



¿C
RE
CÉR

ENRIQUE CÁRDENAS CÁNOVAS
ADJUNTO ONCOLOGÍA RADIOTERÁPICA
H.C.U.V. ARRIXACA

INDICE

1. Introducción

2. Posibles

1. Paciente

2. Paciente estadi

3. ~~Paciente metastásico.~~

INDICE

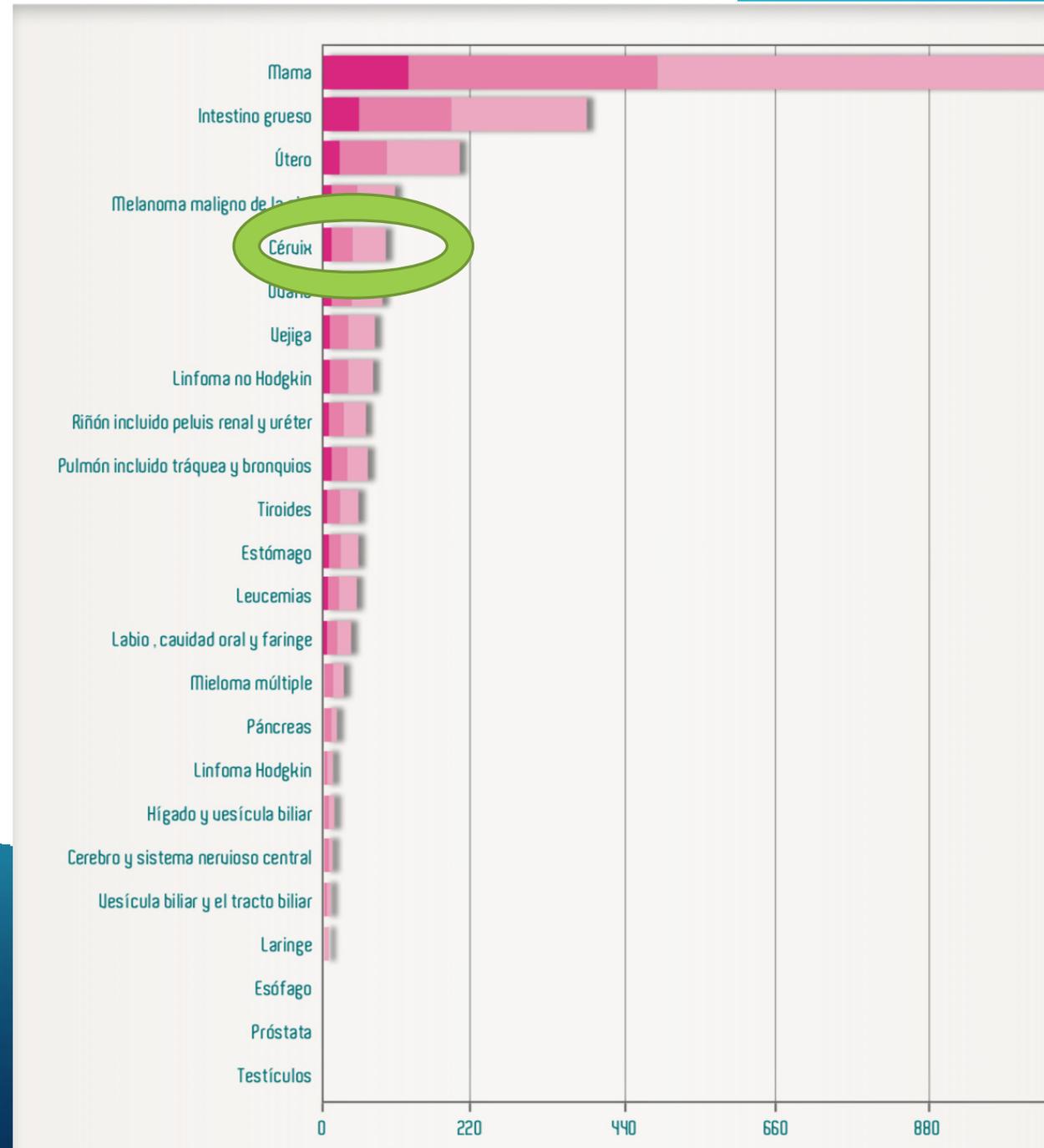
1. Introducción

2. Posibles

1. Paciente con...
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3. ~~Paciente metastásico.~~

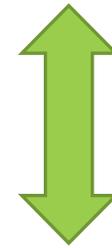
1. INT

- 5° Tumor
- Edad 35-50
- >90% Epiderm
- Abordaje Multidisciplinario
 - Cirugía.
 - Radioterapia.
 - Quimioterapia.



1. INT

- QUIMIOTERÁPIA



**Phase III, Open-Label, Randomized Study Comparing Concurrent
Gemcitabine Plus Cisplatin and Radiation Followed by Adjuvant
Gemcitabine and Cisplatin Versus Concurrent Cisplatin and Radiation
Patients With Stage IIB to IVA Carcinoma of the Cervix
Alfonso Dueñas-Gonzalez ASCO 2009**

