

Premladi za raka

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Specialistka internistične onkologije



June - Bowel Cancer Awareness Month

BOWEL CANCER... YOU'RE NEVER TOO YOUNG



PEOPLE BORN IN 1990 ONWARDS
HAVE DOUBLE THE RISK OF COLON
CANCER AND QUADRUPLE THE RISK
OF RECTAL CANCER COMPARED
WITH PEOPLE BORN IN 1950



**1 IN 11 AUSSIES DIAGNOSED WITH
BOWEL CANCER ARE UNDER 50**

A COMMON MISCONCEPTION
BOWEL CANCER IS 'AN OLD
PERSON'S DISEASE'



BOWEL CANCER
DEADLIEST CANCER FOR
PEOPLE AGED 25-29 AND
DEADLIEST (ALONG WITH
BRAIN CANCER) FOR
PEOPLE AGED 30-34



**BOWEL CANCER
DOESN'T DISCRIMINATE,
IT AFFECTS BOTH MEN &
WOMEN EQUALLY**



**YOUNG
ONSET
BOWEL
CANCER
IS ON
THE RISE**

SYMPTOMS SUGGESTIVE OF BOWEL CANCER CAN INCLUDE:

- A persistent change in bowel habit, especially going to the toilet more often or having looser, more diarrhoea-like movements
- Blood in your stool or rectal bleeding
- A change in appearance of your bowel movement (e.g. narrower stools or mucus in stools)
- Unexplained anaemia causing tiredness, weakness or weight loss
- Abdominal pain or swelling



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HELP BEAT BOWEL CANCER

bowelcanceraustralia.org



Rak v Sloveniji

- Leta 2022 je v Sloveniji za rakom zbolelo približno 19.000 Slovencev, več kot 10.000 moških in skoraj 9.000 žensk. Od tega je 5.500 nemelanomskih kožnih rakov. Z letošnjim poročilom uvajamo dodatno poročanje o vseh rakih brez nemelanomskih kožnih rakov, kar omogoča neposredno mednarodno primerljivost kazalnikov. Ti raki so pogosti, praviloma ne ogrožajo življenja in so večinoma ambulantno zdravljeni, pogosto v zasebnih ustanovah, ki ne poročajo popolno, zato niso vključeni v statistike številnih držav.
- Za rakom letno umre približno 6.300 Slovencev, od tega 3.500 moških in 2.800 žensk.
- Med nami živi že več kot 136.000 ljudi, ki so kadarkoli zboleli zaradi ene od rakavih bolezni (prevalenca).
- Med rojenimi leta 2022 bo do svojega 75. leta starosti za rakom predvidoma zbolel vsak tretji Slovenec. Ogroženost z rakom je največja pri starejših; med vsemi bolniki z rakom, zbolelimi leta 2022, je bilo 64 % starejših od 65 let. Ker se slovensko prebivalstvo stara, je samo zaradi vedno večjega deleža starejših pričakovati, da se bo število novih primerov raka še večalo.
- Najpogostejši raki pri nas (prostate, pljuč, dojk, debelega črevesa in danke ter melanom) so leta 2022 predstavljali 54 % vseh ugotovljenih rakov. Ti raki so povezani z nezdravim življenjskim slogom: kajenjem, pitjem alkoholnih pijač, neustrezno prehrano, premalo gibanja in prekomerno težo ter izpostavljenostjo soncu. Ogroženost z njimi lahko zmanjšamo z ukrepi primarne preventive.
- Število novo zbolelih leta 2022, v tretjem letu epidemije covid-19, je precej višje v primerjavi z letom 2021, predvsem zaradi spremembe v načinu zbiranja podatkov v Registru raka, ki je prispevala k porastu incidence nemelanomskega kožnega raka in melanoma. Kljub temu je treba del porasta pripisati še vedno tudi primanjkljaju zaradi epidemije covid-19, ki smo ga zaznali v letu 2020.
- Presejalni programi za rake, ki jih priporoča Svet Evropske unije in smo jih uvedli tudi v Sloveniji, lahko z zgodnjim odkrivanjem zmanjšajo umrljivost za rakom dojk, debelega črevesa in danke ter rakom materničnega vratu; pri slednjih dveh že več let opazujemo tudi zmanjšanje incidence.
- Petletno čisto preživetje odraslih slovenskih bolnikov s katerokoli vrsto raka, ki so zboleli v obdobju 2018–2022, je bilo 59 %, bolnic pa 64 %.

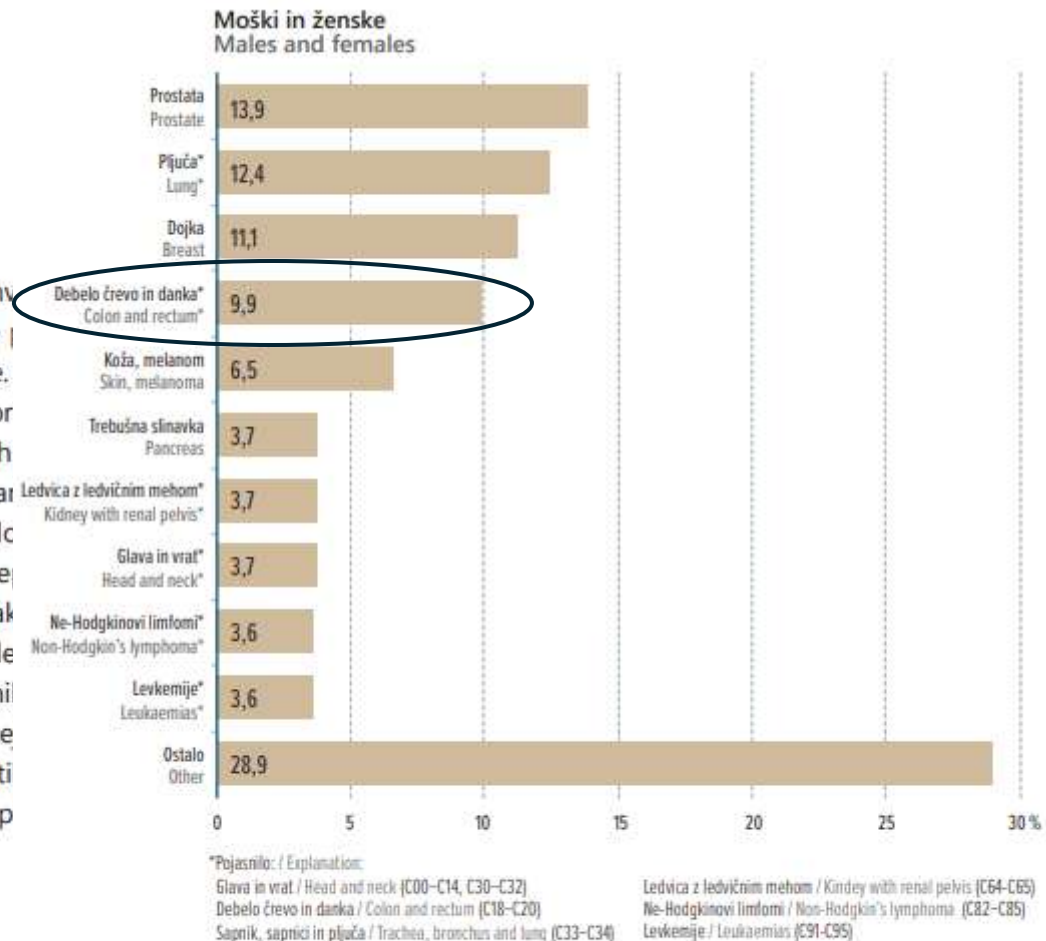
Za dodatne podatke o bremenu raka v Sloveniji in svetu obiščite www.slora.si.

