

Optimering af kræft kirurgi – one size doesn't fit all!

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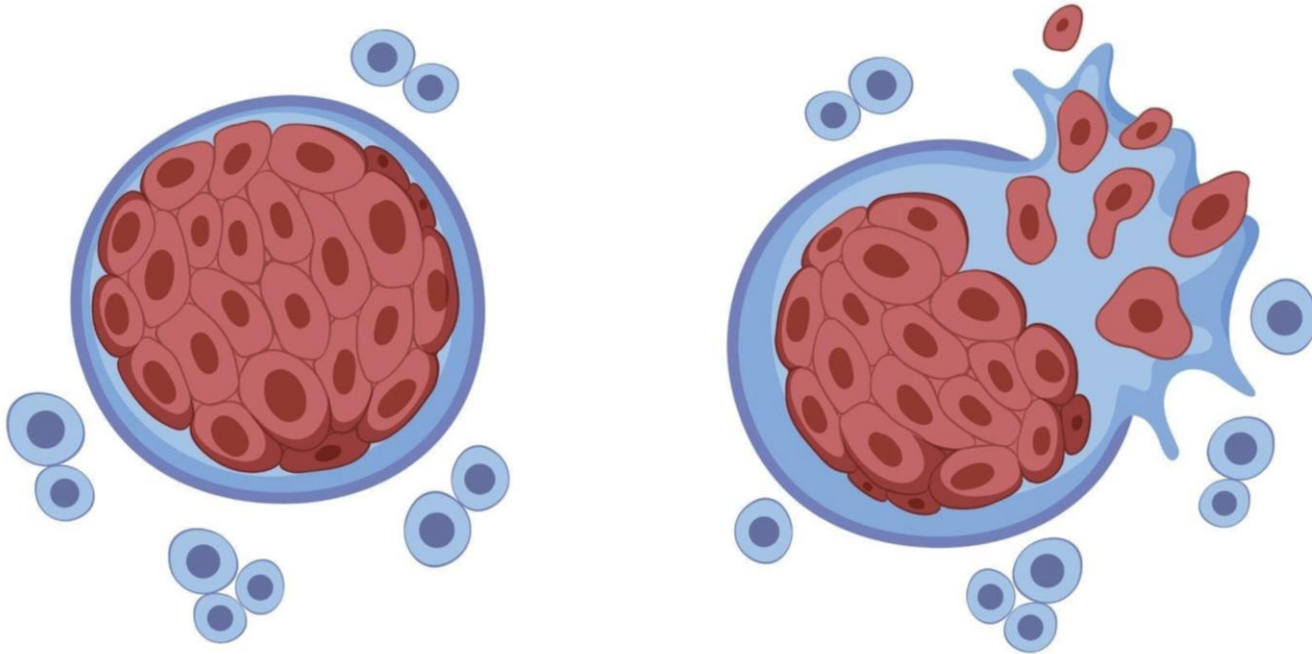


Mine første skridt som kræftforsker

Biology is
king...



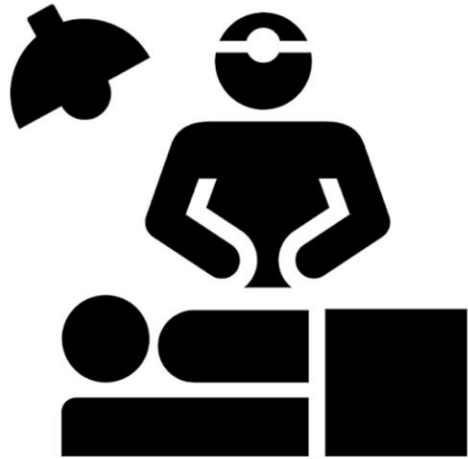
Kendskab til sygdommen



Viden om patienten



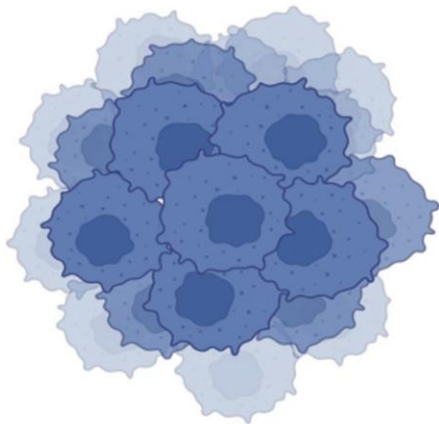
At kende sine begrænsninger!



