

Stati precancerosi nelle VADS

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Biologia molecolare del cancro

GENI DI “SORVEGLIANZA”

ONCOSOPPRESSORI

ONCOGENI

Inattivazione

Iperattivazione

Differenziazione

Morte

Proliferaazione

CANCRO

Patogenesi del Cancro

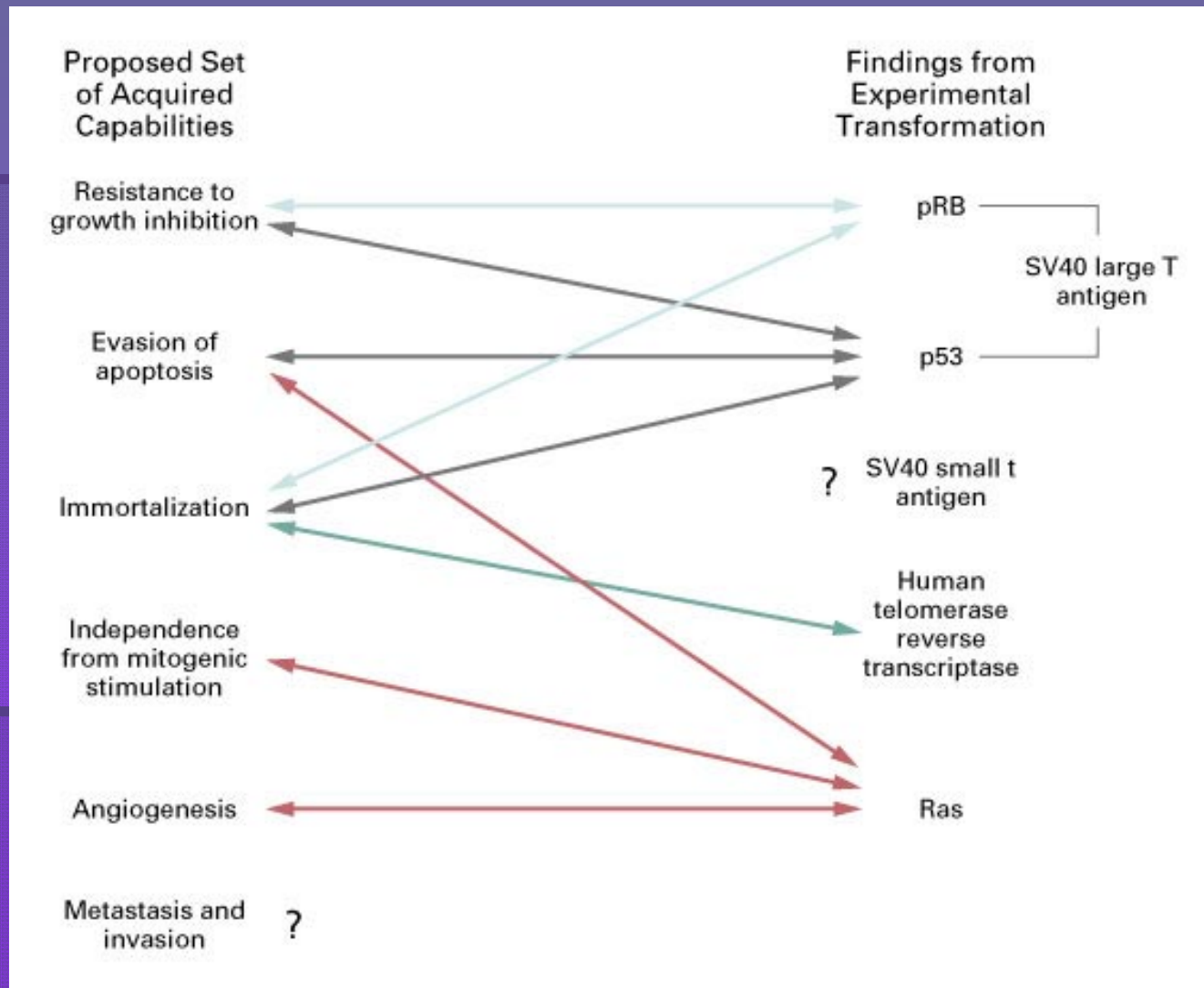
Circuiti di regolazione alterati

1. pRb pathway
2. p53 pathway
3. Ras pathway
4. Sistema di mantenimento dei telomeri
5. Circuito regolante l'angiogenesi

Proprietà acquisite del cancro

- 1. Indipendenza da fattori di crescita esogeni**
- 2. Insensibilità a fattori inibenti la crescita cellulare**
- 3. Inibizione dei meccanismi di apoptosi**
- 4. Immortalità**
- 5. Capacità di indurre l'angiogenesi**
- 6. Capacità di invadere i tessuti e metastatizzare**

Acquired Capabilities, Molecular Pathways, and the Transformation of Human Cells: Emerging Rules That Govern Cancer Formation

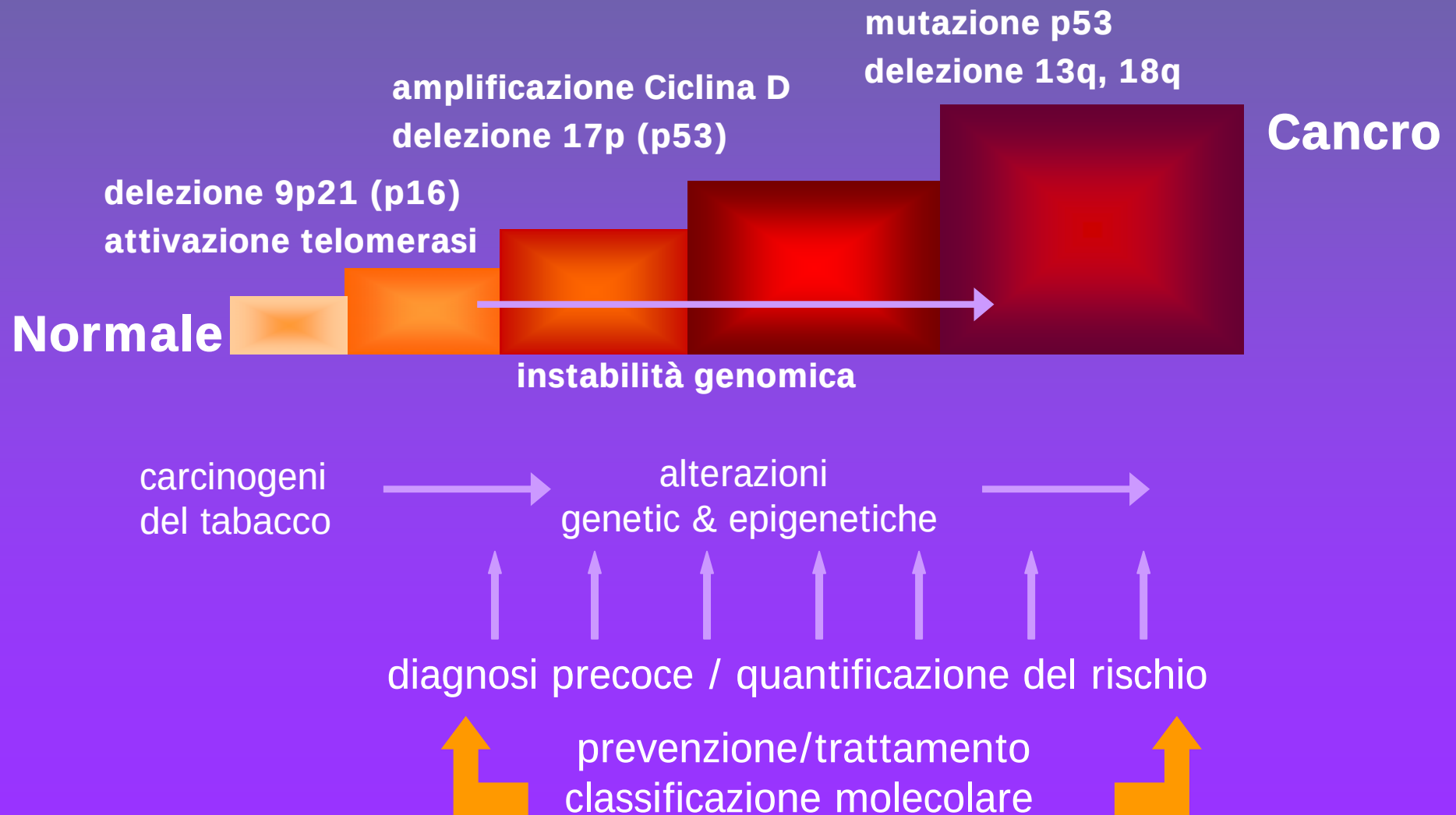


Hahn and Weinberg, N Engl J Med 2002;347:1593-1603



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Modello di oncogenesi nel cancro testa-collo



Quali implicazioni cliniche?

