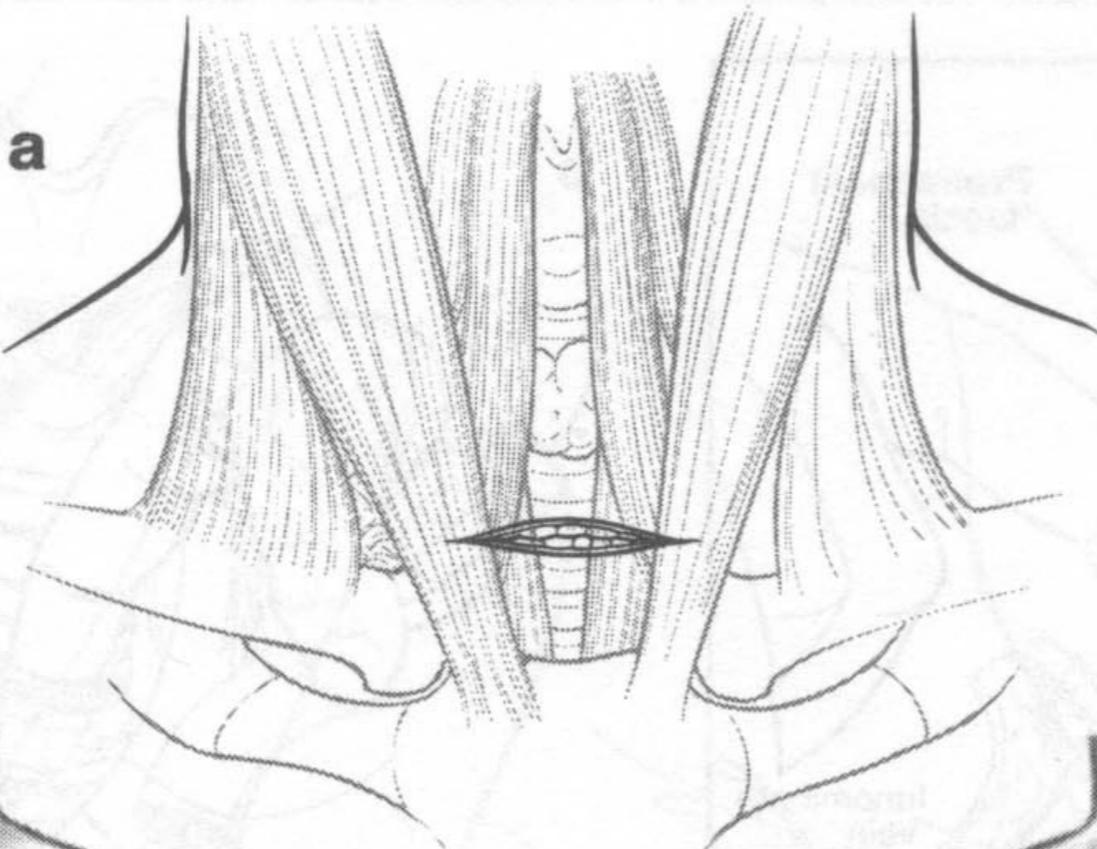
POSITRON EMİSYON TOMOGRAFİSİ

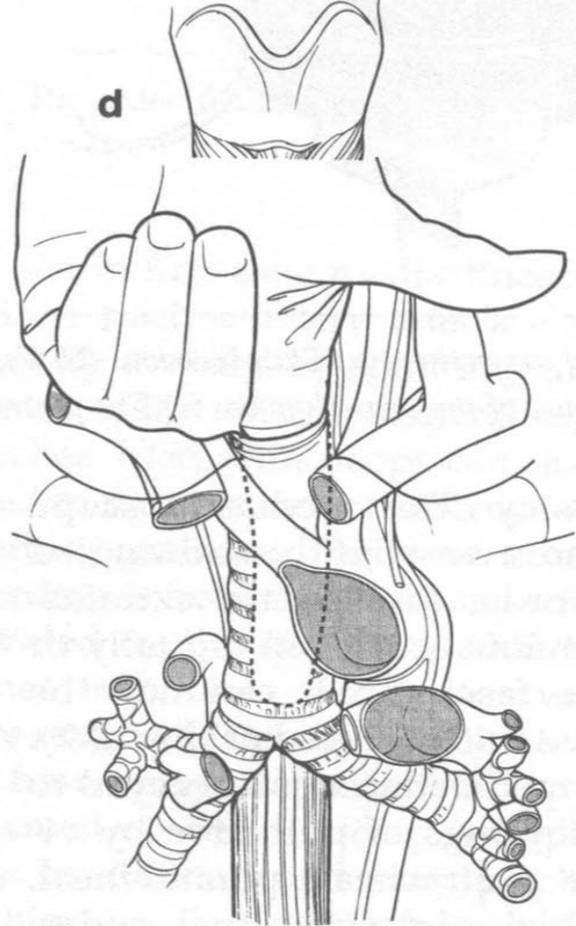
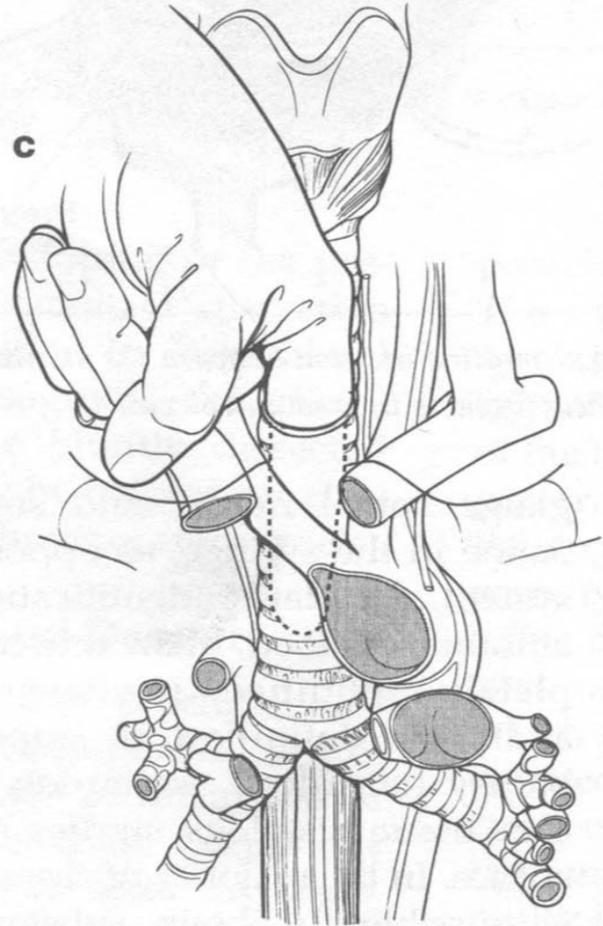
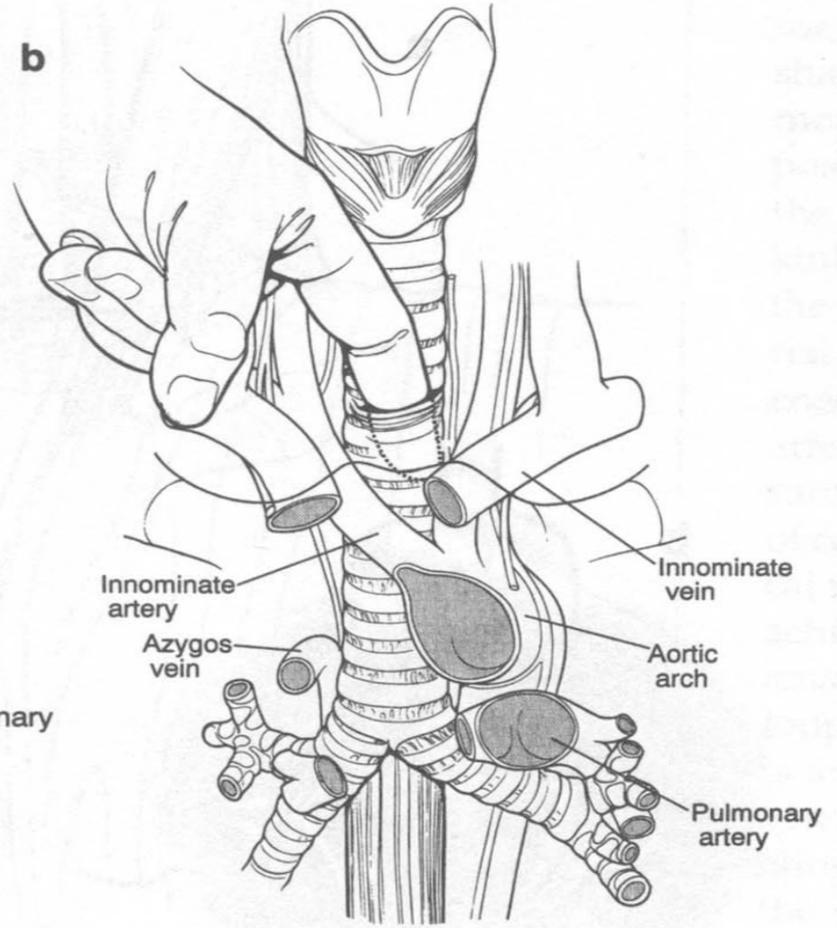
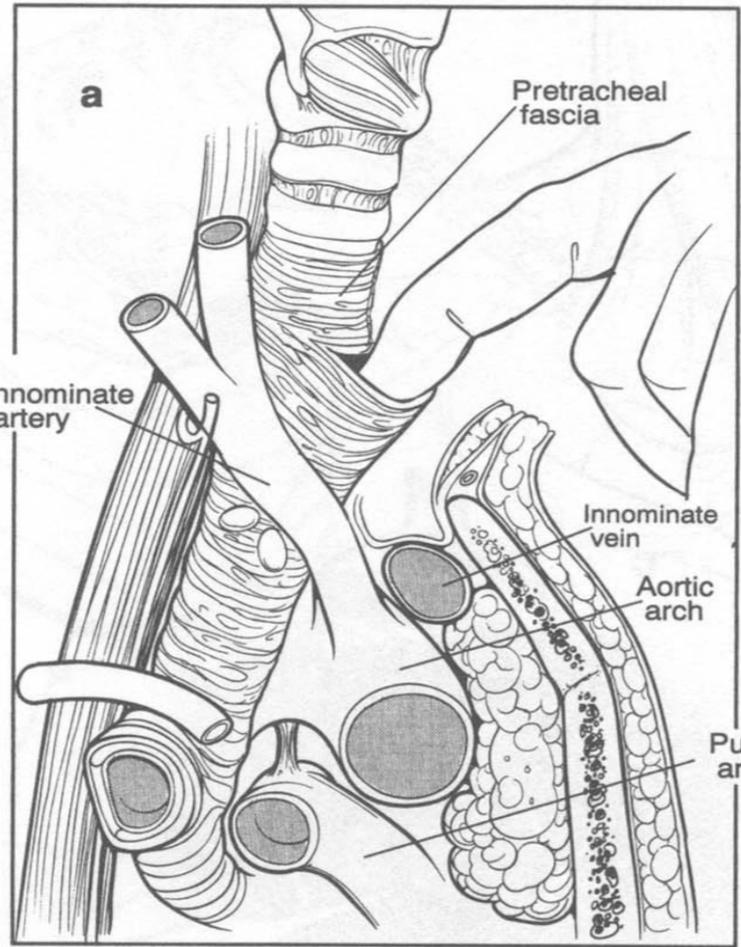


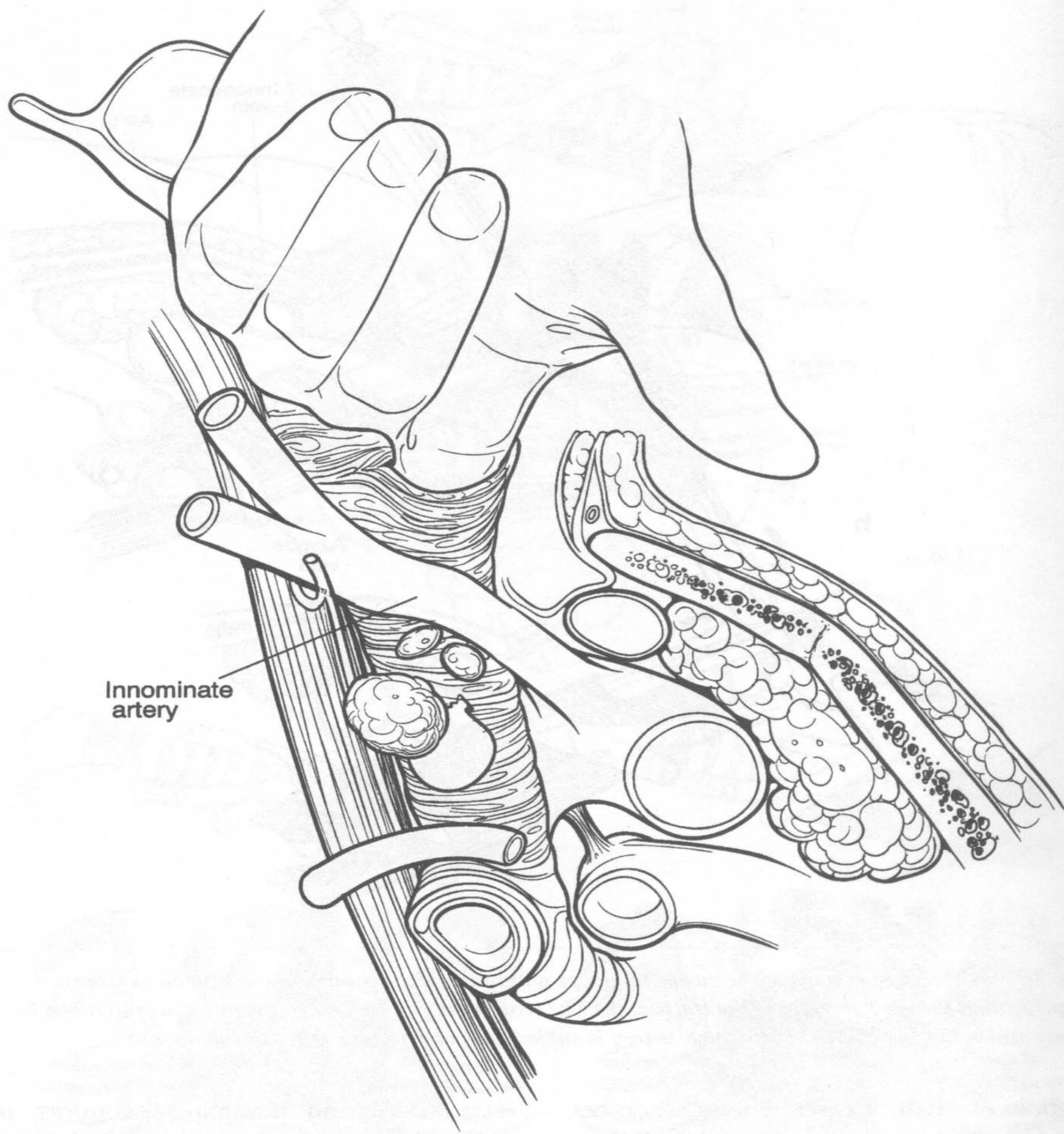
En sık kullanılan radyoizotop: ^{18}F 2-Deoksi-D-Glikoz

Endobronşiyal Ultrasonografi ile Transbronşial İğne Aspirasyonu (EBUS-TBİA)









