I заседание МНК онкологии

03.10.2019

Структура доклада

1. Организационные вопросы

1. Поиск достоверной информации и принципы работы с ней

МНК онкологии

- заседания кружка, обсуждение методов лечения в онкологии, новостей науки, разбор клинических случаев, совместные заседания;
- научно-практические конференции;
- Олимпиада по онкологии для студентов;
- работа над научными статьями, публикации в журналах и сборниках.

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МНО

Хочу написать научную работу, что делать?

1. Подумайте над темой
2. Займитесь поиском актуальной проблемы
3. Ознакомьтесь с профессиональными интересами преподавателей и врачей кафедры и клиники
4. Сформулируйте свои пожелания и планы
5. Сообщите старосте МНК о старте работы

Я учусь на первом курсе.
Есть ли смысл посещать заседания?

Конечно!

1. Опыт публичных выступлений
2. Опыт в работе над статьями
3. Профориентация

Хочу подготовить доклад для кружка!

1. Сообщить желаемую тему старосте МНК не позднее, чем за ДВЕ НЕДЕЛИ до заседания
2. Работа должна проводиться под контролем Вашего преподавателя или научного руководителя
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Поиск достоверной информации и принципы работы с ней

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Вы можете отредактировать эту статью, добавив ссылки на авторитетные источники.

Эта отметка установлена **20 марта 2017 года**.

Нефробласто́ма (*опухоль Вильмса*) — высокозлокачественная эмбриональная опухоль, происходящая из развивающихся тканей почек.

Заболевание является наиболее частым злокачественным новообразованием мочеполового тракта у детей. Наиболее часто встречается в возрасте до 5 лет с одинаковой частотой у мальчиков и девочек. Установлена связь между возрастом матери и вероятностью родить ребёнка с нефробластомой. Опухоль Вильмса часто сочетается и с врождёнными аномалиями развития.

Своё название опухоль Вильмса получила в честь немецкого хирурга Макса Вильмса (1867—1918), предложившего в 1899 г. в своей монографии обзор литературы по опухолям почек у детей и обосновавшего гистогенез опухоли.

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Клинически опухоль обычно обнаруживается родителями или педиатром во время осмотра внешне здорового ребёнка. Представляет собой плотное безболезненное образование в брюшной полости, часто имеющее гладкую или неровную поверхность. Иногда единственным симптомом заболевания является появление крови в моче макрогематурия, которое является следствием прорастания опухоли в чашечную систему почки. Кроме того, могут быть и неспецифичные симптомы, например лихорадка, повышение артериального давления, желудочно-кишечные расстройства или просто общее недомогание.

В редких случаях первым проявлением опухоли Вильмса является болевой синдром, который наиболее

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Wilms' tumor

From Wikipedia, the free encyclopedia

Wilms' tumor, also known as **nephroblastoma**, is a cancer of the kidneys that typically occurs in children, rarely in adults.[1] It is named after Max Wilms, the German surgeon (1867–1918) who first described it.[2]

Approximately 650 cases are diagnosed in the U.S. annually.[3] The majority of cases occur in children with no associated genetic syndromes; however, a minority of children with Wilms' tumor have a congenital abnormality.[3] It is highly responsive to treatment, with about 9/10 children being cured.[3]

Contents [hide]

Wilms' tumor

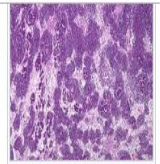
Other names: Wilms's tumor

Cut section showing two halves of a nephroblastoma specimen. Note the prominent septa subdividing the sectioned surface and the protrusion of tumor into the renal pelvis, resembling botryoid rhabdomyosarcoma.

Pronunciation: /vɪlmz/

Specialty: Oncology, urology, nephrology

Tumor 1 (WT1) or Wilms Tumor 2 (WT2) genes, and the tumor presents with a group of other signs and symptoms.[5] Non-syndromic Wilms' tumor is not associated with other symptoms or pathologies.[5] Many, but not all, cases of Wilms' tumor develop from nephrogenic rests, which are fragments of tissue in or around the kidney that develop before birth and become cancerous after birth. In particular, cases of bilateral Wilms' tumor, as well as cases of Wilms' tumor derived from certain genetic syndromes such as Denys-Drash syndrome, are strongly associated with nephrogenic rests.[5] Most nephroblastomas are on one side of the body only and are found on both sides in less than 5% of cases, although people with Denys-Drash syndrome mostly have bilateral or multiple tumors.[5] They tend to be encapsulated and vascularized tumors that do not cross the midline of the abdomen. In cases of metastasis it is usually to the lung. A rupture of Wilms' tumor puts the patient at risk of bleeding and peritoneal dissemination of the tumor. In such cases, surgical intervention by a surgeon who is experienced in the removal of such a fragile tumor is imperative.