- **Lesioni precancerose**
- **Secondi tumori primitivi**

Istologia del cavo orale

Epitelio squamoso stratificato

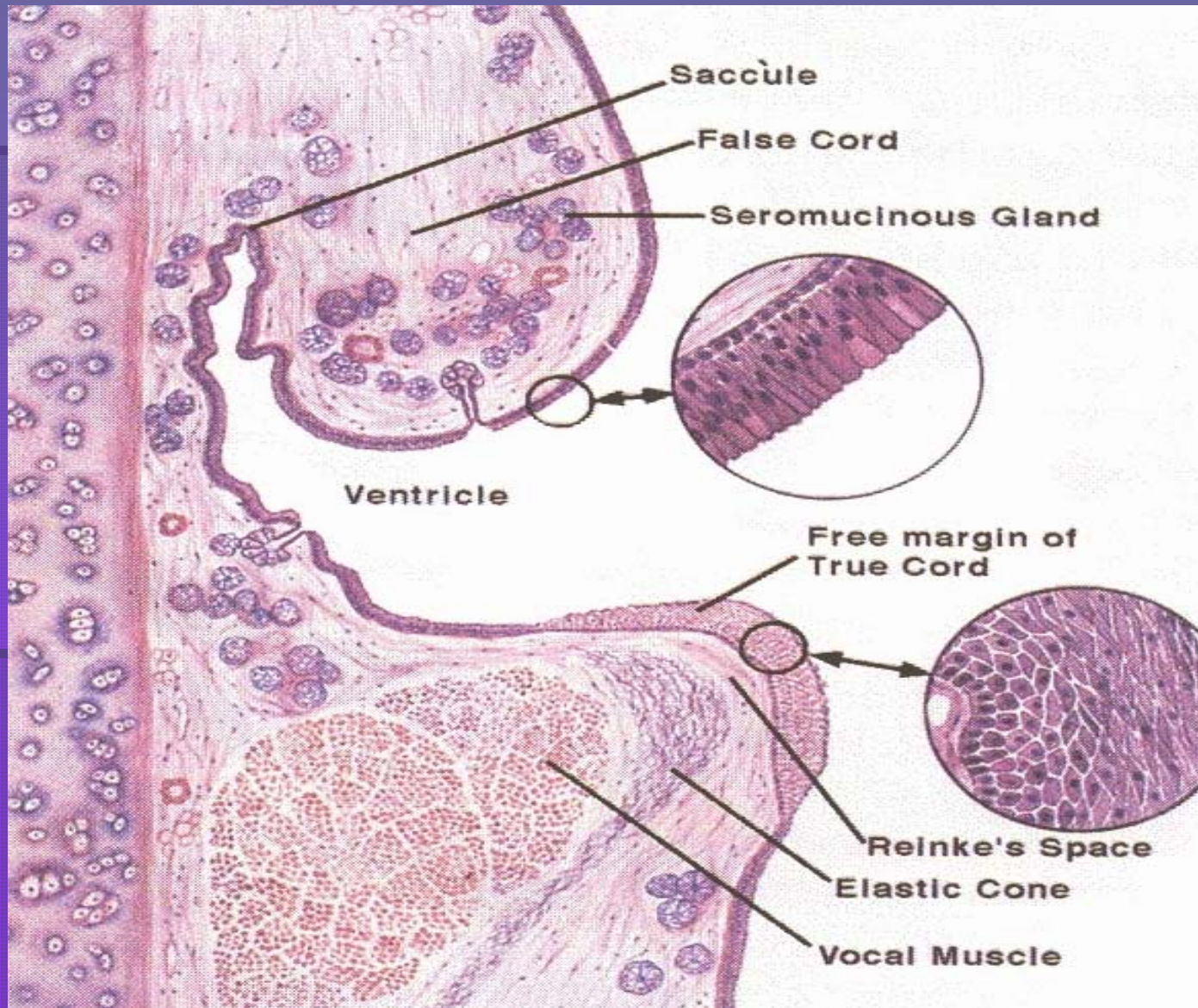
1. non cheratinizzato
2. cheratinizzato: superficie masticatoria

Istologia della laringe

2 Tipi di Epitelio:

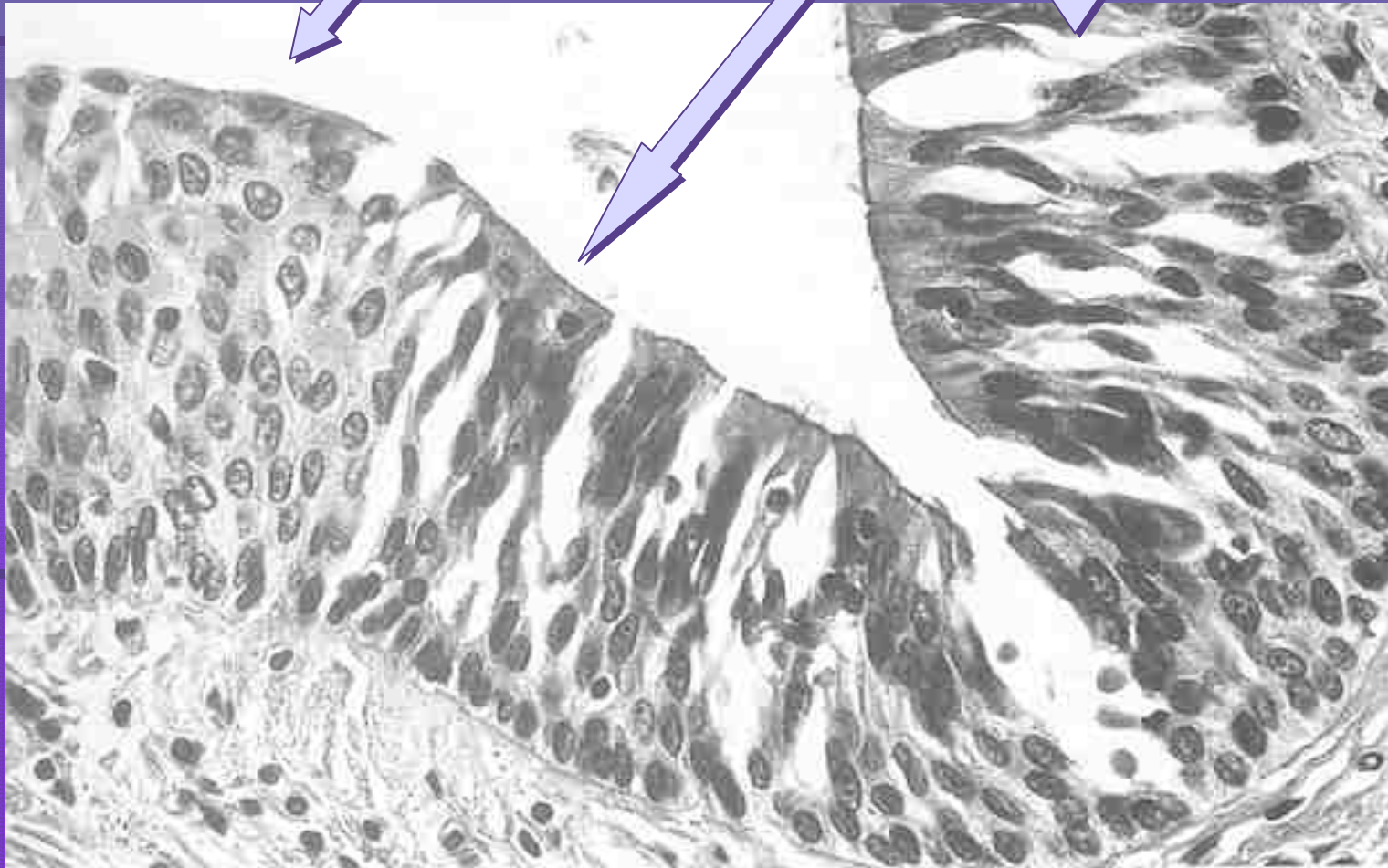
1. Epitelio pseudostratificato ciliato di tipo respiratorio
2. Epitelio squamoso stratificato non cheratinizzato

Istologia della laringe



Epitelio ciliado respiratorio

Metaplasia squamosa



Precancerosi

- **Lesione precancerosa**
- **Condizione precancerosa**

Definizioni

Terminologia clinica:

Leucoplachia

Eritroplachia

Definizioni

Leucoplachia:

placca biancastra che non può essere identificata con nessun'altra lesione e che non è associata a nessun agente eziologico eccetto il fumo di tabacco.

