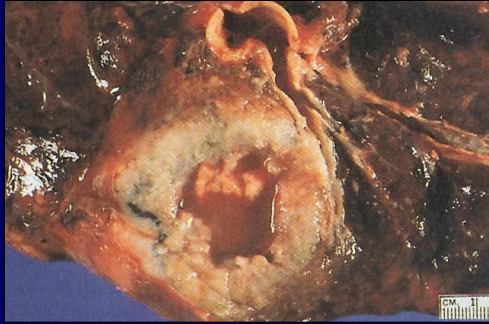




De ce un Grup de lucru
pentru
Cancerul bronhopulmonar ?



CANCERUL PULMONAR DOMINA TABLOUL ACTUAL AL MALIGNITATILOR

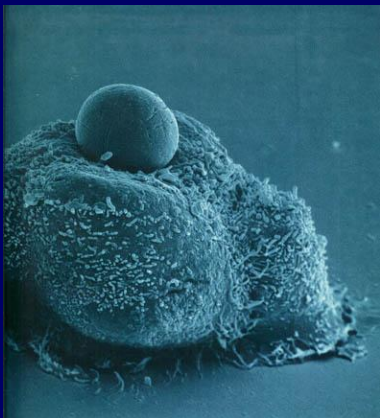
PRIMUL LOC – STATISTICI DE MORTALITATE

FRECVENTA - LOCUL I - BARBATI

- LOCUL III - FEMEI – IN CRESTERE

INCIDENTA - CRESTERE – RAPIDA - IN PARALEL cu FUMATUL

(in ultimii 30 de ani)

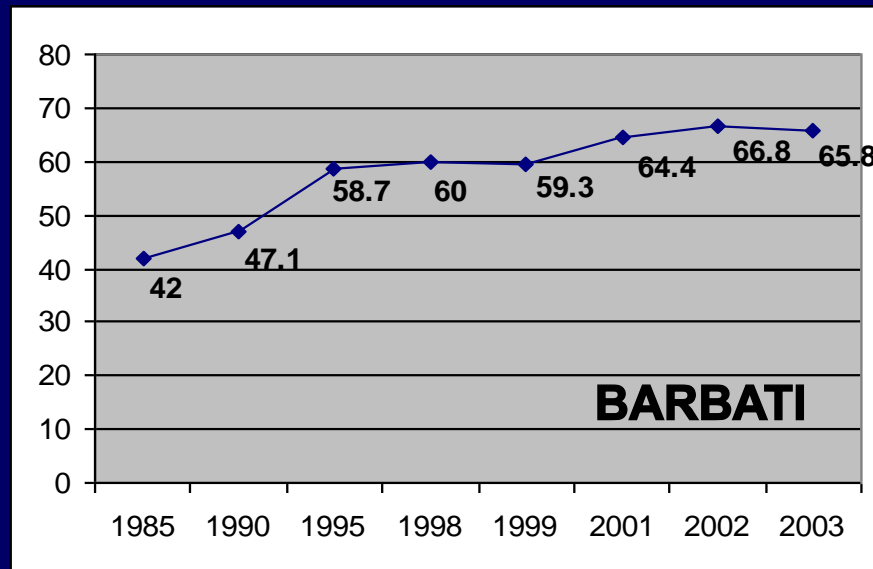
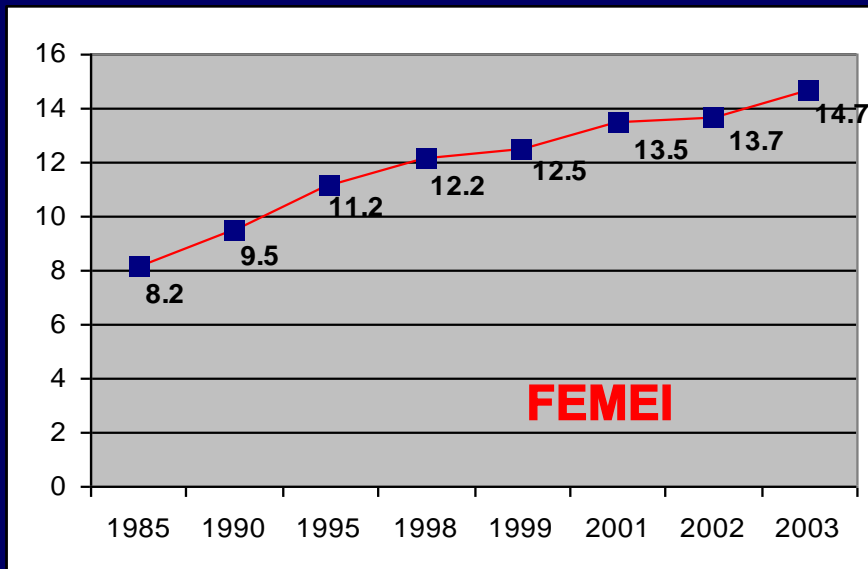


CANCERUL PULMONAR – ROMANIA

RATA DE CRESTERE - MORTALITATE

FEMEI 79,3%

BARBATI 55,7%



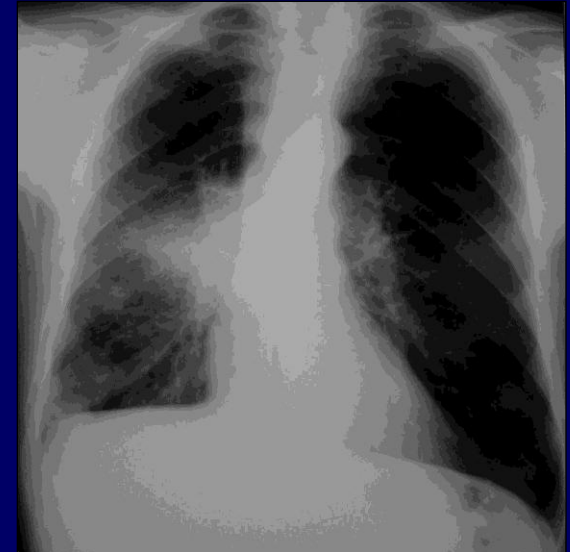
CANCER BRONHOPULMONAR

MOMENTUL PREZENTARII LA MEDIC

PACIENTI SIMPTOMATICI

STADIU AVANSAT AL BOLII

FRECVENT INOPERABIL



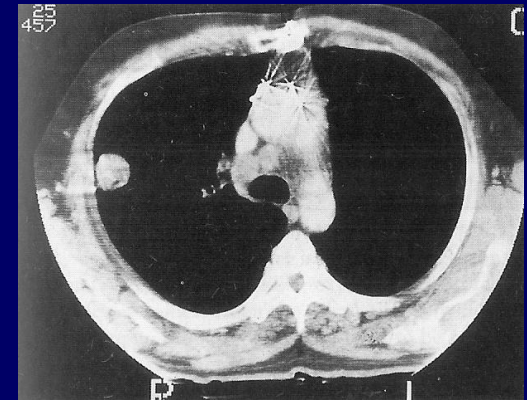
CANCER BRONHOPULMONAR

DESCOPERITI INTAMPLATOR

5% DIN PACIENTI

INVESTIGATII DE RUTINA

BILANTURI PREOPERATORII ETC.



CANCER BRONHOPULMONAR

DIAGNOSTIC POZITIV

20-25% DIN PACIENTI

CAZURI OPERABILE



CANCER BRONHOPULMONAR

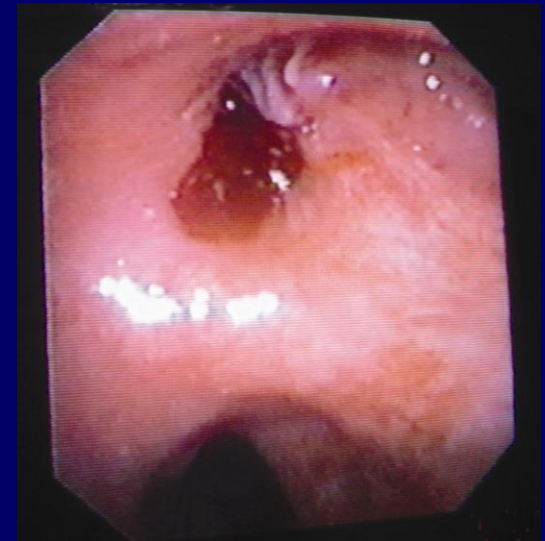
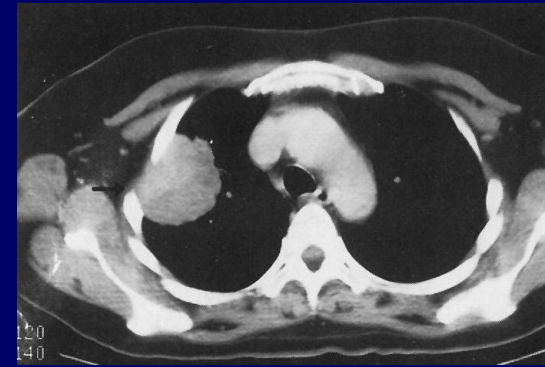
FARA TRATAMENT

