

## DAFTAR RIWAYAT HIDUP



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### RIWAYAT PENDIDIKAN FORMAL

1. Dokter Umum Tahun 1983 FKUI – Jakarta
2. Dokter Ahli Bedah Tahun 1992 FKUI – Jakarta
3. Dokter Ahli Bedah Onkologi Tahun 1996  
Divisi Bedah Onkologi/HNB – Departemen Ilmu Bedah FKUI/RSCM – Jakarta
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### RIWAYAT JABATAN STRUKTURAL

1. Tahun 1996 – Sekarang : Staf Pengajar Departemen Ilmu Bedah FKUI/RSCM
2. Tahun 2002 – 2005 : Kepala Instalasi Gawat Darurat RSCM
4. Tahun 2006 – 2010 : Direktur Umum dan Operasional RSCM
5. Tahun 2010 – 2015 : Direktur Utama RS.Kanker Dharmais

# **ROLE OF SURGICAL ONCOLOGY**

SONAR S PANIGORO

# Surgical oncology

- Surgery is the treatment of choice for most localized, solid neoplasms.
- Surgery has recognized limits in its application.
- Surgery is increasingly combined with other treatment modalities.

# Roles of Surgery in Cancer

- Prevention
- Diagnosis
- Definitive treatment
- Palliation
- Rehabilitation

# Prevention

- Educating patients about carcinogenic hazards
- Surgical intervention for the preventable cancer

# Surgery That can Prevent Cancer

## ■ ***Underlying condition***

- cryptorchidism
- polyposis coli
- familial colon cancer
- ulcerative colitis
- MEN type II, III
- familial breast cancer
- familial ovarian cancer

## ■ ***Prophylactic surgery***

- Orchiopexy
- Colectomy
- Colectomy
- Colectomy
- Thyroidectomy
- Mastectomy
- Oophorectomy

# Prophylactic mastectomy



# Role of Surgeon in Management of Cancer Patients

- Prevention
- Diagnosis
- Definitive treatment
- Palliation
- Rehabilitation



# Diagnosis of Cancer

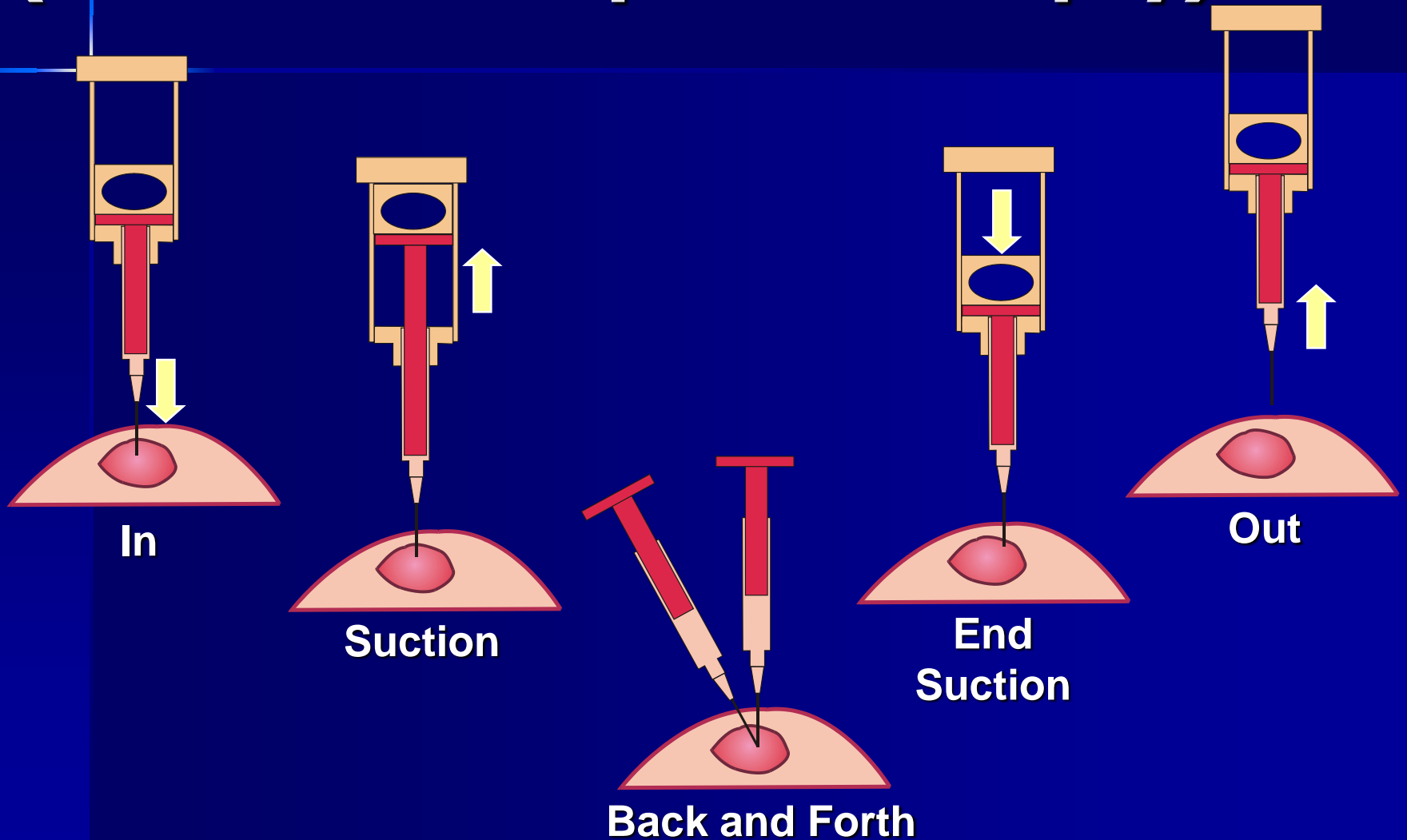
- Acquisition of tissue for histologic diagnosis  
→ definitive treatment
- Staging of patients