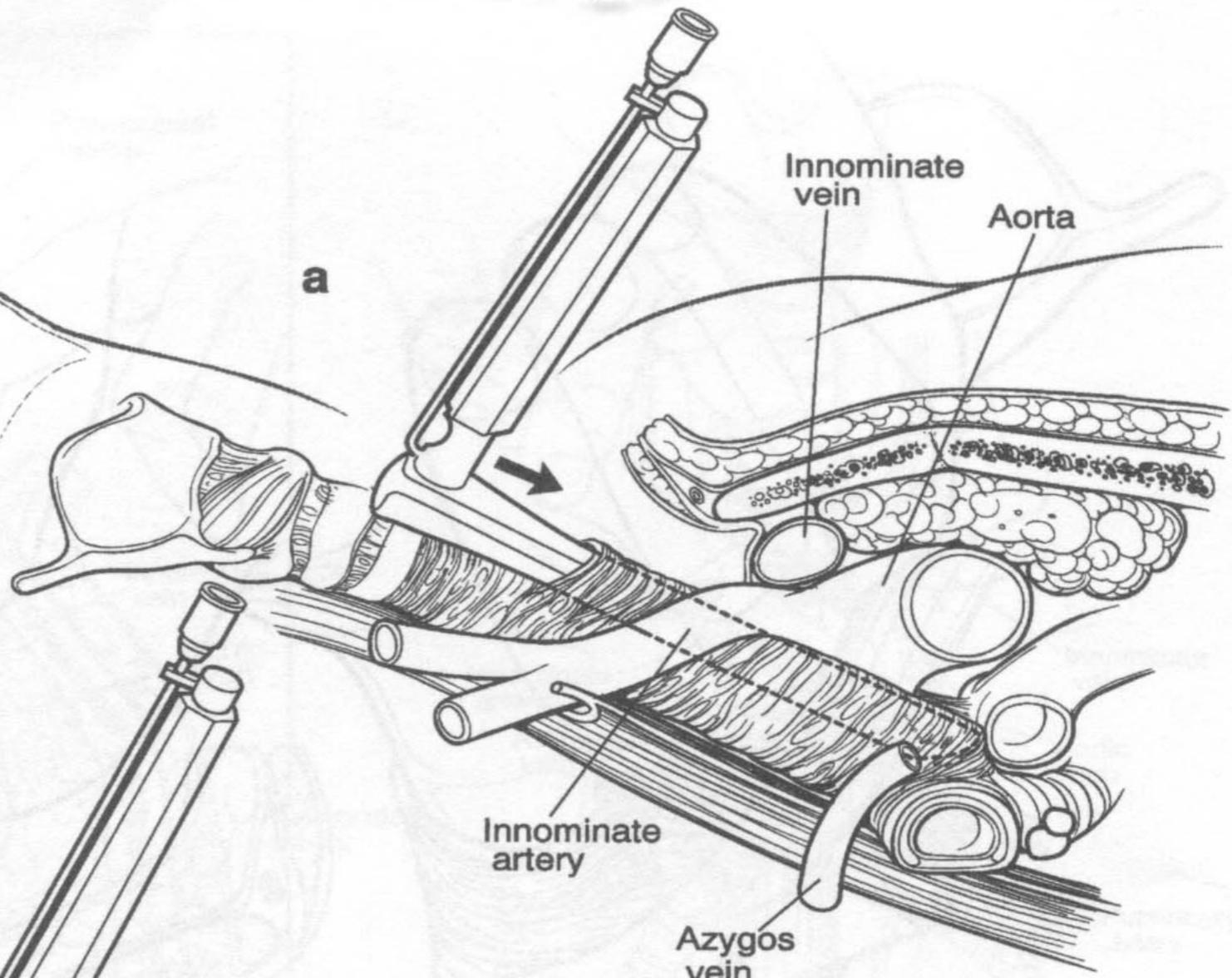
Innominate artery



a

Innominate vein

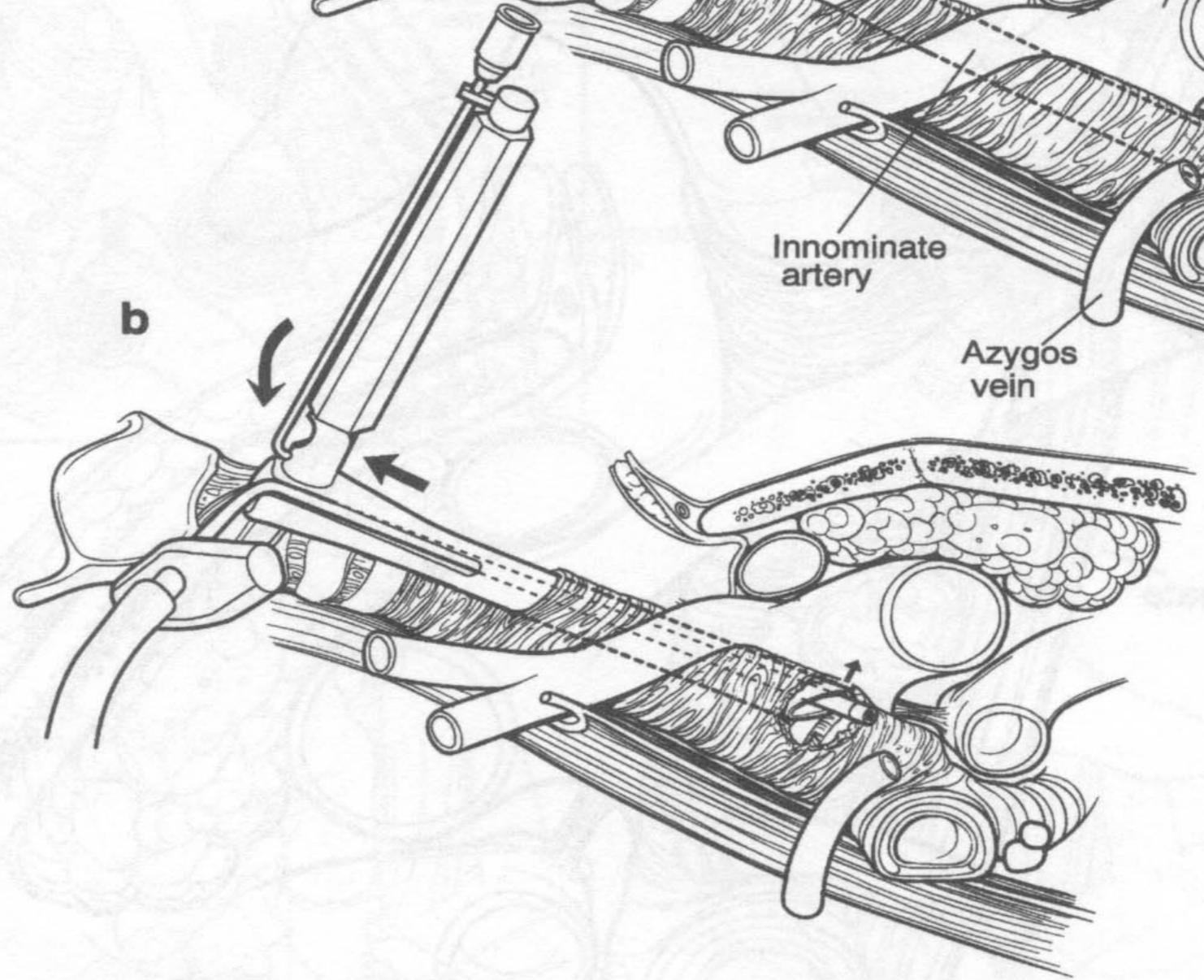
Aorta

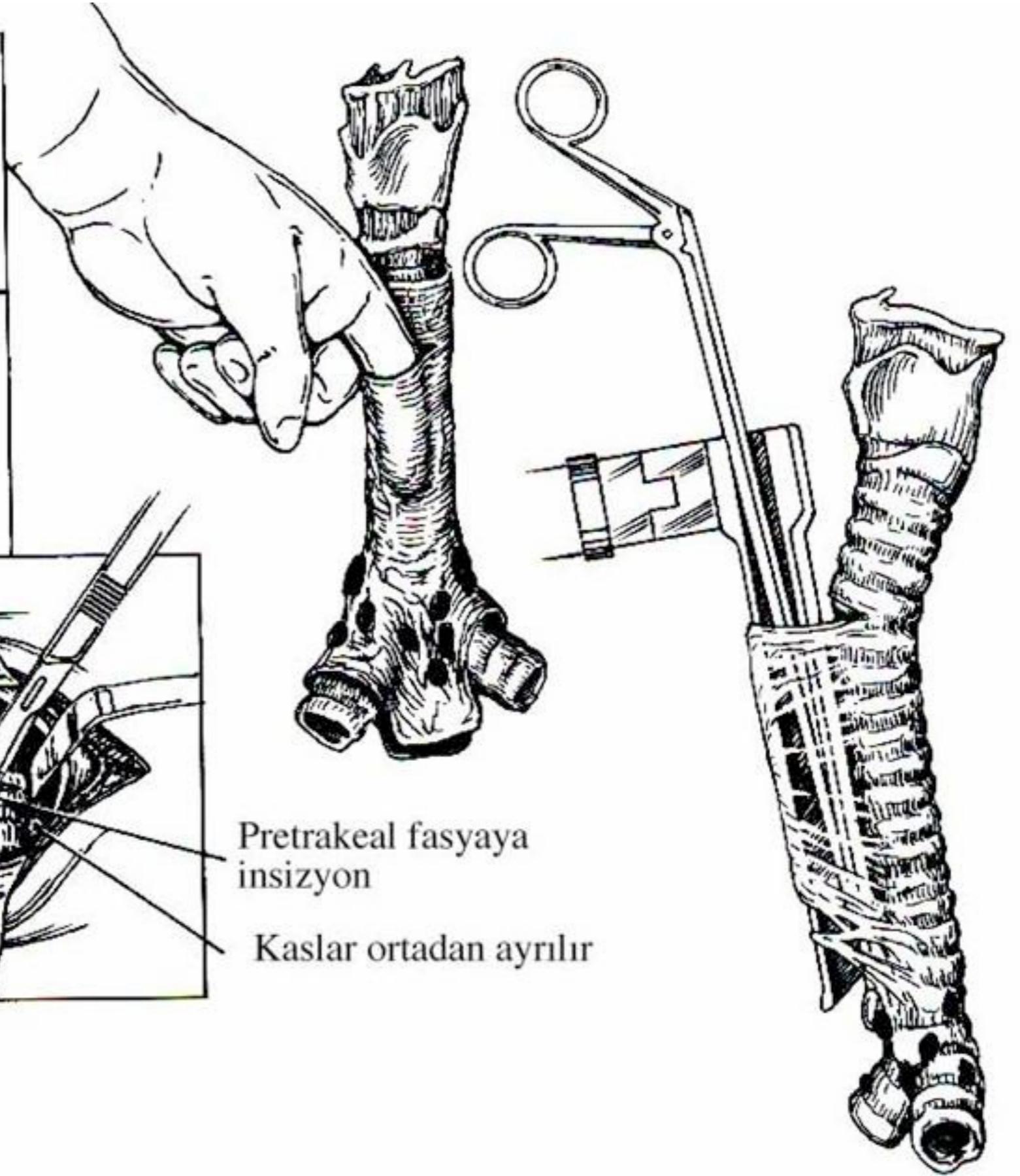
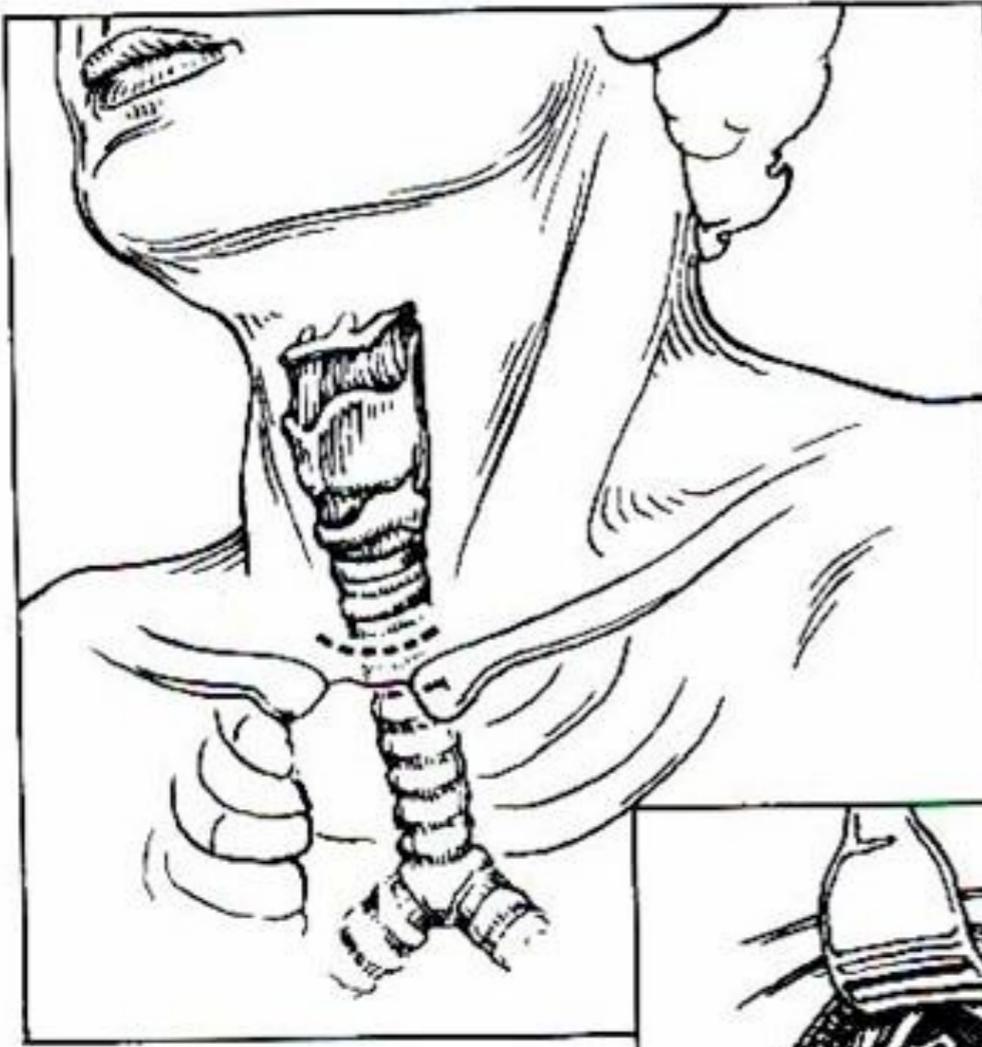


Innominate artery

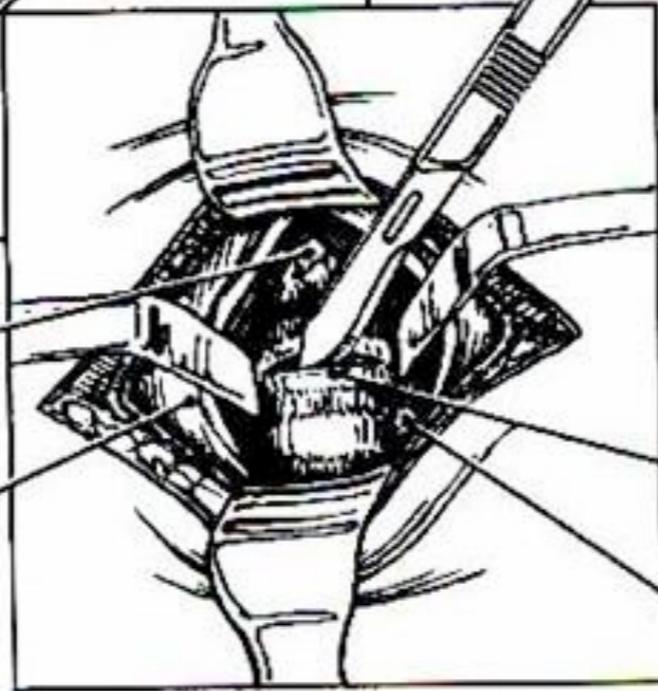
Azygos vein

b





Tiroid
Servikal
fasya



Pretrakeal fasyaya
insizyon
Kaslar ortadan ayrılır

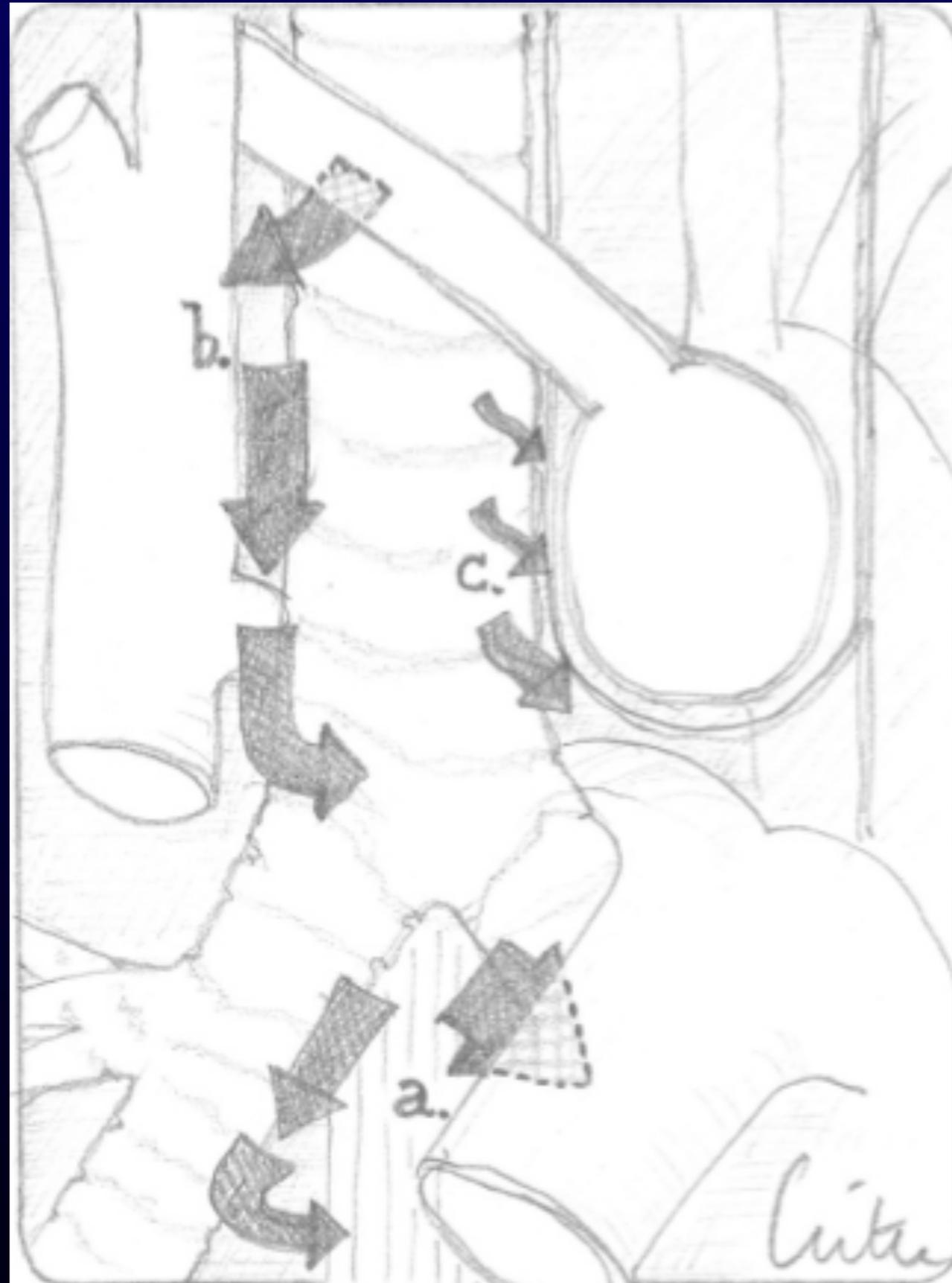
Videomediastinoskop #1

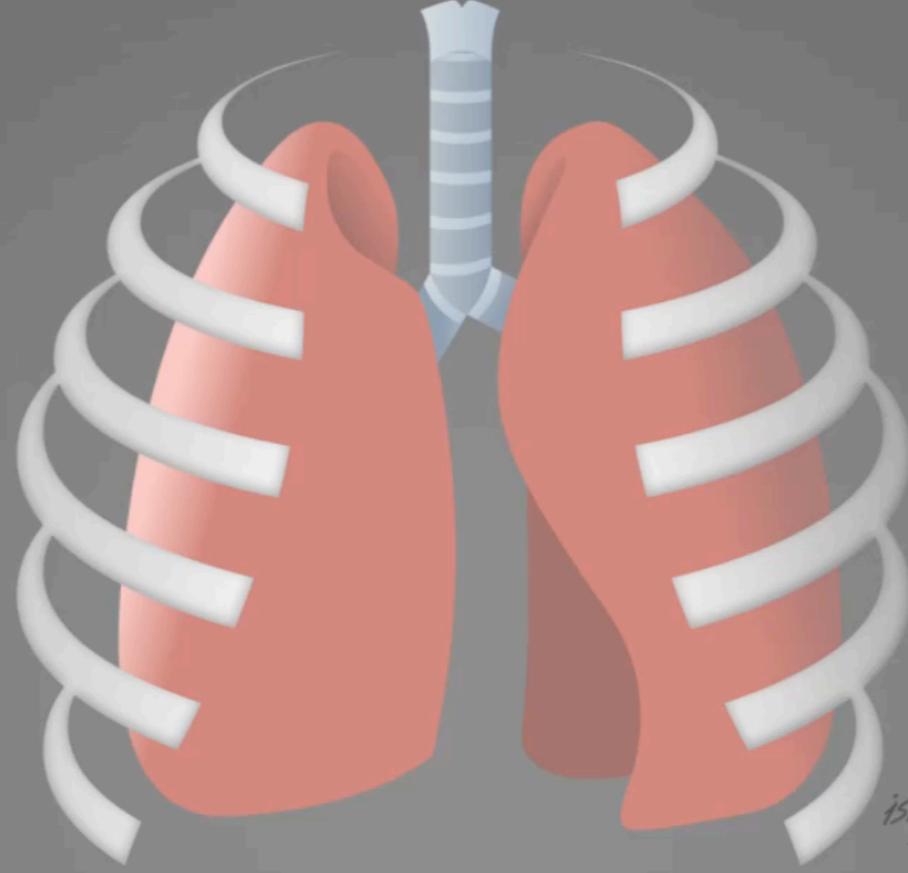


Videomediastinoskop #2



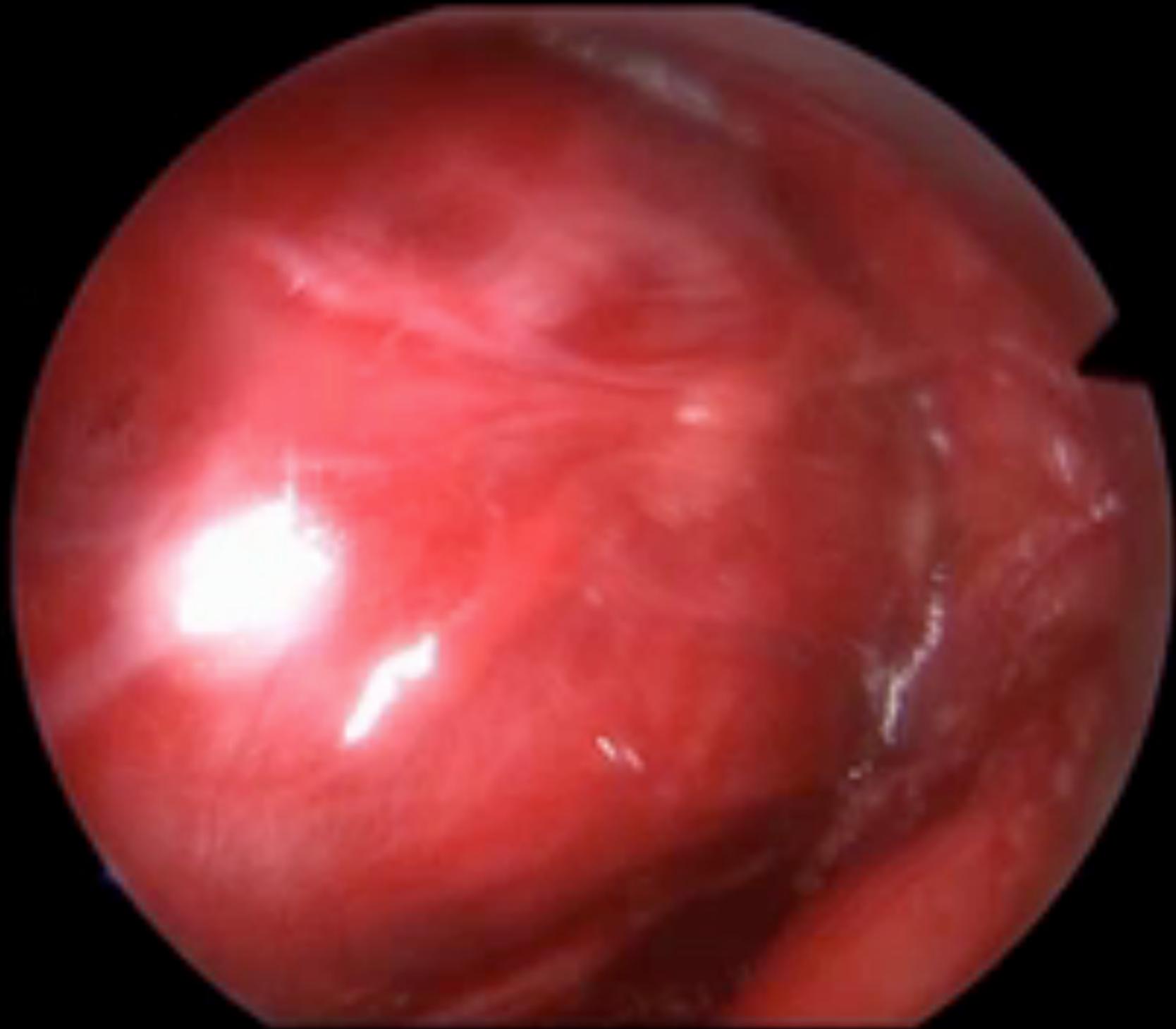
Metod





İSMAIL
SARBAV MD

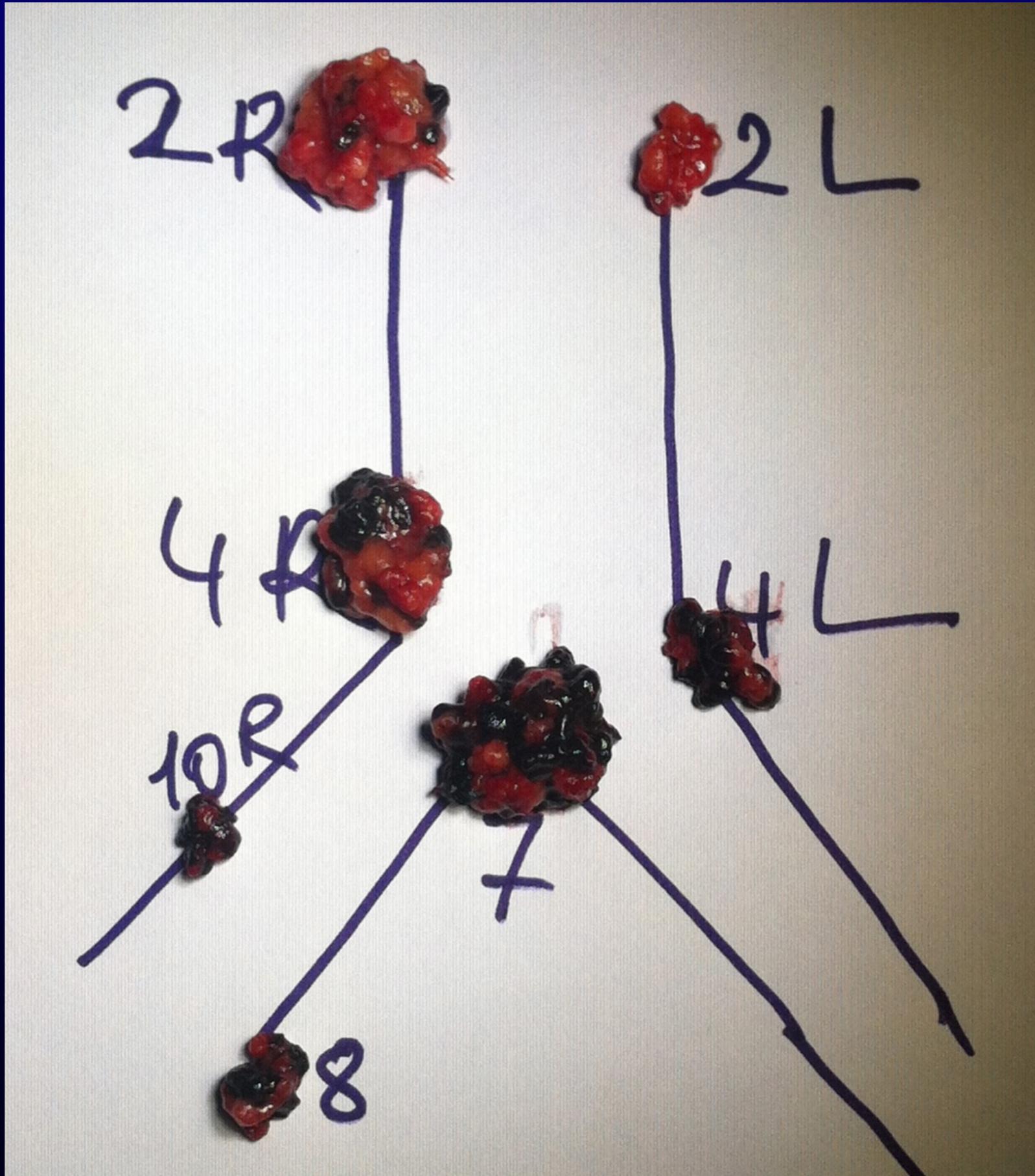
CERRAHPAŞA
GÖĞÜS CERRAHİSİ
ANABİLİM DALI



