

# Peritoneal implantlarda pratik yaklaşım

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Hacettepe Üniversitesi Tıp Fakültesi  
Patoloji AD

# Neoadjuvan Kemoterapi (NAK)

- Primer cerrahiye çok uygun olmayan ileri evre hastalar
- NAK alanlarda rezidü hastalık primer cerrahiye göre daha az
- (1990-2010) NAK kullanımı %20'den %40'a
- (1990-2010) primer debulking cerrahi %70'den %50'ye
- NAK öncesi biyopsi ile tanı teyidi
- Sitoloji çok istisnai durumlar dışında kullanılmamalı

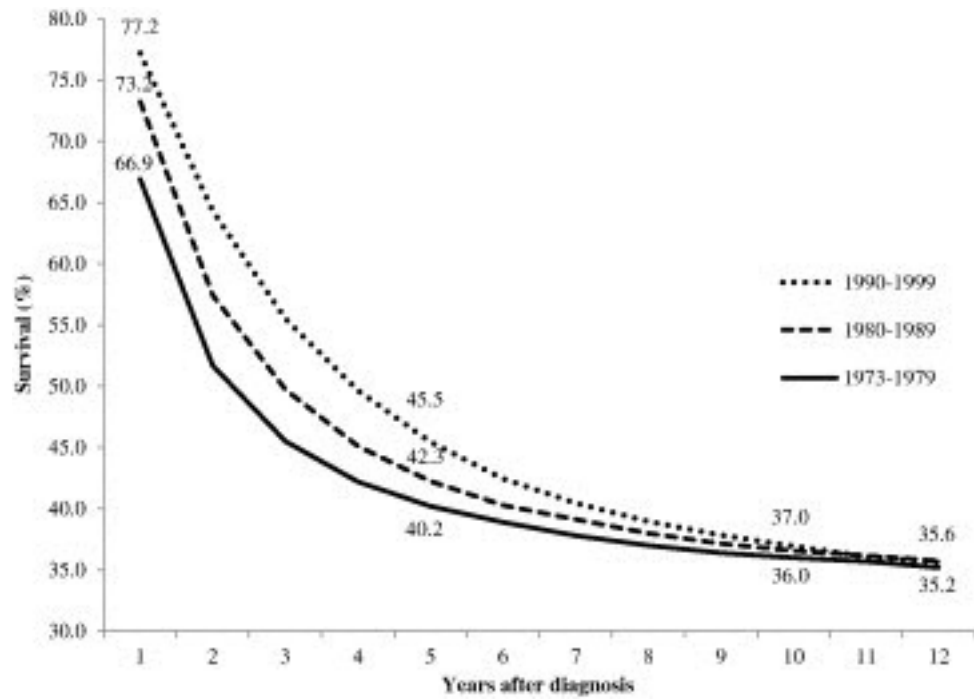


Fig. 1. Ovarian cancer-specific survival curves, by period of diagnosis, 1973 to 1999.

Victoria Sopik, Javaid Iqbal, Barry Rosen, Steven A. Narod

**Why have ovarian cancer mortality rates declined? Part II. Case-fatality**

Gynecologic Oncology, 2015, Available online 14 June 2015

<http://dx.doi.org/10.1016/j.ygyno.2015.06.016>

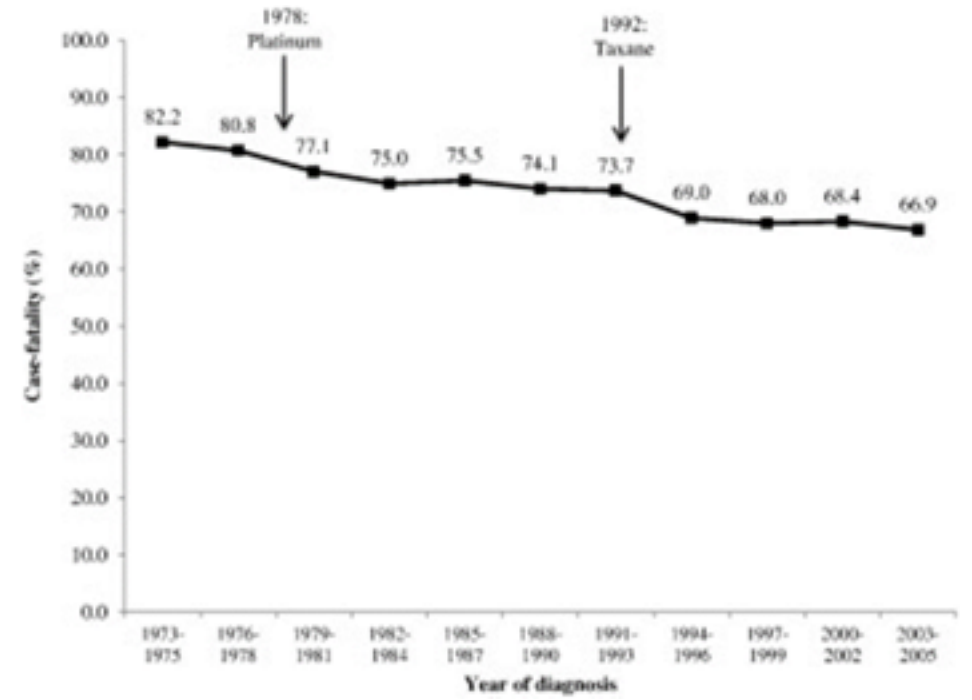
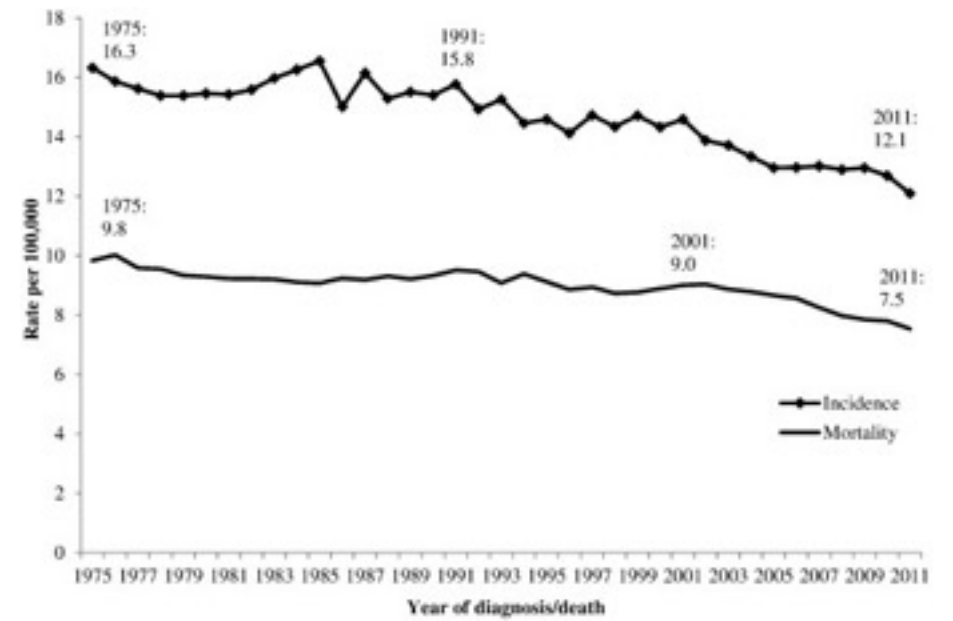


Fig. 4. Five-year case-fatality of distant stage ovarian cancer with a historical timeline of chemotherapy, 1973 to 2005.



# An immunohistochemical and morphological analysis of post-chemotherapy ovarian carcinoma

K Miller.<sup>1</sup> J H Price.<sup>2</sup> S P Dobbs.<sup>2</sup> R H McClelland.<sup>2</sup> K Kennedy.<sup>1</sup> W G McCluggage<sup>3</sup>

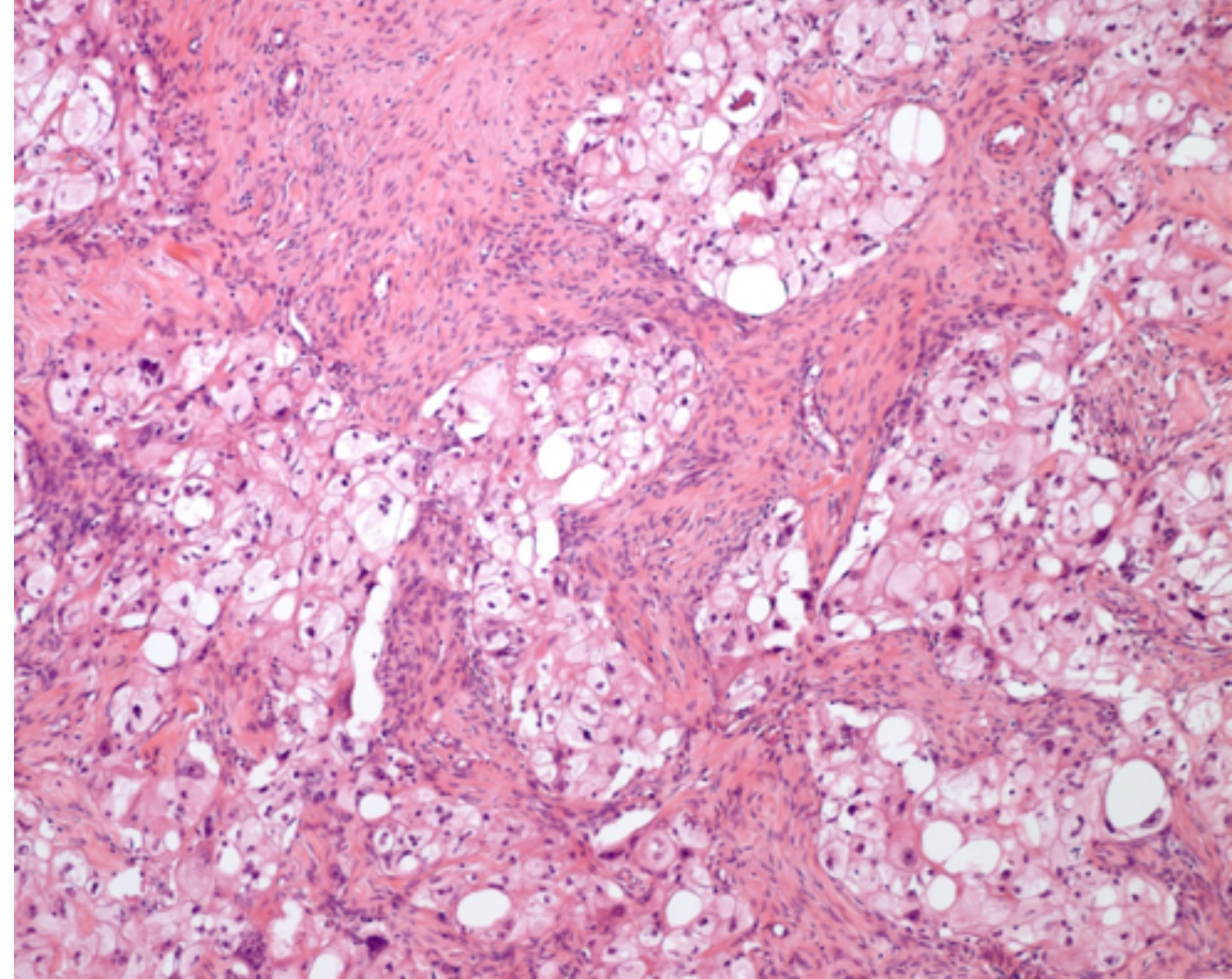
*J Clin Pathol* 2008;**61**:652–657. doi:10.1136/jcp.2007.053793

## Morphological effects of chemotherapy on ovarian carcinoma

W G McCluggage, R W Lyness, R J Atkinson, S P Dobbs, I Harley, H R McClelland, J H Price

*J Clin Pathol* 2002;**55**:27–31

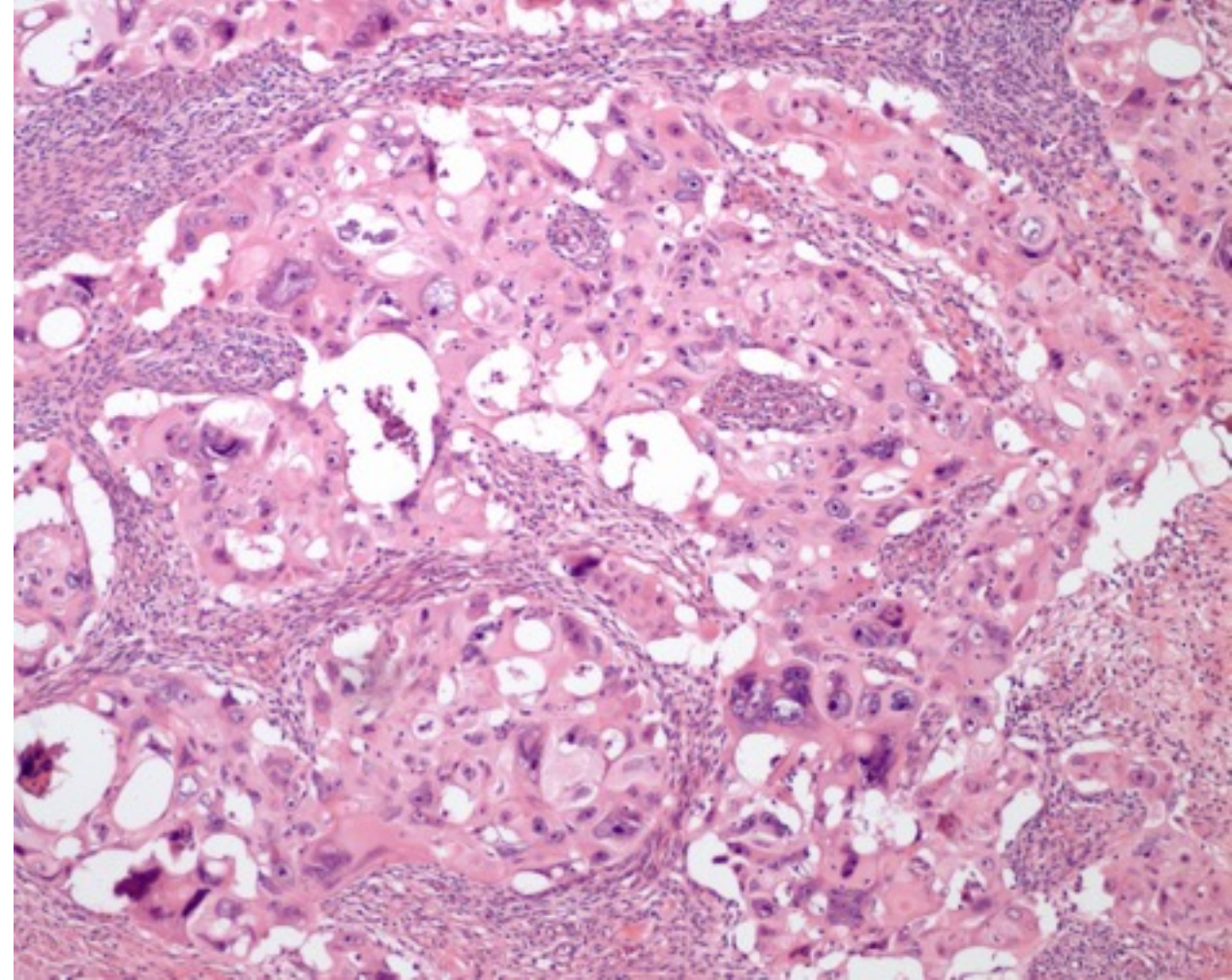
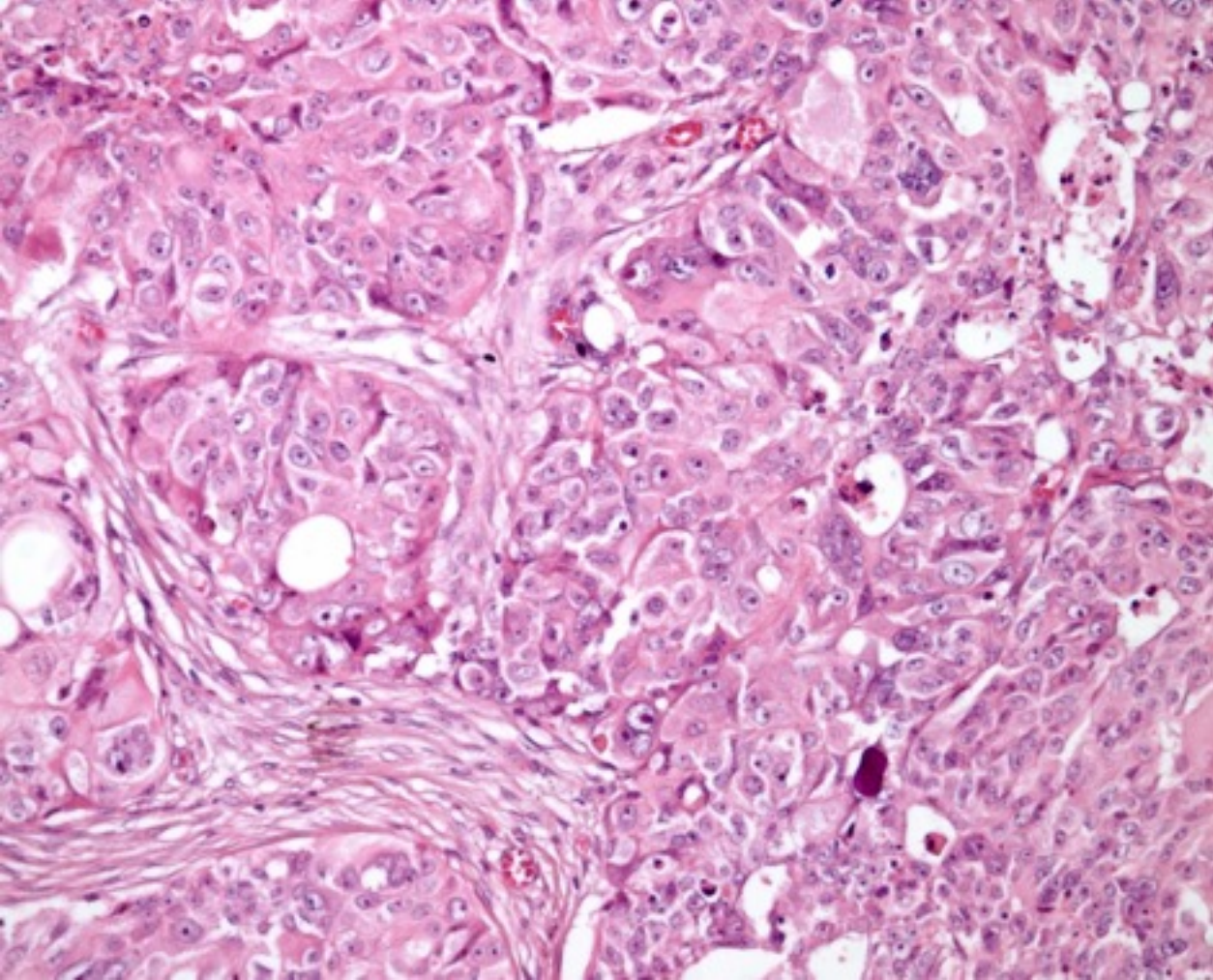
- NAK sonrası tümör hücrelerin şeffaf sitoplazma saptanabilir
- NAK sonrası IHK bulgularında önemli bir değişiklik saptanmıyor.
- NAK sonrası grade değişebilir
  - tedavide ilk grade kullanılmalı
- NAK sonrası tümör olmayabilir.



