



# Behandling af NET og opfølgning på sygdomsudvikling

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# Når diagnosen er stillet

- MDT (Multi-Disciplinært Team) konference
  - Kirurg
  - Røntgen læge
  - Nuklear mediciner
  - Medicinsk læge
  - Kræftlæge
  - Patolog

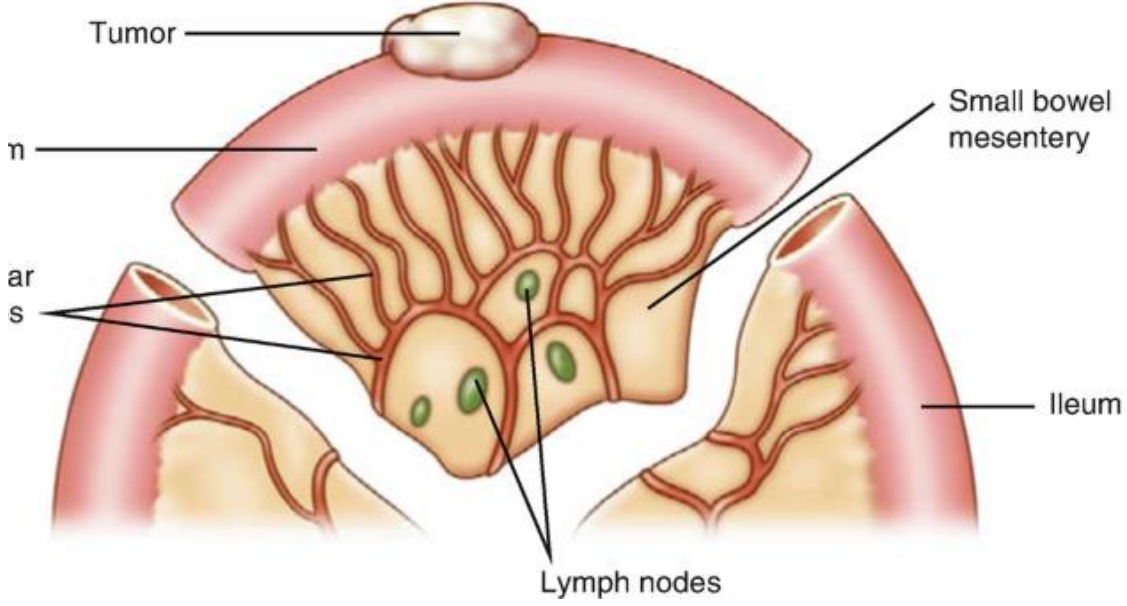
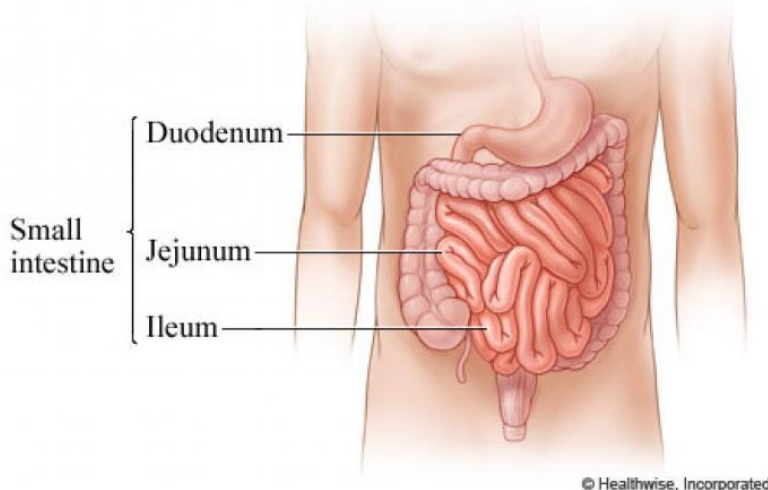


# Er der mulighed for kirurgi?

- Kan kirurgi helbrede?
- Kan kirurgi forhindre komplikationer?
- Er der behov for at mindske tumorbyrden (debulke)?