...but even
biology can
be beaten



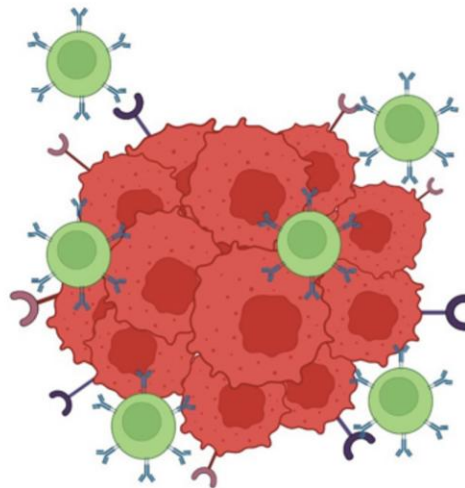
Optimering af respons på immunterapi



'Cold' tumor

Lav immunaktivitet

Dårlig respons

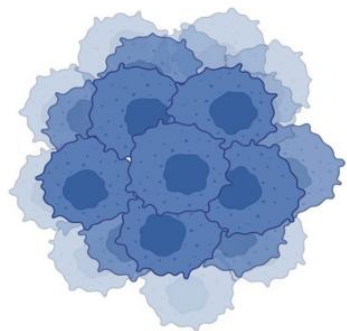


'Hot' tumor

Høj immunaktivitet

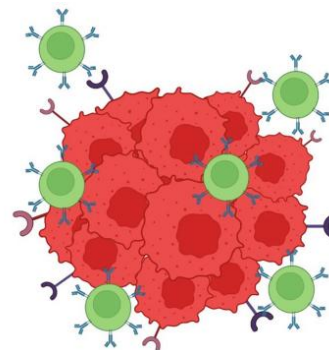
Eklatant respons

Hvordan gør man en 'cold' tumor 'hot'?



'Cold' tumor

Oncolytic virus



'Hot' tumor



Translational Cancer Mechanisms and Therapy

PD-1 Blockade Following Isolated Limb Perfusion with Vaccinia Virus Prevents Local and Distant Relapse of Soft-tissue Sarcoma

Henry G. Smith^{1,2}, David Mansfield¹, Victoria Roulstone¹, Joan N. Kyula-Currie¹, Martin McLaughlin¹, Radhika R. Patel¹, Katharina F. Bergerhoff¹, James T. Paget¹, Magnus T. Dillon¹, Aadil Khan¹, Alan Melcher¹, Khin Thway², Kevin J. Harrington¹, and Andrew J. Hayes²

Clinical Cancer Research

Grundforskning

Open access

Journal for Immunotherapy of Cancer

Addition of oncolytic virotherapy to clinical isolated limb perfusion for melanoma and sarcoma activates antitumor immunity

Andrew J Hayes^{1,2}, Emma J Davies^{1,2}, Michelle Wilkinson^{1,2}, Henry G Smith^{2,3}, Pablo Nenciarini², Tom Lund^{2,4}, Adrian Larkeryd², Elizabeth Appleton², Emmanuel Christian Patin², Malin Pedersen², Antonio Rullan², Hesham S Mohamed^{1,2}, Jessica Murphy², Lorna Grove², David Mansfield², Martin McLaughlin², Kevin J Harrington², Alan Melcher²

Klinisk forsøg

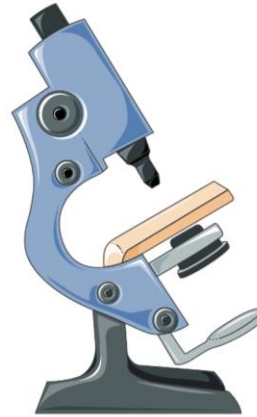
Flytningen til
Danmark – nye
begyndelser og
nye muligheder