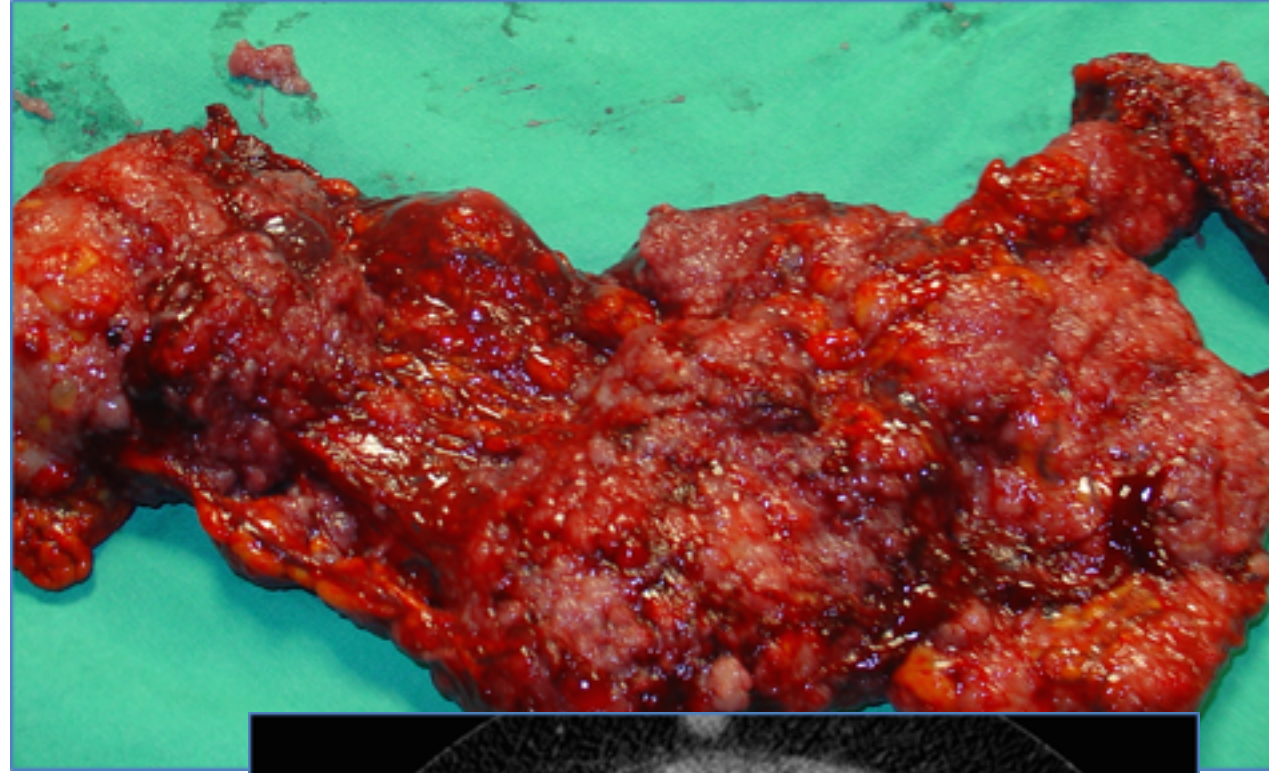
# NAK sonrası histoloji ve grade deęişebilir

ÖNCE

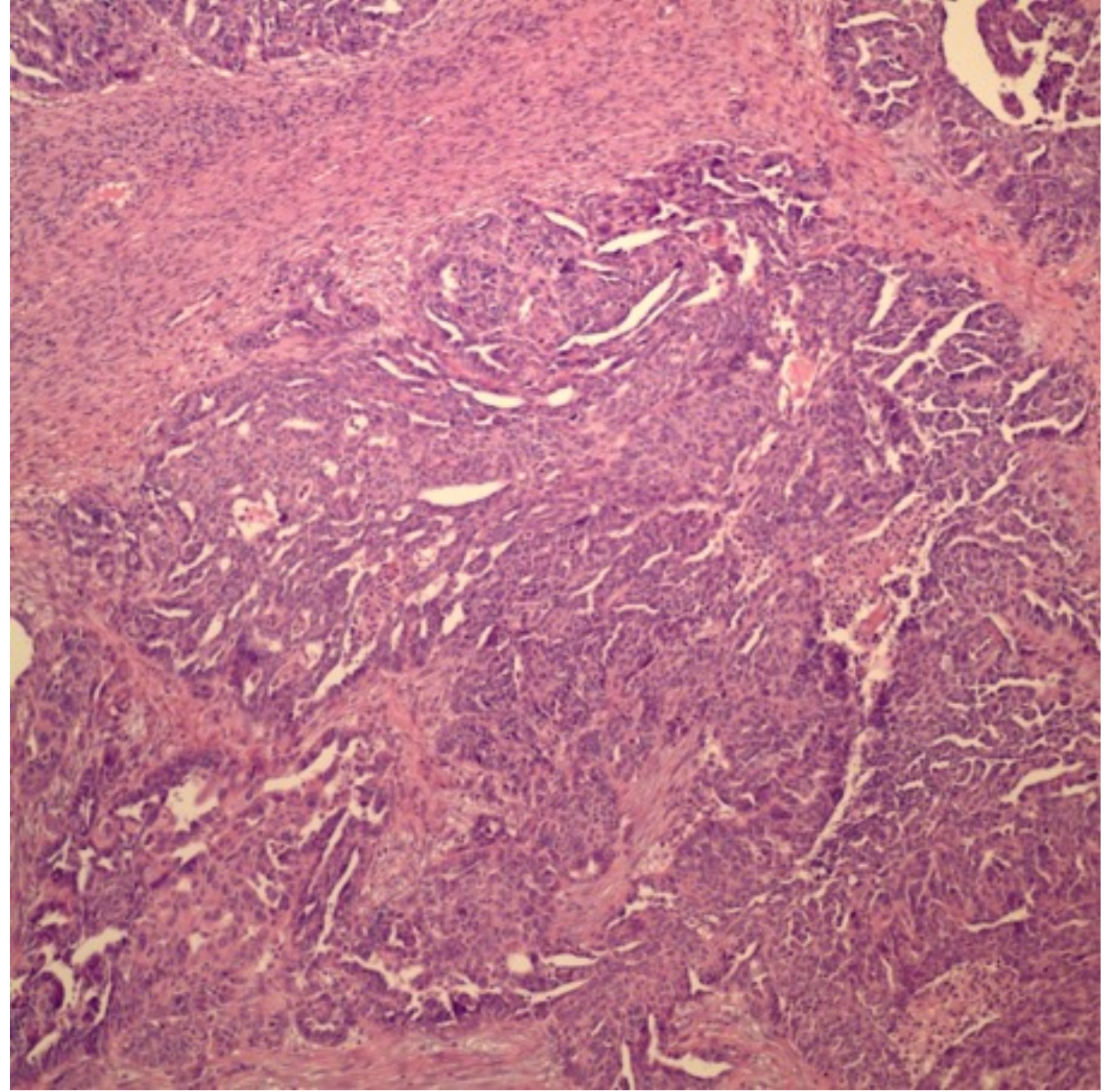
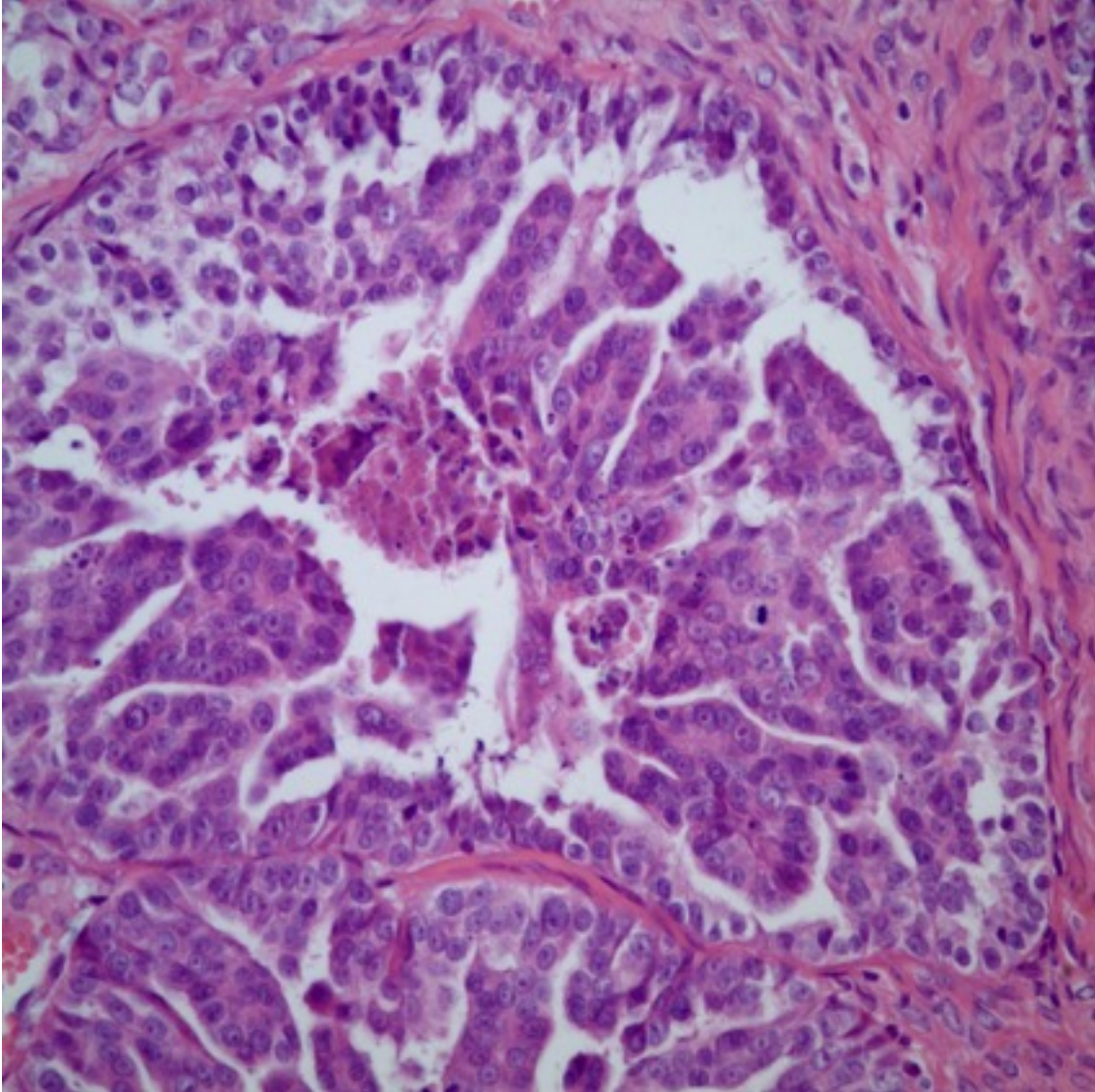
SONRA



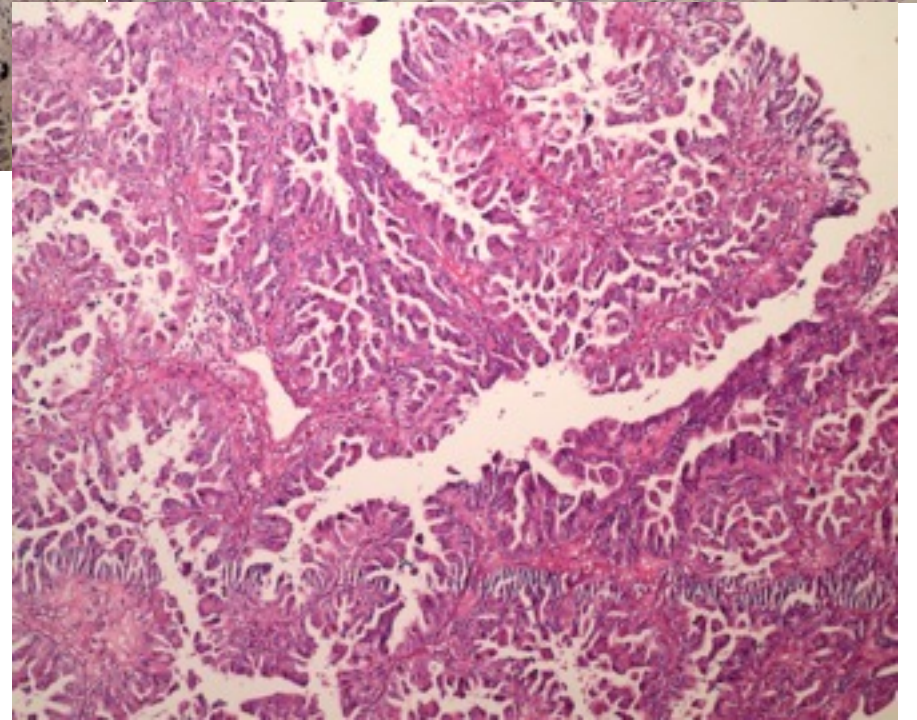
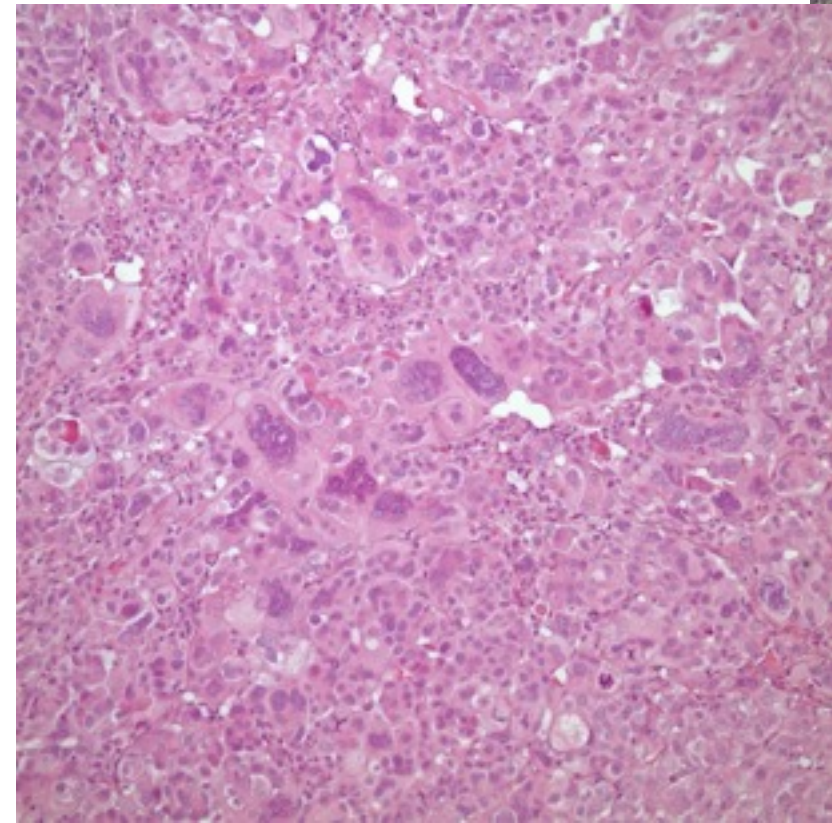
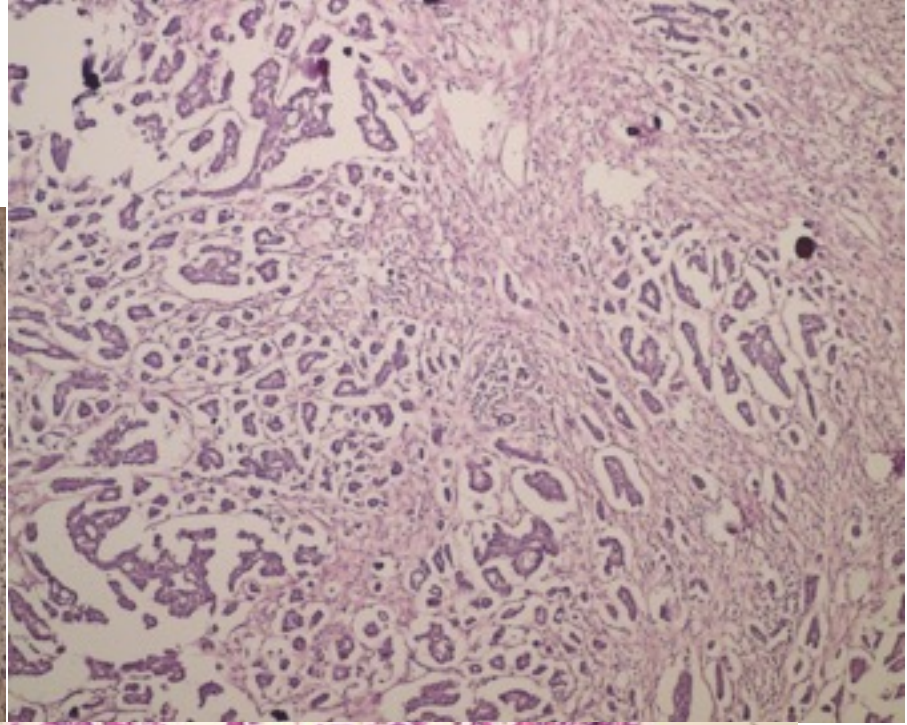
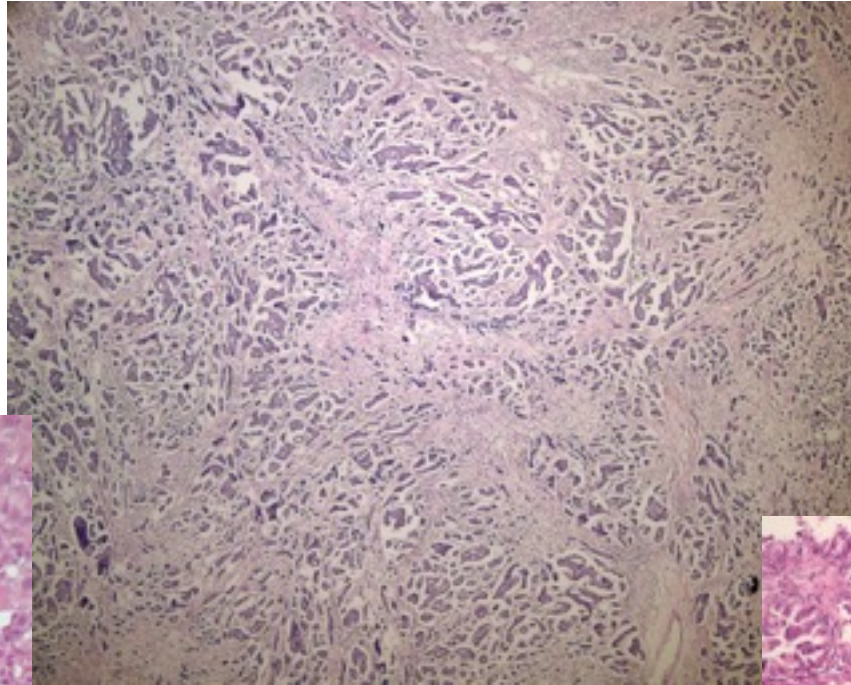
# Pelvik Seröz Karsinom (Yüksek dereceli)