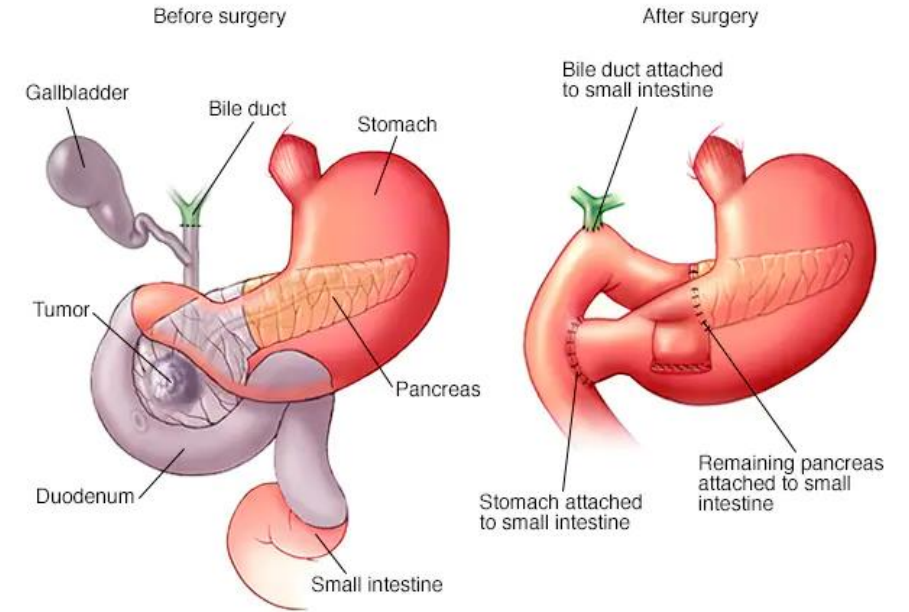
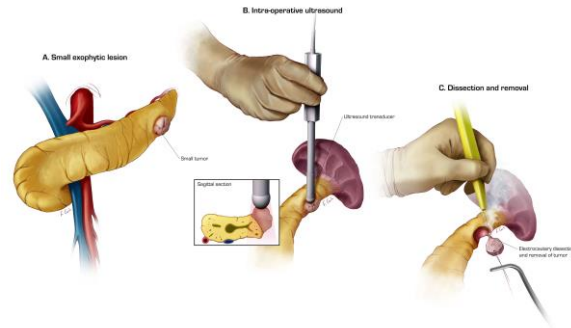