MAJORITATEA PACIENTILOR

DECEDEAZA IN PRIMUL AN

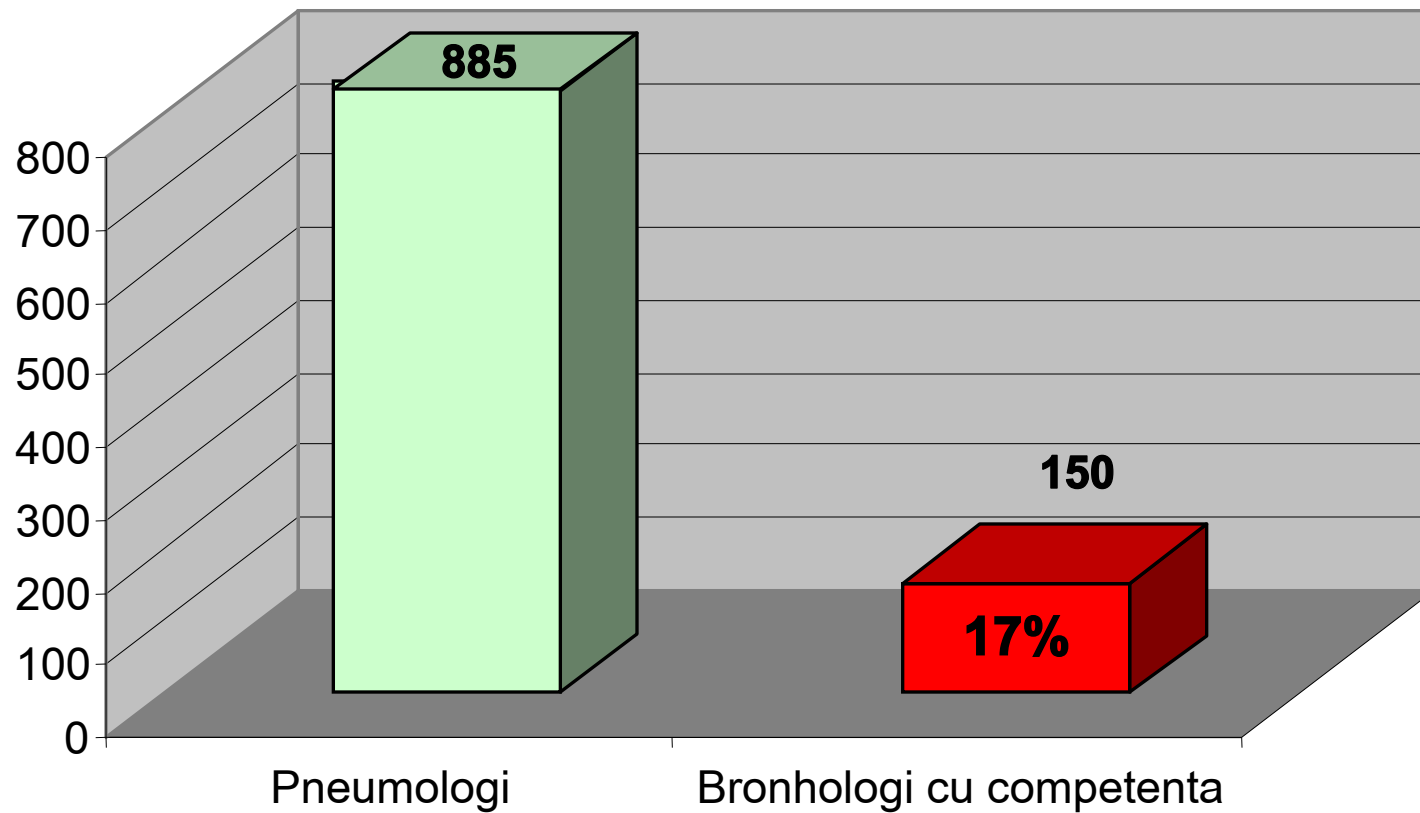


ROMANIA ?

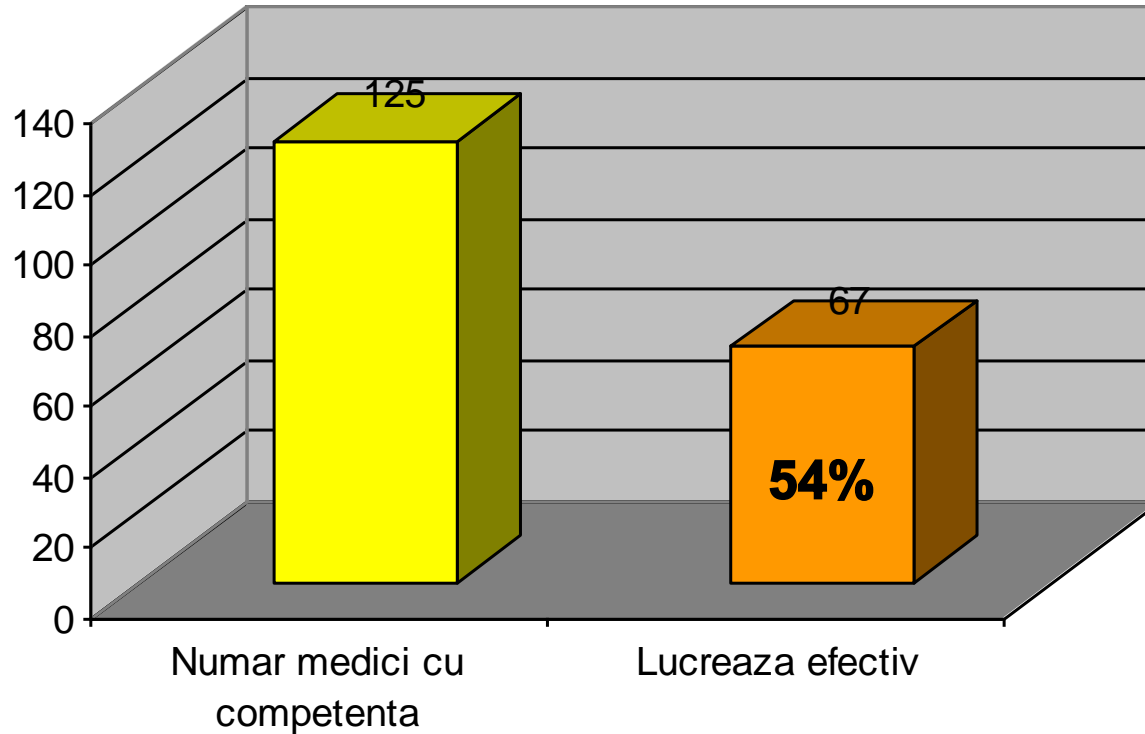


- Se poate diagnostica optim neoplasmul bronhopulmonar ?

PNEUMOLOGI ROMANI – AVAND COMPETENTA IN BRONHOLOGIE



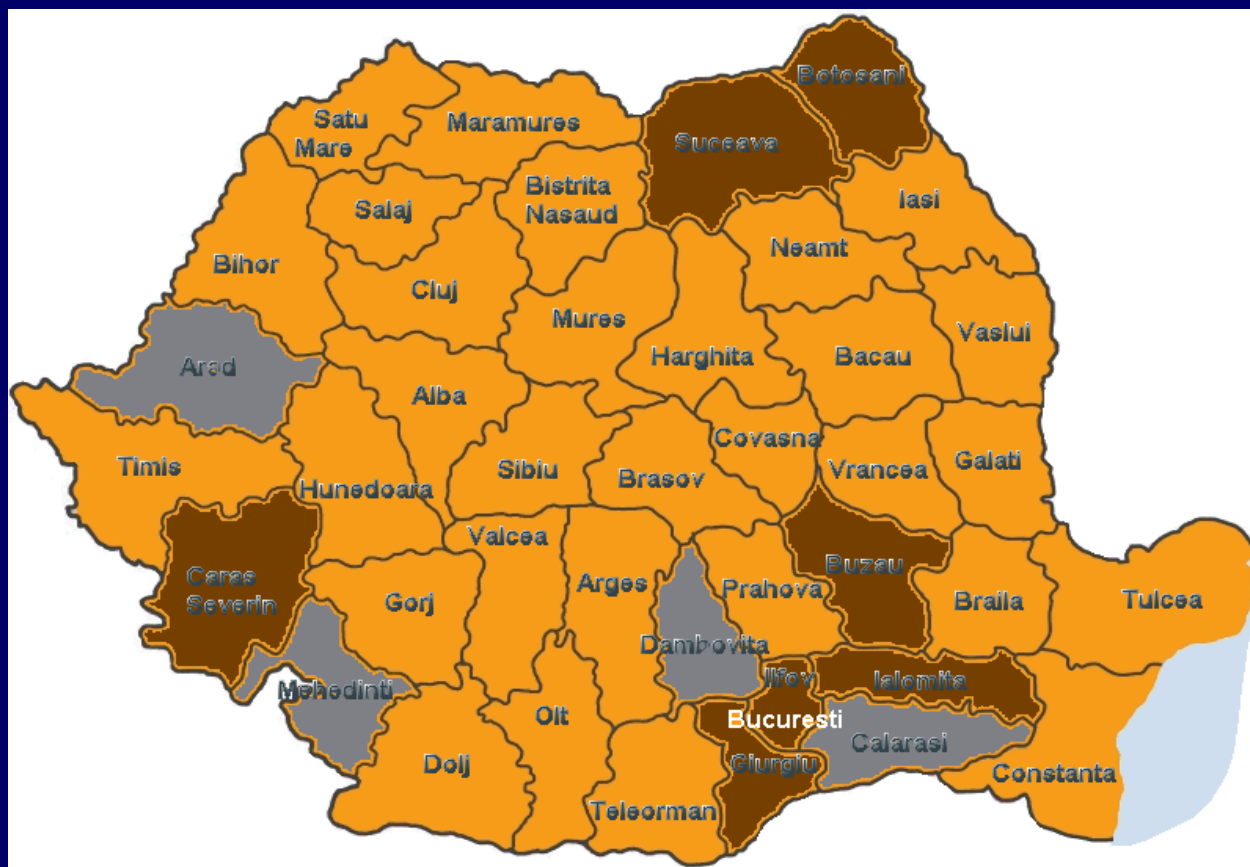
COMPETENTA IN BRONHOLOGIE – LUCREAZA EFECTIV (exceptand Bucurestiul)



