



Câmara dos Deputados - Brasília/DF - 10 de agosto de 2023

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Supervisora do Programa de Residência em Oncologia Clínica do Hospital de Base do Distrito Federal.

Formação pela Faculdade de Medicina da USP / Instituto do Câncer do Estado de São Paulo - ICESP, onde atualmente faz Doutorado em Oncologia Clínica, cuja tese é focada em efeitos colaterais do tratamento de quimioterapia e radioterapia em pacientes com câncer de cabeça e pescoço.



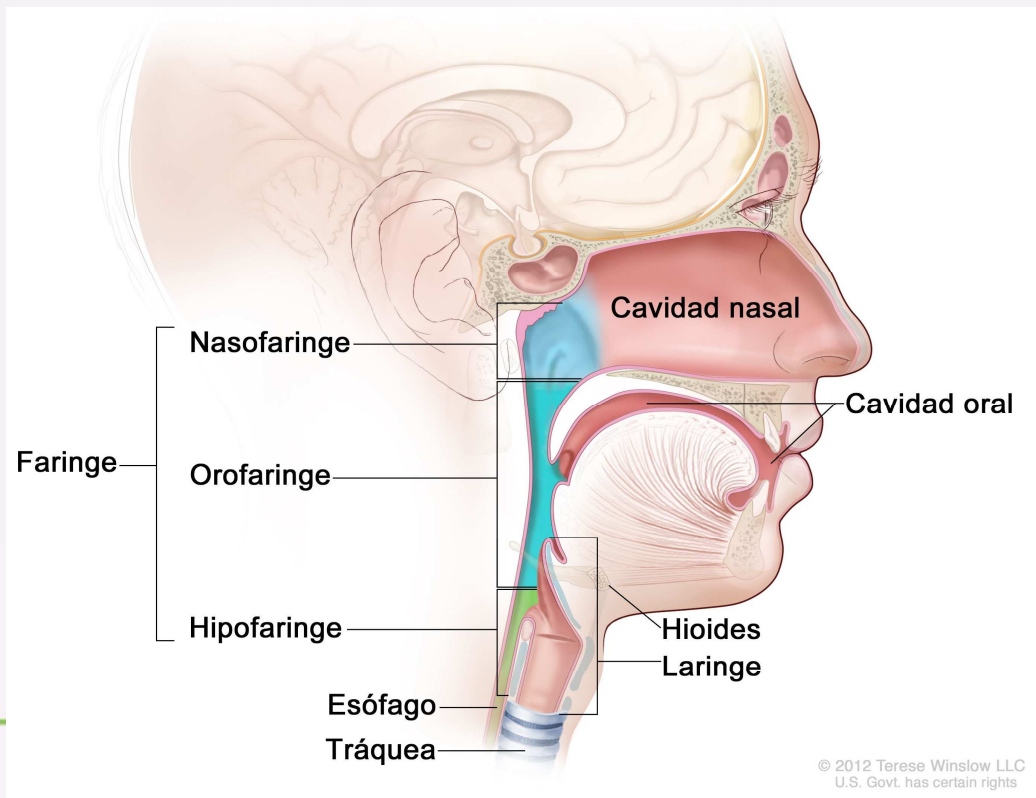
Conflito de interesse

Sub-investigadora de estudos clínicos em oncologia clínica do
Hospital Sírio Libanês

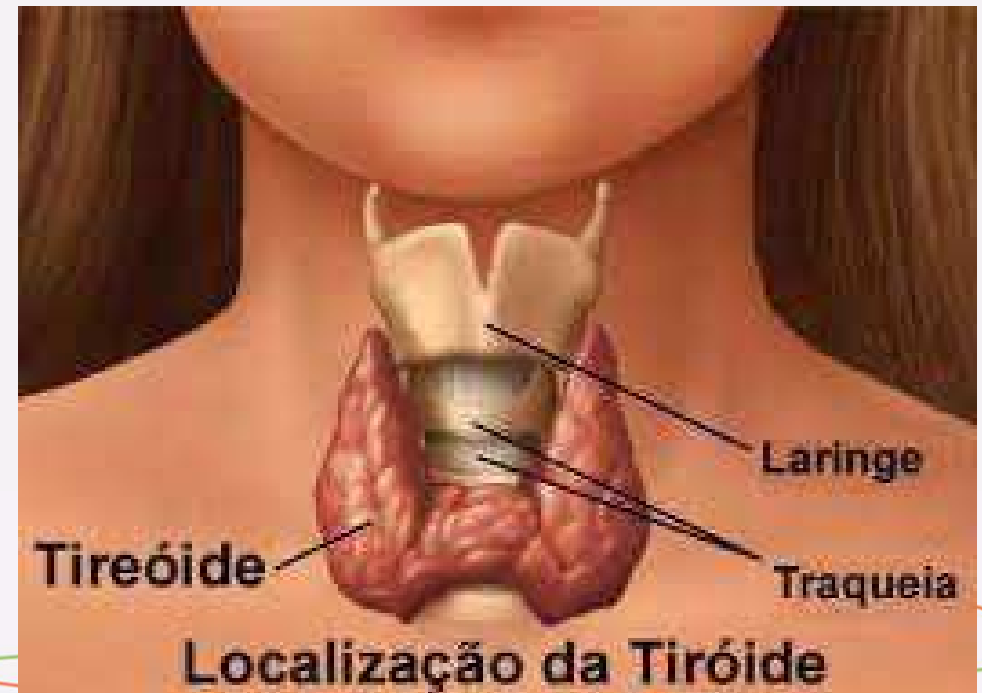
(nenhum em Câncer de Cabeça e Pescoço e/ou Câncer de
Tireóide)



