

PADOVA

4 OTTOBRE 2018

AOU PADOVA

**AULA MAGNA
PALAZZINA DEI SERVIZI**

Via Giustiniani, 2

MODELLI ORGANIZZATIVI PER IL PAZIENTE CHIRURGICO

Dott. Luigi Corti,
Direttore UOC Radioterapia
Istituto Oncologico Veneto, Padova

2018 **MOTORE** 
SANITÀ
Sanità Universale

RADIOTERAPIA ONCOLOGICA

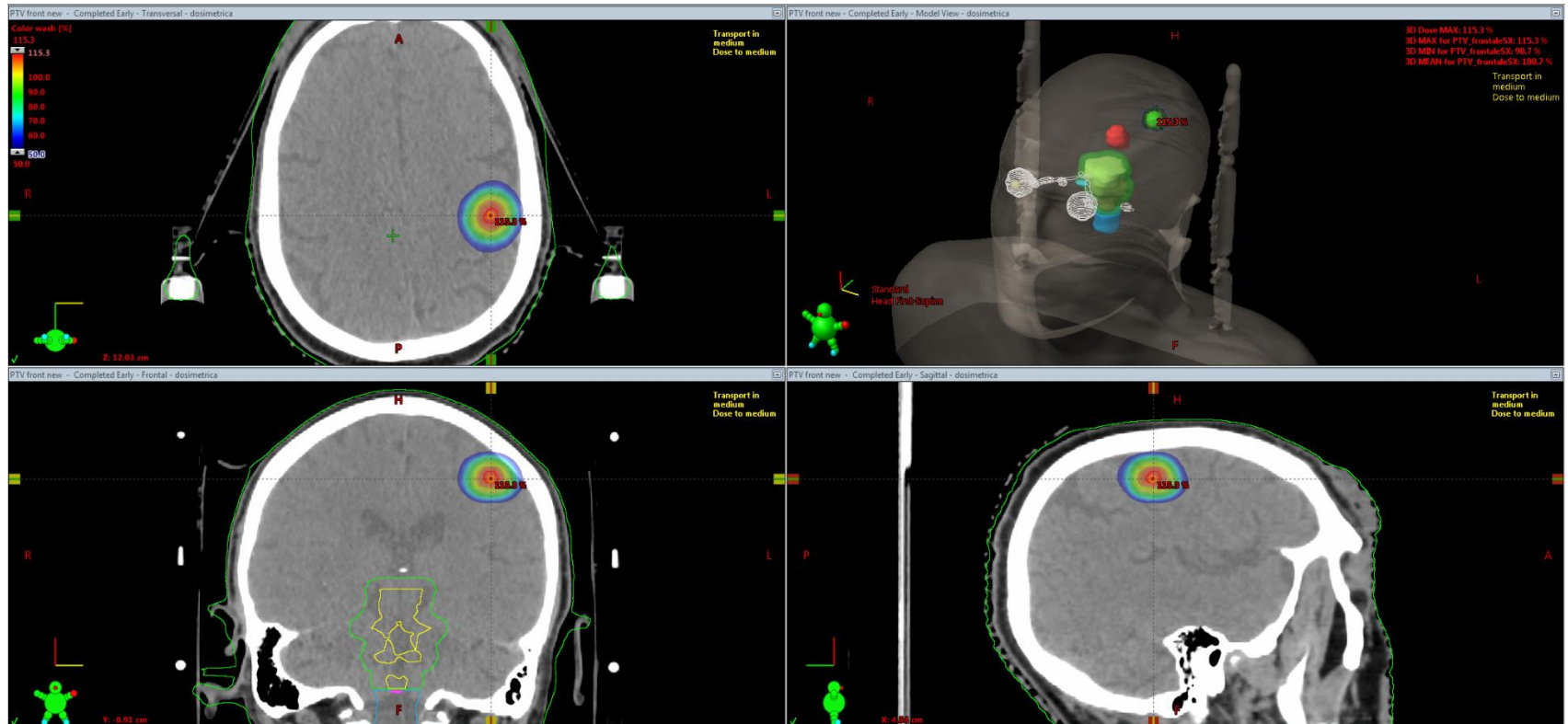
STEREOTASSI –RADIOCHIRURGIA

RADIOTERAPIA ADIUVANTE

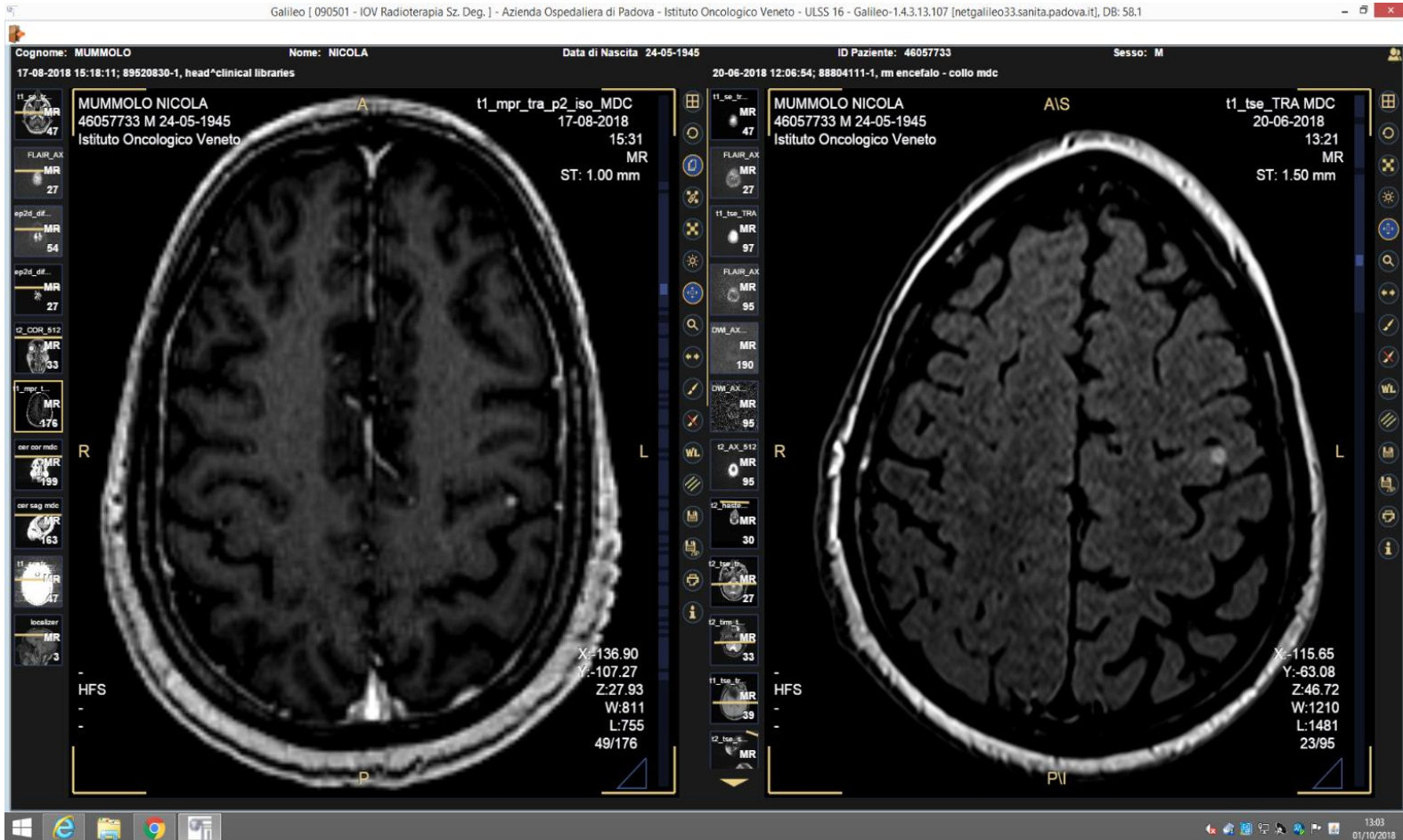