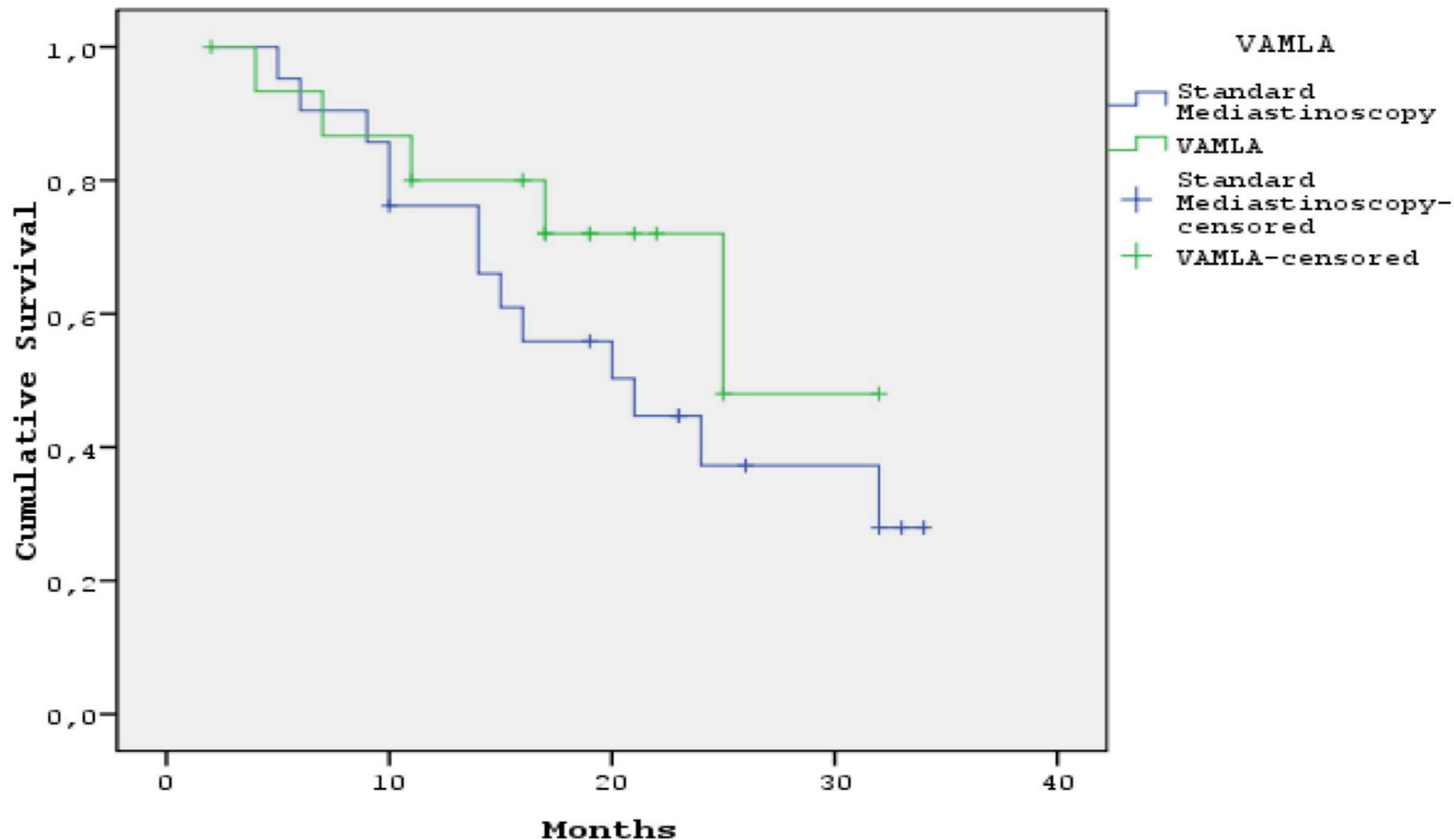
MEDIASTİNO SKOPİ

SAYI	1210
MORBİDİTE	32 (%2.6)
MORTALİTE	1(%0.08)
Doğruluk	%95.2

Lenf Nodları



Survival Functions OF Patients with Mediastinal Lymph Node Metastasis According to Type of Mediastinoscopy



VAMLA

Video-assisted mediastinoscopic lymphadenectomy is associated with better survival than mediastinoscopy in patients with resected non–small cell lung cancer

Akif Turna, MD, PhD, FETCS,^a Ahmet Demirkaya, MD,^a Serkan Özkul, MD,^a Buge Oz, MD,^b Atilla Gurses, MD,^c and Kamil Kaynak, MD, FETCS^a

Objectives: We aimed to analyze the accuracy of video-assisted mediastinoscopic lymphadenectomy (VAMLA) as a tool for preoperative staging and the impact of the technique on survival in patients with non–small cell lung cancer (NSCLC) undergoing pulmonary resection.

Methods: Between May 2006 and December 2010, 433 patients underwent pulmonary resection for NSCLC, 89 (21%) had VAMLA before resection and 344 (79%) had standard mediastinoscopy. The patients who had negative VAMLA/mediastinoscopy results underwent anatomic pulmonary resection and systematic lymph node dissection.

Results: The median and mean numbers of resected lymph node stations were 5 and 4.9 in the VAMLA group and 4 and 4.2 in the mediastinoscopy group ($P = .9$). The mean number of lymph nodes per biopsy specimen using standard mediastinoscopy was 10.1, whereas it was 30.4 using VAMLA ($P < .001$). VAMLA unveiled N2 or N3 disease in 30 (33.7%) and in 6 (6.7%) of patients, respectively. The negative predictive value, sensitivity, false-negative value, and accuracy of VAMLA were statistically higher in the VAMLA groups compared with those of standard mediastinoscopy. The 5-year survival was 90% for VAMLA patients and 66% for mediastinoscopy patients ($P = .01$). By multivariable analysis, VAMLA was associated with better survival (odds ratio, 1.34; 95% confidence interval, 1.1-3.2; $P = .02$).

Conclusions: VAMLA was associated with improved survival in NSCLC patients who had resectional surgery. (J Thorac Cardiovasc Surg 2013;146:774-80)

R
L

R
L

No VOI

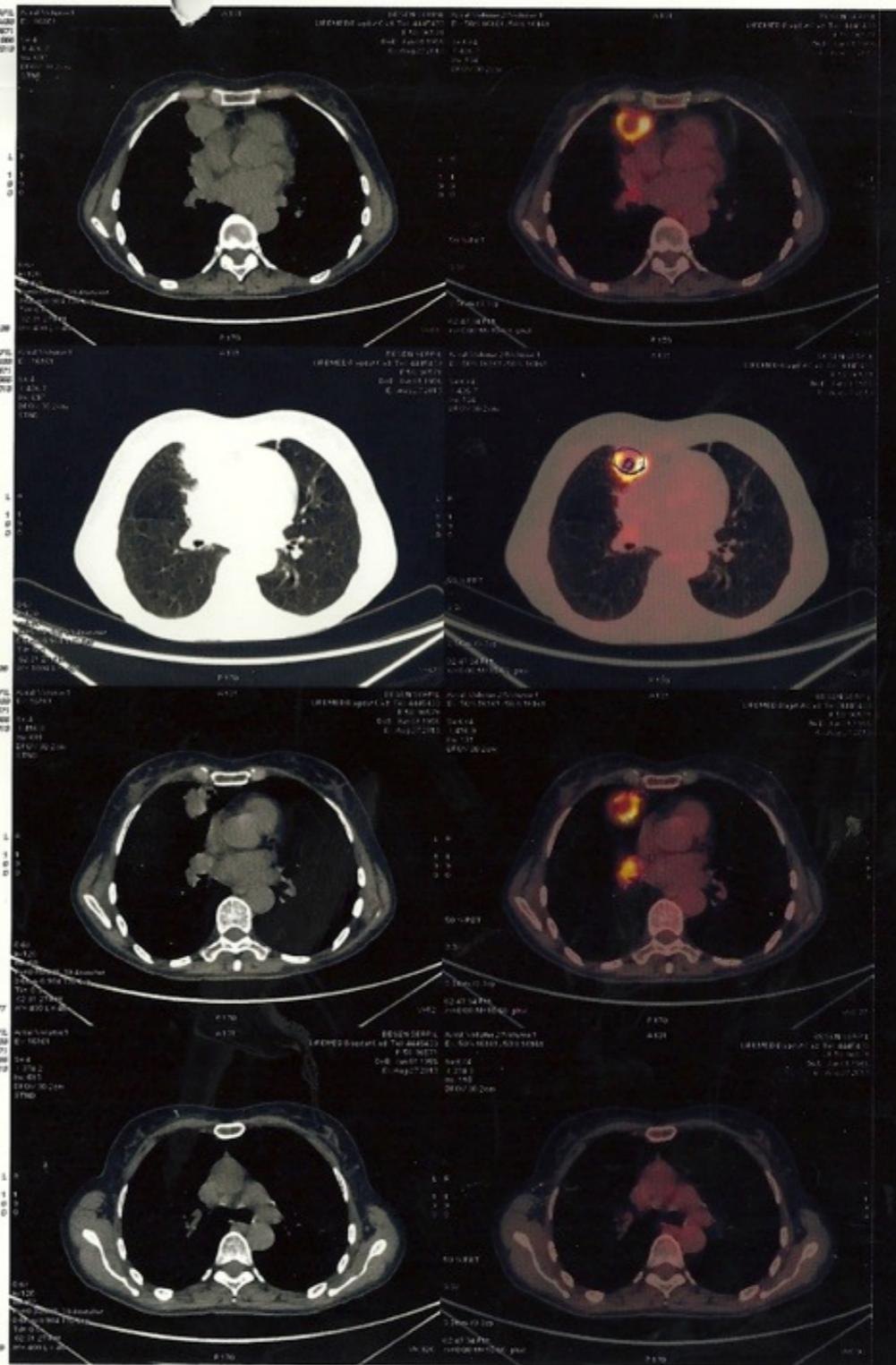
3.3mm /3.3sp

02:47:34 PM
I=0.00 M=12.86 g/ml

1852

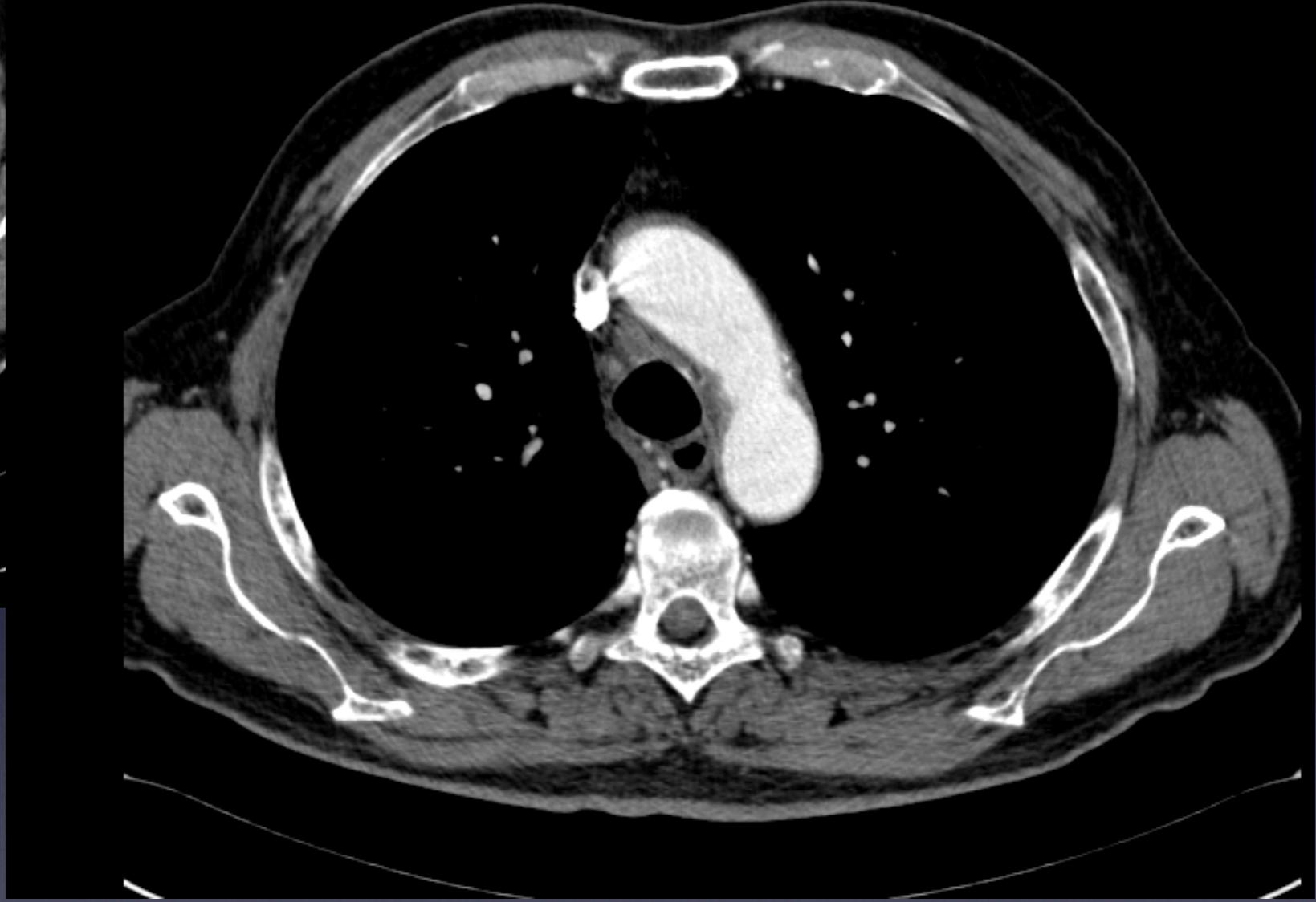
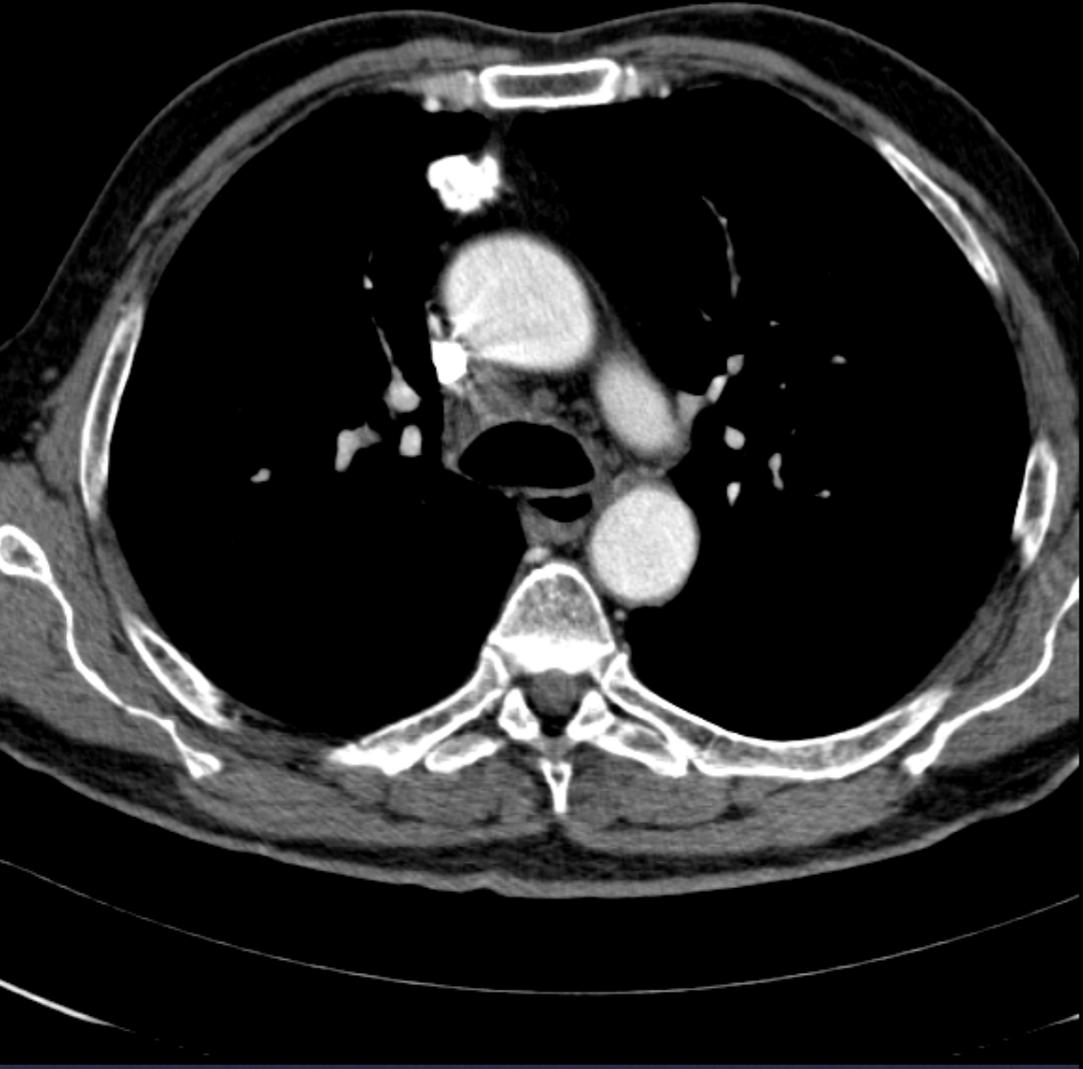
V=2.30
I=0.00 M=10.80 g/ml

F100



41 y bayan

PET: Hilar lenf nodu tutulumu Mediastinoskopi 7+4R+

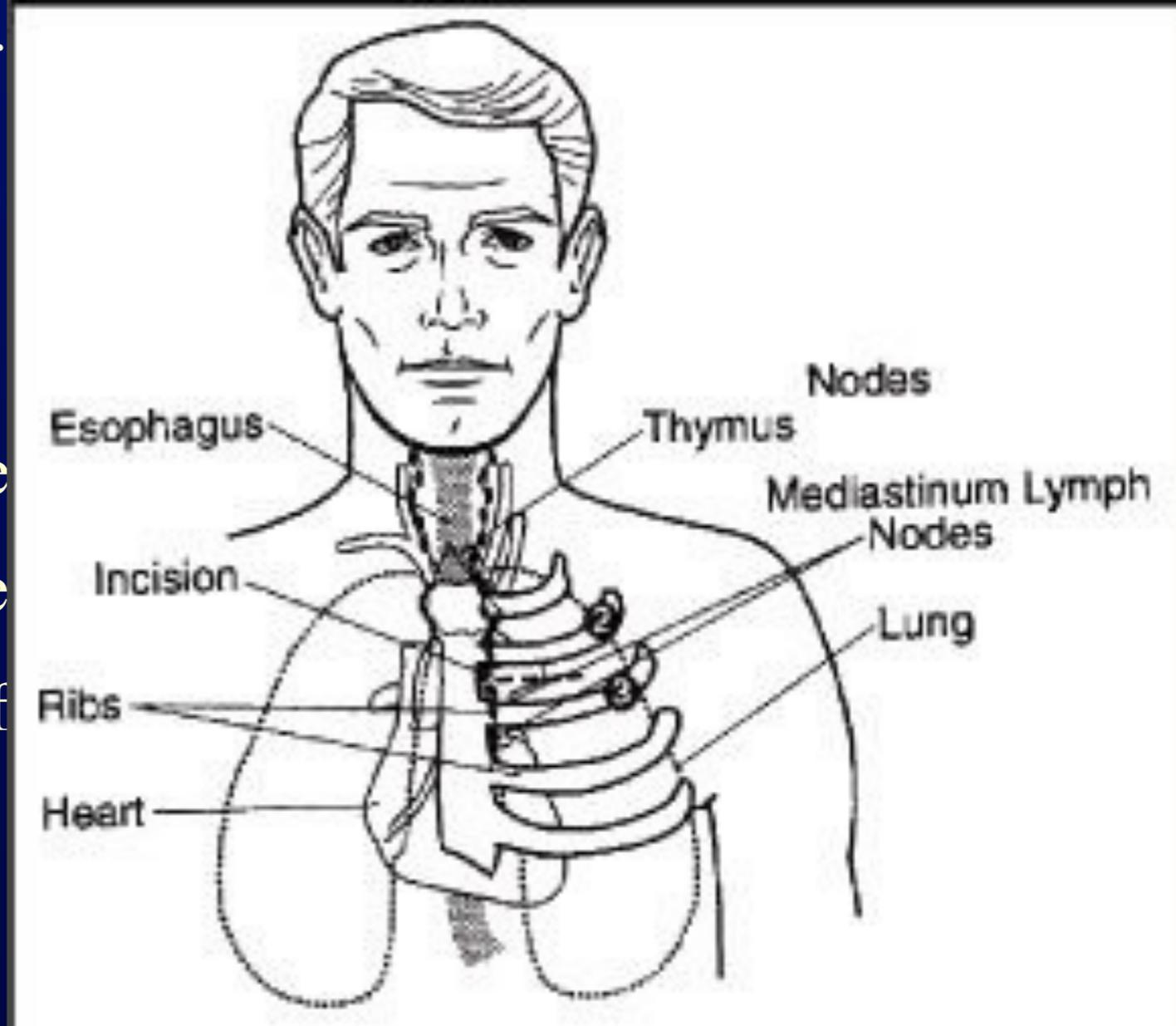


71yaş bayan
PET-BT: 4R+7+ Mediastinoskopi:N0

ANTERIOR MEDIASTINOTOMİ (CHAMBERLAIN YÖNTEMİ)

Mediastende özellikle aortopulmoner pencerede yerleşim gösteren kitlelere yaklaşımda uygun bir yöntemdir.

Sol taraflı tümörlerde aortikopulmoner (No:5) ve anterior mediastinal (No:6) lenf nodlarına ulaşımı sağlar.