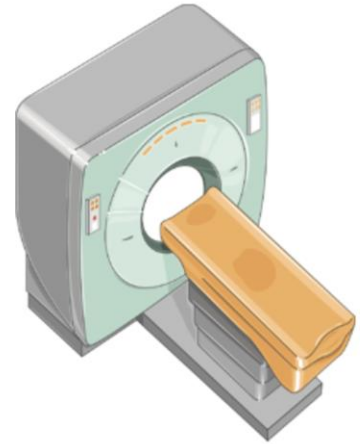
Nuværende diagnostisk forløb for kolorektal cancer



Koloskopi



Patologi



Skanninger

Begrænsninger af dette forløb

Lokaliseret sygdom

Stage I



Stage II

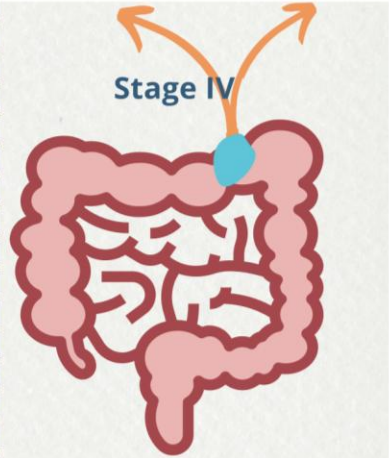


Stage III

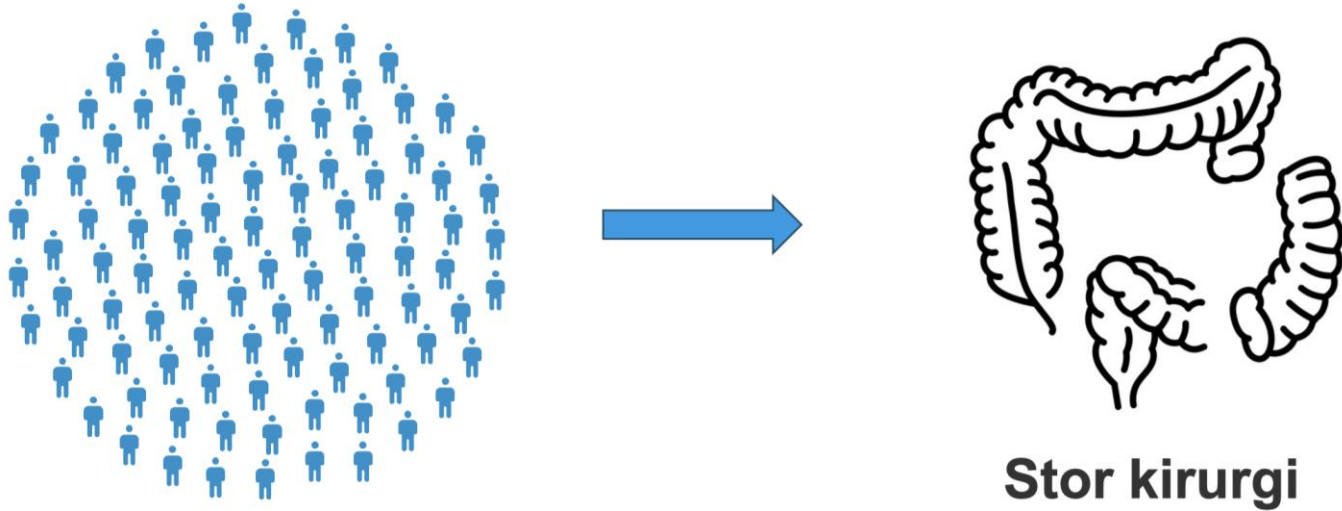


Dissemineret sygdom

Stage IV



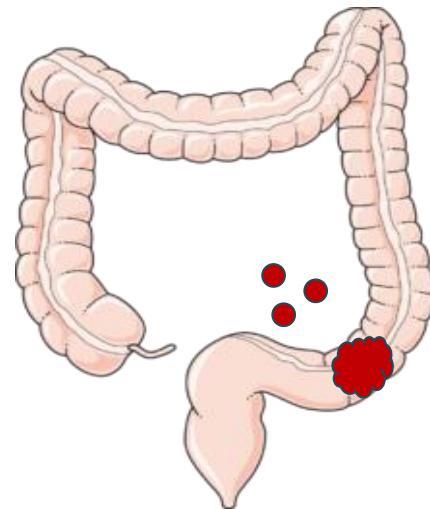
‘One size fits all’ handling for lokaliseret sygdom



Flere bliver diagnosticeret tidligere

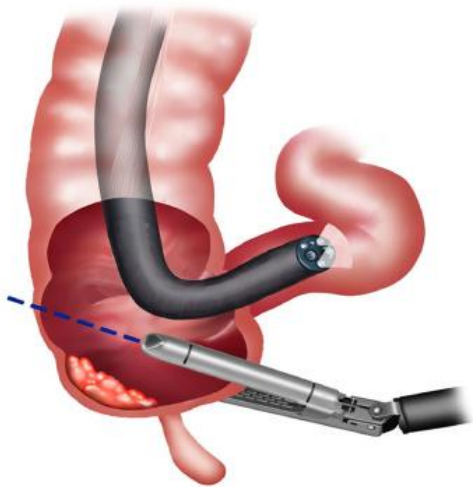


1 ud af 3 tilfælde
diagnosticeres på et
tidligt stadie.