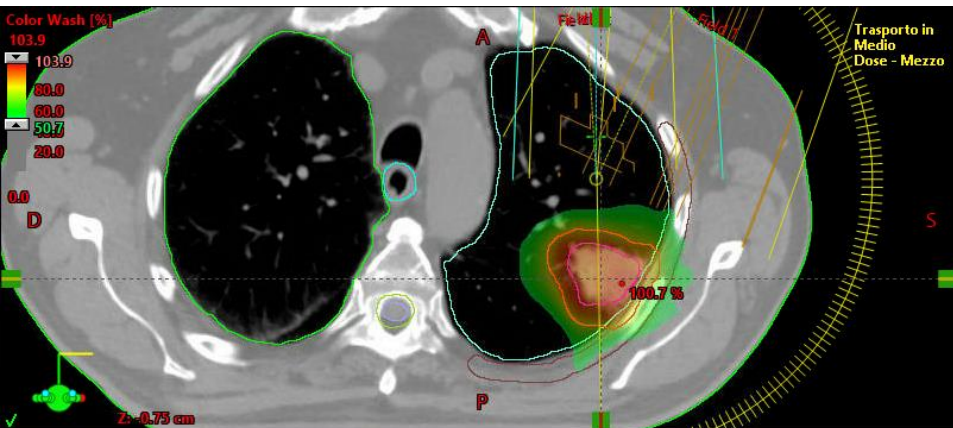


Stereotassi- Radiochirurgia

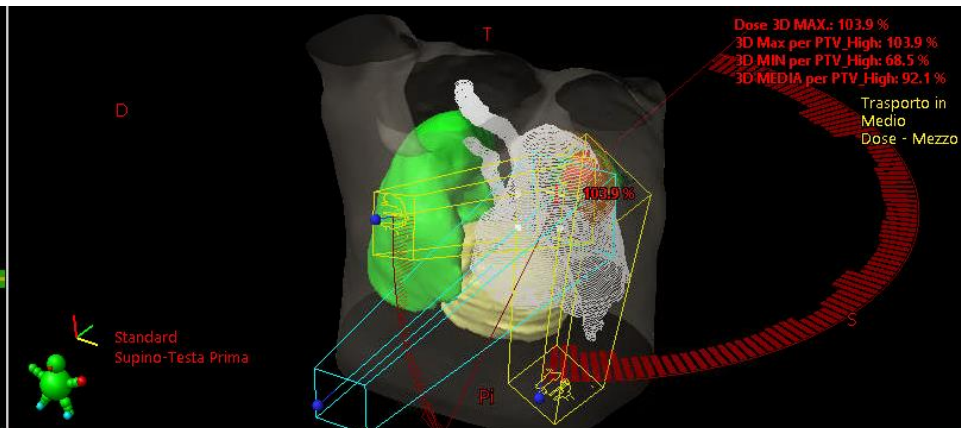


Stereotassi – Radiochirurgia

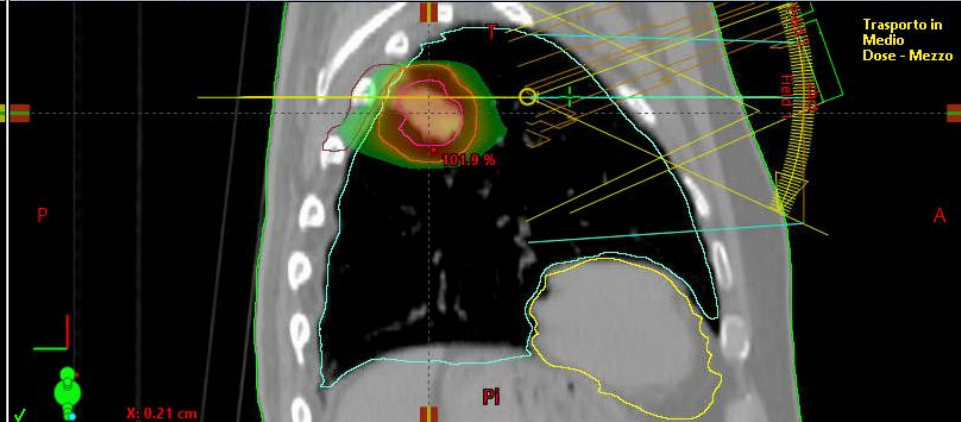
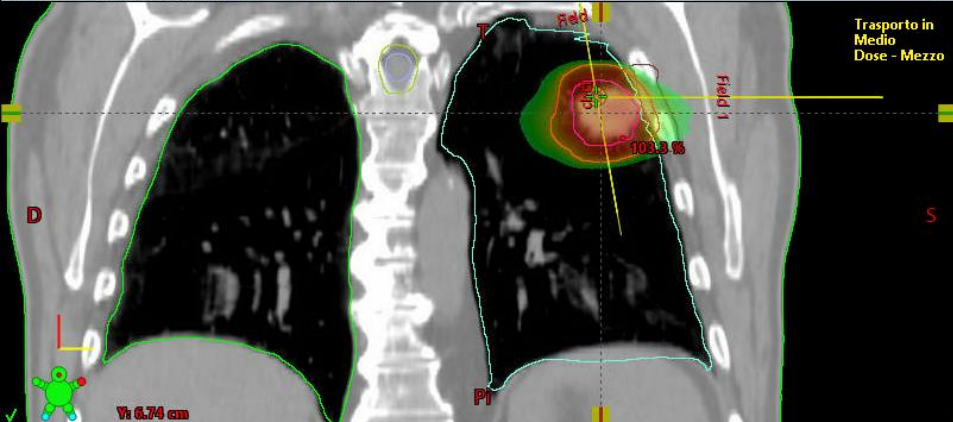