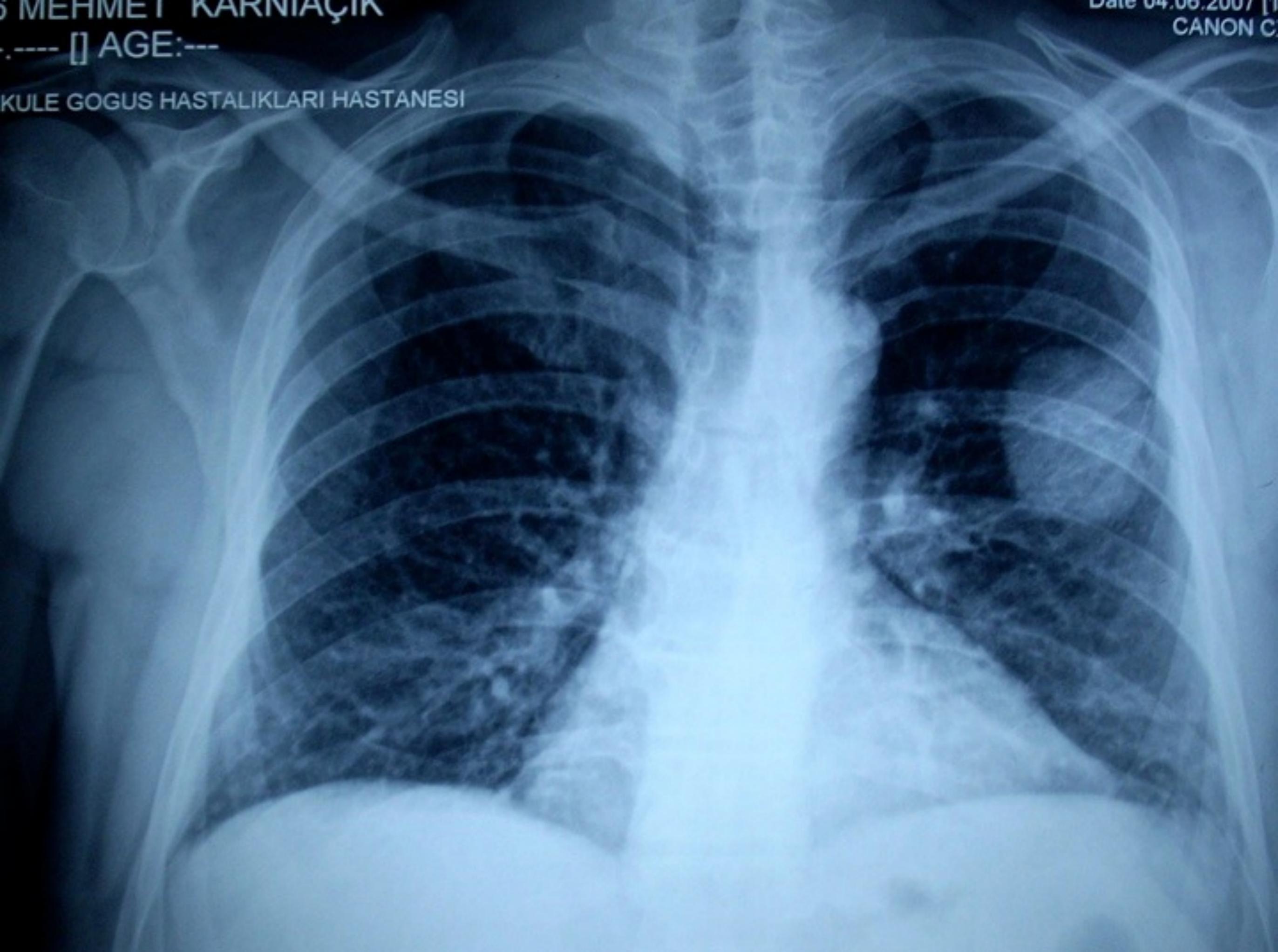


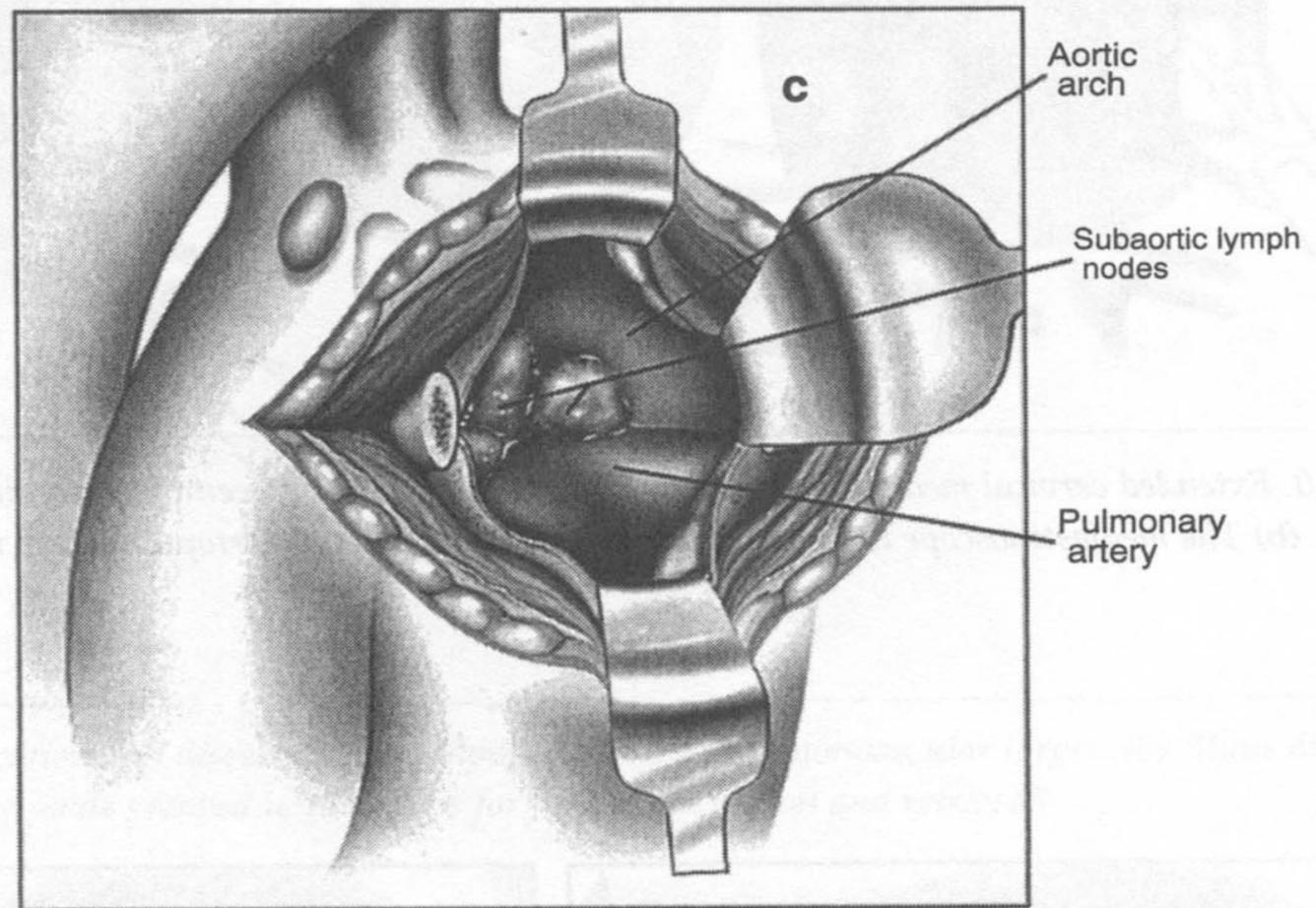
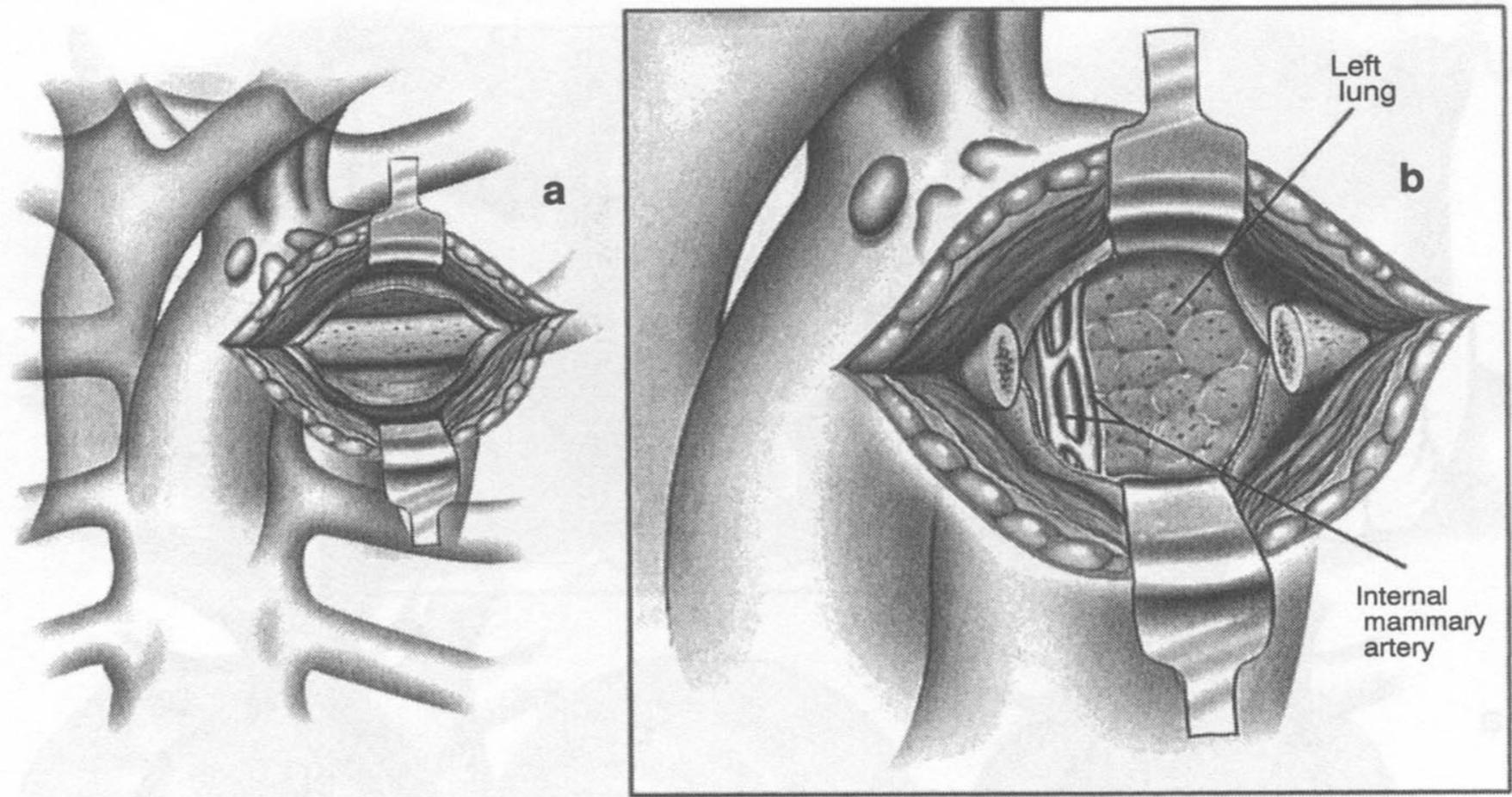
MEHMET KARNIAÇIK

AGE:---

Date 04.06.2007
CANON C

KULE GOGUS HASTALIKLARI HASTANESI





Parietal pleura and lung

Aorta

Left main bronchus

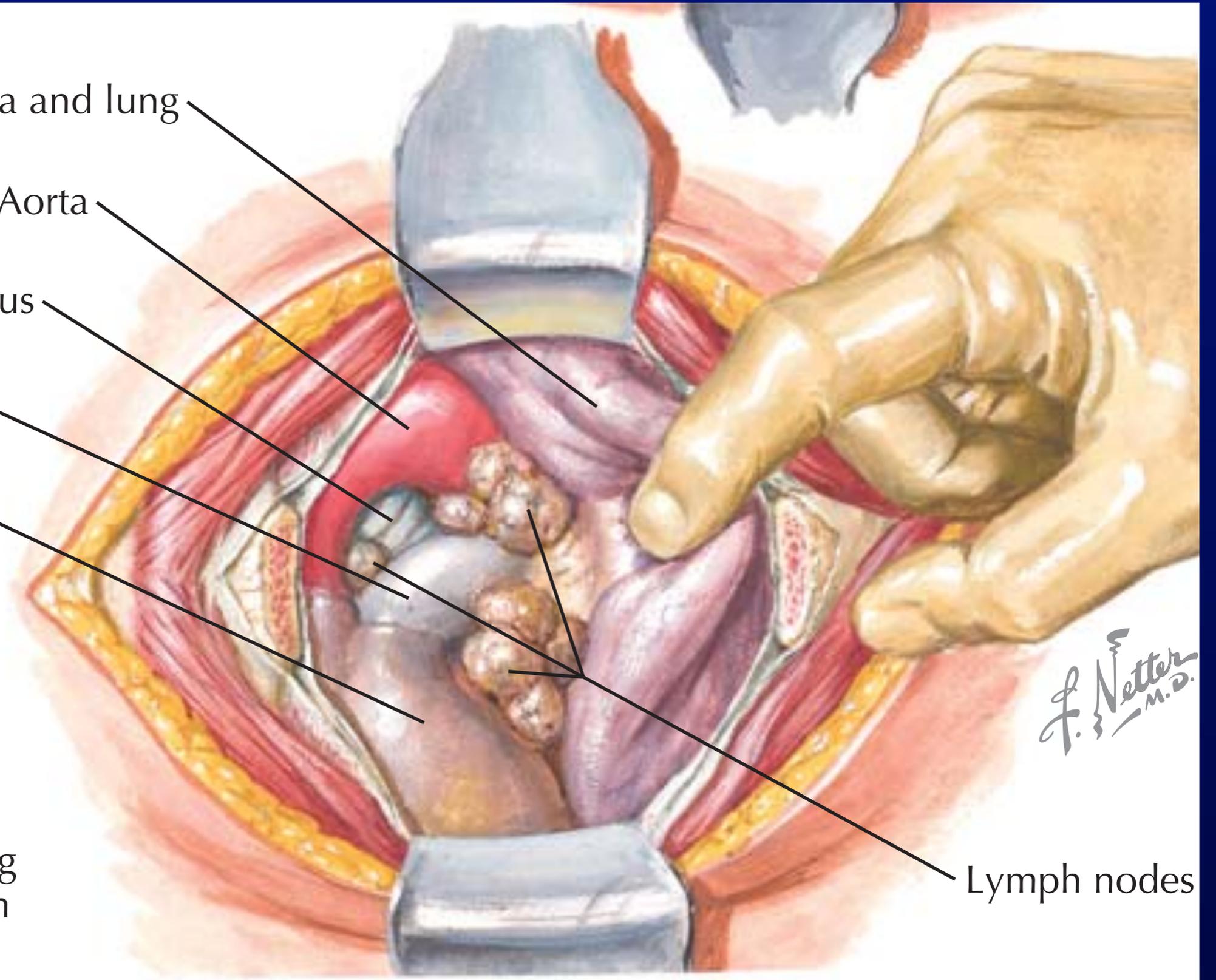
Left pulmonary artery

Pericardium

F. Netter M.D.

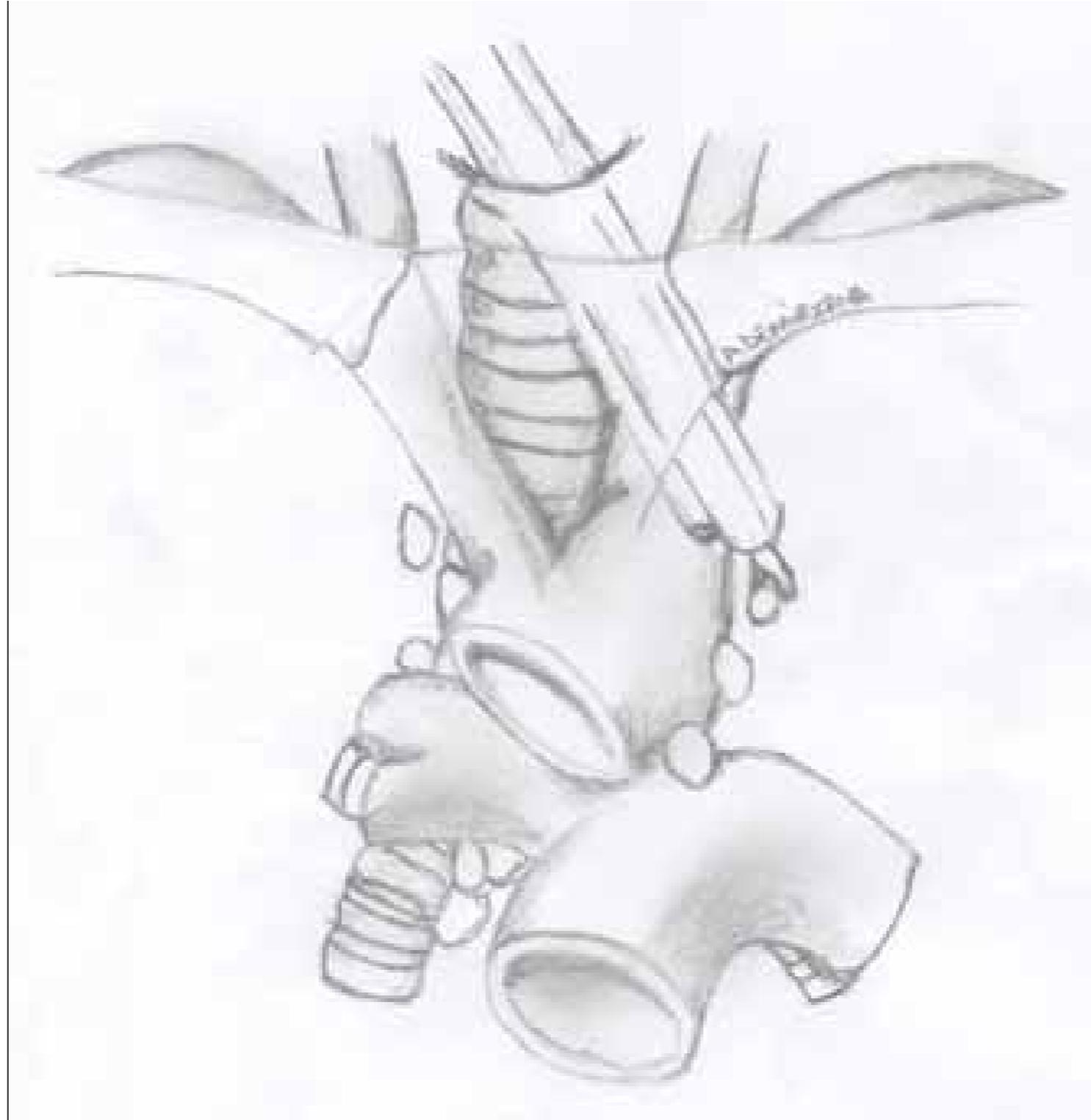
pleura and contained lung laterally, exposing hilum

Lymph nodes





'İlerletilmiş' ('Extended') Mediastinoskopi



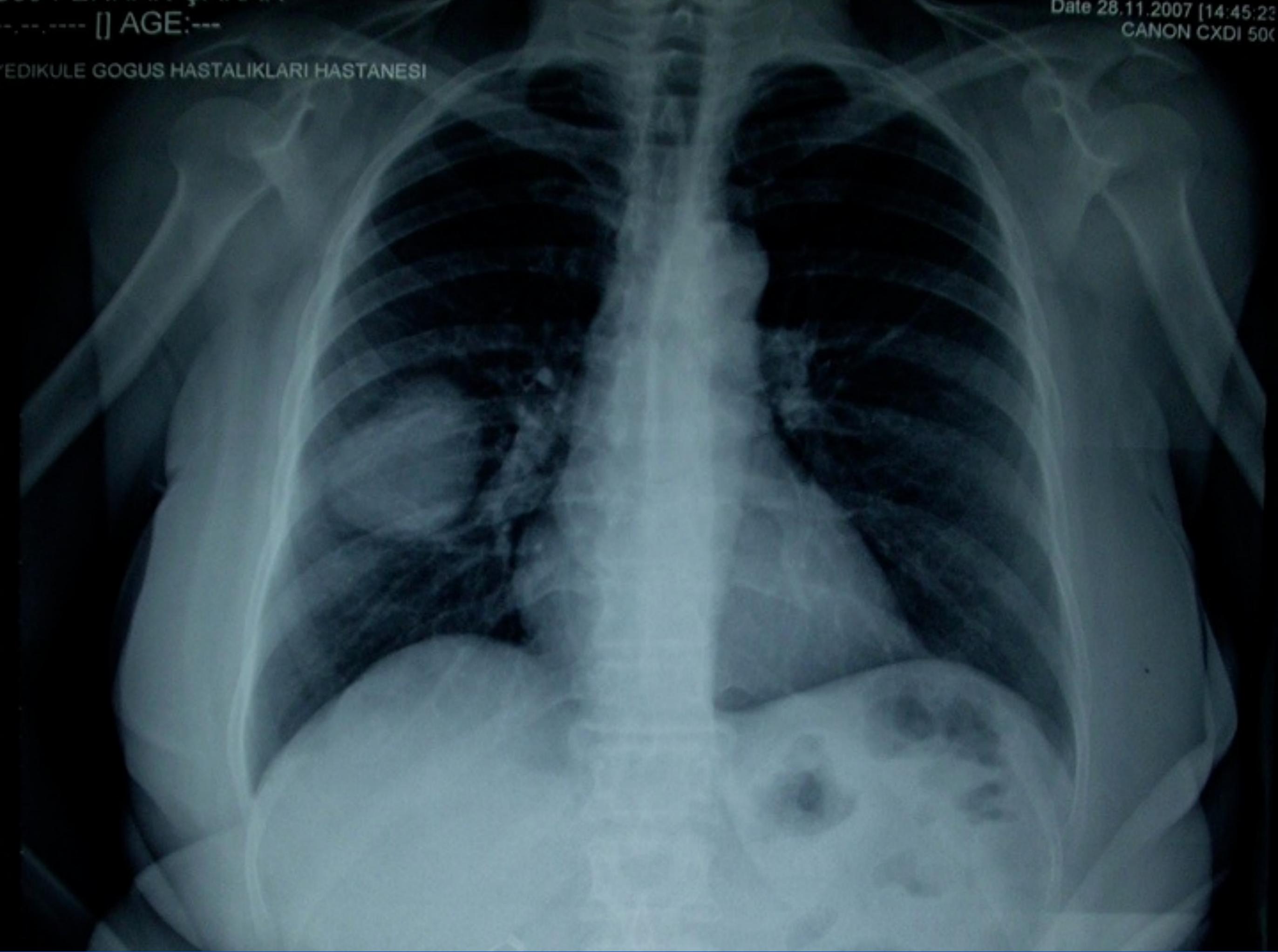
PET'İN DOĞRULUĞU

- T1 Tümörlerde : %95
- T4 Tümörlerde: %70-81
- Tüm Tümörlerde: %76-85
- Hangi Tümörde Güvenelim?
 - T1(<3cm), periferik ve PET-BT'de >1 cm veya FDG tutulumu olan gangliyon yok ise.

