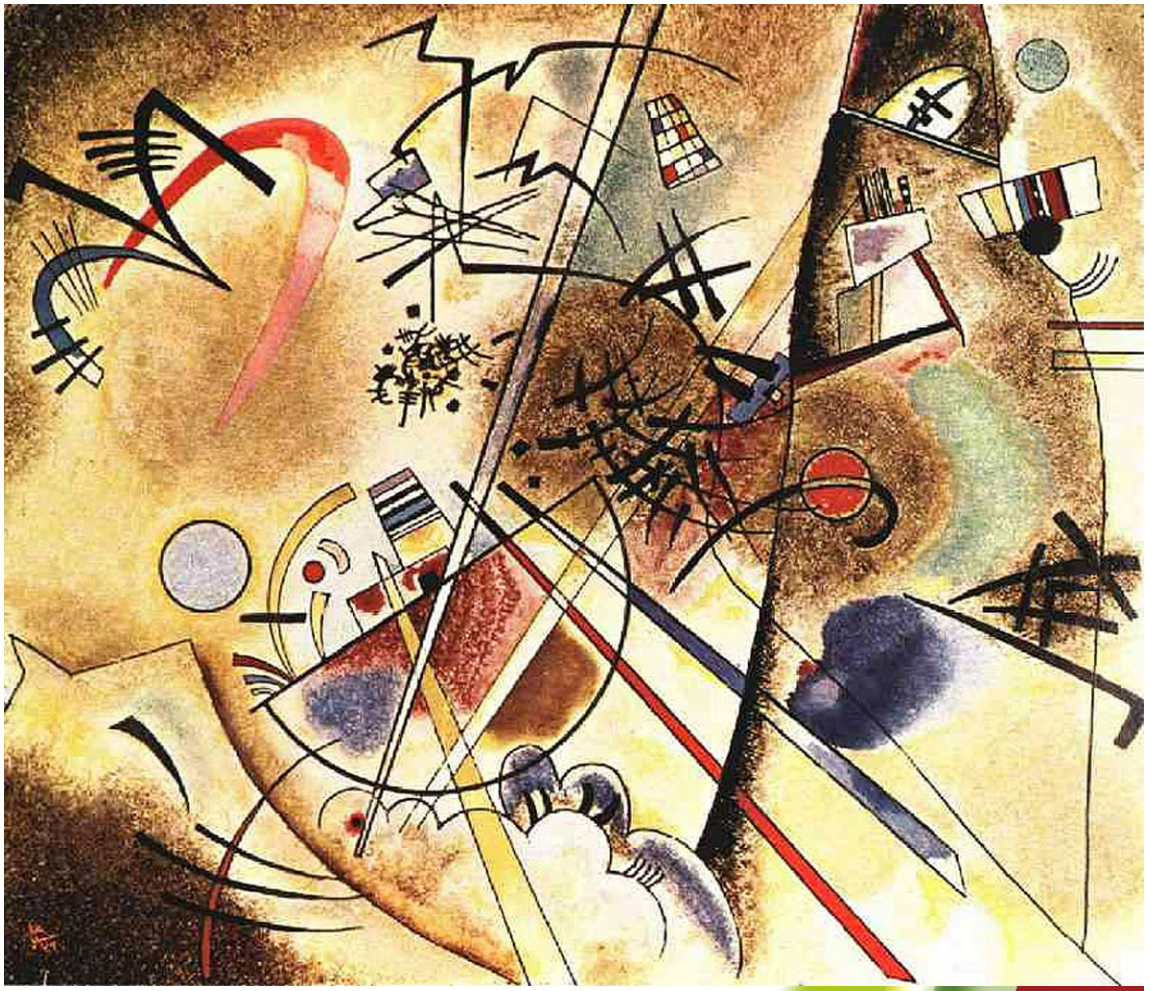
XVII corso di Aggiornamento AIRTUM per Operatori dei Registri Tumori



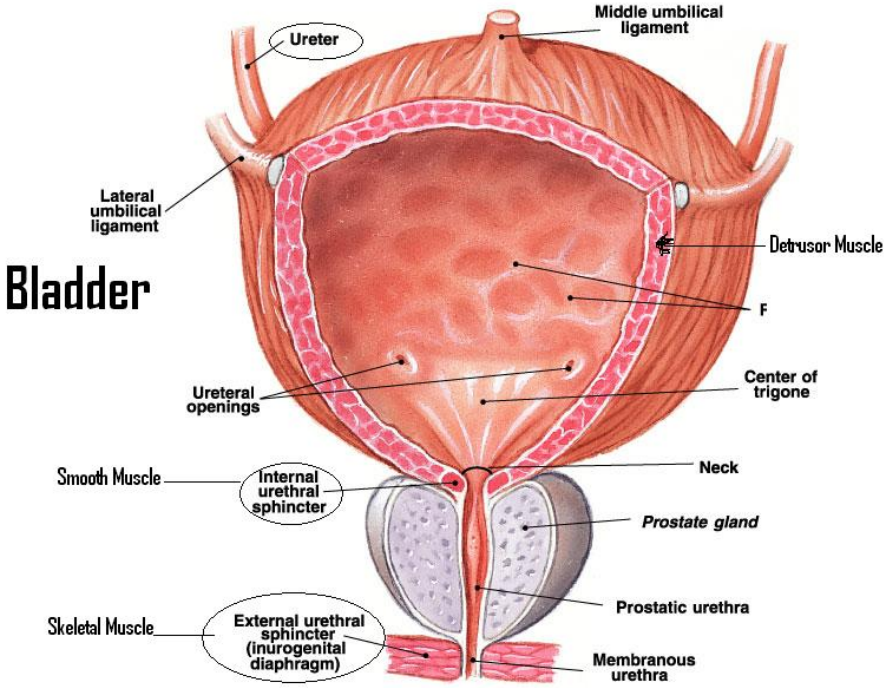
Reggio Emilia, 27-29 settembre 2017

GIOVANNI FERRARI
UROLOGO ANDROLOGO

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia
IRCCS Istituto in tecnologie avanzate e modelli assistenziali in oncologia

OECI CLINICAL Cancer Centre

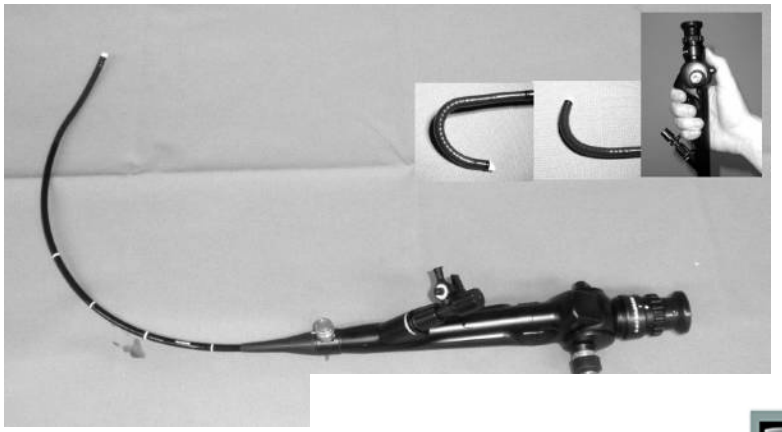
ANAMNESI FONDAMENTALE !!!