1. INTR



1960s: Cobalto

Aceleradores Lineares

1980s



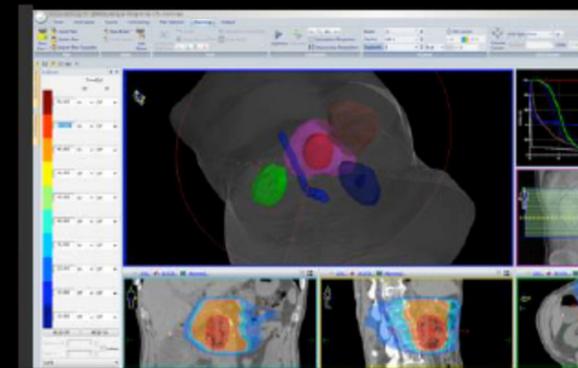
RT de Intensidad Modulada

1990s



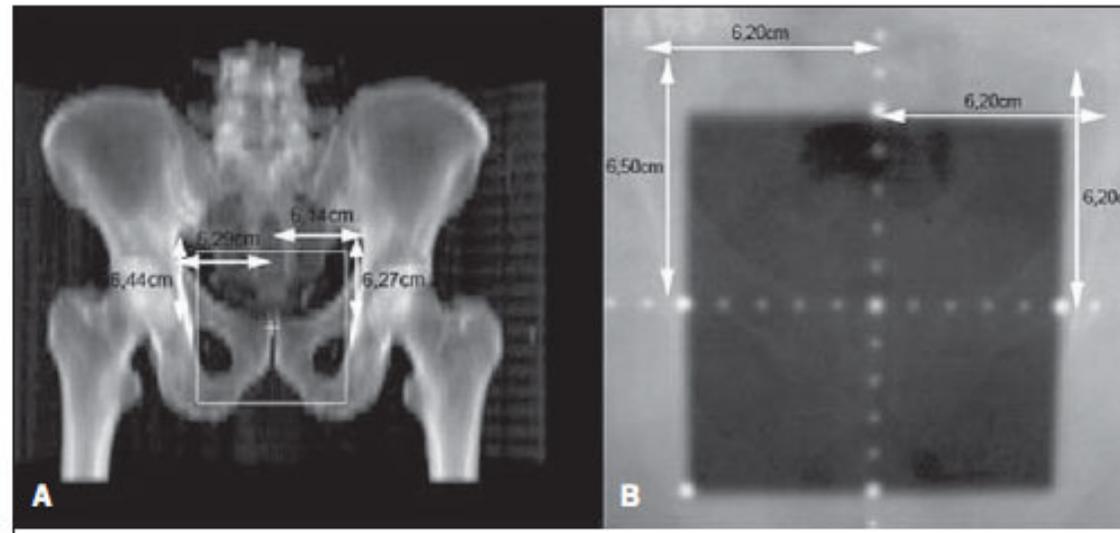
RT de arco volumétrica modulada

2000s



1. INT

- RADIOTE



1. INT

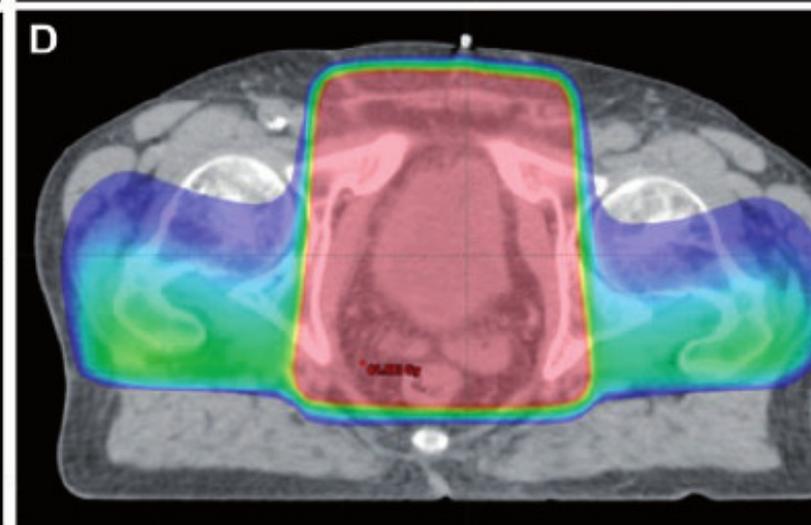
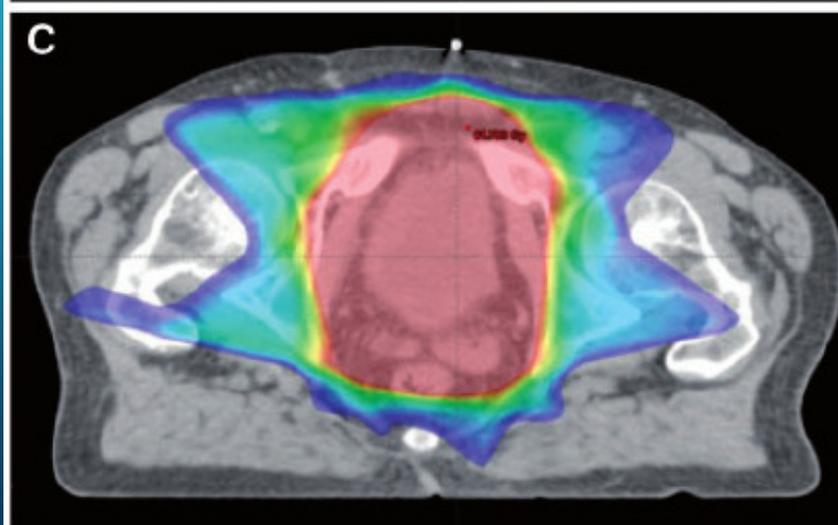
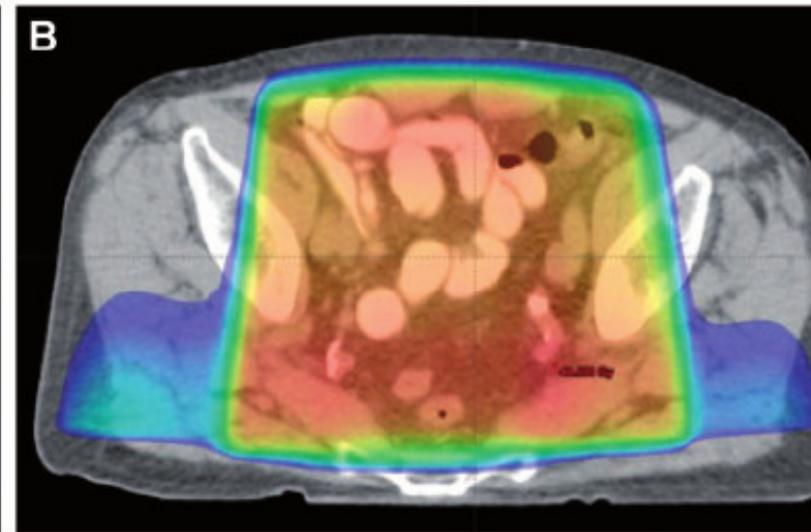
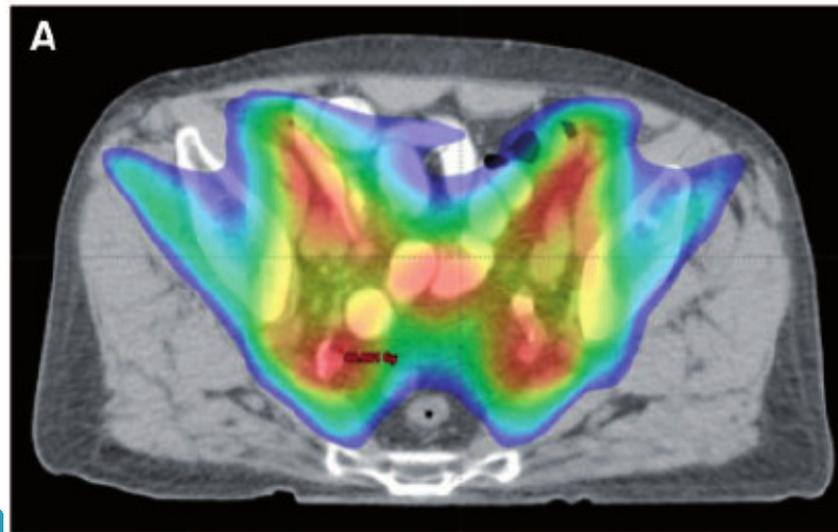
- RADIOTE



