

# SLEDENJE PO ZDRAVLJENJU RAKA JAJČNIKOV

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## PONOVITEV BOLEZNI

### ➤ KLINIČNO

➤ *Bolečina, napihnjjenost, izguba telesne teže...*

### ➤ BIOKEMIČNO

➤ *Porast CA-125*

### ➤ SLIKOVNA DIAGNOSTIKA

# PONOVITEV BOLEZNI

- ▶ *STADIJ I: 10% verjetnost ponovitve*
- ▶ *STADIJ II: 30% verjetnost ponovitve*
- ▶ *STADIJ III: 70 -90% verjetnost ponovitve*
- ▶ *STADIJ IV: 90-95% verjetnost ponovitve*
  
- ▶ Mediano obdobje brez ponovitve bolezni (PFS)

18 mesecev

## SLEDENJE

- ▶ EDUKACIJA BOLNIC o znakih in simptomih ponovitve bolezni
- ▶ SLIKOVNA DIAGNOSTIKA s kontrastnim sredstvom, če ni kontraindikacij
- ▶ OHRANITEV PLODNOSTI

## TUMORSKI MARKER CA-125

- ▶ Spremljanje CA-125, če je bil le ta ob diagnozi povišan

Asimptomatske bolnice s porastom CA-125

takošnje zdravljenje

Ni daljšega preživetja  
Slabša kvaliteta življenja

*Median čas od asimptomatskega porasta CA-125 do nastopa kliničnih težav je **2-6** mesecev.*



## SLEDENJE

## PONOVITEV BOLEZNI

**STADIJ I-IV**

**PO PRIMARNEM**

**ZDRAVLJENJU**

### REDNE KONTROLE

*Na 4 mesece prvi 2 leti*

*Na 6 mesecev 2-5 let*

*1x letno po 5. letih*

- *Klinični pregled, pregled medicine*
- *CA-125 ali drugi tumorski markerji, če so bili ob diagnozi povišani*
- *Napotitev na genetsko svetovanje, če le-tega bolnica še ni opravila*
- *Hemogram, biokemija ob indikaciji*
- *CT prsnega koša, medicine, MR medicine, PET-CT, PET ob klinični indikaciji*
- *RTG pc obindikaciji*
- *Dolgoročni celostni pristop*

*Naraščanje CA-125, brez predhodne KT*

*Klinična ponovitev bolezni, brez predhodne terapije*

*Klinična ponovitev bolezni, predhodna KT*

*Naraščanje CA-125, predhodna KT*

### Slikovne preiskave:

*CT prsnega koša in trebuha*

*MR medicine*

*PET-CT ali PET ob klinični indikaciji*

*Citologija ascitesa*

*Molekularna diagnostika tumorja, če še ni bila narejena*

*Zdravljenje ponovitve bolezni*

*Zdravljenje ponovitve bolezni*

*Odložitev zdravljenja do nastopa kliničnih znakov za ponovitev bolezni*

*ali vključitev v klinične raziskave*

# KVALITETA ŽIVLJENJA

- ▶ Bolnice imajo lahko več ponovitev bolezni
- ▶ Več stranskih učinkov zdravljenja
- ▶ Vpliv na kvaliteto življenja

*Kontrola bolezni in ohranjanje kvalitete življenja*



National Comprehensive  
Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

# Survivorship

Version 1.2021 — February 24, 2021

NCCN.org

NCCN Guidelines for Patients® available at [www.nccn.org/patients](http://www.nccn.org/patients)

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NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

# Palliative Care

Version 2.2021 — February 12, 2021

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## DOLGOROČNI CELOSTNI PRISTOP

- ▶ Zgodnje odkrivanje ponovitve bolezni ali pojav novega primarnega raka
- ▶ Preventiva
- ▶ Ocena psiho-socialnih in fizičnih zmožnosti
- ▶ Koordinacija med izbranim zdravnikom in specialisti
- ▶ Periodična ocena pacientkinih potreb