11 JUDETE IN CARE NU SE PRACTICA EXAMENUL BRONHOSCOPIC - AUGUST 2005 -

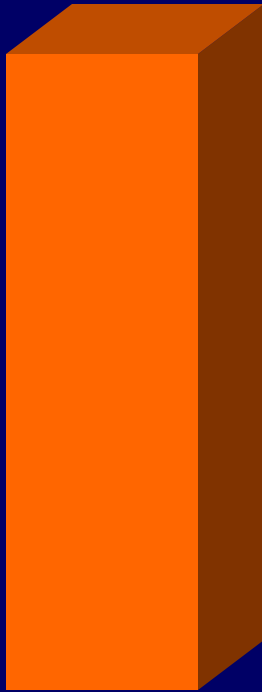


In 9 judete(19%) nu exista servicii de bronhologie **octombrie 2009**



POPULAȚIA FĂRĂ ACCESIBILITATE LA BRONHOSCOPIE IN JUDEȚUL DE DOMICILIU

4.620.000
LOCUITORI



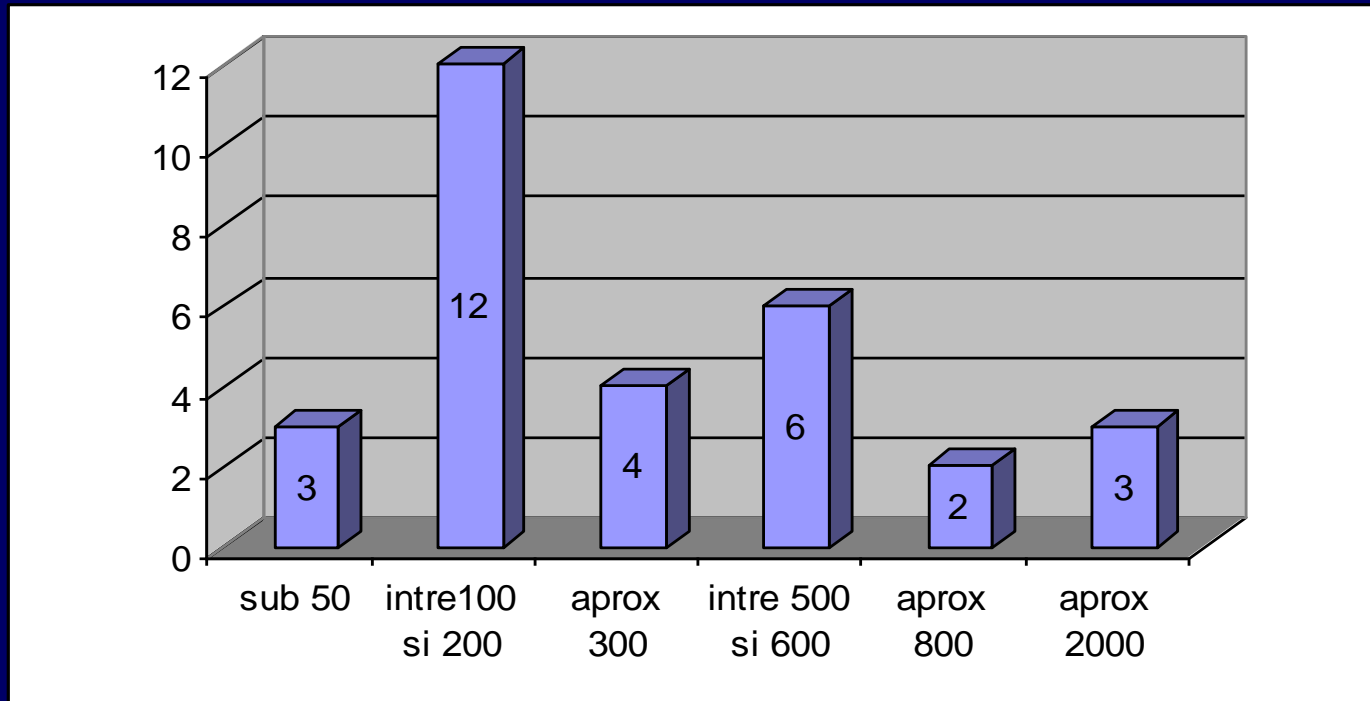
39.6%000



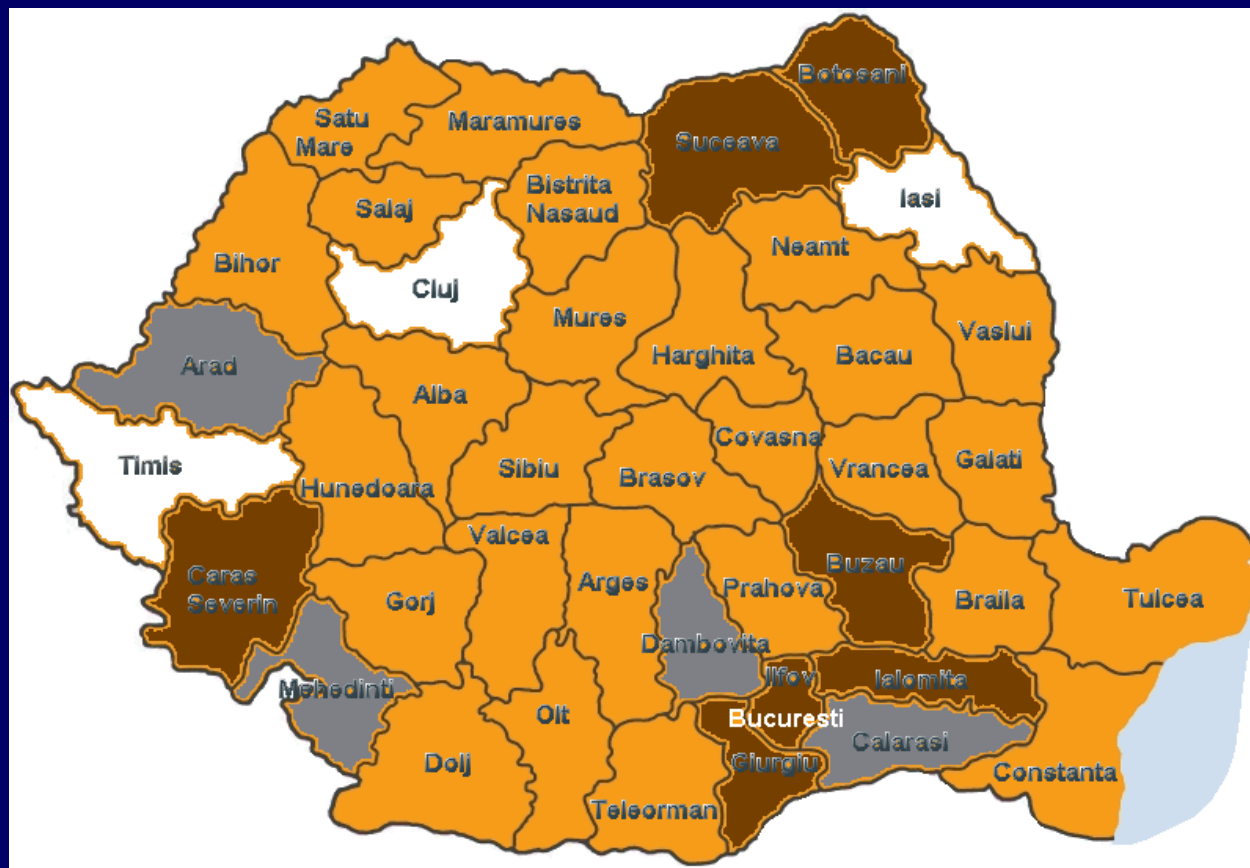
MORTALITATEA
PRIN CANCER
BRONHOPULMONAR

* 22% din populație

Numar de fibrobronhoscopii efectuate in 2008 in judetele intervievate



In cele 3 judete colorate cu alb se lucreaza
aproximativ 2000 de bronhoscopii



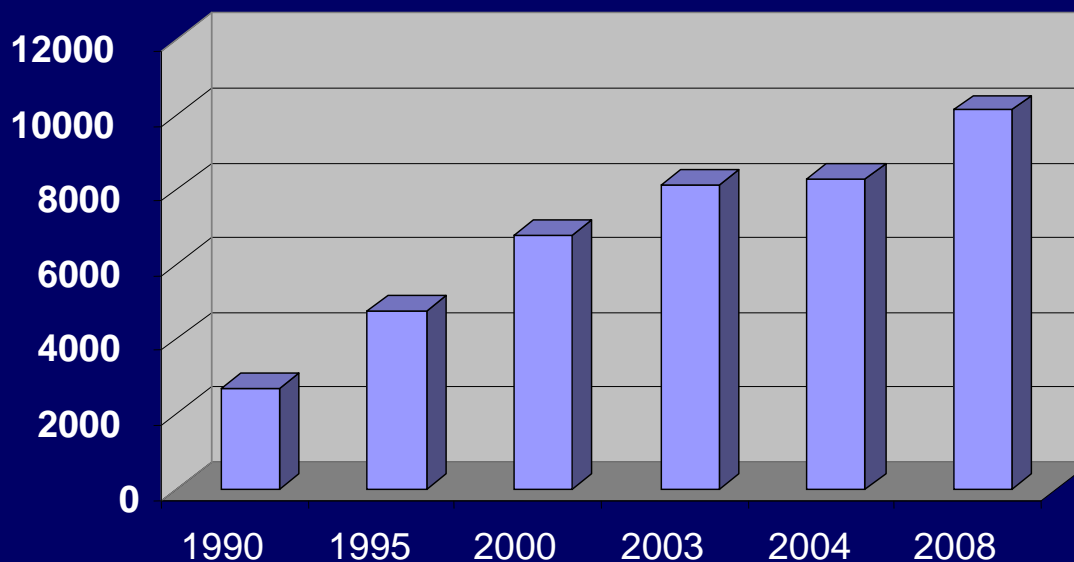
“SUPRAINCARCAREA” SERVICIILOR DE BRONHOLOGIE