# Techniques for Obtaining Tissue

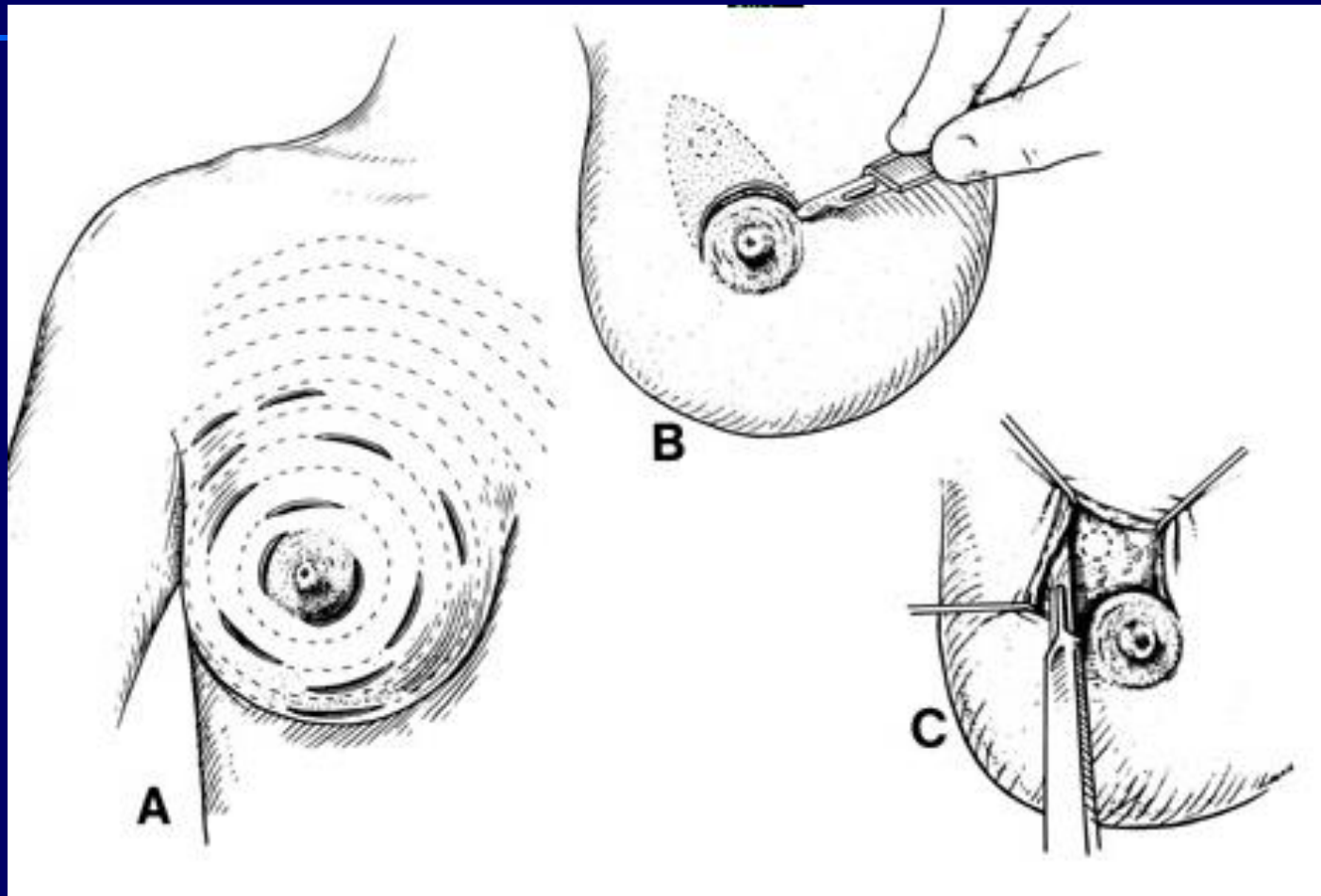
- Needle biopsy
- Incisional biopsy
- Excisional biopsy

# FNAB

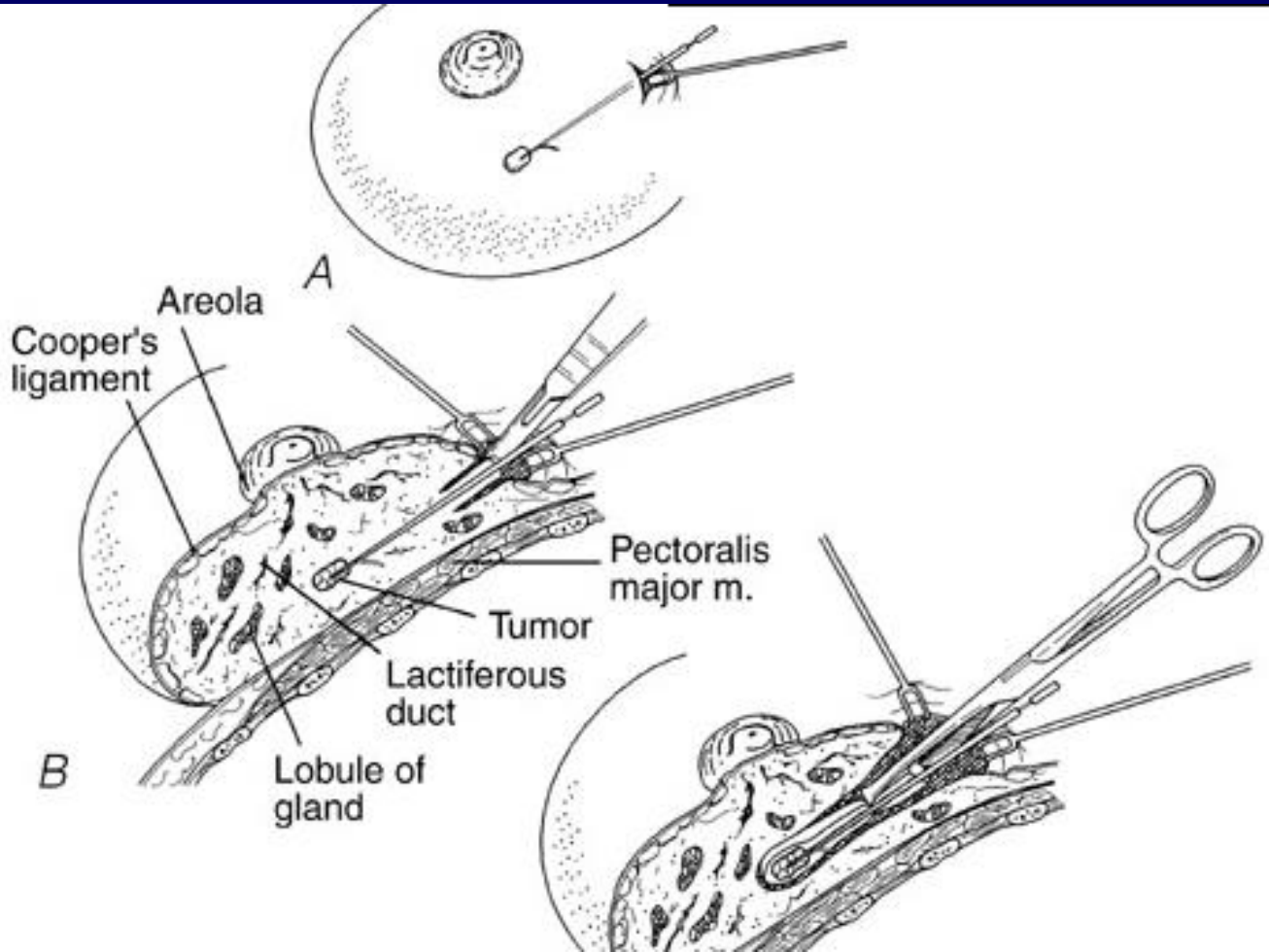
(Fine-needle aspiration biopsy)