Najpogostejši raki

- Rak ni ena sama bolezen, temveč več sto različnih. Te lahko vzniknejo v vseh tkivih in organih človeškega organizma. Razlikujejo se po pogostosti, zdravljenju in izidu, imajo pa tudi različne bolj ali manj znane nevarnostne dejavnike.
- Pet najpogostejših vrst raka pri nas – prostate, pljuč, dojk, debelega črevesa in danke ter melanom – je leta 2022 obsegalo 54 % vseh novih primerov rakavih bolezni.
- Najpogostejši raki so povezani z nezdravim življenjskim slogom: kajenjem, pitjem alkoholnih pijač, neustrezno prehrano, premalo gibanja in prekomerno težo ter izpostavljenostjo soncu. Ogroženost z njimi lahko zmanjšamo z ukrepi primarne preventive.
- Pri moških je najpogostejši rak prostate, pri ženskah pa rak dojk; oba raka zavzemata približno petino vseh rakov. Pri obeh spolih sledita pljučni rak ter rak debelega črevesa in danke.
- Najpogostejši raki se v različnih življenjskih obdobjih pojavljajo različno. Pri otrocih in mladostnikih do 20. leta starosti so najpogostejše levkemije, sledijo jim tumorji centralnega in avtonomnega živčnega sistema in limfomi, pri dekletih tudi rak ščitnice. Mlajši odrasli (20–49 let) moški zbolevajo največ za rakom mod in melanomom, pri ženskah v tej starosti pa je na prvem mestu rak dojk.

Najpogostejši raki

- Rak ni ena sama bolezen, temveč ga organizma. Razlikujejo se po znane nevarnostne dejavnike.
- Pet najpogostejših vrst raka pr leta 2022 obsegalo 54 % vseh
- Najpogostejši raki so povezani neustrezno prehrano, premalo njimi lahko zmanjšamo z ukrepi
- Pri moških je najpogostejši rak vseh rakov. Pri obeh spolih sledi
- Najpogostejši raki se v različnih 20. leta starosti so najpogostejši sistema in limfomi, pri dekletih rakom mod in melanomom, p



Slika 5a. Najpogostejše lokacije raka in njihov odstotni delež pri obeh spolih skupaj (nemelanomski kožni rak ni upoštevan), Slovenija 2022.
 Figure 5a. The leading cancer sites with percentage distribution for both sexes combined (non-melanoma skin cancer is excluded), Slovenia 2022.

Tabela 2: Incidenca, groba incidenčna stopnja in po svetovni, evropski ter slovenski standardni populaciji standardizirane incidenčne stopnje raka po spolu, Slovenija 2022.

Table 2: Incidence, crude incidence rate and according to World, European and Slovenian standard population standardized cancer incidence rates by sex, Slovenia 2022.

Šifra MKB ICD code	Primarna lokacija Primary site	Spol Sex	Število Number	Groba incidenčna stopnja na 100.000 Crude incidence rate per 100,000	SSS* – svetovni standard ASR* – World standard	SSS* – evropski standard ASR* – European standard	SSS* – slovenski standard ASR* – Slovenian standard
C18-C20	Debelo črevo in danko Colon and rectum	M	761	71,8	32,8	48,7	58,5
		Ž	575	54,8	20,1	29,2	35,1

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Tabela 3: Incidenca raka po starosti in spolu ter groba stopnja (GS) na 100.000 prebivalcev in kumulativna stopnja (KS), Slovenija 2022.

Table 3: Cancer incidence by age and by sex with crude rate (GS) per 100,000 population and cumulative rate (KS), Slovenia 2022.

Šifra MKB ICD code	Primarna lokacija Primary site	Spol Sex	Vse starosti All ages	Starost / Age																		GS	KS 0-74
				0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+		
C18	Debelo črevo Colon	M	454	0	0	1	0	1	1	3	4	7	20	30	25	52	51	65	62	70	62	42,9	1,9
		Ž	405	0	0	2	0	1	5	2	4	9	11	15	22	31	37	62	51	74	79	38,6	1,5
C19	Rektosigmoidna zveza Rectosigmoid junction	M	59	0	0	0	0	0	0	0	3	0	4	2	5	4	9	9	5	10	8	5,6	0,3
		Ž	49	0	0	0	0	0	0	0	0	1	1	3	4	4	3	4	10	9	10	4,7	0,1
C20	Rektum Rectum	M	248	0	0	0	0	0	0	0	5	5	6	23	32	43	36	34	32	17	15	23,4	1,3
		Ž	121	0	0	0	0	0	0	1	0	7	3	10	10	9	12	15	12	15	27	11,5	0,5

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Šifra MKB ICD code	Primarna lokacija Primary site	Spol Sex	Število Number	Groba Crude incidence
C18-C20	Debelo črevo in danko Colon and rectum	M Ž	761 575	

Difficult age

US, colorectal cancer, average annual % change in incidence, 2000-19



Tabela 3: Incidenca raka po starosti in spolu, Slovenija 2022.

Table 3: Cancer incidence by age and sex, Slovenia 2022.

Šifra MKB ICD code	Primarna lokacija Primary site	Spol Sex	Vse starosti All ages	Source: "Differences in cancer rates among adults born between 1920 and 1990 in the USA: an analysis of population-based cancer registry data", by H. Sung et al., <i>Lancet Public Health</i> , 2024																		65+	KS 0-74
				5-	60-	65-	70-	75-	80-	85+													
C18	Debelo črevo Colon	M	454	0	0	1	0	1	1	3	4	7	20	30	25	52	51	65	62	70	62	42,9	1,9
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		Ž	121	0	0	0	0	0	0	1	0	7	3	10	10	9	12	15	12	15	27	11,5	0,5

“
I was told I
was too
young for
womb cancer
”



71%
of young-onset colorectal
cancer patients surveyed
were diagnosed at an
advanced stage.

Tell your story. Help save lives.