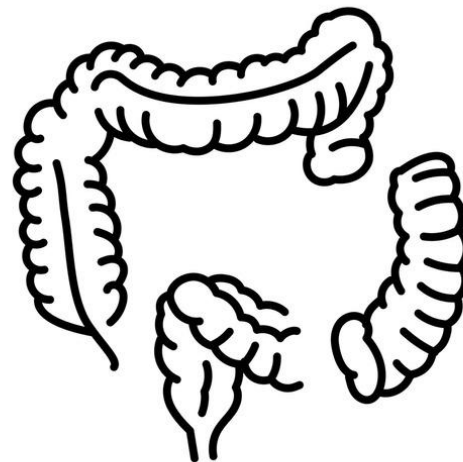
< 15%
har lokal spredning

De fleste har ikke behov for stor kirurgi



> 80%
kunne helbredes med
en lille operation

...men...



> 80%
gennemgår stor
kirurgi uden gavn

Stor kirurgi er ikke uden risiko



**Komplikationer
20%**



**Mortalitet
2%**

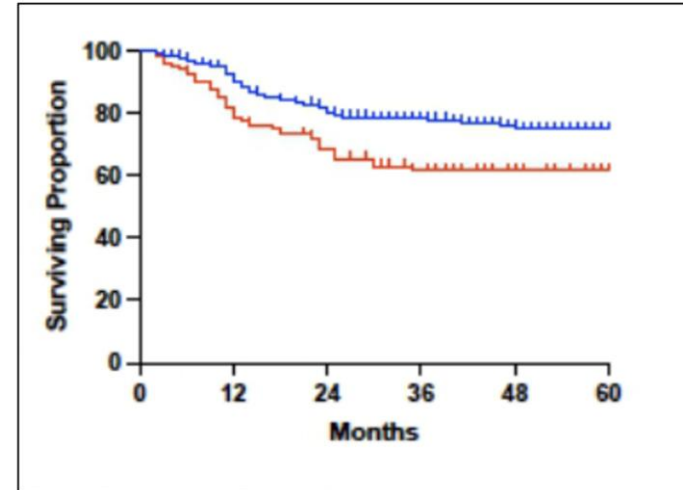


**Tarm-, blære- eller
seksuel dysfunktion
30%**

Nogle har meget høj risiko for recidiv



15%
har kræftceller tæt på
resketionsfladen efter kirurgi



Hos disse patienter er risikoen
for recidiv fordoblet på trods af
standard behandling