# Excisional/incisional biopsy



# Guided biopsy



# Needle biopsy **advantages**

- Simplest method
- Inexpensive
- Causes minimal disturbance of the surrounding tissue

# Needle biopsy **disadvantages**

- Danger of implanting tumor cells in a needle tract
- Not representative of the total tumor
- The needle misses the lesion

# Needle biopsy types

- Fine needle aspiration biopsy
- Large bore needle biopsy ;
  - Vim Silverman needle
  - Tru cut needle
  - Mammotome



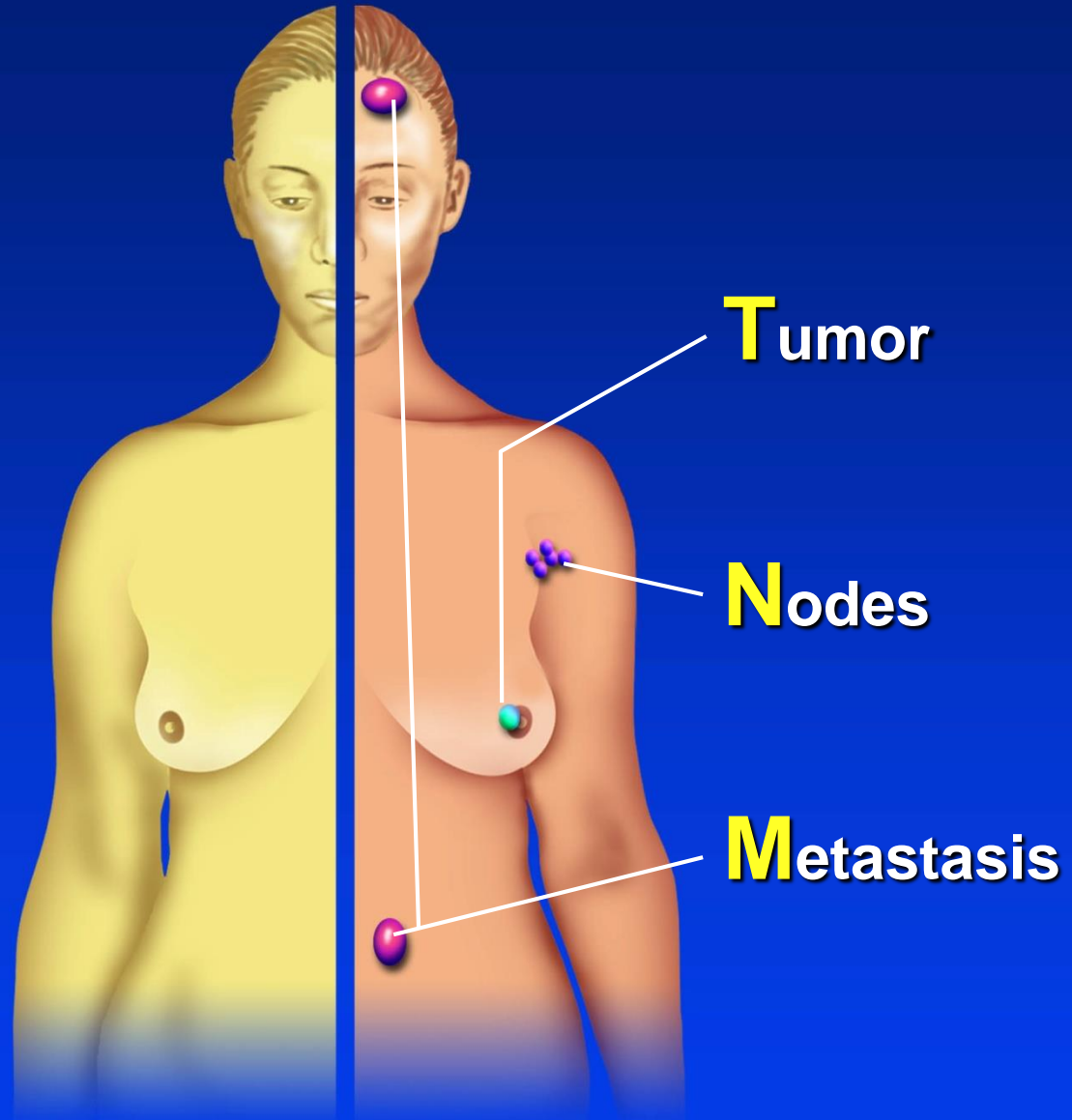
# Principles of the performance of all surgical biopsies

- Needle tract or scar should be removed as part of subsequent definitive surgical procedure

# Diagnosis of Cancer

- Acquisition of tissue for histologic diagnosis
- Staging of patients

# T N M classification



# TNM Classification System

*Describes the anatomic extent of disease*

*based on assessment of three components*

- T** Primary tumor size and extent
- N** Regional lymph node involvement
- M** Distant metastasis absent or present

# TNM Classification System

- Primary tumor (T)

TX Primary tumor cannot be assessed

T0 No evidence of primary tumor

Tis Carcinoma in situ

T1,T2 Increasing size or local extension

T3 T4 Increasing extent of primary

# TNM Classification System

- Regional lymph nodes (N)

NX Regional lymph nodes cannot be assessed

N0 No regional lymph node metastasis

N1,N2,N3 Increasing involvement of regional lymph nodes

# TNM Classification System

- Distant metastasis (M)

MX Presence of distant metastasis cannot be

assessed

M0 No distant metastasis

M1 Distant metastasis (may be further specified

according to size of occurrence)

# BREAST CANCER

## TNM stage grouping

|                   |             |        |    |
|-------------------|-------------|--------|----|
| <b>Stage 0</b>    | Tis         | N0     | M0 |
| <b>Stage I</b>    | T1*         | N0     | M0 |
| <b>Stage IIA</b>  | T0          | N1     | M0 |
|                   | T1*         | N1**   | M0 |
|                   | T2          | N0     | M0 |
| <b>Stage IIB</b>  | T2          | N1     | M0 |
|                   | T3          | N0     | M0 |
| <b>Stage IIIA</b> | T0, T1,* T2 | N2     | M0 |
|                   | T3          | N1, N2 | M0 |
| <b>Stage IIIB</b> | T4          | Any N  | M0 |
|                   | Any T       | N3     | M0 |
| <b>Stage IV</b>   | Any T       | Any N  | M1 |

\* Note: T1 includes T1 mic.