Please take the 2019 Young-Onset
Colorectal Cancer Survey if you or a
loved one were diagnosed under
age 50.

go.ccalliance.org/2019n2ysurvey

Your experience matters.



 **never too
young**
colorectal cancer alliance



1 od 5 z CRC je mlajši od 55 let

UKREPI NA DVEH NIVOJIH

- PREVENTIVA
- ZGODNJA DIAGNOZA



MODIFIABLE BOWEL CANCER RISK FACTORS

PREVENTIVA



INCREASES BOWEL CANCER RISK



RED & PROCESSED MEAT

Eating too much red meat (e.g. beef, lamb, pork, goat) has been linked with an increased risk of bowel cancer. If you choose to eat red meat, limit the amount to no more than 500g cooked per week. When barbecuing, partly cook meat in the oven first to reduce cooking times on open flames or grills. Keep temperatures low and use marinades to protect meat from burning.

Eating processed meats such as bacon, ham, salami and some sausages has been strongly linked with an increased risk of bowel cancer, and therefore should be avoided.



SMOKING

Smoking 40 cigarettes (two packs) per day increases risk of bowel cancer by around 40% and nearly doubles the risk of bowel cancer death.

Quit smoking and avoid exposure to tobacco smoke.



BODY FATNESS

Bowel cancer risk rises with increased body fatness, as marked by body mass index (BMI), waist circumference or waist-hip ratio.

During childhood and adolescence, be as lean as possible within the normal range of body weight.

From age 21, maintain body weight within the normal body mass index (BMI) range.

Throughout adulthood, avoid weight gain and increases in waist circumference.



ALCOHOL

Bowel cancer risk increases significantly when two or more alcoholic drinks are consumed per day.

If you choose to drink alcohol, limit the amount.

DECREASES BOWEL CANCER RISK



WHOLEGRAINS

Eating 3 servings (a total of 90g) of wholegrains a day, such as brown rice or wholemeal bread, can reduce your risk of bowel cancer by 17%.



PHYSICAL ACTIVITY

Recreational physical activity can reduce colon (not rectal) cancer risk by 16%.

Aim to be physically active where the heart rate is elevated, every day in any way for 30 minutes or more.

As fitness improves, increase the length of time you are active to 60 minutes or engage in more vigorous activity.

Limit sedentary habits such as watching television.



DAIRY PRODUCTS AND CALCIUM SUPPLEMENTS

Dairy products and calcium supplements are associated with a decreased risk of bowel cancer.

Consuming 400 grams of dairy products per day decreases risk by 13%.

Similarly, the consumption of 200g of milk or 200mg of dietary calcium per day was associated with a 6% decreased bowel cancer risk.



SCREENING

People who participate in screening programs reduce their risk of dying from bowel cancer by 16% compared to those who don't participate.

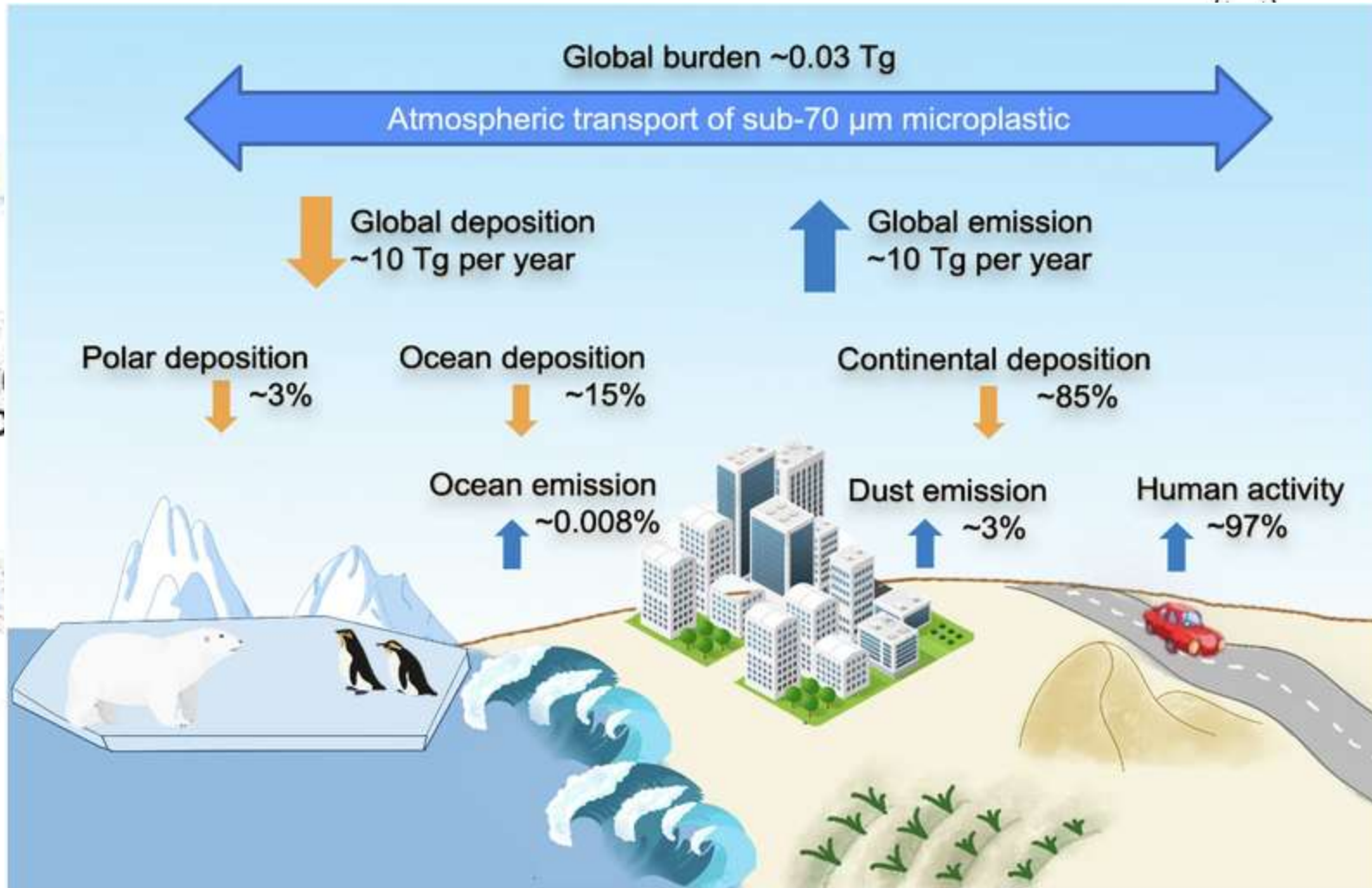
Bowel Cancer Australia recommends participating in screening appropriate to your personal level of risk.