Klart behov for at tilpasse strategi til biologi

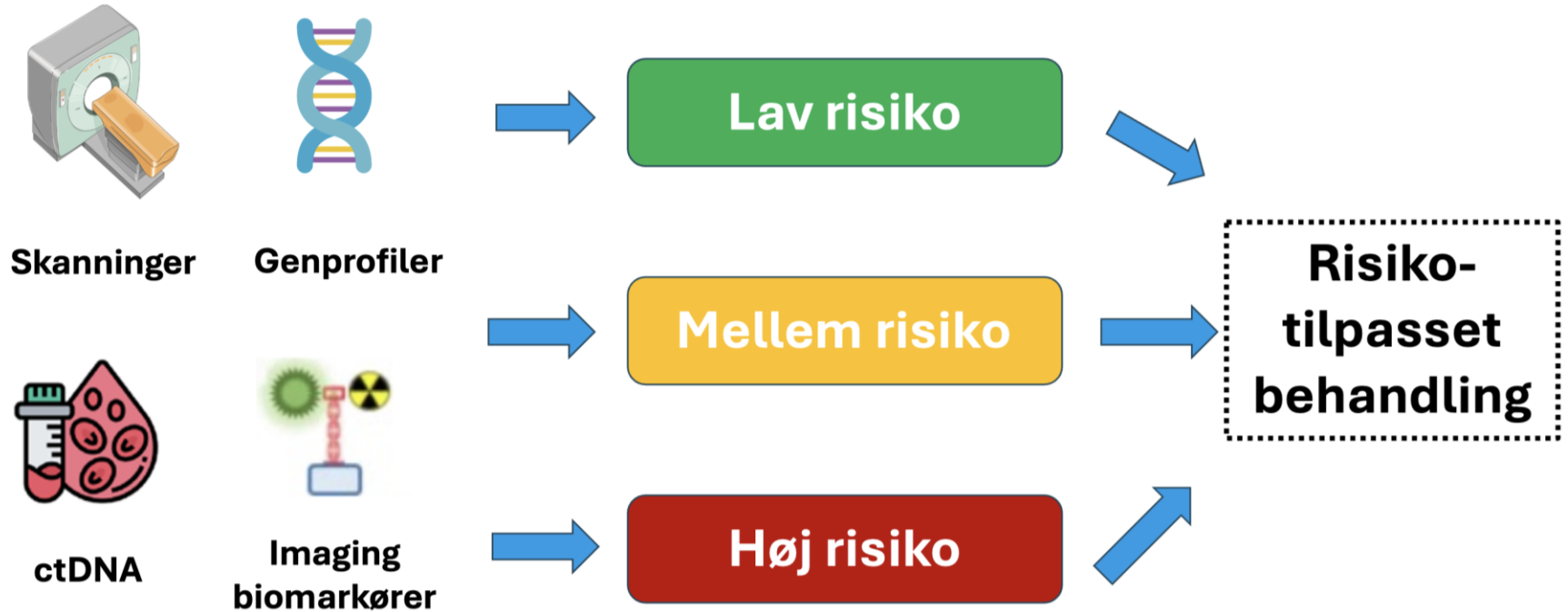


Skånsomme kirurgi for