#15#

Revisiones (todas) * Reviews (all)**

Cancer Pharmacogenomics.

Abril - Mayo 2013 / April - May 2013

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[1]

TÍTULO / TITLE: - Incidence and Risk of hypertension with a novel multitargeted kinase inhibitor axitinib in cancer patients: a systematic review and meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Br J Clin Pharmacol. 2013 Apr 25. doi: 10.1111/bcp.12149.

●●Enlace al texto completo (gratuito o de pago) 1111/bcp.12149

AUTORES / AUTHORS: - Qi WX; He AN; Shen Z; Yao Y

INSTITUCIÓN / INSTITUTION: - Department of Oncology, the Sixth People's Hospital, Shanghai Jiao Tong University. No. 600, yishan road, Shanghai 200233, China. qiweixiang1113@163.com.

RESUMEN / SUMMARY: - PURPOSES: To investigate the overall incidence and risk of hypertension in cancer patients who receive axitinib and compare the differences in incidences between axitinib and other four approved vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKIs). METHODS: Several databases were searched, including Pubmed, Embase and Cochrane databases. Eligible studies were phase II and III prospective clinical trials of patients with cancer assigned axitinib at a starting dose of 5mg orally twice daily with data on hypertension available. Overall incidence rates, relative risk (RR), and 95% confidence intervals (CI) were calculated employing fixed- or random-effects models depending on the heterogeneity of the included trials. RESULTS: A total of 1908 patients from 10 clinical trials were included. The

overall incidences of all-grade and high-grade hypertension in cancer patients were 40.1% (95% CI: 30.9-50.2%) and 13.1% (95%CI: 6.7-24%). The use of axitinib was associated with significantly increased risk of all-grade (RR 3.00, 95%CI: 1.29-6.97, p=0.011) and high-grade hypertension (RR1.71, 95%CI: 1.21-2.43, p=0.003). And the risk of axitinib associated all-grade and high-grade hypertension in renal cell carcinoma (RCC) is significantly higher than those in non-RCC. Additionally, the risk of hypertension with axitinib was substantially higher than other approved VEGFR-TKIs, while the risk of all-grade hypertension with axitinib was similar to pazopanib (RR 1.05; 95%CI: 0.95-1.17, p=0.34). CONCLUSIONS: While sharing similar spectrum of target receptors with other VEGFR-TKIs, axitinib is associated with an unexpectedly high risk of developing hypertension. Close monitoring and appropriate management for hypertension are recommended during the treatment.

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[2]

TÍTULO / TITLE: - Prognostic value of K-RAS mutations in patients with non-small cell lung cancer: A systematic review with meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Lung Cancer. 2013 Apr 19. pii: S0169-5002(13)00124-4. doi: 10.1016/j.lungcan.2013.03.019.

●●Enlace al texto completo (gratuito o de pago)
1016/j.lungcan.2013.03.019

AUTORES / AUTHORS: - Meng D; Yuan M; Li X; Chen L; Yang J; Zhao X; Ma W; Xin J

INSTITUCIÓN / INSTITUTION: - Department of Respiratory and Critical Care Medicine, Key Laboratory of Pulmonary Diseases of Health Ministry, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, 1277 jiefang Avenue, Wuhan 430022, PR China.

RESUMEN / SUMMARY: - K-RAS gene mutations have been found in 20-30% of non-small cell lung cancer and occur most commonly in adenocarcinoma, however, there was no definitive conclusion about the prognostic role of K-RAS mutations in NSCLC. Herein we performed a systematic review of the literatures with meta-analysis to assess K-RAS mutations' prognostic value in NSCLC. After a methodological assessment, survival data from published studies were aggregated. Combined hazard ratios (HRs) and corresponding 95% confidence intervals (CIs) were calculated in terms of overall survival. 41 trials (6939 patients) were included in the analysis, the overall HR was 1.45 (95% CI: 1.29-1.62), showing that K-RAS mutations have an unfavorable impact on survival of patients with NSCLC. Then a subgroup analysis was performed about ethnicity, the combined HR was 1.97 (95% CI: 1.58-2.44) for Asians, and 1.37 (95% CI: 1.25-1.5) for non-Asians. In subgroup analysis of histology, the HR was 1.39 (95% CI: 1.24-1.55) for adenocarcinoma, suggesting that K-RAS mutations were correlated with shortened survival for adenocarcinoma. When the

subgroup analysis was conducted according to disease stage, K-RAS mutations were poor prognostic factors in early stages: stage I (1.81; 95% CI: 1.36-2.39) and stage I-IIIa (1.68; 95% CI: 1.11-2.55), but not in advanced stage (IIIb-IV) (1.3; 95% CI: 0.99-1.71). At last, in subgroup analysis about test methods, all of the four methods: PCR-MSOP (1.73; 95% CI: 1.35-2.2), PCR-DGGE (1.27; 95% CI: 1.01-1.62), PCR-RFLP (1.88; 95% CI: 1.42-2.49) and PCR-seq (1.34; 95% CI: 1.14-1.58) showed statistically significant impact on survival of NSCLC patients. In conclusion, this meta-analysis suggests that K-RAS mutations are associated with a worse overall survival in patients with NSCLC, especially in patients with adenocarcinoma and early stage.

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[3]

TÍTULO / TITLE: - Cardiac testing to manage cardiovascular risk in cancer patients.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Semin Oncol. 2013 Apr;40(2):147-55. doi: 10.1053/j.seminoncol.2013.01.003.