# Tyndtarmsresektion

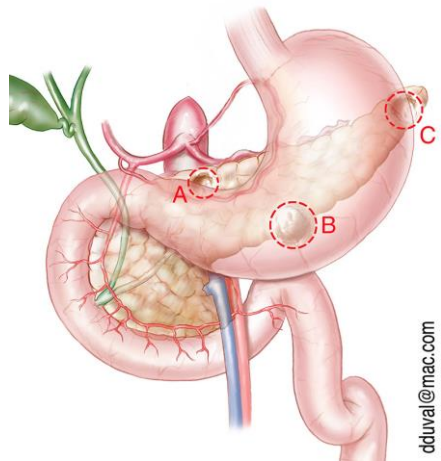


# Bugspytkirtel kirurgi

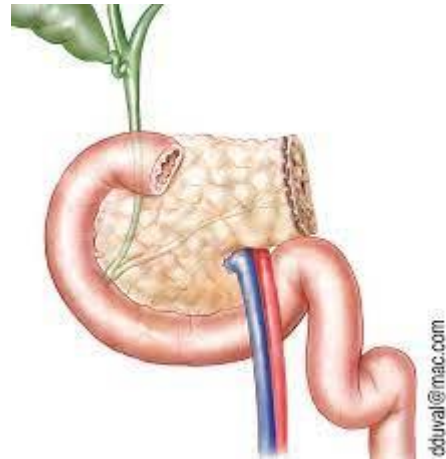
Enucleation Procedure



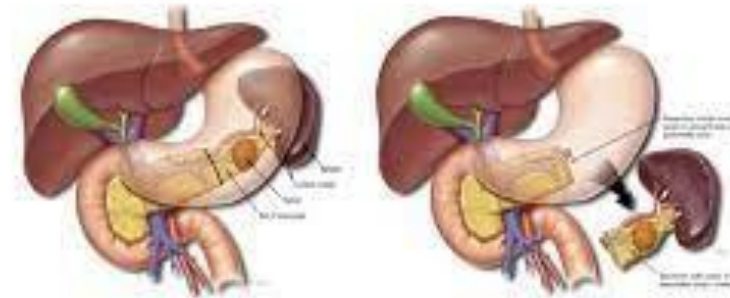
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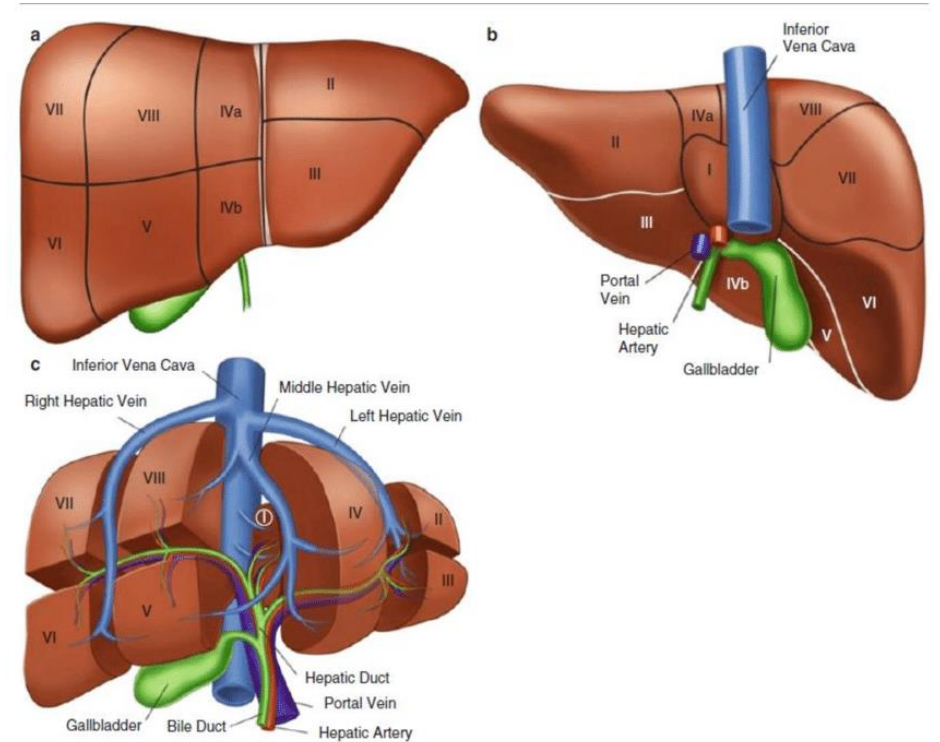


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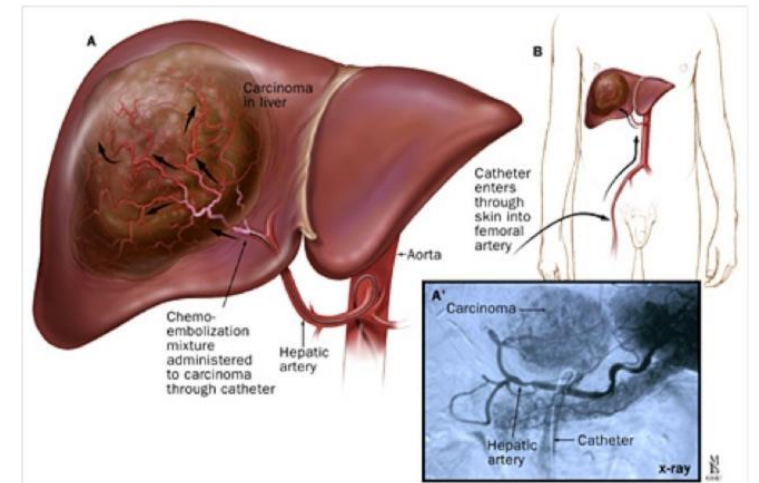
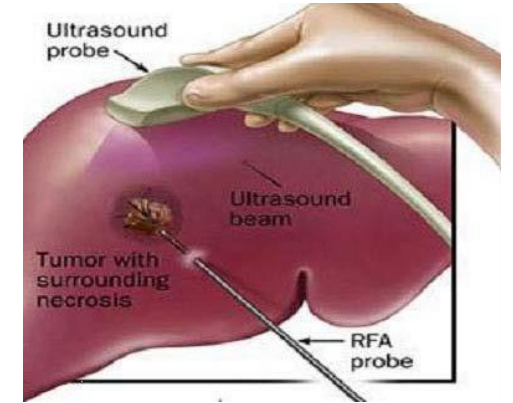
# Kirurgiske behandlinger