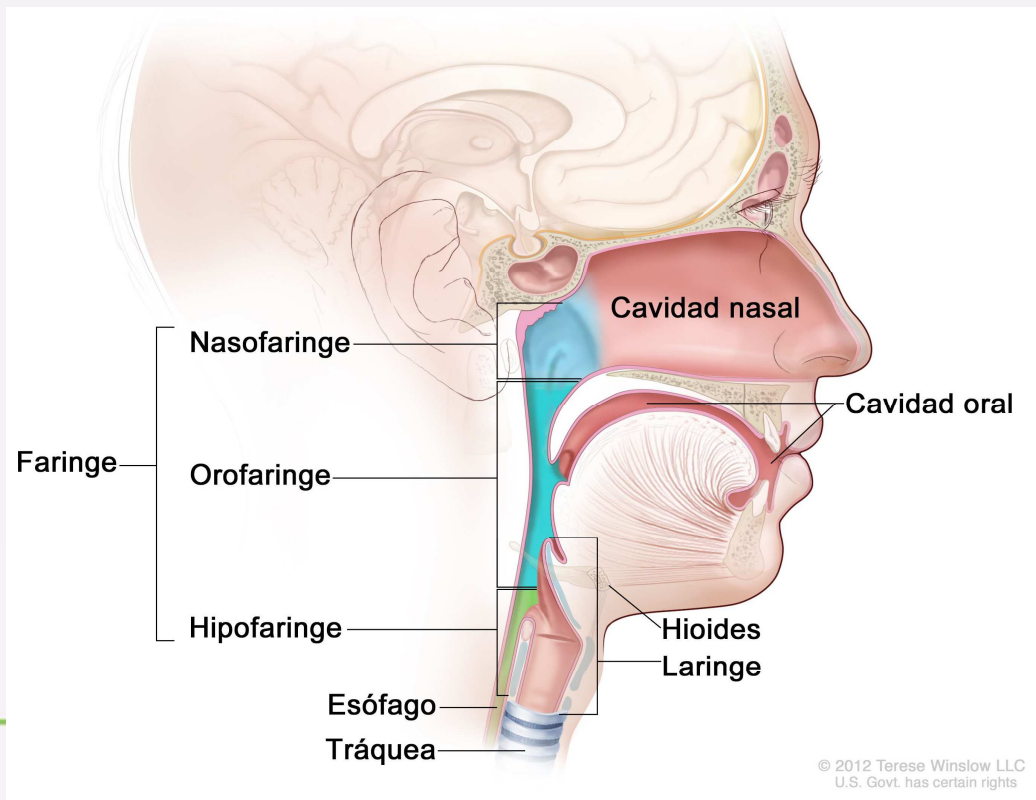
Câncer de Cabeça e Pescoço



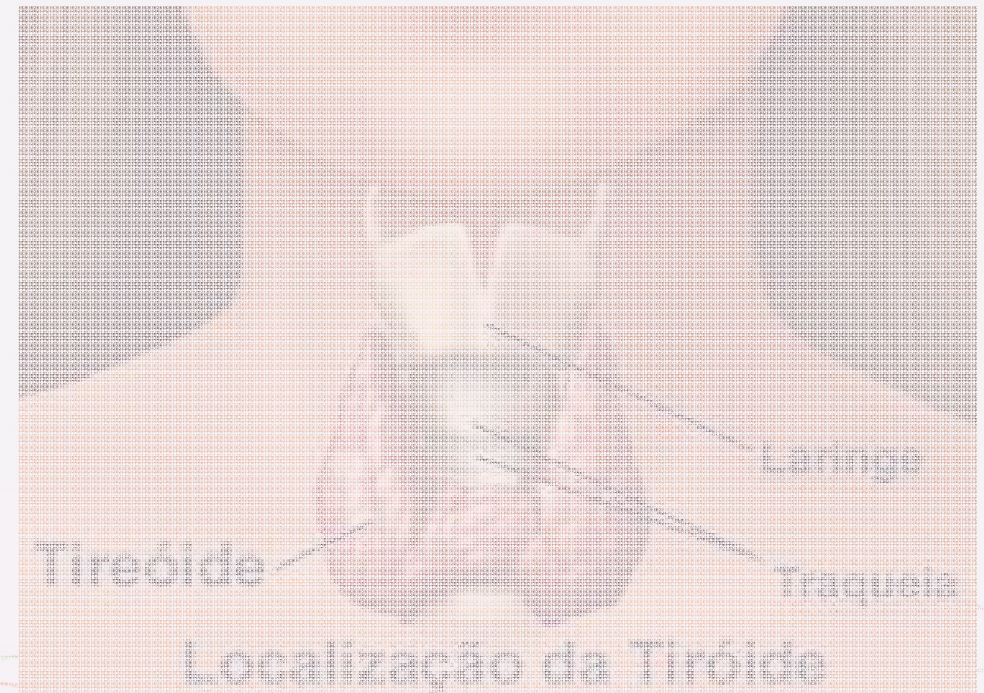
Câncer de Tireóide



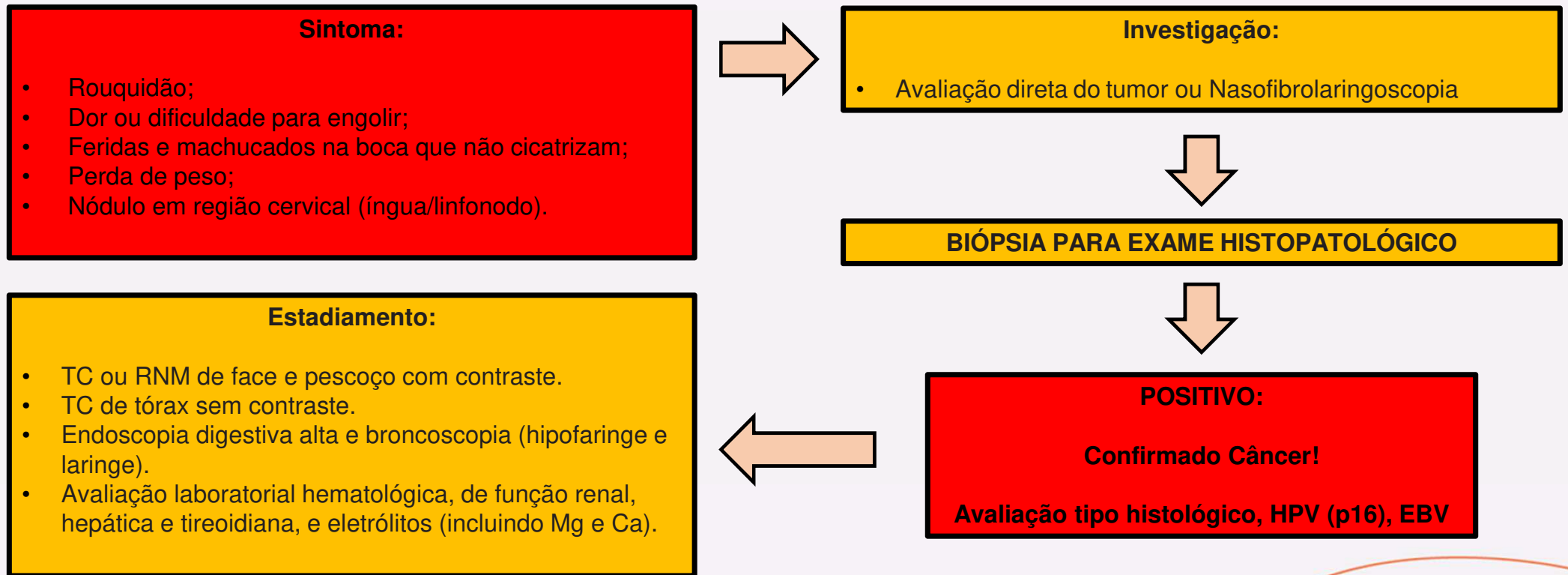
Câncer de Cabeça e Pescoço



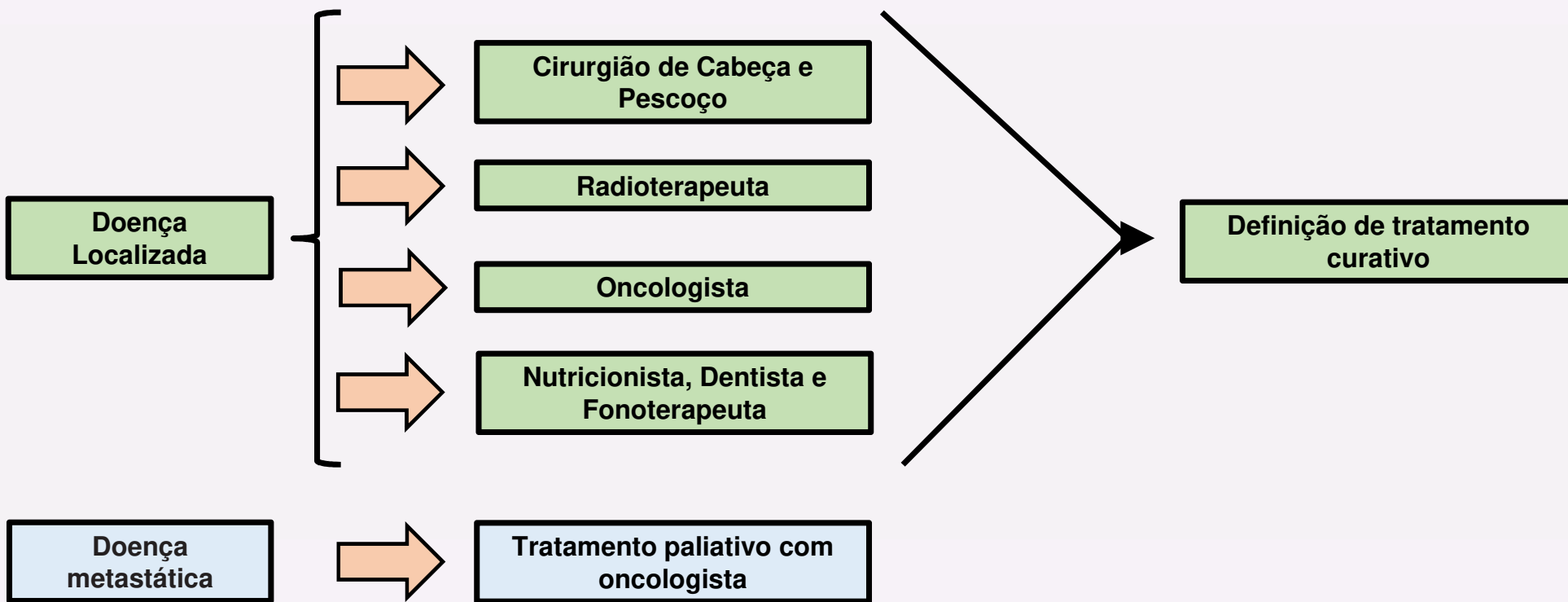
Câncer de Tireóide



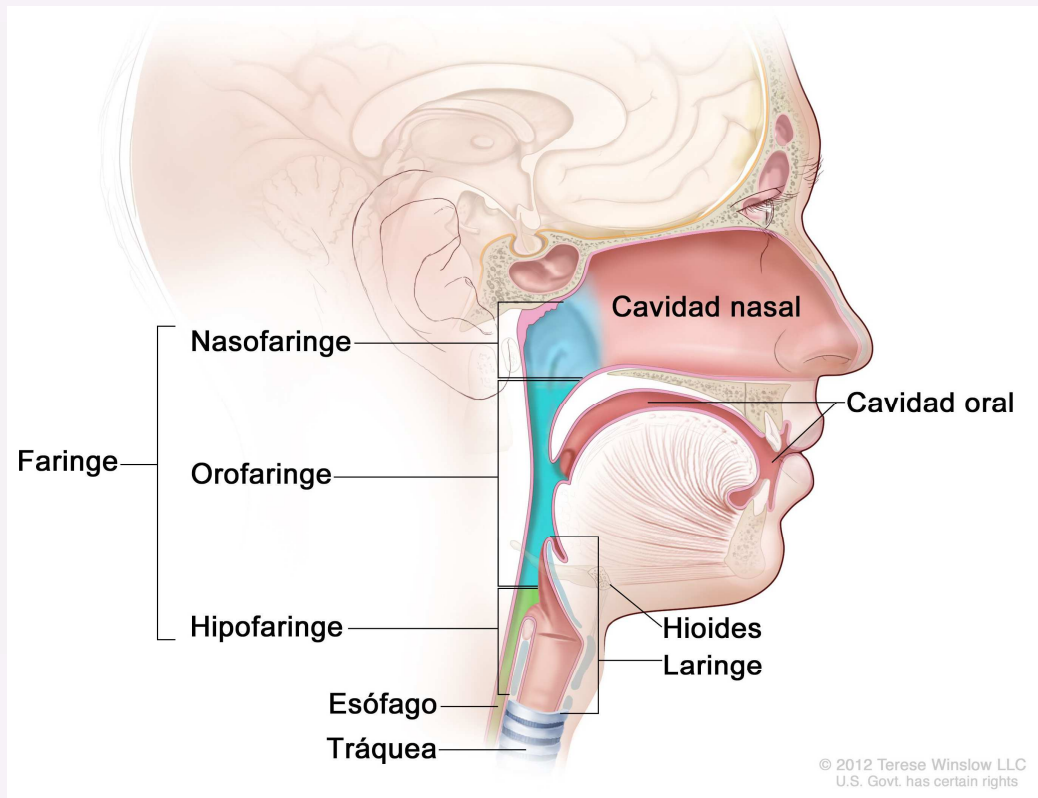
Fluxo de diagnóstico e definição de tratamento



Fluxo de diagnóstico e definição de tratamento



Fluxo de diagnóstico e definição de tratamento



Estadiamento



Cirurgia

Radioterapia isolada

Quimiorradioterapia

Quimioterapia seguido de Quimiorradioterapia

Problemas do SUS:

- Demora para o diagnóstico;
- Demora para fazer a biópsia;
- Demora para sair o resultado da biópsia (HPV e EBV geralmente não disponível);
- Demora para a cirurgia;
- Demora para a radioterapia e oncologia (menos que a cirurgia);
- Equipamentos de radioterapia de tecnologia antiquada.