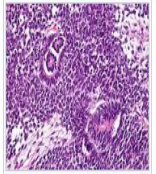
Micrograph showing the characteristic triphasic pattern consisting of tubules, solid sheets of small round cells, and stroma. H&E stain.

Pathologically, a triphasic nephroblastoma comprises three elements:

- blastema
- mesenchyme (stroma)
- epithelium

Wilms' tumor is a malignant tumor containing metanephric blastema, stromal and epithelial derivatives. Characteristic is the presence of abortive tubules and glomeruli surrounded by a spindled cell stroma. The stroma may include striated muscle, cartilage, bone, fat tissue, and fibrous tissue. Dysfunction is caused when the tumor compresses the normal kidney parenchyma.

The mesenchymal component may include cells showing rhabdomyoid differentiation or malignancy (rhabdomyosarcomatous Wilms).



High magnification micrograph showing the epithelial component (tubules). H&E stain.

Wilms' tumors may be separated into 2 prognostic groups based on pathologic characteristics:

- *Favorable* - Contains well developed components mentioned above
- *Anaplastic* - Contains diffuse anaplasia (poorly developed cells)

Molecular biology and related conditions [edit]

Mutations of the WT1 gene on chromosome 11p13 are observed in approximately 20% of Wilms' tumors.[7][8] At least half of the Wilms' tumors with mutations in WT1 also carry mutations in CTNNB1, the gene encoding the proto-oncogene beta-catenin.[9]

Most cases do not have mutations in any of these genes.[10]

Syndrome Name	Associated Genetic Variant	Risk for Wilms tumor	Description of Syndrome
WAGR syndrome (Wilms tumor, aniridia, genital anomalies, retardation)	Gene deletion that includes both *WT1* and *PAX6*	45-60%	Characterized by Wilms tumor, aniridia (absence of iris), hemihypertrophy (one side of body larger than the other), genitourinary abnormalities, ambiguous genitalia, intellectual disability.[11]
Denys-Drash syndrome (DDS)	*WT1* (exon 8 and 9)	74%	Characterized by kidney diseases since birth leading to early-onset kidney failure, ambiguous genitalia (intersex disorders).[11]
Beckwith-Wiedemann Syndrome	Abnormal regulation of chromosome 11p15.5	7%	Characterized by macrosmia (large birth size), macroglossia (large tongue), hemihypertrophy (one side of the body is larger), other tumors in body, omphalocele (open abdominal wall) and visceromegaly (enlargement of organs inside abdomen).[11]

Diagnosis [edit]