To order a screening test call **1800 555 494** or visit **bowelcanceraustralia.org**



Bowel Cancer Australia

MIKROPLASTIKA



nted and refragmented under UV rays
ite particles are mistakenly ingested as
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MIKROPLASTIKA

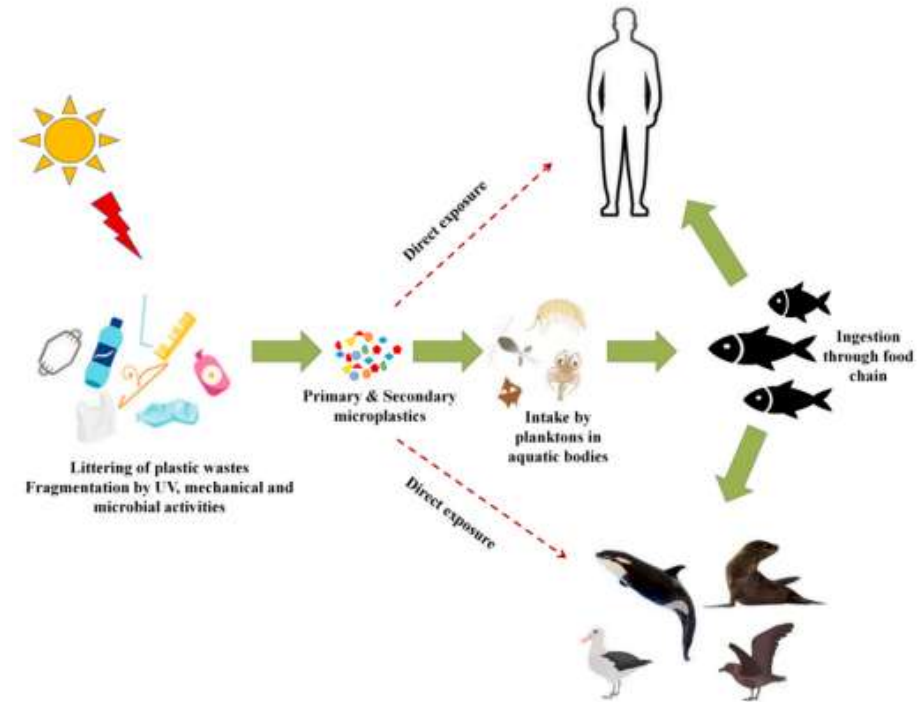


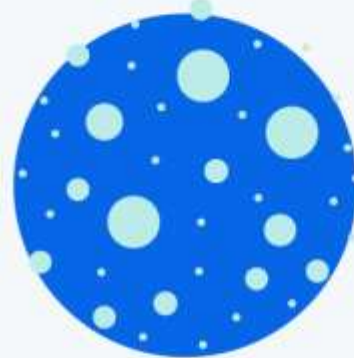
Fig. 2. Generation of MPs and exposure of animals through direct contacts or food chain. Large plastic materials are fragmented and refragmented under UV rays into MPs of various shapes and sizes. These MPs contaminate aquatic bodies, including streams and oceans, where these minute particles are mistakenly ingested as food by zooplanktons and fishes. From plankton and fishes, MPs can contaminate animals of higher trophic levels through the food chain. Moreover, humans and other animals could also be exposed to MPs through direct exposure, such as inhalation and dermal contacts.

MIKROP



Where the Ocean's Microplastics Come From

Estimated share of total microplastics in the world's oceans, by source



Synthetic textiles
35.0%



Car tires
28.0%



City dust
24.0%



Road markings
7.0%



Marine coatings
3.7%

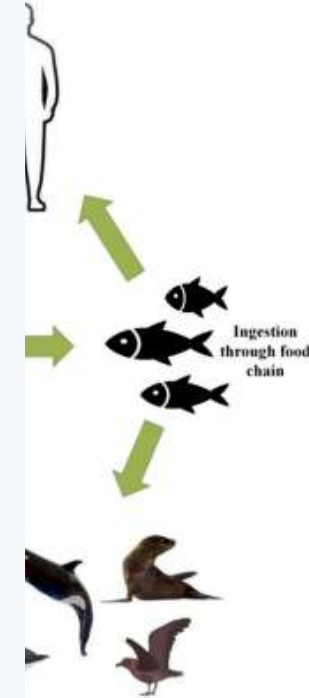


Personal care products
2.0%



Plastic pellets
0.3%

Source: International Union for Conservation of Nature

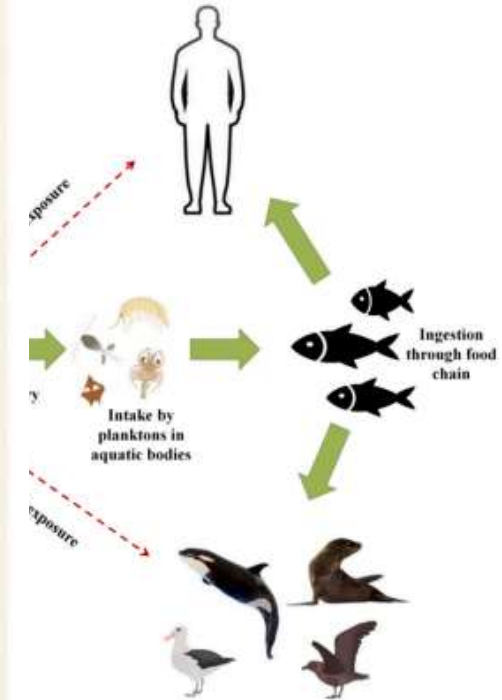
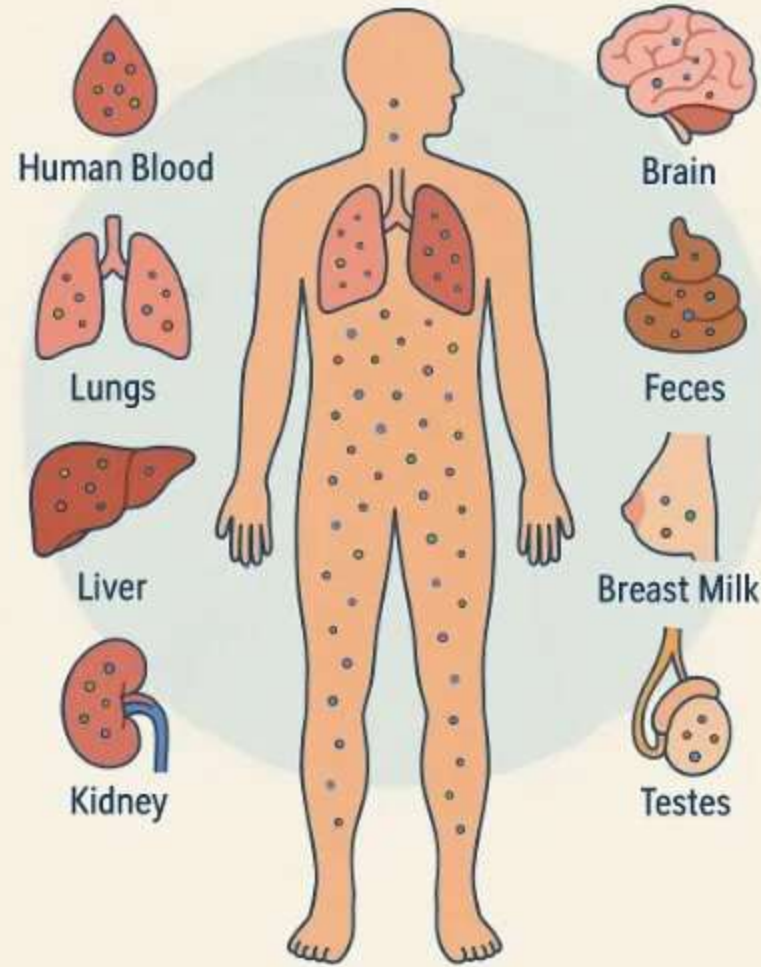