--- AGE:---

Date 28.11.2007 [14:45:23
CANON CXDI 500

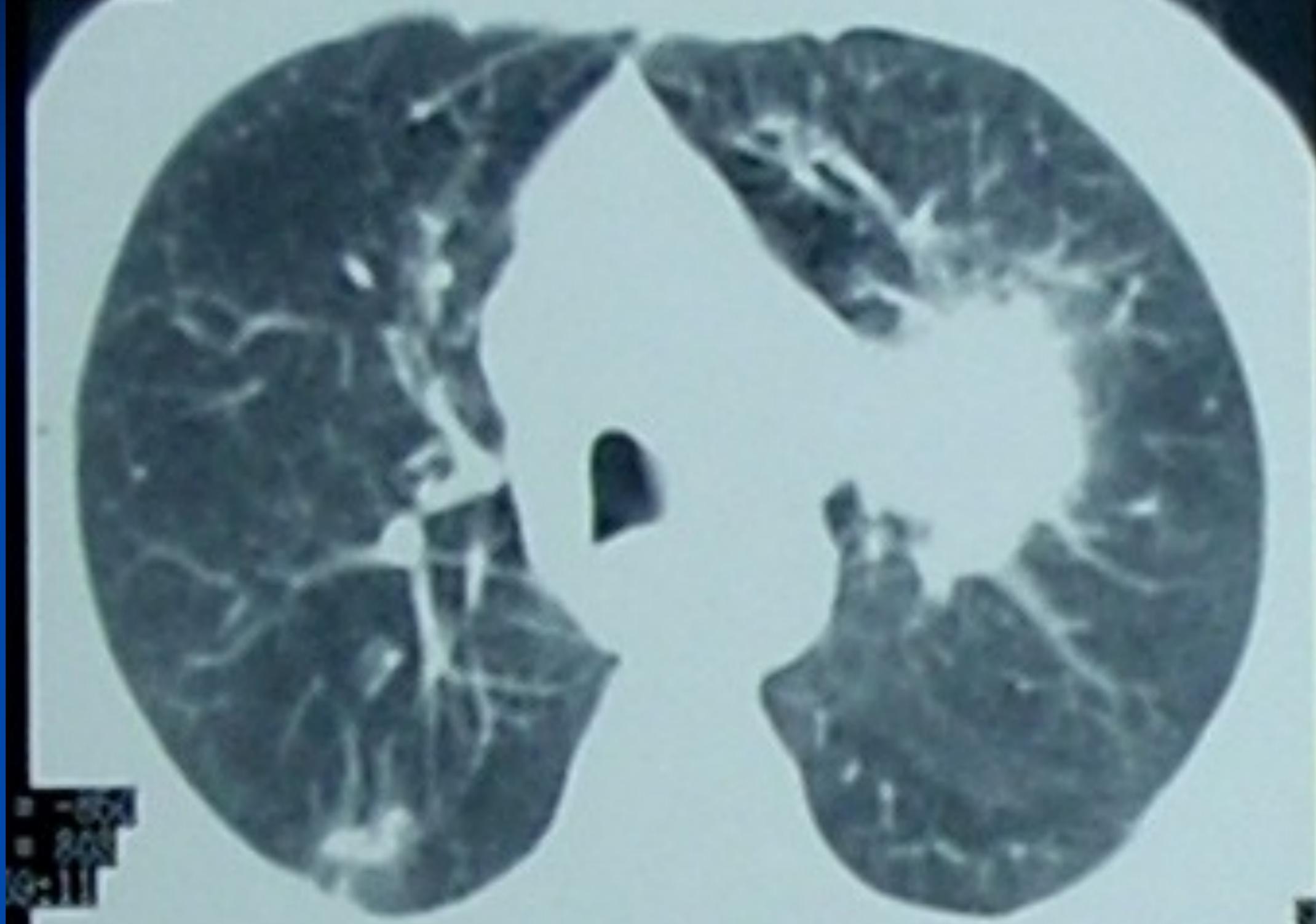
YEDIKULE GOGUS HASTALIKLARI HASTANESI





21. 08. 07 10:22:27.8
120kV/180mA
587/m
HLF

32.00g
2531



-50
200
0:11

Speed

P

1.68
L7/10
RINE/ATF
FC10/066
RUSTH. FISTANESI

ARAP TANIS
2006-16003Y.D.

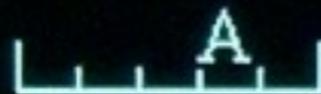
2007.08.28 12:08:46.1
72923. 1. 1. 13

M/000D
-5.0mm
0.0deg
I#13

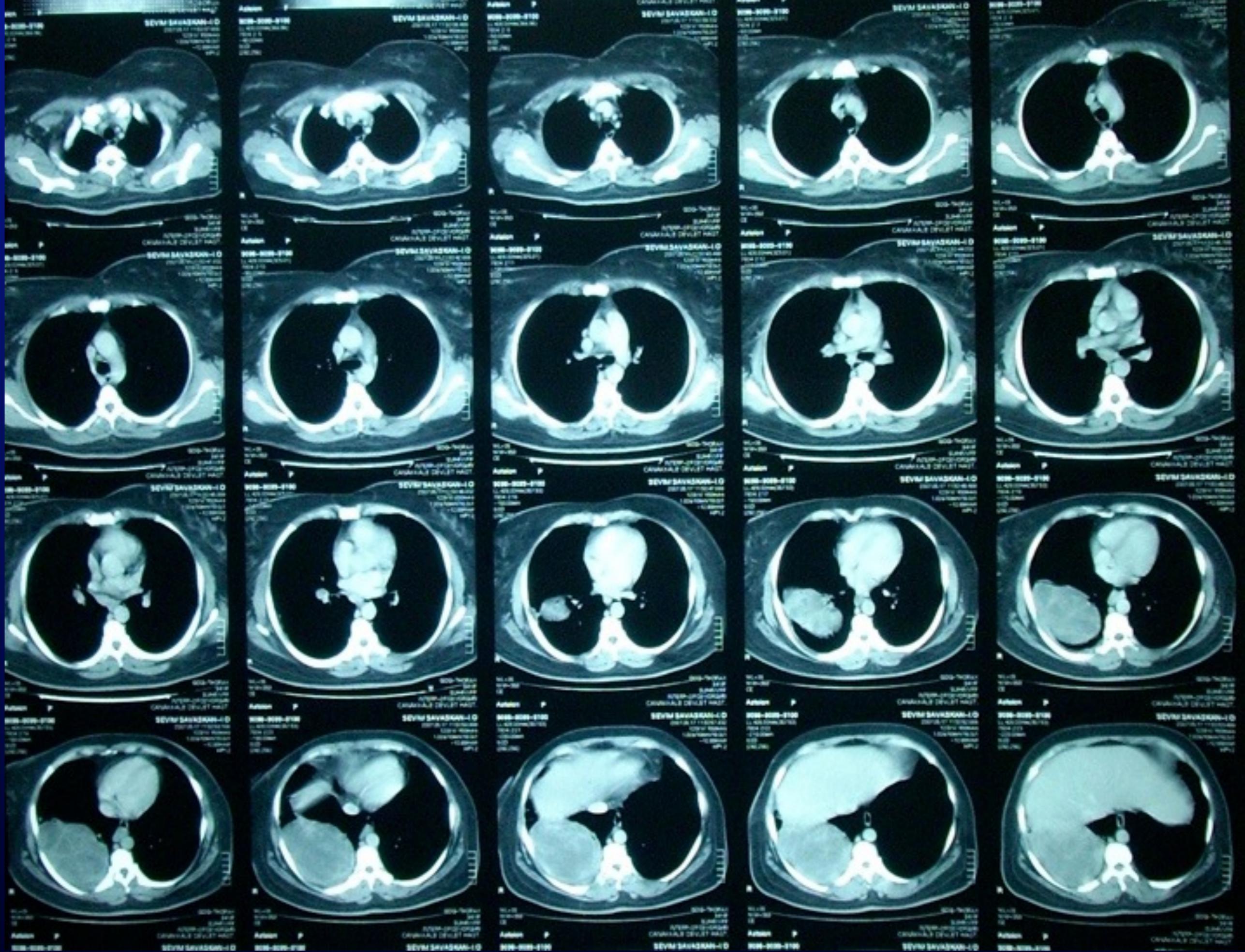
120kV 130mA
1.0s 5.0mm
130mA



PF5
RF4
MAC
A=340mm
X=15 Y=-12
SCT-7000TH
YEDIKULE GOGUS H. HAST



x1.00
W: 460
L: 35



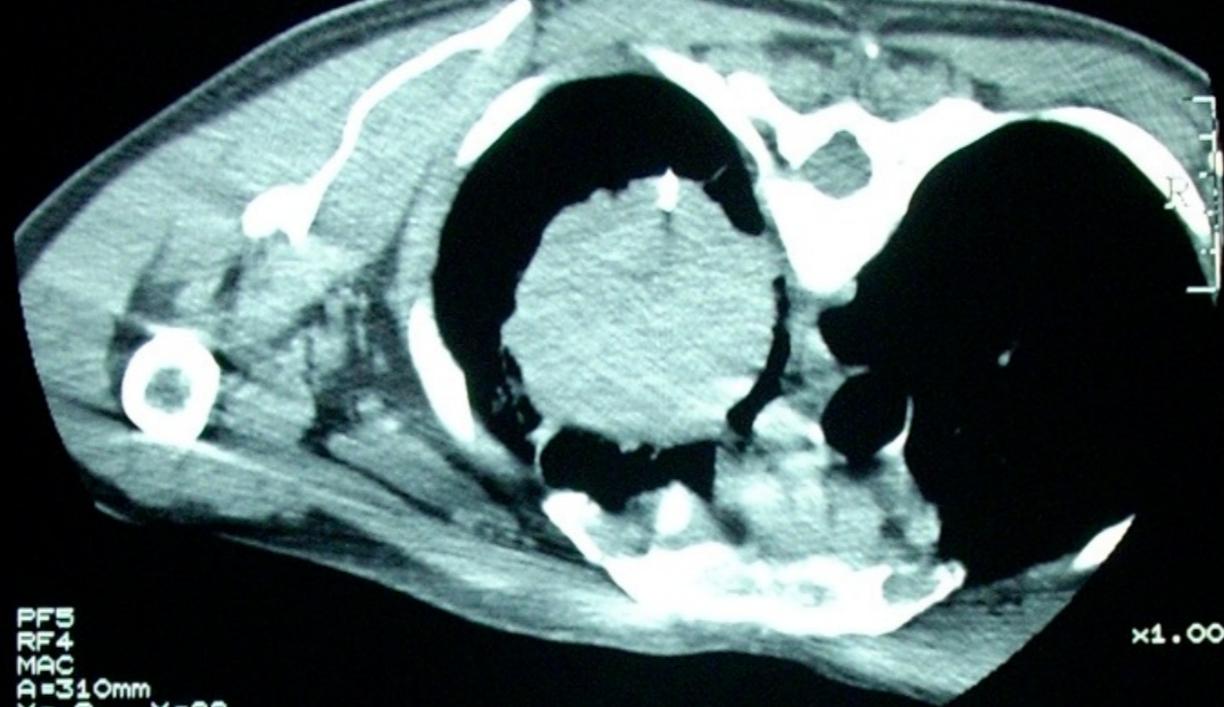
2000 15041151
F/000D
+5.0mm
0.0deg
I#10

120kV 130mA
1.0s 5.0mm
130mAs



PF5
RF4
MAC
A=434mm
V=117
V=117

x1.00



PFS
RF4
MAC
A=310mm
X=-9 Y=22
SCT-7000TH
YEDIKULE GOGUS H. HAST

x1.00

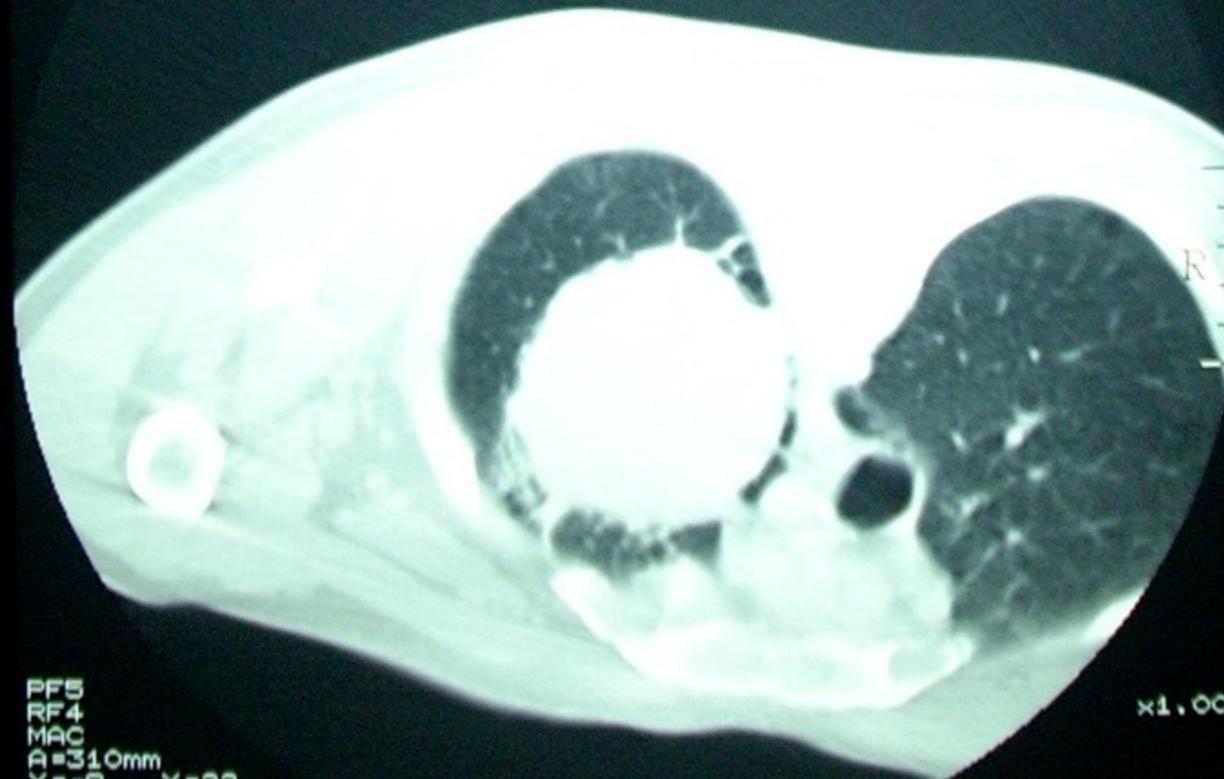
W: 460
L: 35

AHMET KOLDEMIR
2006-16647Y.D.

2007.09.26 12:38:25.4
73579. 1. 1. 14

M/OOOD
-15.0mm
O.Odes
I#14

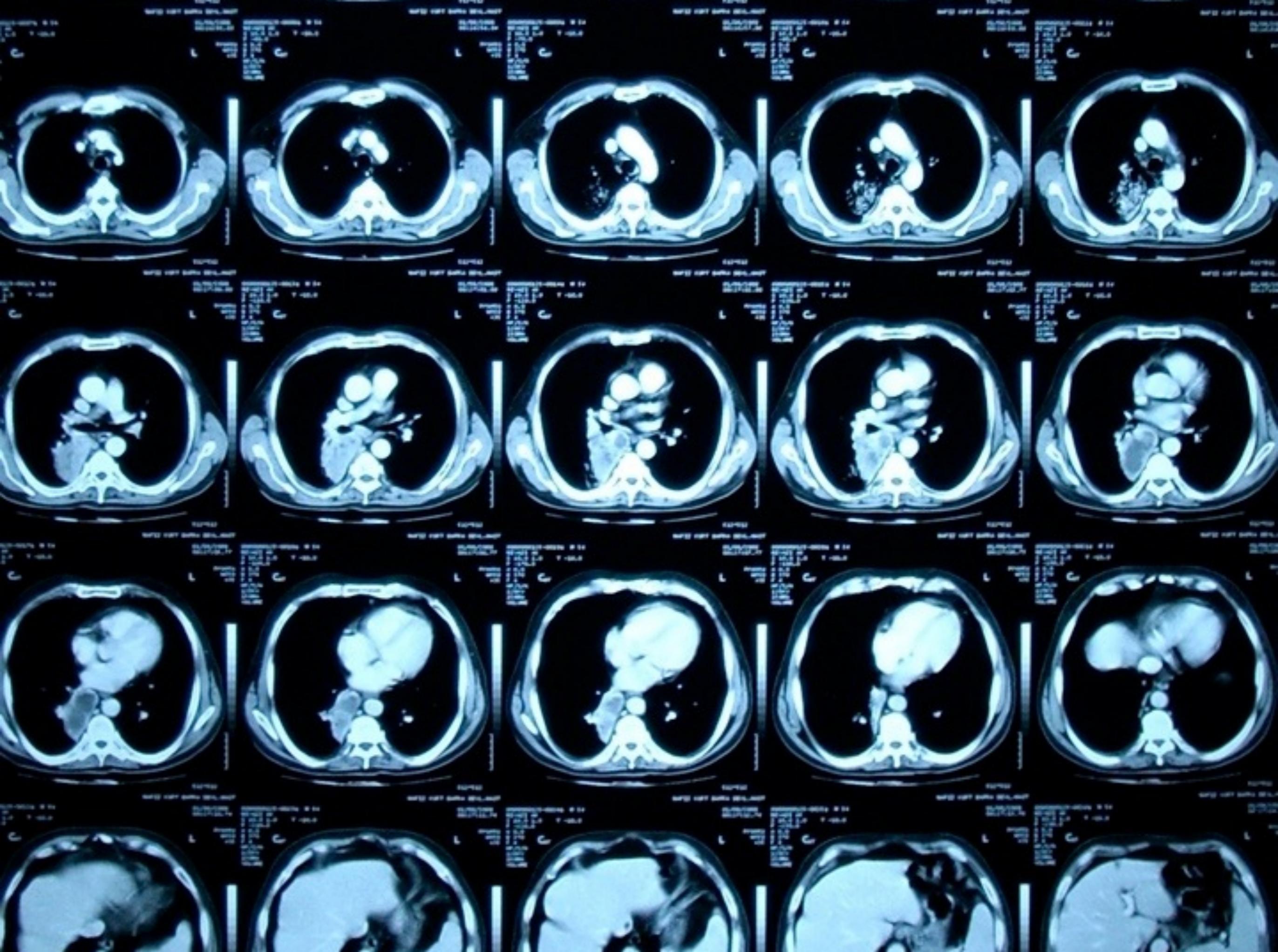
120kV 130mA
1.0s 5.0mm
130mAs



PFS
RF4
MAC
A=310mm
X=-9 Y=22
SCT-7000TH
YEDIKULE GOGUS H. HAST

x1.00

W: 1600
L: -500





B
RF4
MPC
D=388mm
X=1 Y=-18
SCT-7000TH
YEDIKULE GOGUS H. HAST

x1.00

W: 460
L: 35

SALIH SEN
2006-13942Y.D.

2007.05.28 10:29:29.3
70792. 1. 1. 23

M/000D
-30.0mm
O.0des
IH23

120kV 130mA
1.0s 5.0mm
130mA



PF5
RF4
MPC

x1.00

08.02.2008
14.05.42.84
7.05.13
SP: 2
CP: 715.0



kv 130
coll.mAs 80
DI 1.0
DT 0.0
S: 8.0/5.0/1.8
1000

+C

MUMCU, SUKRU
1633

A Kistimoru de-let had
Sep 1

08.02.2008
14.05.42.20
7.05.14
SP: 2
CP: 721.0



kv 130
coll.mAs 80
DI 1.0
DT 0.0
S: 8.0/5.0/1.8
1000

+C

MUMCU, SUKRU
1633

A Kistimoru de-let had
Sep 1

YIN KAPUSUZ 1
279 M/65y
2
96 mm

Haseki Egt.ve Ars.H. HUSKUYIN KAPUSUZ 1
Phillips Brilliance 10 1129279 M/65y
19 Sep 2006 16:49:27.0 34-13
120kV, 150mA 126.50 mm
SC 372.0 mm
CR 5.00 mm
Z 1.53
E -0.50



CI 40
MI 20

Haseki Egt.ve Ars.H. HUSKUYIN KAPUSUZ 1
Phillips Brilliance 10 1129279 M/65y
19 Sep 2006 16:49:27.0 34-13
120kV, 150mA 126.50 mm
SC 372.0 mm
CR 5.00 mm
Z 1.53
E -0.50



CI 40
MI 20

SOLİTER PULMONER NODÜLDE MALİGNİTE

- **Radyolojik Özellikler**
 - Çap > 2 cm
 - Spikülasyon
 - Üst lob lokalizasyon
- **Klinik Özellikler**
 - Yaş > 40
 - Pozitif sigara hikayesi
- **Diğer bir malignite varlığı**