Classificazione eziologica:

associata all'uso tabacco

non associata all'uso di tabacco

Classificazione clinica:

tipo omogeneo

tipo non omogeneo

Significato clinico

- **Regressione**
- **Trasformazione**

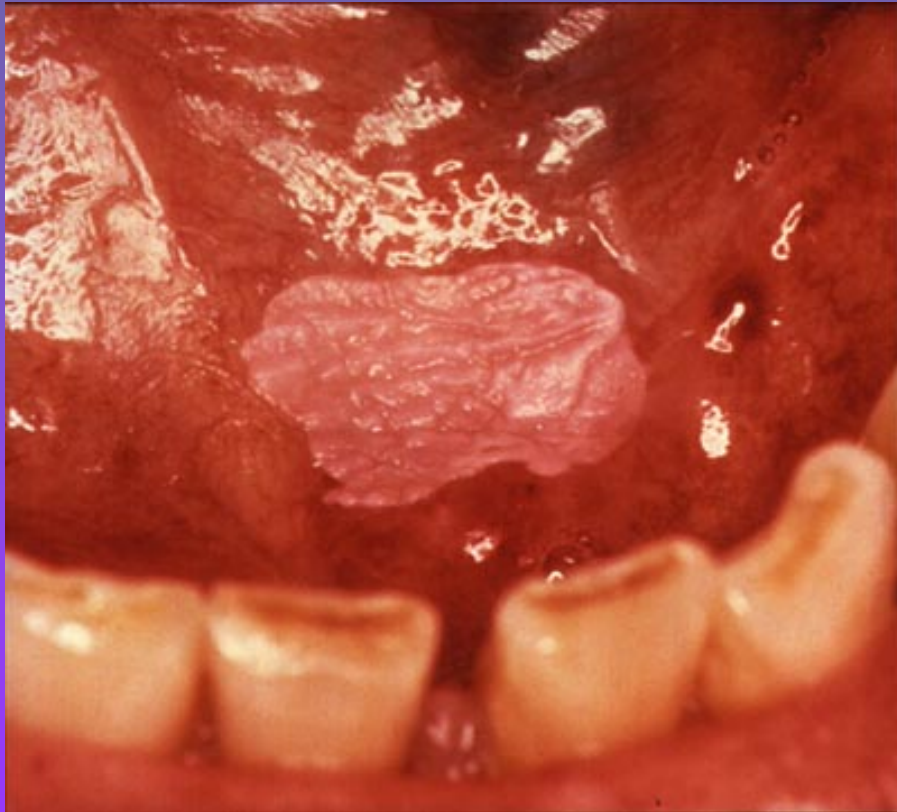
sede

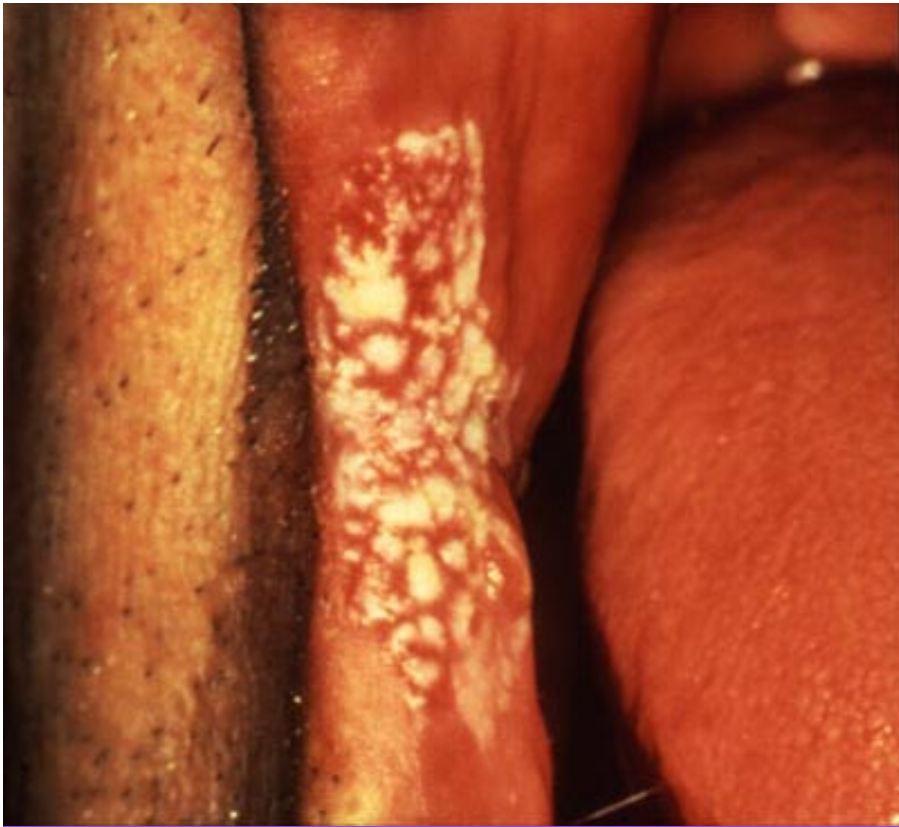
fattori di rischio

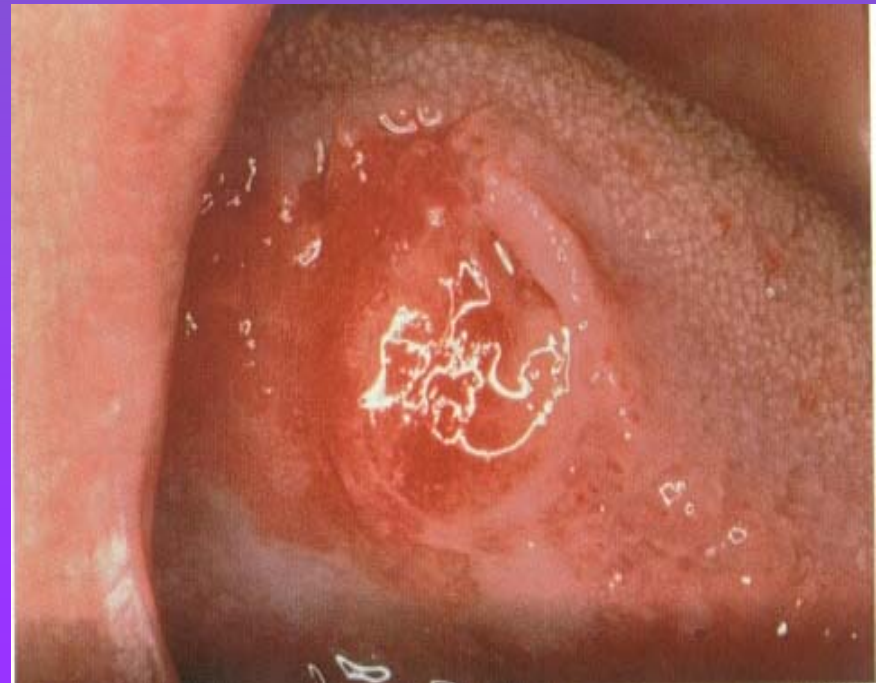
età

sessu

morfologia