- Fjernelse af enkelt tumor – evt. også metastaser, hvis der er få
- Fjernelse af en del af leveren ved metastaser



# Lokalbehandlinger i leveren

- RFA behandling (radio frekvens ablation)
- TACE/TAE (transarteriel chemo embolisering)



# Opfølgning



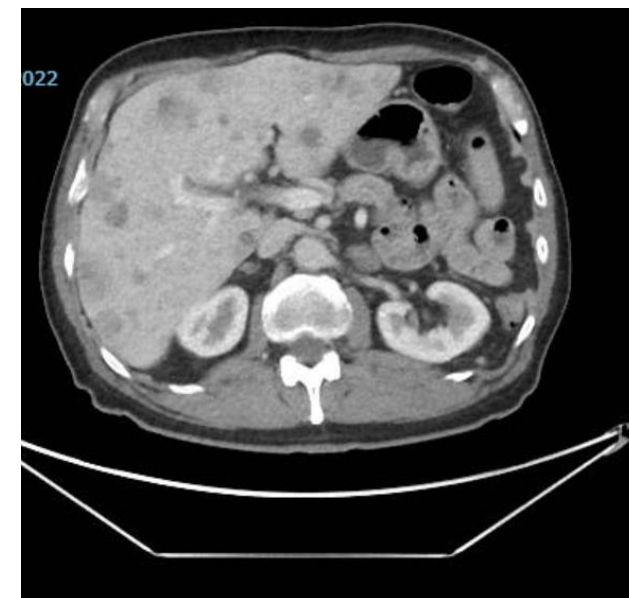
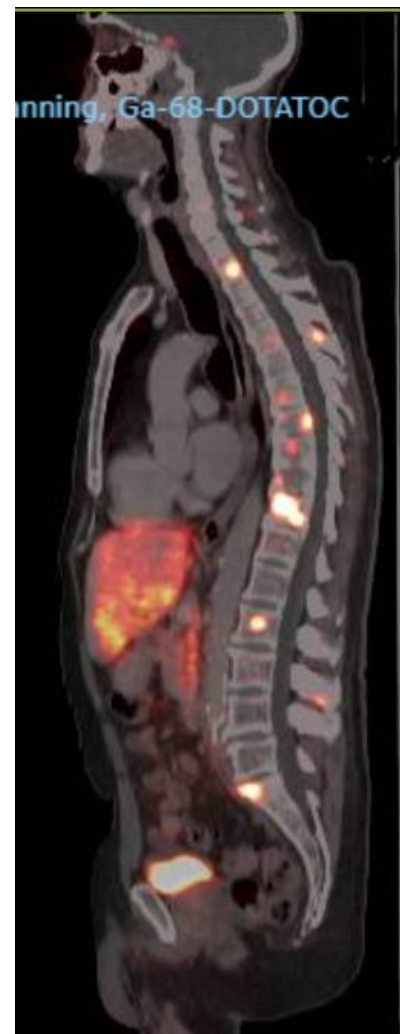
- Opereret rask: følges 3.-6-.12. md. med skanninger og blodprøver i 5-10 år – lidt afhængigt af primær svulsten
- Udbredt sygdom: regelmæssige skanninger (MR eller CT), ved mistanke om tumor vækst, da PET/CT skanning (DOTATOC).