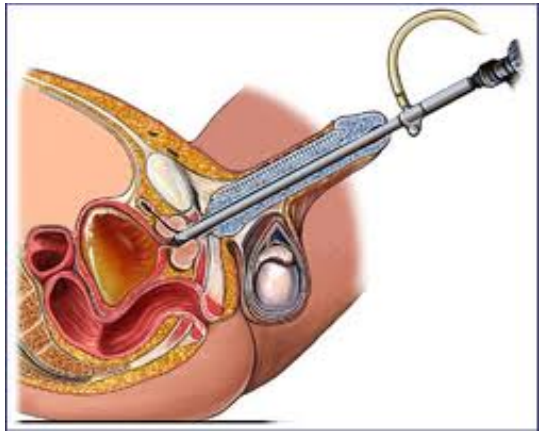


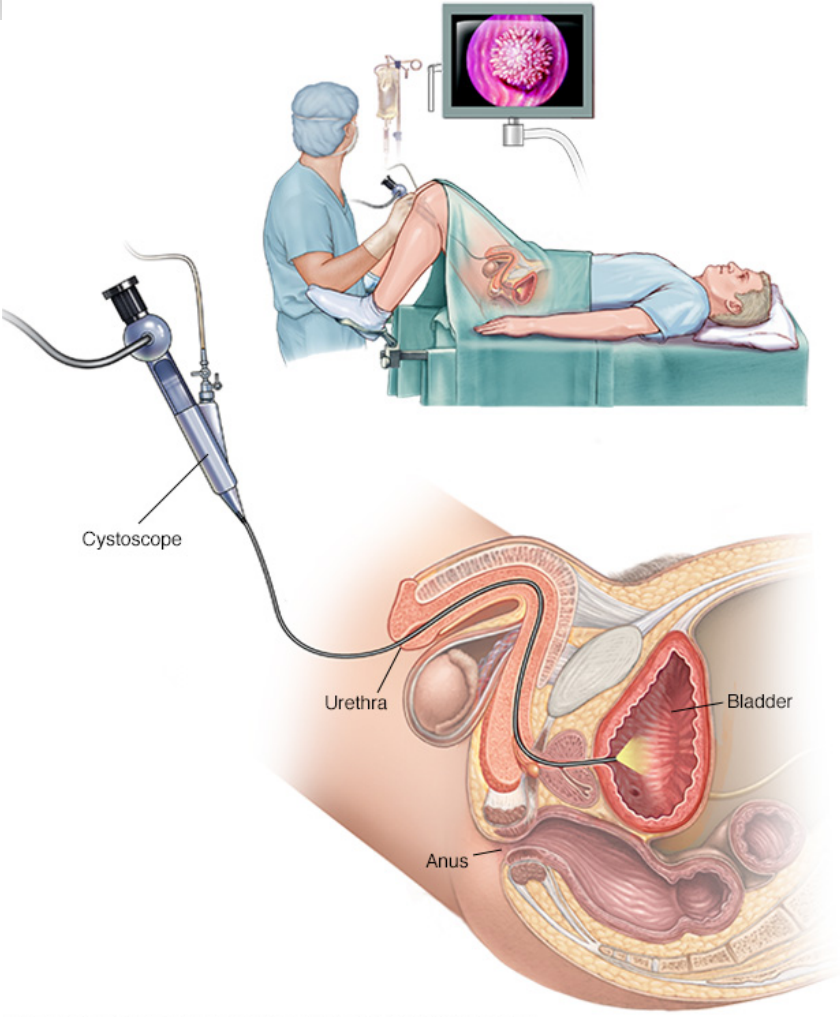
1. **EMATURIA**
    - **Pseudoematuria**
    - **Ematuria medica**
    - **Ematuria urologica**
2. **DOLORE**
3. **LUTS pollachiuria, urgenza, disuria, tenesmo, bruciori**