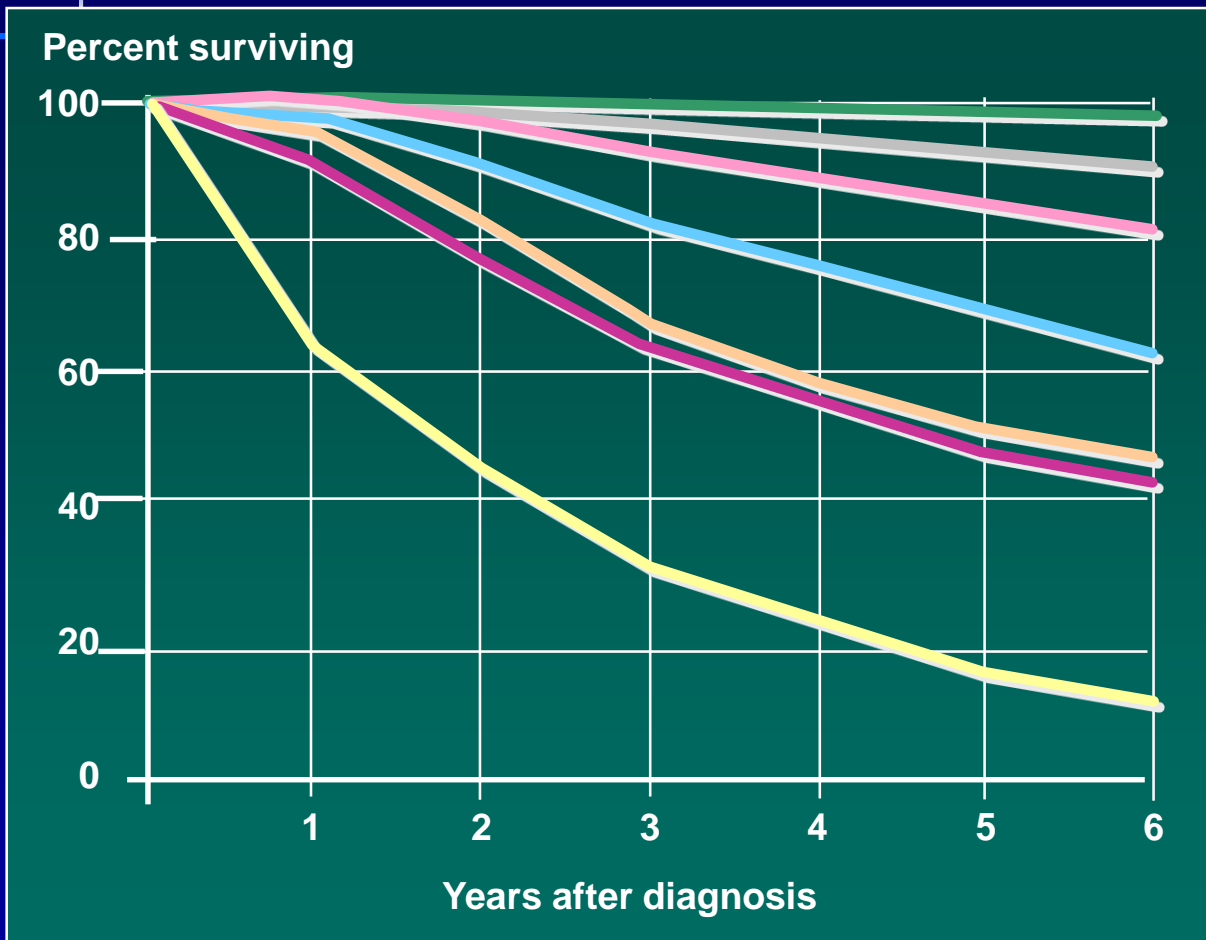
\*\* Note: The prognosis of patients with N1a is similar to that of patients with pN0.

Used with the permission of the American Joint Committee on Cancer (AJCC®), Chicago, Illinois.  
The original source for this material is the *AJCC® Cancer Staging Manual*, 5<sup>th</sup> edition (1997)  
published by Lippincott-Raven Publishers, Philadelphia, Pennsylvania.