Forme particolari

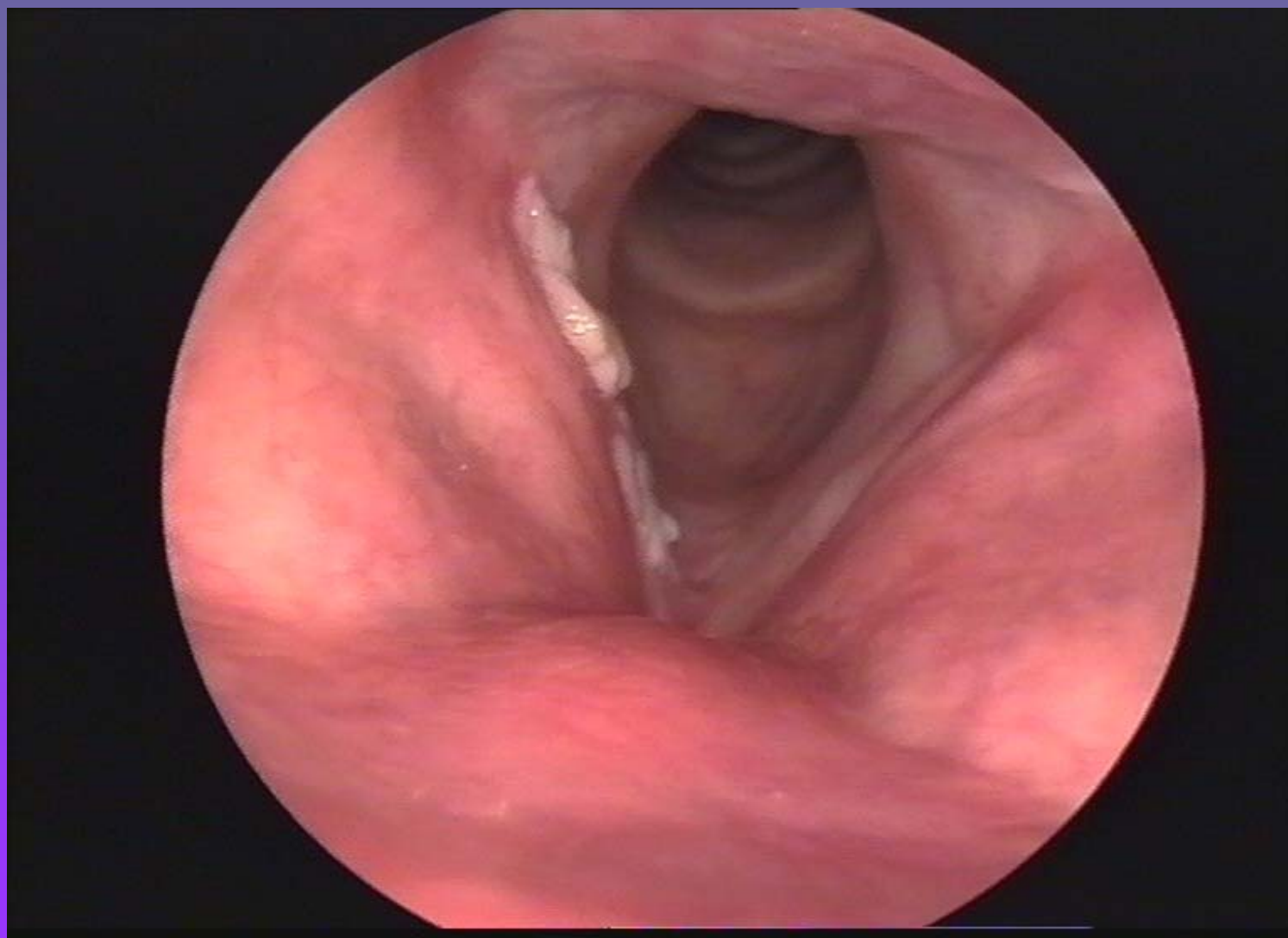
- Leucoplachia verrucosa proliferativa

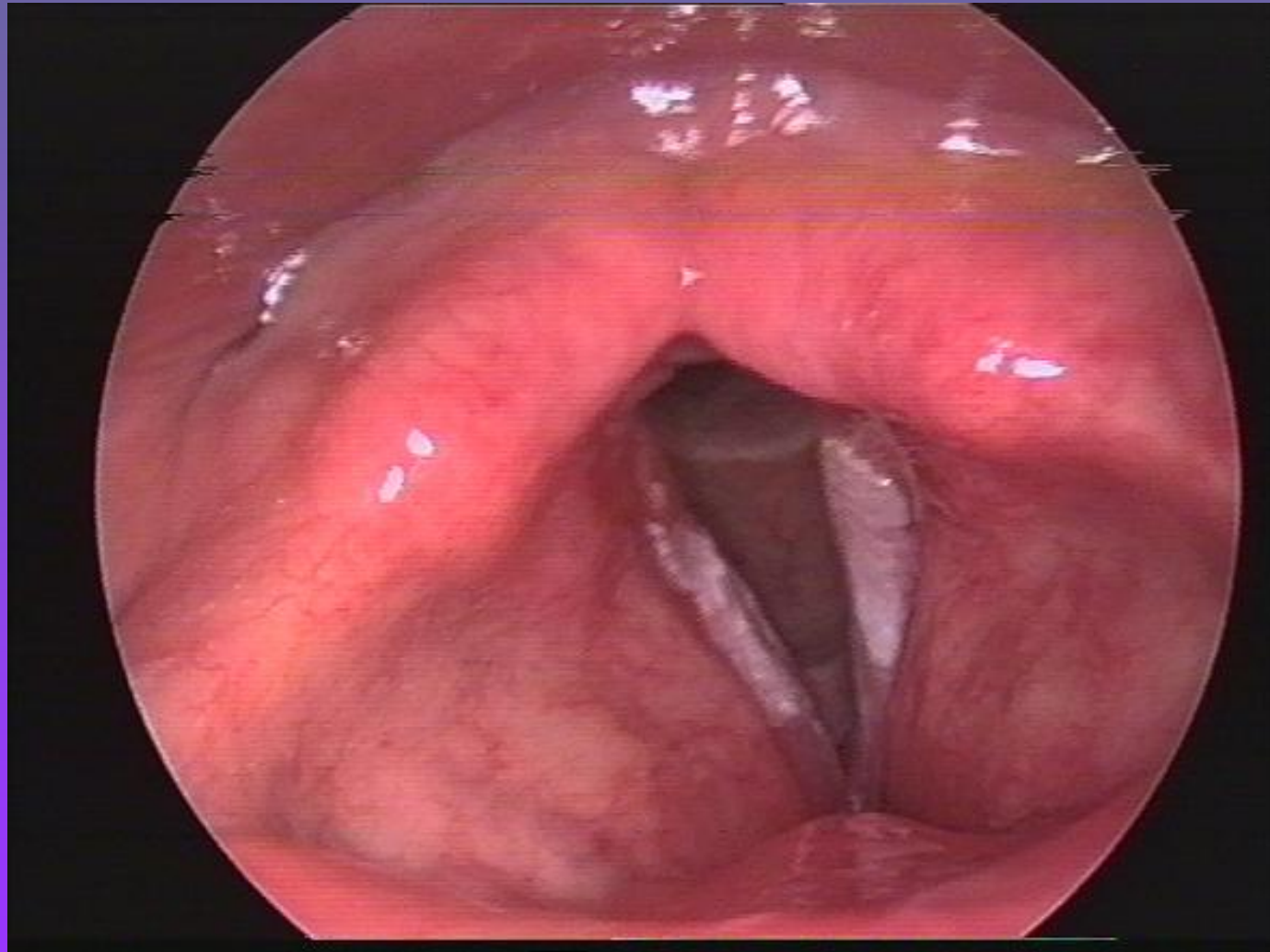


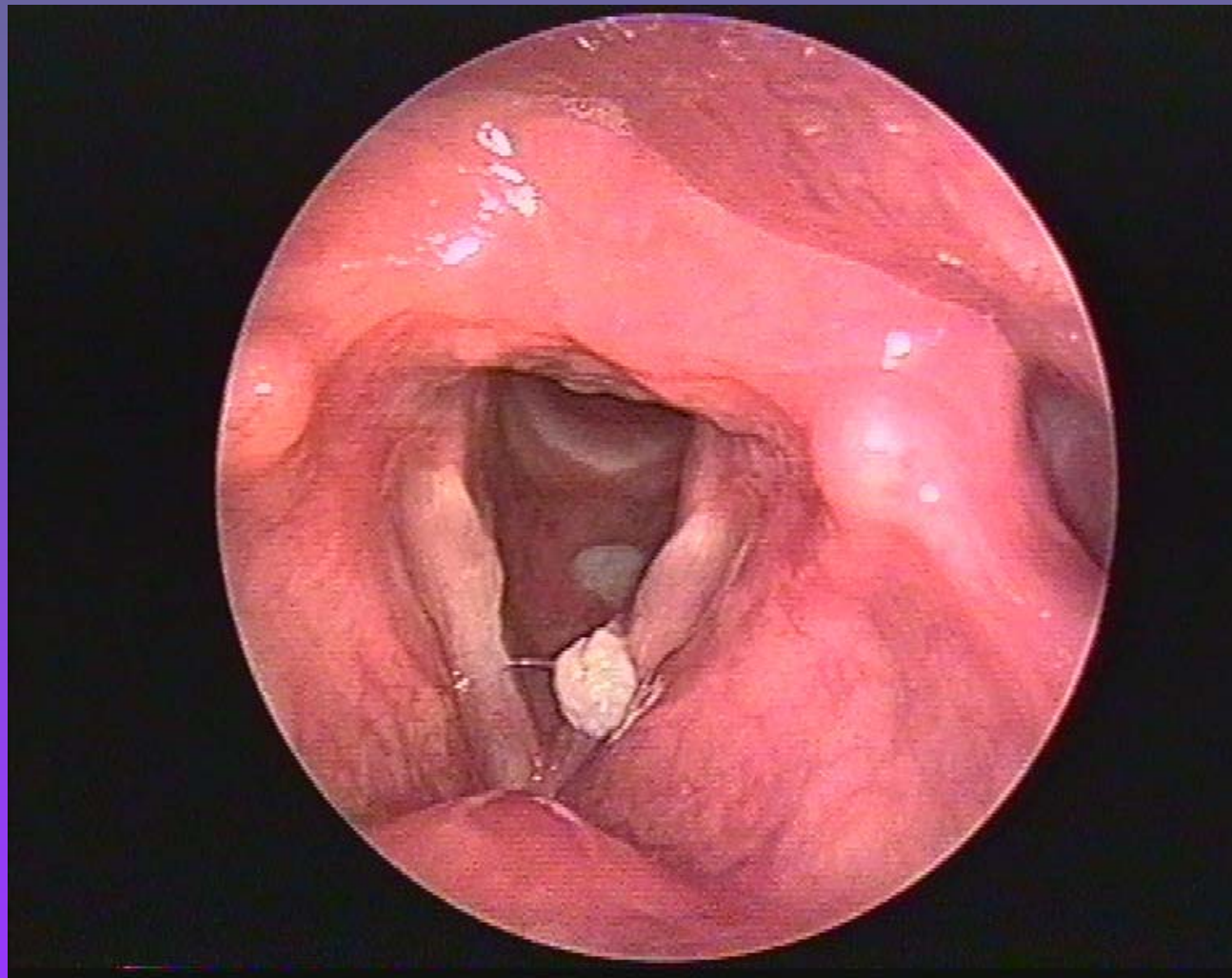
- Oral hairy leukoplakia

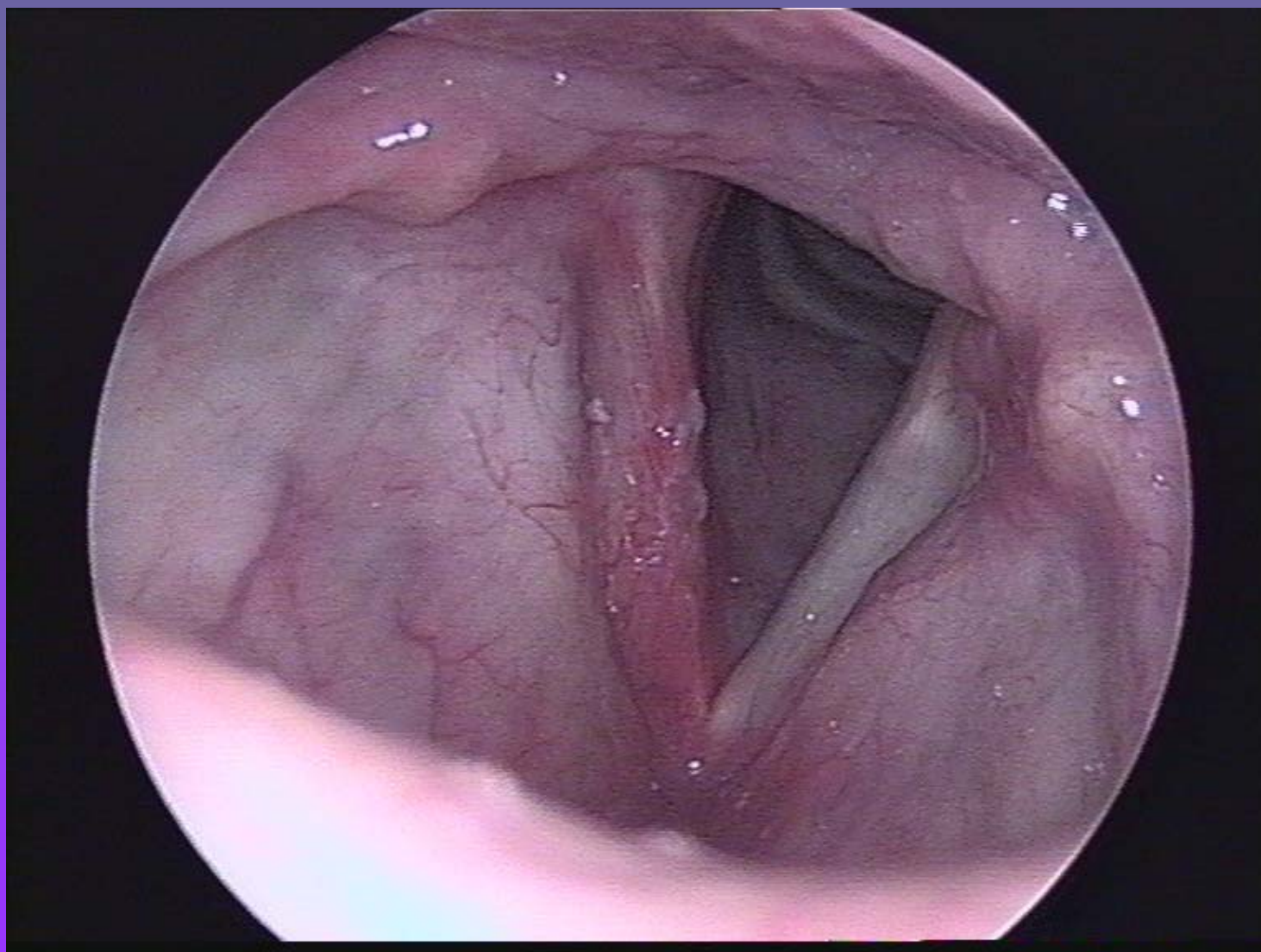


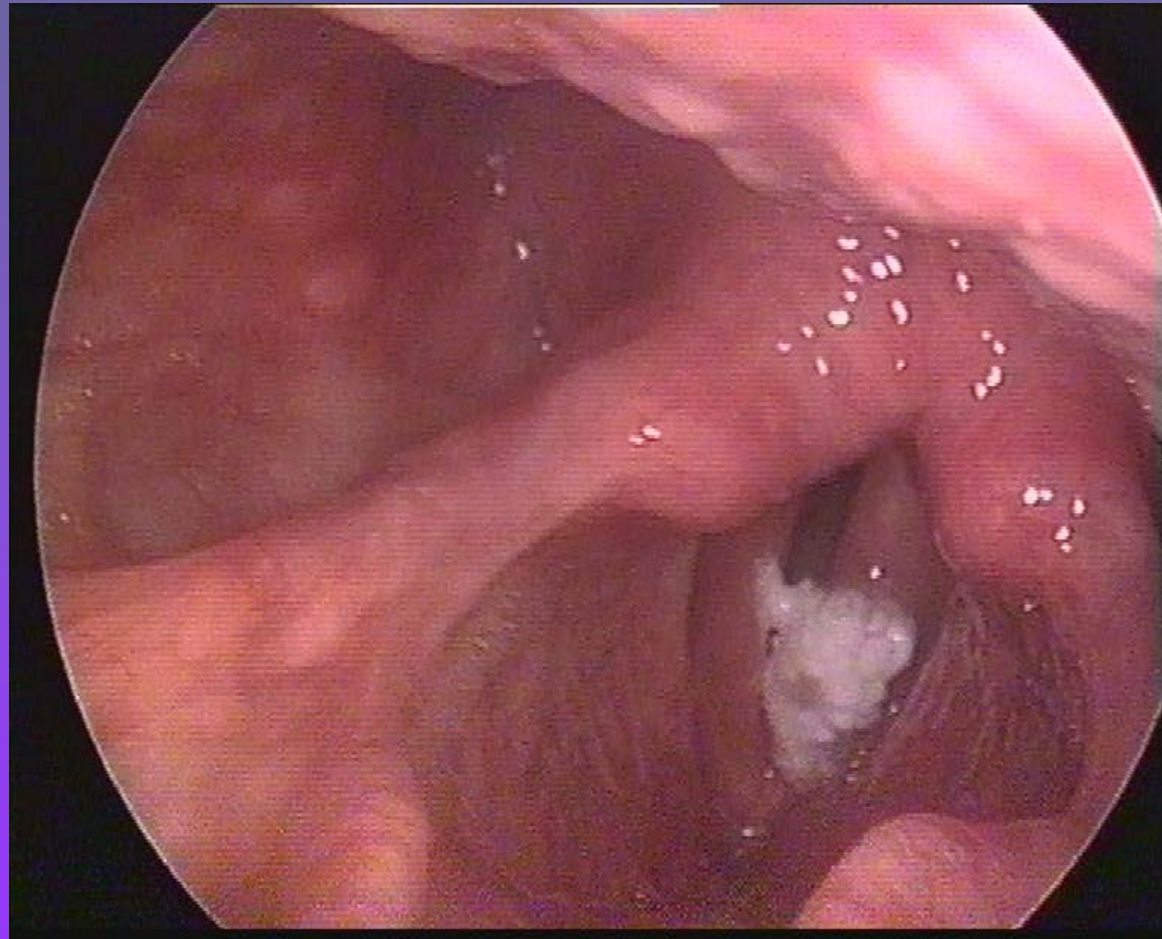


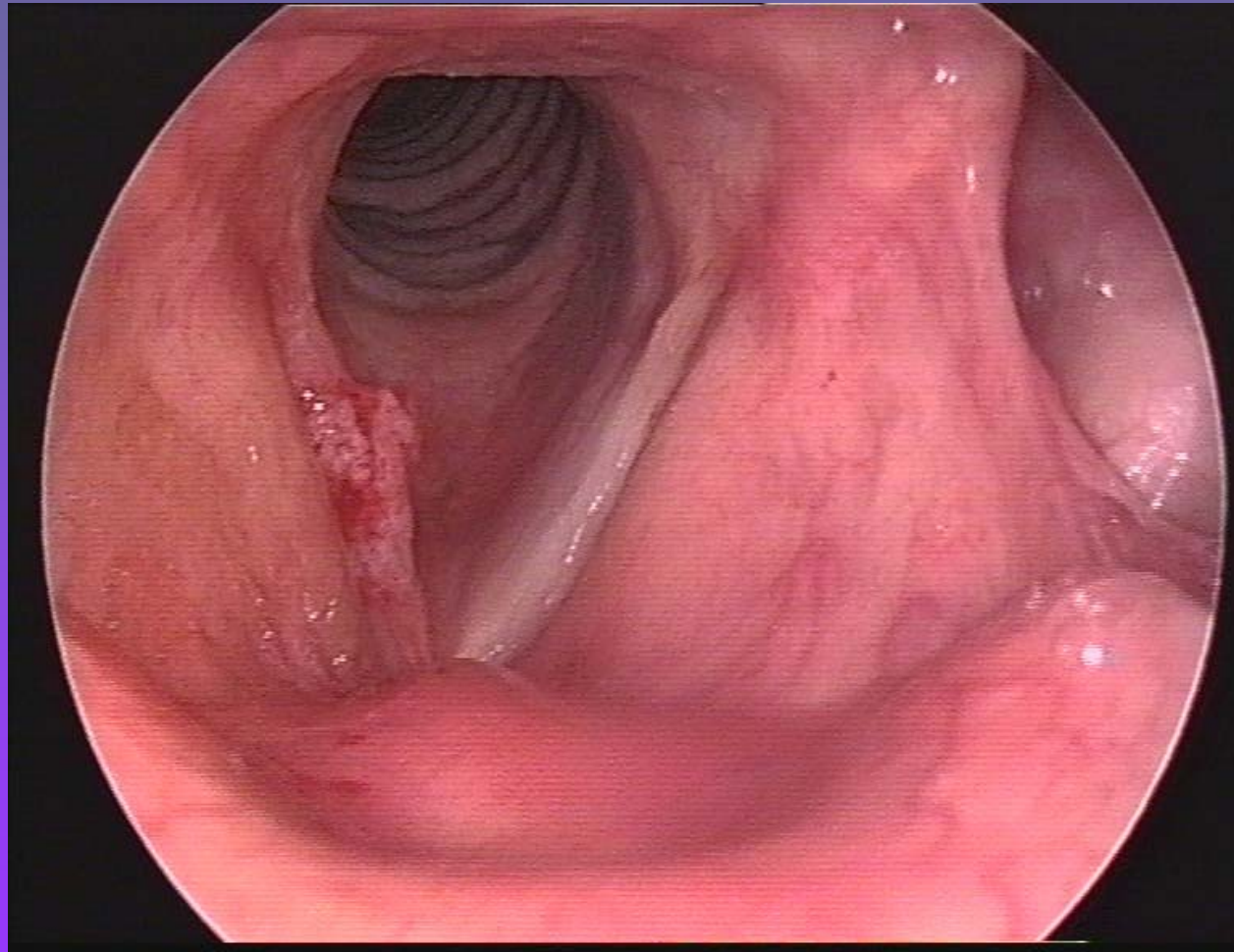












Terminologia anatomo-patologica