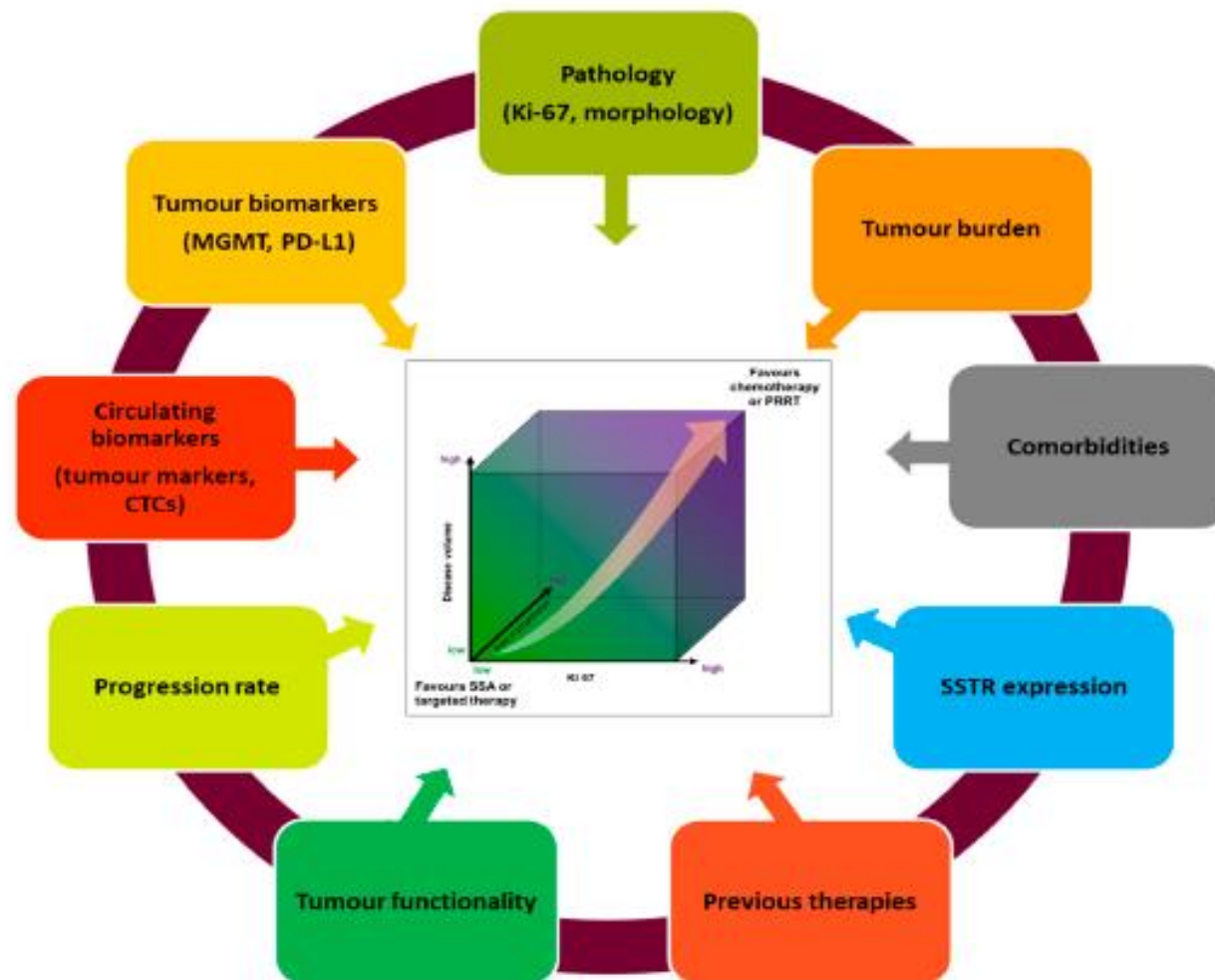


# DOTATOC PET/CT

- Radioaktiv markør
- Binder på cellernes overflade – somatostatin receptorer
- Markør for mulig effekt af PRRT