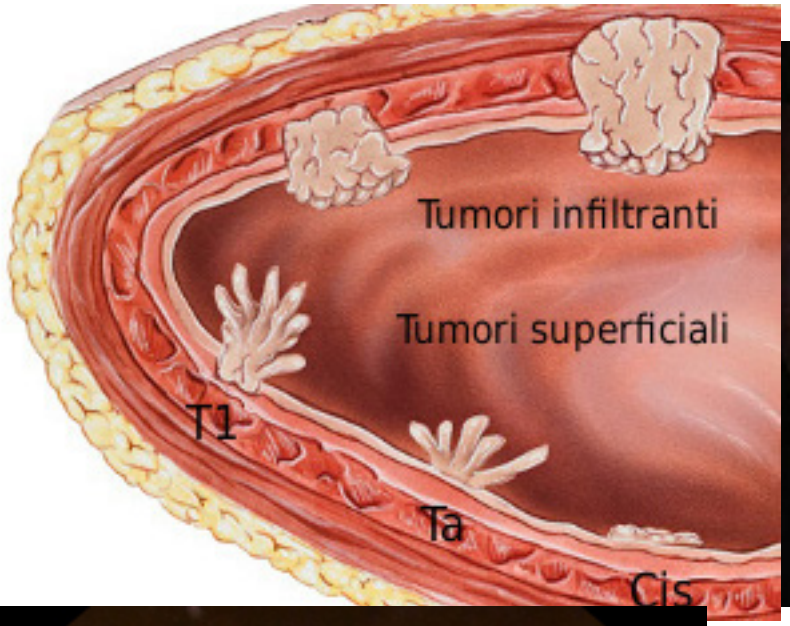
CISTOSCOPIA

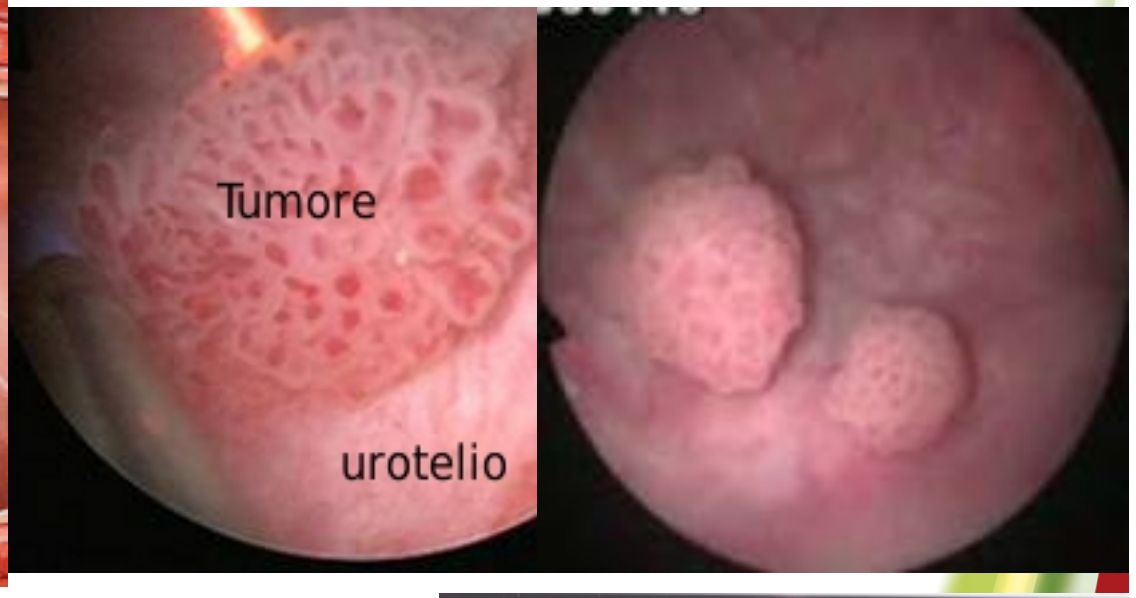
AMBULATORIALE
LUBRIFICANTE ANESTETICO
RIGIDO
FLESSIBILE

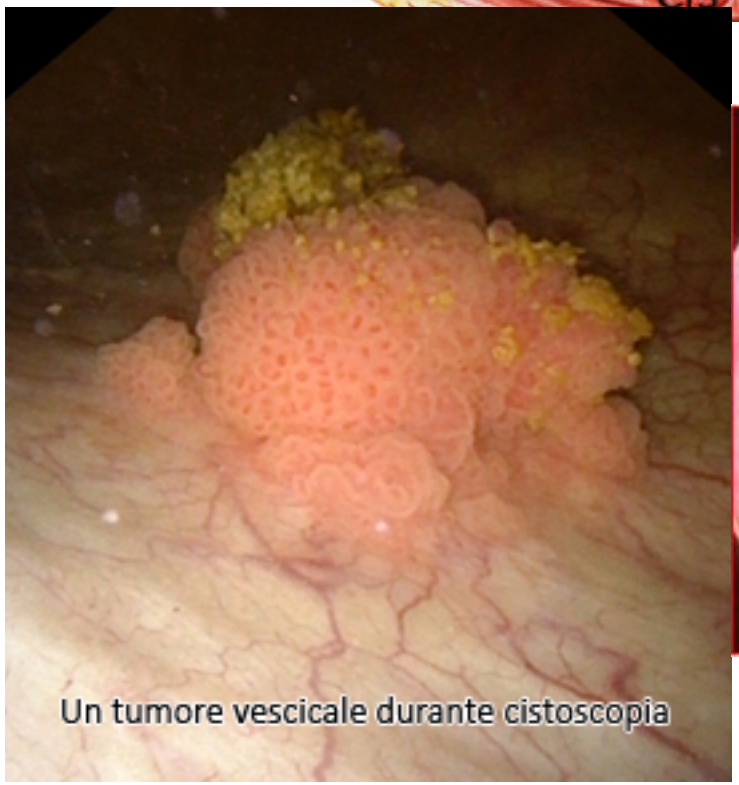


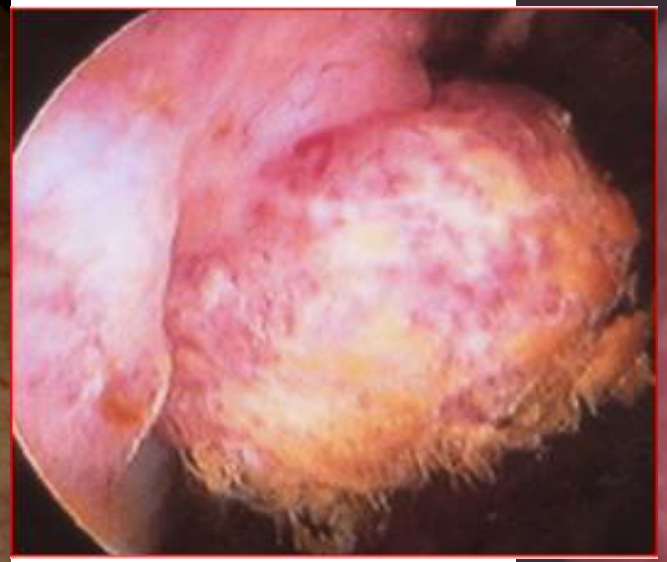


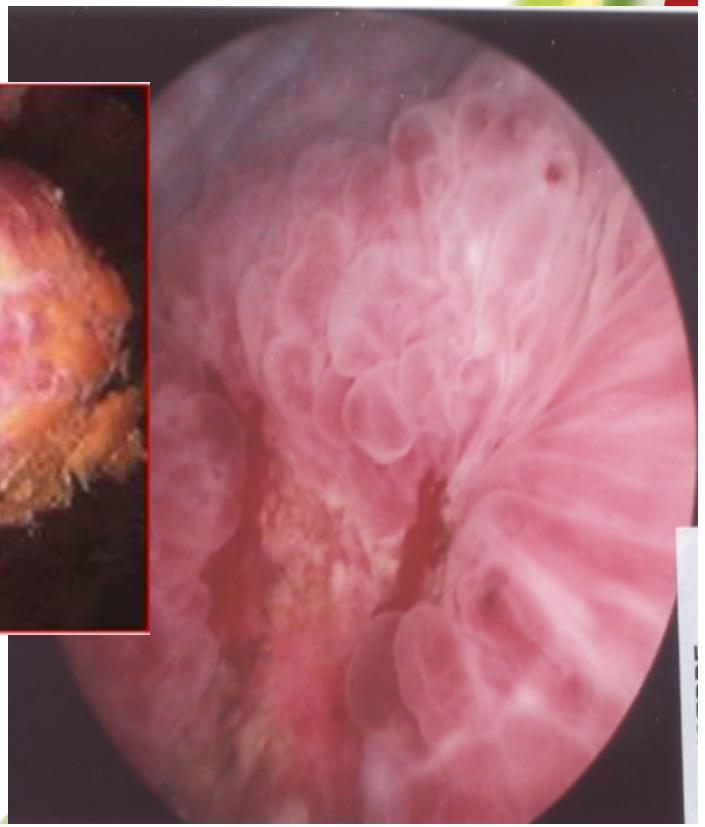