●●Enlace al texto completo (gratuito o de pago)

1053/j.seminoncol.2013.01.003

AUTORES / AUTHORS: - Davis M; Witteles RM

INSTITUCIÓN / INSTITUTION: - Division of Cardiovascular Medicine, Stanford University School of Medicine, Stanford, CA 94305-5406, USA.

RESUMEN / SUMMARY: - Cardiovascular toxicity is one of the most feared complications of cancer treatment. Recent advances in oncologic therapies have resulted in improved cancer outcomes but also a new set of cardiovascular adverse effects. Common toxicities include left ventricular dysfunction/heart failure, hypertension, and myocardial ischemia. Accurate risk stratification allows avoidance of potentially harmful treatments in those patients at greatest risk while maintaining the ability to deliver high doses of effective therapies to the lower-risk population. Cardiac investigations, including echocardiography, nuclear imaging, magnetic resonance imaging, biomarker measurement, blood pressure monitoring, electrocardiography, stress testing, and invasive angiography, can help to risk-stratify selected patients. In this review, common complications are discussed in terms of the factors used to identify patients with elevated risk, the monitoring strategies available, and selected interventions that have been used to modify outcomes in patients identified as being at high risk for cardiac complications of cancer treatment.

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[4]

TÍTULO / TITLE: - A systematic review of vascular endothelial growth factor expression as a biomarker of prognosis in patients with osteosarcoma.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun;34(3):1895-9. doi: 10.1007/s13277-013-0733-z. Epub 2013 Apr 16.

●●Enlace al texto completo (gratuito o de pago) 1007/s13277-013-0733-z

AUTORES / AUTHORS: - Chen D; Zhang YJ; Zhu KW; Wang WC

INSTITUCIÓN / INSTITUTION: - Department of Orthopedics Surgery, Second Xiangya Hospital, Central South University, 139 Renmin Road, Changsha, Hunan 410011, People's Republic of China.

RESUMEN / SUMMARY: - Vascular endothelial growth factor (VEGF) plays an important role in the tumor angiogenesis, and its expression has been supposed to be a biomarker of prognosis in patients with osteosarcoma. There are many studies assessing the prognostic role of VEGF expression in osteosarcoma, and no consistent outcomes are reported. To provide a comprehensive assessment of the prognostic role of VEGF expression, we performed a systematic review and meta-analysis of published studies. We assessed the effect of VEGF expression on the overall survival rate and the disease-free survival rate by calculating the pooled odds ratio (OR) with corresponding 95 % confidence interval (95 %CI). Finally, 12 studies with a total of 559 osteosarcoma patients were included into the systematic review and meta-analysis. Compared with osteosarcoma patients with low or negative VEGF expression, patients with high VEGF expression were obviously associated with lower disease-free survival (OR = 0.25, 95 %CI 0.11-0.58, P = 0.001, I (2) = 56.4 %). In addition, patients with high VEGF expression were obviously associated with lower overall survival (OR = 0.22, 95 %CI 0.13-0.35, P < 0.001, I (2) = 0.0 %). Therefore, the findings from this systematic review suggest that VEGF expression is an effective biomarker of prognosis in patients with osteosarcoma.

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[5]

TÍTULO / TITLE: - Molecular Testing Guideline for Selection of Lung Cancer Patients for EGFR and ALK Tyrosine Kinase Inhibitors: Guideline from the College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Arch Pathol Lab Med. 2013 Jun;137(6):828-860. Epub 2013 Apr 3.

●●Enlace al texto completo (gratuito o de pago) 5858/arpa.2012-0720-OA

AUTORES / AUTHORS: - Lindeman NI; Cagle PT; Beasley MB; Chitale DA; Dacic S; Giaccone G; Jenkins RB; Kwiatkowski DJ; Saldivar JS; Squire J; Thunnissen E; Ladanyi M

INSTITUCIÓN / INSTITUTION: - From the Departments of Pathology (Dr Lindeman) and Medicine (Dr Kwiatkowski), Brigham & Women's Hospital, Boston,

Massachusetts; the Department of Pathology and Genomic Medicine, The Methodist Hospital, Houston, Texas (Dr Cagle); the Department of Pathology, Mt Sinai Medical Center, New York, New York (Dr Beasley); the Department of Pathology, Henry Ford Hospital, Detroit, Michigan (Dr Chitale); the Department of Pathology, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania (Dr Dacic); the Medical Oncology Branch, National Institutes of Health, Bethesda, Maryland (Dr Giaccone); the Department of Laboratory Medicine and Pathology, Department of Laboratory Genetics, Mayo Clinic, Rochester, Minnesota (Dr Jenkins); the Department of Pathology, City of Hope National Medical Center, Duarte, California (Dr Saldivar); the Department of Pathology and Molecular Medicine, Kingston General Hospital, Queen's University, Kingston, Ontario, Canada (Dr Squire); the Department of Pathology, VU University Medical Center, Amsterdam, the Netherlands (Dr Thunnissen); and the Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York, New York (Dr Ladanyi).