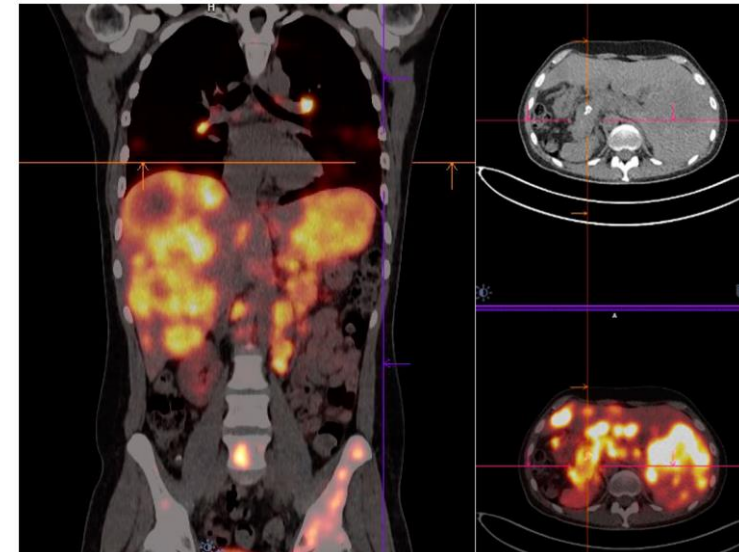
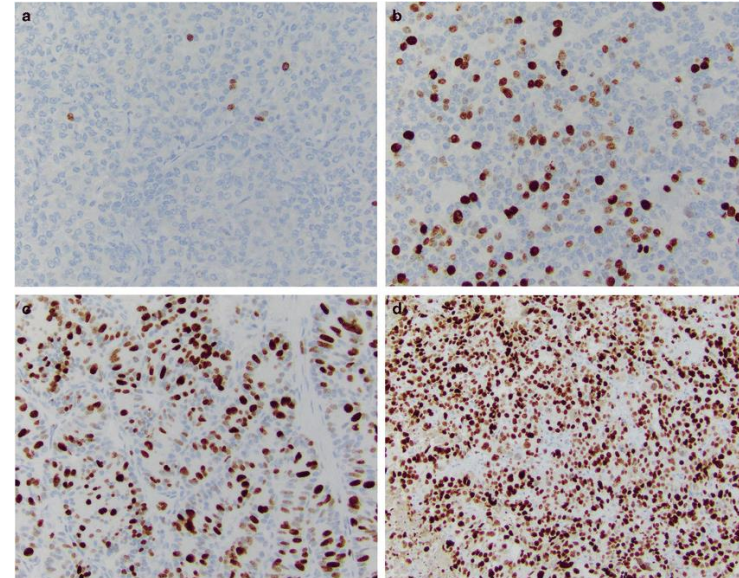


# Forhold af betydning for valg af behandling



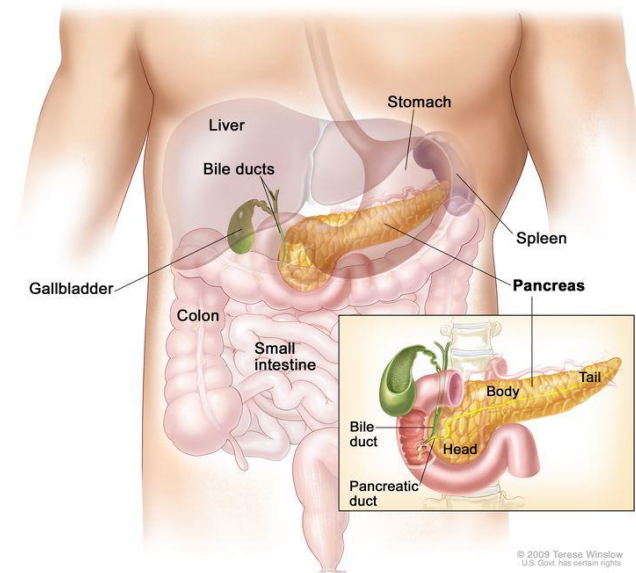
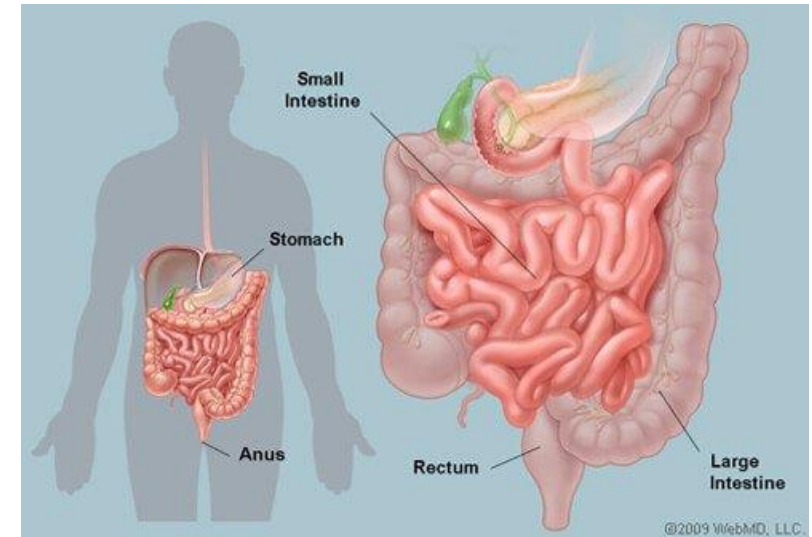
# Medicinsk behandling