# SERÖZ KARSİNOM



# SERÖZ KARSİNOM



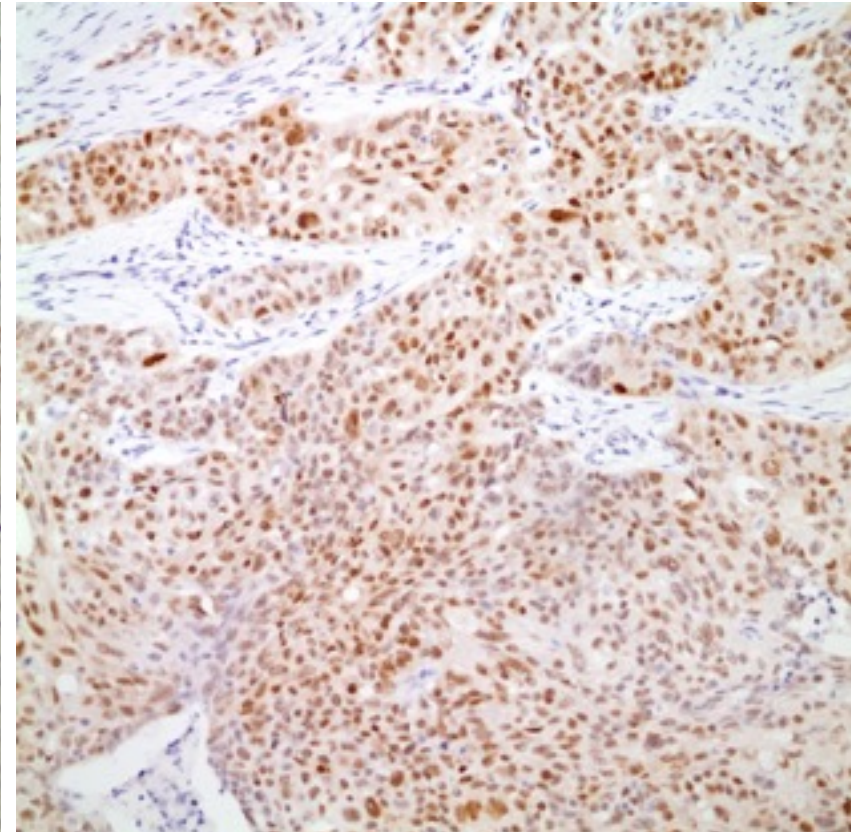
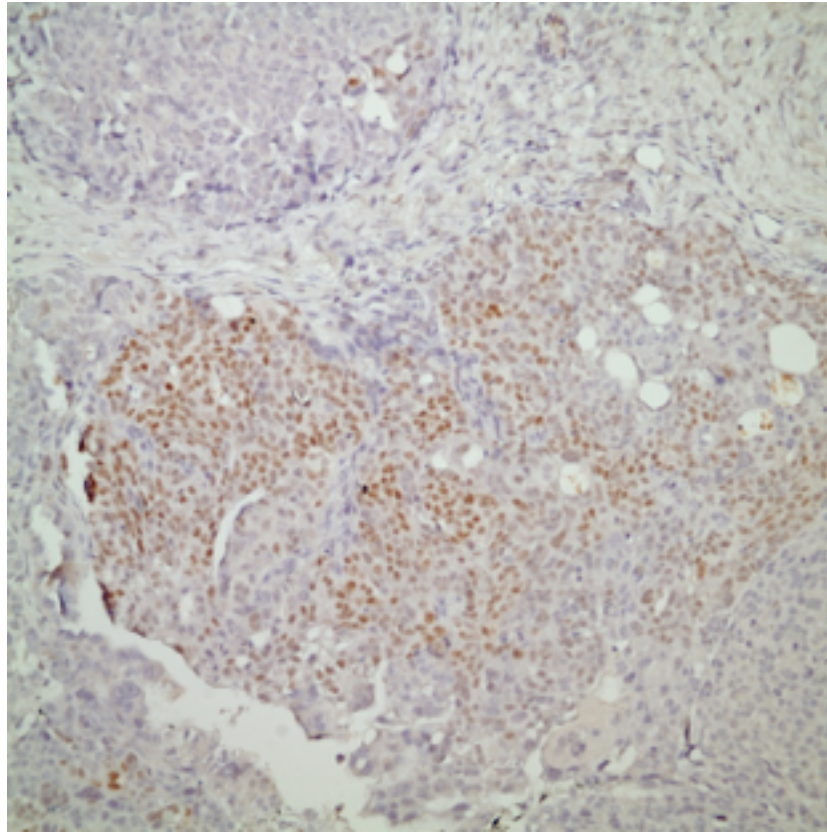
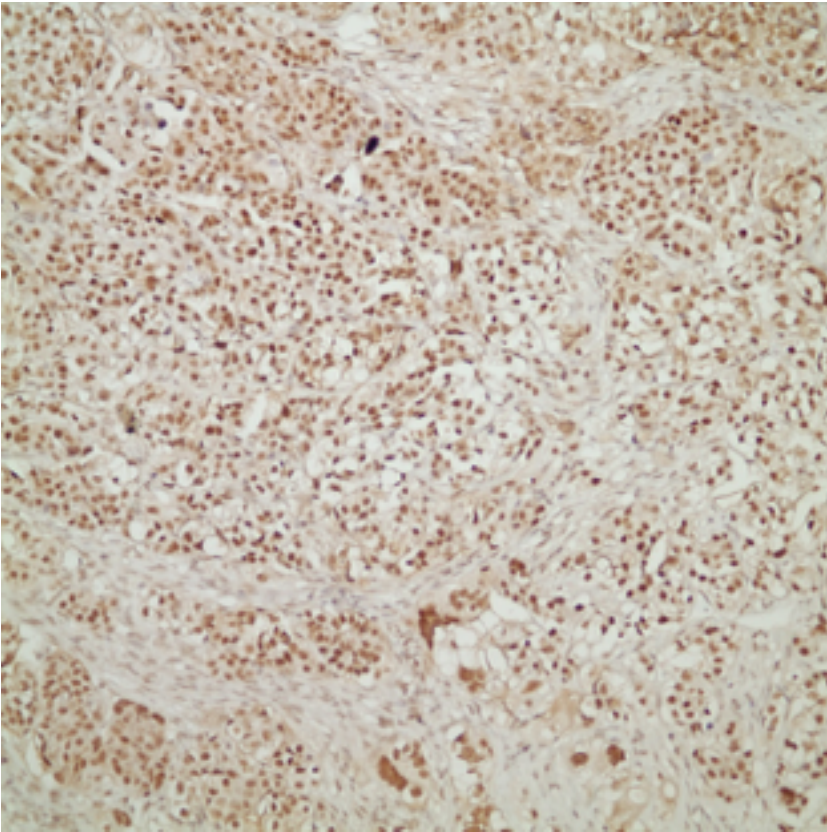


# SERÖZ TÜMÖRLER

WT-1(+)

ER (+)

PAX8 (+)

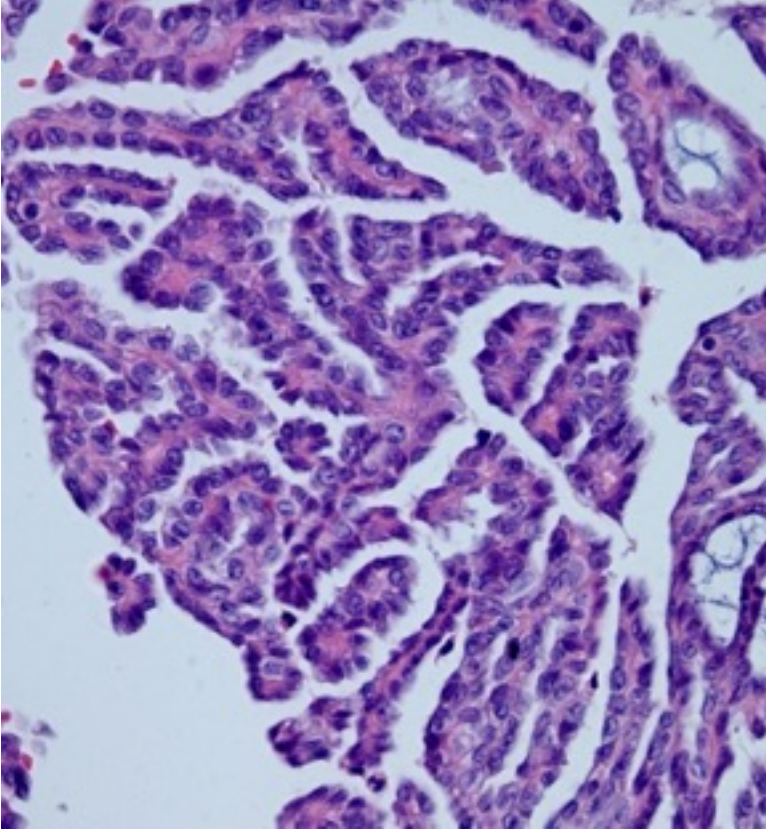


Mezotelyoma PAX8 (-)

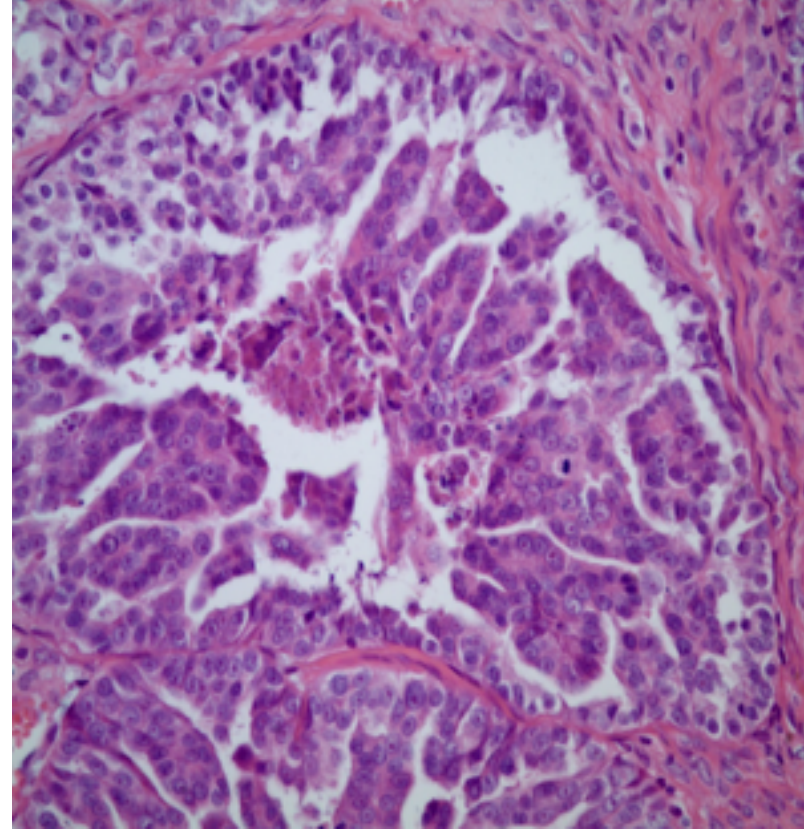
# SERÖZ KARSİNOMLAR

## MD ANDERSON DERECELENDİRMESİ

Hafif/orta atipi  
Mitoz  $\leq 12$  (10BBA)

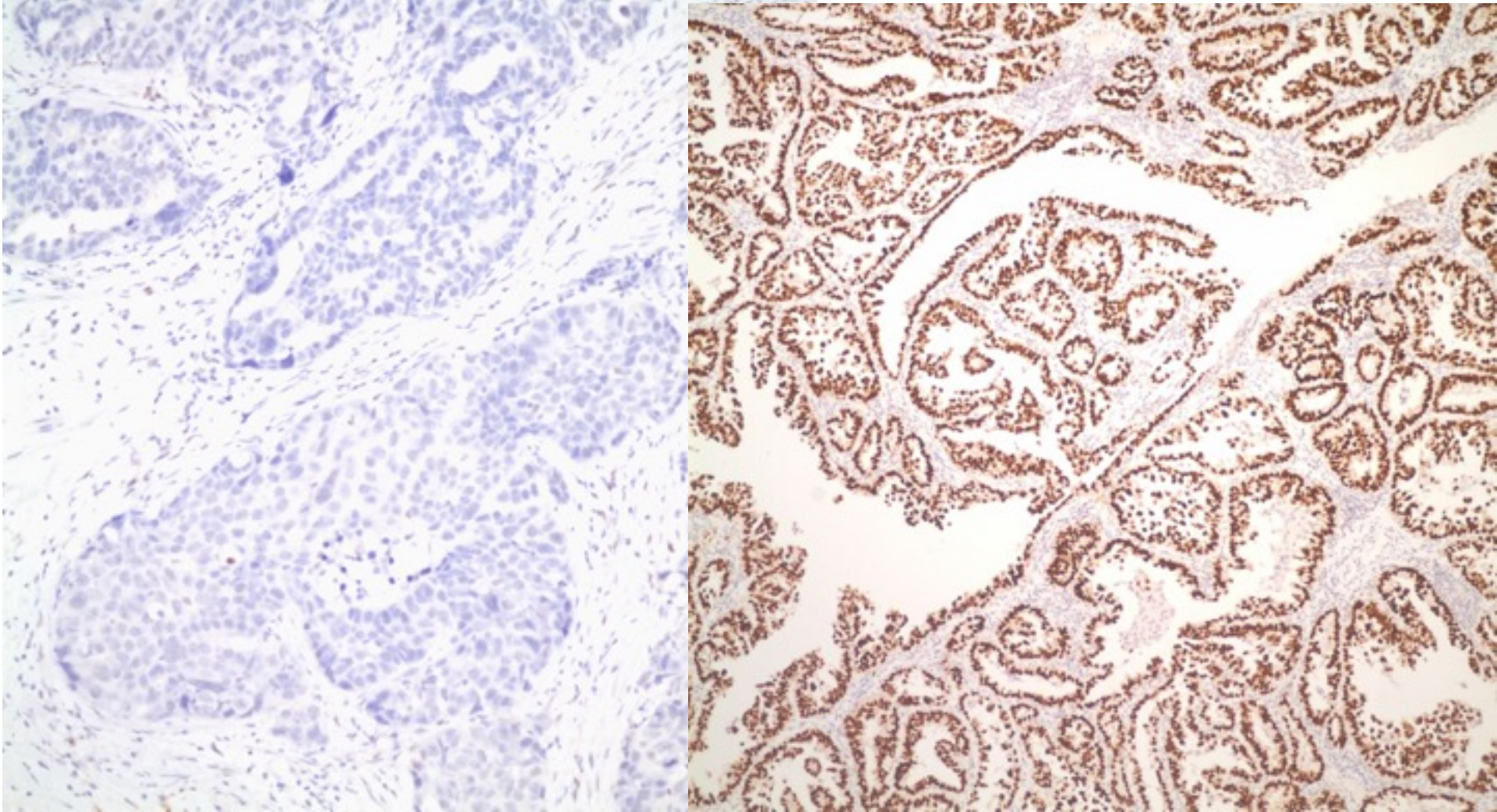


Şiddetli atipi  
Mitoz  $>12$  (10BBA)