1. INT

- RADIOTE

IMRT



1. INT

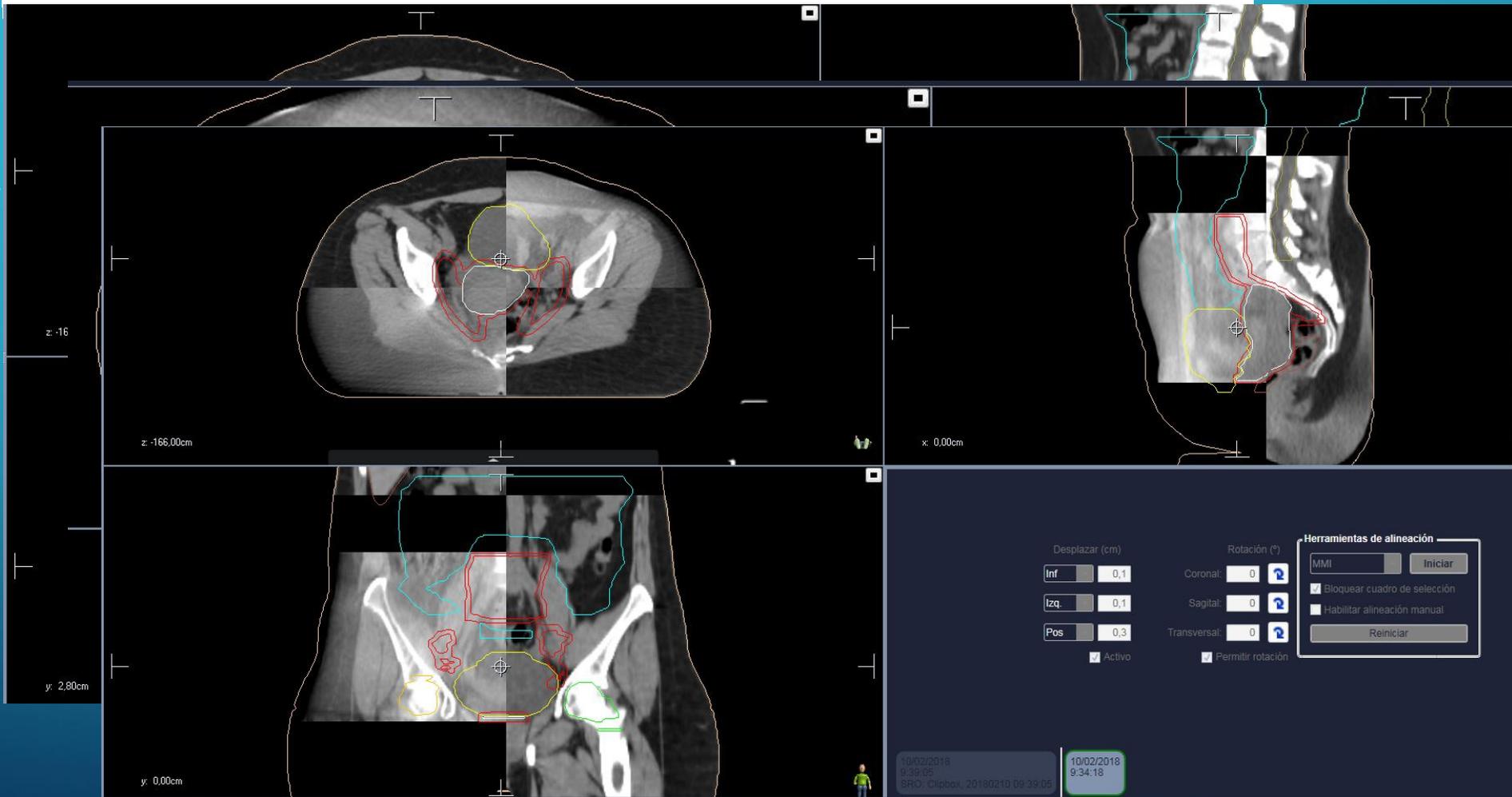
- RADIOTE

VMAT

1. INT

RADIOTERAPIA

IGRT



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2.1. PA

- Pacient

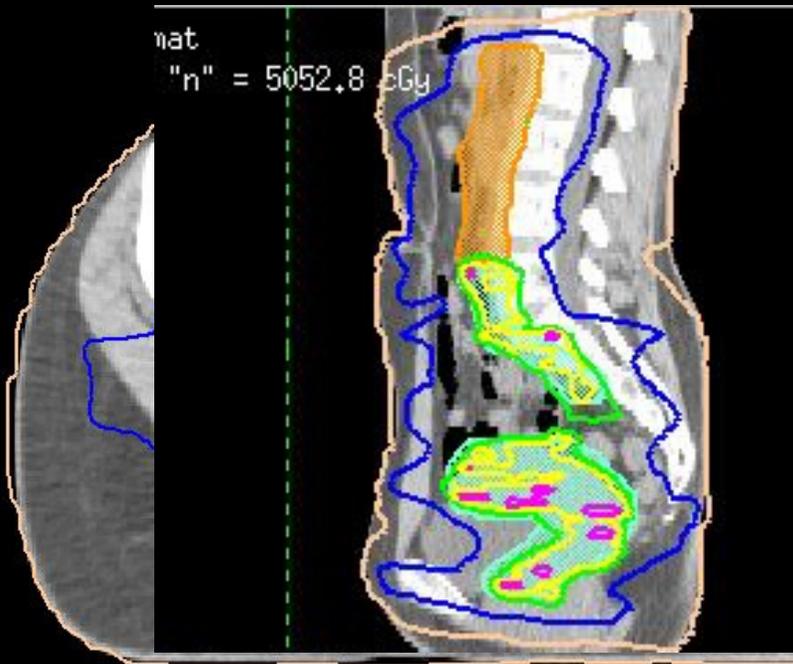
• RADIOTERAPIA EXTERNA Y BRAQUITERAPIA