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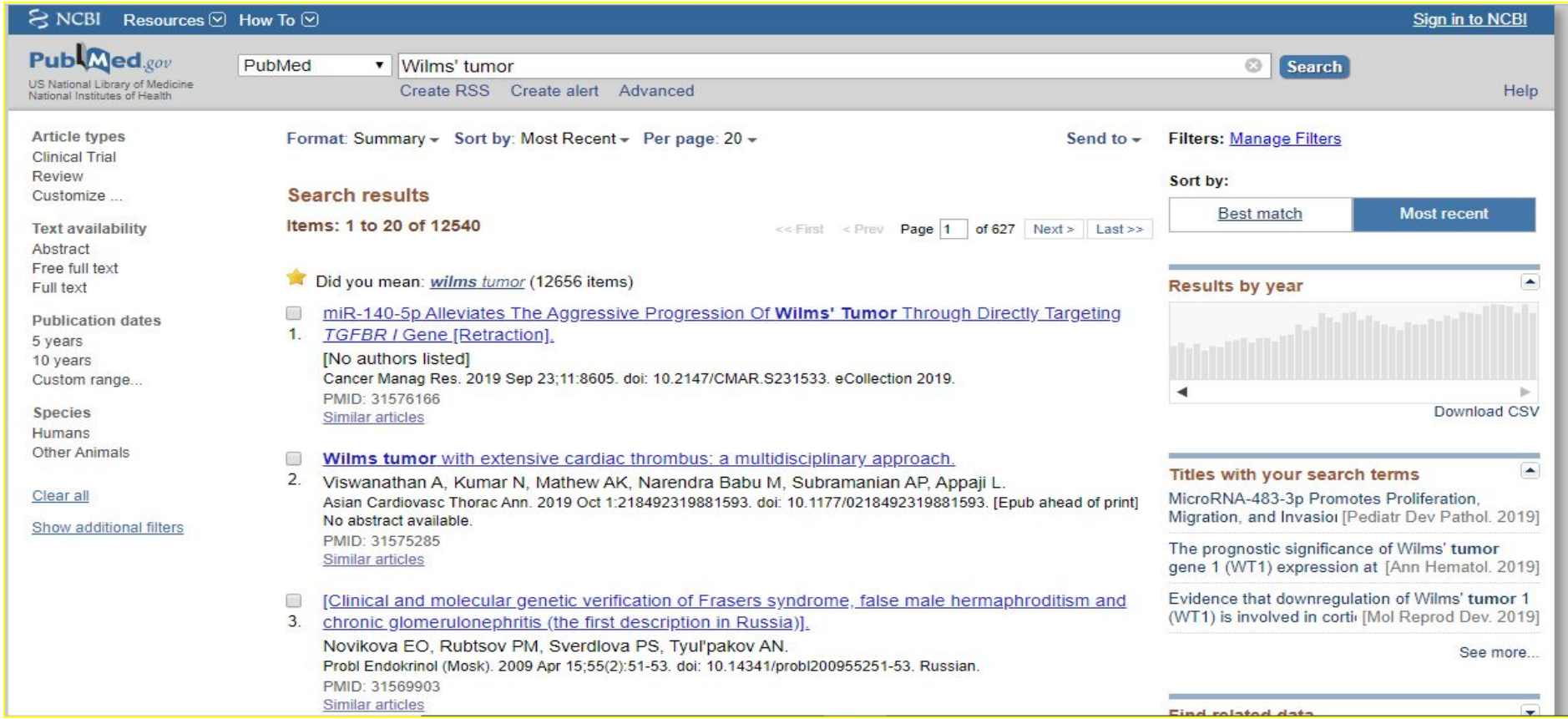

Cancer Manag Res. 2019 Sep 23;11:8605. doi: 10.2147/CMAR.S231533. eCollection 2019.

miR-140-5p Alleviates The Aggressive Progression Of Wilms' Tumor Through Directly Targeting *TGFBR I* Gene [Retraction].

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Abstract

[This retracts the article DOI: 10.2147/CMAR.S177508.].

Retraction of

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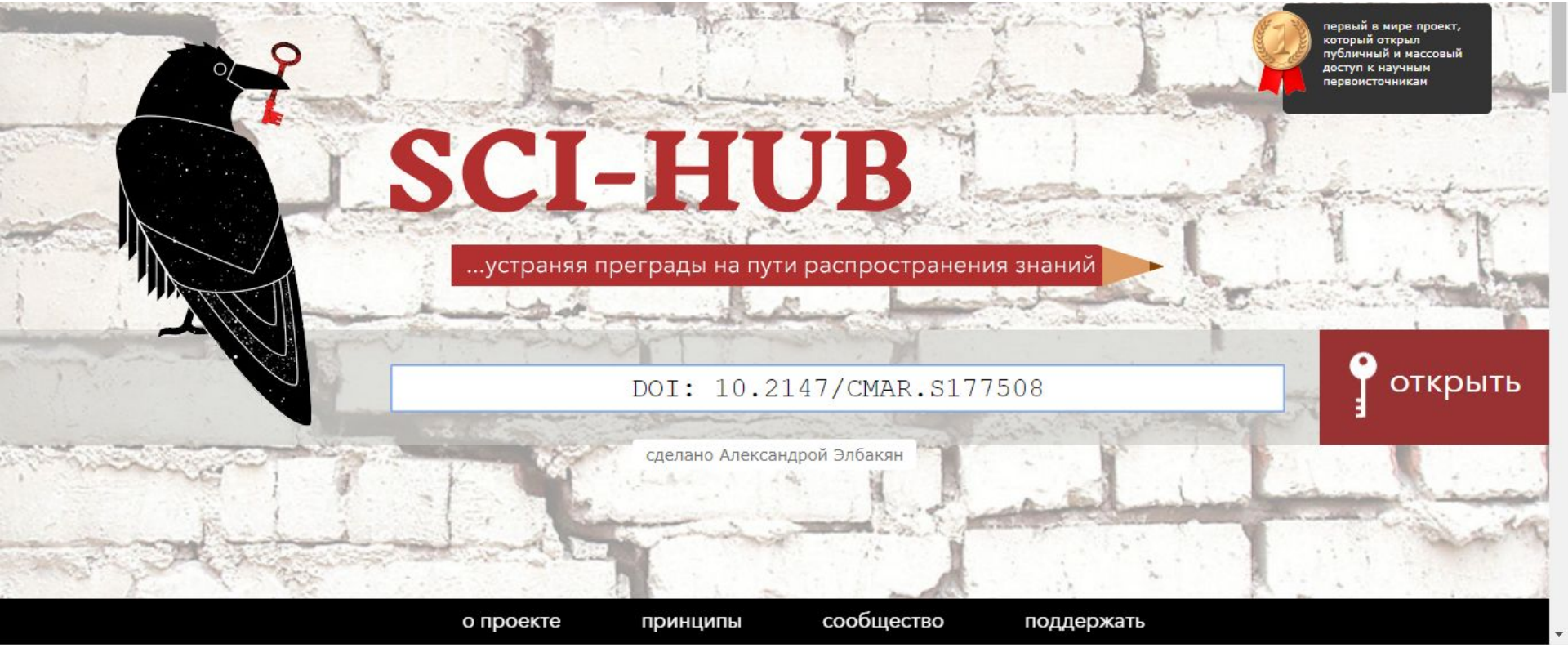