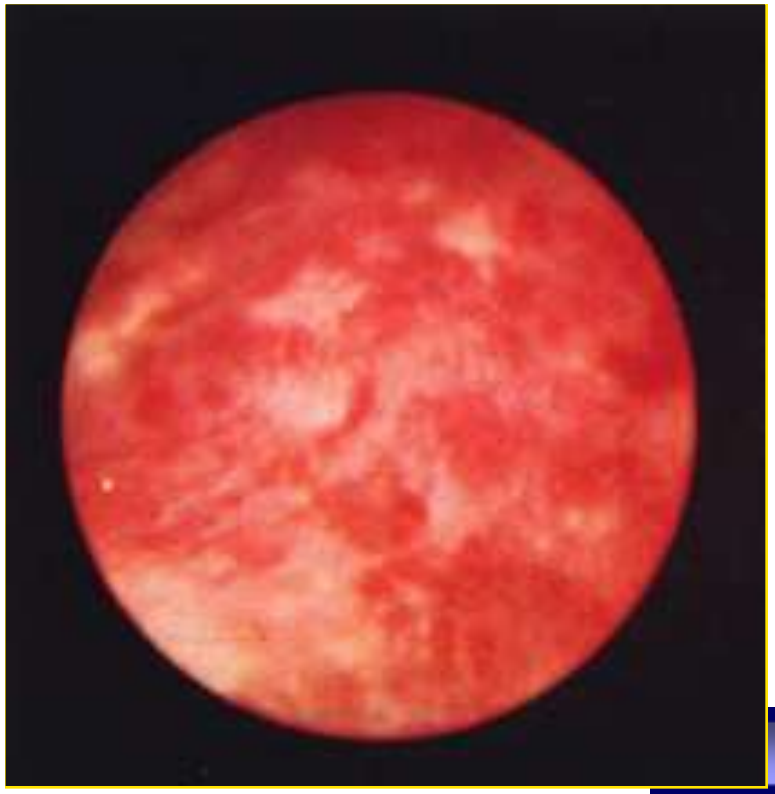

Tumori infiltranti
Tumori superficiali
T1
Ta
Cis

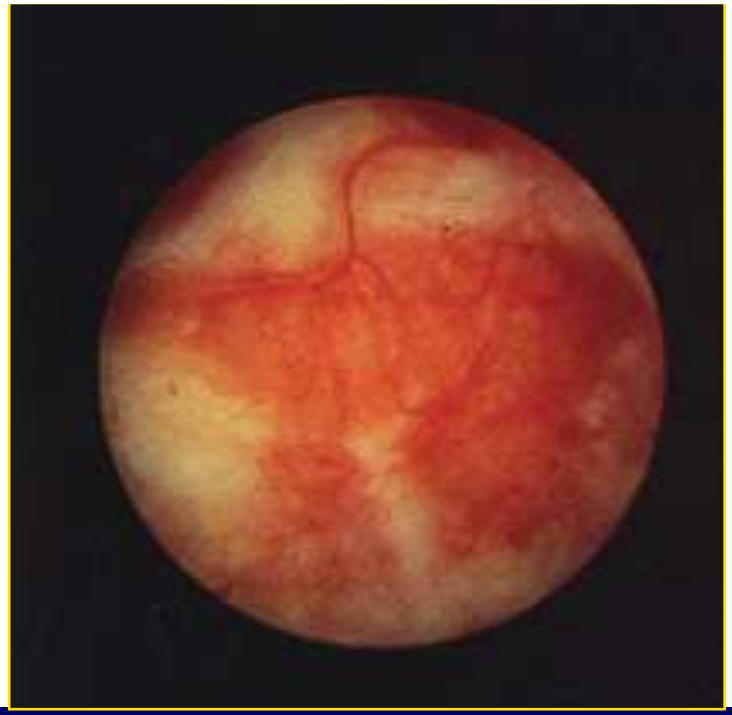

Tumore
urotelio


Un tumore vescicale durante cistoscopia

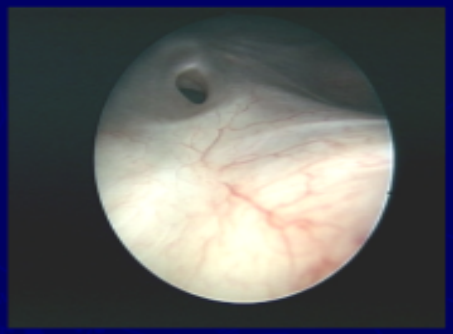