- Ki67 indeks
  - G1 <3
  - G2 3-20
  - G3 > 20
- SSTR receptorer
  - Positiv DOTATOC skanning
- Hvor sidder modersvulsten?
  - Tyndtarm
  - Bugspytkirtel
  - Andet



# Modersvulst

- Lavt Ki67 + synlig tumor på DOTATOC
- Tyndtarmen
  - Sandostatin LAR 30 mg hv. 4. uge
- Bugspytkirtlen (pancreas)
  - Ipstyl/Myrelez 120 mg hv. 4. uge
- Stabiliserer tumor – forlænger tid til progression



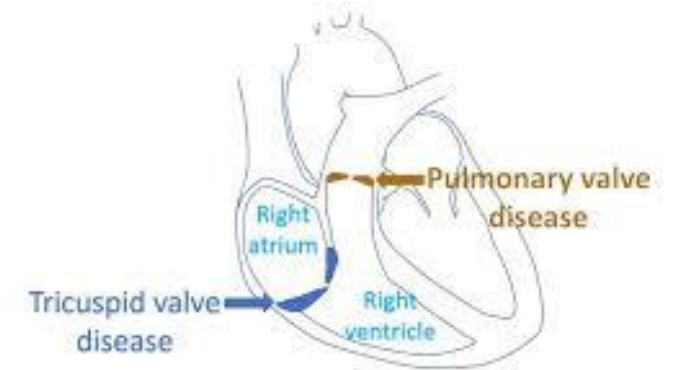
# Carcinoid syndrom – skyldes hormon producerende tyndtarmstumor

- Diaré
- Flushing
- Hvæsende vejrtrækning
- Behandling: Telotristat (Xermelo)