RESUMEN / SUMMARY: - Objective.-To establish evidence-based recommendations for the molecular analysis of lung cancers that are required to guide EGFR- and ALK-directed therapies, addressing which patients and samples should be tested, and when and how testing should be performed. Participants.-Three cochairs without conflicts of interest were selected, one from each of the 3 sponsoring professional societies: College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology. Writing and advisory panels were constituted from additional experts from these societies. Evidence.-Three unbiased literature searches of electronic databases were performed to capture articles published from January 2004 through February 2012, yielding 1533 articles whose abstracts were screened to identify 521 pertinent articles that were then reviewed in detail for their relevance to the recommendations. Evidence was formally graded for each recommendation. Consensus Process.-Initial recommendations were formulated by the cochairs and panel members at a public meeting. Each guideline section was assigned to at least 2 panelists. Drafts were circulated to the writing panel (version 1), advisory panel (version 2), and the public (version 3) before submission (version 4). Conclusions.-The 37 guideline items address 14 subjects, including 15 recommendations (evidence grade A/B). The major recommendations are to use testing for EGFR mutations and ALK fusions to guide patient selection for therapy with an epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) inhibitor, respectively, in all patients with advanced-stage adenocarcinoma, regardless of sex, race, smoking history, or other clinical risk factors, and to prioritize EGFR and ALK testing over other molecular predictive tests. As scientific discoveries and clinical practice outpace the completion of randomized clinical trials, evidence-based guidelines developed by expert practitioners are vital for communicating emerging clinical standards. Already, new treatments targeting genetic alterations in other, less common driver oncogenes are being

evaluated in lung cancer, and testing for these may be addressed in future versions of these guidelines.

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[6]

TÍTULO / TITLE: - Molecular Testing Guideline for Selection of Lung Cancer Patients for EGFR and ALK Tyrosine Kinase Inhibitors: Guideline from the College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Thorac Oncol. 2013 Apr 2.

●●Enlace al texto completo (gratuito o de pago)

1097/JTO.0b013e318290868f

AUTORES / AUTHORS: - Lindeman NI; Cagle PT; Beasley MB; Chitale DA; Dacic S; Giaccone G; Jenkins RB; Kwiatkowski DJ; Saldivar JS; Squire J; Thunnissen E; Ladanyi M

INSTITUCIÓN / INSTITUTION: - From the Departments of Pathology (Dr Lindeman) and Medicine (Dr Kwiatkowski), Brigham & Women's Hospital, Boston, Massachusetts; the Department of Pathology and Genomic Medicine, The Methodist Hospital, Houston, Texas (Dr Cagle); the Department of Pathology, Mt Sinai Medical Center, New York, New York (Dr Beasley); the Department of Pathology, Henry Ford Hospital, Detroit, Michigan (Dr Chitale); the Department of Pathology, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania (Dr Dacic); the Medical Oncology Branch, National Institutes of Health, Bethesda, Maryland (Dr Giaccone); the Department of Laboratory Medicine and Pathology, Department of Laboratory Genetics, Mayo Clinic, Rochester, Minnesota (Dr Jenkins); the Department of Pathology, City of Hope National Medical Center, Duarte, California (Dr Saldivar); the Department of Pathology and Molecular Medicine, Kingston General Hospital, Queen's University, Kingston, Ontario, Canada (Dr Squire); the Department of Pathology, VU University Medical Center, Amsterdam, the Netherlands (Dr Thunnissen); and the Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York, New York (Dr Ladanyi).

RESUMEN / SUMMARY: - OBJECTIVE:: To establish evidence-based recommendations for the molecular analysis of lung cancers that are that are required to guide EGFR- and ALK-directed therapies, addressing which patients and samples should be tested, and when and how testing should be performed. PARTICIPANTS:: Three cochairs without conflicts of interest were selected, one from each of the 3 sponsoring professional societies: College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology. Writing and advisory panels were constituted from additional experts from these societies. EVIDENCE:: Three unbiased literature searches of electronic databases were performed to capture articles published published from January 2004 through February 2012, yielding

1533 articles whose abstracts were screened to identify 521 pertinent articles that were then reviewed in detail for their relevance to the recommendations. Evidence was formally graded for each recommendation. CONSENSUS PROCESS:: Initial recommendations were formulated by the cochairs and panel members at a public meeting. Each guideline section was assigned to at least 2 panelists. Drafts were circulated to the writing panel (version 1), advisory panel (version 2), and the public (version 3) before submission (version 4). CONCLUSIONS:: The 37 guideline items address 14 subjects, including 15 recommendations (evidence grade A/B). The major recommendations are to use testing for EGFR mutations and ALK fusions to guide patient selection for therapy with an epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) inhibitor, respectively, in all patients with advanced-stage adenocarcinoma, regardless of sex, race, smoking history, or other clinical risk factors, and to prioritize EGFR and ALK testing over other molecular predictive tests. As scientific discoveries and clinical practice outpace the completion of randomized clinical trials, evidence-based guidelines developed by expert practitioners are vital for communicating emerging clinical standards. Already, new treatments targeting genetic alterations in other, less common driver oncogenes are being evaluated in lung cancer, and testing for these may be addressed in future versions of these guidelines.

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[7]

TÍTULO / TITLE: - A meta-analysis of anastrozole in combination with fulvestrant in the first line treatment of hormone receptor positive advanced breast cancer.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Apr;138(3):961-5. doi: 10.1007/s10549-013-2495-0. Epub 2013 Mar 31.

●●Enlace al texto completo (gratuito o de pago) 1007/s10549-013-2495-0

AUTORES / AUTHORS: - Tan PS; Haaland B; Montero AJ; Lopes G

INSTITUCIÓN / INSTITUTION: - Duke-National University of Singapore Graduate Medical School, Singapore, Singapore.