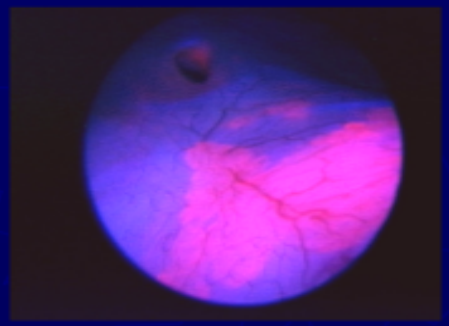






PDD del CIS



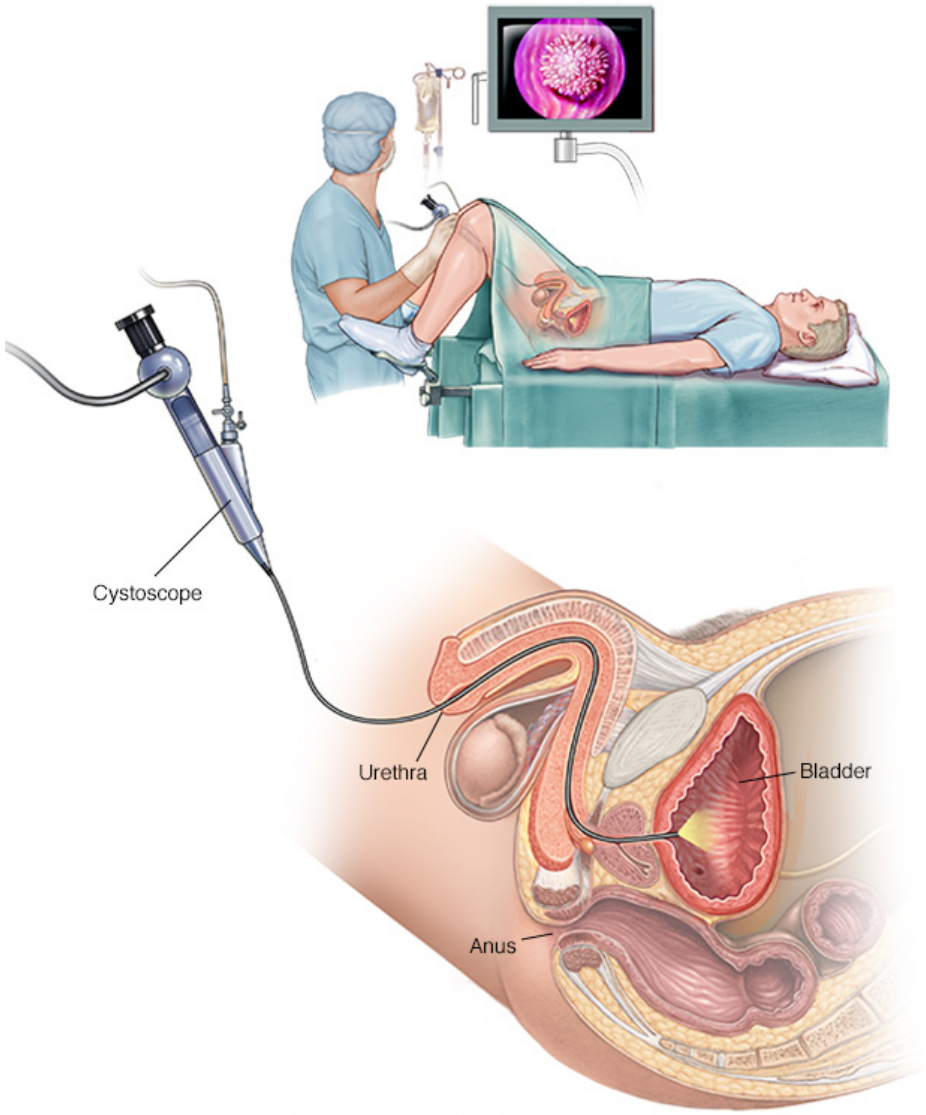


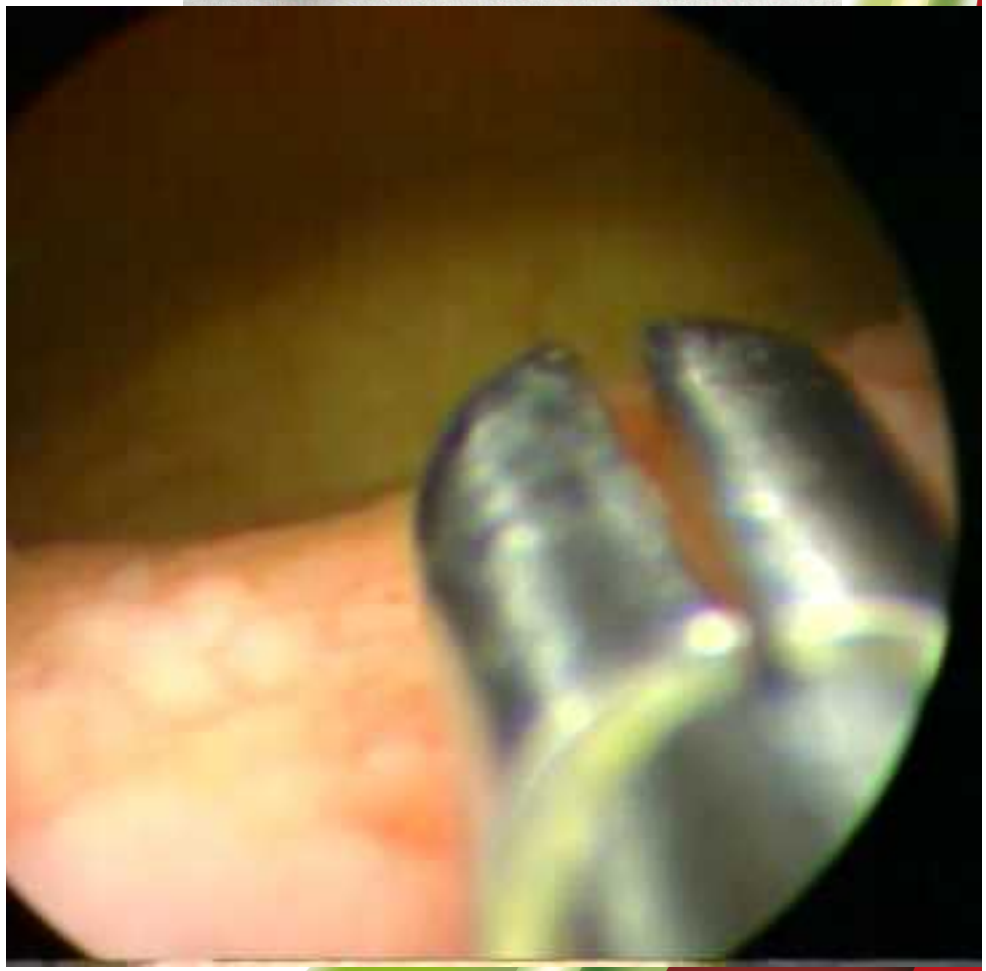
Luce bianca
mucosa di apparenza normale

PDD
fluorescenza del carcinoma in situ

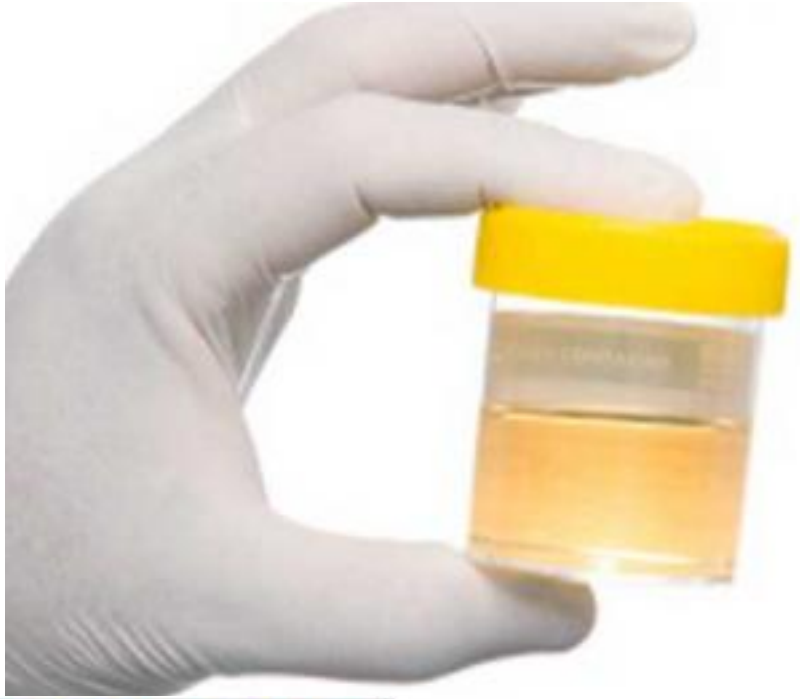
“CIS”