Tratamento de Indução (antes da radioterapia)

Induction^a/Sequential Systemic Therapy

Preferred Regimens

- Docetaxel/cisplatin/5-FU¹⁶⁻¹⁹
(category 1 if induction is chosen)

Other Recommended Regimens

- Paclitaxel/cisplatin/infusional 5-FU²⁰

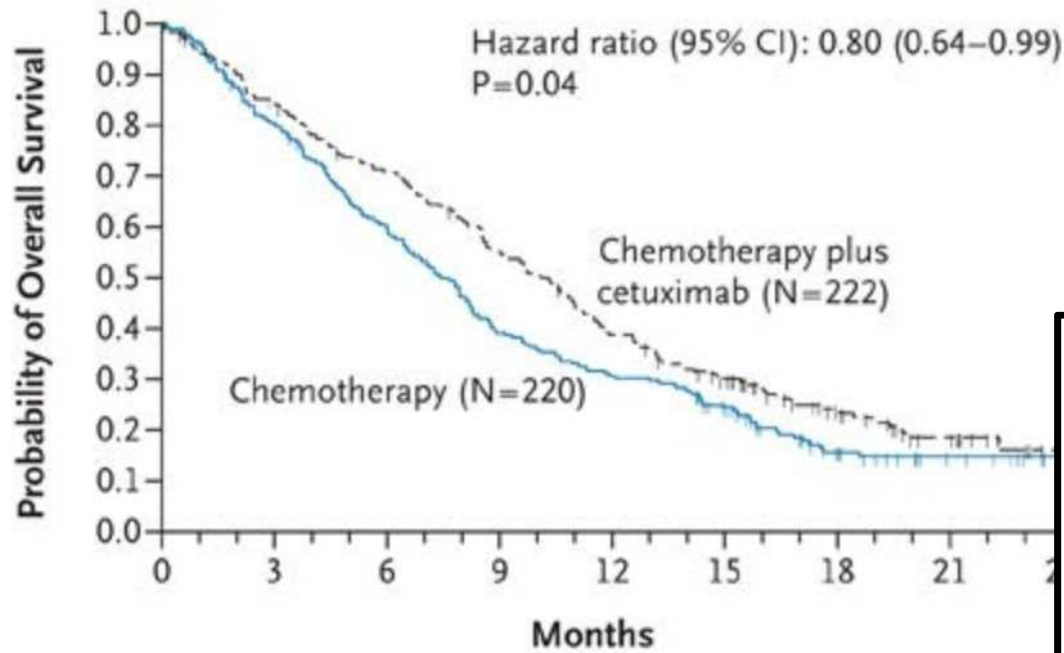
SUS não tem:

- Bomba de infusão
- Cateter implantável de longa permanência

Tratamento Paliativo

Recurrent, Unresectable, or Metastatic (with no surgery or RT option)		
<p>Preferred Regimens</p> <p>First-Line^c</p> <ul style="list-style-type: none"> • Pembrolizumab/platinum (cisplatin or carboplatin)/5-FU (category 1)^{c,30} • Pembrolizumab (for tumors that express PD-L1 with CPS ≥1) (category 1 if CPS ≥ 20)^{c,30} <p>Subsequent-Line (if not previously used)</p> <ul style="list-style-type: none"> • Nivolumab³¹ (if disease progression on or after platinum therapy) (category 1) • Pembrolizumab³²⁻³⁴ (if disease progression on or after platinum therapy) (category 1) 	<p>Other Recommended Regimens (First- and Subsequent-Line)</p> <p>Combination Regimens</p> <ul style="list-style-type: none"> • Cetuximab/platinum (cisplatin or carboplatin)/5-FU³⁵ (category 1) • Cisplatin/cetuximab³⁶ • Cisplatin or carboplatin/docetaxel³⁷ or paclitaxel³⁸ • Cisplatin/5-FU^{38,39} • Cisplatin or carboplatin/docetaxel/cetuximab⁴⁰ • Cisplatin or carboplatin/paclitaxel/cetuximab⁴¹ • Pembrolizumab/platinum (cisplatin or carboplatin)/docetaxel^{30,37} • Pembrolizumab/platinum (cisplatin or carboplatin)/paclitaxel (category 2B)^{30,38} <p>Single Agents</p> <ul style="list-style-type: none"> • Cisplatin^{36,42} • Carboplatin⁴³ • Paclitaxel⁴⁴ • Docetaxel^{45,46} • 5-FU⁴² • Methotrexate^{39,47} • Cetuximab⁴⁸ • Capecitabine⁴⁹ • Afatinib⁵⁰ (subsequent-line only, if disease progression on or after platinum therapy) (category 2B) 	<p>Useful in Certain Circumstances (First- and Subsequent-Line)</p> <ul style="list-style-type: none"> • Cetuximab/pembrolizumab (category 2B)⁵¹ • For select ethmoid/maxillary sinus cancers (small cell, SNEC, high-grade olfactory esthesioneuroblastoma, SNUC with neuroendocrine features): <ul style="list-style-type: none"> ▶ Cisplatin/etoposide or carboplatin/etoposide¹⁴ ▶ Cyclophosphamide/doxorubicin/vincristine (category 2B)¹⁵ • Pembrolizumab (for MSI-H tumors)⁵²
		<p>SUS não tem:</p> <ul style="list-style-type: none"> • Imunoterapia • Bomba de infusão • Cateter implantável de longa permanência • Drogas alvo • Pesquisa de PD-L1 (CPS), NTRK, BRAF

Trattamento Paliativo



- Paclitaxel⁴⁴
- Docetaxel^{45,46}
- 5-FU⁴²
- Methotrexate^{39,47}
- Cetuximab⁴⁸
- Capecitabine⁴⁹
- Afatinib⁵⁰ (subsequent-line on or after platinum therapy)