Chemoradiotherapy for Cervical Cancer Meta-Analysis Collaboration. Reducing uncertainties in the effects of chemoradiotherapy for cervical cancer: A systematic review and meta-analysis of individual patient data from 18 randomized trials. J Clin Oncol 2008 Dec 10;26(35):5802-12.

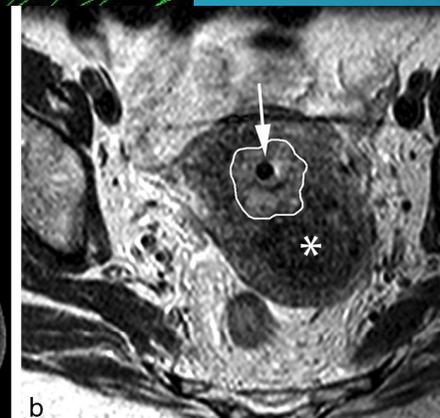
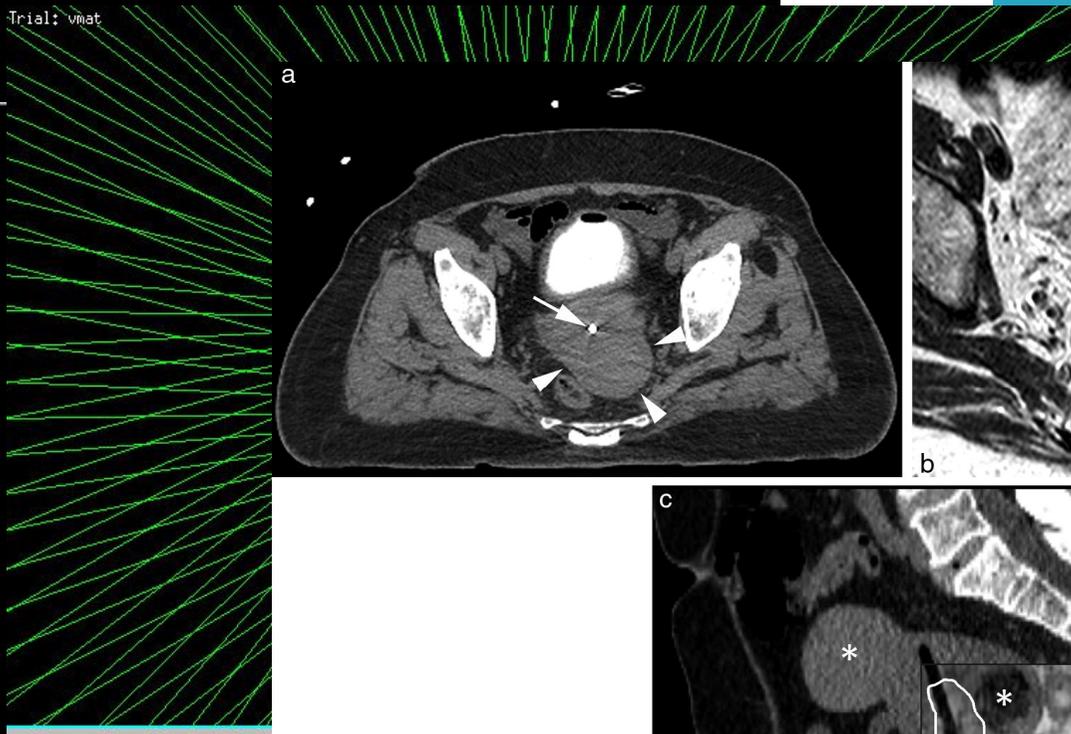
2.1. PA