Iperplasia semplice “benigna”

Displasia: lieve

moderata

severa/carcinoma in situ



Evoluzione della displasia

Displasia:	% Evoluzione a Carcinoma
Lieve	2%
Moderata	13%
Severa	23%

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ORIGINAL ARTICLE

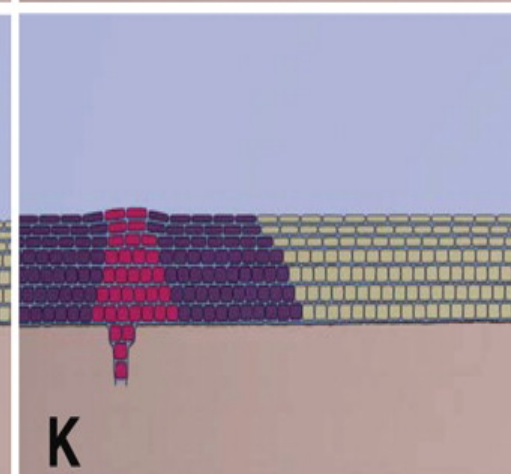
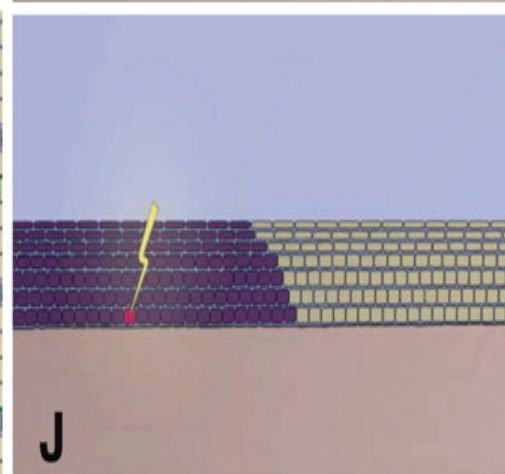
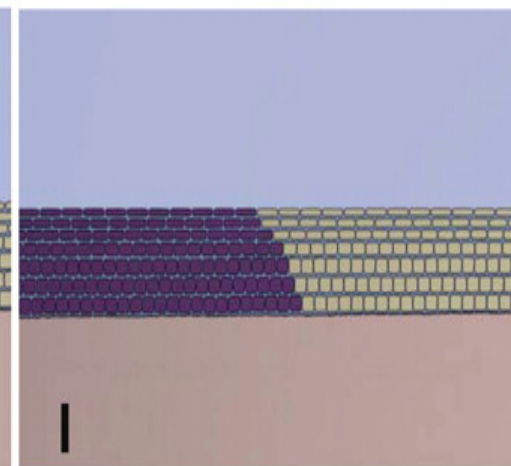