patienter med lav risiko

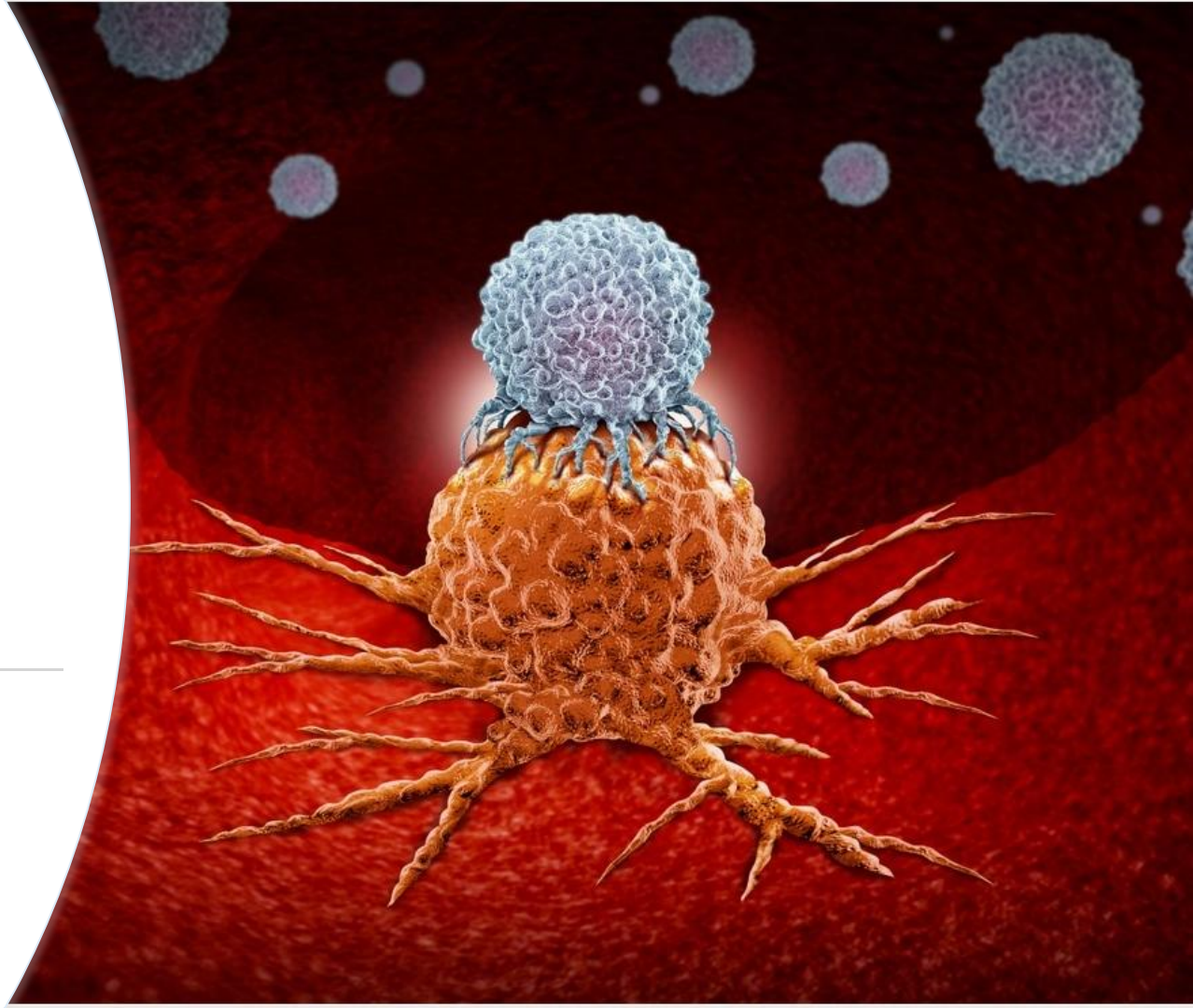
‘Standard’ behandling for patienter med mellem risiko