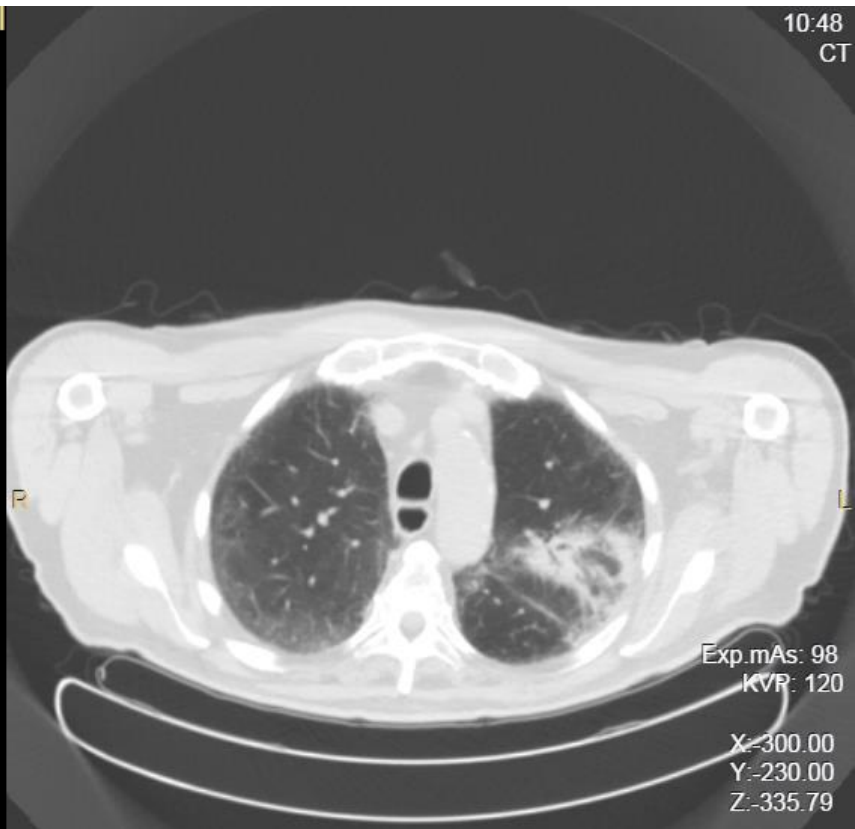
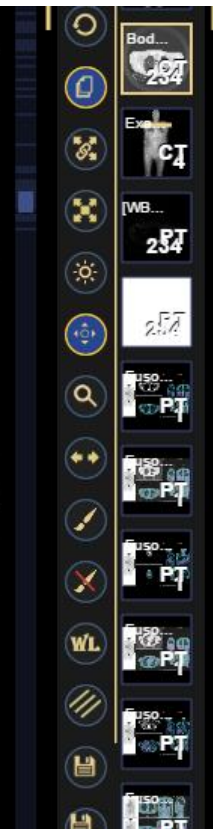
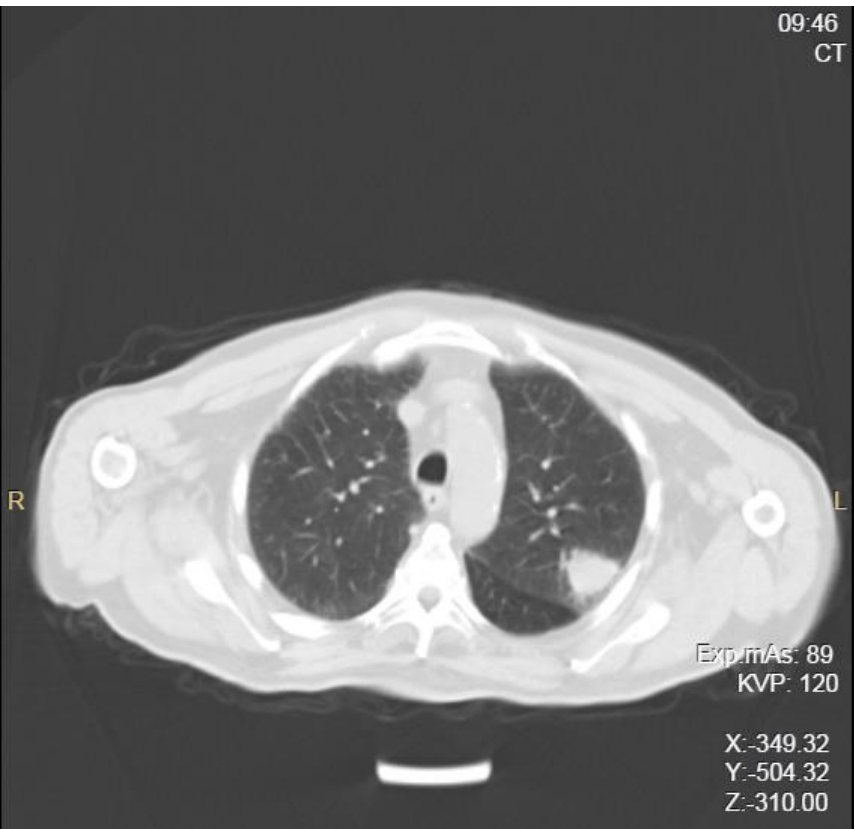