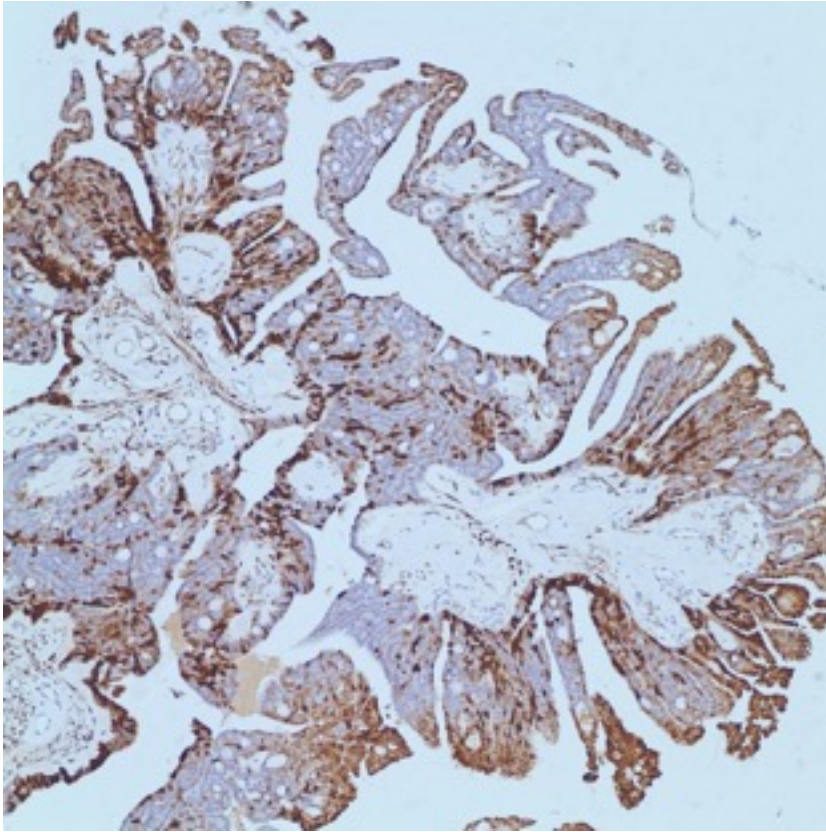
# SERÖZ KARSİNOM (yüksek dereceli)

## p53

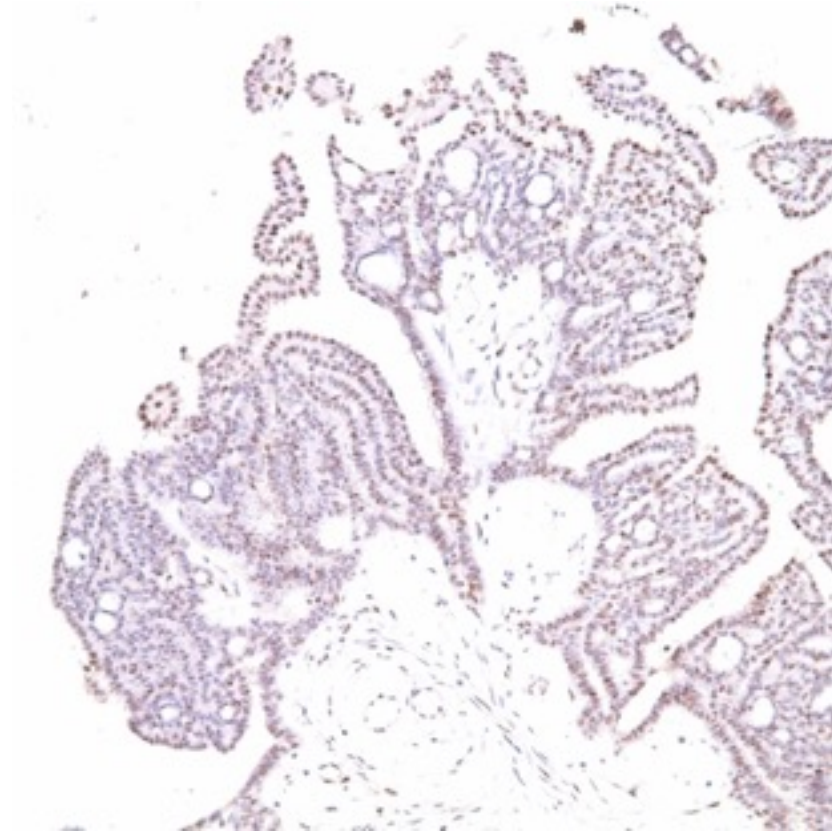


# DÜŞÜK DERECELİ SERÖZ KARSİNOM

p16



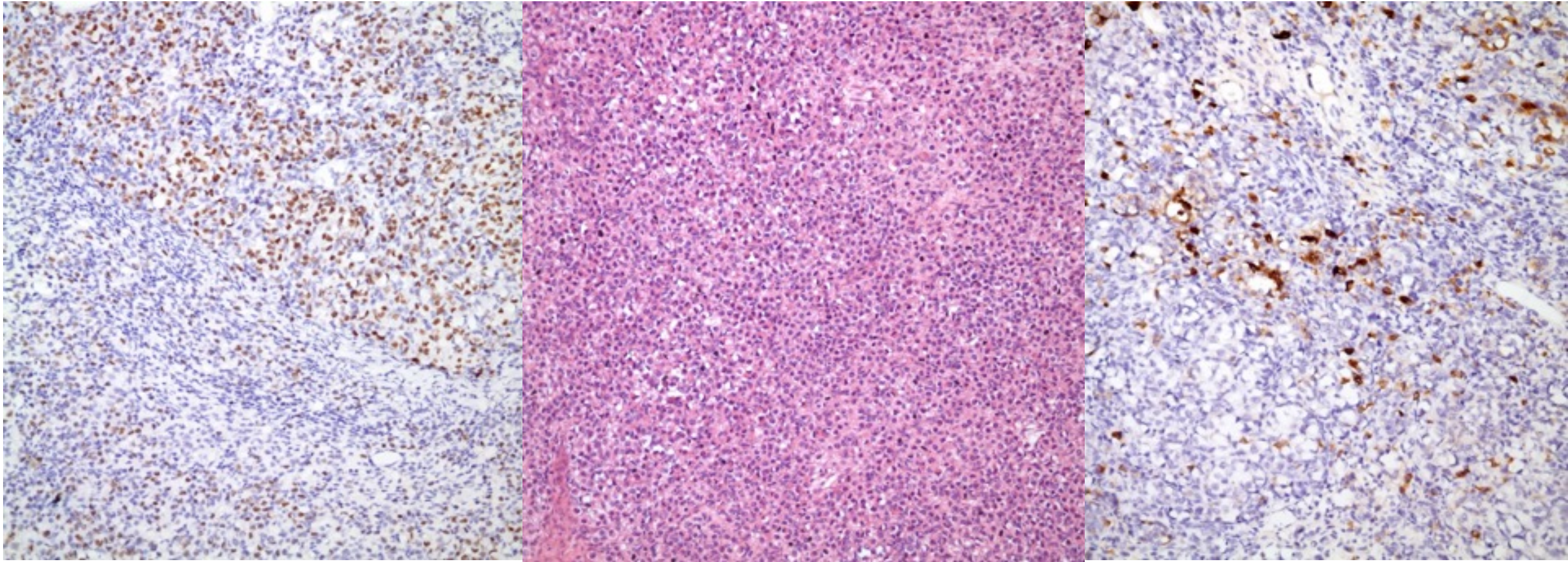
p53



# Primer meme X pelvik seröz karsinom

Gata-3 (+)

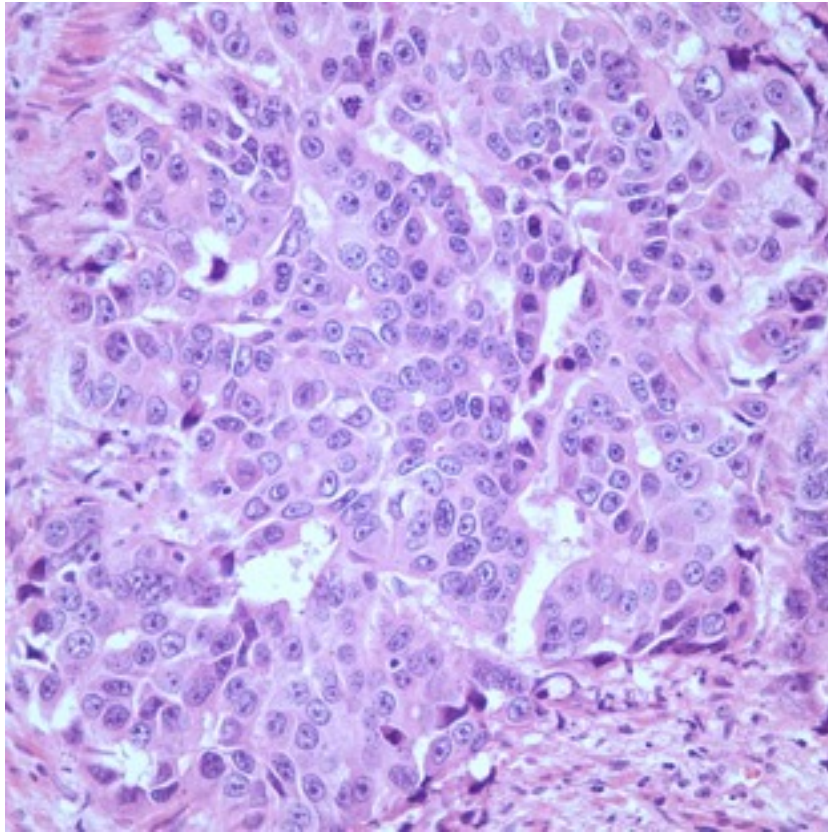
GCDFP-15 (+)



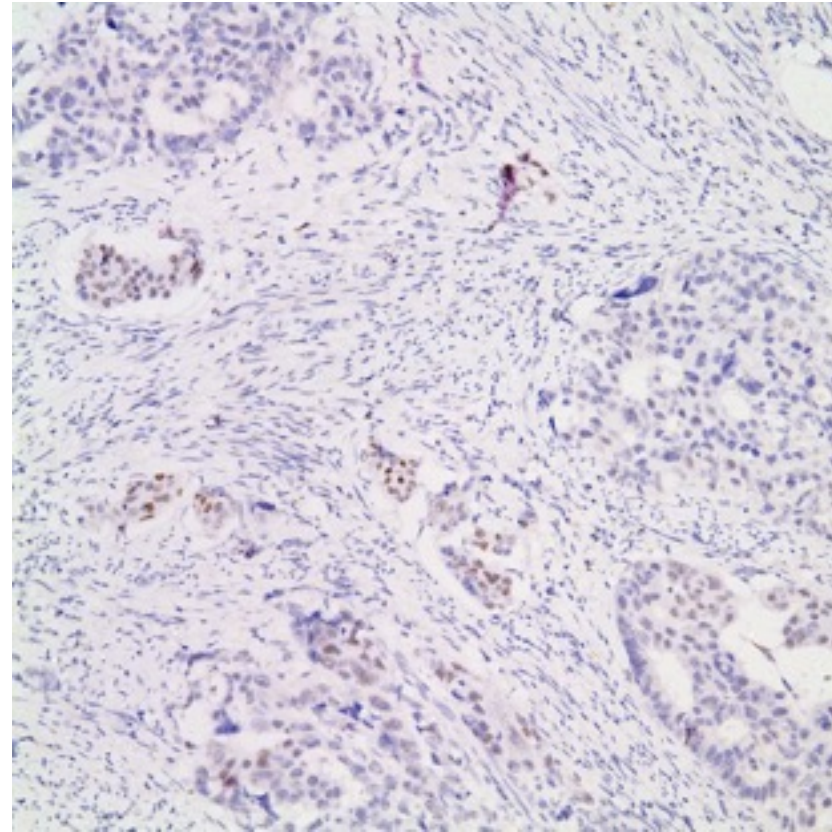
Meme Ca, seröz kanserin aksine WT-1 (-) / PAX8 (-)

# PRIMER ENDOMETRIUM X PRIMER OVER SERÖZ CA

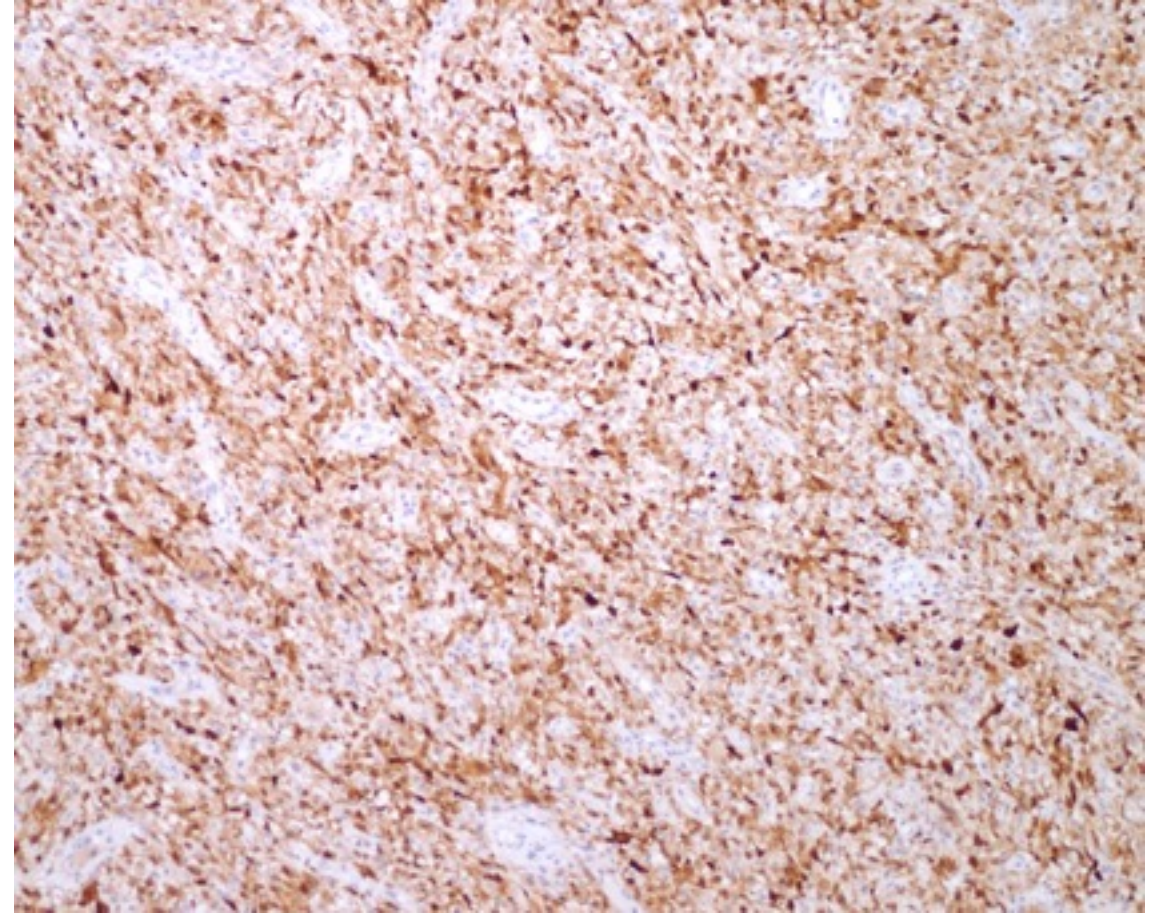
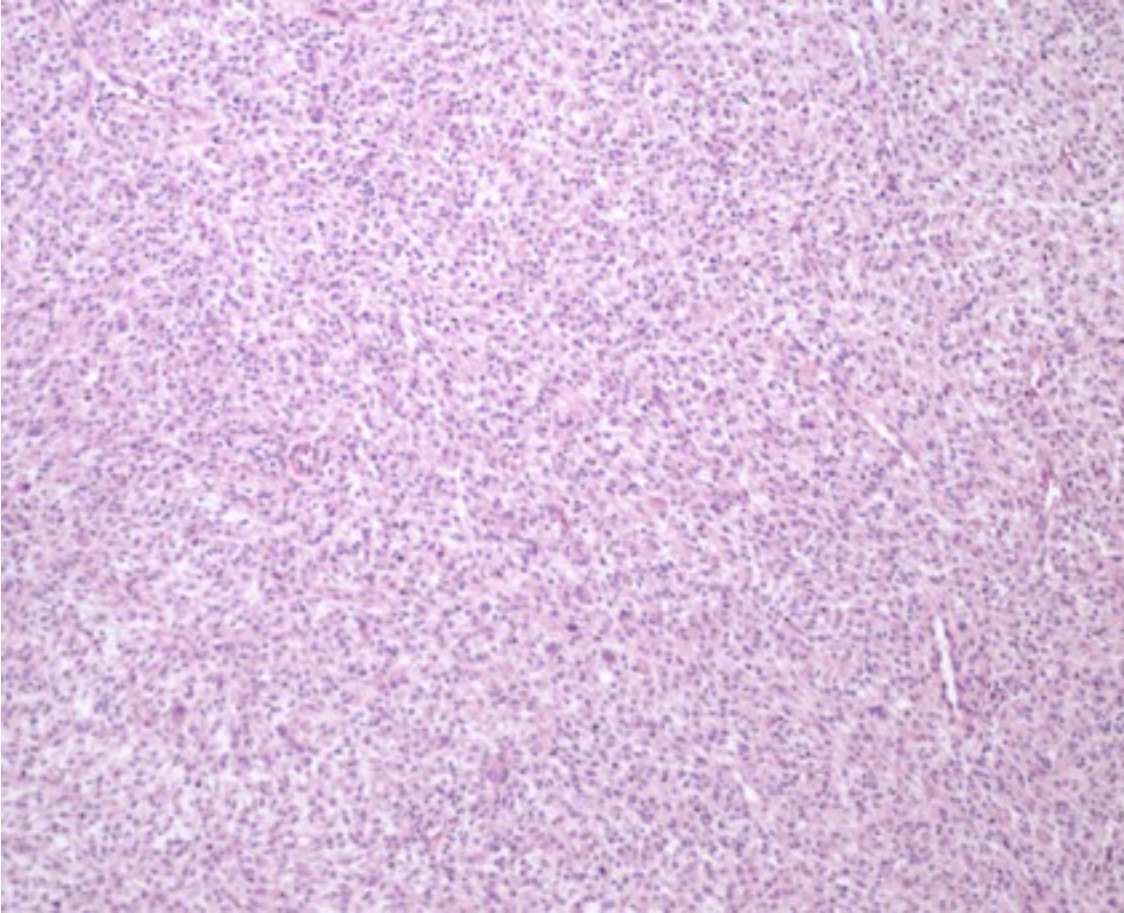
SERÖZ