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ORIGINAL RESEARCH

miR-140-5p alleviates the aggressive progression of Wilms' tumor through directly targeting *TGFBR1* gene

This article was published in the following Dove Medical Press journal:
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Background and objective: Although many miRNAs are identified to be deregulated and play vital roles in the progression of Wilms' tumor (WT), there are still a large number of miRNAs are waiting for us to explore. The purpose of the present study is to investigate the different expressing profiles of miRNAs in WT tissues and the adjacent normal tissues, and probe the effects and mechanism of a certain miRNA among the different expressing miRNAs.

Methods: miRNA microarray was recruited to assess the differently expressed miRNAs in WT tissues and normal tissues, which was further verified by RT-PCR. Receiver operating characteristic curves were performed to calculate the specificity and sensitivity of miRNAs in the diagnose of WT. CCK-8, flow cytometry, wound healing, transwell chamber and tumor-burdened assays

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JB Beckwith, NF Palmer - Cancer, 1978 - Wiley Online Library

Detailed histological analysis of 427 cases entered on the first national **Wilms' tumor** study revealed that lesions with foci of marked cytological atypism (anaplasia), and those composed predominantly of sarcomatous stroma, were associated with unfavorable …

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Treatment of **Wilms' tumor**. Results of the third national **Wilms' tumor** study

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GJ D'angio, N Breslow, JB Beckwith, A Evans… - Cancer, 1989 - Wiley Online Library

Abstract The Third National **Wilms' Tumor** Study sought to reduce treatment for low-risk patients and find better chemotherapy for those at high risk for relapse. Eligible patients (1439) were randomized according to stage (I–IV) and histology (favorable [FH] or …

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Isolation and characterization of a zinc finger polypeptide gene at the human chromosome 11 **Wilms' tumor** locus

KM Call, T Glaser, CY Ito, AJ Buckler, J Pelletier… - Cell, 1990 - Elsevier

We have isolated a series of genomic and cDNA clones mapping within the boundaries of constitutional and **tumor** deletions that define the **Wilms' tumor** locus on human chromsome 11 (band p13). The transcription unit corresponding to these clones spans approximately 50 …

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Mutation and cancer: a model for **Wilms' tumor** of the kidney

AG Knudson Jr, LC Strons - Journal of the National Cancer …, 1972 - academic.oup.com

Statistical analysis of cases of **Wilms' tumor** supports a 2-mutation model previously reported for retinoblastoma. Comparison of data for familial, bilateral, unilateral, and unselected cases reveals that familial and bilateral cases have an early average age of diagnosis, with