↑ CANTITATII IN DETRIMENTUL CALITATII

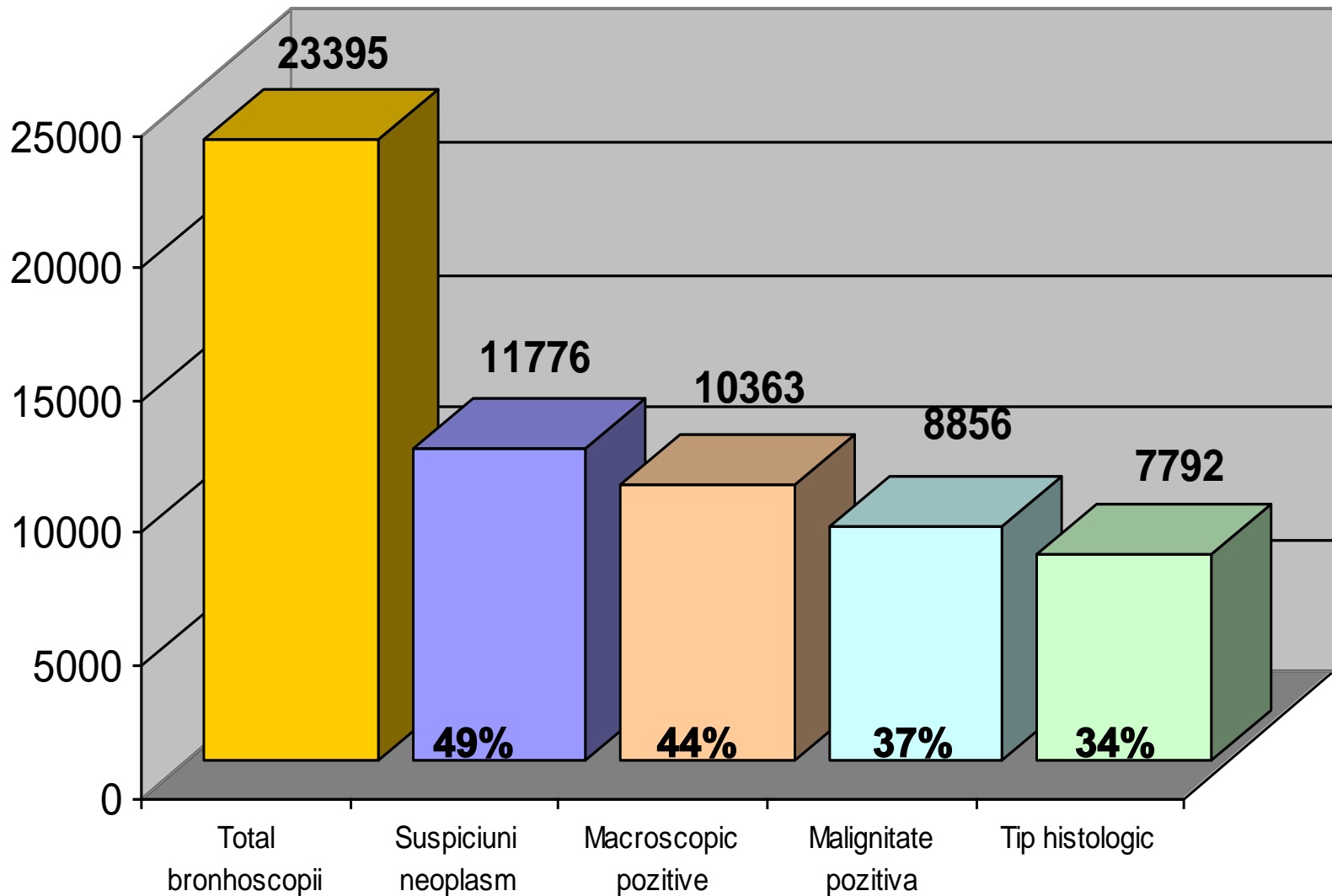
SUPRASOLICITAREA FIZICA SI UZURA INTELECTUALA

A PERSONALULUI MEDICAL

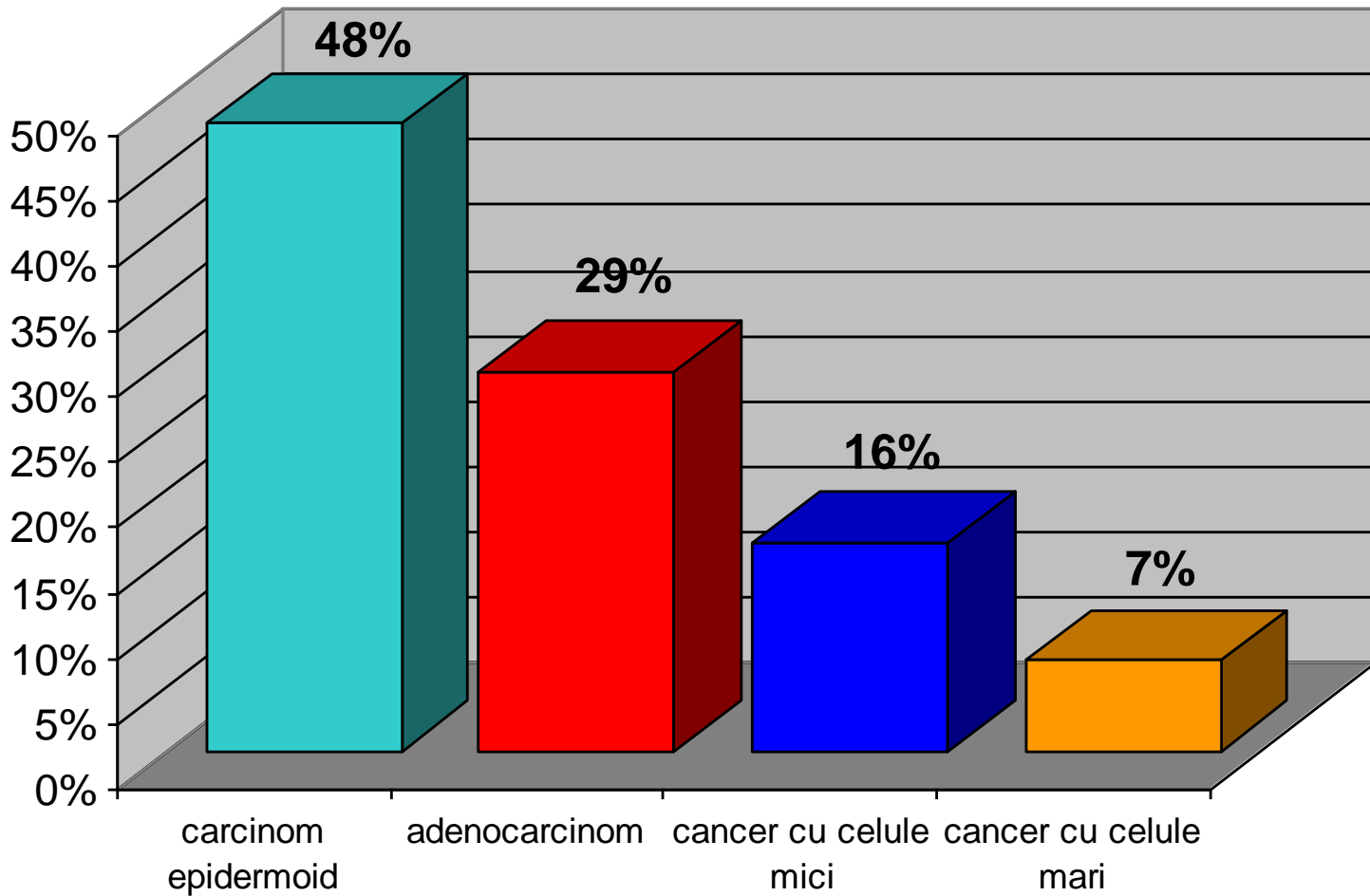
Numărul bronhoscopiilor efectuate/an



BRONHOSCOPII - INSTITUTUL "MARIUS NASTA" 1999 – 2000 - 2001



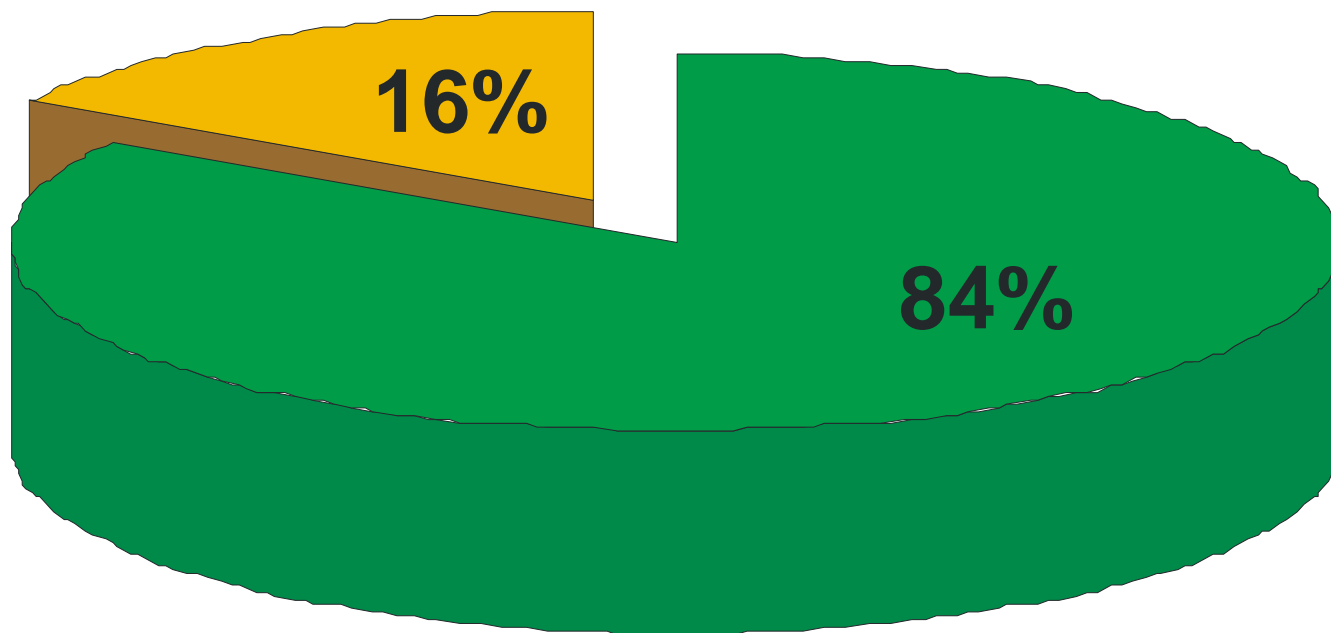
7792 NEOPLASME BRONHOPULMONARE