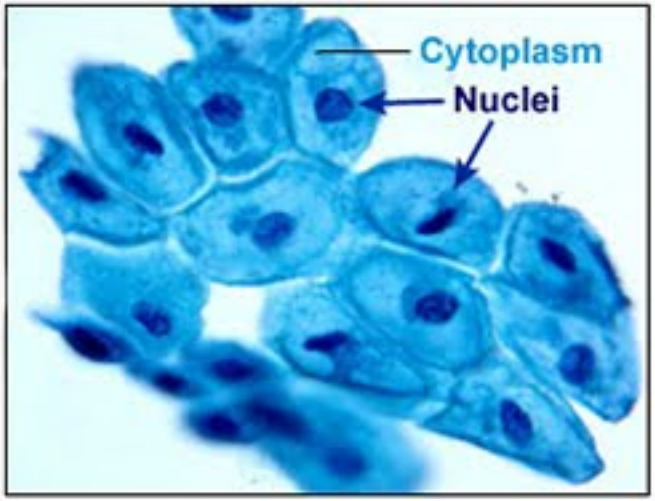
BIOPSIA VESCICALE



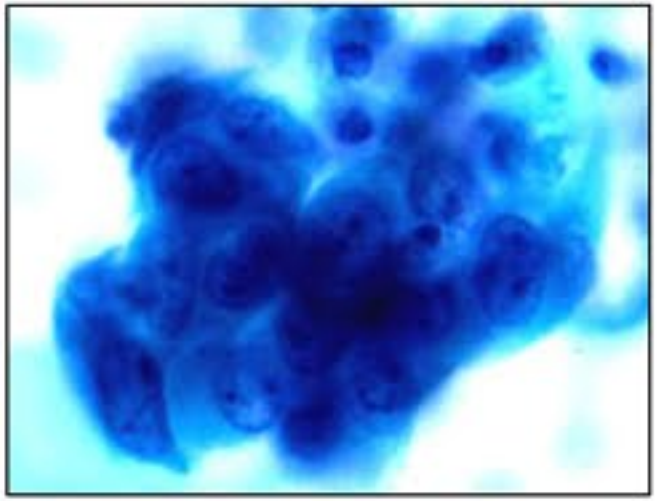


CITOLOGIE URINARIE





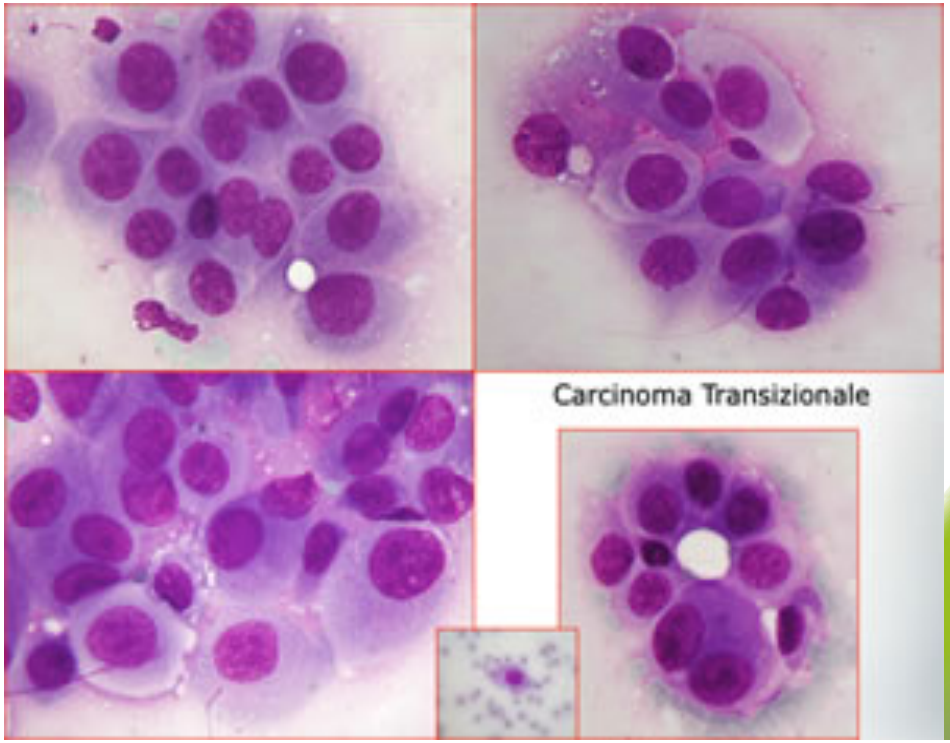
Normal urothelial cells: Normal urothelial cells have a uniform appearance with abundant cytoplasm and small nuclei.



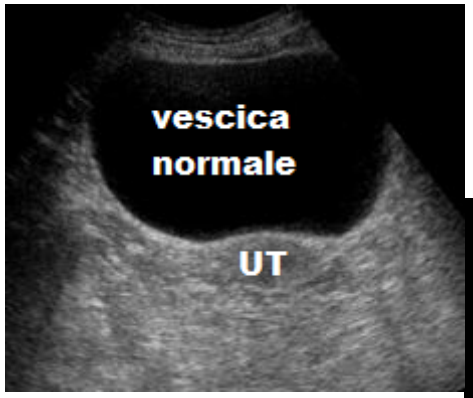
High grade bladder cancer: Bladder cancer cells are enlarged with large and dark nuclei.

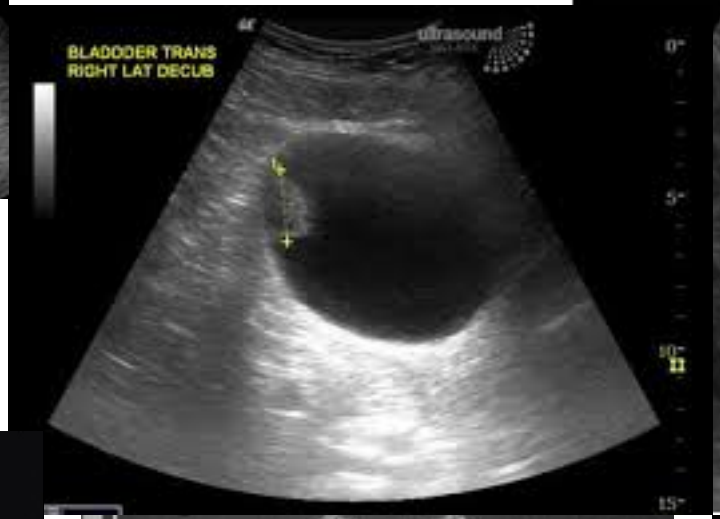
CITOLOGIA URINARIA

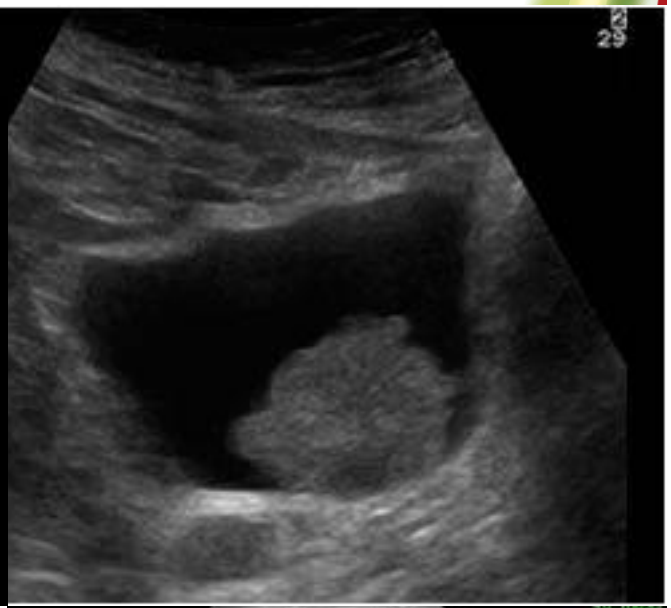
- SE POSSIBILE NON DEL MATTINO (CITOLISI)
- MOLTO SENSIBILE PER IL G3
- MOLTO SENSIBILE PER IL CIS (28-100%)
- SE NEGATIVE NON ESCLUDONO
- OPERATORE DIPENDENTE ANCHE 90% DI SPECIFICITA’
- RIPETIBILE IN CASI DUBBI