RESUMEN / SUMMARY: - Fulvestrant is a highly active systemic therapy in patients with metastatic hormone receptor positive breast cancer. Preclinical work suggested potential synergy of fulvestrant in combination with aromatase inhibitor therapy and delayed development of endocrine resistance. The purpose of this meta-analysis is to evaluate the effectiveness of fulvestrant plus anastrozole, compared to anastrozole alone, as first line treatment of postmenopausal stage IV hormone receptor positive, HER2-negative breast cancer. The literature search was performed using PubMed, Google Scholar, Embase, ASCO, and ESMO to search for abstracts published during the last 10 years using relevant keywords. Two prospective randomized clinical trials were found to fulfill the search criteria for combination of anastrozole plus fulvestrant

versus anastrozole alone. Meta-estimates were calculated by combining study estimates using the DerSimonian and Laird random effects model. The linear mixed-effects model was used to generate 95 % prediction intervals (PIs) for study-specific hazard and odds ratios. Pooled hazard ratio for progression-free survival is 0.88 (95 % CI 0.72-1.09, 95 % PI 0.65-1.21), overall survival 0.88 (95 % CI 0.72-1.08, 95 % PI 0.68-1.14) and pooled odds ratio for response rate is 1.13 (95 % CI 0.79-1.63, 95 % PI 0.78-1.65). A non-significant trend was observed with anastrozole plus fulvestrant being only marginally better than anastrozole alone in the endpoints of: progression-free survival, overall survival, and response rates. Based on these data, there is not solid evidence that the addition of fulvestrant at a dose of 250 mg monthly is better than anastrozole alone as first line therapy in women with postmenopausal hormone receptor positive breast cancer.

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[8]

TÍTULO / TITLE: - Adjuvant interferon therapy after surgical treatment for hepatitis B/C virus-related hepatocellular carcinoma: A meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Hepatol Res. 2013 Mar 13. doi: 10.1111/hepr.12109.

●●Enlace al texto completo (gratuito o de pago) 1111/hepr.12109

AUTORES / AUTHORS: - Xu JB; Qi FZ; Xu G; Chen GF; Huang MD; Zhang JH

INSTITUCIÓN / INSTITUTION: - Department of General Surgery, Huai'an First People's Hospital, Nanjing Medical University, Huai'an, Jiangsu, China.

RESUMEN / SUMMARY: - AIM: This meta-analysis aimed to determine whether interferon (IFN) therapy could improve clinical effects of patients with chronic hepatitis B virus (HBV)or hepatitis C virus (HCV) infection-related primary hepatocellular carcinoma (HCC) after surgery. METHODS: An electronic search from January 1998 to December 2012 was conducted to identify comparative studies evaluating IFN therapy on recurrence and survival after surgical treatment of HCC. RESULTS: The estimated odds ratios (OR) for the 1-, 2-, 3- and 5-year overall survival rates of HBV-related HCC were 3.37 (95% confidence interval [CI], 1.18-6.27), 2.36 (95% CI, 1.45-3.83), 1.81 (95% CI, 1.21-2.72) and 1.93 (95% CI, 1.35-2.75), respectively; and the OR for the 1-, 2-, 3- and 5-year recurrence rates were 0.63 (95% CI, 0.44-0.91), 0.84 (95% CI, 0.60-1.18), 0.88 (95% CI, 0.63-1.22) and 0.78 (95% CI, 0.56-1.07), respectively. The overall survival rates of HCV-related HCC were significantly higher in IFN groups than in control groups at 1, 2, 3 and 5 years (OR, 2.10; 95% CI, 0.96-4.55; OR, 1.71; 95% CI, 1.01-2.89; OR, 1.76; 95% CI, 1.09-2.83; and OR, 3.03; 95% CI, 1.97-4.65, respectively); and the recurrence rates of IFN groups were lower than control groups at 1, 2, 3 and 5 years (OR, 0.60; 95% CI, 0.38-0.92; OR, 0.57; 95% CI, 0.41-0.81; OR, 0.58; 95% CI, 0.41-0.80; and OR, 0.52; 95% CI, 0.36-0.75, respectively). CONCLUSION: In conclusion, IFN

therapy in this meta-analysis shows a significant clinical effect in postoperative patients of HCC, particularly in HCV-related HCC.

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[9]

TÍTULO / TITLE: - The impact of cyclin D1 overexpression on the prognosis of ER-positive breast cancers: a meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Breast Cancer Res Treat. 2013 Jun;139(2):329-39. doi: 10.1007/s10549-013-2563-5. Epub 2013 May 14.

●●Enlace al texto completo (gratuito o de pago) 1007/s10549-013-2563-5

AUTORES / AUTHORS: - Xu XL; Chen SZ; Chen W; Zheng WH; Xia XH; Yang HJ; Li B; Mao WM

INSTITUCIÓN / INSTITUTION: - Key Laboratory on Diagnosis and Treatment Technology on Thoracic Cancer, Zhejiang Cancer Hospital (Zhejiang Cancer Research Institute), Hangzhou, No. 38 Guangji Road, Banshanqiao District, Hangzhou, 310022, China.