Bronhoscopii - Institutul "Marius Nasta" 1999-2000-2001

8856 neoplasme bronhopulmonare

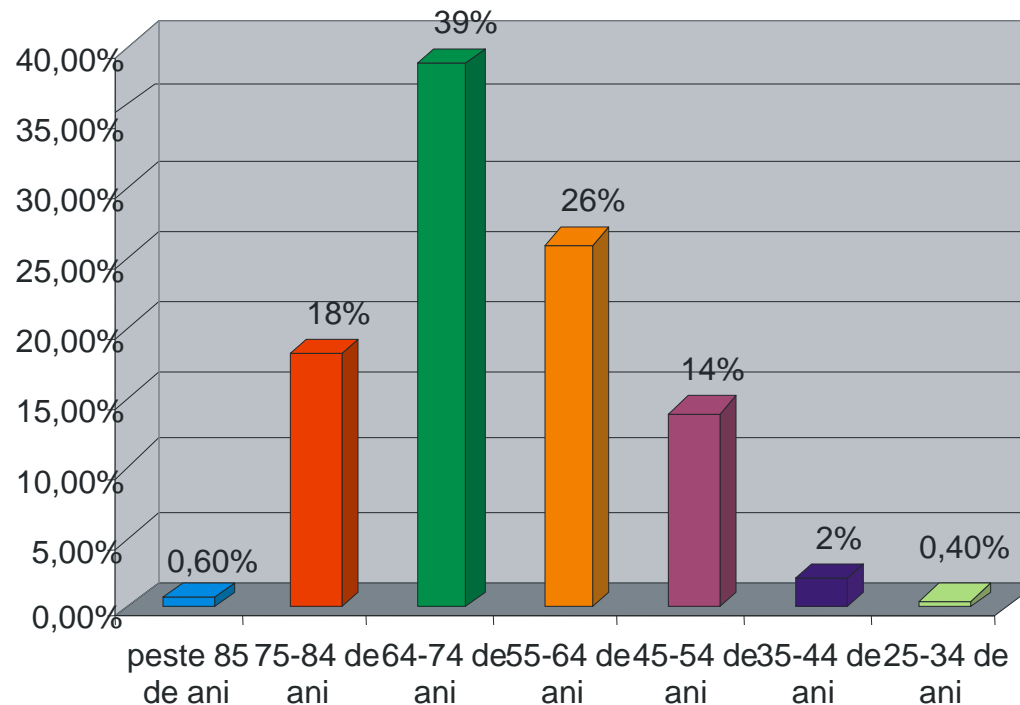
1417 nefumatori



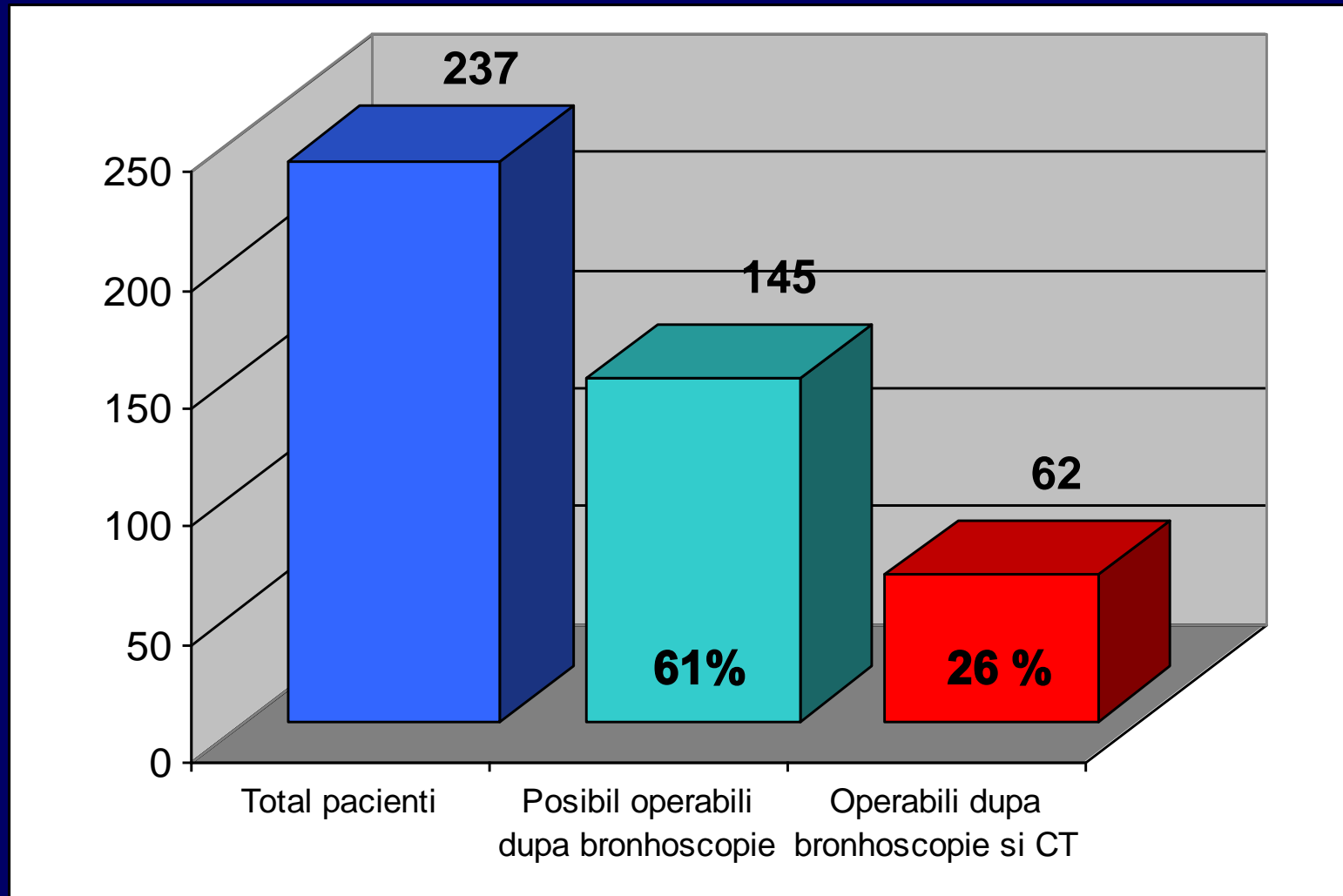
 Fumator ≥ 10 pachete/an

7439 fumatori

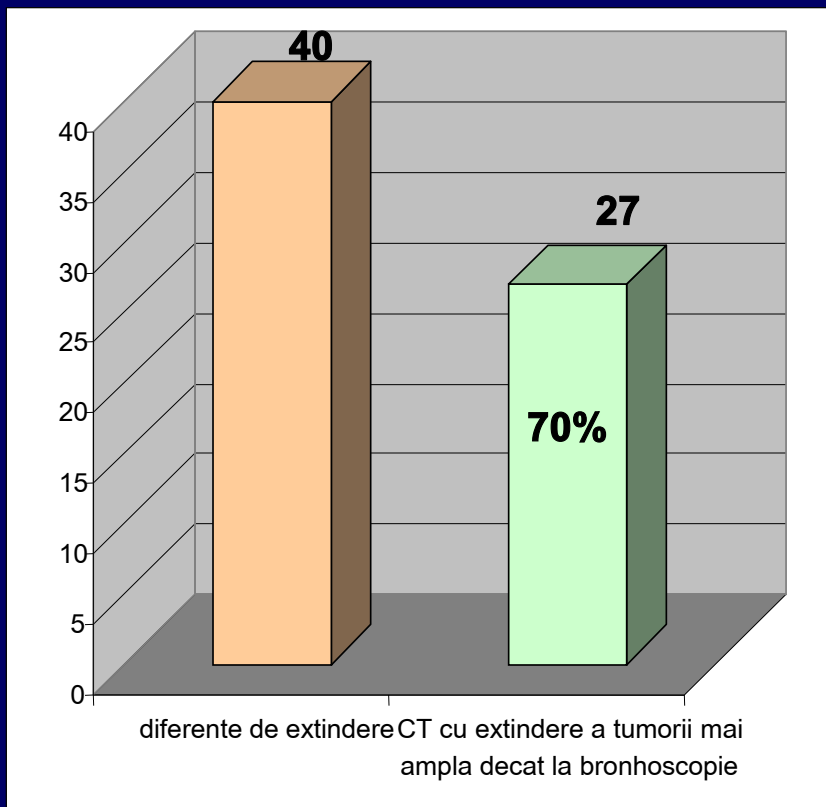
CANCER BRONHOPULMONAR
RISC DE APARITIE CONSIDERABIL
FUMATOR - INDICE ≥ 10 PACHETE/AN
VÂRSTĂ PESTE 45 DE ANI
SIMPTOMATIC RESPIRATOR