WT-1

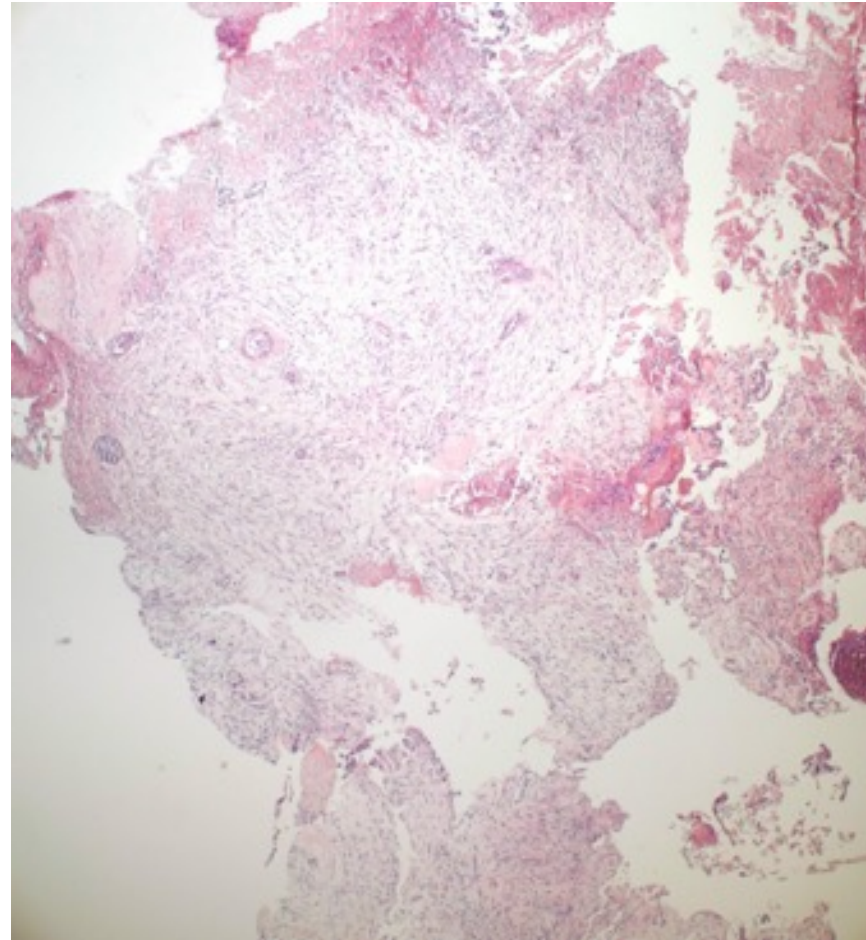
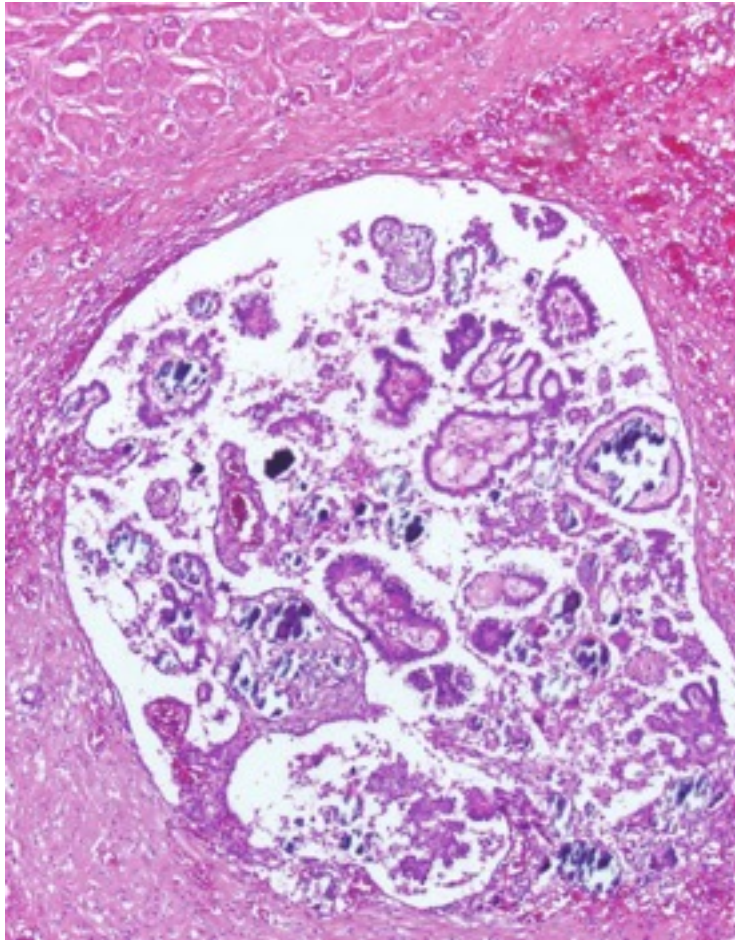


# Mezotelyoma (Kalretinin +)



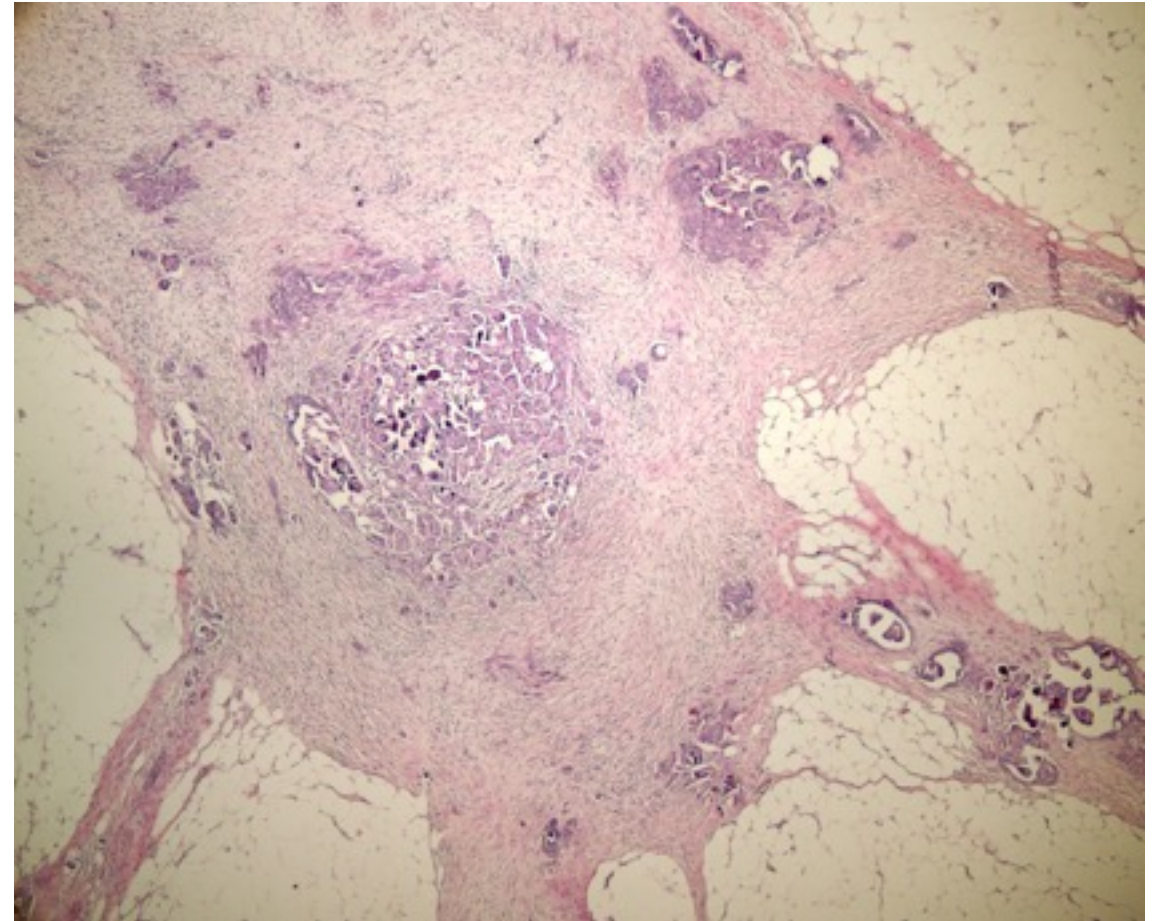
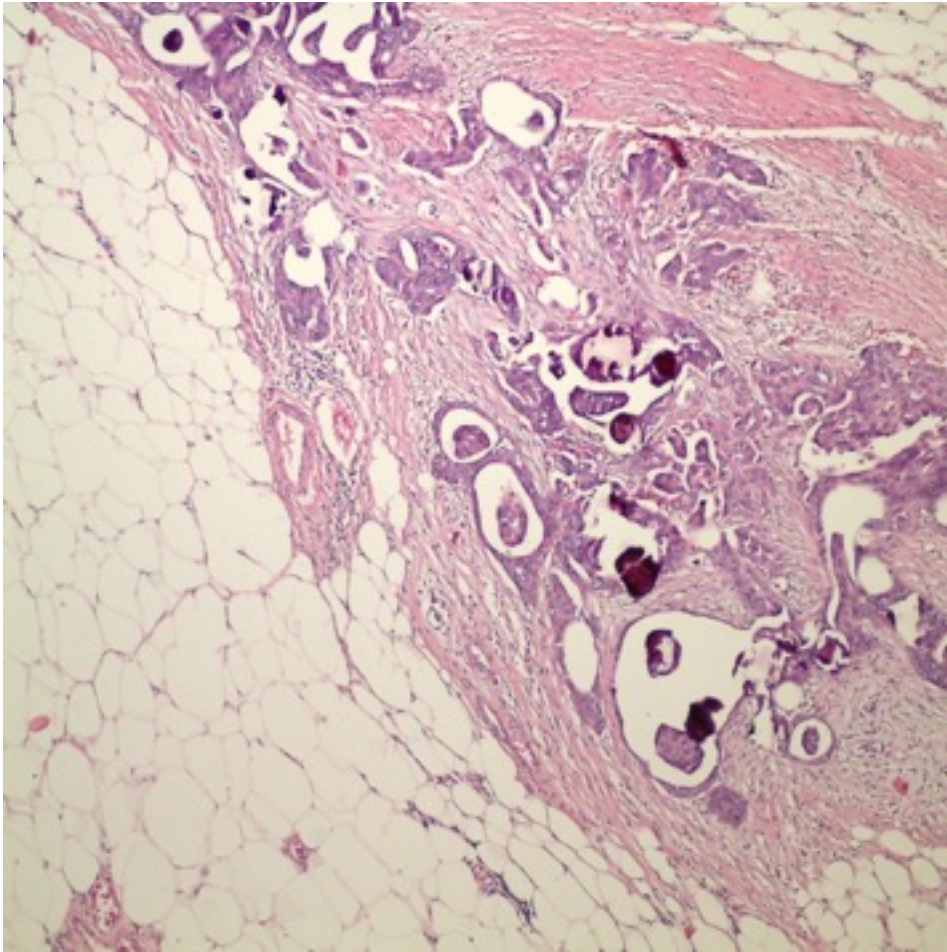
Mezotelyoma seröz kanserin aksine PAX8 (-)ve ER (-)

# NONINVAZIV İMPLANT (Epitelyal) (Desmoplastik)

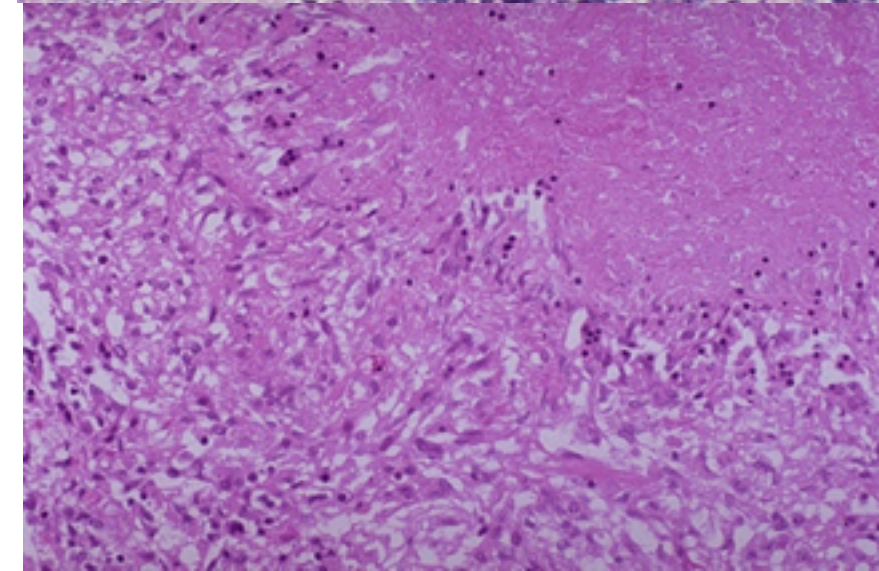
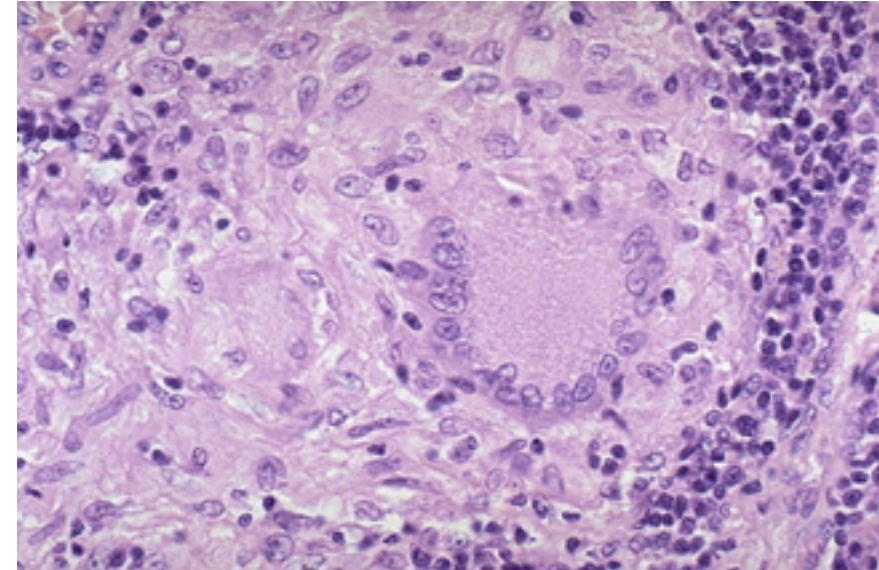




# INVAZIV IMPLANT



# Tüberküloz Peritonit



OMENTUMDA SAPTANAN MÜSİNÖZ  
TÜMÖR ÖNCELİKLE GIS PRİMERİ  
AÇISINDAN ARAŞTIRILMALIDIR.

↓ Tüm over karsinomlarının %2.4'ünden azı müsinöz  
karsinomdur.