RESUMEN / SUMMARY: - Cyclin D1 (CCND1), a key regulator of cell cycle progression, is overexpressed in many human cancers, including breast cancer. However, the impact of CCND1 overexpression in these cancers remains unclear and controversial. We conducted a systematic literature search in PubMed and EMBASE with the search terms “cyclin D1”, “CCND1”, “breast cancer”, “prognosis”, and potential studies for analysis were selected. Studies with survival data, including progression-free survival (PFS), overall survival (OS) or metastasis-free survival (MFS), were included in this meta-analysis. A total of 33 studies containing 8,537 cases were included. The combined hazard risk (HR) and its 95 % confidence interval (CI) of OS, PFS and MFS were 1.13 (95 % CI 0.87-1.47; P = 0.35), 1.25 (95 % CI 0.95-1.64; P = 0.12), and 1.04 (95 % CI 0.80-1.36; P = 0.76), respectively, for primary breast cancer patients with tumors exhibiting CCND1 overexpression. Interestingly, the impact of CCND1 expression on OS was a 1.67-fold (95 % CI 1.38-2.02; P = 0.00) increased risk for ER-positive breast cancer patients. However, CCND1 overexpression exhibited no association with the PFS or OS of patients who received epirubicin-based neoadjuvant chemotherapy, for which the P values were 0.63 and 0.47, respectively. In summary, CCND1 overexpression impacts the prognosis of ER-positive breast cancer patients, but not patients with unselected primary breast cancer or patients treated with neoadjuvant chemotherapy.

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[10]

TÍTULO / TITLE: - The predictive role of phosphatase and tensin homolog (PTEN) loss, phosphoinositol-3 (PI3) kinase (PIK3CA) mutation, and PI3K pathway

activation in sensitivity to trastuzumab in HER2-positive breast cancer: a meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Curr Med Res Opin. 2013 Jun;29(6):633-42. doi: 10.1185/03007995.2013.794775. Epub 2013 Apr 22.

●●Enlace al texto completo (gratuito o de pago)

1185/03007995.2013.794775

AUTORES / AUTHORS: - Wang Y; Liu Y; Du Y; Yin W; Lu J

INSTITUCIÓN / INSTITUTION: - Department of Breast Surgery, Shanghai Cancer Center, Fudan University , Shanghai , China.

RESUMEN / SUMMARY: - Abstract Objective: Phosphatase and tensin homolog (PTEN) loss or activating mutations of phosphoinositol-3 (PI3) kinase (PIK3CA) may be related to trastuzumab resistance in in vitro studies; however, this issue in clinical studies is controversial. Therefore, we conducted a meta-analysis to assess the association between PTEN loss, PIK3CA mutation and the efficacy of trastuzumab-based treatment in HER2-positive breast cancer patients. Methods: A computerized search was performed through the PubMed database, the online proceedings of the American Society of Clinical Oncology Annual Meetings, the San Antonio Breast Cancer Symposium and the International St. Gallen Breast Cancer Conference. Ten eligible studies including 1889 cases were identified. Results: In HER2-positive locally advanced breast cancer patients, neither PTEN loss, PIK3CA mutation nor PI3K activation was associated with the response rate of trastuzumab-based neoadjuvant treatment (PTEN loss: RR = 0.687, 95% CI: 0.439-1.074, P = 0.099; PIK3CA mutation: RR = 1.114, 95% CI: 0.453-2.735, P = 0.814; PI3K activation: RR = 0.787, 95% CI: 0.417-1.484, P = 0.459; RR = 0.772, 95% CI: 0.387-1.539, P = 0.462). In HER2-positive early stage breast cancer patients, PTEN loss was not associated with the disease-free survival (DFS) rate of trastuzumab-based adjuvant treatment (HR = 1.096, 95% CI: 0.706-1.700, P = 0.684). In HER2-positive recurrent or metastatic breast cancer patients, PTEN loss was significantly correlated with poorer efficacy of trastuzumab-based salvage treatment (RR = 0.682, 95% CI: 0.550-0.846, P = 0.000). Conclusions: In HER2-positive recurrent or metastatic breast cancer patients PTEN loss might indicate resistance to trastuzumab-based salvage treatment. Due to the small sample size and the considerable heterogeneity in the chemotherapy treatment regimens, further research is needed to clarify the association between PTEN loss, PIK3CA mutation and the efficacy of trastuzumab-based treatment in neoadjuvant and adjuvant settings.

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[11]

TÍTULO / TITLE: - Tumor necrosis factor-alpha inhibitor therapy and fetal risk: A systematic literature review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - World J Gastroenterol. 2013 May 7;19(17):2591-602. doi: 10.3748/wjg.v19.i17.2591.

●●Enlace al texto completo (gratuito o de pago) 3748/wjg.v19.i17.2591

AUTORES / AUTHORS: - Marchioni RM; Lichtenstein GR

INSTITUCIÓN / INSTITUTION: - Renee M Marchioni, Division of Gastroenterology and Hepatology, University of Connecticut Health Center, Farmington, CT 06032, United States.

RESUMEN / SUMMARY: - Tumor necrosis factor-alpha inhibitors (anti-TNFs) are effective in the treatment of inflammatory bowel disease (IBD) recalcitrant to conventional medical therapy. As the peak incidence of IBD overlaps with the prime reproductive years, it is crucial to establish pharmacologic regimens for women of childbearing age that achieve effective disease control without posing significant fetal harm. A systematic literature review was performed to identify all human studies with birth outcomes data after maternal exposure to infliximab, adalimumab, or certolizumab pegol within 3 mo of conception or during any trimester of pregnancy. Live births, spontaneous abortions or stillbirths, preterm or premature births, low birth weight or small for gestational age infants, and congenital abnormalities were recorded. Fifty selected references identified 472 pregnancy exposures. The subsequent review includes general information regarding anti-TNF therapy in pregnancy followed by a summary of our findings. The benefits of biologic modalities in optimizing disease control during pregnancy must be weighed against the potential toxicity of drug exposure on the developing fetus. Although promising overall, there is insufficient evidence to prove absolute safety for use of anti-TNFs during pregnancy given the limitations of available data and lack of controlled trials.