P_ipo_nc - Trattamento approvato - Frontale - Dosimetria



P_ipo_nc - Trattamento approvato - Sagittale - Dosimetria

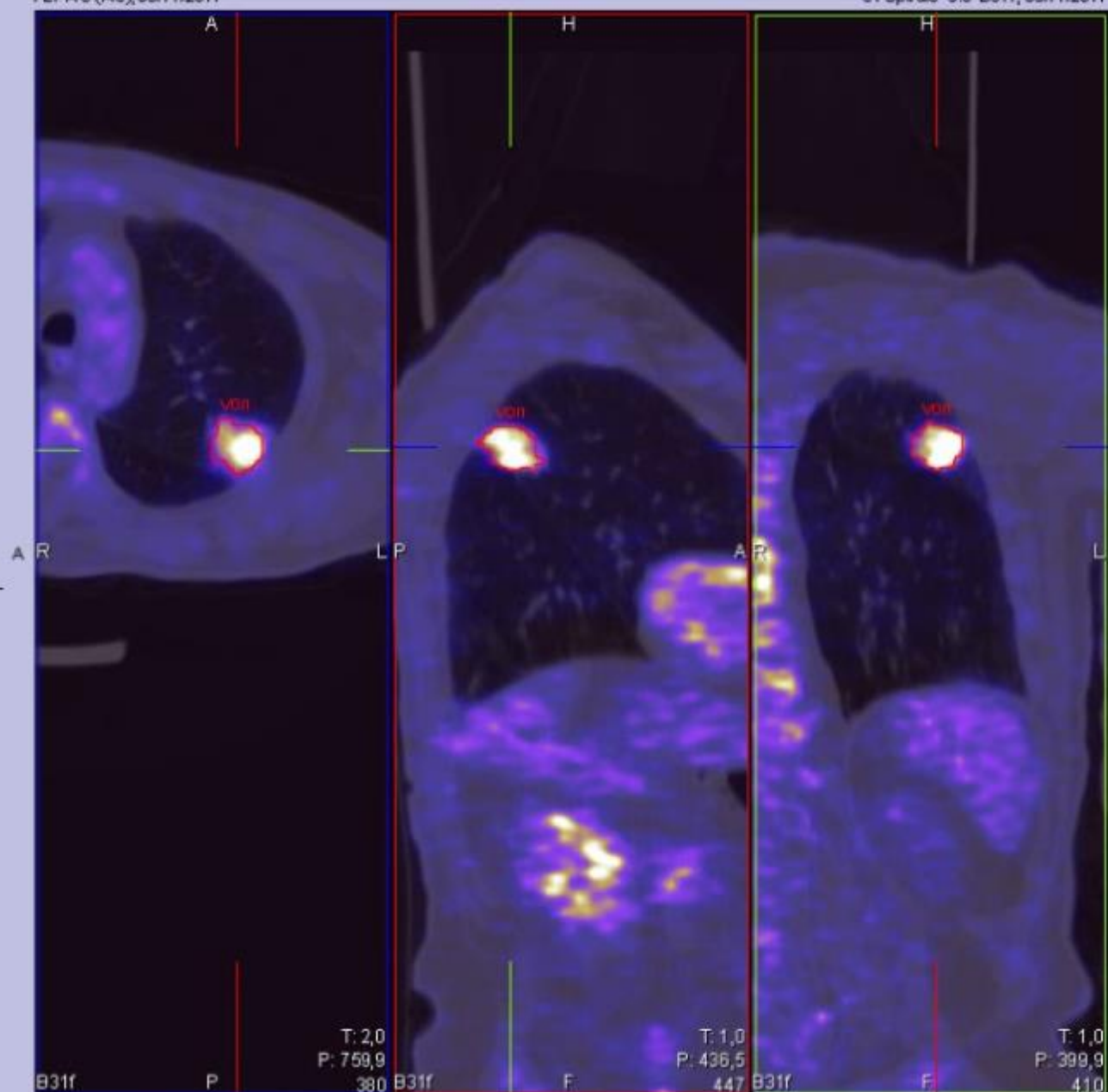




VOI Results:
 Parameter Value

Recon Torno 1	
Max	7,57 SUV
Min	2,59 SUV
Avg.	3,85 SUV
Std. Dev.	1,07
Vol.	12,05 cm ³
X size	28,44 mm
Y size	36,56 mm
Z size	28,00 mm
CT 1	
Max	130,00 HU
Min	-944,00 HU
Avg.	-132,26 HU
Std. Dev.	218,46
Vol.	12,05 cm ³
X size	28,44 mm
Y size	36,56 mm
Z size	28,00 mm