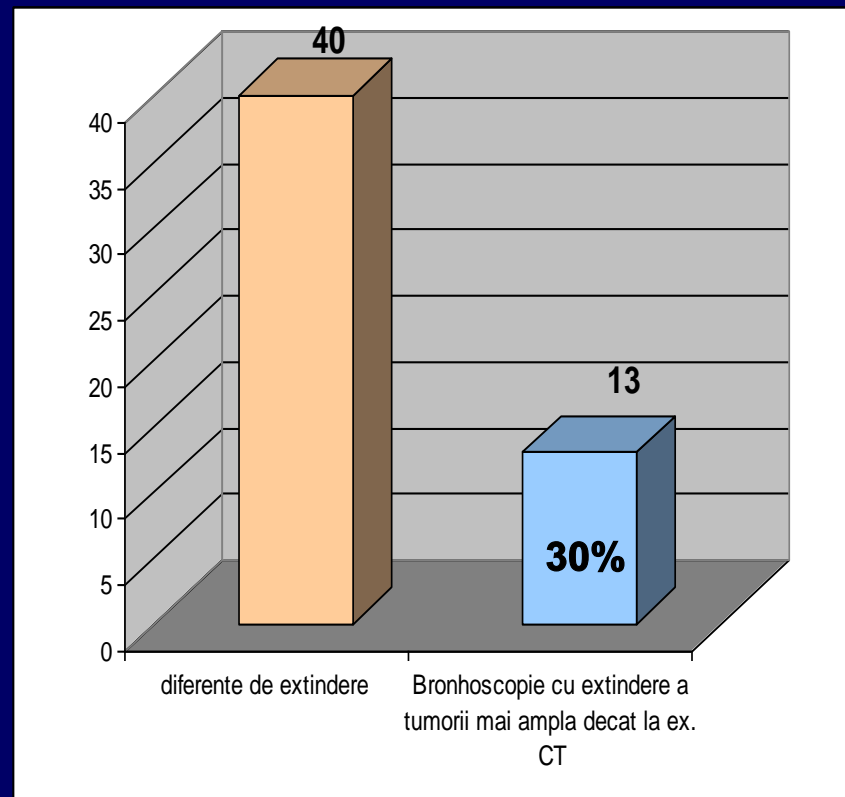
OPERABILI DUPA BRONHOSCOPIE SI TOMOGRAFIE COMPUTERIZATA



CT CU EXTINDERE A TUMORII MAI AMPLĂ DECÂT LA BRONHOSCOPIE



BRONHOSCOPIE CU EXTINDERE A TUMORII MAI AMPLĂ DECÂT LA EX. CT

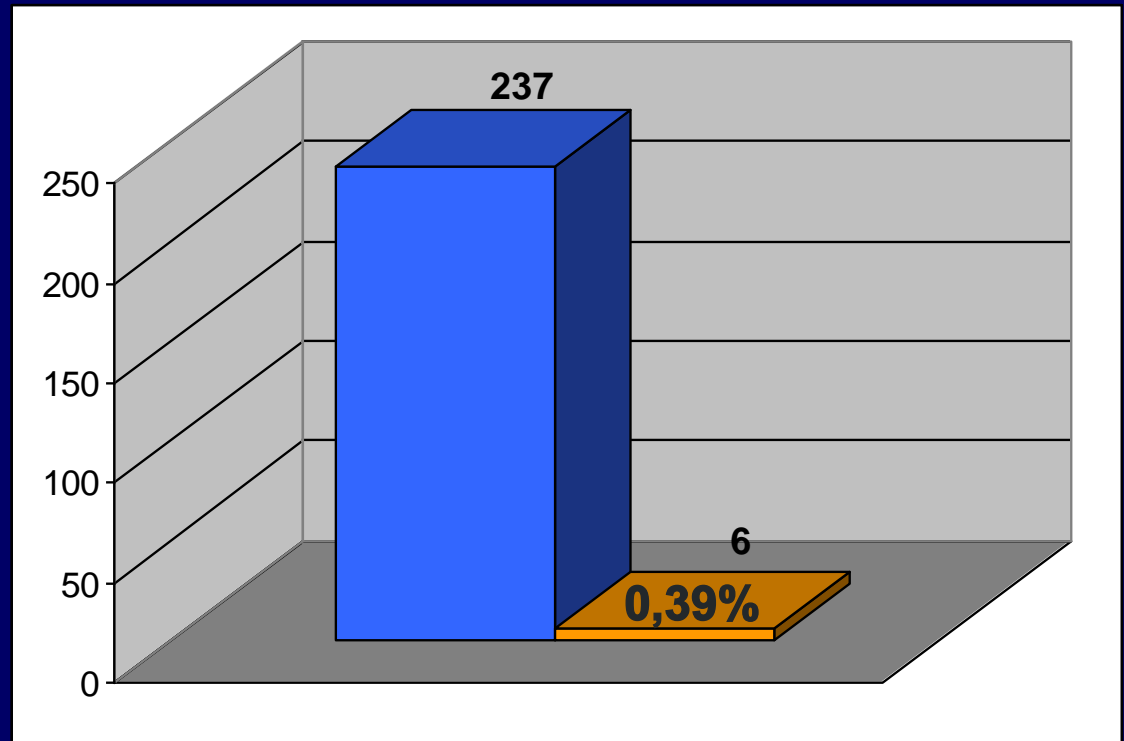


OPERABILI

**CT NORMAL
BROHOSCOPIE**

- Neoplasm in situ

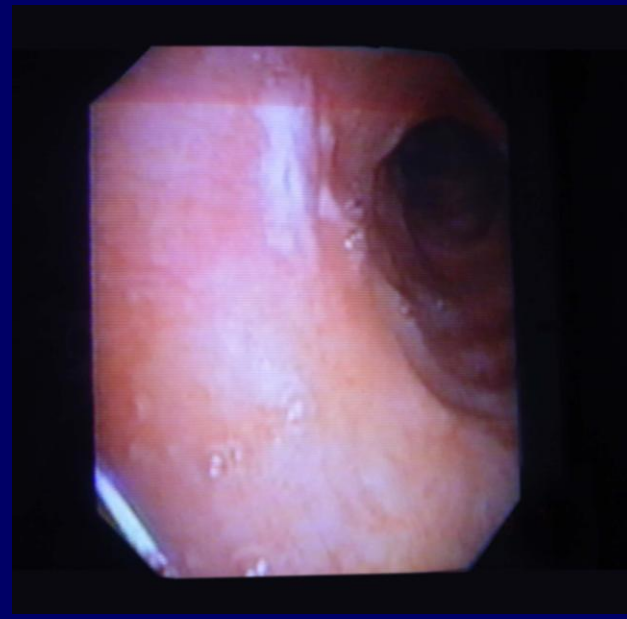
6 cazuri



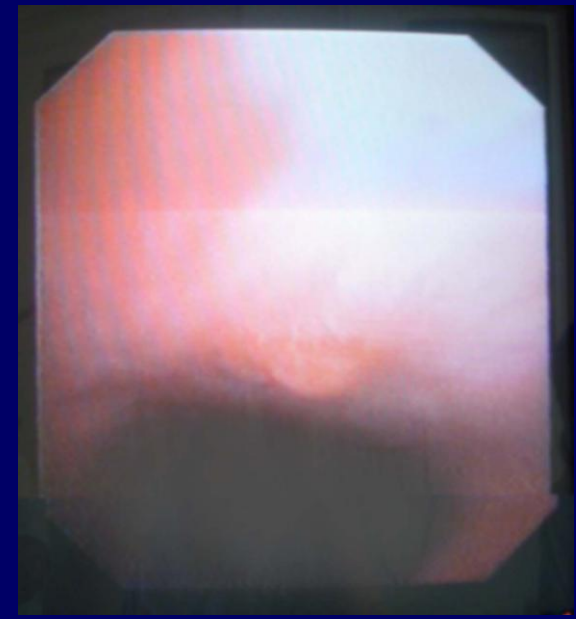
NEOPLASM IN SITU



femeie, 45 ani

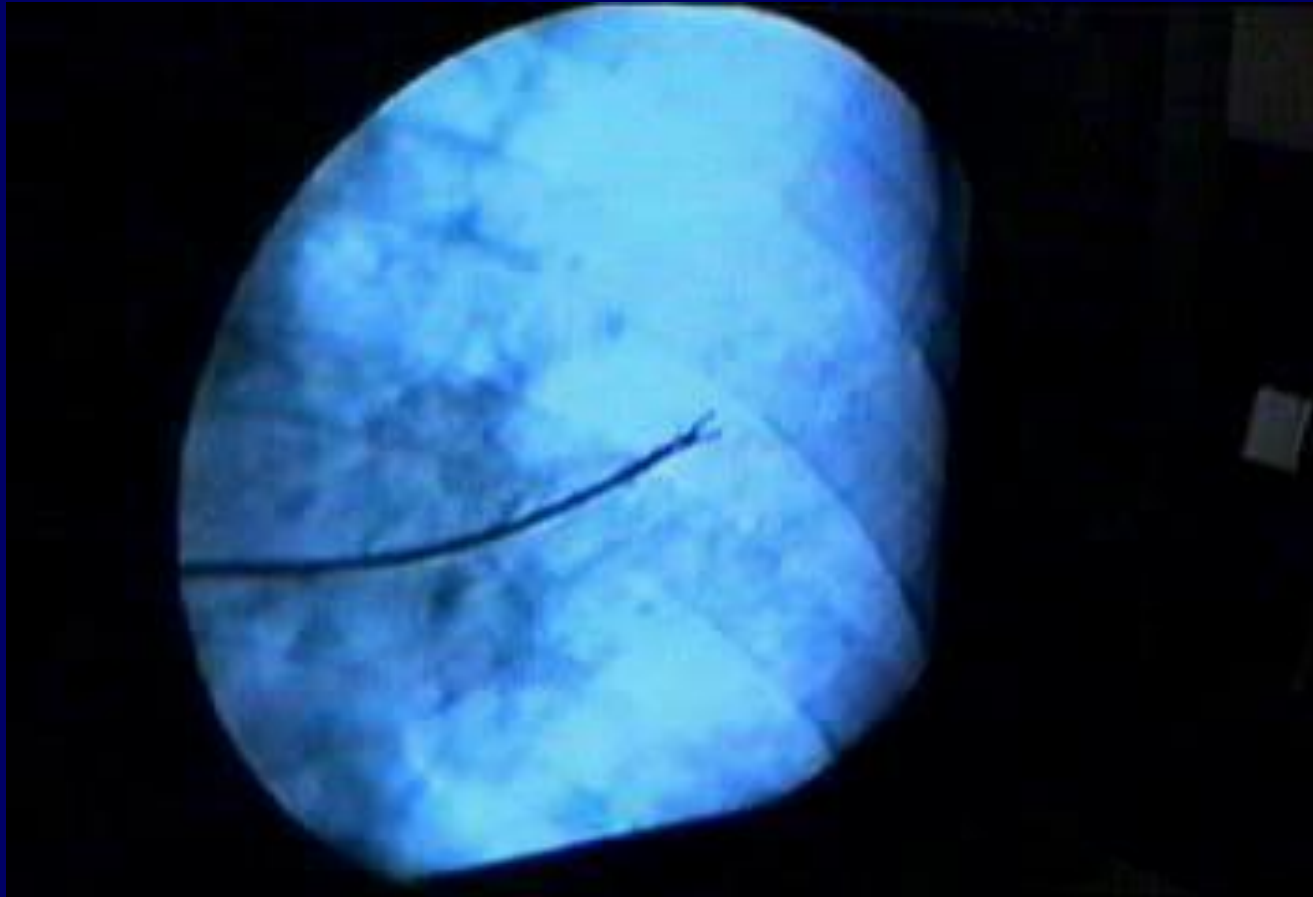


barbat, 47 ani

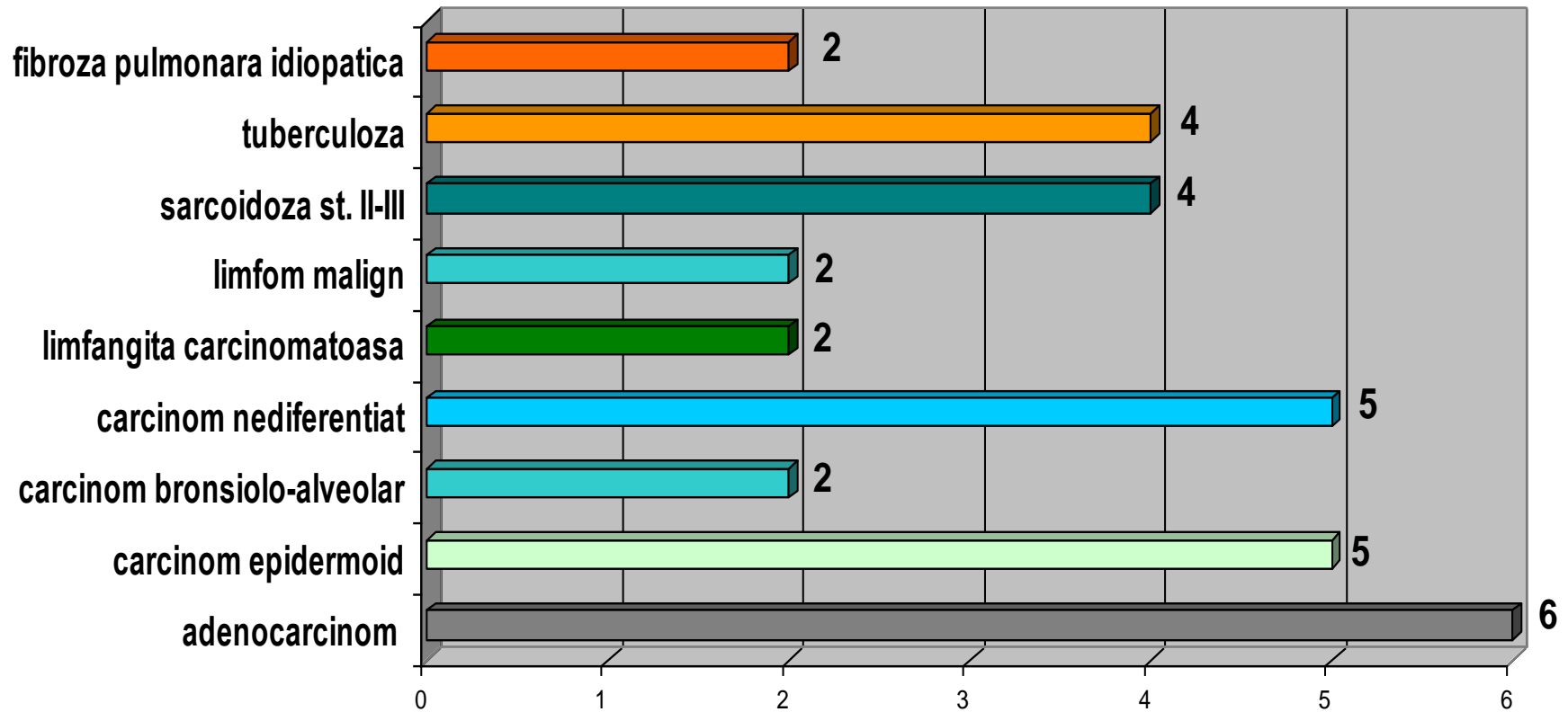


barbat, 62 ani

BIOPSIE PULMONARA TRANSBRONSICA

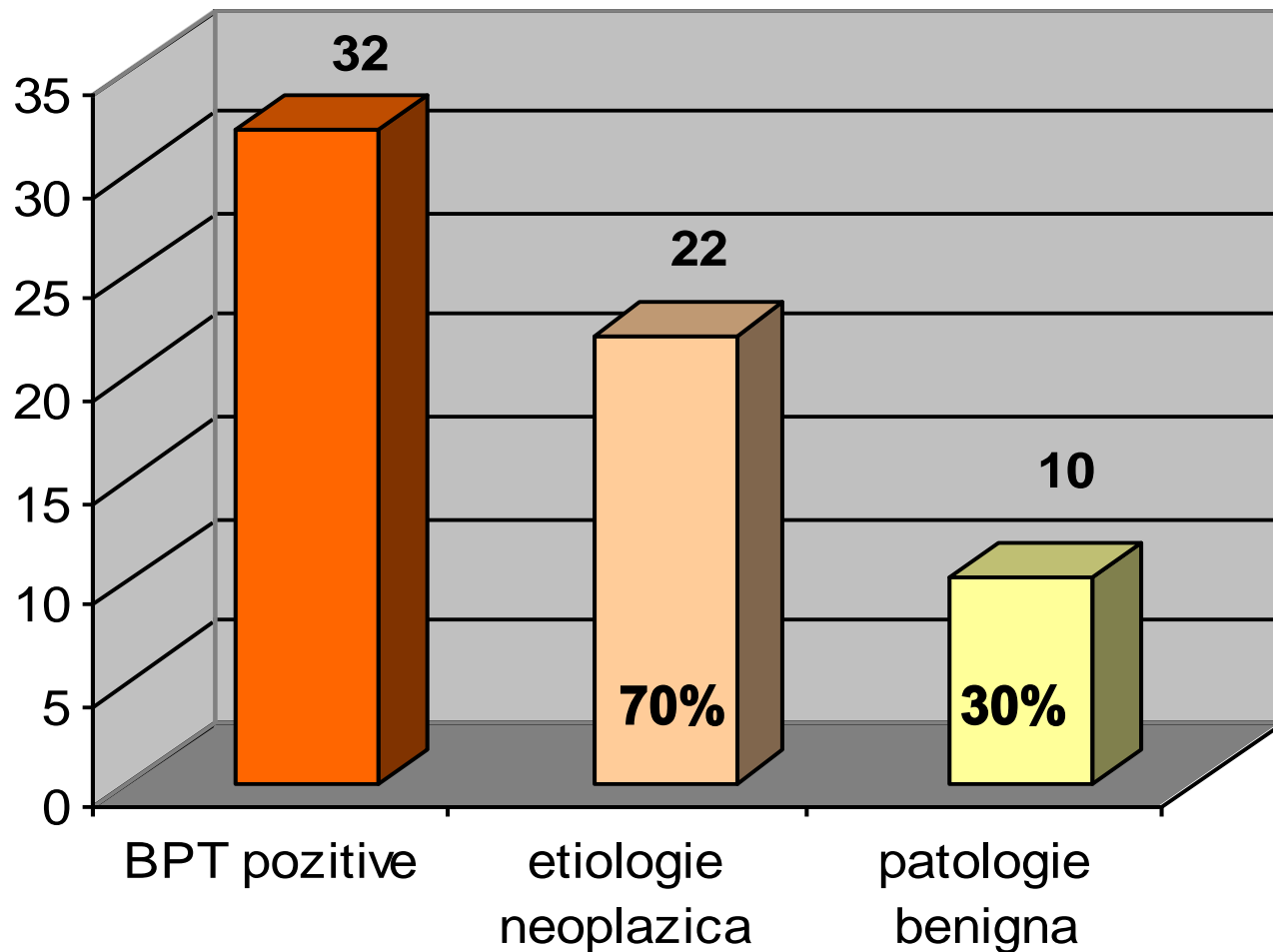


BIOPSIE PULMONARA TRANSBRONSICA CU TIP HISTOLOGIC



BIOPSIE PULMONARA TRANSBRONSICA

PONDERE ETIOLOGIE NEOPLAZICA



CONCLUZII

APROXIMATIV 1/2 DIN INDICATIILE ANUALE

PENTRU BRONHOSCOPIE

SUNT SUSPICIUNI DE

NEOPLASM BRONHOPULMONAR

NEOPLASM BRONHOPULMONAR

MAJORITATEA PACIENTILOR