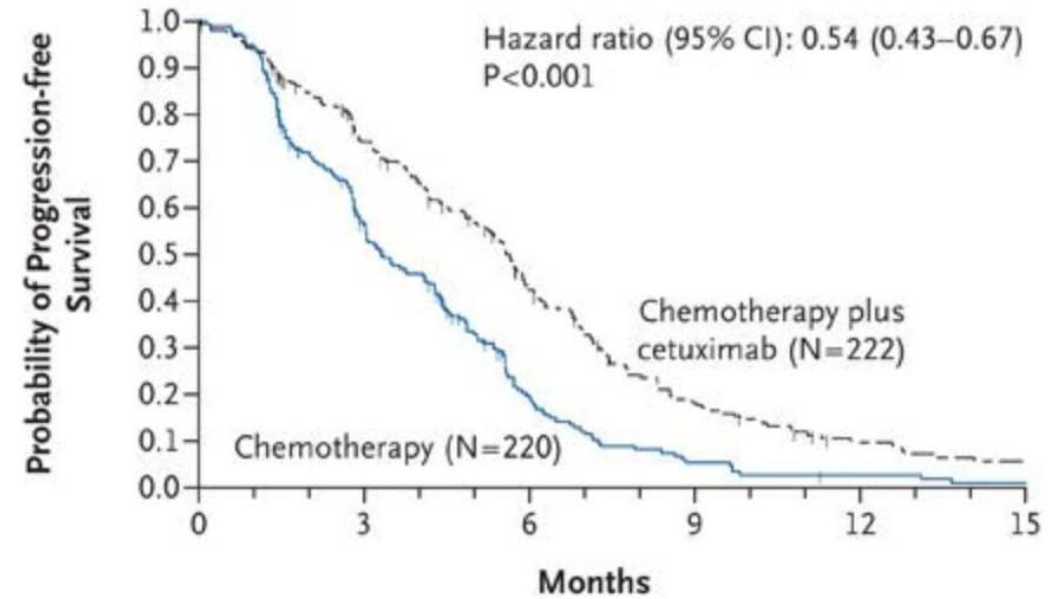
ens

or
1)

axel³⁷ or paclitaxel³⁸

Useful in Certain Circumstances (First- and Subsequent-Line)

- Cetuximab/pembrolizumab (category 2B)⁵¹
- For select ethmoid/maxillary sinus cancers (small cell, SNEC, high-grade olfactory esthesioneuroblastoma, SNUC with neuroendocrine features):



Trattamento Paliativo

Recurrent, Unresectable, or Metastatic

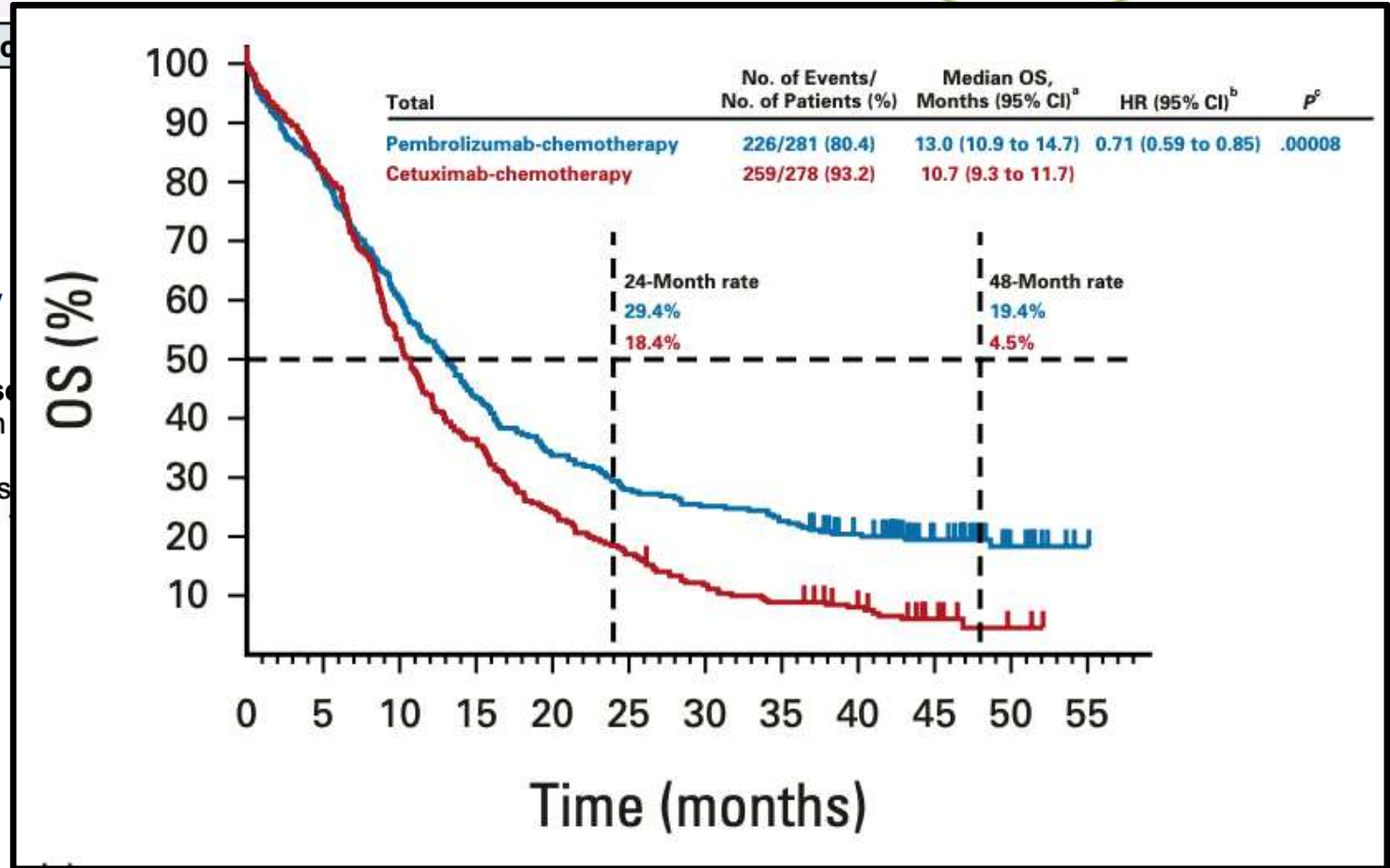
Preferred Regimens

First-Line^c

- Pembrolizumab/platinum (cisplatin or carboplatin)/5-FU (category 1)^{c,30}
- Pembrolizumab (for tumors that express PD-L1 with CPS ≥1) (category CPS ≥ 20)^{c,30}

Subsequent-Line (if not previously used)

- Nivolumab³¹ (if disease progression on or after platinum therapy) (category 1)
- Pembrolizumab³²⁻³⁴ (if disease progression on or after platinum therapy) (category 2B)⁵¹



• Atezolizumab (subsequent-line only, if disease progression on or after platinum therapy) (category 2B)