# Gynecologic Cancer InterGroup (GCIg) Consensus Review for Mucinous Ovarian Carcinoma

*Jonathan A. Ledermann, MD, FRCP,\* Daniela Luvero, MD,\* Aaron Shafer, MD,†  
Dennis O'Connor, MD,‡ Giorgia Mangili, MD,§ Michael Friedlander, MBChB, FRACP, PhD,||  
Jacobus Pfisterer, MD,¶ Mansoor R. Mirza, MD,# Jae-Weon Kim, MD,\*\* Jerome Alexandre, MD,††  
Amit Oza, MD, FRPCPC, MBBs,‡‡ and Jubilee Brown, MD§§*

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**Abstract:** Mucinous carcinomas of the ovary can be primary or metastatic in origin. Improvements in the pathological diagnosis have increased the ability to distinguish between primary and metastatic ovarian cancers and shown that primary mucinous carcinomas are a rare subtype of ovarian cancer. Most tumors are diagnosed at an early stage, and the prognosis after surgery is good. Advanced or recurrent mucinous carcinoma of the ovary responds poorly to current cytotoxic treatments, and the prognosis is poor. Here, we review the guidelines for surgery and the results of treatment of advanced and recurrent disease. Chemotherapy with platinum and paclitaxel is currently used to treat advanced disease, but the effect of these drugs is modest, and new treatments are needed.

**Key Words:** Mucinous ovarian cancer, Mucinous tumor

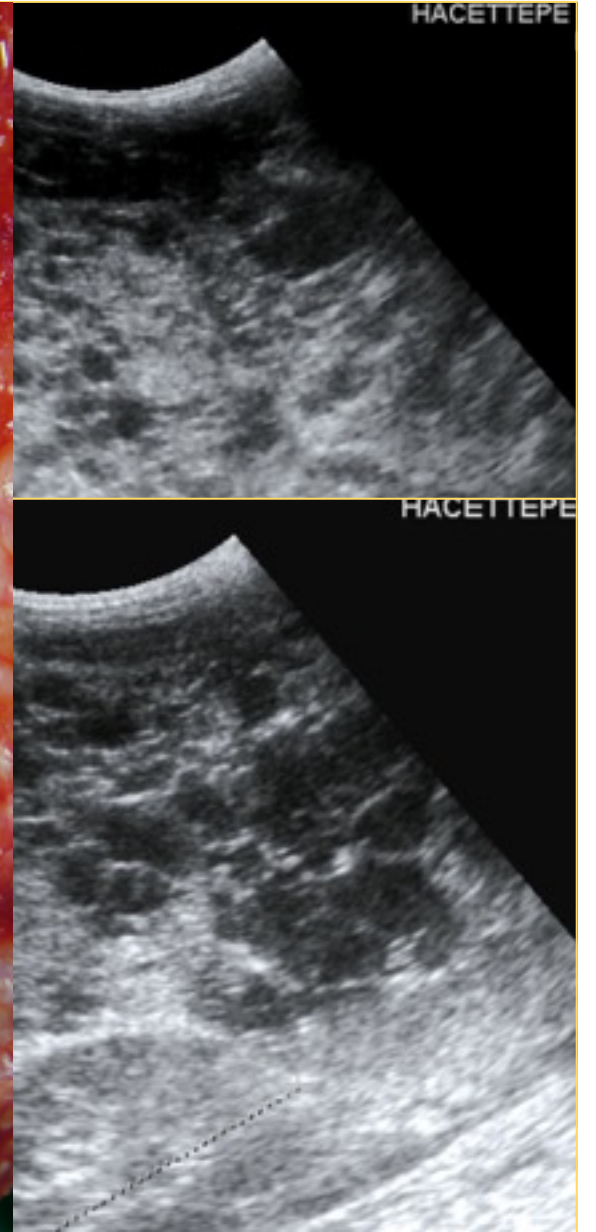
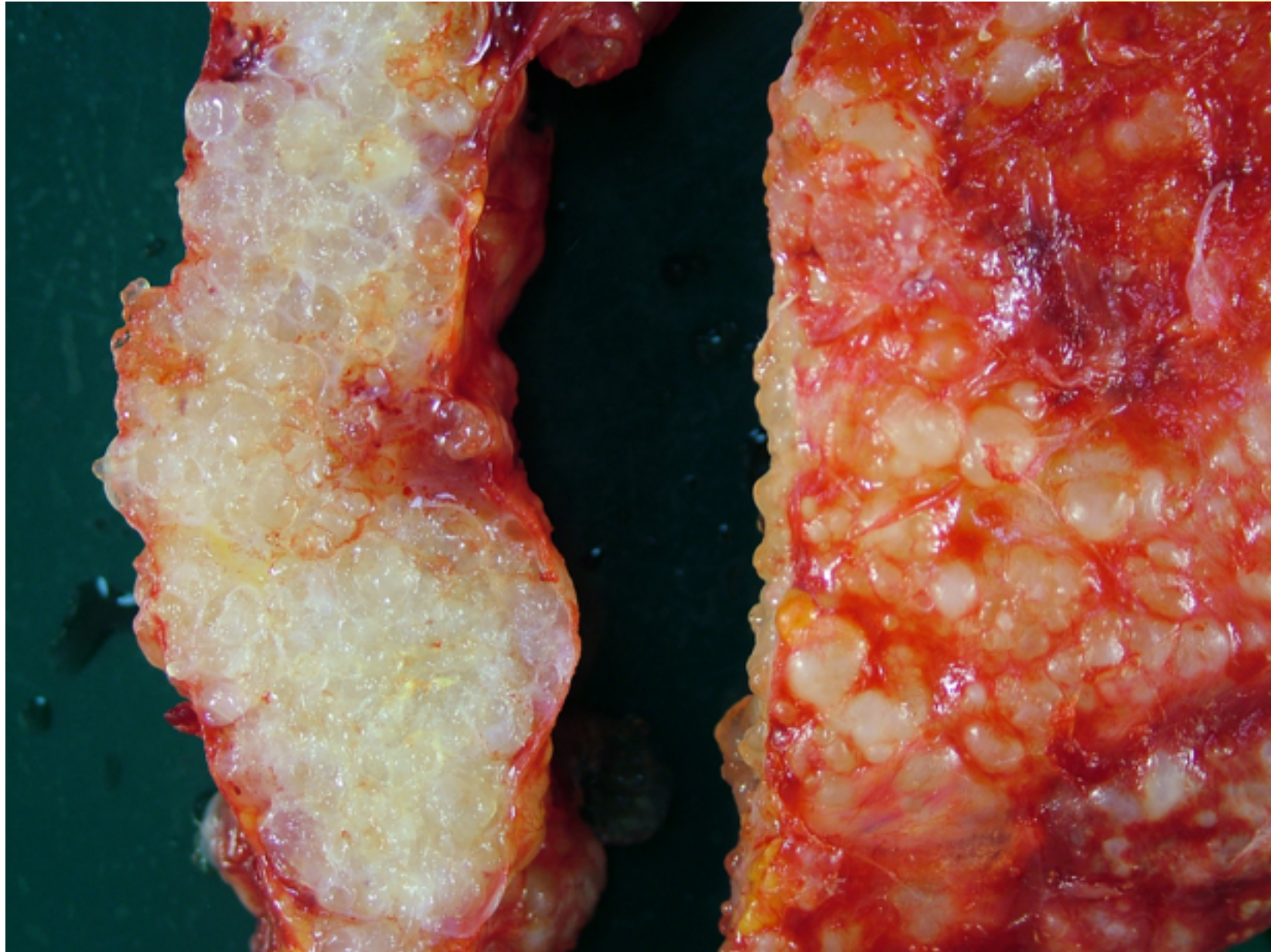
Received May 1, 2014, and in revised form September 2, 2014.

Accepted for publication September 2, 2014.

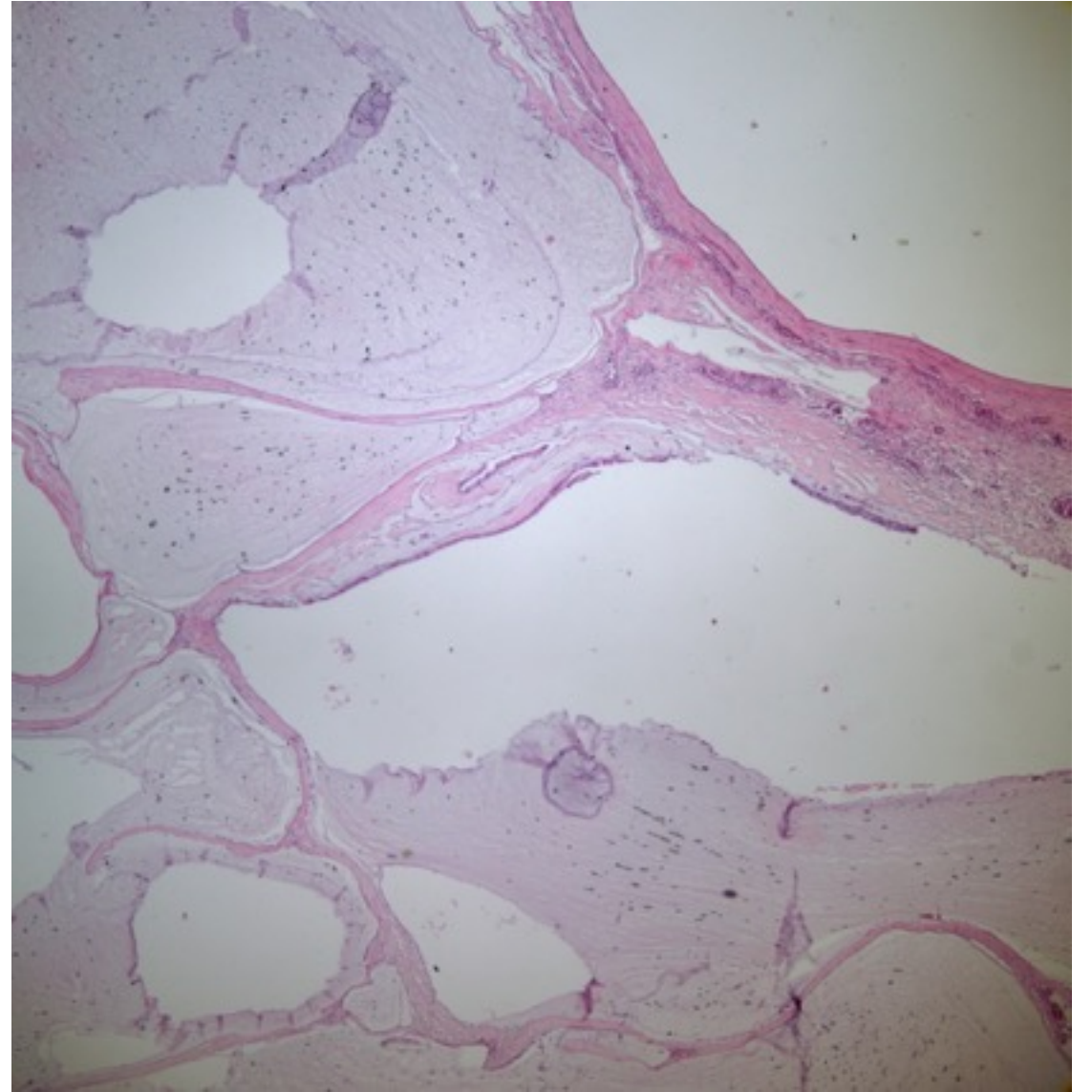
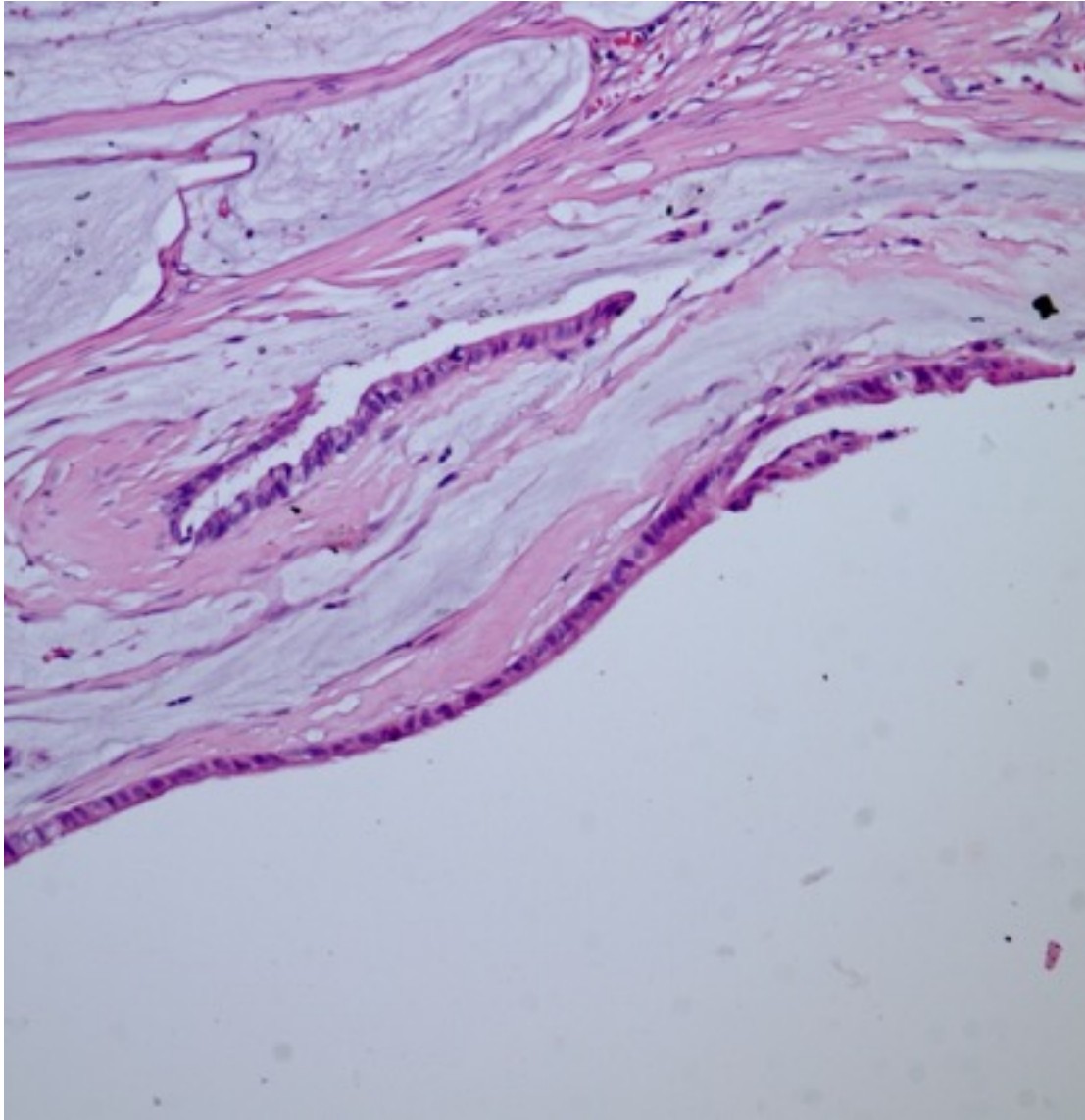
*(Int J Gynecol Cancer 2014;24: S14–S19)*