Microplastics are materials that are fragmented and refragmented under UV rays and mechanical forces, where these minute particles are mistakenly ingested as food at various trophic levels through the food chain. Moreover, humans and other animals can also ingest microplastics through direct contacts.

MIKROPLASTIK

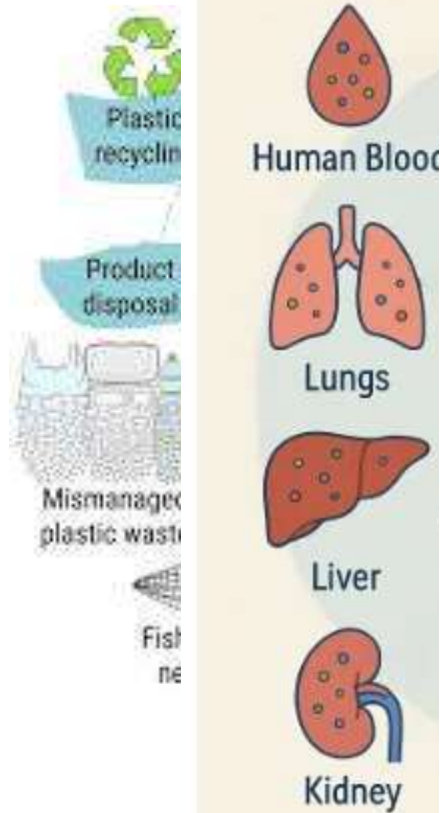


WHERE HAVE SCIENTISTS FOUND MICROPLASTIC PARTICLES IN THE HUMAN BODY?



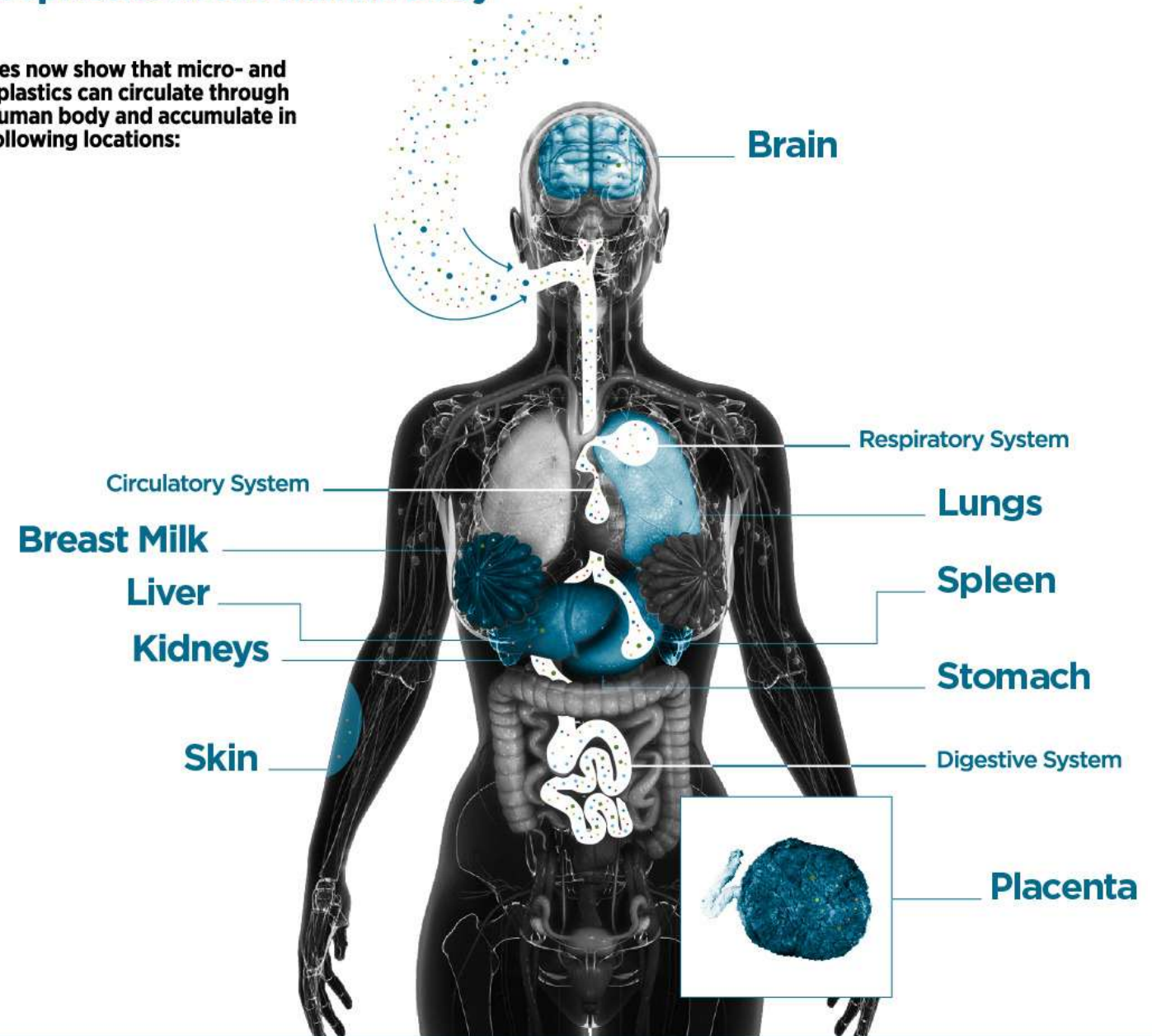
food chain. Large plastic materials are fragmented and refragmented under UV rays including streams and oceans, where these minute particles are mistakenly ingested as prey animals of higher trophic levels through the food chain. Moreover, humans and inhalation and dermal contacts.