VATS wedge resection of lung nodule

Anterior port site

Possible posterior port sites

Scope

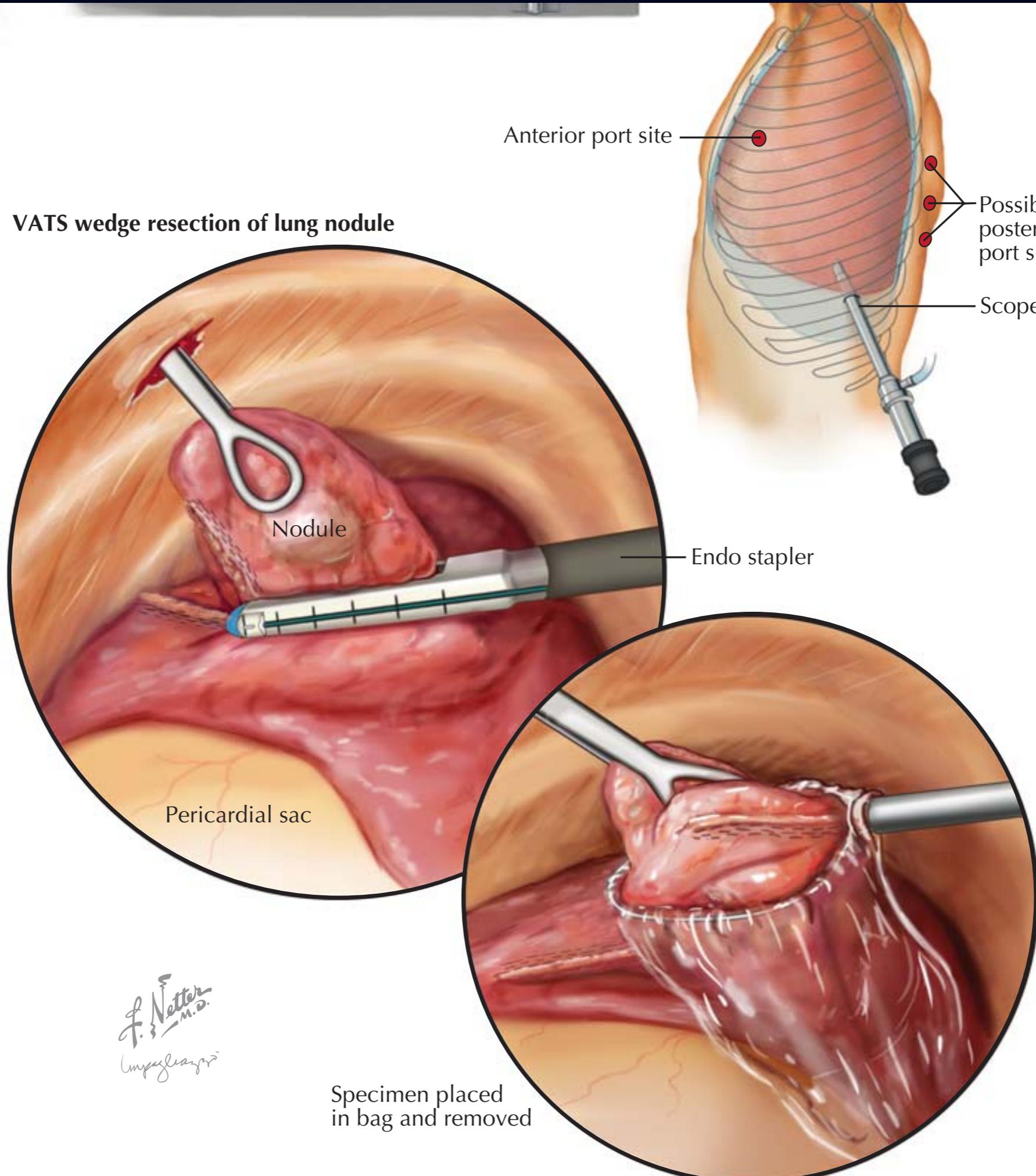
Nodule

Endo stapler

Pericardial sac

F. Netter M.D.
Imaging

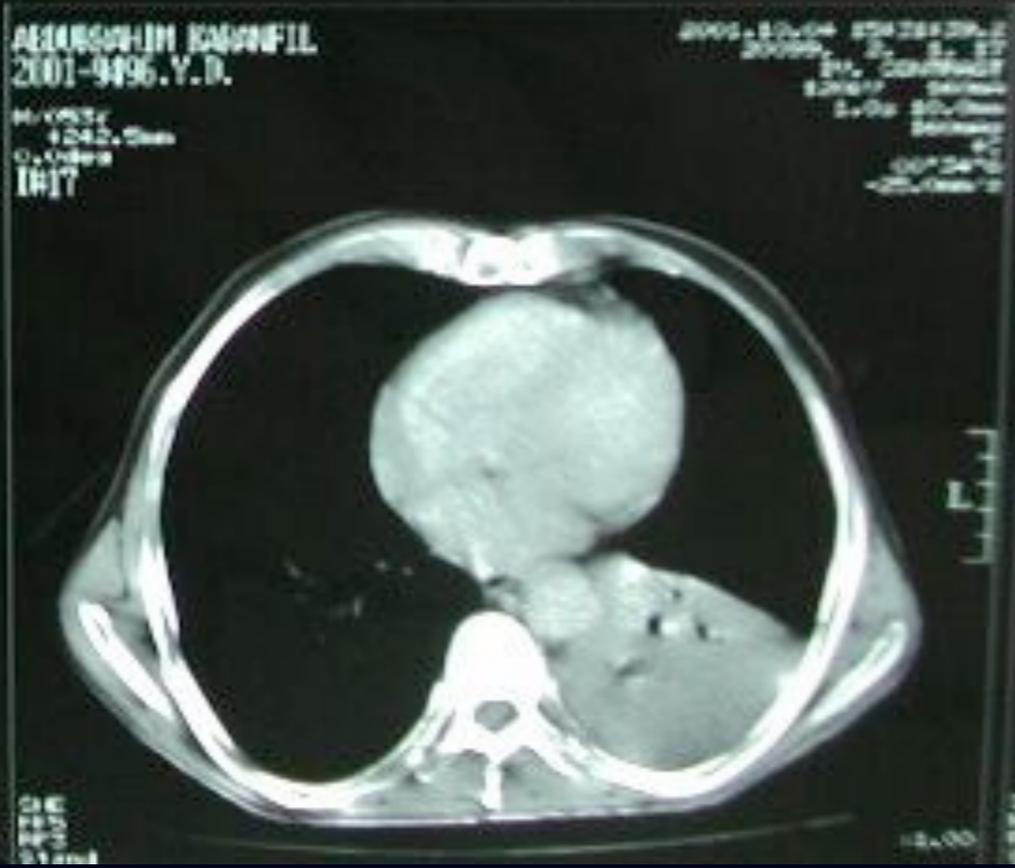
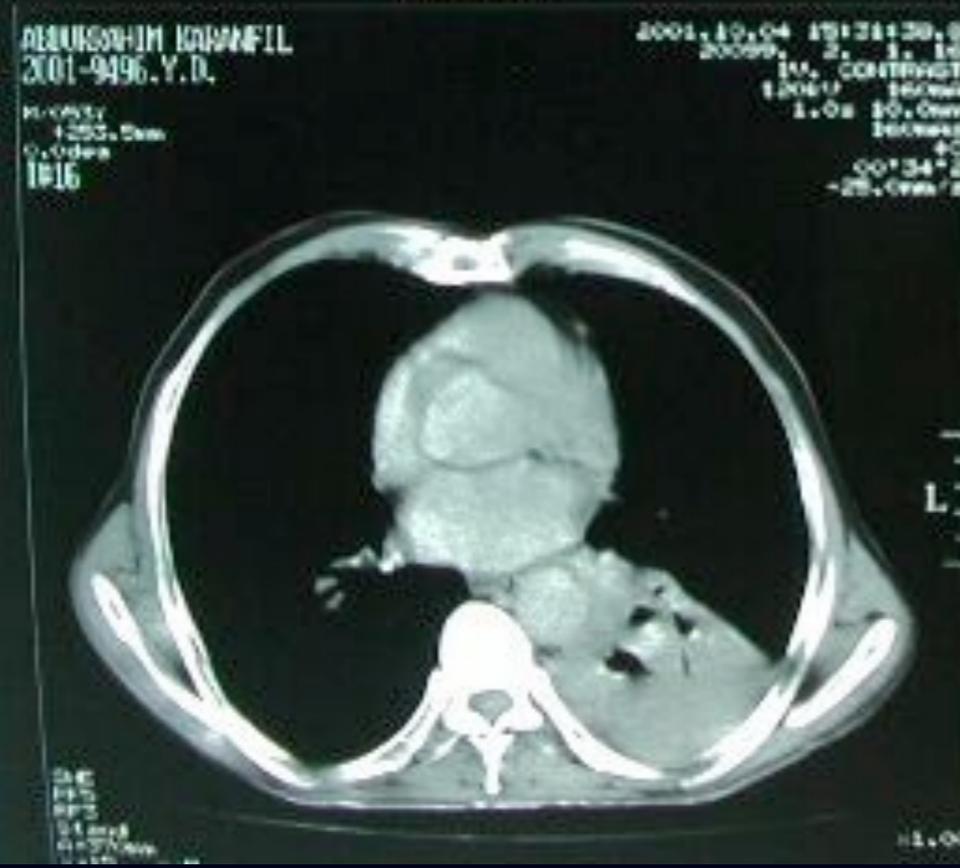
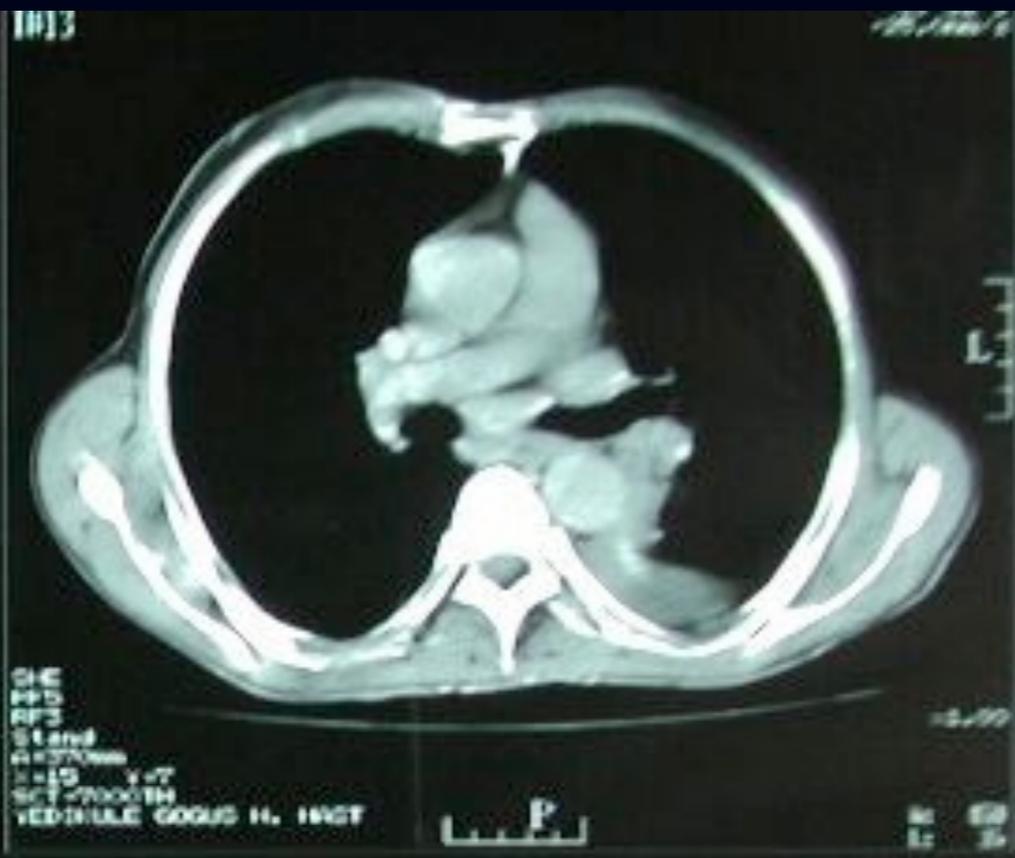
Specimen placed in bag and removed



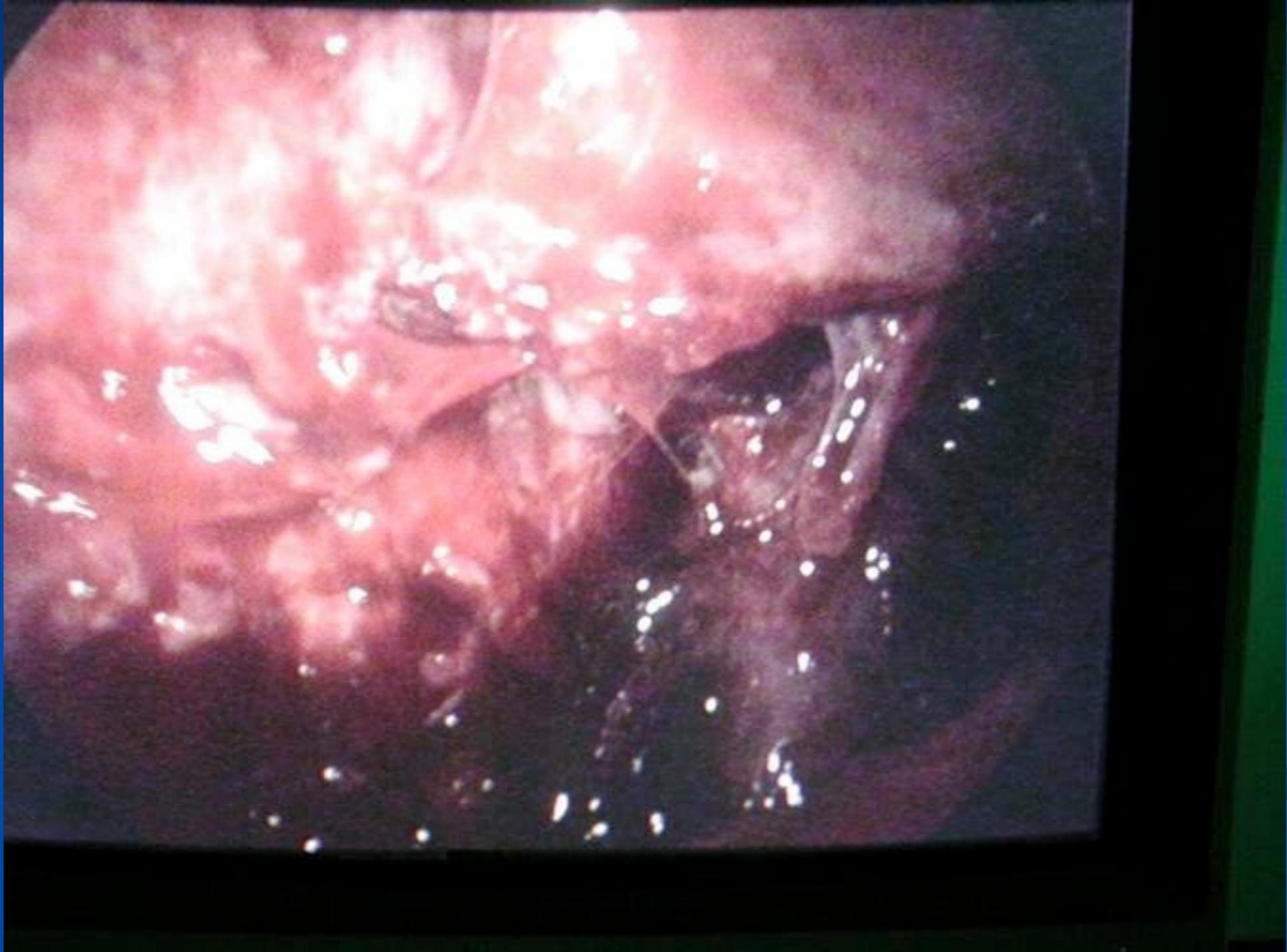


SECTION 60603 H. HAST
SCOUT-7000TH
X=5
Y=14
Z=30



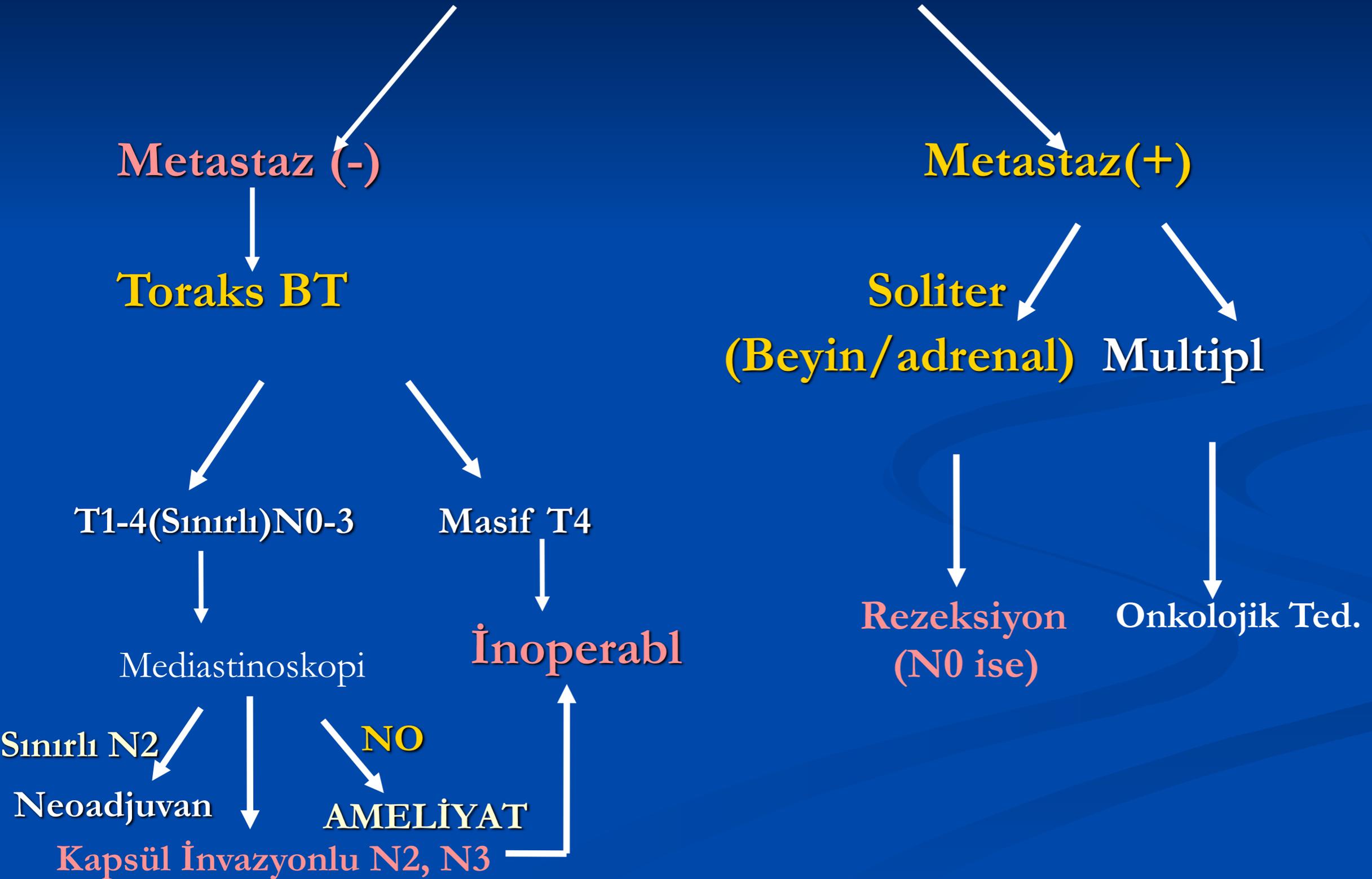


VIDEOTORAKOSKOPİK EVRELEME



PREOPERATİF DEĞERLENDİRME

TAM KLİNİK DEĞERLENDİRME



Revised ESTS guidelines for preoperative mediastinal lymph node staging for non-small-cell lung cancer[†]

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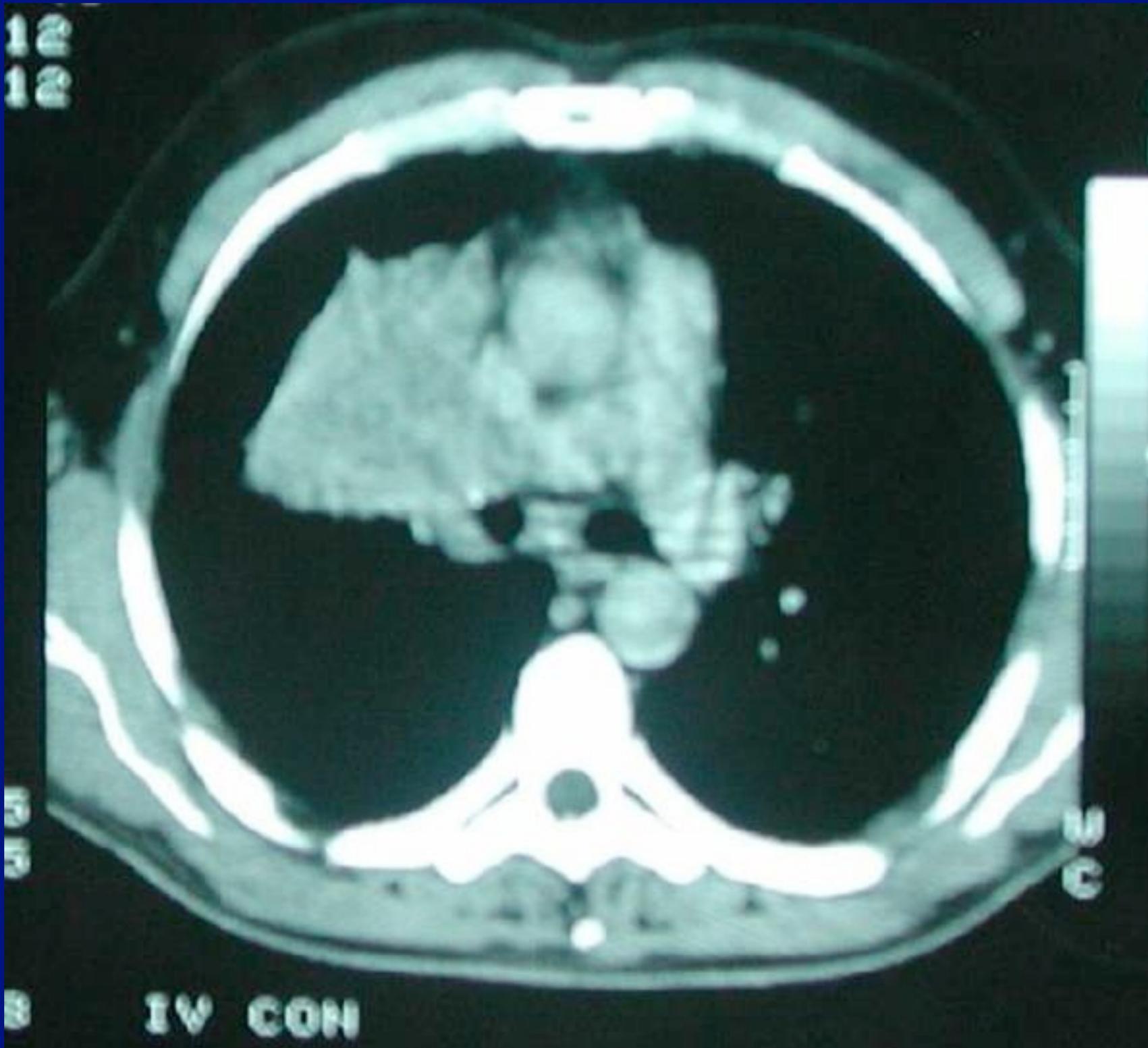
Received 3 October 2013; received in revised form 16 December 2013; accepted 20 December 2013