# BREAST CANCER

## Survival by stage



Stage 0

Stage I

Stage IIA

Stage IIB

Stage IIIA

Stage IIIB

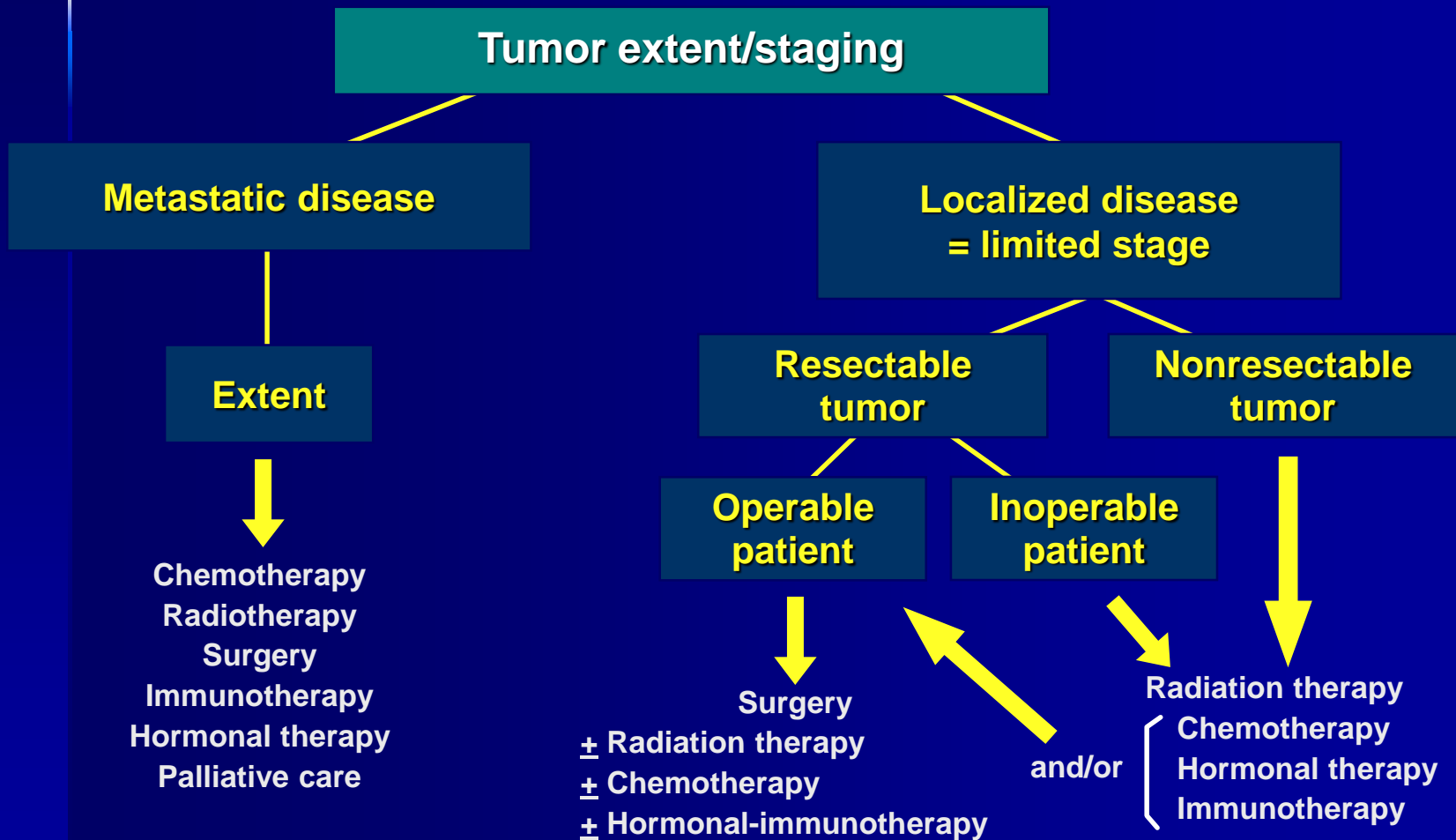
Stage IV

# Role of Surgeon in Management of Cancer Patients

- Prevention
- Diagnosis
- Treatment
- Palliation
- Rehabilitation

# Considerations in choosing therapy

- Disease and results obtained from each type of therapy
- Patient's general conditions and co-existing disease
- Patient's life situation and psychological makeup



# Cancer surgery ; principles

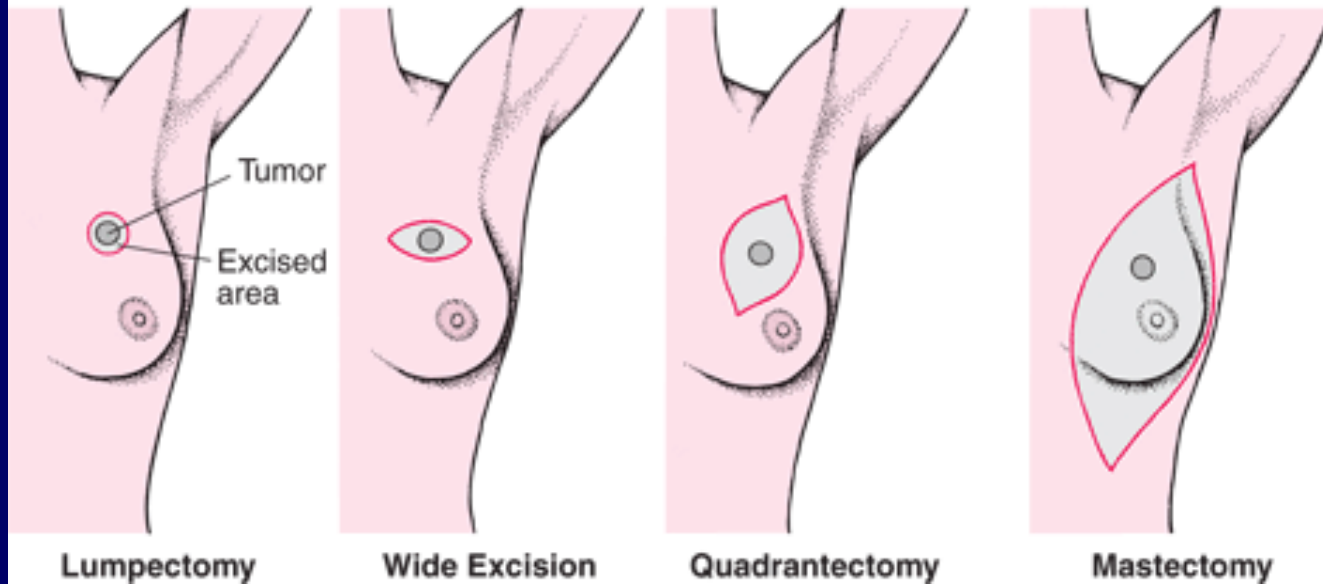
- Enucleation or incomplete excision of tumor mass is never indicated as a therapeutic measure
- ***Prevention of tumor cell implantation during surgery***
- ***Prevention of vascular dissemination at surgery***

# Types of cancer operations

- Local resection
- Radical local resection
- Radical resection with en bloc excision of lymphatics
- Extensive surgical procedures