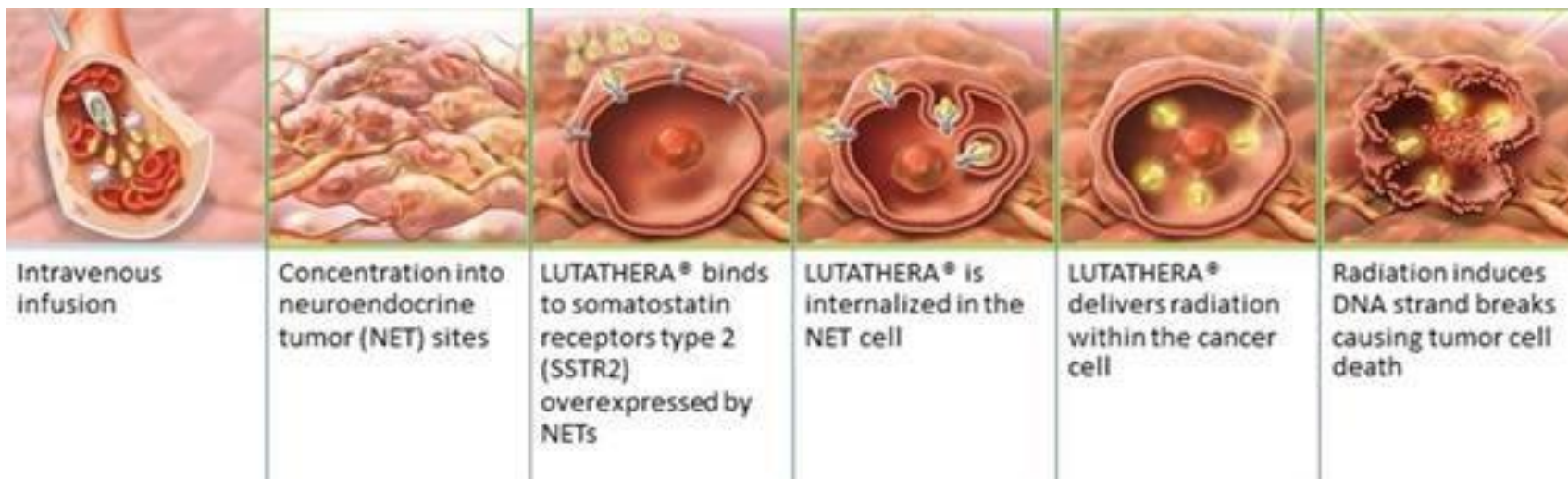
# Carcinoid hjerteklapsygdom

- Cirkulerende hormoner i blodet
- Påvirker højresidige klapper (hvor blodet løber tilbage til hjertet)
- Ekkokardiogram
- Kan være nødvendigt med ny hjerteklap



# Når tumor vokser

- PRRT (peptid receptor radionuklid terapi)



# PRRT (peptid receptor radionuklid terapi)

Hæmmer tumorvækst – skrumper tumor

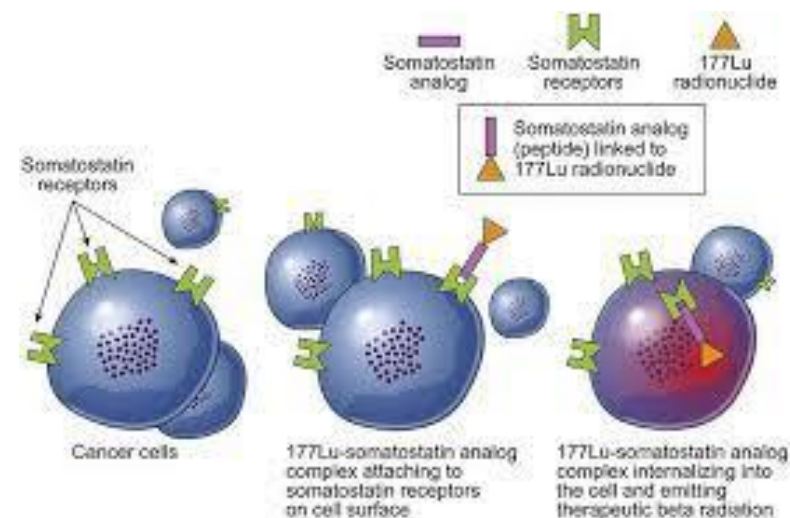
Standard: 4 behandlinger – 8 uger imellem

Genbehandling: 2 behandlinger

Begrænsninger/krav:


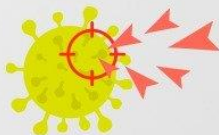
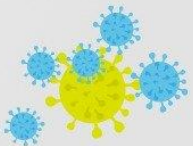
- Nyrerne
- Knoglemarven

Bivirkninger – kvalme/opkastninger





# Difference between Chemotherapy, Targeted Therapy and Immunotherapy

	How does it work?	Side Effects	Limitations
 <p><b>Chemotherapy</b></p>	Targets rapidly dividing cells (mostly cancer cells)	Hair loss, intestinal damage, nausea	Cancer cells develop resistance to chemotherapy, not specific
 <p><b>Targeted Therapy</b></p>	Targets Proteins required for cancer growth	Liver problems, diarrhea, skin rash	Cancer cells develop resistance
 <p><b>Immunotherapy</b></p>	Uses our immune system against cancer	Autoimmune effects	Tailored and expensive

## Targetteret behandling

- Everolimus -specielt til insulinomer
- Sunitinib
  - bugspytkirtel NET



Højt Ki67-indeks



Kræver specielle markører i blod/væv  
Ikke indført endnu

# NET – en kronisk kræftsygdom