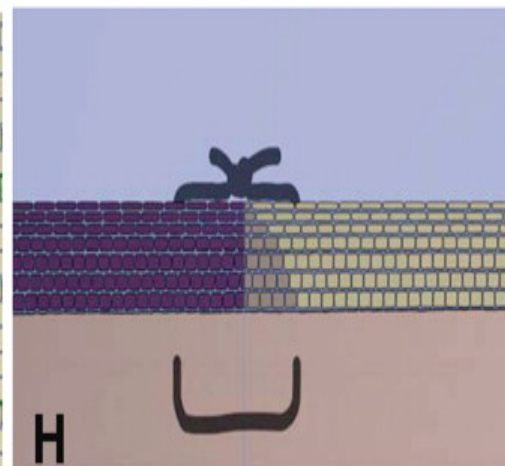
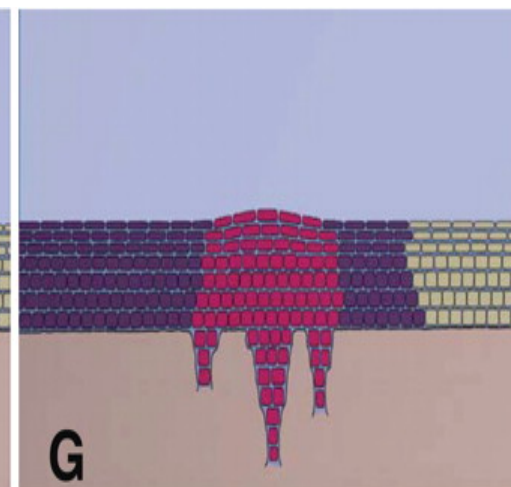
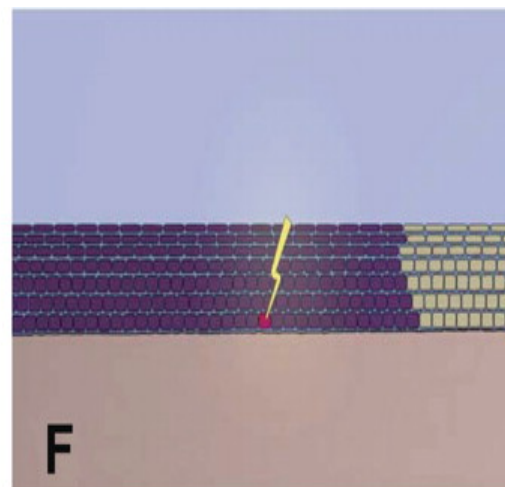
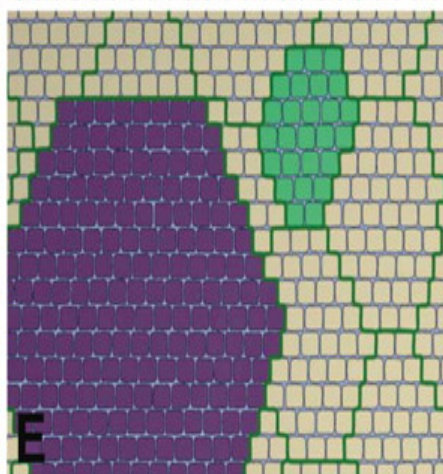
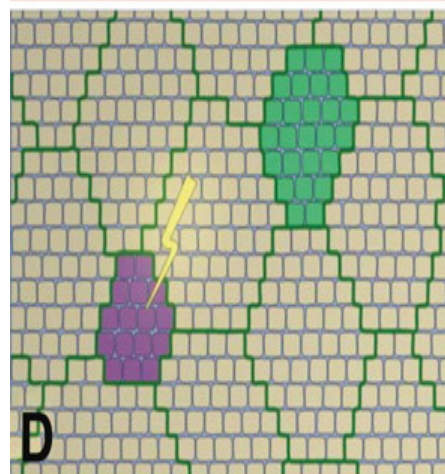
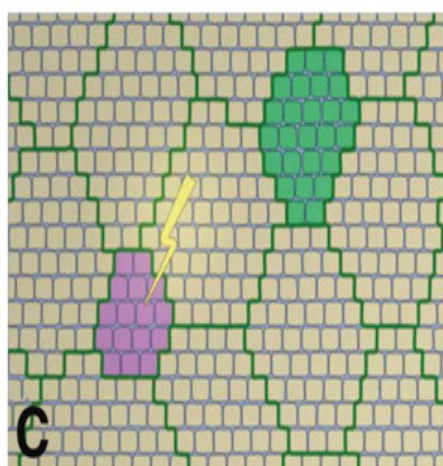
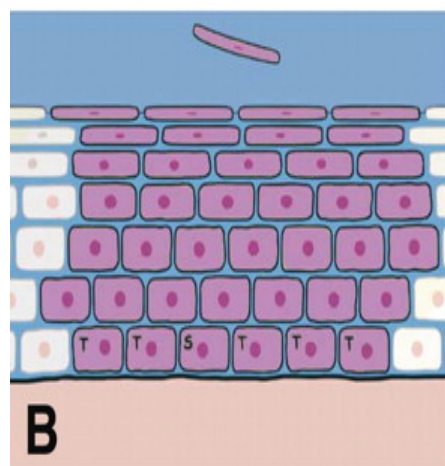
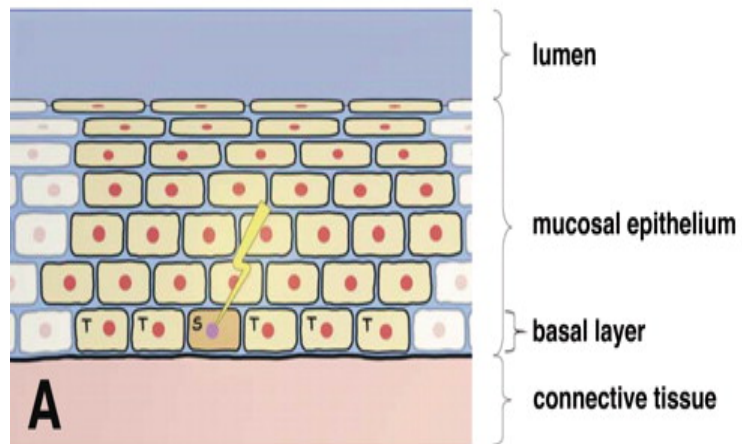
The Influence of Resection and Aneuploidy on Mortality in Oral Leukoplakia