n = 5052.8 cGy

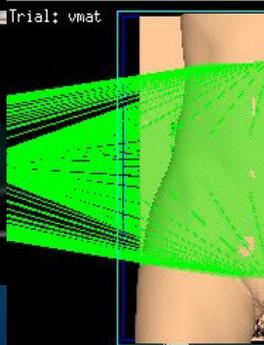
mat
"n" = 5052.8 cGy



Trial: vmat



Trial: vmat

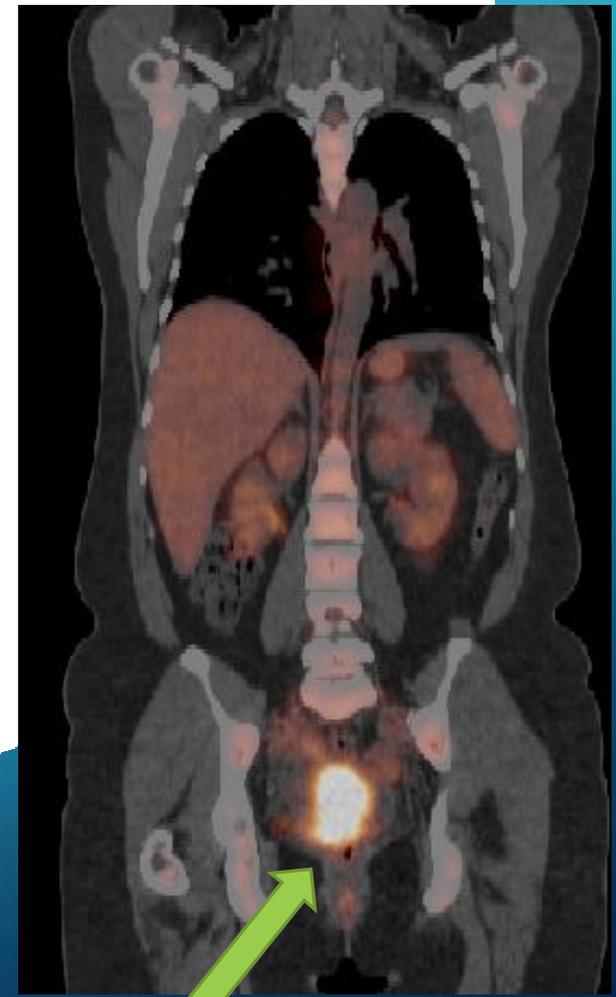


2.1. PA

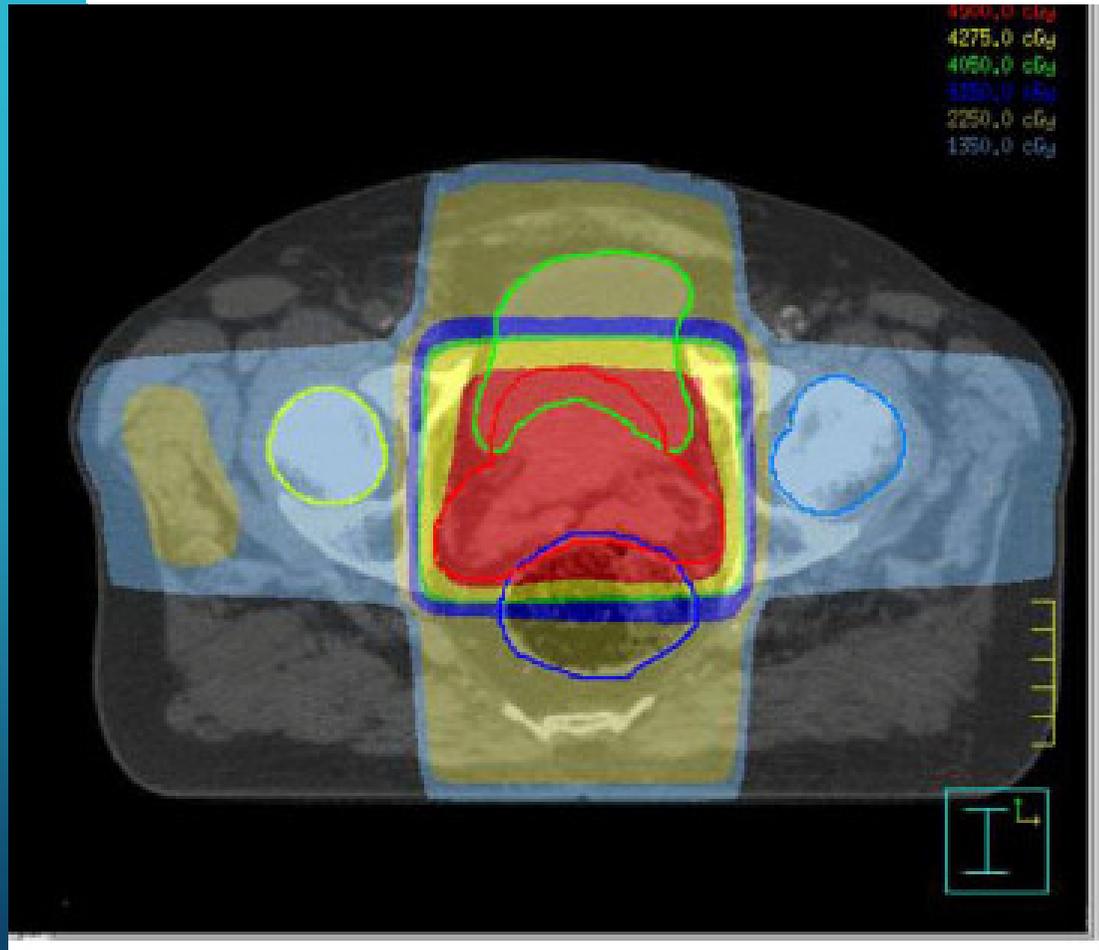


Technico 1

2.1. PA



2.1. PA

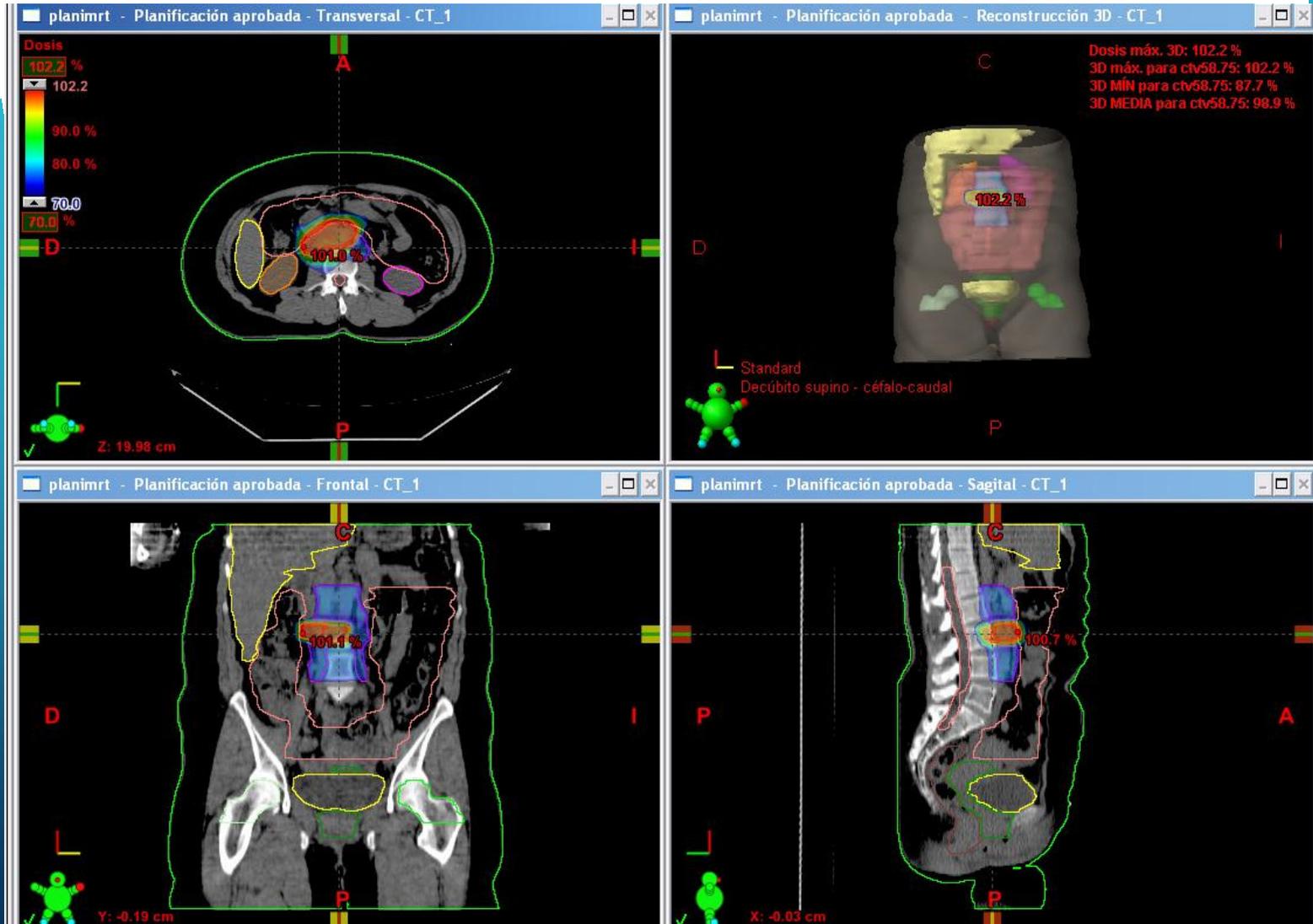


na externa 3D
+
atino 40mg/m²
+
quiterpia 25Gy/5Gy.

2.1. PA



2.1. PA



2.1. PA



2.1. PA