# VPRAŠALNIK ZA BOLNICE



## SURVIVORSHIP ASSESSMENT (Patient Version) Please answer the following questions:

<b>Survivorship Concerns</b>	<b>Survivorship Care Survey</b>
<b>Cardiac Health</b>	1. Do you have shortness of breath or chest pain after physical activities (eg, climbing stairs) or exercise? Yes/No 2. Do you have shortness of breath when lying flat, wake up at night needing to get air, or have persistent leg swelling? Yes/No
<b>Anxiety, Depression, Trauma, and Distress</b>	3. In the past two weeks, have you been bothered more than half the days by little interest or pleasure in doing things? Yes/No 4. In the past two weeks, have you been bothered more than half the days by feeling down, depressed, or hopeless? Yes/No 5. Has stress, worry, or being nervous, tense, or irritable interfered with your life? Yes/No
<b>Cognitive Function</b>	6. Do you have difficulties with multitasking or paying attention? Yes/No 7. Do you have difficulties with remembering things? Yes/No 8. Does your thinking seem slow? Yes/No
<b>Fatigue</b>	9. Do you feel persistent fatigue despite a good night's sleep? Yes/No 10. Does fatigue interfere with your usual activities? Yes/No 11. How would you rate your fatigue on a scale of 0 (none) to 10 (extreme) over the past week? 0–10
<b>Lymphedema</b>	12. Since your cancer treatment, have you had any swelling, fatigue, heaviness, or fullness on the same side as your treatment that has not gone away? Yes/No
<b>Hormone-Related Symptoms</b>	13. Have you been bothered by hot flashes/night sweats? Yes/No 14. Have you been bothered by other hormone-related symptoms (ex, vaginal dryness, incontinence)? Yes/No
<b>Pain</b>	15. Are you having any pain? Yes/No 16. How would you rate your pain on a scale of 0 (none) to 10 (extreme) over the past month? 0–10
<b>Sexual Function</b>	17. Do you have any concerns regarding your sexual function, sexual activity, sexual relationships, or sex life? Yes/No 18. Are these concerns causing you distress? Yes/No
<b>Sleep Disorder</b>	19. Are you having problems falling asleep, staying asleep, or waking up too early? Yes/No 20. Are you experiencing excessive sleepiness (ie, sleepiness or falling asleep in inappropriate situations or sleeping more during a 24-hour period than in the past)? Yes/No 21. Have you been told that you snore frequently or that you stop breathing during sleep? Yes/No
<b>Healthy Lifestyle</b>	22. Do you engage in regular physical activity or exercise, such as brisk walking, jogging, weight/resistance training, bicycling, swimming, etc.? Yes/No > 22a. If you answered "Yes," how often? 23. Excluding white potatoes, do you eat at least 2½ cups of fruits and/or vegetables each day? Yes/No 24. Do you have concerns about your weight? Yes/No 25. Do you take vitamins or other supplements? Yes/No
<b>Immunizations and Infections</b>	26. Have you received your flu vaccine this flu season? Yes/No 27. Are you up to date on your vaccines? Yes/No/Don't know
<b>Employment/Return to Work</b>	28. Do you have concerns about how cancer and/or cancer therapy has affected your ability to work? YES/NO



# DOLGOROČNI CELOSTNI PRISTOP

- ▶ Natančna seznanitev bolnice
  - ▶ S potekom dosedanjega zdravljenja
  - ▶ S sledenjem
  - ▶ Vlogo onkologa, izbranega zdravnika, ostalih specialistov
  - ▶ Zgodnjimi in kasnimi posledicami zdravljenja
  - ▶ Zdrav življenjski slog

# PALIATIVNA OBRAVNAVA

## INDIKACIJE

*Izčrpano specifično onkološko zdravljenje*

*Napredovala bolezen z visoko stopnjo smrtnosti*

*Številne pridružene bolezni*

*Neobvladljivi simptomi*

*Zaskrbljenost bolnice/svojcev glede poteka bolezni*

*Slabšanje prognoze*

*Psiho-socialne potrebe*

*Ne zavedanje se razsežnosti/resnosti bolezni*

## OCENA in UKREPI

*Želje in pričakovanja bolnice*

*Kako se soočiti z boleznijo*

*Podučitev o poteku bolezni*

*Koordinacija z ostalimi zdravstvenimi delavci/ustanovami*

*Lajšanje nastalih simptomov*