**Breast-Conserving Surgery**

**Breast Removal**

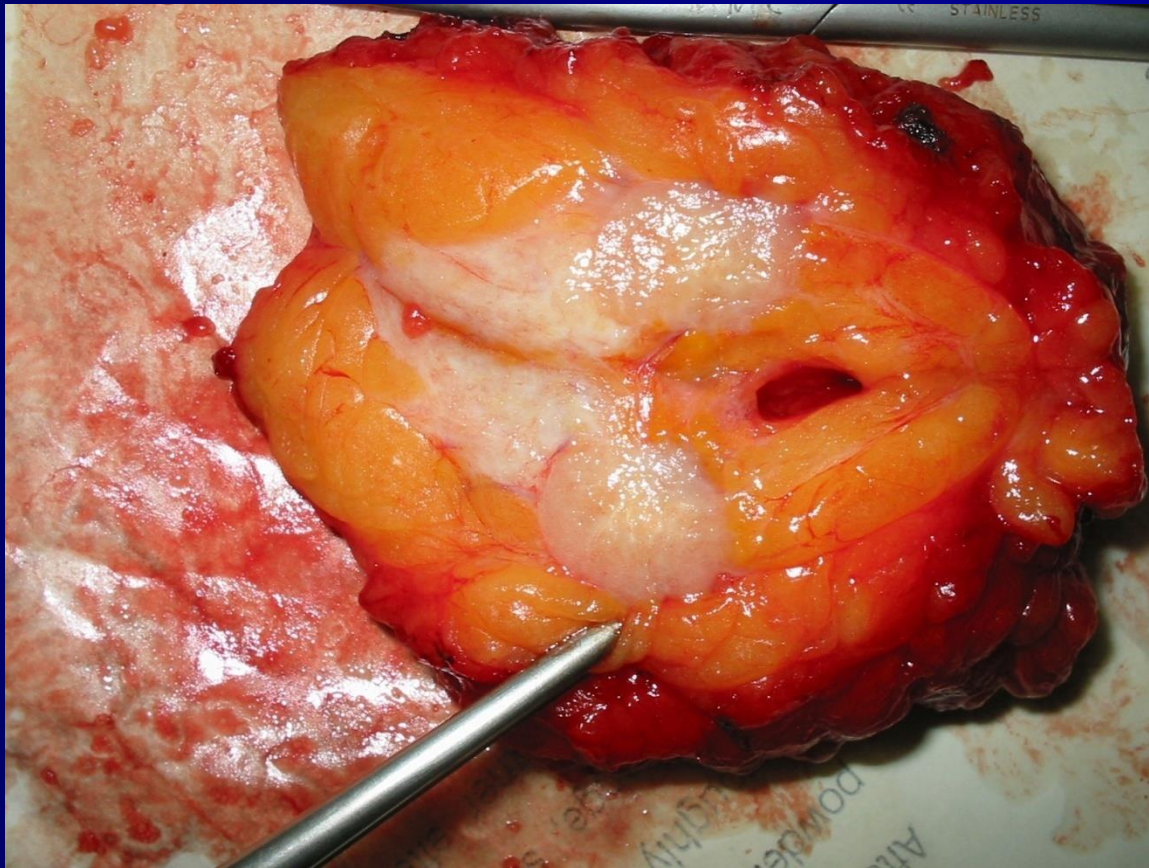


# Adequate margin of Resection

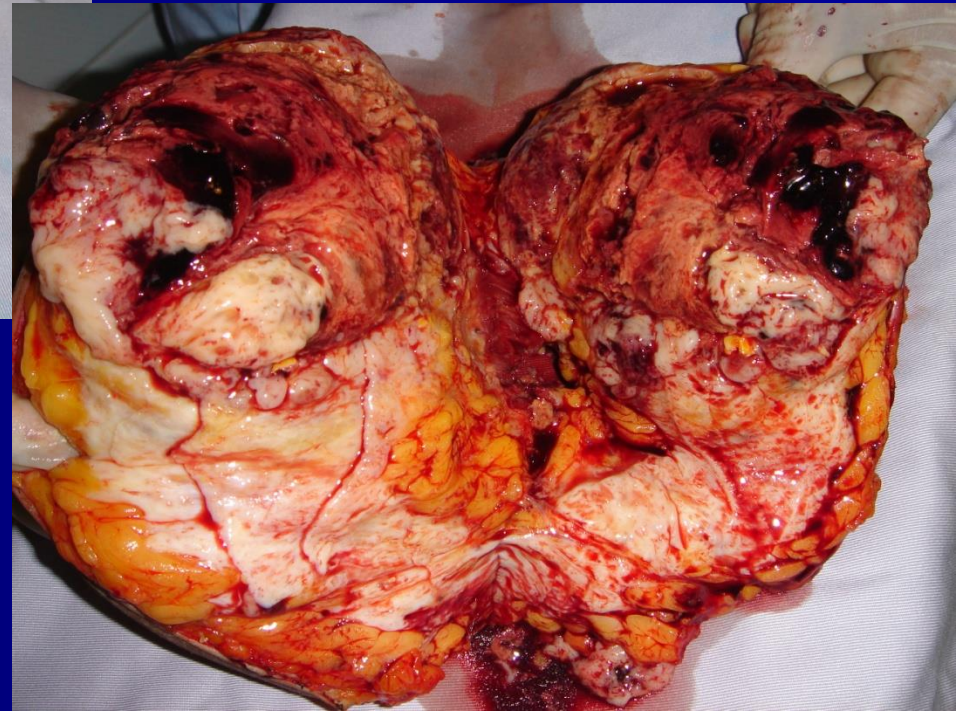
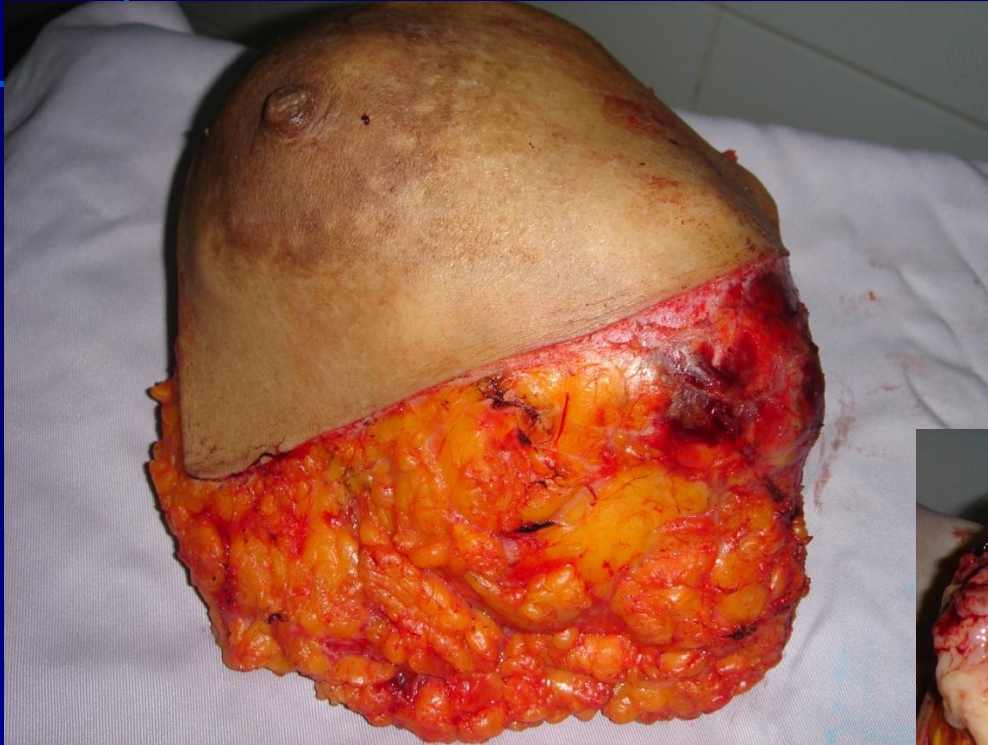
- A complete margin of normal tissue around the primary lesion
- Frozen sections used to evaluate tissue margins in instances of doubt
- Complete removal of involved regional lymph nodes
- Resection of involved adjacent organ
- En bloc resection of biopsy tracts and tumor sinuses



# Free margin (small tumor)



# Free margin(big tumor)





PRA TERAPI  
SISTEMIK



POST TERAPI  
SISTEMIK



POST  
OPERASI

# Neo adjuvan chemotherapy

# Roles of Surgery in the Treatment of Cancer

- Definitive surgical treatment for primary cancer
- Surgery for reduce the bulk of residual disease
- Surgical resection of metastatic disease with curative intention
- Surgery for treatment of oncologic emergencies

# Surgery for residual disease

- In selected cancers, surgical resection of bulk disease may lead to improvement in the ability to control residual gross disease that has not been resected

# Surgery for metastatic disease

- Resection of pulmonary metastasis in patients with soft tissue and bony sarcomas
- Resection of pulmonary metastasis in patients with colon cancer
- Resection of hepatic metastasis in patients with colorectal cancer

# Surgery for oncologic emergencies

- exsanguinating hemorrhage
- perforation
- drainage of abscess
- impending destruction of vital organs