Vena Cava Superior Tutulumu

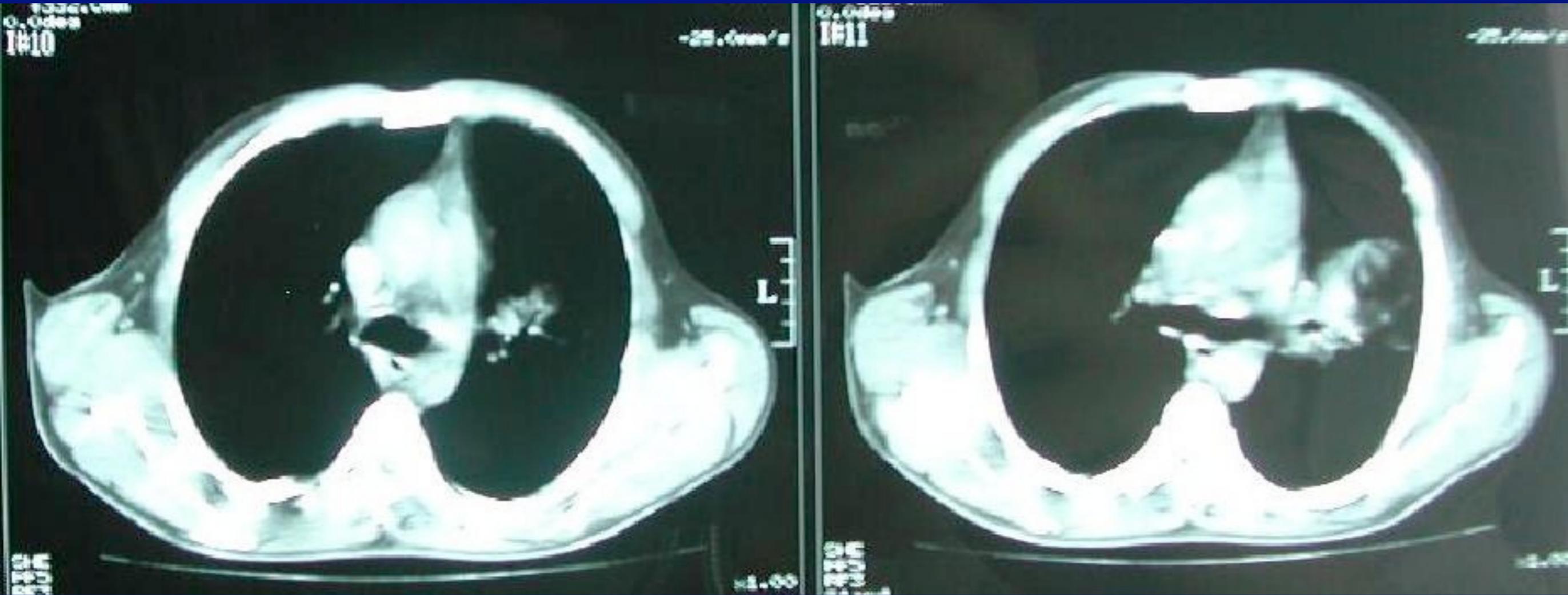


NEOADJUVAN TEDAVI

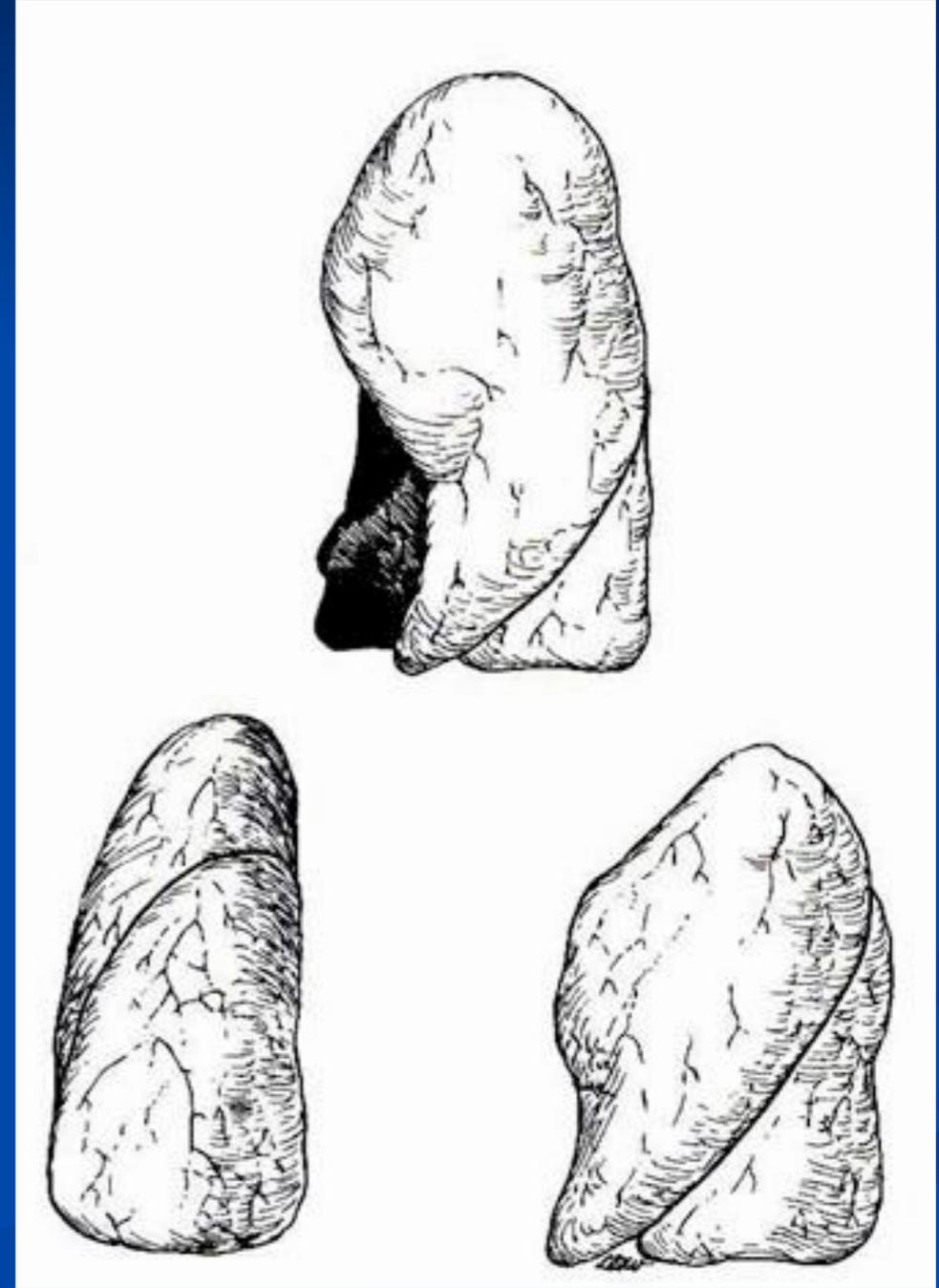
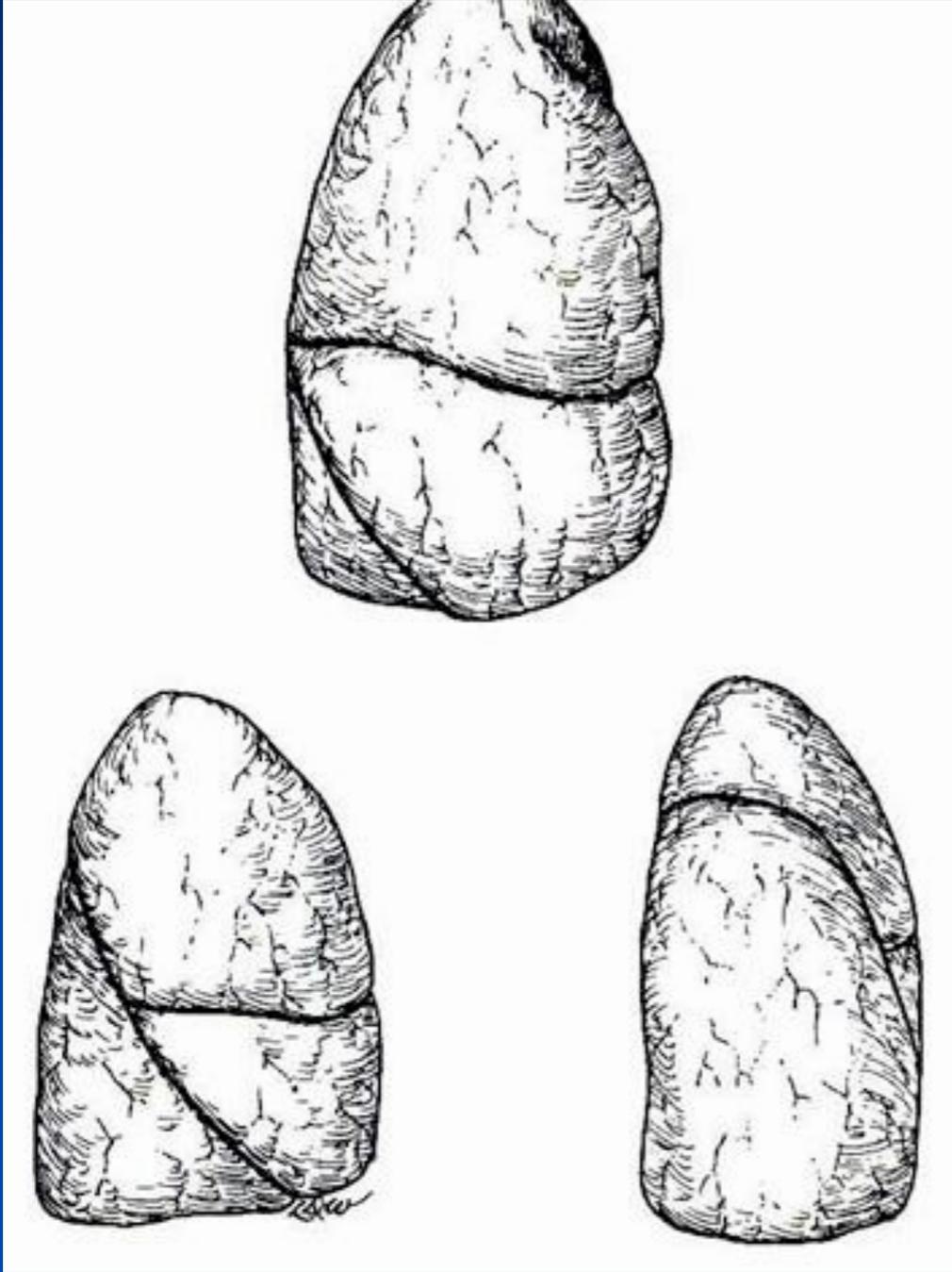


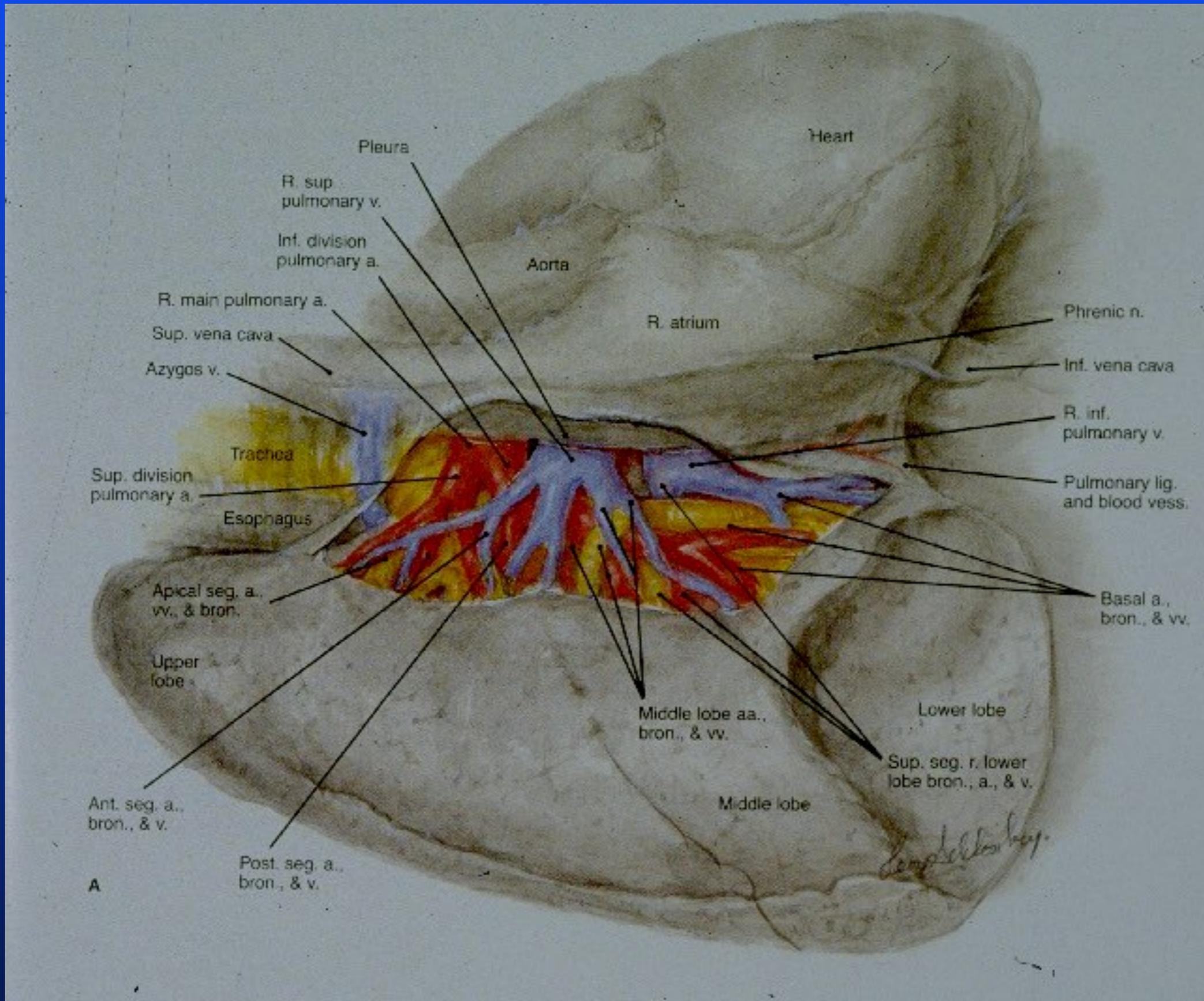


- Mediastinoskopi
- Neoadjuvan Kemoterapi -
(Subkarinal N2 için)
- Torakotomi
- **pT2N0**