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[12]

TÍTULO / TITLE: - A review on biomarkers for prediction of treatment outcome in gastric cancer.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Anticancer Res. 2013 Apr;33(4):1257-66.

AUTORES / AUTHORS: - Pietrantonio F; De Braud F; Da Prat V; Perrone F; Pierotti MA; Gariboldi M; Fanetti G; Biondani P; Pellegrinelli A; Bossi I; Di Bartolomeo M

INSTITUCIÓN / INSTITUTION: - Medical Oncology Department, National Cancer Institute, Milan, Italy. filippo.pietrantonio@istitutotumori.mi.it

RESUMEN / SUMMARY: - Currently, therapeutic management of gastric cancer is mainly based on clinical data and histological features. Although several new treatment options have recently been introduced, inter-individual variability of response and drug resistance are still a challenge. Many promising markers have been identified to predict prognosis and likelihood of response to therapy, in order to tailor treatment regimens on the basis of patients' individual features. However, despite recent developments in gene sequencing and molecular

diagnostics, many biomarkers still have a controversial role. Published data are often contradictory and at the moment, no molecular marker, other than Human epidermal growth factor receptor-2 (HER2) status for trastuzumab-based treatment, has entered the mainstream of clinical practice. The primary obstacle to the identification of reliable markers lies in technical difficulties in quantitatively assessing molecular alterations; genome-wide analyses are also often misleading due to the complexity of biological processes. Nevertheless, many biomarkers are being evaluated in clinical trials in order to identify criteria for stratifying patients and establish customized therapeutic approaches. In this review, we provide an update on promising biological prognostic and predictive markers, with a focus on growth factor signalling molecules, DNA repair systems, fluoropyrimidine metabolism and apoptotic pathways.

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[13]

TÍTULO / TITLE: - The emerging role of histone deacetylase (HDAC) inhibitors in urological cancers.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - BJU Int. 2013 Apr;111(4):537-42. doi: 10.1111/j.1464-410X.2012.11647.x.

●●Enlace al texto completo (gratuito o de pago) 1111/j.1464-410X.2012.11647.x

AUTORES / AUTHORS: - Sharma NL; Groselj B; Hamdy FC; Kiltie AE

INSTITUCIÓN / INSTITUTION: - Nuffield Department of Surgical Sciences, University of Oxford, Oxford, UK. naomi.sharma@nds.ox.ac.uk

RESUMEN / SUMMARY: - WHAT'S KNOWN ON THE SUBJECT? AND WHAT DOES THE STUDY ADD?: A growing body of evidence supports the anti-cancer effect of histone deacetylase inhibitors (HDACi) in vitro, via multiple pathways, and many Phase I clinical trials have shown them to be well-tolerated in a range of malignancies. Combined therapies, including with radiation, present an exciting area of current and planned study. This review summarises the evidence to date, including pre-clinical data and clinical trials, of the anti-cancer effect of HDACi in urological cancers. It provides an overview of epigenetics and the mechanisms of action of HDACi. It suggests areas of future development, including the current challenges for the successful introduction of HDACi into clinical therapy. Epigenetic modifications are known to play a critical role in the development and progression of many cancers. The opposing actions of histone deacetylases (HDACs) and histone acetyltransferases (HATs) modify chromatin and lead to epigenetic gene regulation, in addition to wider effects on non-histone proteins. There is growing interest in the clinical application of HDAC inhibitors (HDACi) in cancer. HDACi have been shown to inhibit cancer cell growth both in vitro and in vivo and recent clinical trials have shown encouraging results in various urological cancers. In this review, we

discuss the existing evidence and potential role for HDACi in urological malignancies, including in combined therapies.

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[14]

TÍTULO / TITLE: - Prognostic significance of several biomarkers in epithelial ovarian cancer: a meta-analysis of published studies.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Cancer Res Clin Oncol. 2013 Apr 18.

●●Enlace al texto completo (gratuito o de pago) 1007/s00432-013-1435-z

AUTORES / AUTHORS: - Xu L; Cai J; Yang Q; Ding H; Wu L; Li T; Wang Z

INSTITUCIÓN / INSTITUTION: - Department of Obstetrics and Gynecology, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, 430022, China.