# Role of Surgeon in Management of Cancer Patients

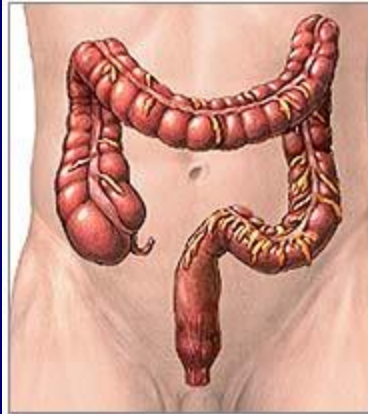
- Prevention
- Diagnosis
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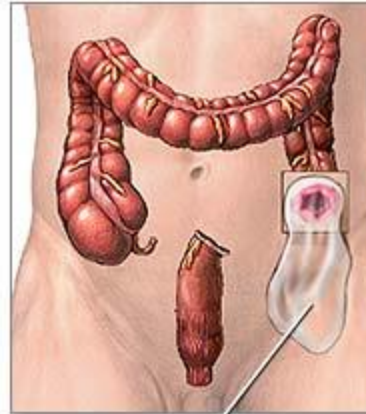
# Surgery for Palliation

- To improve the quality of life
- Examples ; *relief of intestinal obstruction,*  
*removal of mass causing pain*