STANDART REZEKSIYONLARDA ANATOMİ





Posterolateral Torakotomi

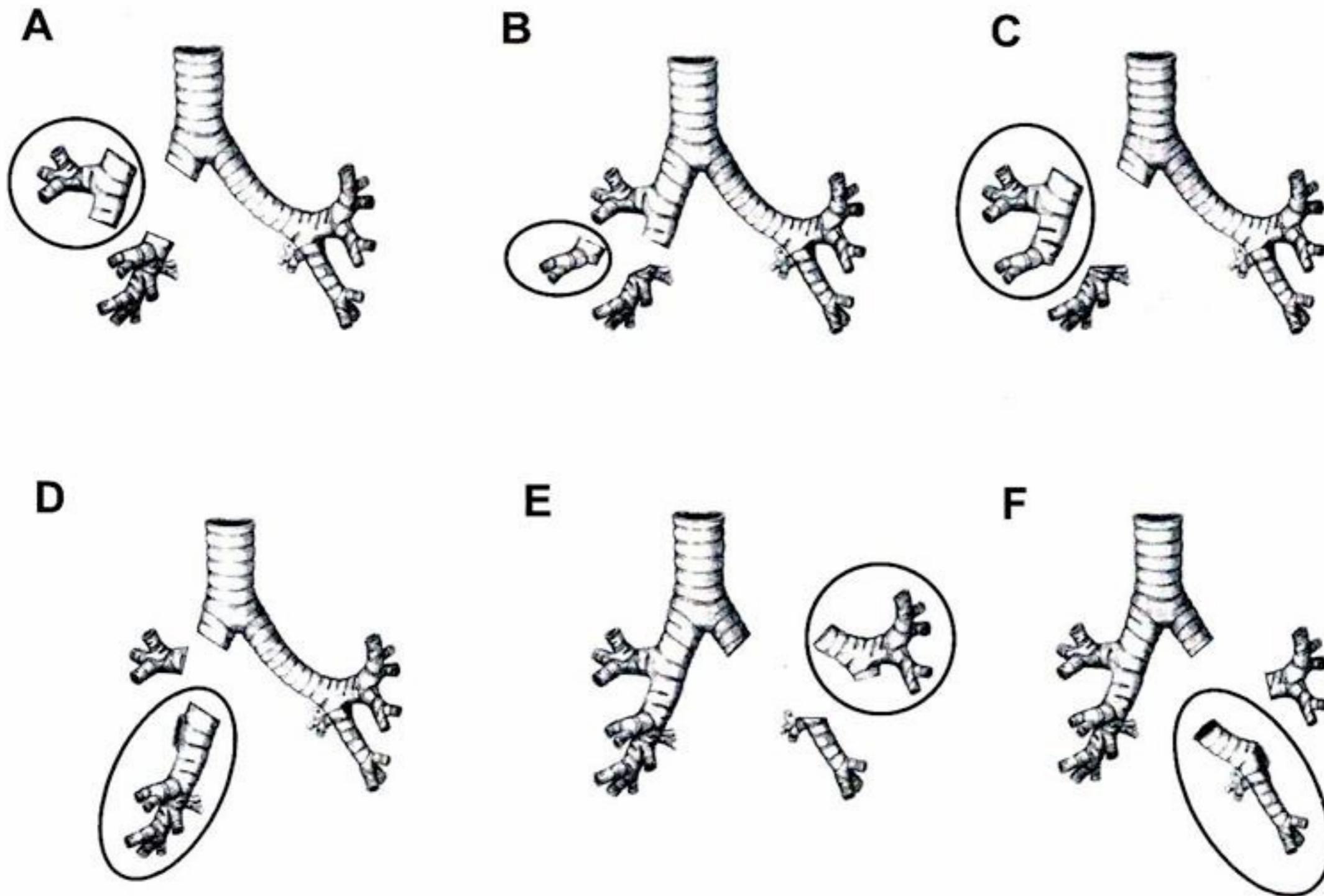


Uniportal VATS

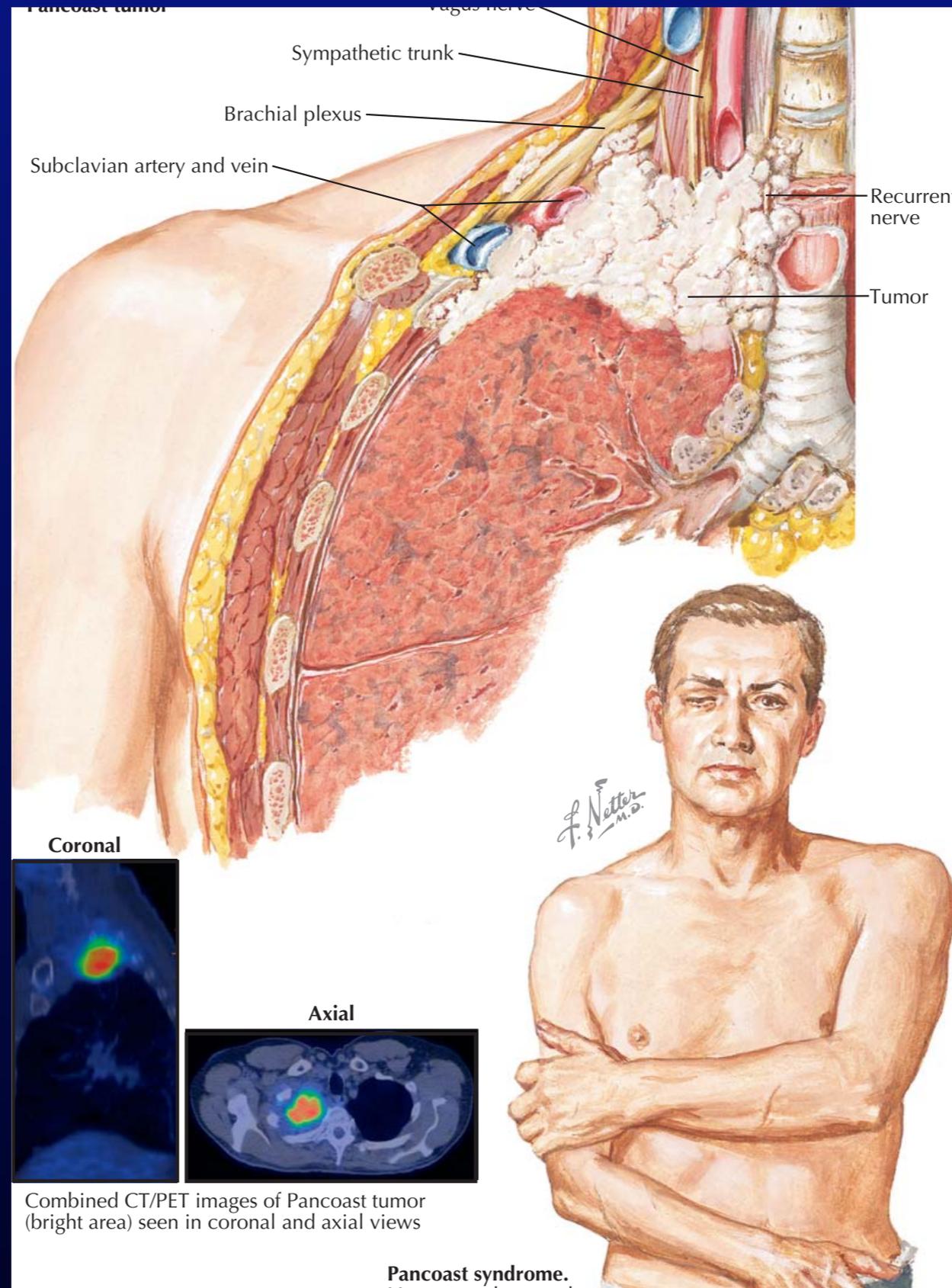


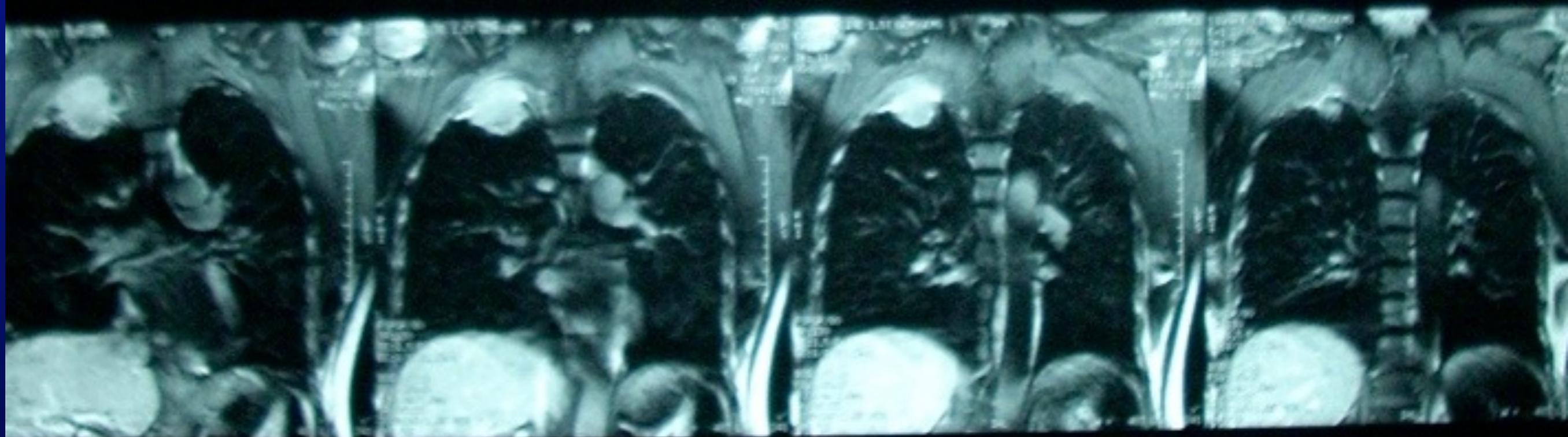


SLEEVE LOBEKTOMİ -1



Superior Sulcus Tümörü





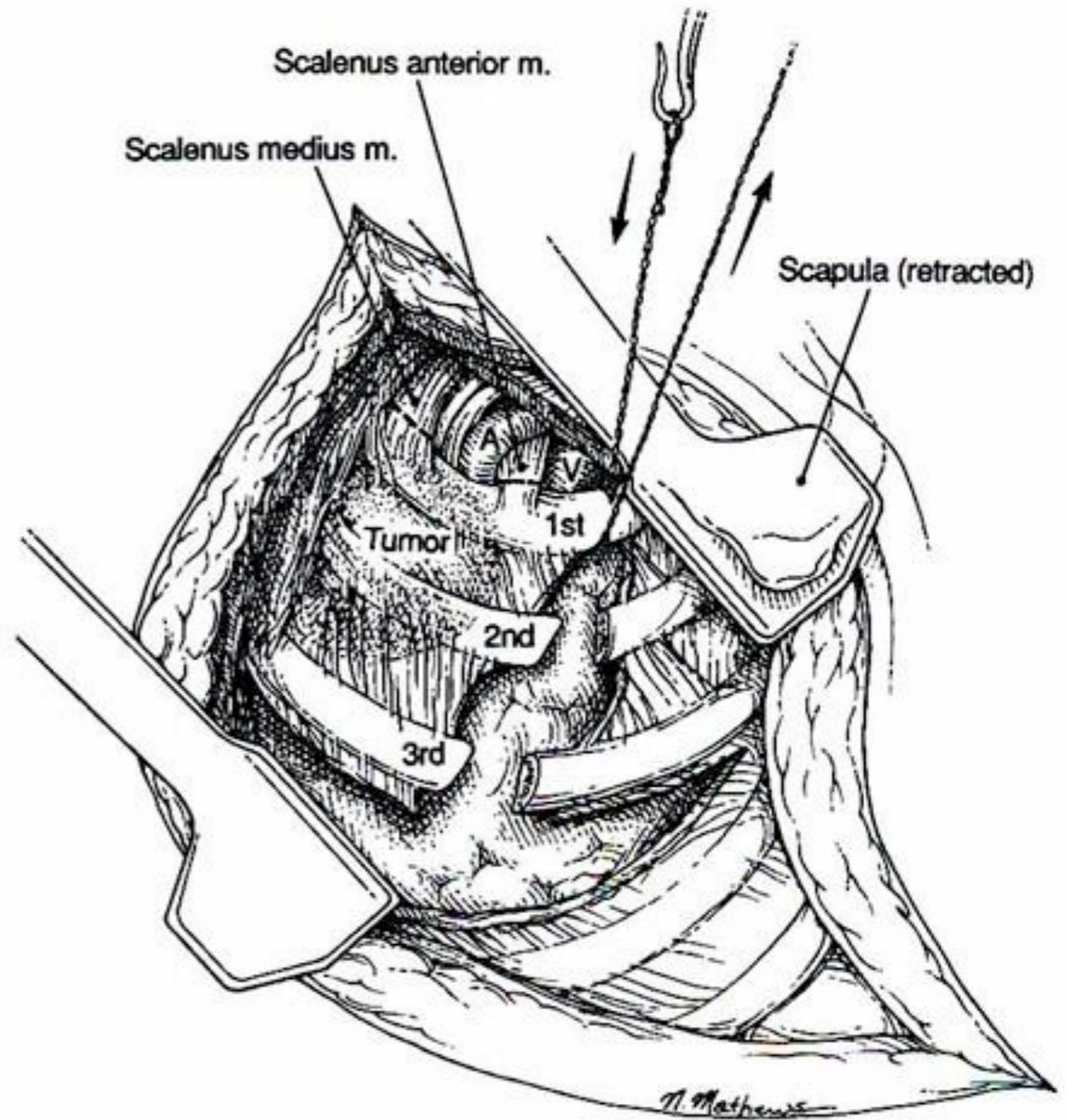
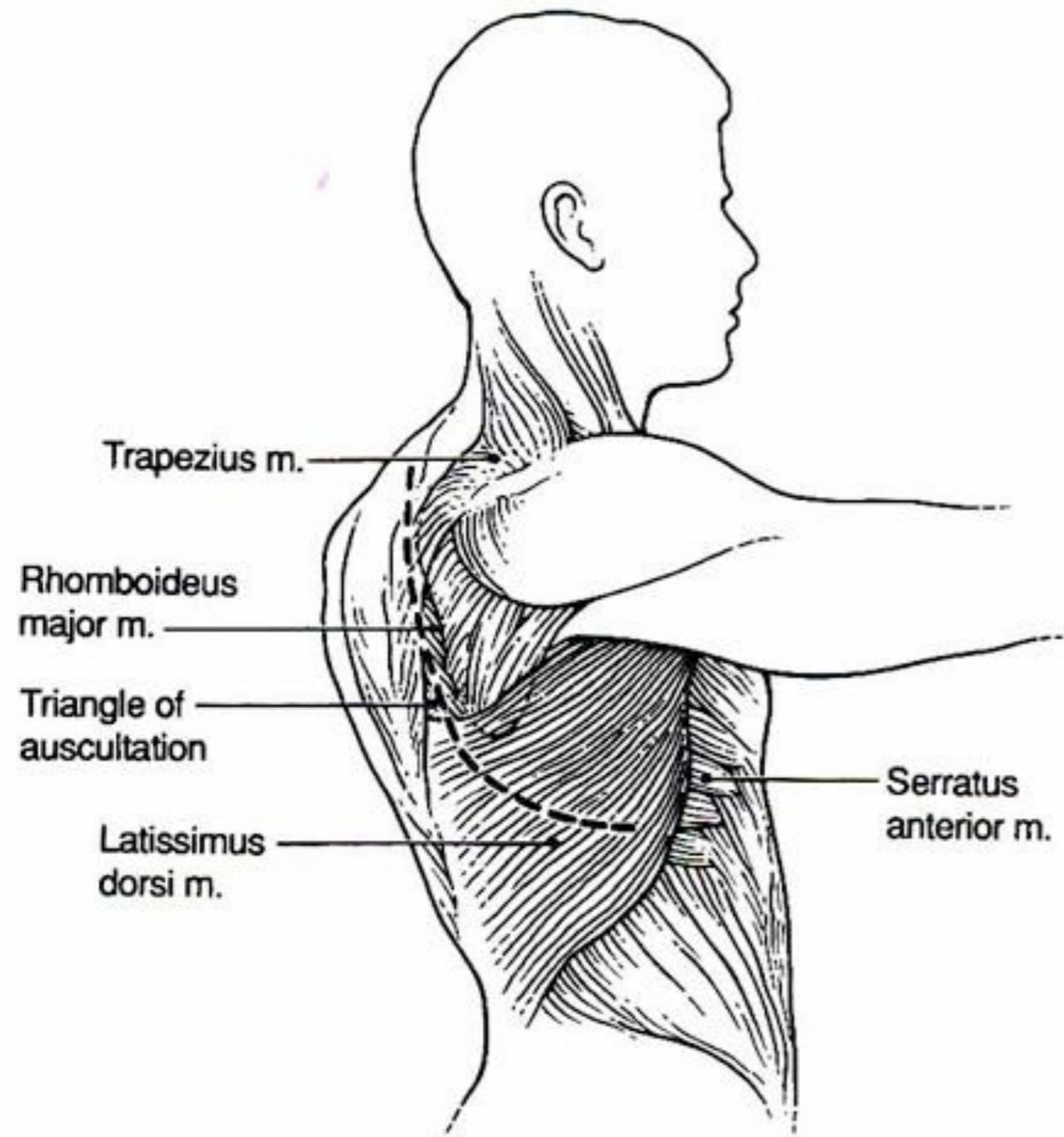
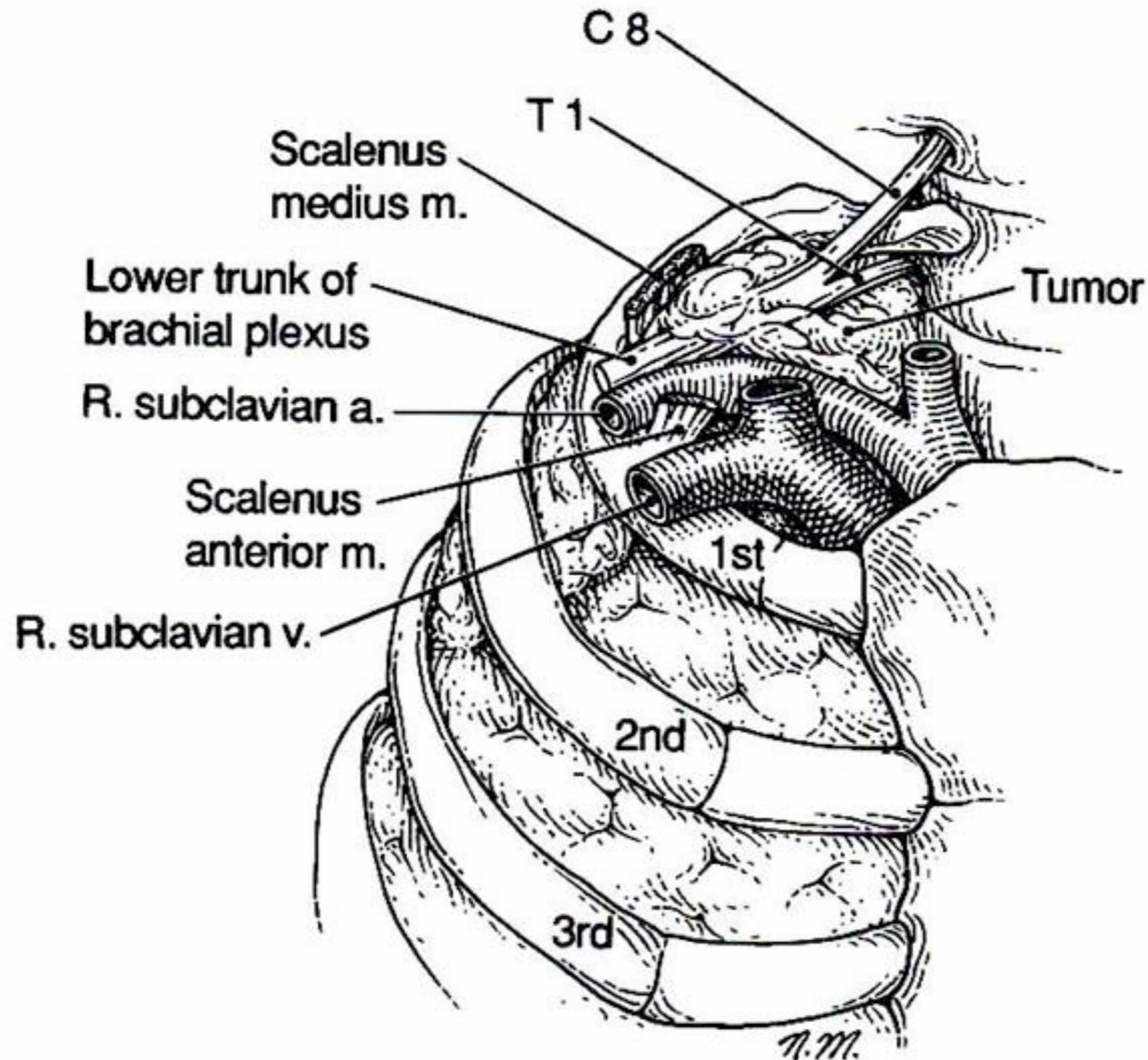


Fig. 35.2 The classic posterolateral thorostomy incision

Fig. 35.3 The classic posterolateral thorostomy incision

SUPERIOR SULCUS TUMÖRÜ (PANCOAST?)

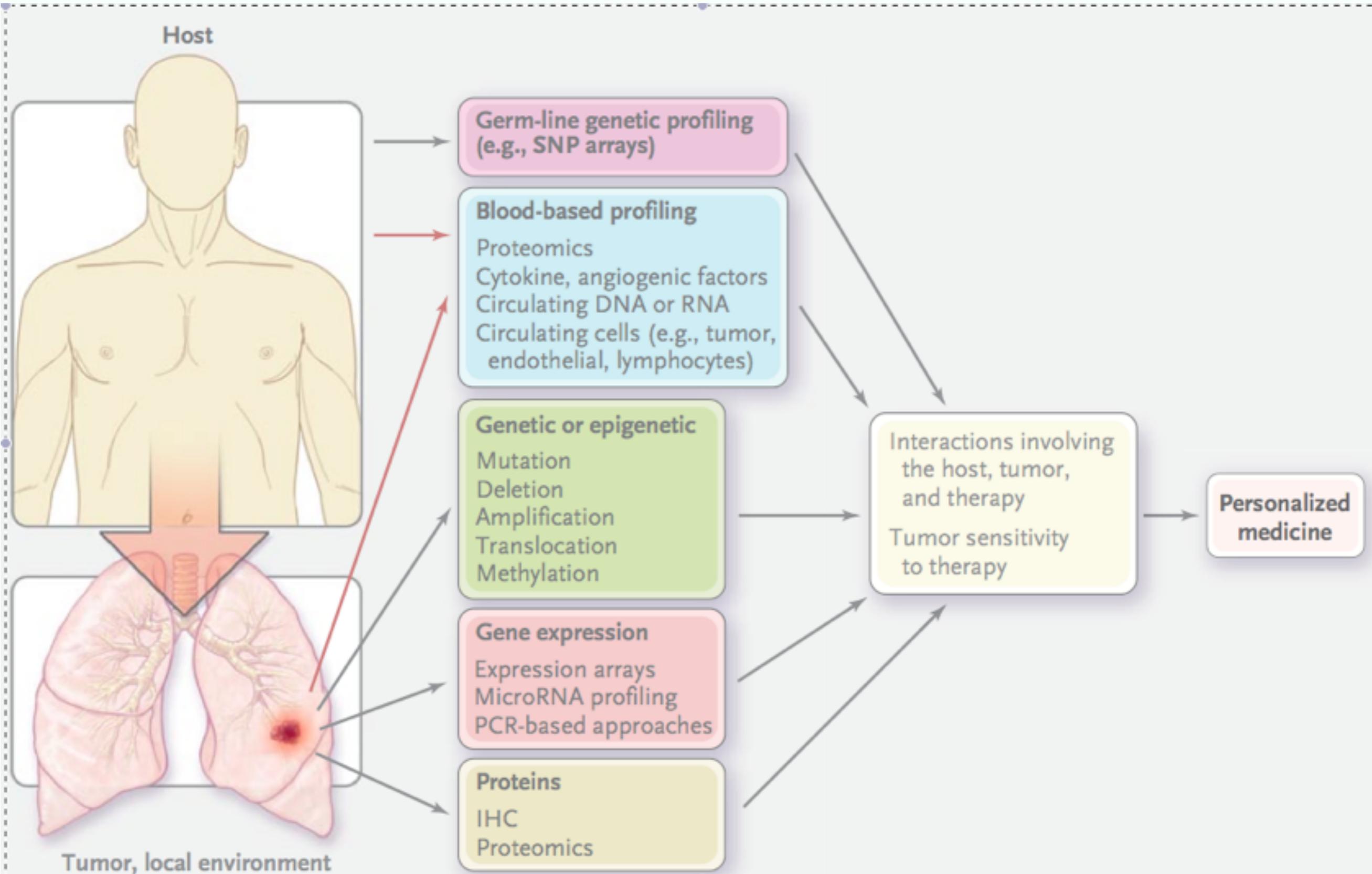




Prognostik Moleküler Belirteçler

- p53
- EGFR
- erbB2
- ERCC1
- RRM1
- PTEN
- ErbB-1
- cyclin A
- PCNA
- p16
- RASS1A
- FHIT
- k-ras
- DNA methylation

Gelecekte Tedaviler





The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening

The National Lung Screening Trial Research Team*

ABSTRACT

BACKGROUND

Table 1. Selected Baseline Characteristics of the Study Participants.*

Characteristic	Low-Dose CT Group	Radiography Group
	(N = 26,722)	(N = 26,732)
	<i>number (percent)</i>	
Age at randomization		
<55 yr†	2 (<0.1)	4 (<0.1)
55–59 yr	11,440 (42.8)	11,420 (42.7)
60–64 yr	8,170 (30.6)	8,198 (30.7)
65–69 yr	4,756 (17.8)	4,762 (17.8)
70–74 yr	2,353 (8.8)	2,345 (8.8)
≥75 yr†	1 (<0.1)	3 (<0.1)
Sex		
Male	15,770 (59.0)	15,762 (59.0)
Female	10,952 (41.0)	10,970 (41.0)
Race or ethnic group‡		
White	24,289 (90.9)	24,260 (90.8)
Black	1,195 (4.5)	1,181 (4.4)
Asian	559 (2.1)	536 (2.0)
American Indian or Alaska Native	92 (0.3)	98 (0.4)
Native Hawaiian or other Pacific Islander	91 (0.3)	102 (0.4)
More than one race or ethnic group	333 (1.2)	346 (1.3)
Data missing	163 (0.6)	209 (0.8)
Hispanic ethnic group‡		
Hispanic or Latino	479 (1.8)	456 (1.7)
Neither Hispanic nor Latino	26,079 (97.6)	26,039 (97.4)
Data missing	164 (0.6)	237 (0.9)
Smoking status		
Current	12,862 (48.1)	12,900 (48.3)
Former	13,860 (51.9)	13,832 (51.7)

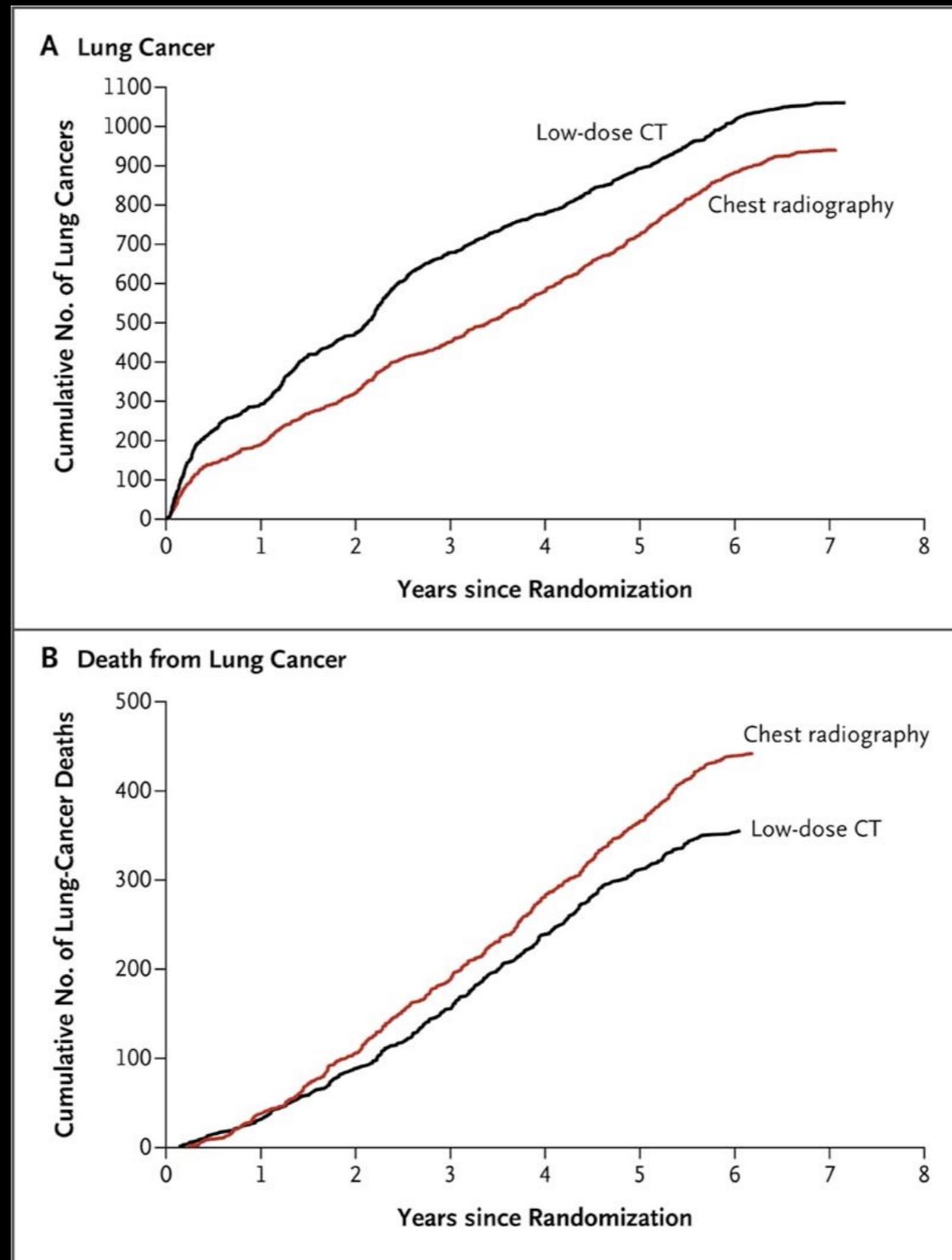
* CT denotes computed tomography.

† Patients in this age range were ineligible for inclusion in the screening trial but were enrolled and were included in all analyses.

‡ Race or ethnic group was self-reported.



Cumulative Numbers of Lung Cancers and of Deaths from Lung Cancer.



The National Lung Screening Trial Research Team. N Engl J Med 2011;365:395-409