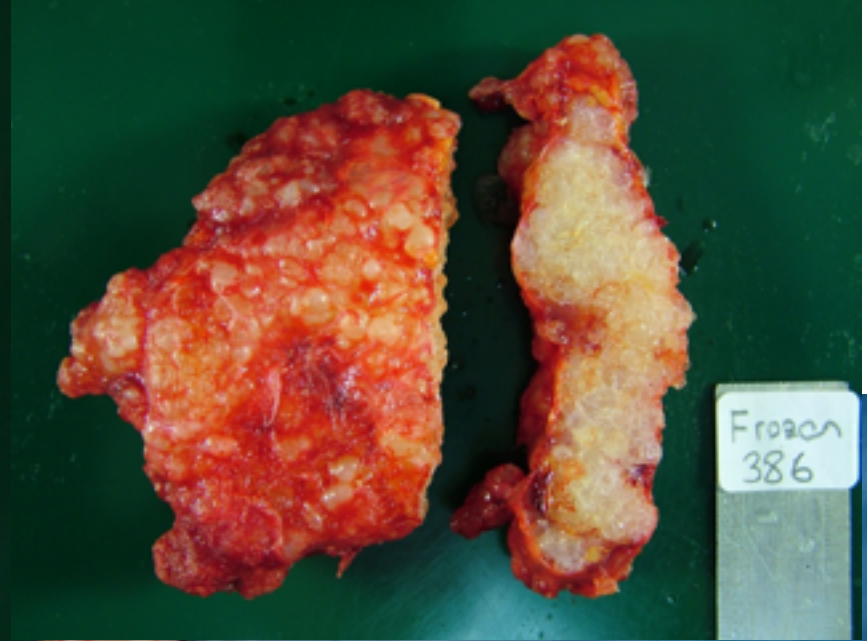
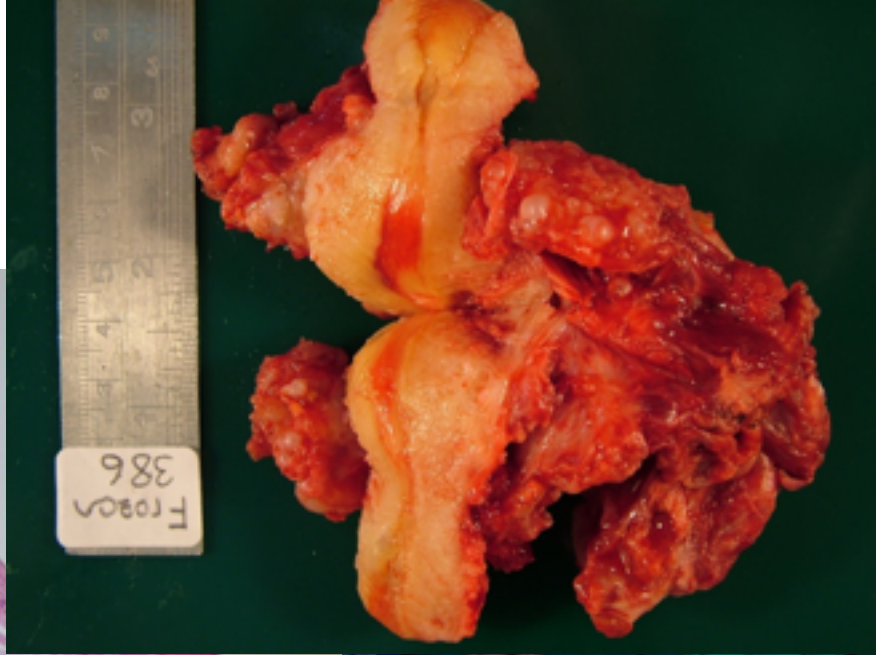
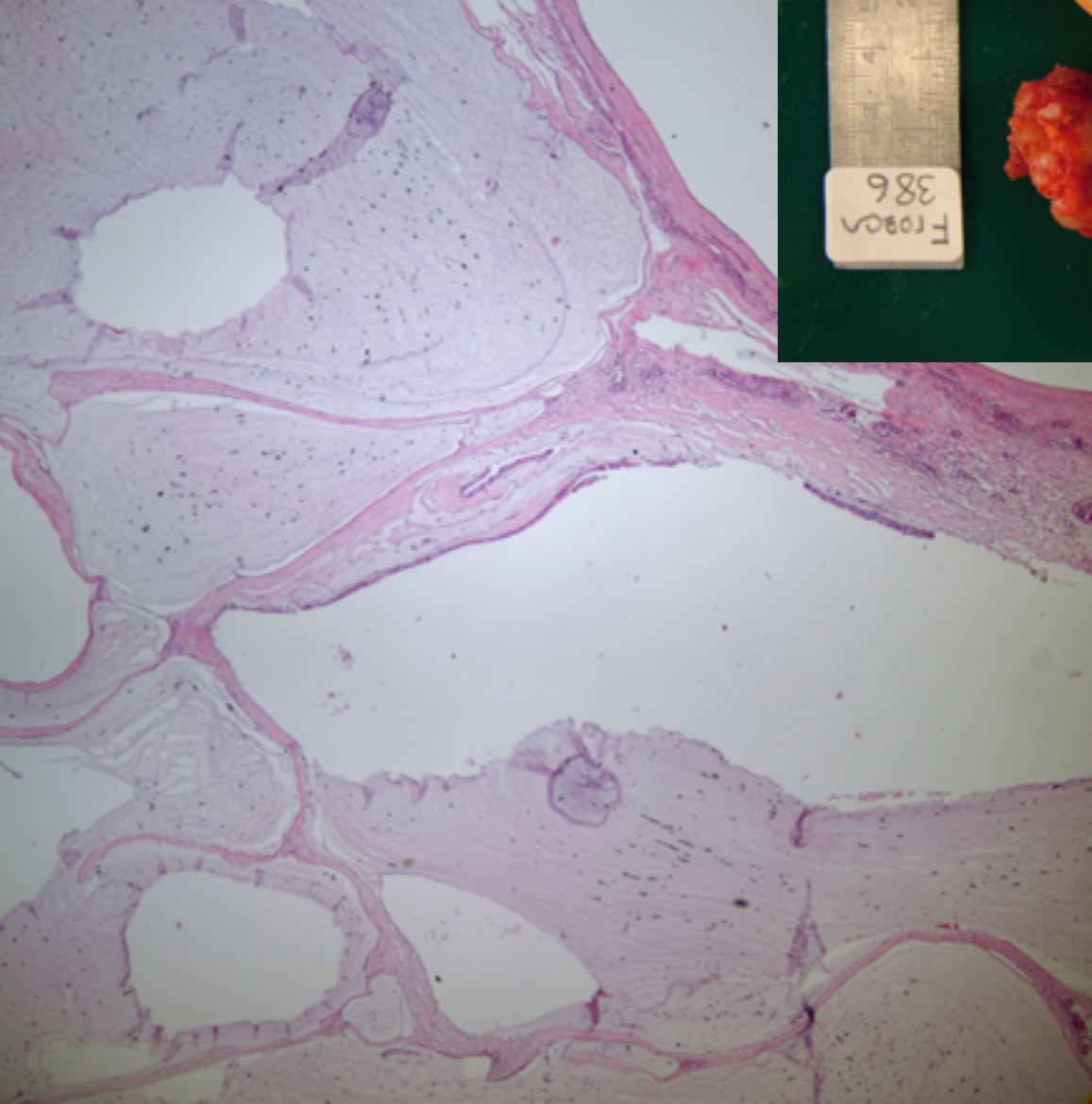
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# Psödomiksoma Peritonei



# Psödomiksoma Peritonei



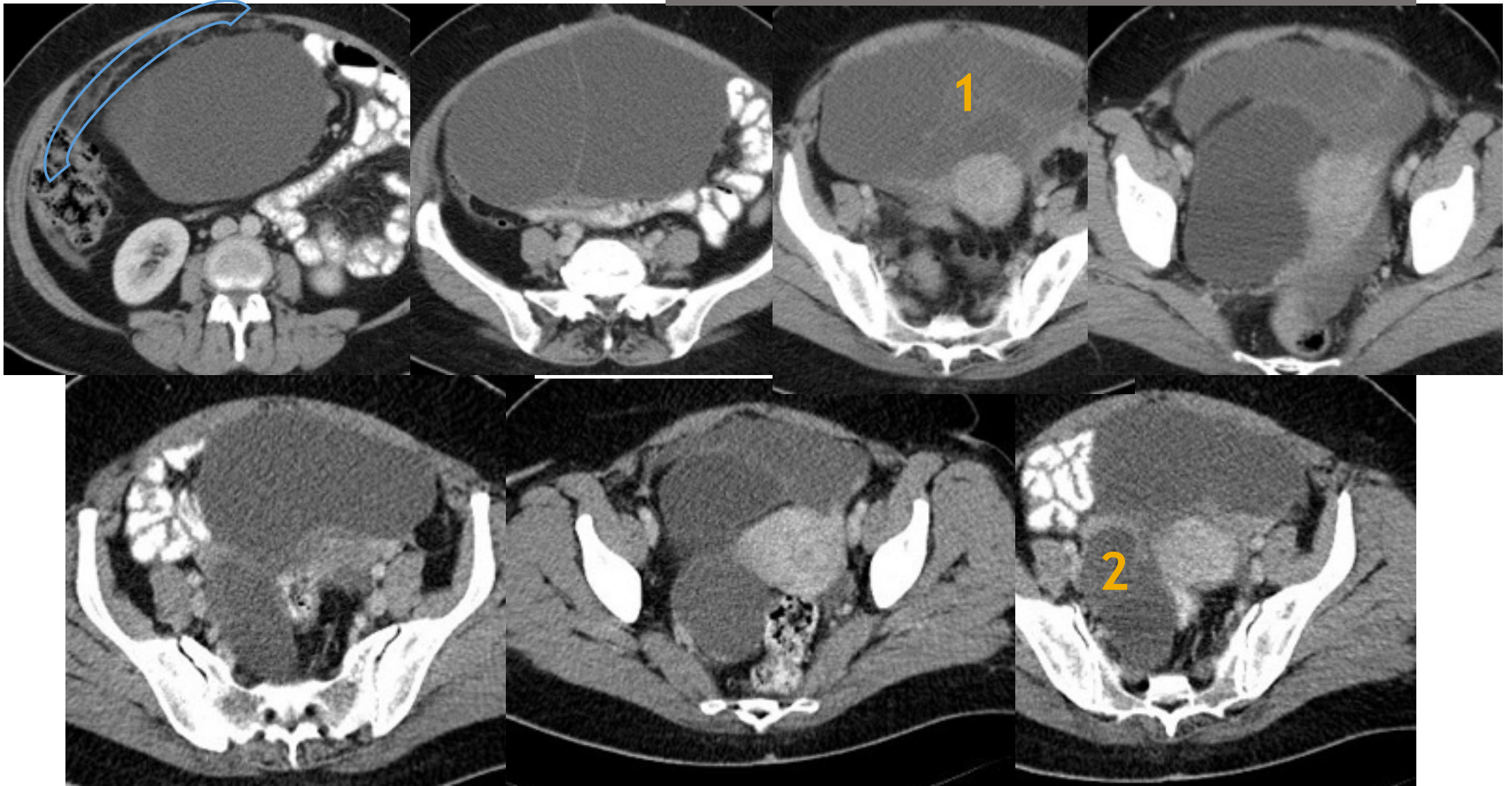




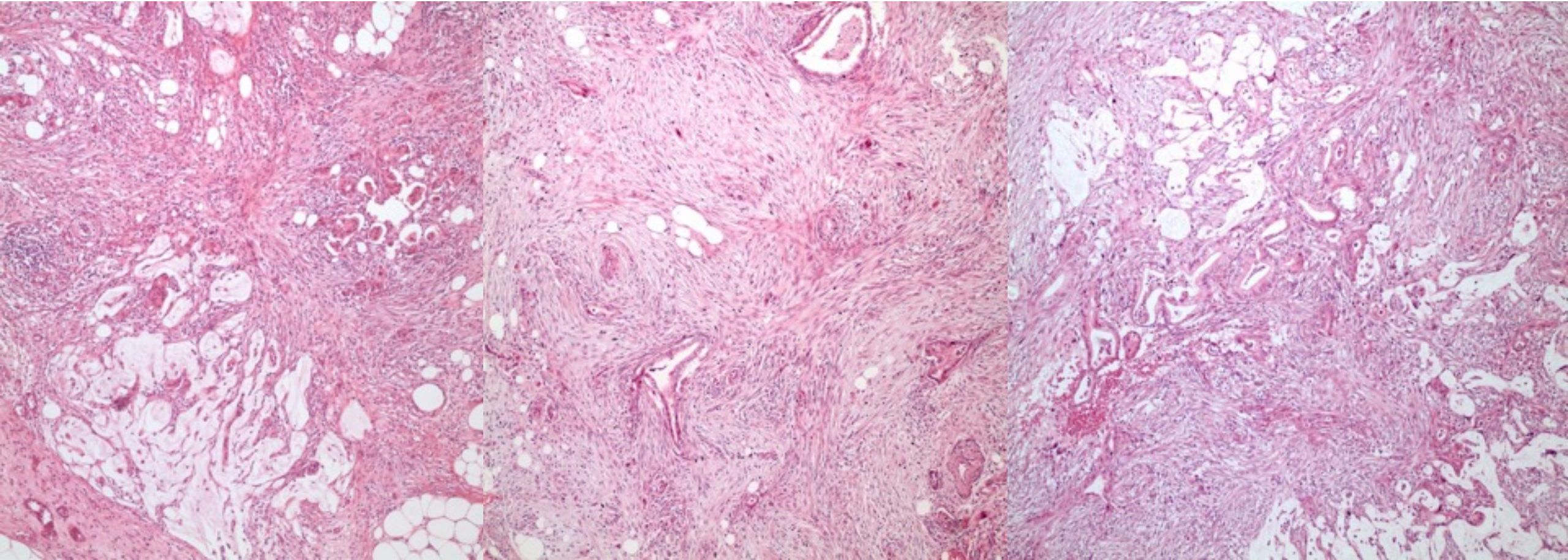


35 y. karında kitle;

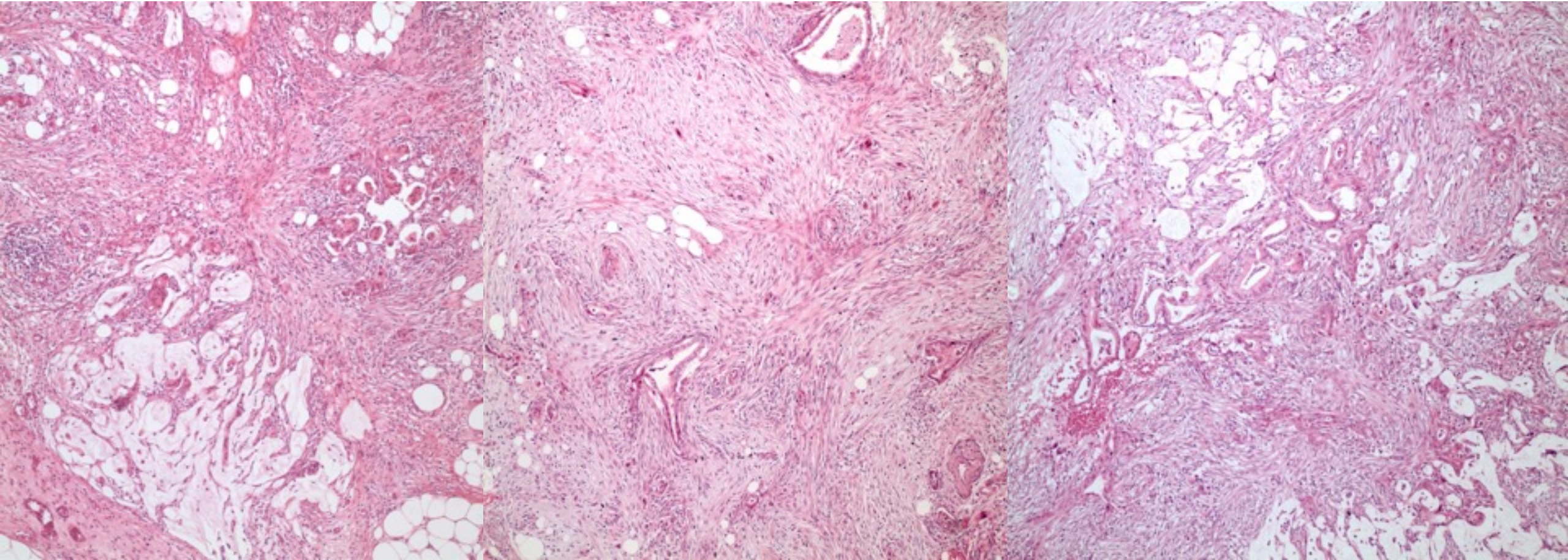
Peritoneal yayılım +  
Bilateral multiseptalı over  
kistleri



????????



# Müsinöz Adenokarsinom Primer GIS?

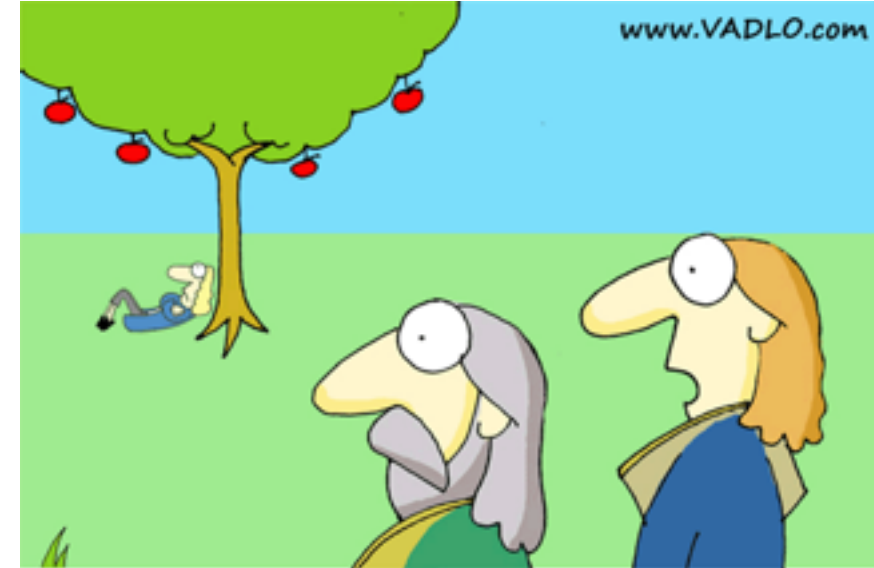


# Müsinöz Karsinom Bilateral Over



# IHK her zaman önemli bir yardımcı yöntem ANCAK....

- Histolojik değerlendirme ve ayırıcı tanı yap
- Uygun ve bir IHK paneli oluştur
- Her zaman negatif ve pozitif kontroller kullan
- Yanlış pozitif ve negatif sonuç olabileceğini unutma