Intensiveret behandling for patienter med høj risiko

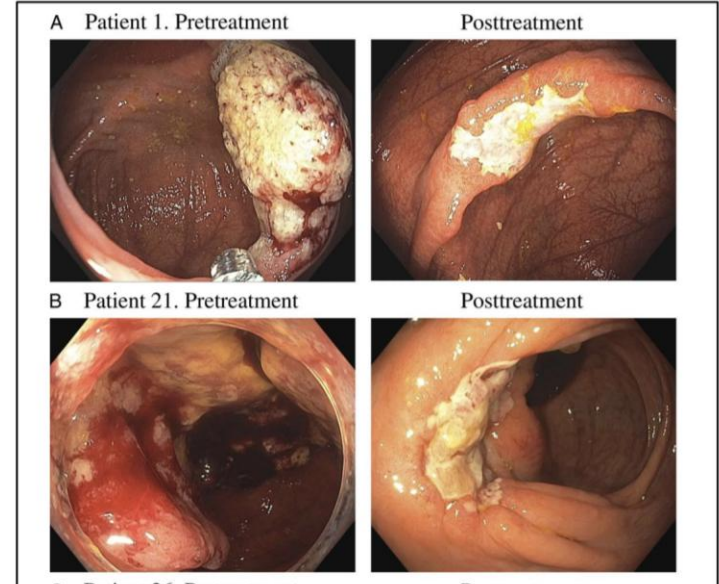
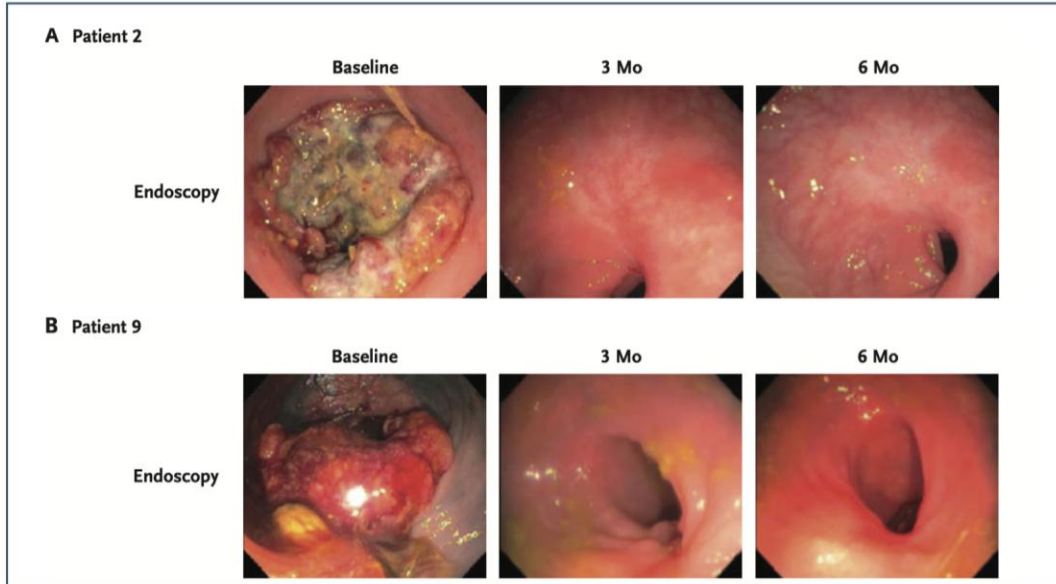
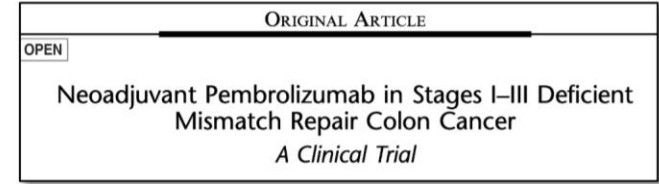
Moderne teknologier kan være løsningen



Kan man finde
mere effektive
behandlinger?