- Escalado
- Mejor performance
- Mayor precisión
- Menos tiempo de tratamiento en AL.

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2. Paciente

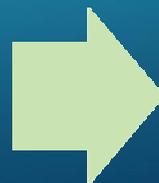
3. Paciente metastásico.

2.2. PA

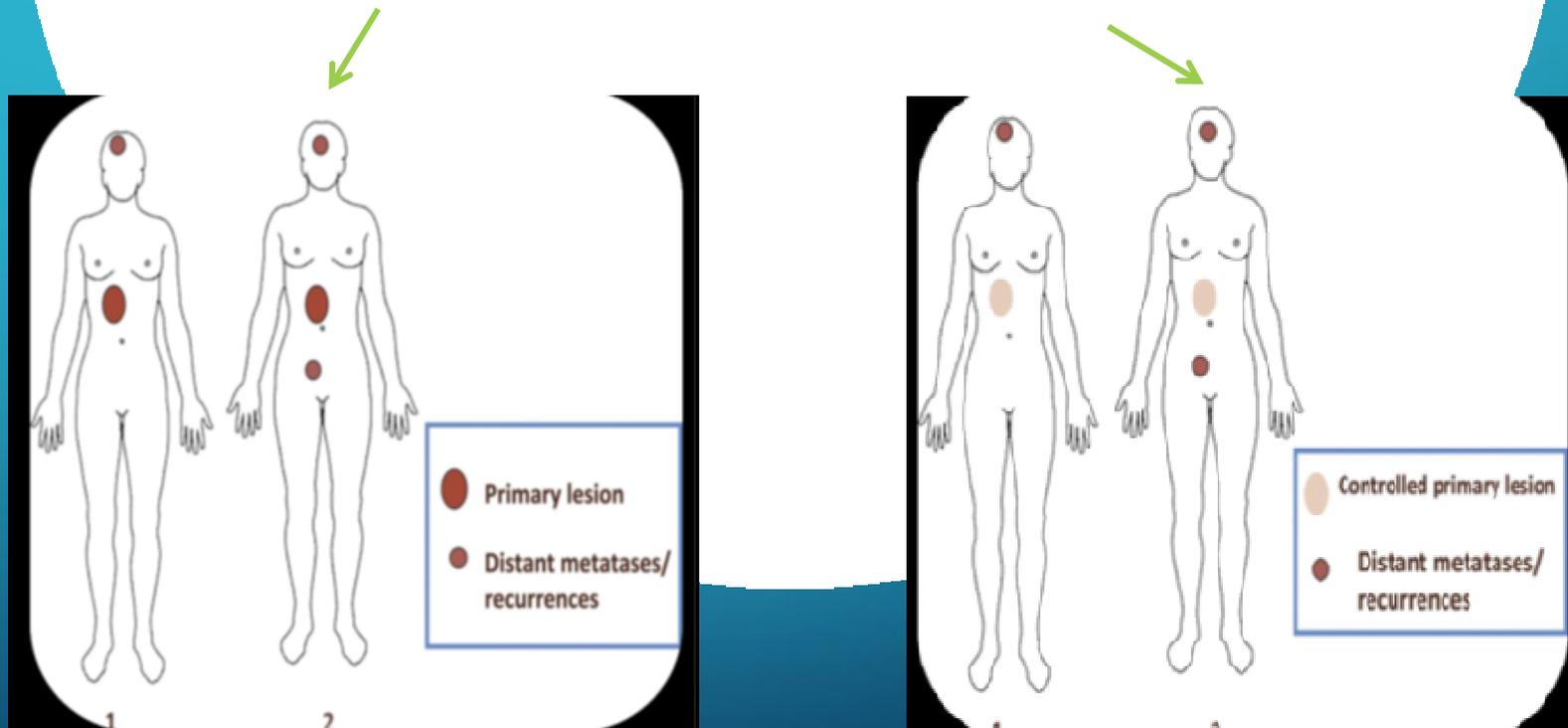
CO

© TI

Máx. 5
metástasis



$< \circ = 5\text{cm.}$



Tumor primario controlado o potencialmente controlable.