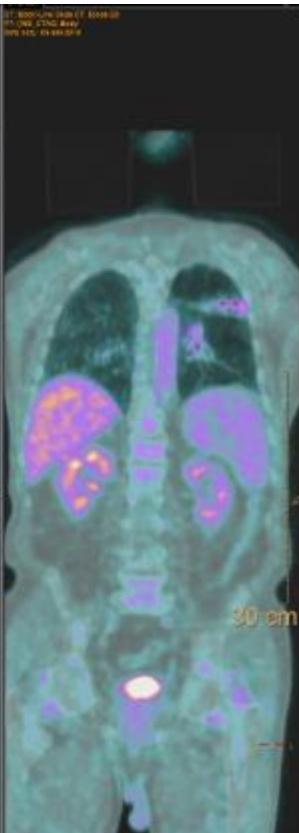
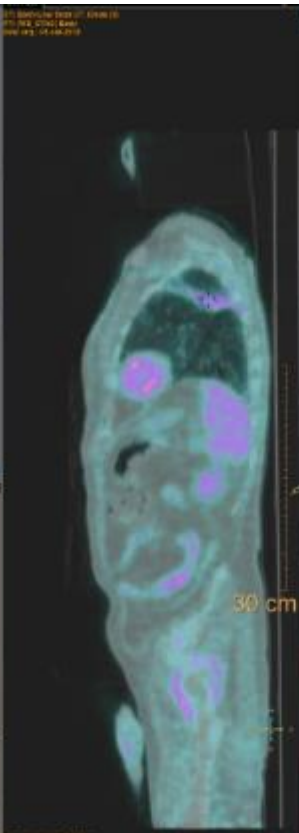
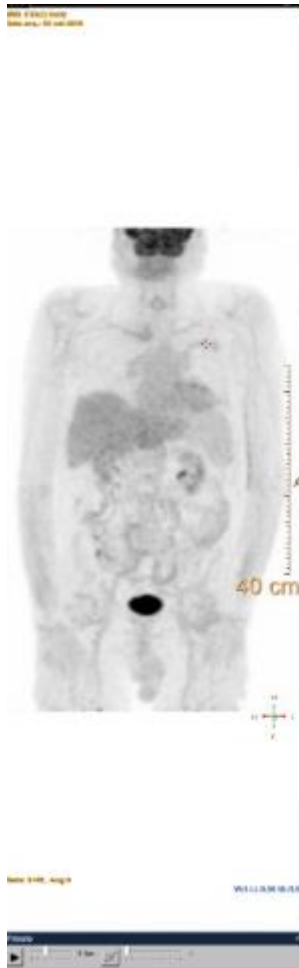
VOI Comparisons:
 Parameter Value