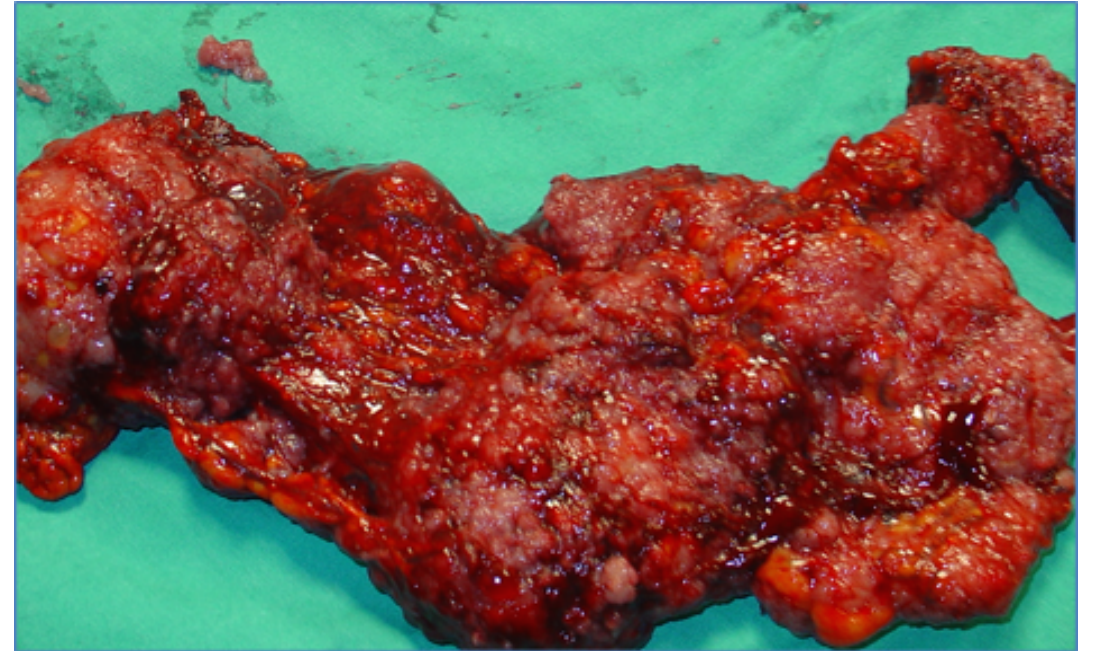
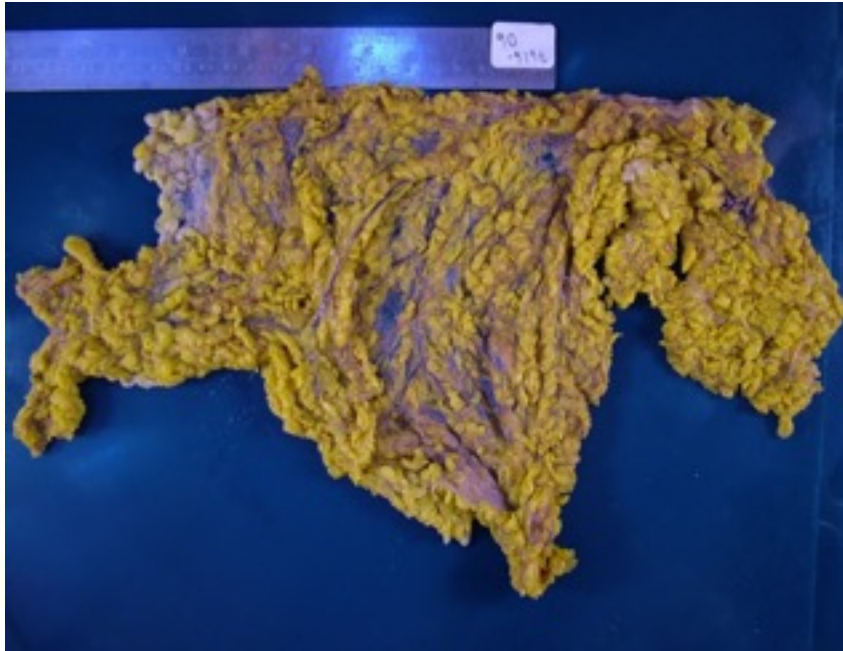
"Reviewers have asked him to reproduce the experiment."

# Omentectomy for Gynecologic Cancer

## How Much Sampling Is Adequate for Microscopic Examination?

*Alp Usubütün, MD; Havva Solak Ozseker, MD; Cigdem Himmetoglu, MD; Serdar Balci, MD; Ali Ayhan, MD*

Arch Pathol Lab Med—Vol 131, October 2007



# Ovary, Fallopian Tube and Primary Peritoneal Carcinoma

## Histopathology Reporting Guide



### Note 7 - Macroscopic description of omentum (Required)

#### Reason/Evidentiary Support

blocks of omentum is suggested. For grossly negative omental specimens the sampling recommendations are variable – sampling of 3-5 blocks is recommended in one study,<sup>36</sup> other studies suggest 1 block for every 67 mm of maximal dimension of omentum<sup>35</sup> or at least 1 block for every 20 mm of maximum omental dimension.<sup>37</sup> Taking 4-6 blocks in cases where the omentum is grossly negative in patients with an ovarian carcinoma or borderline tumour is recommended.

*Int J Gynecol Cancer* 16:36-40.

36      Usubütün A, Ozseker HS, Himmetoglu C et al (2007). Omentectomy for gynecologic cancer: how much sampling is adequate for microscopic examination? *Arch Pathol Lab Med* 131:1578-1581.

37      Seidman JD, Soslow RA, Vang R et al (2004). Borderline ovarian tumors: diverse contemporary

## INTERNATIONAL COLLABORATION ON CANCER REPORTING

### PRIOR CHEMOTHERAPY (Note 2)

- No chemotherapy administered       Not known  
 Prior chemotherapy administered

### RESPONSE TO NEOADJUVANT THERAPY (Note 17)


- No prior treatment  
 Cannot be assessed

### Chemotherapy Response Score (CRS)

Score	Criterion	TRG
1	Mainly viable tumour with minimal regression-associated fibro-inflammatory changes* limited to a few foci	No or minimal tumour response
2	Multifocal or diffuse regression associated fibro-inflammatory changes*, with viable tumour ranging from diffuse sheets, streaks or nodules, to extensive regression with multifocal but easily identifiable residual tumour.	Partial tumour response
3	Mainly regression, with few irregularly scattered individual tumour cells or cell groups (all measuring less than 2 mm), or no residual tumour identified.	Complete or near-complete response

## Data set for reporting of ovary, fallopian tube and primary peritoneal carcinoma: recommendations from the International Collaboration on Cancer Reporting (ICCR)

**MODERN PATHOLOGY** (2015) 28, 1101–1122

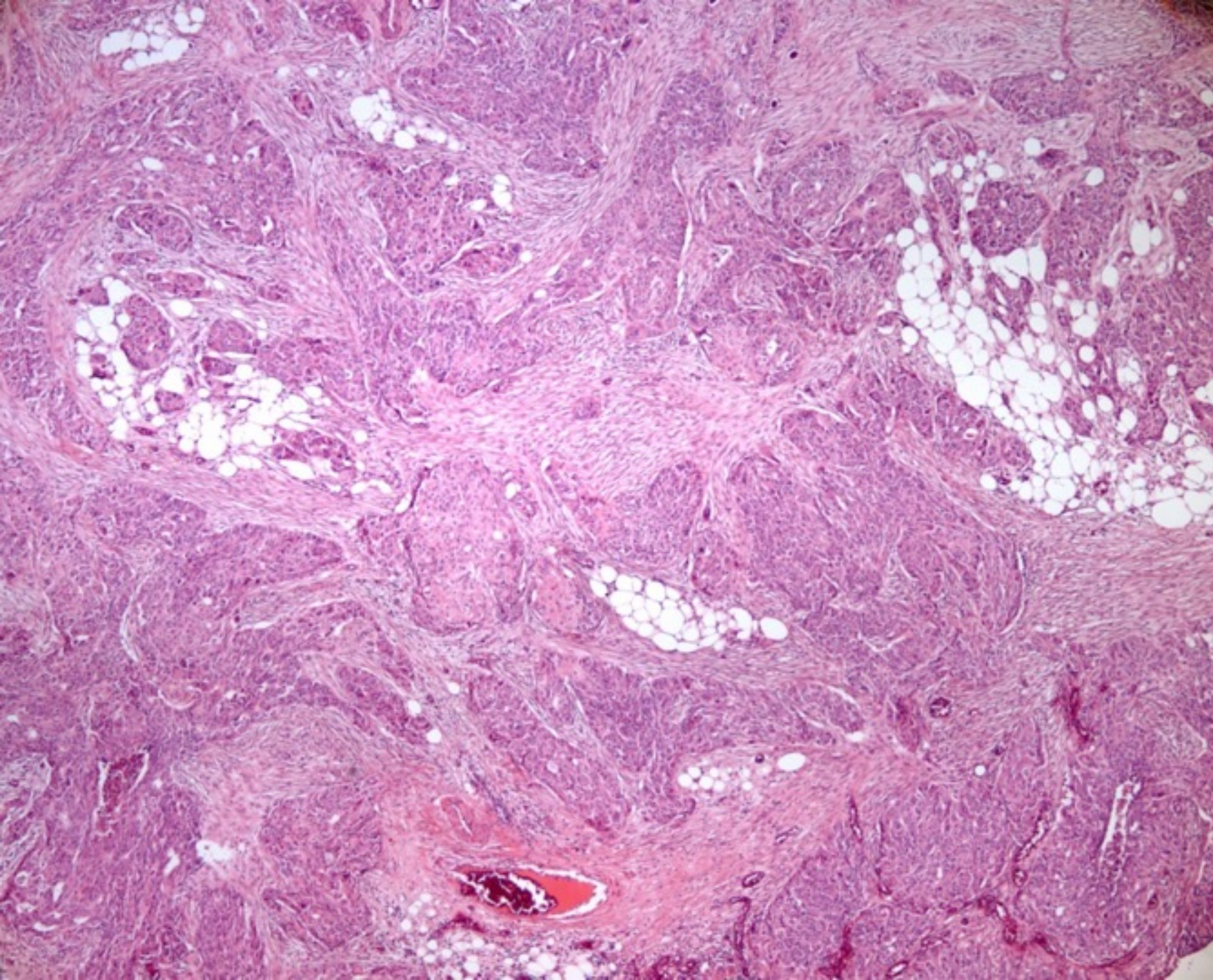
© 2015 USCAP, Inc All rights reserved 0893-3952/15 \$32.00

W Glenn McCluggage<sup>1,15</sup>, Meagan J Judge<sup>2</sup>, Blaise A Clarke<sup>3</sup>, Ben Davidson<sup>4,5</sup>, C Blake Gilks<sup>6</sup>, Harry Hollema<sup>7</sup>, Jonathan A Ledermann<sup>8</sup>, Xavier Matias-Guiu<sup>9</sup>, Yoshiki Mikami<sup>10</sup>, Colin JR Stewart<sup>11,12</sup>, Russell Vang<sup>13</sup> and Lynn Hirschowitz<sup>14,16</sup>



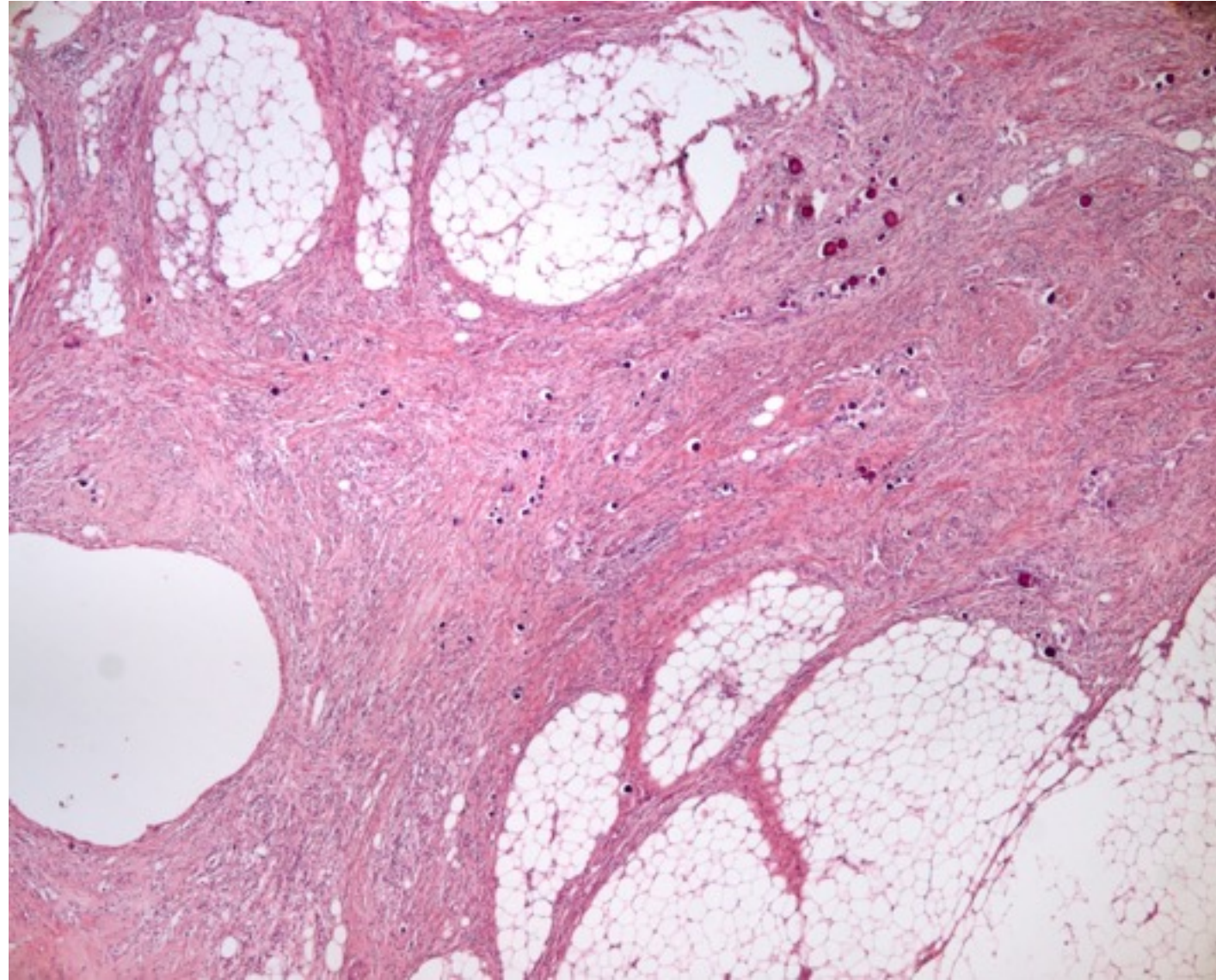
# Regresyon ilişkili fibroinflamatuvar deęişiklik

- Fibrozis, köpük hücreleri de içeren makrofajlar, mikst inflamatuvar hücreler ve psammom cisimleri ile ilişkili
- Tümör ile ilişkili desmoplazi ve inflamatuvar deęişikliklerden ayrılmalı

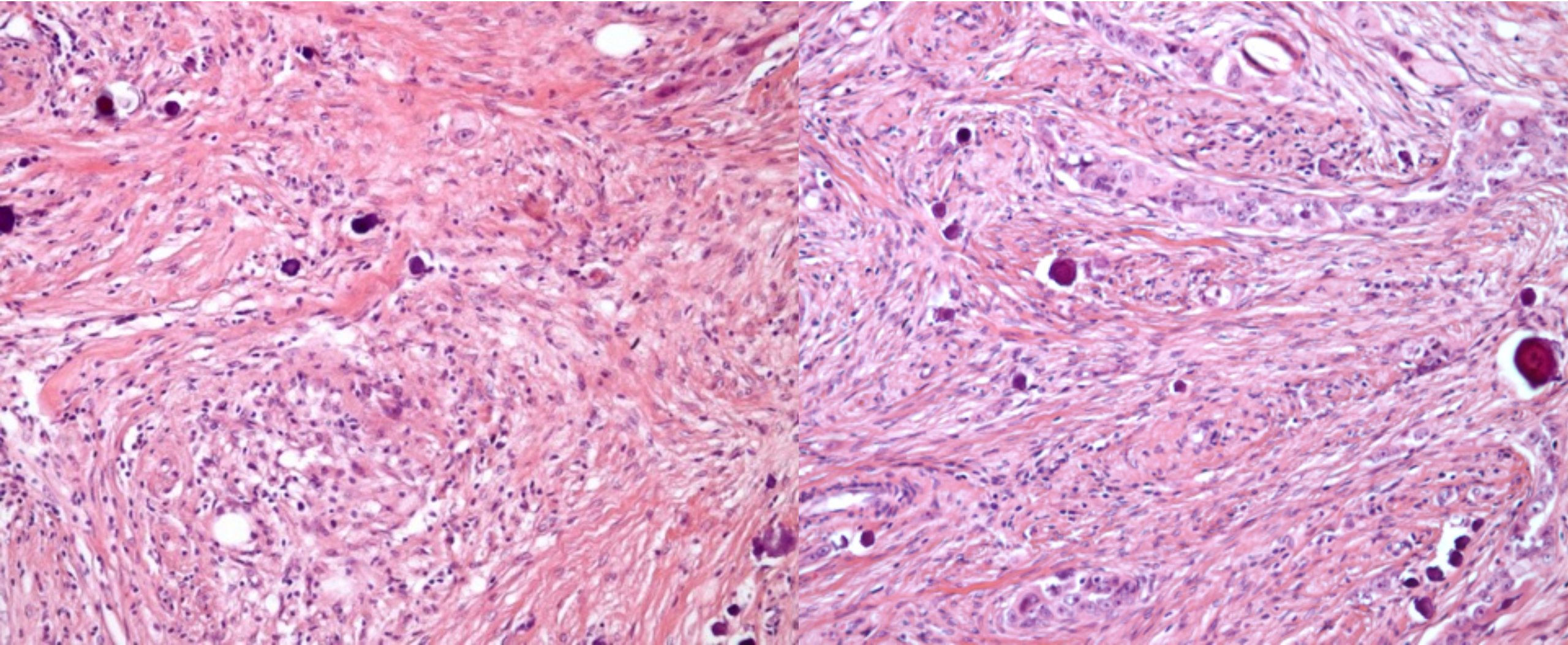


**Skor 1**  
**Minimal yanıt**  
**/ yanıt yok)**

# Skor 2 (Parsiyel yanıt)



# Skor 2 (Parsiyel yanıt)



# Skor 3 (Tam yada tama yakın yanıt)