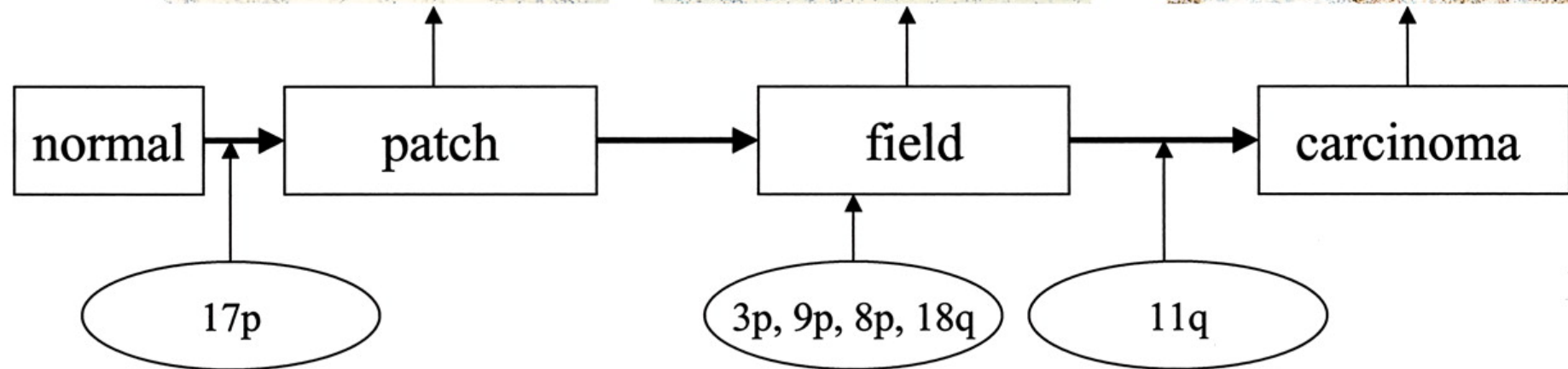
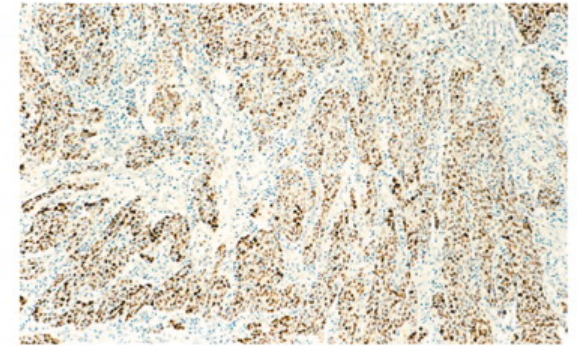
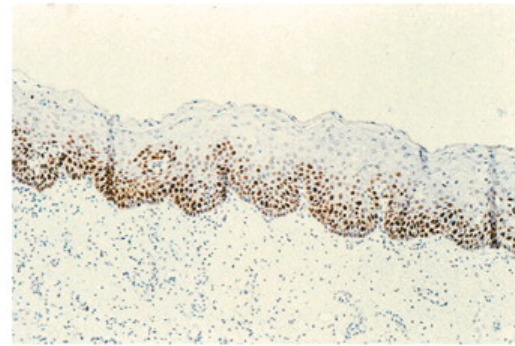
Jon Sudbø, M.D., D.D.S., Ph.D., Scott M. Lippman, M.D.,
J. Jack Lee, D.D.S., Ph.D., Li Mao, M.D., Wanja Kildal, M.Sc., Asle Sudbø, Ph.D.,
Simone Sagen, M.P.H., Magne Bryne, D.D.S., Ph.D., Adel El-Naggar, M.D., Ph.D.,
Björn Risberg, M.D., Ph.D., Jan F. Evensen, M.D., Ph.D.,
and Albrecht Reith, M.D., Ph.D.

CONCLUSIONS

Complete resection of aneuploid leukoplakia does not reduce the high risk of aggressive carcinoma and death from oral cancer.