T: 2,0
 P: 759,9
 380

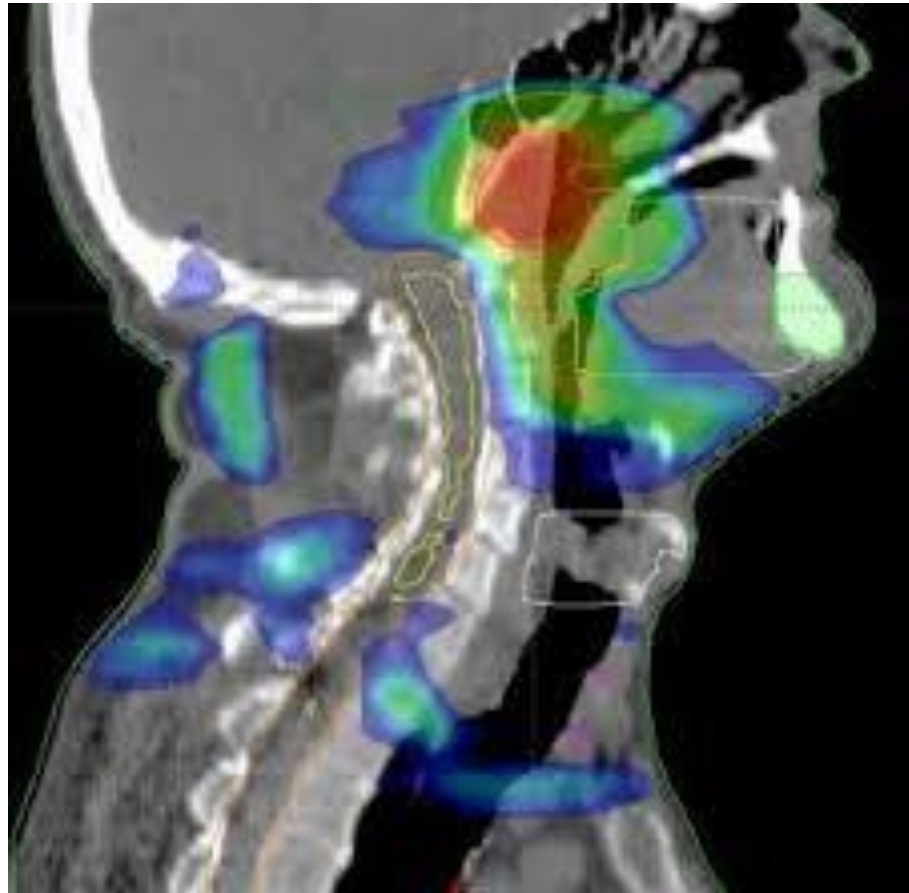
T: 1,0
 P: 436,5
 447

T: 1,0
 P: 399,9
 410

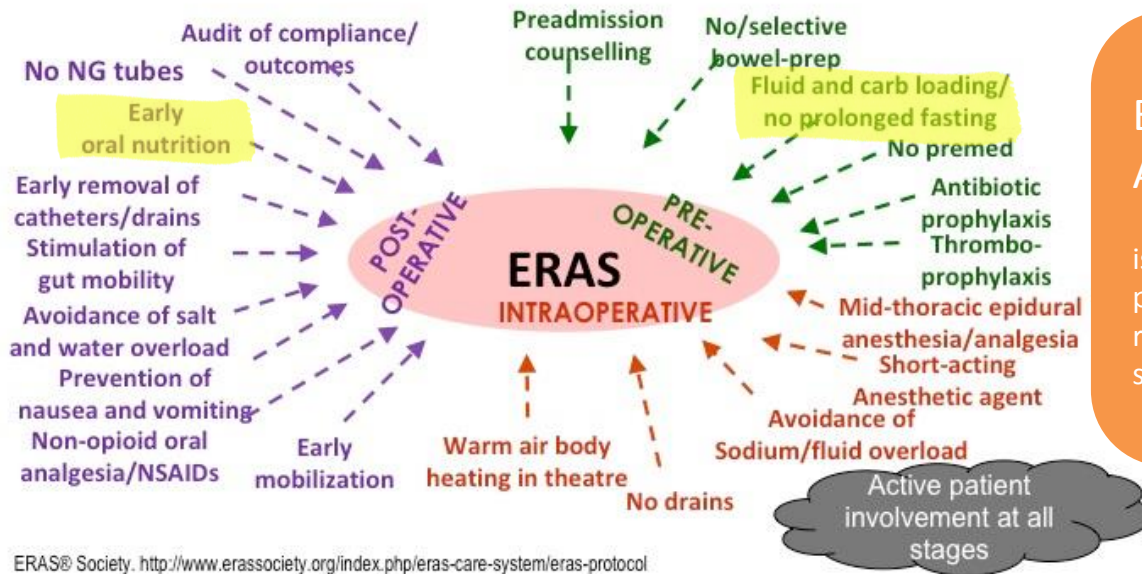


RADIOTERAPIA ADIUVANTE

capo collo



Core ERAS Protocol



ERAS® Society. <http://www.erassociety.org/index.php/eras-care-system/eras-protocol>

ENHANCED RECOVERY AFTER SURGERY- ERAS

is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery.



REDUCE CARE TIME BY MORE THAN 30%

A recent study shows that ERAS programs allow patients to recover much faster after their operation and this reduces the need for hospital stay by about 30% or more than 2 days after major abdominal surgery. Despite earlier discharge from the hospital, readmissions did not increase (Greco et al. World Journal of Surgery 2014 38:1531-1541).



REDUCE COMPLICATIONS BY UP TO 50%

ERAS reduce major complications after abdominal surgery by as much as 40%. In particular non-cardiac complications, such as those from the lungs and cardiovascular systems are markedly reduced (Greco et al. World Journal of Surgery 2014 38:1531-1541).

IMPACT OF NUTRITION ON OUTCOME: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL IN PATIENTS WITH HEAD AND NECK CANCER UNDERGOING RADIOTHERAPY