¿QUÉ

- Radioterapia
- Técnica de irradiación
- Altas dosis sobre la
- Con alto gradiente de dosis: mínima dosis en los tejidos sanos adyacentes.
- No más de 8 fracciones.

¿QUÉ

- Pacientes p
- Tto local: **EXCELENTE CONTROL LOCAL: 90%.**
- SIN QUIRÓFANO.
- SIN COMPLICACIONES EN POSTO
- AMBULATORIAMENTE.
- MUY BIEN TOLERADO.
- SIN TOXICIDAD CLÍNICAMENTE RELEVANTE.

PANO

- Clásicamente

- **SBRT** surge como

RADICAL → “CURATIVA”.

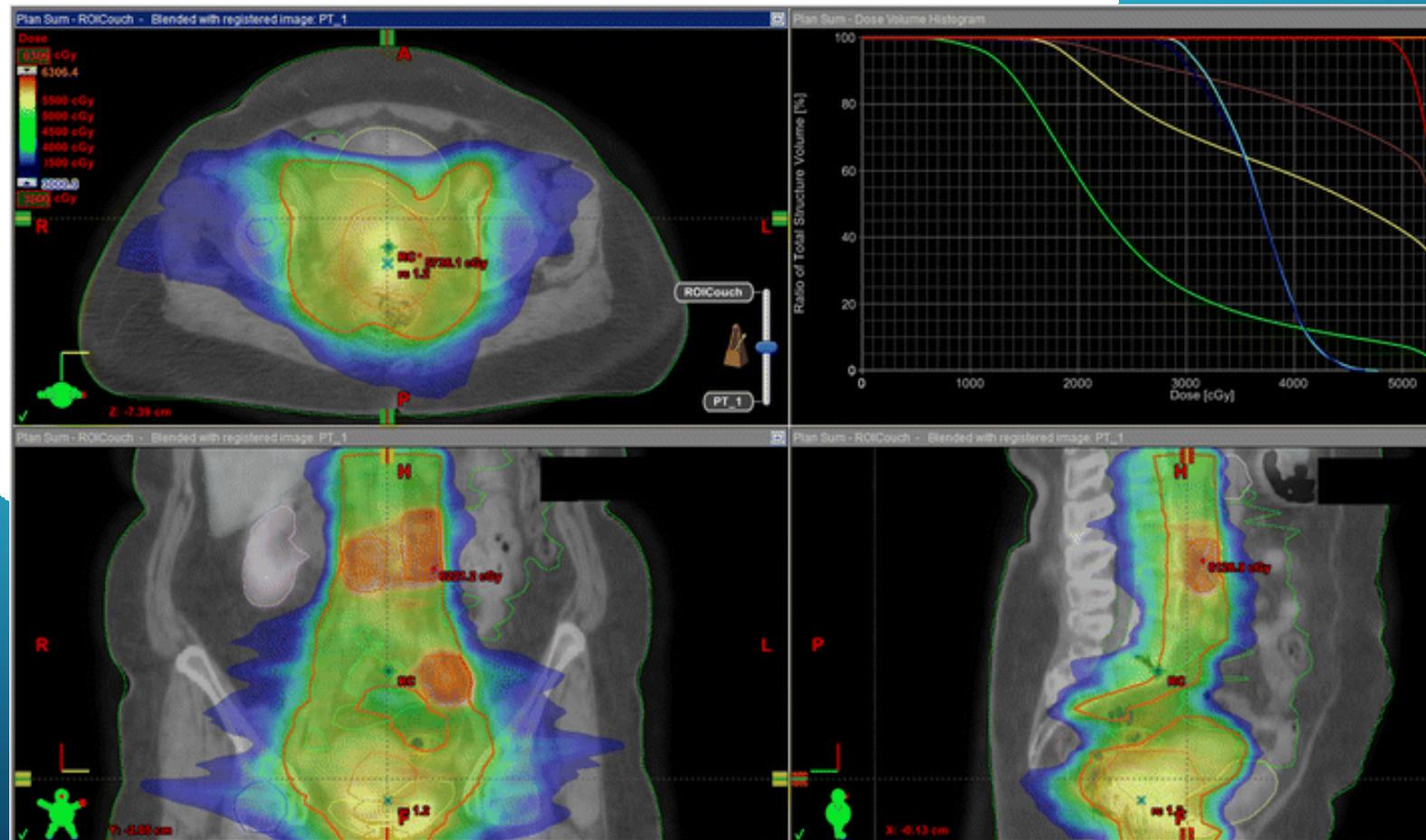
Alta eficacia.

Poca toxicidad.