Obrigada

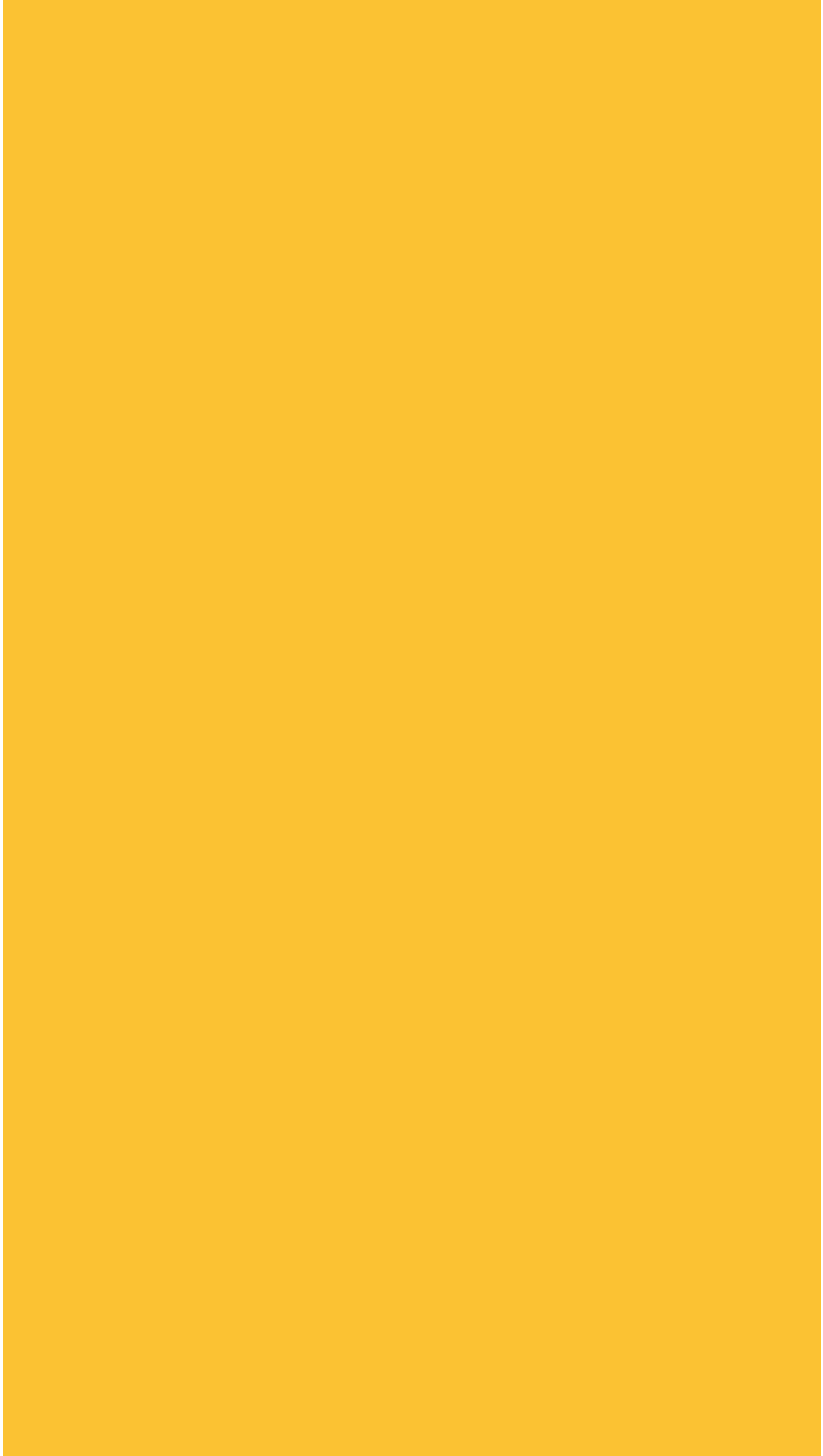


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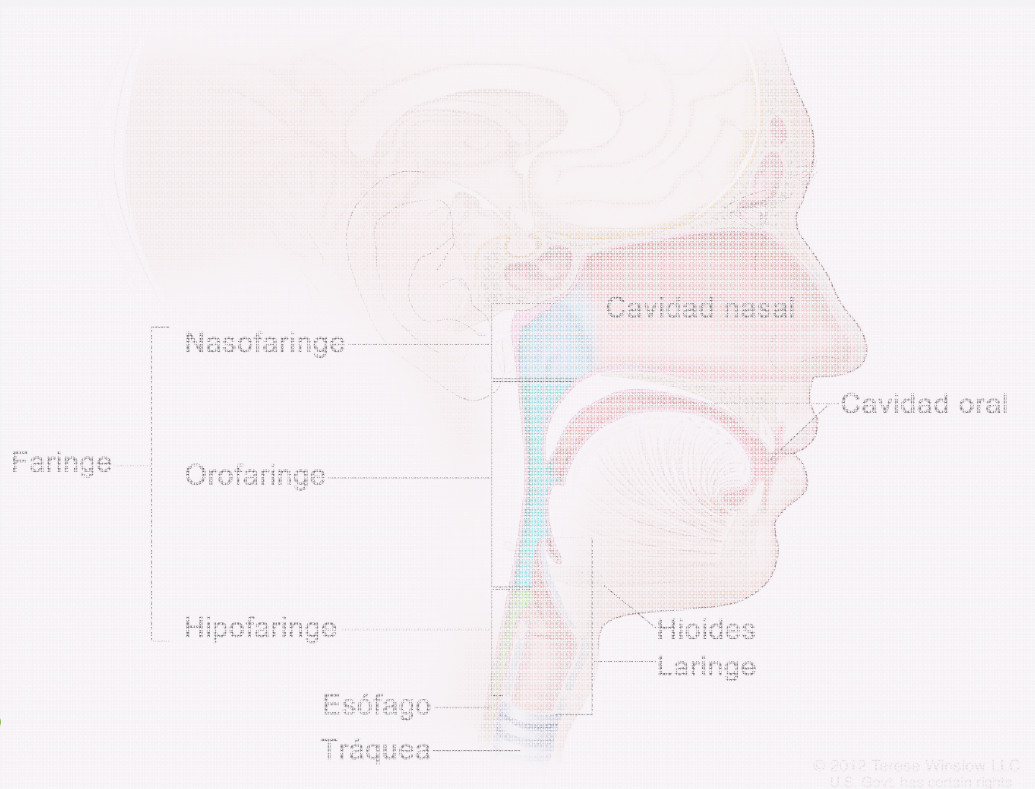
drakatia.marchetti@gmail.com