RESUMEN / SUMMARY: - OBJECTIVE: Abnormal expression of several biomarkers might predict disease prognosis and response to chemotherapy in patients with epithelial ovarian cancer (EOC). However, the published data are inconsistent. METHODS: Eligible studies that investigated the association between survival or response to platinum-based chemotherapy in EOC and the expression status of Bcl-2, EGFR, GST, LRP, p16, p21, P-gp and TNF-alpha were identified by an electronic search of PubMed and Embase. The measures of interest were hazard ratio (HR) for survival or risk ratio for chemotherapy response. A meta-analysis was performed using the fixed-effect or random-effect models. RESULTS: The number of eligible studies analyzed was 27 for Bcl-2, 22 for EGFR, 29 for GST, 12 for LRP, 16 for p16, 22 for p21, 27 for P-gp and three for TNF-alpha. A meta-analysis showed that high EGFR and P-gp expression was associated with poor overall survival (OS) (pooled adjusted HR = 1.826 and HR = 1.822). Only high GST expression was associated with improved OS (HR = 0.780). Furthermore, high p16 and P-gp expression was associated with poor progression-free survival (PFS) (HR = 1.550 and HR = 2.136). High GST expression was associated with improved PFS (HR = 0.689). Among these factors, only LRP, P-gp and TNF-alpha were associated with response to platinum-based chemotherapy. CONCLUSIONS: The markers we analyzed are unlikely to be useful as predictors of prognosis and response to platinum-based chemotherapy in EOC patients in clinical practice.

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[15]

TÍTULO / TITLE: - Coexistence of EGFR mutation and ALK translocation in NSCLC: Literature review and case report of response to gefitinib.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Lung Cancer. 2013 May 14. pii: S0169-5002(13)00159-1. doi: 10.1016/j.lungcan.2013.04.009.

●●Enlace al texto completo (gratuito o de pago)
1016/j.lungcan.2013.04.009

AUTORES / AUTHORS: - Santelmo C; Ravaioli A; Barzotti E; Papi M; Poggi B; Drudi F; Mangianti M; Salvi M; Crino L

INSTITUCIÓN / INSTITUTION: - U.O. Oncologia, Ospedale Infermi Rimini, 2 Settembrini Street, Rimini, Italy. Electronic address: carlotta.santelmo@alice.it.

RESUMEN / SUMMARY: - The coexistence of EGFR and ALK-EML4 gene mutations represents a rare event (about 1%) in patients with non small cell lung cancer (NSCLC) and the few cases described in the literature have all been treated by different methods. We present the case of a 52-year-old woman with adenocarcinoma of the lung whose tumor had this double genetic aberration. The patient was immediately treated with gefitinib because the tumor was judged inoperable, but after two months she obtained an important clinical remission and was submitted to radical surgery. She is currently undergoing adjuvant treatment with gefitinib. A review of the literature on this double genetic aberration highlighted that further research is needed to define the best therapeutic approach.

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[16]

TÍTULO / TITLE: - Molecular Testing Guideline for Selection of Lung Cancer Patients for EGFR and ALK Tyrosine Kinase Inhibitors: Guideline from the College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Mol Diagn. 2013 Apr 4. pii: S1525-1578(13)00041-X. doi: 10.1016/j.jmoldx.2013.03.001.

●●Enlace al texto completo (gratuito o de pago)
1016/j.jmoldx.2013.03.001

AUTORES / AUTHORS: - Lindeman NI; Cagle PT; Beasley MB; Chitale DA; Dacic S; Giaccone G; Jenkins RB; Kwiatkowski DJ; Saldivar JS; Squire J; Thunnissen E; Ladanyi M

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Brigham & Women's Hospital, Boston, Massachusetts. Electronic address: nlindeman@partners.org.

RESUMEN / SUMMARY: - Objective: To establish evidence-based recommendations for the molecular analysis of lung cancers that are required to guide EGFR- and ALK-directed therapies, addressing which patients and samples should be tested, and when and how testing should be performed. Participants: Three cochairs without conflicts of interest were selected, one from each of the 3 sponsoring professional societies: College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology. Writing and advisory panels were constituted from additional experts from these societies. Evidence: Three unbiased literature searches of electronic databases were performed to capture

published articles from January 2004 through February 2012, yielding 1533 articles whose abstracts were screened to identify 521 pertinent articles that were then reviewed in detail for their relevance to the recommendations. Evidence was formally graded for each recommendation. Consensus Process: Initial recommendations were formulated by the cochairs and panel members at a public meeting. Each guideline section was assigned to at least 2 panelists. Drafts were circulated to the writing panel (version 1), advisory panel (version 2), and the public (version 3) before submission (version 4). Conclusions: The 37 guideline items address 14 subjects, including 15 recommendations (evidence grade A/B). The major recommendations are to use testing for EGFR mutations and ALK fusions to guide patient selection for therapy with an epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) inhibitor, respectively, in all patients with advanced-stage adenocarcinoma, regardless of sex, race, smoking history, or other clinical risk factors, and to prioritize EGFR and ALK testing over other molecular predictive tests. As scientific discoveries and clinical practice outpace the completion of randomized clinical trials, evidence-based guidelines developed by expert practitioners are vital for communicating emerging clinical standards. Already, new treatments targeting genetic alterations in other, less common driver oncogenes are being evaluated in lung cancer, and testing for these may be addressed in future versions of these guidelines.

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[17]

TÍTULO / TITLE: - The role of the MTHFR 677C>T polymorphism in methotrexate-induced liver toxicity: a meta-analysis in patients with cancer.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Pharmacogenomics J. 2013 May 7. doi: 10.1038/tpj.2013.19.

●●Enlace al texto completo (gratuito o de pago) 1038/tpj.2013.19

AUTORES / AUTHORS: - Hagleitner MM; Coenen MJ; Aplenc R; Patino-Garcia A; Chiusolo P; Gemmati D; De Mattei M; Ongaro A; Krajinovic M; Hoogerbrugge PM; Vermeulen SH; Te Loo DM

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Hematology and Oncology, Radboud University Medical Centre, Nijmegen, The Netherlands.