- **Second Field Tumor**
- **Second Primary Tumor**





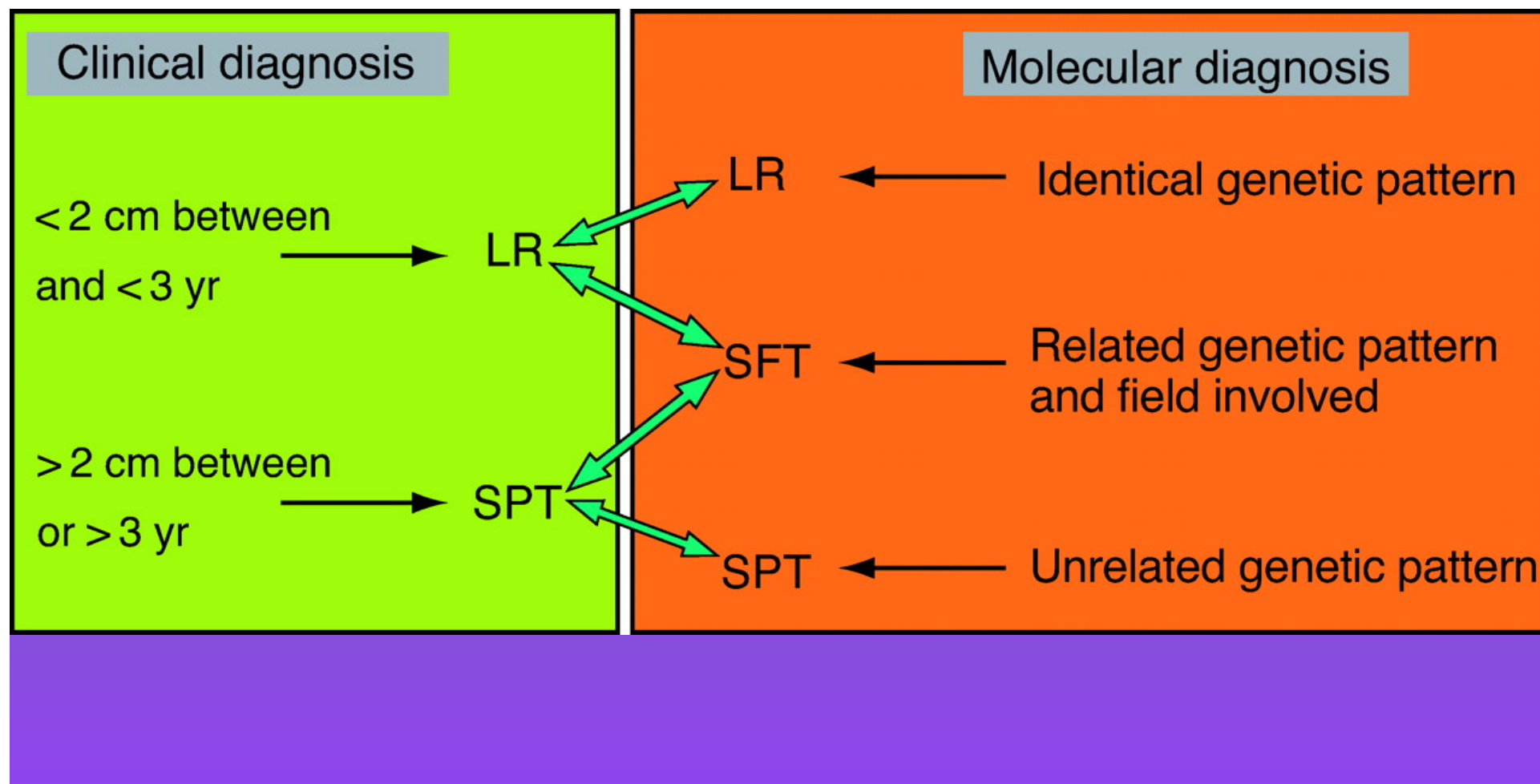
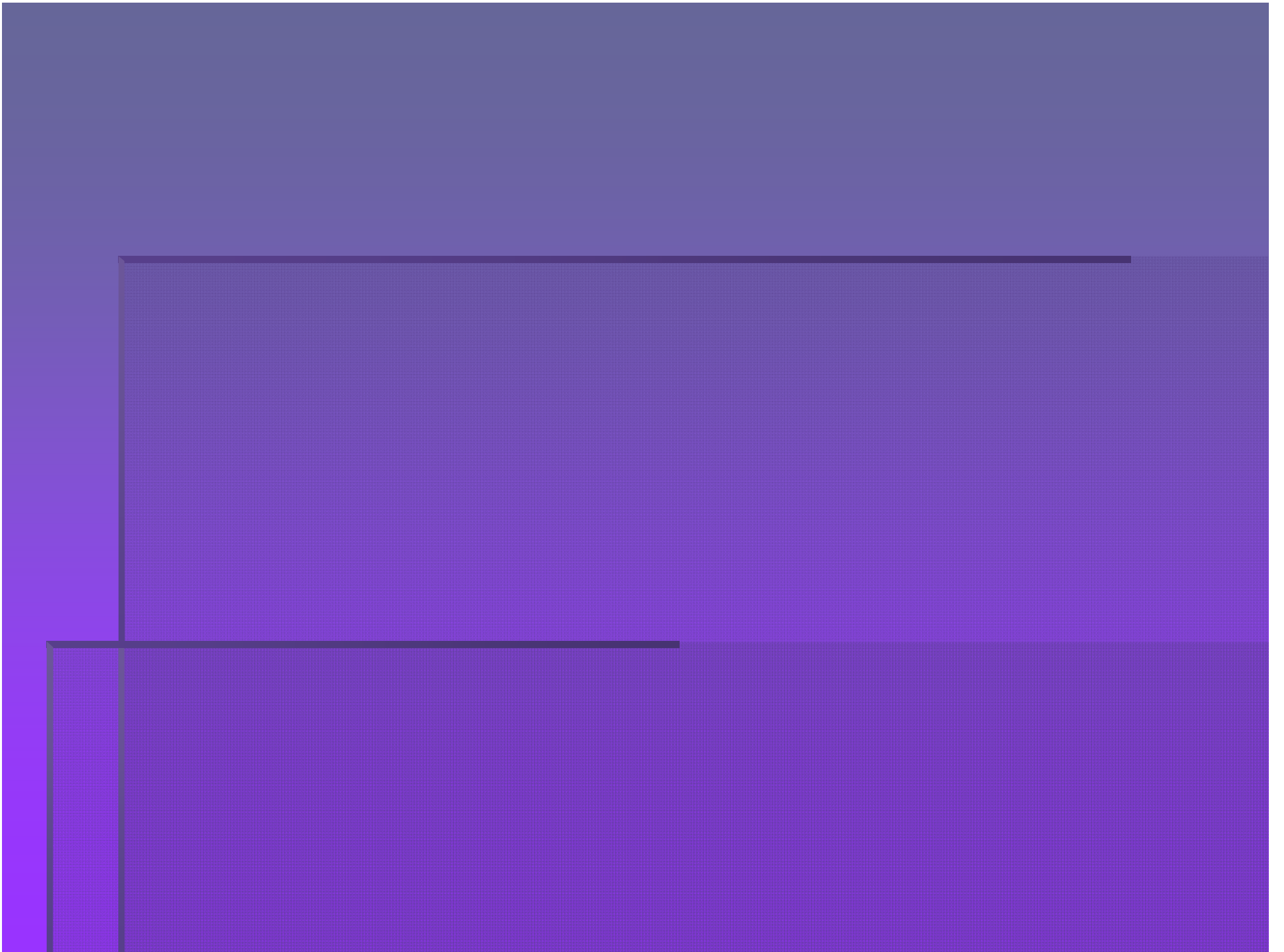


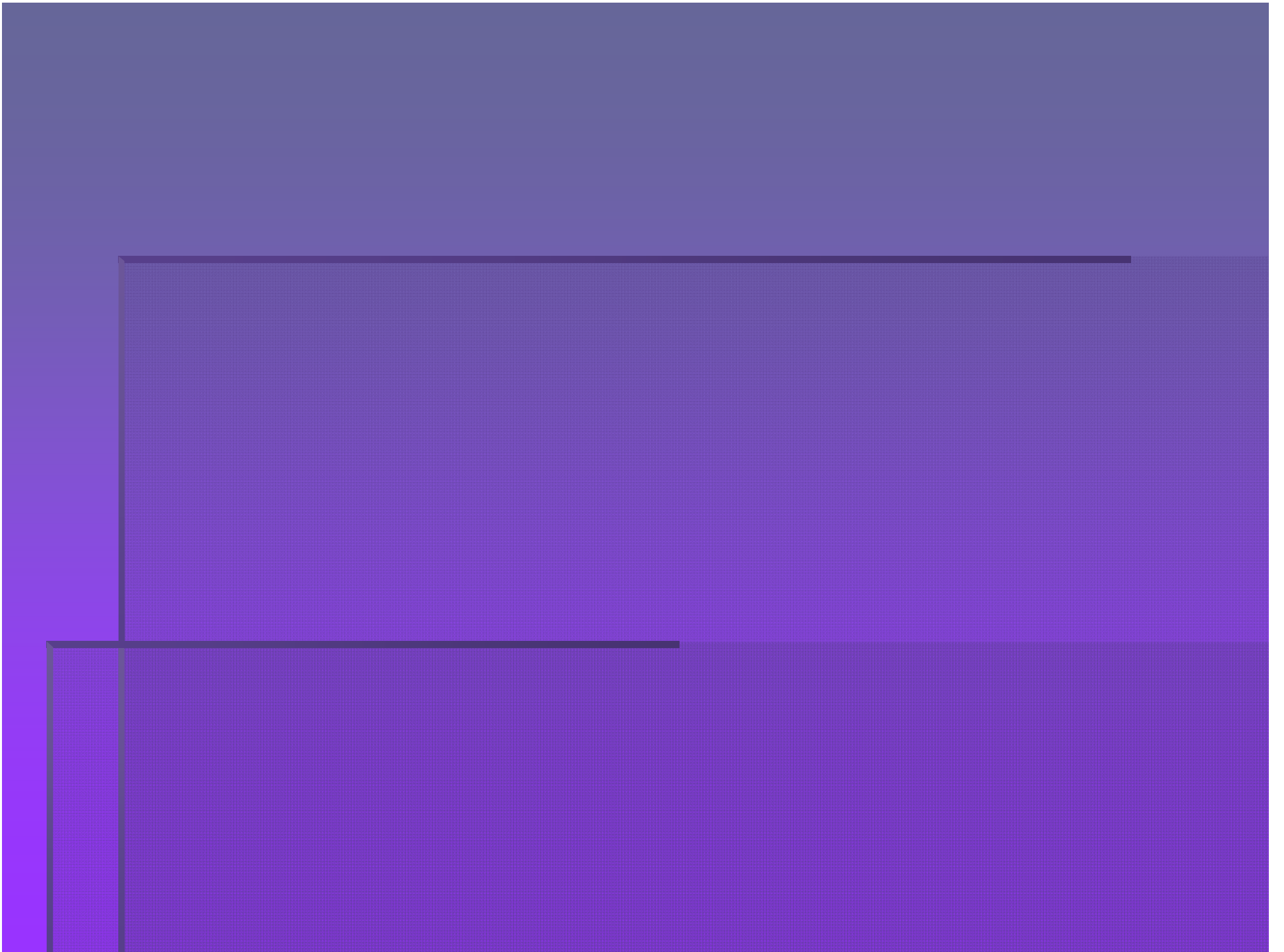
Table 1. Proposed molecular diagnostic and therapeutic procedures after surgery of a head and neck squamous cell carcinoma

Diagnostic finding	Cancer risk	Postoperative procedures
Minimal residual cancer	High: local recurrence	Postoperative radiotherapy or re-excision
Field with genetically altered cells in or near margins	Relatively high: second field tumor	Frequent surveillance with diagnostic biopsy; (noninvasive) sampling and molecular assessment; (local) chemoprevention
No genetically aberrant cells in or near margins	Low: second field tumor	Standard routine care

Prospettive future

Chemioprevenzione





Definizioni

Cheratosi

Produzione di cheratina sulla superficie dell'epitelio con differenziazione conservata e membrana basale integra.

senza nuclei: ortocheratosi

con nuclei: paracheratosi

Spesso coesiste iperplasia dello strato spinoso (acantosi)

Associata al fumo di tabacco

Predilige le corde vocali

Può associarsi a displasia

La cheratosi senza displasia ha un rischio del 6-10% di evolvere a cheratosi displasica



