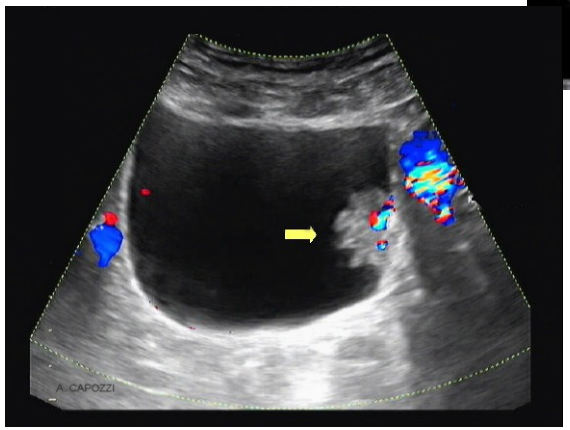


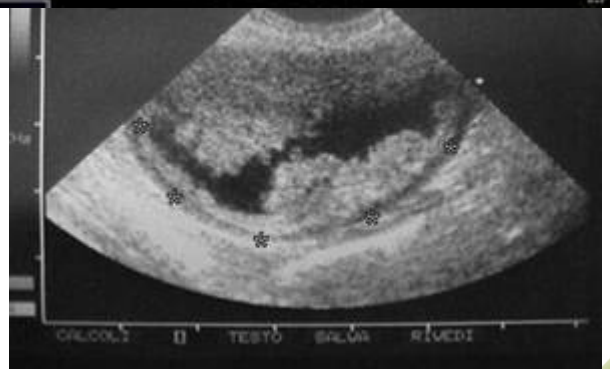
ECOGRAFIA VESCICALE SOVRAPUBICA

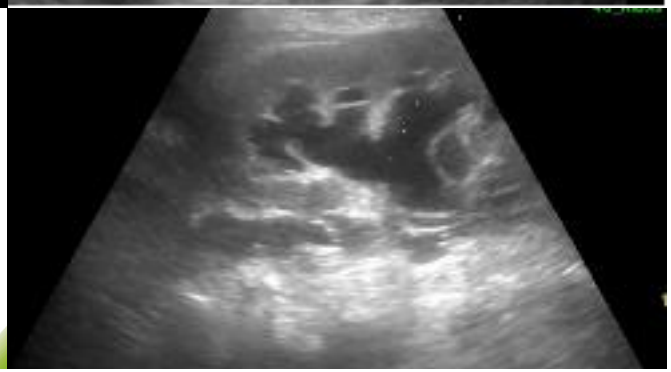






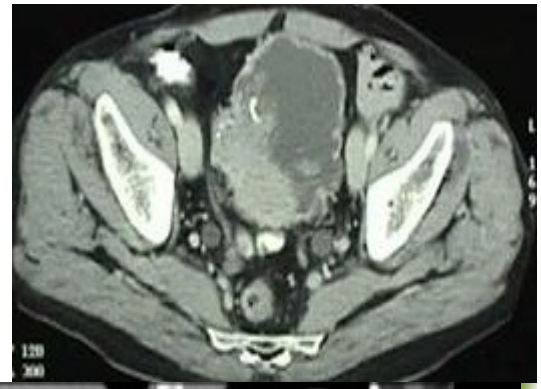


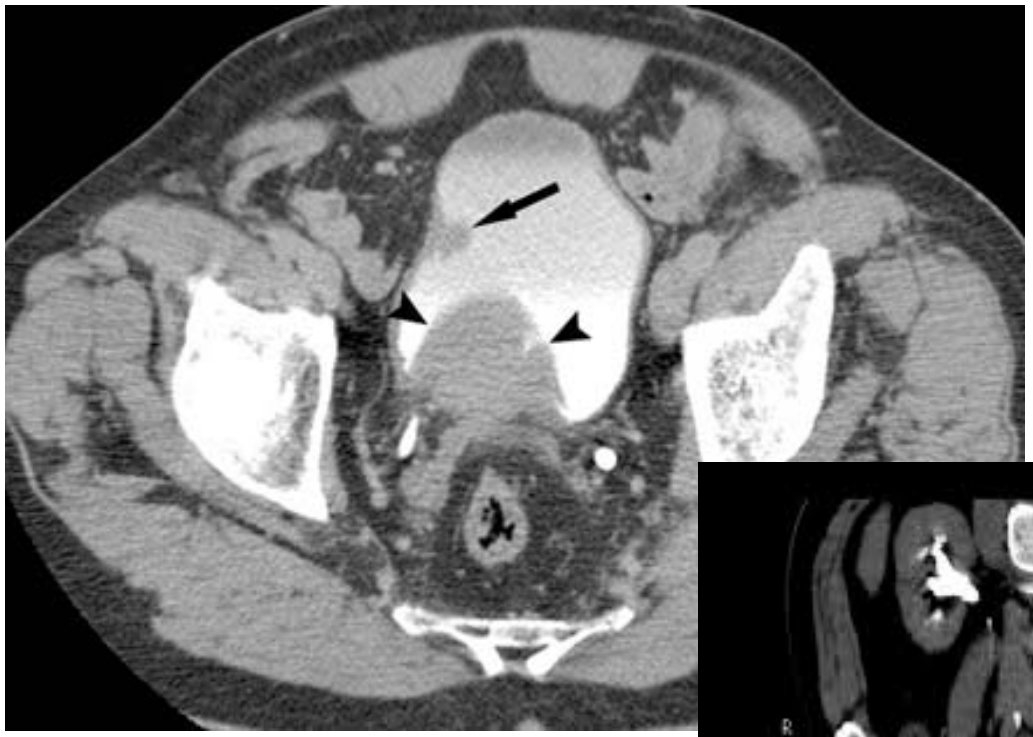


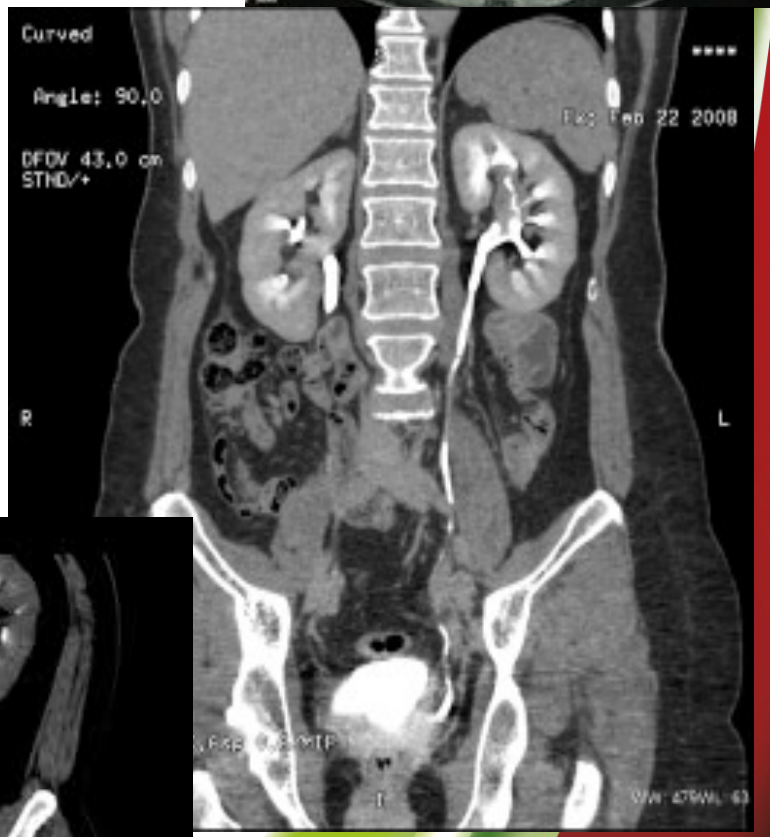


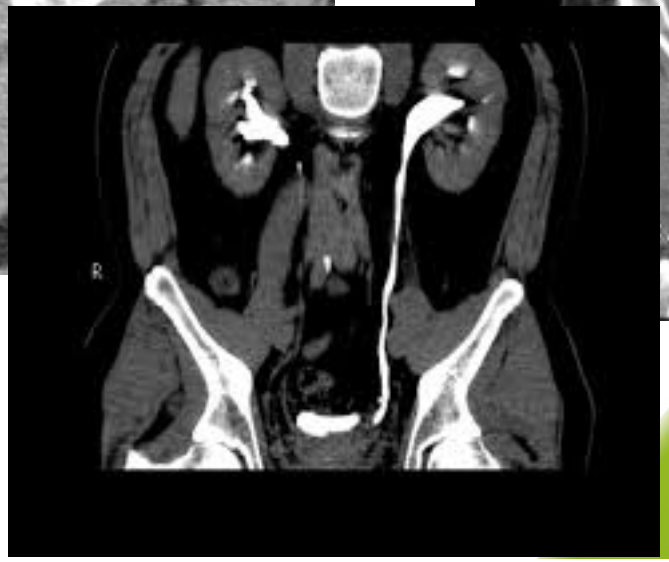
TAC

- **STADIAZIONE**
- **VISUALIZZAZIONE VIE ESCRETRICI SUPERIORI**
- **1,8% ma 7,5% se la neoplasia vescicale interessa il trigono**
- **Per il CIS non serve**









TEST MOLECOLARI

Table 5.1: Summary of main urinary markers

Markers (or test specifications)	Overall sensitivity (%)	Overall specificity (%)	Sensitivity for high-grade tumours (%)	Point-of-care test	LE
UroVysion (FISH)	30-86	63-95	66-70	No	2b
Microsatellite analysis	58-92	73-100	90-92	No	1b
Immunocyt/uCyt +	52-100	63-79	62-92	No	2a
Nuclear matrix Protein 22	47-100	55-98	75-92	Yes	2a
BTA stat	29-83	56-86	62-91	Yes	3
BTA TRAK	53-91	28-83	74-77	No	3
Cytokeratins	12-88	73-95	33-100	No	3

BTA = bladder tumour antigen; LE = level of evidence.

LINEE GUIDA

5.9 Guidelines for the primary assessment of NMIBC

	GR
Patient history should be taken.	A
Renal and bladder US may be used during the initial work-up in patients with haematuria.	C
At the time of the initial diagnosis of NMIBC, CT urography (or IVU) should be performed only in selected cases (e.g., tumours located in the trigone, multiple- or high-risk tumours).	B