MIKRC



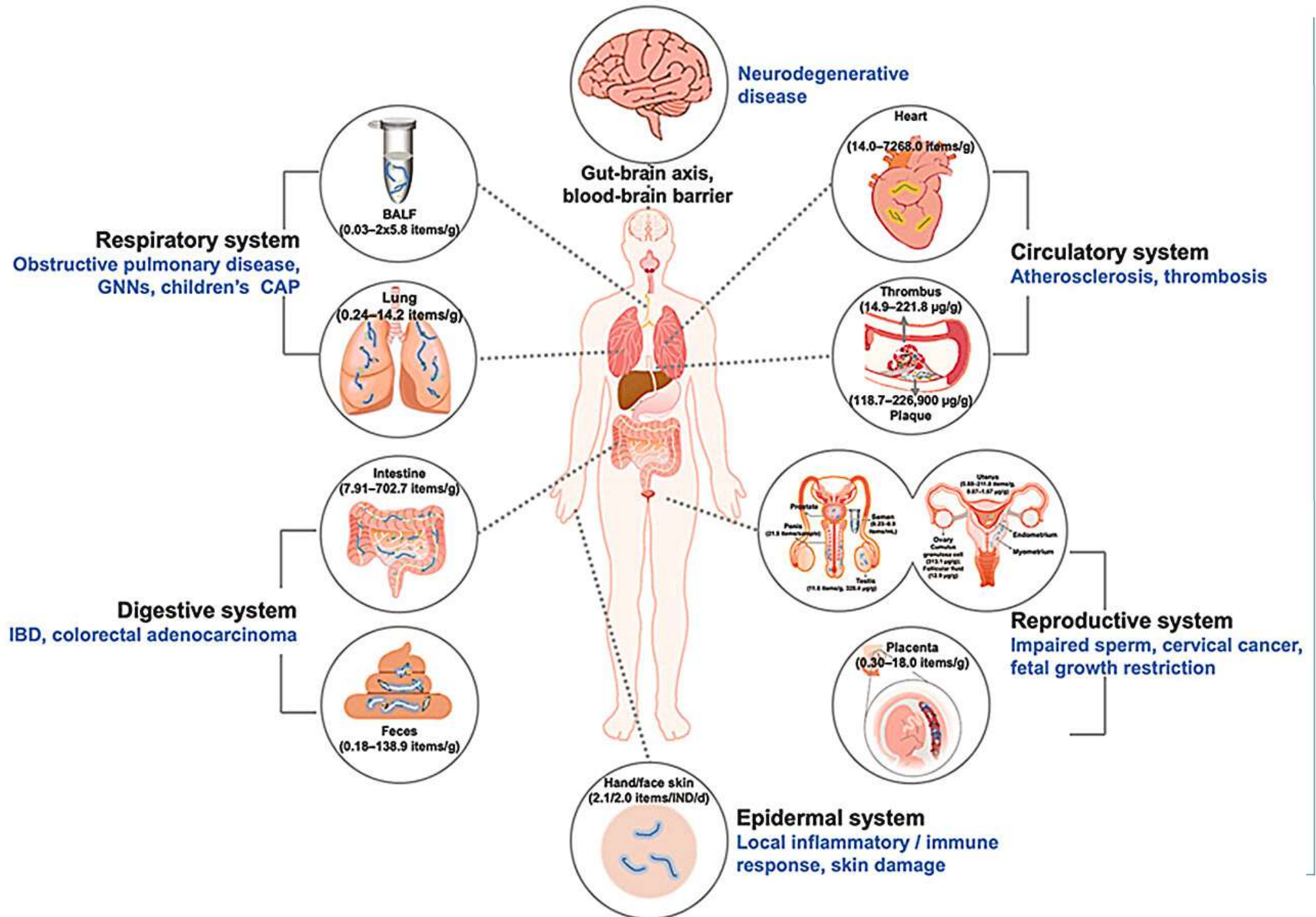
Microplastics in the Human Body

Studies now show that micro- and nanoplastics can circulate through the human body and accumulate in the following locations:

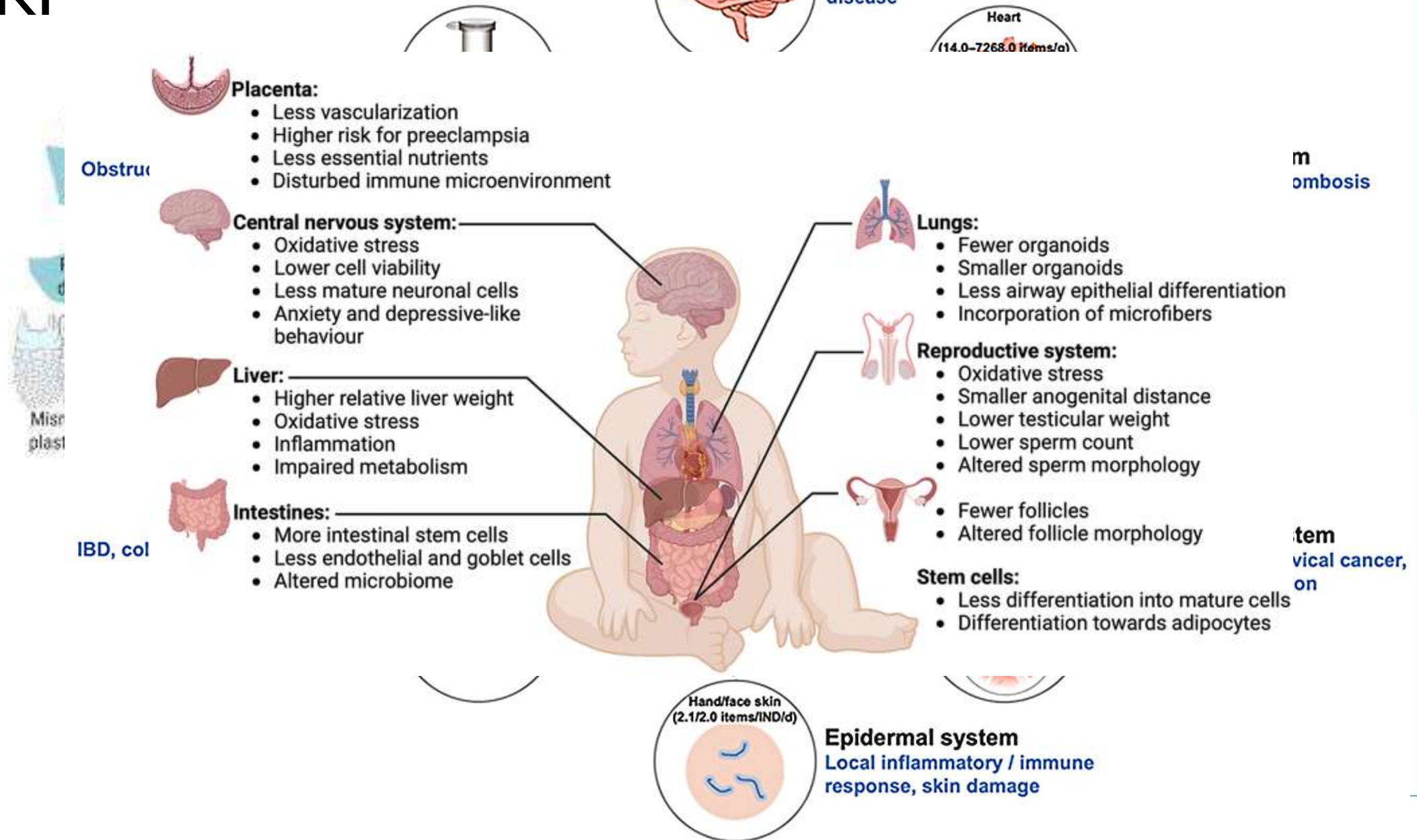


Source: Based on visuals by [the United Nations Environment Programme](#) (from the 2021 report, "From Pollution to Solution") & [the World Health Organization](#) (from the 2022 report, "Dietary and inhalation exposure to nano- and microplastic particles and potential implications for human health").

MIKF



MIKF



MIKF

Study Finds Microplastics In 93% Of Bottled Water

Lowest & highest number of plastic particles found per liter of bottled water (location & brand)



n=259 bottles from 11 brands across nine countries.
Plastic discovered included polypropylene, nylon, and polyethylene terephthalate.



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Cancer Epidemiology

journal homepage: www.elsevier.com/locate/canep

The clinical relevance of microplastic exposure on colorectal cancer: A systematic review

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Colorectal adenocarcinoma
Pollution
Exposure
Pathology

ABSTRACT

Microplastic exposure can contaminate multiple organs through nasal, dermal, and respiratory routes. The effect of microplastic exposure on colorectal adenocarcinoma development has gained attention. This systematic review aimed to summarize studies of microplastic exposure in humans with colorectal cancer. The relevant studies were collected through a computer-assisted search in PubMed, ISI Web of Science, Embase, Scopus, and Google Scholar databases. A total of 747 documents were evaluated for eligibility by two independent authors. The quality assessment of eligible studies was evaluated by the JBI checklist, and required data were collected and extracted from the included studies. After analysis, four studies were found eligible. The microplastic infiltration in colorectal tissue biopsies was relatively high; polyamide, polycarbonate, and polypropylene polymers were among the most common polymers in colorectal tissue samples of patients with colorectal adenocarcinoma. The average particle size was 0.1 μ m to 1.6 mm. Microplastics shape in colorectal cancerous tissue, including fibers, fragments, and films. Microplastic abundance in colorectal tumor tissue was 25.9–32.2 particles/g tissue. In the case-control study, the microplastic accumulation in colorectal cancer tissue samples was significantly higher than in controls. The etiology of colorectal cancer remains unclear; however, environmental factors are actively contributing to colorectal cancer development. While there are few studies on microplastics in patients with colorectal adenocarcinoma, existing evidence indicates microplastic accumulation in the colorectal tissue of these patients. Further research is needed to determine if microplastic exposure initiates or leads to the development of colorectal cancer events.



The clinical relevance of
systematic review

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Colorectal cancer

Colorectal adenocarcinoma

Pollution

Exposure

Pathology

scientific reports



OPEN

Identification and analysis of microplastics in peritumoral and tumor tissues of colorectal cancer

Wen Pan^{1,2}, Jie Hao^{1,2}, Mingqing Zhang^{1,2}, Hui Liu^{1,2}, Fei Tian¹, Xipeng Zhang¹,
Zhansheng Jiang¹, Chong Chen¹, Ming Gao¹ & Haiyang Zhang¹

The widespread occurrence of microplastics (MPs) in the environment has raised significant concerns regarding their potential health impacts, particularly in relation to carcinogenesis. This study aimed to identify and analyze microplastics present in peritumoral and tumor tissues of patients diagnosed with colorectal cancer (CRC). Utilizing advanced scanning electron microscopy (SEM) and laser direct infrared (LDIR) imaging systems, we systematically examined tissue samples to detect and characterize the microplastics. Our findings revealed a diverse array of microplastic types, notably polyvinyl chloride (PVC) and polyethylene (PE), within both peritumoral and tumor regions. Compared to adjacent non-cancerous tissues, tumor tissues exhibited a greater variety and distribution of microplastics. Furthermore, Clathrin—a key protein involved in endocytosis—was found to be highly expressed in colorectal cancer specimens, facilitating the substantial uptake of microplastics. These results suggest a potential association between exposure to microplastics and the pathogenesis of colorectal cancer. This study highlights the urgent need for increased awareness and regulatory measures aimed at mitigating microplastic pollution along with its associated health risks.

Keywords Microplastics, Colorectal cancer, Laser direct infrared imaging, Endocytosis, Health risks

ČAS JE, DA POMISLITE NA SE

Sodelovanje v Programu Svit je modra odločitev.

[Več o programu](#)

KLICNI CENTER

Ponedeljek – petek:
od 9. do 14. ure

Telefon: [01/62 04 521](tel:016204521)
E-pošta: svit@nijz.si

<https://www.program-svit.si/>

50 – 74 LET



SURVIVAL AND STAGE OF DIAGNOSIS

TEN-YEAR SURVIVAL FOR EIGHT TYPES OF CANCER COMBINED

DIAGNOSED EARLY
(STAGE I + STAGE II)

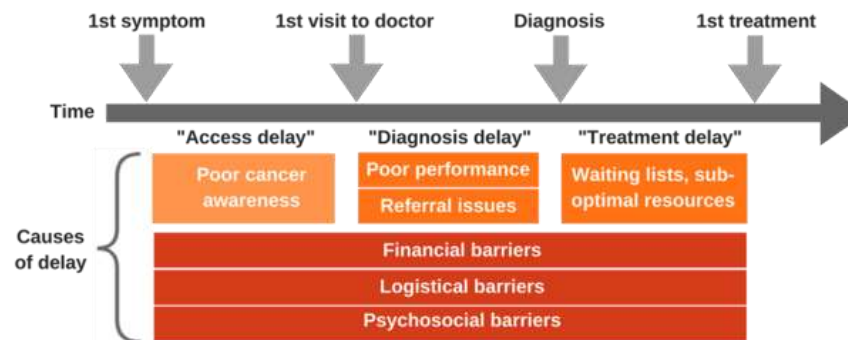


DIAGNOSED LATE
(STAGE III + STAGE IV)



SURVIVAL IS
MORE THAN
THREE TIMES
HIGHER WHEN
CANCER IS
DIAGNOSED
EARLY

What causes delays in cancer diagnosis and treatment?