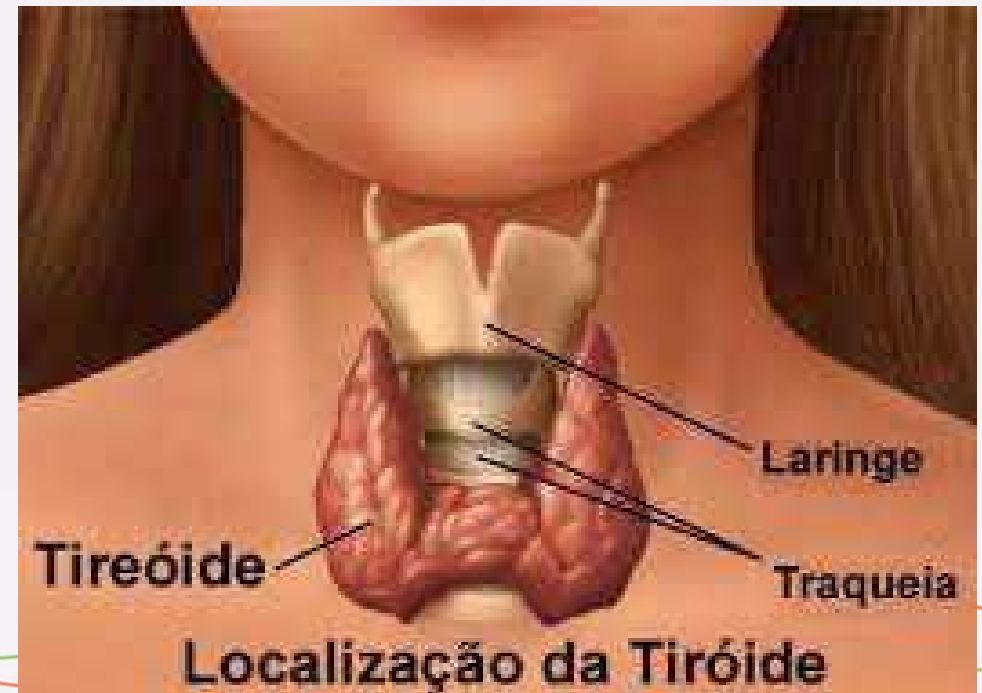
Dra Katia Marchetti



Câncer de Cabeça e Pescoço



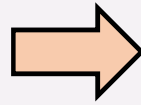
Câncer de Tireóide



Fluxo de diagnóstico e definição de tratamento

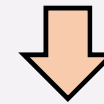
Sintoma:

- Rouquidão;
- Dor ou dificuldade para engolir;
- Feridas e machucados na boca que não cicatrizam;
- Perda de peso;
- Achado de exame;
- Nódulo em região cervical (íngua/linfonodo).



Investigação:

- USG cervical/tireóide



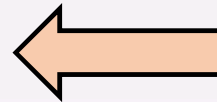
BIÓPSIA PARA EXAME HISTOPATOLÓGICO



POSITIVO:

Confirmado Câncer!