Cystoscopy is recommended in all patients with symptoms suggestive of BC. It cannot be replaced by cytology or by any other non-invasive test.	A
Cystoscopy should describe all macroscopic features of the tumour (site, size, number and appearance) and mucosal abnormalities. A bladder diagram is recommended (Figure 5.1).	C
Voided urine cytology is advocated to predict high-grade tumour before TURB.	C
Cytology should be performed on fresh urine with adequate fixation. Morning urine is not suitable because of the frequent presence of cytolysis.	C

BC = bladder cancer; CT = computed tomography; GR = grade of recommendation; IVU = intravenous urography; US = ultrasound; NMIBC = non-muscle invasive bladder cancer; TURB = transurethral resection of the bladder.

FOLLOW UP

NESSUN TEST PUO' SOPPIANTERE IL VALORE PREDITTIVO DELLA CISTOSCOPIA E DELLE CITOLOGIE

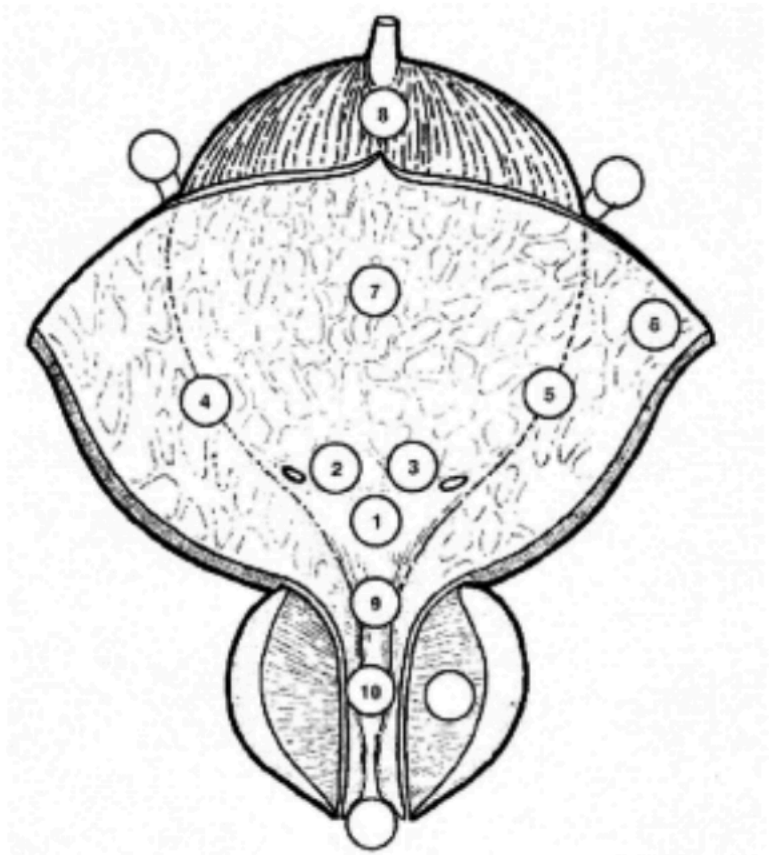
SCREENING DELLA POPOLZIONE

LO SCREENING CON NMP22 O UROVYSION NON E' RACCOMANDATO PER I COSTI E LA BASSA SENSIBILITA'

E' AUSPICABILE UN TEST PREDITTIVO

GRAZIE

Figure 5.1: Bladder diagram



1 = Trigone
2 = Right ureteral orifice
3 = Left ureteral orifice
4 = Right wall
5 = Left wall
6 = Anterior wall
7 = Posterior wall
8 = Dome
9 = Neck
10 = Posterior urethra