Ravasco P, Head Neck 27: 659 – 668, 2005

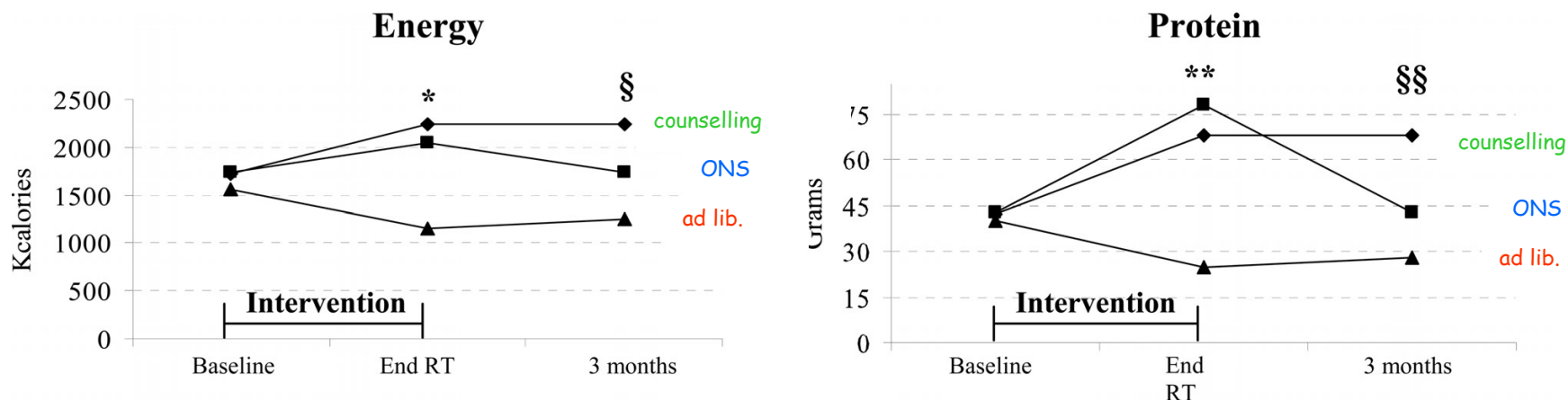


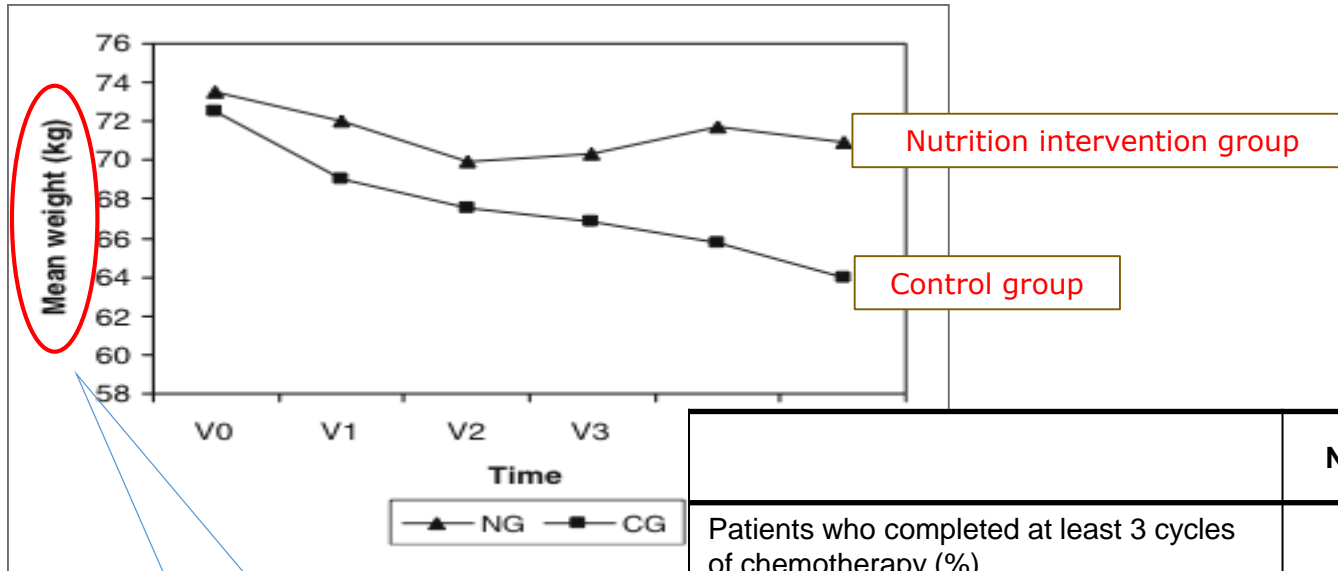
FIGURE 2. Energy and protein intake patterns during intervention and follow-up for the three study groups: group 1 (G1), dietary counselling based on regular foods; group 2 (G2), supplements; and group 3 (G3), ad lib intake. Energy: *G1 > G2 > G3 (p = .005) and §G1 > G2 > G3 (p = .001); protein: **G2 > G1 > G3 (p = .006) and §§G1 > G2 > G3 (p = .001).

Table 2. Changes in nutritional status during RT and at 3 months as determined by PG-SGA.

Method	counselling				ONS				ad lib.				p ¹	p ²
	Decline		Maintained/ improved		Decline		Maintained/ improved		Decline		Maintained/ improved			
	End RT	3 months	End RT	3 months	End RT	3 months	End RT	3 months	End RT	3 months	End RT	3 months		
PG-SGA	5	3	20	22	19	24	6	1	24	25	1	0	<.002	<.001

Early nutritional intervention improves treatment tolerance and outcomes in head and neck cancer patients undergoing concurrent chemoradiotherapy.

Paccagnella A et al: Supp Care Cancer 2010 Jul;18(7):837-45.



	NG (n=33)	CG (n=33)	P
Patients who completed at least 3 cycles of chemotherapy (%)	96.7	93.9	0.554
Patients who had radiotherapy breaks (>5 days) for toxicity (%)	30.3	63.6	0.007
Days of radiotherapy delayed for toxicity *	4.4 ± 5.2	7.6 ± 6.5	0.038
Patients who had a hospital admission for mucositis or dehydration (%)	16.1	41.4	0.030

indicatori



Regione del Veneto
Istituto Oncologico Veneto
Istituto di Ricovero e Cura a
Carattere Scientifico



CENTRO PER LO STUDIO E LA CURA DELLA DISFAGIA IATROGENA

*A cura dell' Unità di
Radioterapia*



Dott. L. Corti Direttore Radioterapia
Dott. L. Loreggian Radioterapista Responsabile
Sezione Cure
Dott.ssa E. Fasanaro Otorinolaringoiatra
Dott. F. Tonetto Radioterapista
Dott. M. Rigo Radioterapista
Dott.ssa F. Zocca Logopedista
Dott.ssa E. Groff Psiconcologa
Dott.ssa I. Baldan Dietista
Carla Masiero Coordinatrice Ambulatori

effetti collaterali indotti dal trattamento radioterapico o radiochemioterapico:

- disfagia
- odinofagia
- malnutrizione
- tossicità cutanea e presenza di sovra infezioni
- problematiche psicologiche correlate ai trattamenti



I Tumori del distretto testa-collo: la R.

- valutazioni ORL
- esame endoscopico delle vie aerodigestive superiori
- prove di deglutizione
- valutazione e riabilitazione logopedica
- valutazione dietistica
- medicazioni di lesioni attiniche
- valutazione psicologica