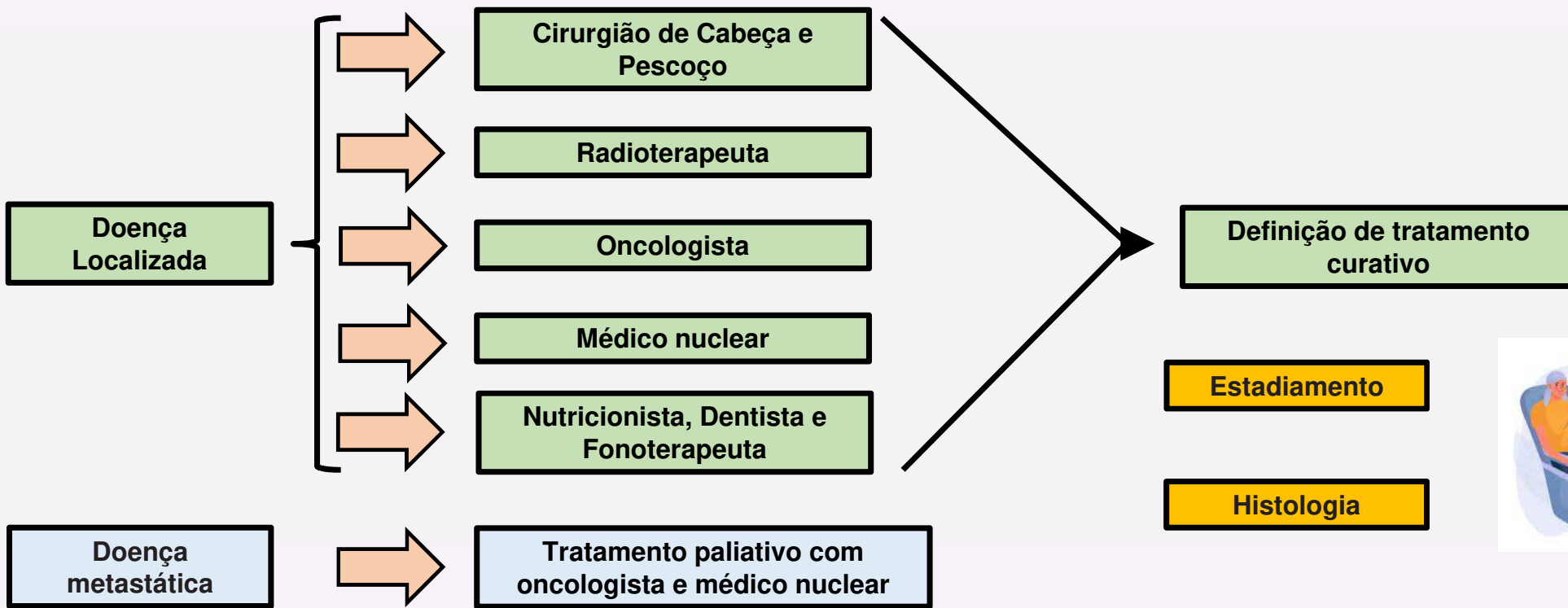
Avaliação tipo histológico



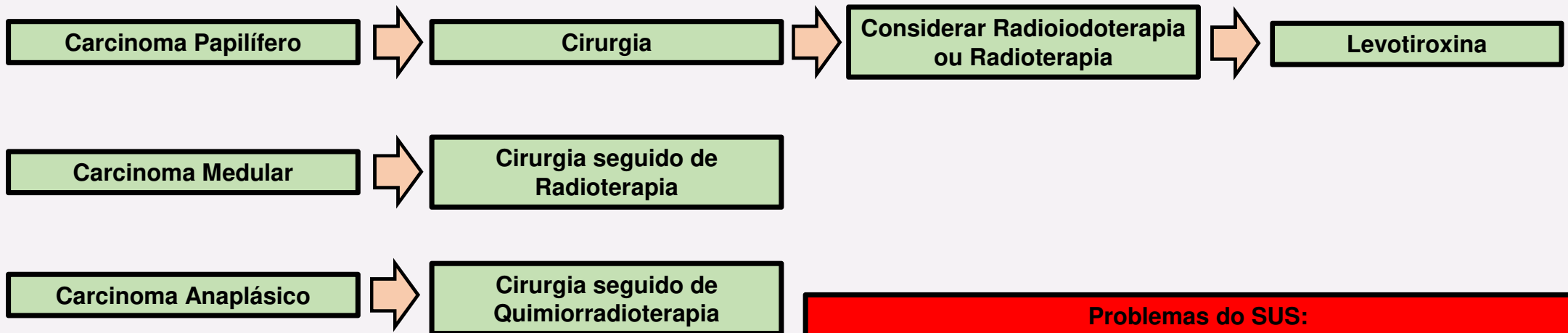
Estadiamento:

- Se papilífero: TC ou RM pescoço, nasofibrolaringoscopia se rouquidão ou doença localmente avançada, TSH, Tireoglobulina e Anti-tireoglobulina
- Se medular de tireóide: proto-oncogene RET, TC ou RM pescoço, tórax e abdome, nasofibrolaringoscopia, Calcitonina, CEA \pm PET-Ga-68 DOTATATE
- Se anaplásico: TC ou RM crânio, pescoço, tórax, abdome e pelve, nasofibrolaringoscopia, TSH, PET, broncoscopia se sinais de invasão de vias aéreas

Fluxo de diagnóstico e definição de tratamento



Fluxo de diagnóstico e definição de tratamento



Adjuvant/Radiosensitizing Chemotherapy Regimens ¹		
Other Recommended Regimens		
Paclitaxel/carboplatin	Paclitaxel 50 mg/m ² , carboplatin AUC 2 IV	Weekly
Docetaxel/doxorubicin	Docetaxel 20 mg/m ² IV, doxorubicin 20 mg/m ² IV	Weekly
Paclitaxel	30–60 mg/m ² IV	Weekly
Docetaxel	20 mg/m ² IV	Weekly

- Problemas do SUS:**
- Demora para o diagnóstico;
 - Demora para fazer a biópsia;
 - Demora para sair o resultado da biópsia
 - Demora para a cirurgia;
 - Demora para a radioterapia, médico nuclear e oncologia (menos que a cirurgia);
 - Difícil acesso a PCI;
 - Equipamentos de radioterapia de tecnologia antiquada.

Tratamento Paliativo - Carcinoma Papilífero

▶ Preferred Regimens

- ◇ Lenvatinib (category 1)^{dd}

▶ Other Recommended Regimens

- ◇ Sorafenib (category 1)^{dd}

▶ Useful in Certain Circumstances

- ◇ Cabozantinib (category 1) if progression after lenvatinib and/or sorafenib
- ◇ Larotrectinib or entrectinib for patients with *NTRK* gene fusion-positive advanced solid tumors
- ◇ Selpercatinib or pralsetinib for patients with *RET*-fusion positive tumors
- ◇ Pembrolizumab or patients with TMB-H (≥ 10 mut/Mb) tumors
- ◇ Dabrafenib/trametinib for patients with BRAF V600E mutation that has progressed following prior treatment with no satisfactory alternative treatment options
- ◇ Other therapies are available and can be considered for progressive and/or symptomatic disease if clinical trials or other systemic therapies are not available or appropriate^{dd,ee,ff}

SUS não tem:

- Drogas alvo
- Imunoterapia
- Pesquisa de PD-L1 (TMB), RET, NTRK, BRAF

Tratamento Paliativo - Carcinoma Medular

▶ Preferred Regimens

- ◇ Vandetanib (category 1)^x
- ◇ Cabozantinib (category 1)^x
- ◇ Selpercatinib (*RET* mutation-positive)^w
- ◇ Pralsetinib (*RET* mutation-positive)^w

▶ Other Recommended Regimens

- ◇ Consider other small-molecule kinase inhibitors^y
- ◇ Dacarbazine (DTIC)-based chemotherapy^z

▶ Useful in Certain Circumstances

- ◇ Pembrolizumab (TMB-H [≥ 10 mut/Mb])^w

SUS não tem:

- Drogas alvo
- Imunoterapia
- Pesquisa de PD-L1 (TMB), RET

Tratamento Paliativo - Carcinoma Anaplásico

Systemic Therapy Regimens for Metastatic Disease		
Preferred Regimens		
Dabrafenib/trametinib ² (<i>BRAF</i> V600E mutation positive)	Dabrafenib 150 mg PO and Trametinib 2 mg PO	Twice daily Once daily
Larotrectinib ³ (<i>NTRK</i> gene fusion positive)	100 mg PO	Twice daily
Entrectinib ⁴ (<i>NTRK</i> gene fusion positive)	600 mg PO	Once daily
Pralsetinib ⁵ (<i>RET</i> fusion positive)	400 mg PO	
Selpercatinib ⁶ (<i>RET</i> fusion positive)	120 mg PO (<50 kg) or 160 mg PO (≥50 kg)	
Other Recommended Regimens		
Paclitaxel ⁸	60–90 mg/m ² IV or 135–200 mg/m ²	
Doxorubicin ⁸	20 mg/m ² IV or 60–75 mg/m ² IV	Weekly Every 3 weeks
Paclitaxel/carboplatin ¹ (category 2B)	Paclitaxel 60–100 mg/m ² , carboplatin AUC 2 IV or Paclitaxel 135–175 mg/m ² , carboplatin AUC 5–6 IV	Weekly Every 3–4 weeks
Docetaxel/doxorubicin ¹ (category 2B)	Docetaxel 60 mg/m ² IV, doxorubicin 60 mg/m ² IV (with pegfilgrastim) or Docetaxel 20 mg/m ² IV, doxorubicin 20 mg/m ² IV	Every 3–4 weeks Weekly
Useful in Certain Circumstances		
Doxorubicin/cisplatin ⁸	Doxorubicin 60 mg/m ² IV, cisplatin 40 mg/m ² IV	Every 3 weeks
Pembrolizumab ⁷ (TMB-H [≥10 mut/Mb])	200 mg IV or 400 mg IV	Every 3 weeks Every 6 weeks

SUS não tem:

- Drogas alvo
- Imunoterapia
- Pesquisa de PD-L1 (TMB), *NTRK*, *BRAF*, *RET*