

Allegato 2a: Referto radio- oncologico di stadiazione del tumore retto

METODICA

- L'esame è eseguito con protocollo di studio per stadiazione del tumore del retto utilizzando acquisizioni multiplanari T2 pesate, in particolare con sequenze orientate lungo l'asse maggiore del tumore, come da Linee Guida ESGAR 2016.
- [sequenze aggiuntive eventuali]
- Farmaco ipotonizzante:
- Qualità diagnostica:

REFERTO

Tumore primitivo:

- Distanza del polo inferiore della lesione dal bordo anale:

0–5 cm (basso)/5,1–10 cm (medio)/ 10,1–15 cm (alto)

- Distanza del polo inferiore della lesione dalla giunzione ano-rettale

- Rapporto con la riflessione peritoneale: superata/a cavallo/al di sotto

- Estensione cranio-caudale: ... cm

- Estensione circonferenziale: da ore ... a ore ...

- Morfologia: polipoide/ulcerata/ (semi)circonferenziale

- Componente mucinosa: NO/SI

- Stadiazione cT

- T1-T2 (in accordo con valutazione ecoendo)
- T3a-b (< 5 mm) good prognosis
- T3c-d (> 5 mm) high risk local recurrence
- T4a
- T4b

Documenti di riferimento: RGH Beets-Tan, L Curvo-Semedo, L Blomqvist et Al. Magnetic resonance imaging for clinical management of rectal cancer: Updated recommendations from the 2016 European Society of Gastrointestinal and Abdominal Radiology (ESGAR) consensus meeting. Eur Radiol, 2018.

N Horvat, MJ Gollub et Al. MRI of Rectal Cancer: tumor staging, imaging techniques, and management. Radiographics, RSNA, 2019.

G.Brown, A. Lord et Al. MRI diagnosed tumor deposit and EMVI status have superior prognostic accuracy to current clinical TNM staging in rectal Cancer – Annals of Surgery, 2020

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- CRM (solo per cT3)

- distanza Lesione - Fascia Mesorettale: ... mm (a ore: ...)
- distanza Linfonodi mesorettali o depositi tumorali – Fascia Mesorettale: ... mm (a ore...) [>2 mm: LIBERA – 1-2 mm A RISCHIO - <1 mm INFILTRATA]

Commenti: ...

SOLO PER I TUMORI DEL RETTO INFERIORE:

- invasione del complesso sfinteriale anale: NO/SI/sospetta
- se SI: sfintere interno/piano intersfinterico/sfintere esterno (T4b) /muscolo puborettale
- se sospetta: ...

- EMVI: NO/SI/sospetta

- se sospetta: ...

- TD Depositi tumorali: NO/SI

Linfonodi regionali:

- Mesorettali: N sospetti sì/no
- Extramesorettali: N sospetti sì/no; sede (mesenterici inferiori, rettali superiori, iliaci interni, otturatori)

Stadiazione N regionali

N0: no linfonodi sospetti/**N1a:** un linfonodo sospetto/**N1b:** 2-3 linfonodi sospetti/**N2a:** 4-6 linfonodi sospetti / **N2b:** 7 o più linfonodi sospetti

Linfonodi non regionali:

- N sospetti sì/no; sede (iliaci esterni, iliaci comuni, inguinali e paraortici) **M1**

STADIAZIONE cTNM

T:... N:... MRF:+/- EMVI:+/- TD:+/-

[Solo per i tumori del retto inferiore: LRP:+/-]

ALTRI REPERTI:

...

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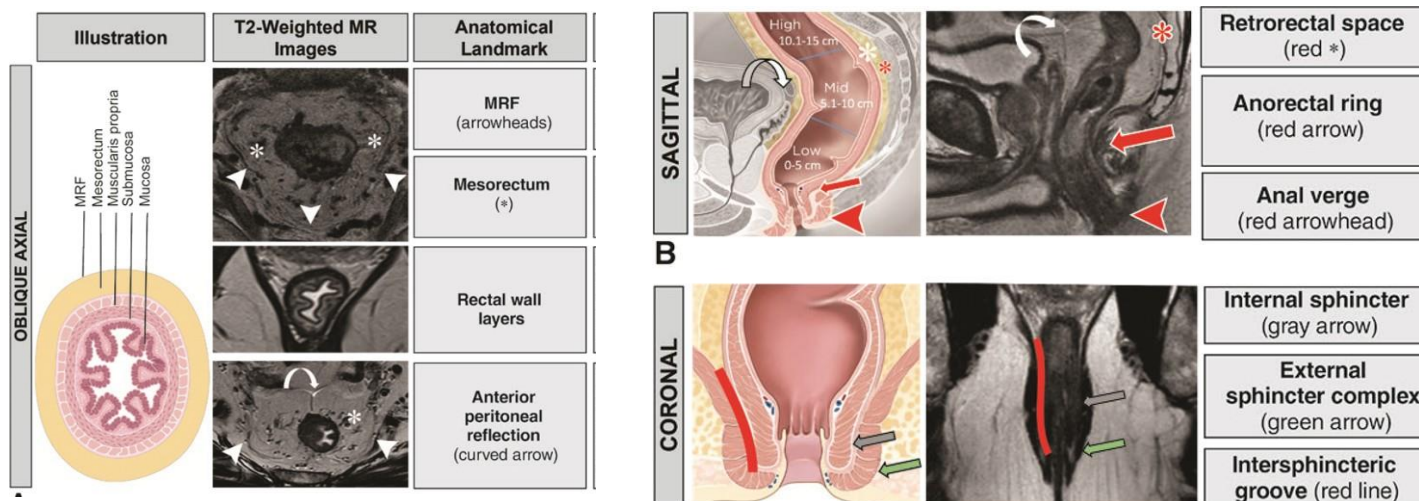
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ICONOGRAFIA



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