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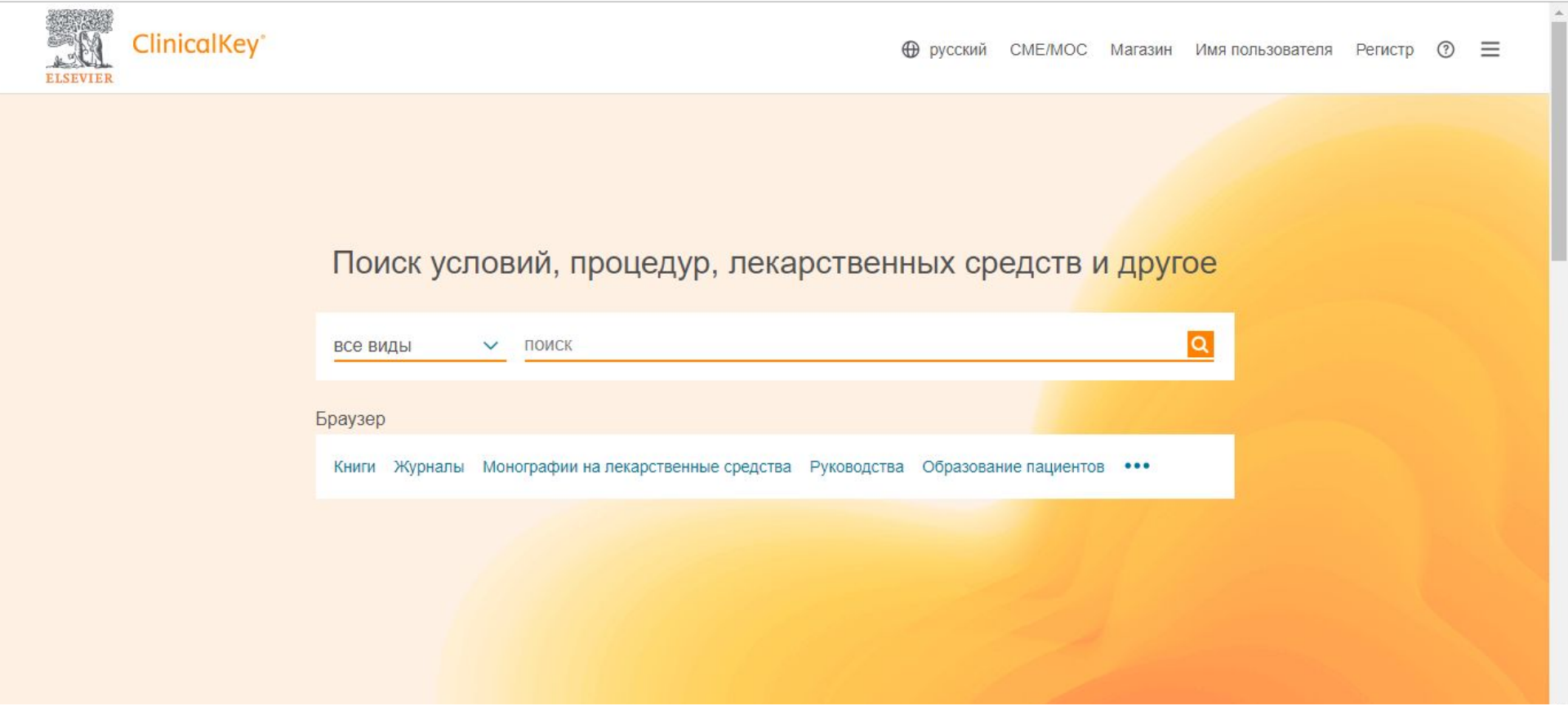
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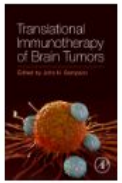

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Presentation, diagnosis, and staging of Wilms tumor

… patients . **Wilms tumor** is primarily a sporadic disease, and only 1 to 2 percent of individuals with **Wilms tumor** have a relative with the disease . In approximately 10 percent of cases, **Wilms tumor** occurs as …

Treatment and prognosis of Wilms tumor

…outcome of **Wilms tumor** will be reviewed here. The epidemiology, presentation, diagnosis, and staging of **Wilms tumor** are discussed separately. Several prognostic factors at the time of initial diagnosis are …

Beckwith-Wiedemann syndrome

…percent for tumors. Previously, the risk for **Wilms tumor** in children with loss of maternal methylation at IC2 was only rarely reported. However, **Wilms tumor** has now been reported in several children with …

Clinical assessment of the child with suspected cancer

…particular types of cancer varies depending upon the age of the child For example, neuroblastoma and **Wilms tumor** occur most commonly in children between birth and four years of age; leukemia occurs most often …

Acquired von Willebrand syndrome

…have initiated testing for aVWS in all patients with suspected **Wilms tumor** at their institution. We test for aVWS in any patient with **Wilms tumor** who has a bleeding history or who requires surgery or other …

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