84%

SUNT FUMATORI

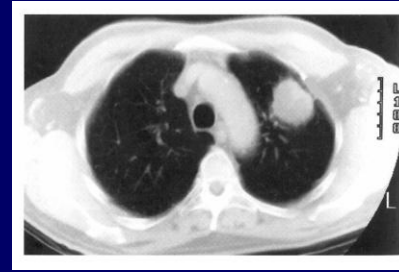
NEOPLASM BRONHOPULMONAR - FUMATORI

60-70 ANI - CEI MAI EXPUSI

50% DIN FUMATORII CU NEOPLASM BRONHOPULMONAR

45-65 ANI

IMPACT SOCIO PROFESIONAL / MEDICAL MAXIM



NEOPLASM BRONHOPULMONAR

CT + BRONHOSCOPIE

NUMAI 25% RAMAN OPERABILI

NEOPLASM BRONHOPULMONAR - Romania

MOMENTUL DIAGNOSTICULUI INTARZIAT

EDUCATIE MEDICALA PRECARA

FUMATOR

“NORMALE” TUSE, EXPECTORATIE

IMPORTANTA ↓

-TUSE CHINUITOARE

-DISPNEE

-HEMOPTIZII

-DURERI TORACICE

NEOPLASM BRONHOPULMONAR - PACIENT ROMAN

MOMENTUL DIAGNOSTICULUI INTARZIAT

> 4 MILIOANE LOCUITORI

NU POT EFECTUA BRONHOSCOPIE

IN PROPRIUL JUDET

Lipsa aparaturii a fost mentionata de majoritatea medicilor intervievati

- si acolo unde nu exista servicii de bronhoscopie
- si acolo unde exista servicii de bronhologie numarul lor fiind considerat insuficient si nivelul nu destul de performant

Situatii care impiedica efectuarea cu succes a procedurilor bronhoscopice:

- **Lipsa serviciilor de anatomie patologica** si a laboratoarelor de citologie(scade randamentul diagnostic)
- **Lipsa serviciilor de ATI**(evita procedurile cu risc de complicatii)
- **Lipsa chirurgiei toracice**(evita procedurile cu risc de complicatii)

Sugestii si dorinte:

- Crearea unui Program National de dotare cu aparatura pentru bronhoscopia diagnostica

- In Romania se poate trata optim in scop curativ neoplasmul bronhopulmonar ?

Chirurgia toracica

Centre si specialisti insuficienti

**SUPRASOLICITAREA FIZICA SI UZURA
INTELECTUALA A PERSONALULUI MEDICAL**

Chirurgia toracica

-Modul chirurgie toracica obligatoriu pentru studenti

-Dezvoltarea chirurgiei toracice in teritoriu

In fiecare judet !

Chirurgie toracica dotata cu aparatura si specialisti pentru chirurgia neoplasmului bronhopulmonar

ROMANIA

PROGRAM COERENT DE MANAGEMENT

PENTRU NEOPLASMUL BRONHOPULMONAR