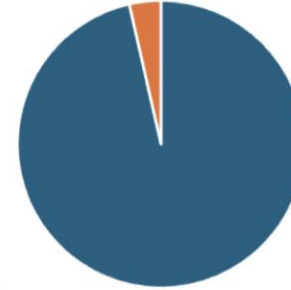
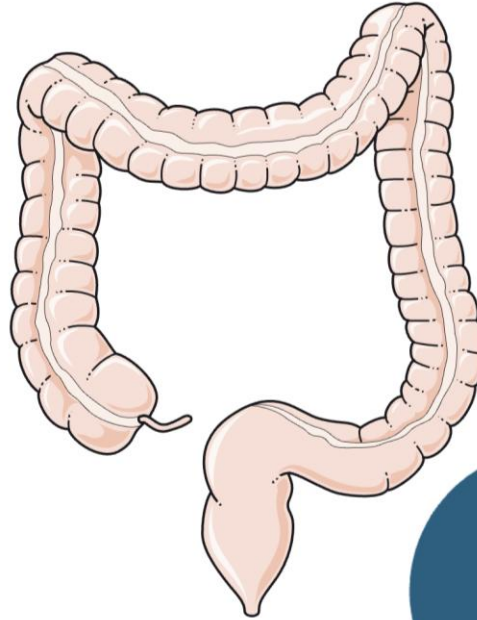
Immunoterapi for kolorektal kræft



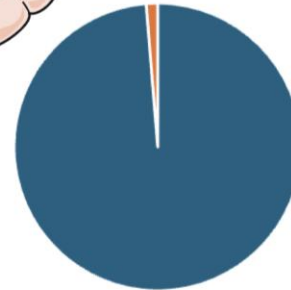
Kun få patienter har gavn af immunterapi



Højresidige
15-20%



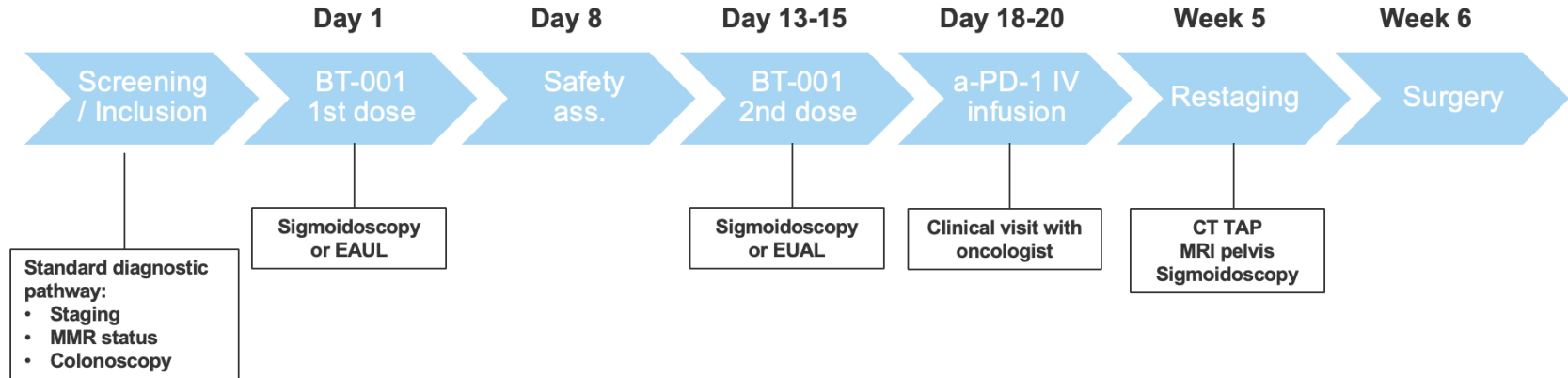
Venstresidige
5-10%



Rektum
< 2%

OV-PRIME-R forsøg

TREATMENT SCHEDULE



Hvad byder fremtiden på for kræft kirurger?



NEJ!

- Flere mindre operationer, som bevarer livskvalitet
- Færre 'almindelige' operationer
- Mere kompleks 'salvage' kirurgi for nogen

Skal vi ikke have ‘surgical oncologists’ i DK?



BRITISH ASSOCIATION OF SURGICAL ONCOLOGY

The Association for Cancer Surgery



esso

THE EUROPEAN SOCIETY
OF SURGICAL ONCOLOGY

- Kirurger, der udelukkende behandler patienter med kræft
- Kombiner teknisk ekspertise med omfattende viden om kræftbiologi
- Sørg for, at kirurgi af høj kvalitet er tilgængelig for patienter, der vil have gavn af det

Tusind tak!

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