2.2. PA

CO

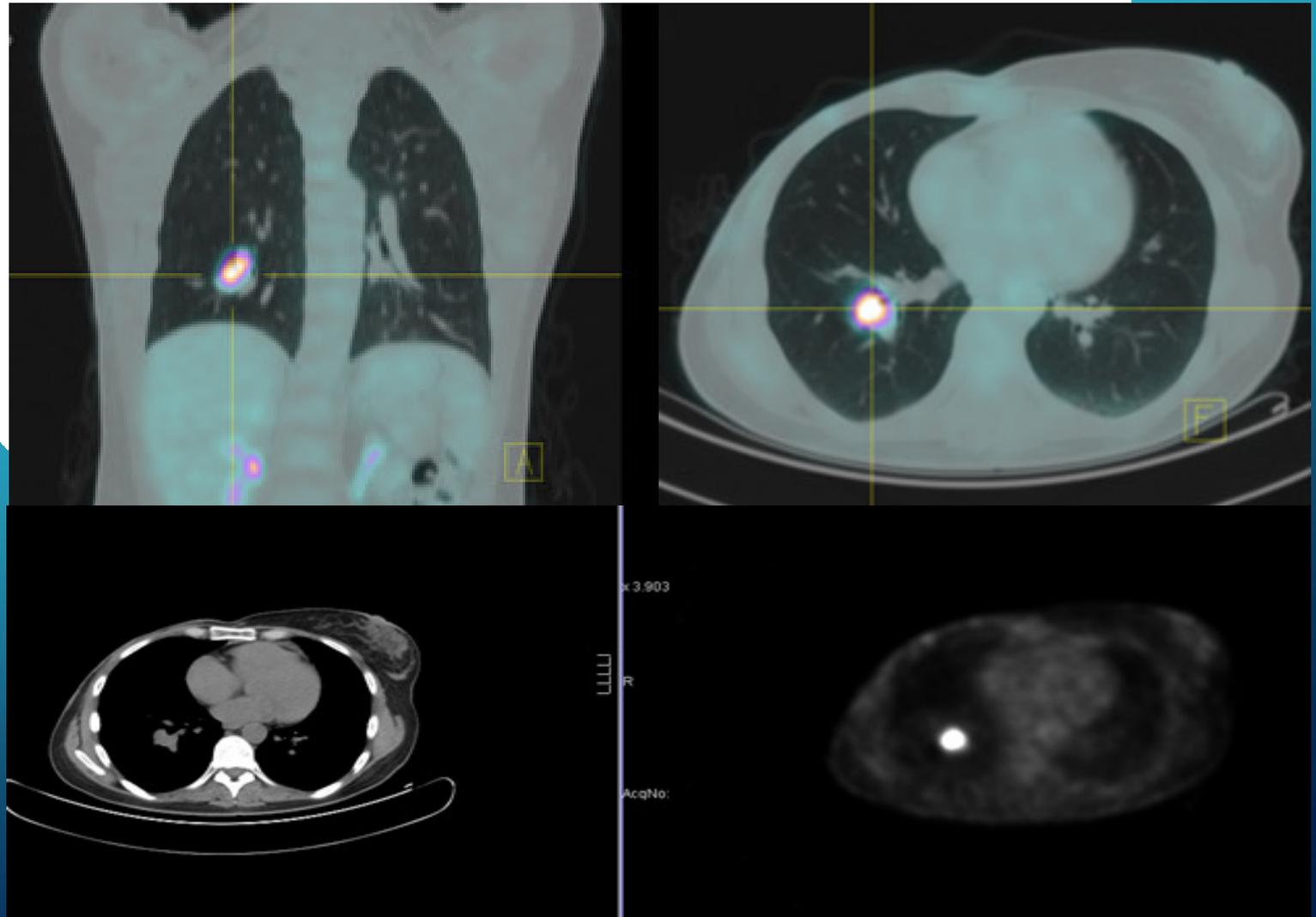
- 60 años
- Ca de mama
- Ca de cérvix 20 años
- Estadio III
- IMRT-SIB



2.2. PA

CO

- PET-TAC 2011
- Cirugía vs SBRT



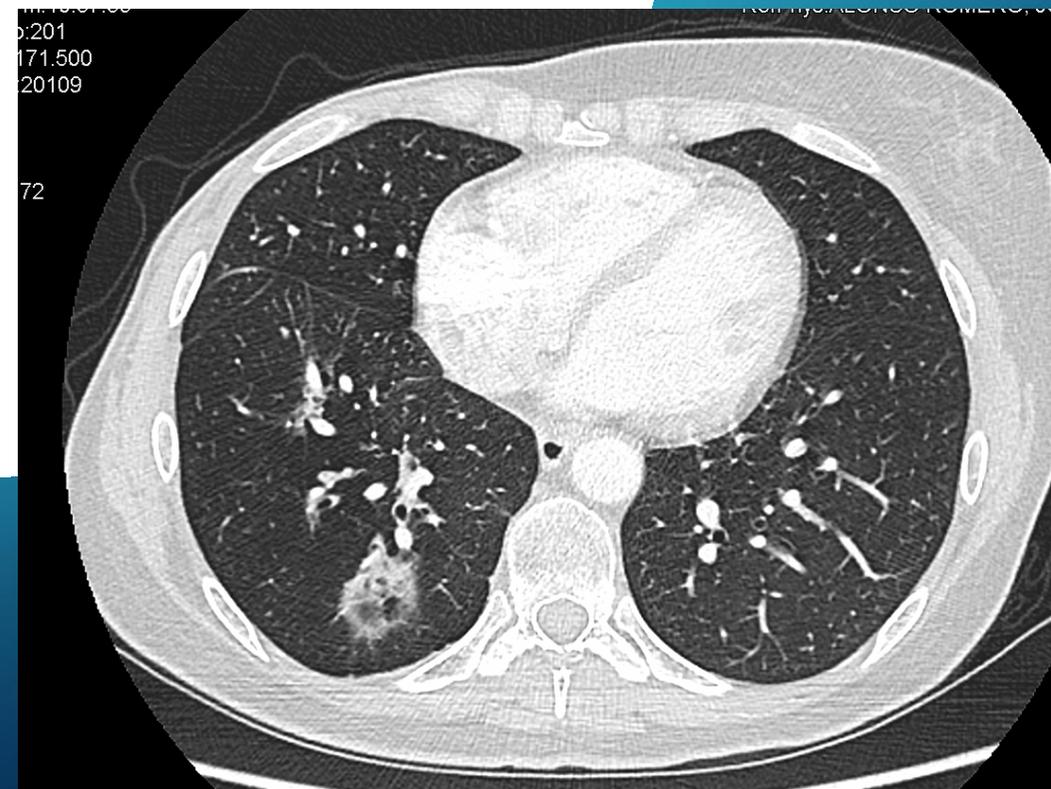


2.2. PA

- 6 meses



CO





ERROR: stackunderflow
OFFENDING COMMAND: ~
STACK: