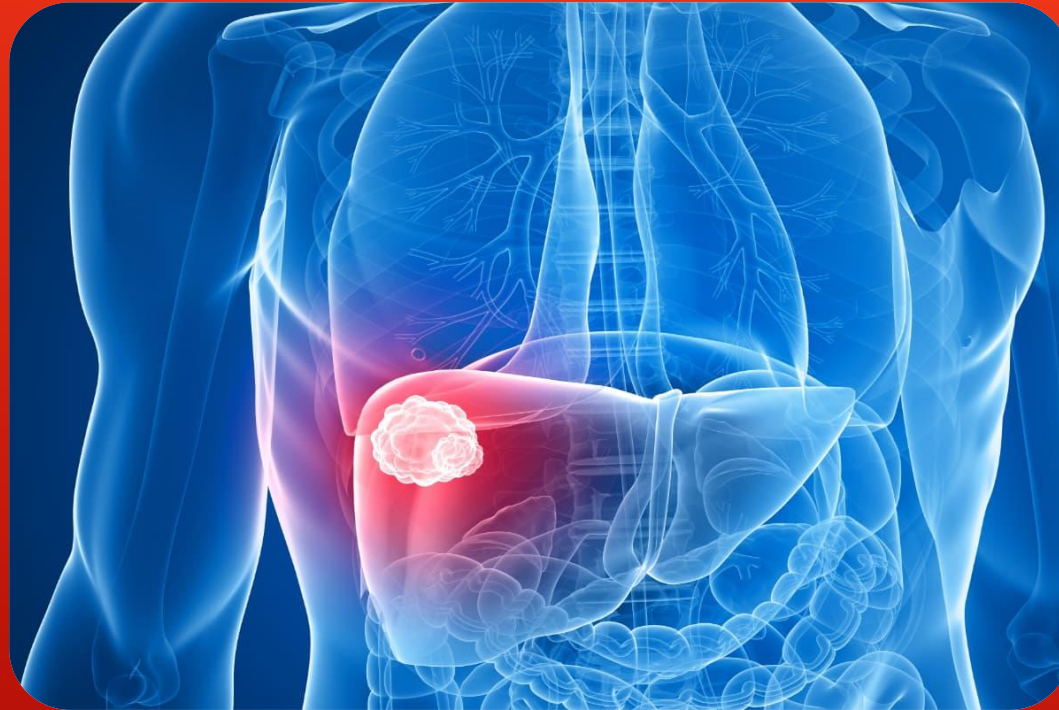


# PROSEDUR DIAGNOSIS PASIEN NEOPLASMA



***dr. Mochamad Aleq Sander, M.Kes., Sp.B., FINACS***

***Sertifikasi dosen: 12107102411578***

***Bagian SMF Ilmu Bedah – RS UMM***

***Fakultas Kedokteran – Universitas Muhammadiyah Malang***

# PENEGAKAN DIAGNOSIS KASUS NEOPLASMA

## □ Diagnosis Klinis

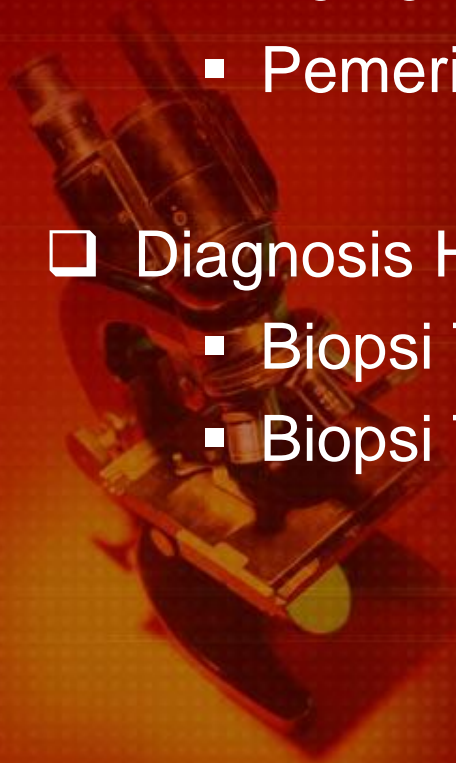
- Anamnesis
- Pemeriksaan Fisik
- Pemeriksaan Penunjang

Diagnosis Klinis Onkologis

## □ Diagnosis Histopatologi

- Biopsi Tertutup (FNAB)
- Biopsi Terbuka (BI/BE)

Diagnosis Akhir Onkologis



# Penegakkan Diagnosis Klinis

- Anamnesis
- Pemeriksaan fisik
- Pemeriksaan penunjang

**Diagnosis Klinis Onkologis** terdiri dari:

❖ Substrat, lokasi, perkiraan histoPA, dan ekstensi

Contoh:

Tumor Mamma Dextra susp. Maligna yang belum menginfiltrasi kulit + dinding dada, belum metastasis ke KGB regional dan jauh



# Anamnesis

## TNM

- ◇ T : benjolan sejak kapan?, awalnya sebesar apa?, nyeri?  
hitung: *Tumor Doubling Time*
- ◇ N : adakah KGB Aksila, infra/supraklavikula
- ◇ M : Paru (sesak), hati (sebah), tulang (nyeri),  
otak (ggn sensorik/motorik) dll
  
- ◇ Faktor risiko ⇒ umur, hormonal, keturunan, dll

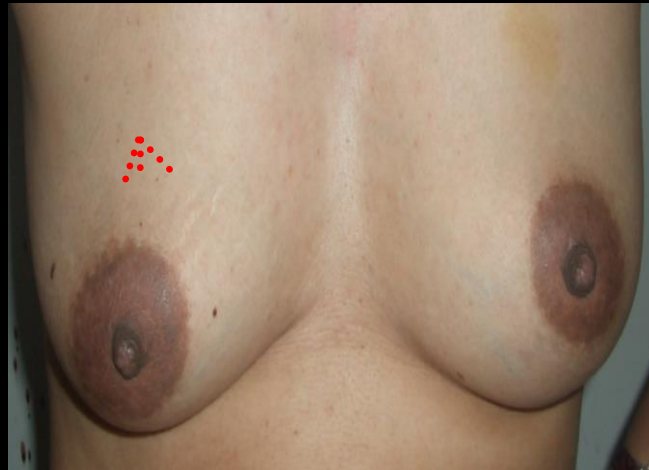




# KELUHAN UTAMA



**BENJOLAN 78%**



**NIPPLE DISCHARGE**

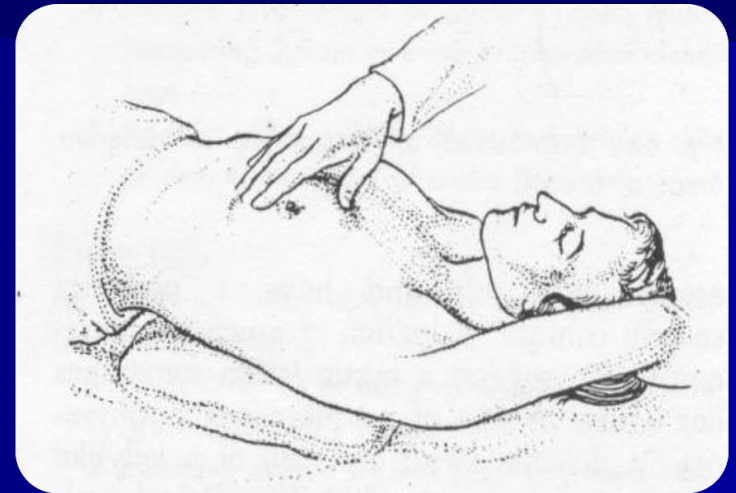


**ULKUS/BOROK**

# PEMERIKSAAN FISIK

## ■ Tumor primer:

- Benjolan
- Borok
- Perubahan BAB / BAK
- Batuk lama
- Nyeri, dll.



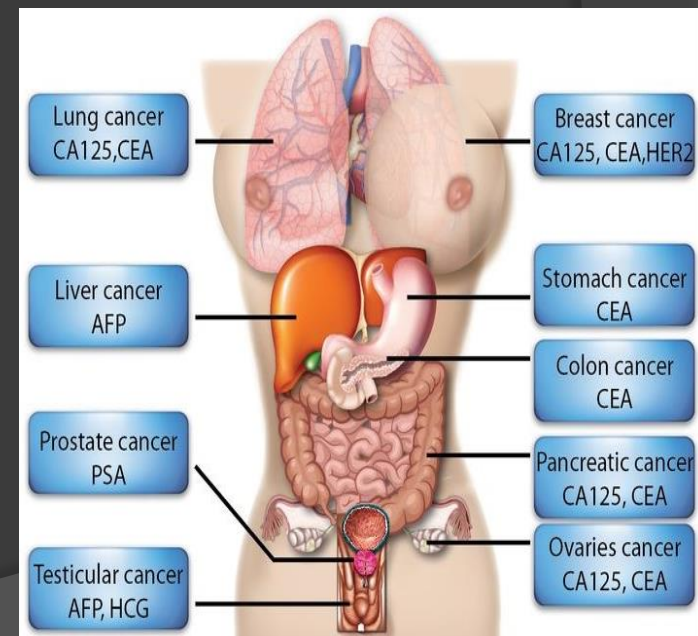
## ■ Sindroma paraneoplastik

- yi: kumpulan Gx akibat efek sistemik non metastatik dari suatu keganasan
- tjd akibat substansi kimia yg dilepaskan o/ sel-sel kanker
- mis: mause, vomiting, febris, headache, anemia, anoreksia, dll

# Pemeriksaan Penunjang

- ❖ Pilih sesuai dg indikasi
- ❖ USG, CT Scan, MRI, sidik tiroid, sidik tulang, dll
- ❖ Pox petanda tumor (Tumor Marker) ⇒ hanya dipakai u/ evaluasi Tx (follow-up) dan menentukan prognosis

mis: CEA	: Ca Colon
AFP	: HCC dan Germ Cell Tumor
PSA	: Ca Prostat
CA 125	: Ca Ovarium
CA 15.3	: Ca Mamma
CA 19.9	: Ca Pankreas
Calcitonin	: Ca Tiroid
β-HCG	: Chorio Ca dan Germ Cell Tumor



# Pemeriksaan Histopatologi

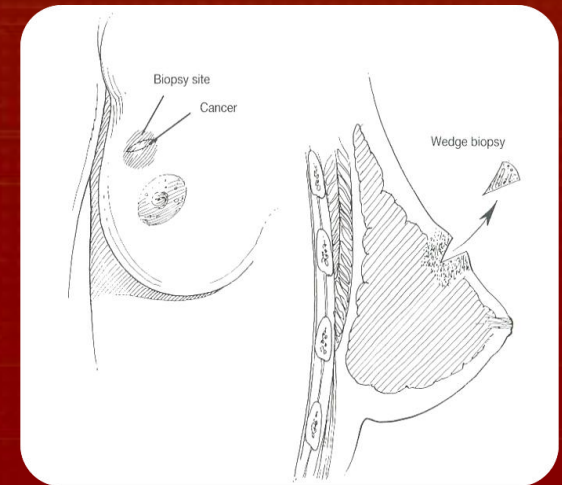
## (Gold Standard)

TINDAKAN OPERASI YG BERFUNGSI U/ PENGOBATAN & SEKALIGUS SARANA U/ MENGETAHUI BENJOLAN TSB GANAS / JINAK

### MACAM Pox PA:

- Bajah (FNAB) ⇒ sitologi
- Biopsi Core Needle ⇒ histologi
- Biopsi Insisi (BI) ⇒ Potong Beku / Blok Parafin
- Biopsi Eksisi (BE) ⇒ Potong Beku / Blok Parafin
- Imunohitokimia (IHC) ⇒ ER, PR, Her-2/Neu (*recommended*)

BCL-2, P53, VEGF, Cathepsin-D (*optional*)





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**Breast Biopsy**

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# Stadium Klinik (STAGING)

- ❖ Stadium klinik ⇒ std pada saat kanker telah terdeteksi ml Pox klinik dan penunjang
- ❖ DD: Staging vs Grading
  - Staging ⇒ tindakan Dx u/ m'tahui seberapa jauh ekstensi sel tumor ke jaringan sekitarnya
  - Grading ⇒ tindakan Dx u/ m'tahui derajat differensiasi tumor (well, mod, poorly, atau undiff)
- ❖ Stadium didasarkan → kesepakatan / hasil konvensi para ahli  
Misalnya:
  - Stadium Portman / AJCC      ⇒ Ca-mamma
  - Stadium Dukes / AJCC        ⇒ Ca-colon
  - Stadium Ann Arbor            ⇒ Lymphoma maligna
  - Stadium Rai                    ⇒ Leukimia
  - Stadium Figo                  ⇒ Ca-cervix

# Contoh Stadium Klinik

## Ca-mamma

Tx = Tumor primer belum bisa dinilai

T0 = Tidak ditemukan adanya tumor primer

Tis = Tumor insitu

T1 = Tumor  $\Theta < 2$  cm

T2 = Tumor  $\Theta$  2-5 cm

T3 = Tumor  $\Theta > 5$  cm

T4 = Setiap T dgn infiltrasi ke kulit dan atau dinding dada

N0 = Tak ditemukan pembesaran KGB regional

N1 = Terdapat pembesaran KGB regional yang masih mobil

N2 = Terdapat pembesaran KGB regional yang saling melekat

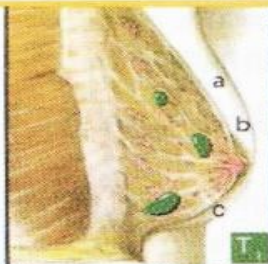
M0 = Metastasis jauh tak didapatkan

M1 = Ditemukan adanya metastasis jauh

DEFINITION OF TNM

STAGE GROUPINGS

**T1**  
Tumor  $\leq 2$  cm  
**T1mic**  
Microinvasion  $\leq 0.5$  cm  
**T1a**  
Tumor  $< 0.1$  cm but  $\leq 1$  cm  
**T1b**  
Tumor  $> 1$  cm but  $\leq 2$  cm  
**N0**  
No regional lymph node metastasis



**Stage I**

T1 N0 M0

**T2**  
Tumor  $> 2$  cm but  $\leq 2$  cm  
**N1**  
Metastasis to movable ipsilateral axillary lymph  
**pN1**  
Metastasis in 1—3 axillary lymph nodes  $< 0.2$  mm foci



**Stage IIA**

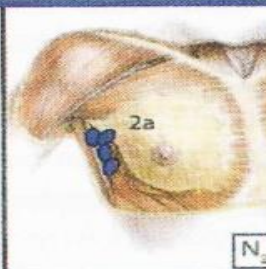
T0 N1 M0\*  
T1 N1 M0\*  
T2 N0 M0\*

**Stage IIB**

T2 N1 M0  
T3 N0 M0\*

\* not illustrated

**T3**  
Tumor  $> 5$  cm  
**N2a**  
Metastasis in ipsilateral axillary lymph node (s) fixed to one another (matted), or to other structures  
**pN2**  
Metastasis in 4—9 axillary lymph node (s), or in clinical metastasis  $> 0.2$  mm foci

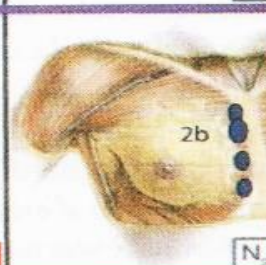
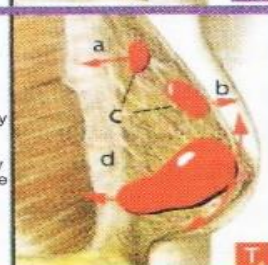


**Stage IIIA**

T0 N2 M0\*  
T1 N2 M0\*  
T2 N2 M0\*  
T3 N1 M0\*  
T3 N2 M0\*

\* not illustrated

**T4**  
Tumor of any size with direct extension to (a) chest wall or (b) skin, (c) both a and b, (d) inflammatory  
**N2**  
Metastasis in ipsilateral axillary lymph node(s) fixed or matted, or in clinically apparent ipsilateral internal mammary nodes in the absence of clinical axillary lymph node metastasis  
**pN2**  
Metastasis in 4—9 axillary lymph node(s), or in clinically apparent internal mammary lymph nodes in the absence of axillary lymph node metastasis  
**pN2b**  
Metastasis in clinically apparent internal mammary lymph nodes in the absence of axillary lymph node metastasis

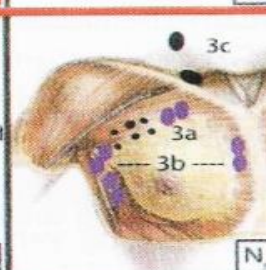


**Stage IIIB**

T4 N0 M0\*  
T4 N1 M0\*  
T4 N2 M0

\* not illustrated

**AnyT**  
**N3**  
Metastasis in ipsilateral infraclavicular lymph node(s) with or without axillary lymph node involvement, or in clinically apparent ipsilateral internal mammary lymph node(s) and in the presence of clinically evident axillary lymph node metastasis; or metastasis in ipsilateral supraclavicular lymph node involvement  
**N3a** Infraclavicular  
**N3b** Axillary and internal mammary  
**N3c** Supraclavicular  
**pN3** Metastasis in  $\geq 10$  axillary nodes



**Stage IIIC**

N3 M0

**Stage IV**

Any N M1



# Tahapan Penatalaksanaan

- Dx klinis harus ditegakkan terlebih dahulu
- Dx histopatologi ⇒ Dx pasti (Dx Akhir Onkologis)
- Menentukan apakah kasus tsb ⇒ *kuratif* / *paliatif*
- Menilai modalitas yang dimiliki u/ Tx



# Penatalaksanaan

- Operasi harus berpegang pada **prinsip bedah onkologi**
- Kasus **kuratif** ⇒ tindakan operasi harus **radikal**
- Kasus **paliatif** ⇒ dilakukan tindakan yang **tidak radikal**
- Kasus **lokoregional** ⇒ **operasi** dan atau **radioterapi**
- Kasus **sistemik** ⇒ **kemoterapi**
- Apabila terdapat **nyeri kanker** pada kasus paliatif ⇒ penatalaksanaan nyeri menurut **WHO (Step Ladder Pattern)**



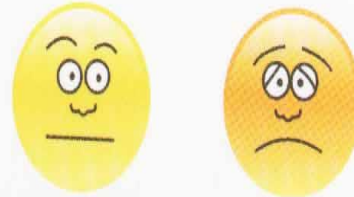
# WHO LADDER<sup>2</sup>



Skala VAS 1-3

## 1 Nonopioid + adjuvant

- COX-2
- Ibuprofen
- Aspirin
- Acetaminophen



Skala VAS 4-6

## 2 Opioid for mild to moderate pain + nonopioid + adjuvant

- Codein
- Propoxyphene
- Hydrocodone
- Tramadol



Skala VAS 7-10

## 3 Opioid for moderate to severe pain + nonopioid + adjuvant

- Oxycodone
- Morphine
- Hydromorphone
- Fentanyl

Reference: 2. World Health Organization. Pain Ladder. <http://www.who.int/cancer/palliative/painladder/en/>

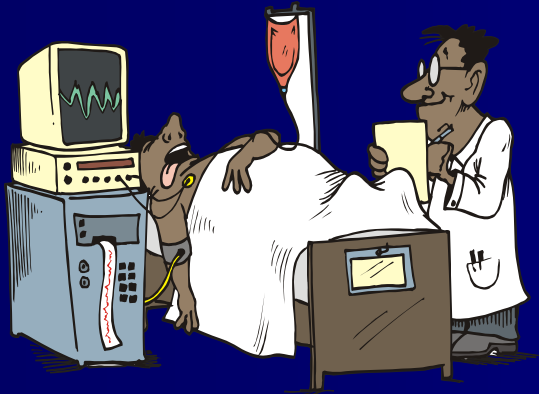
# Penatalaksanaan

- ➡ Diagnosis klinis
- ➡ Diagnosis histopatologi



Rencana terapi

- Operasi
- Kemoterapi
- Radioterapi
- Hormonal terapi
- Immunoterapi
- Molecular Targetted-terapi





# Kemoterapi

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# Radioterapi

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# Prognosis



- Quo ad vitam (hidup)
- Quo ad sanam (sembuh)
  - Stadium I        ad bonam
  - Stadium II        dubia ad bonam
  - Stadium III        dubia ad malam
  - Stadium IV        ad malam
  
- Quo ad functionam (fungsi)

**Penemuan dini, Dx dini, Tx dini & tepat  
penting u/ me↑ angka kesembuhan Ca mammae**





# Terima Kasih



ATLAS BERWARNA

ATLAS BERWARNA

# PATOLOGI ANATOMI

# Patologi Anatomi

JILID 2

*Edisi Revisi*

MOCHAMAD ALEQ SANDER S.Dr.

MOCHAMAD ALEQ SANDER S. Dr.

JILID 1