Before



After

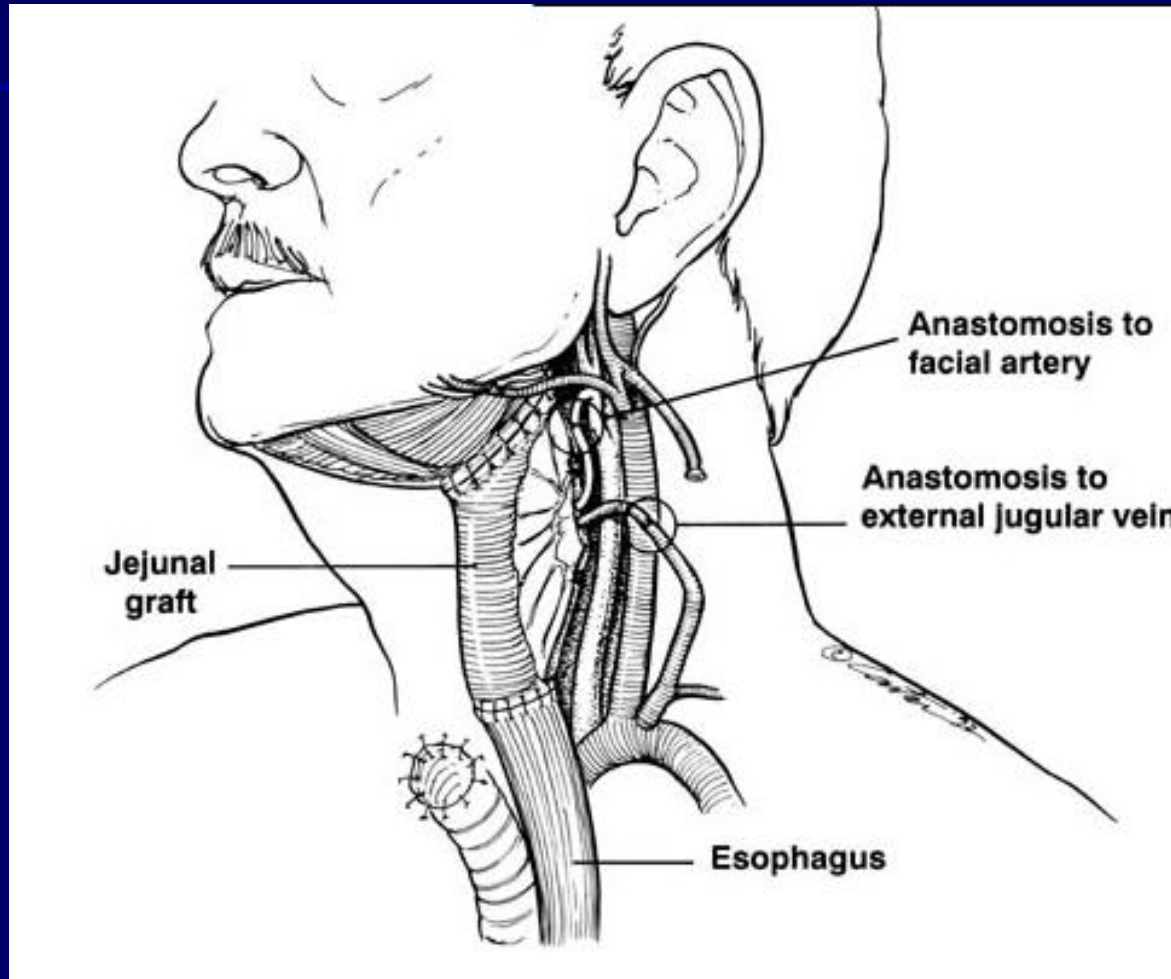


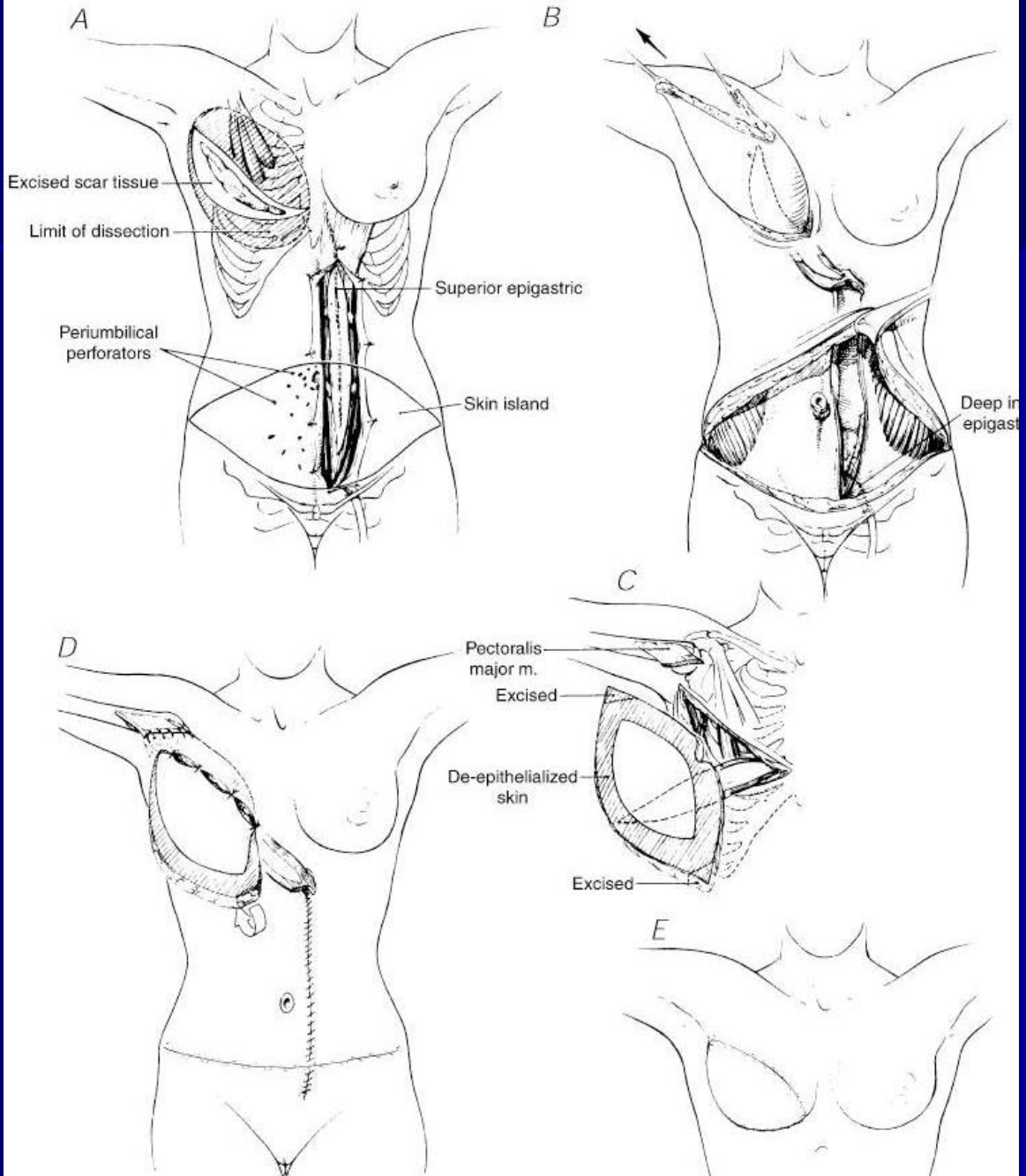
Colostomy bag

# Role of Surgeon in Management of Cancer Patients

- Prevention
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# Reconstruction surgery





# History of Modern Surgery

1900-1990

1990-present

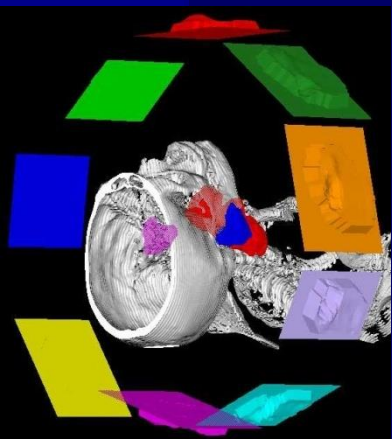
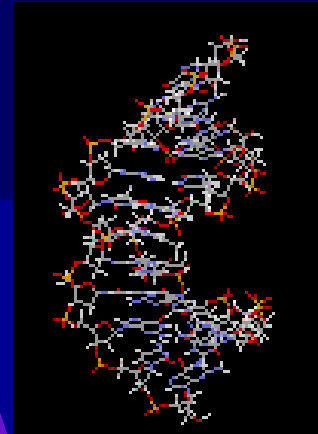
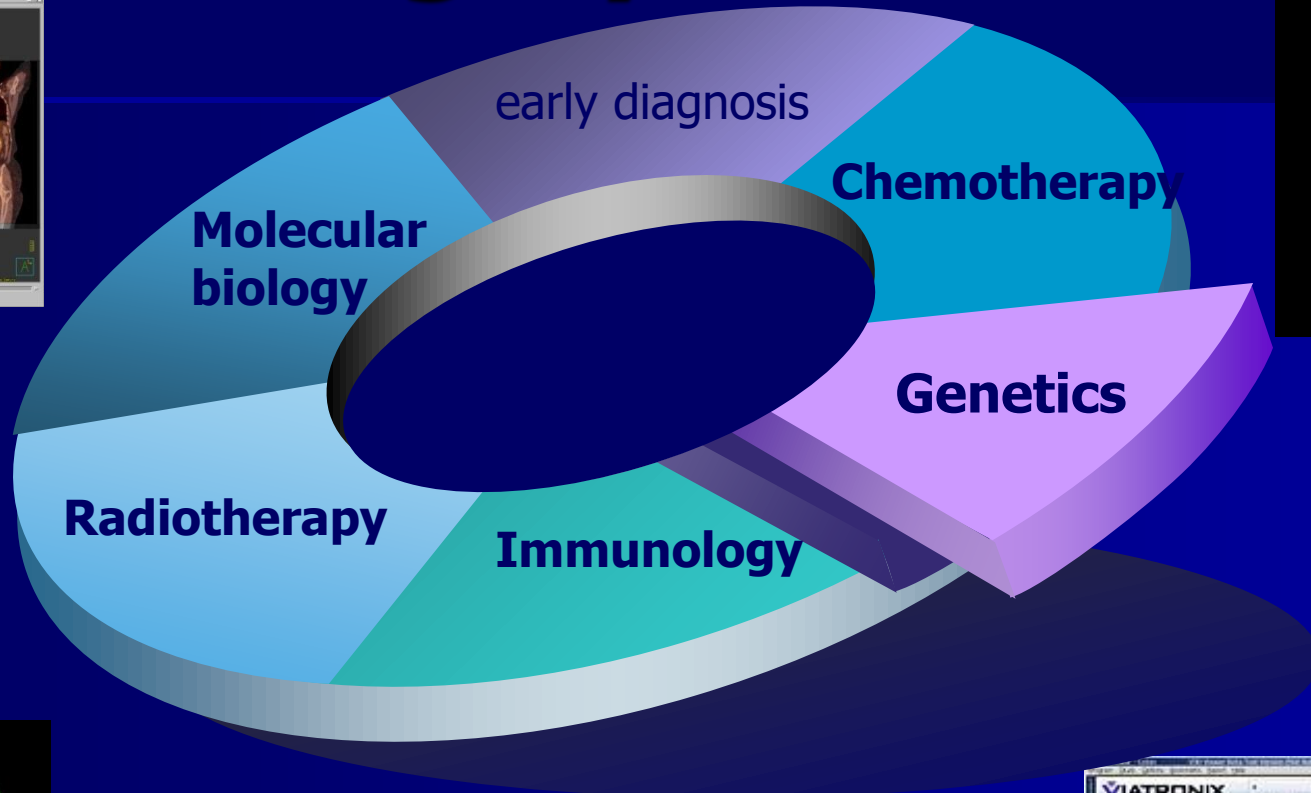
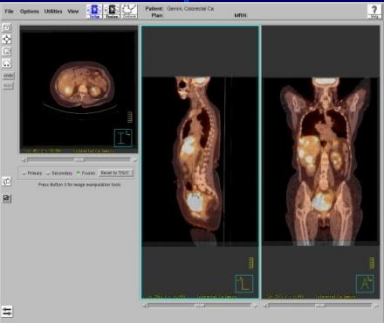
2000-future

**Big Surgery**

**Minimally  
Invasive  
Surgery**

**Robotic  
Surgery**

# Less Surgery



***Thank You***