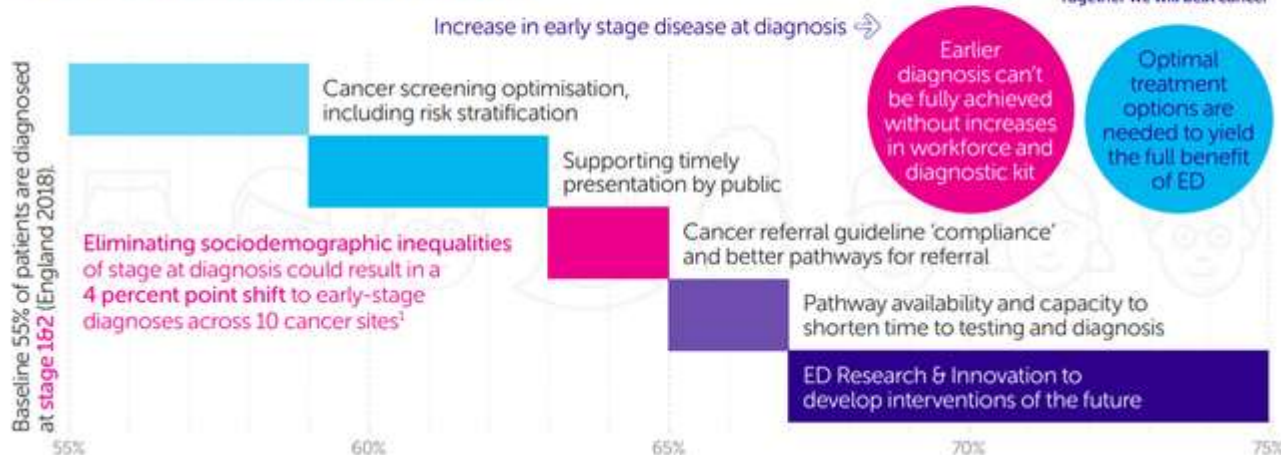


Improving Early Diagnosis of Cancer

No one thing will address late stage cancer – action is needed on all fronts



Together we will beat cancer



POT BOLNIKA

Za začetek obravnave na Ol Lj

- Napotnica
 - Osebni zdravnik
 - Specialist drugih zdravstvenih ustanov
- Naročilo – Ol Lj
 - Multidisciplinarni konzilij
 - Z napotnico + celotna dokumentacija povezana z morebitno obravnavo
 - Onkološki pregled - prvi, Onkološki pregled – konziliarni ali Onkološki pregled – kontrolni
 - TRIJAŽA



Pričetek obravnave bolnika na Onkološkem inštitutu Ljubljana poteka z **napotnico** osebnega zdravnika ali specialista drugih zdravstvenih ustanov.

Bolniki morajo biti za pregled ali sprejem naročeni.

Večinoma so bolniki na OI obravnavani na podlagi mnenja multidisciplinarnega konzilija, kjer sodelujejo specialisti različnih strok in različnih zdravstvenih ustanov. Bolnike v tem primeru glede na mnenje konzilija naročimo **v ustrezno ambulanto in jih obvestimo o datumu in uri prvega pregleda na OI.**

Če na OI niste napoteni na podlagi mnenja multidisciplinarnega konzilija, morate ob naročanju na pregled na OI predložiti:

- potrdilo o izdani e-napotnici za vrsto zdravstvene storitve (Onkološki pregled - prvi, Onkološki pregled – konziliarni ali Onkološki pregled – kontrolni) ter
- vso zdravstveno dokumentacijo in izvide opravljenih preiskav, ki se nanašajo na napotitev na OI.

Razvrščanje (triaža) bo kvalitetnejša in tudi obravnava hitrejša, če bo Onkološki inštitut Ljubljana ob napotitvi prejel vso vašo medicinsko dokumentacijo o preiskavah in obravnavah, ki so bile do sedaj opravljene. Zlasti so pomembni citološki/patohistološki izvidi, izvidi slikovnih preiskav, kot so magnetna resonanca, CT ter druge radiološke preiskave in izvidi pregledov pri drugih specialistih.

Naročanje za prvo obravnavo

Naročanje za prvo obravnavo na OI poteka (če na OI niste bili napoteni preko multidisciplinarnega konzilija):

- [prek spletnega obrazca](#)
- po telefonu: [01/5879 984](tel:015879984) (triaža, vsak delavnik **od 11. do 15. ure**),
- dokumentacijo pošljete po e-pošti: [triaza\(at\)onko-i.si](mailto:triaza(at)onko-i.si) (odgovor pošljemo v roku dveh delovnih dni),
- dokumentacijo pošljete z običajno pošto na naslov: Onkološki inštitut Ljubljana, Zaloška 2, 1000 Ljubljana (triaža) ali
- osebno – v triažni ambulanti v pritličju stavbe D Onkološkega inštituta Ljubljana

Vse napotitve pod stopnjo nujnosti »1 – Nujno« se obravnavajo v 24 urah v triažni ambulanti v pritličju stavbe D Onkološkega inštituta Ljubljana, Zaloška cesta 2 v Ljubljani.

Za vse informacije v zvezi z naročanjem je na voljo brezplačna telefonska številka Klicnega centra OI:

T: [080 29 00](tel:0802900)

KAJ LAHKO IZBOLJŠAMO?

- ZDRASTVENI SISTEM
 - NOBEDEN NI PREMLAD ZA RAKA
 - RAK CRC JE V PORASTU
 - SVIT OD 45 LET
 - KOLONOSKOPIJA V 30 DNEH



#21DAYMEDITATION

"Our body is precious.
It is our vehicle
for *awakening*.
Treat it with care."

—BUDDHA

KAJ LAHKO IZBOLJŠAMO?

- SAMI
 - ODNOS DO SEBE
 - ČAS ZA SE IN SVOJE TELO
 - HRANA



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KAJ LAHKO IZBOLJAMO

- SAMI

- ODNOS DO SEBE
- ČAS ZA SE IN SVOJE TELO
- HRANA

- NARAVA

**NOBEN ČLOVEK NI OTOK,
POPOLNOMA SAM ZASE; VSAK ČLOVEK
JE KOS CELINE, DEL KOPNEGA; ČE
MORJE ODPLAVI GRUDO ZEMLJE,
SE EVROPA ZMANJŠA, KOT BI SE
ZMANJŠAL RTIČ, KOT BI SE POSESTVO
TVOJIH PRIJATELJEV ALI PA TVOJE
LASTNO; SMRT SLEHERNEGA ČLOVEKA
VZAME DEL MENE, KER PRIPADAM
ČLOVEŠKI VRSTI; IN ZATO NIKDAR
NE POŠILJAJ POIZVEDOVAT, KOMU
ZVONI; ZVONI TEBI.**



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