RESUMEN / SUMMARY: - Methotrexate (MTX), one of the important pillars in the treatment of different forms of cancer, is associated with the development of hepatotoxicity. The 677C>T variant (rs1801133) in the methylenetetrahydrofolate reductase (MTHFR) gene might affect the development of hepatotoxicity. Results in literature are, however, contradictive. The aim of this study was to evaluate the role of the MTHFR 677C>T polymorphism in MTX-induced hepatotoxicity by analyzing a Dutch cohort of pediatric patients treated with high doses of MTX and subsequently performing a meta-analysis. Ninety-eight patients receiving 542 courses of high-dose MTX

were genotyped for the MTHFR 677C>T variant. Hepatotoxicity was evaluated retrospectively according to common terminology criteria for adverse events-National Cancer Institute criteria. The influence of MTHFR 677C>T on hepatotoxicity was examined using a generalized estimating equation (GEE) analysis. A fixed-effect meta-analysis based on this and previous studies investigating the association between the MTHFR 677C>T polymorphism and uniformly coded hepatotoxicity was performed. The GEE analysis showed an increased risk of developing hepatotoxicity for T versus C allele (odds ratio (OR) 1.8; 95% confidence interval (CI) 1.0-3.2, P=0.04). This finding was not supported by the meta-analysis including seven studies and 1044 patients; the OR for the 677T versus C allele was 1.1 (95% CI 0.84-1.5, P=0.25). Heterogeneity between studies was observed, possibly related to differences in MTX dose and leucovorin rescue. In conclusion, in patients with cancer, the MTHFR 677T allele has only a minor role in the development of MTX-induced hepatotoxicity. Observed heterogeneity between studies warrants further study into (tailored) leucovorin rescue.The Pharmacogenomics Journal advance online publication, 7 May 2013; doi:10.1038/tpj.2013.19.

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[18]

TÍTULO / TITLE: - Meta-analysis of randomised clinical trials comparing idarubicin + cytarabine with daunorubicin + cytarabine as the induction chemotherapy in patients with newly diagnosed acute myeloid leukaemia.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - PLoS One. 2013 Apr 5;8(4):e60699. doi: 10.1371/journal.pone.0060699. Print 2013.

●●Enlace al texto completo (gratuito o de pago)

1371/journal.pone.0060699

AUTORES / AUTHORS: - Wang J; Yang YG; Zhou M; Xu JY; Zhang QG; Zhou RF; Chen B; Ouyang J

INSTITUCIÓN / INSTITUTION: - Department of Hematology, the Affiliated DrumTower Hospital of Nanjing University Medical School, Nanjing, Jiangsu, PR China.

RESUMEN / SUMMARY: - BACKGROUND: To determine whether the use of idarubicin+cytarabine (IA) is more effective than the use of daunorubicin+cytarabine (DA) as induction chemotherapy for patients with newly diagnosed acute myeloid leukaemia. METHODS: A computer-based search was performed. Randomised trials comparing IA with DA as induction therapy for newly diagnosed AML were included in this meta-analysis. The primary outcome of interest for our analysis was survival (disease-free survival, event-free survival and overall survival); the secondary endpoint was complete remission. RESULTS: Ten trials with 4,060 patients were eligible for this meta-analysis. Our pooled results suggest that IA is associated with a significant advantage in CR (RR = 1.23; 95% CI = 1.07-1.41, p = 0.004), EFS (HR = 0.64;

95% CI = 0.45-0.91, p = 0.013), and OS (HR = 0.88; 95% CI = 0.81-0.95, p = 0.02) but not in DFS (HR = 0.90; 95% CI = 0.80-1.00, p = 0.06). In the subgroup analysis, age had a significant interaction with OS and CR benefits. CONCLUSION: Our analysis indicated that IA could improve the duration of overall survival compared to DA as induction therapy for young patients with newly diagnosed AML. Further study is needed to determine whether IA can produce clinical benefits in selected genetic or molecular subgroups of young AML patients.

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[19]

TÍTULO / TITLE: - Prognostic role of caveolin in breast cancer: A meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Breast. 2013 Apr 29. pii: S0960-9776(13)00060-X. doi: 10.1016/j.breast.2013.03.005.

●●Enlace al texto completo (gratuito o de pago)

1016/j.breast.2013.03.005

AUTORES / AUTHORS: - Ma X; Liu L; Nie W; Li Y; Zhang B; Zhang J; Zhou R

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Cancer Center, State Key Laboratory of Biotherapy, West China Hospital, Sichuan University, Chengdu, China.

RESUMEN / SUMMARY: - INTRODUCTION: Recent studies have shown that Caveolin play a potential role as a prognostic biomarker of cancers. The aim of the present study was to clarify whether caveolin could be a prognostic factor for patients with breast cancer. MATERIALS AND METHODS: All eligible studies were identified using Medline and EMBASE system. The patients' clinical characteristics and survival outcome were extracted. The meta-analysis was performed to clarify the prognostic role of caveolin and the correlation between the caveolin expression and clinical characteristics. RESULTS: After full text review, 19 articles were identified as eligible articles. We found that negative stromal Caveolin-1 (Cav-1) expression could predict the poor prognosis of breast cancer. The combined HR (95% CI) for OS was 4.12[2.05, 8.28], while the combined HR (95% CI) for DFS/PFS was 3.69[2.57, 5.31]. The combined HR (95% CI) of tumor epithelial Cav-1 for OS was 0.78[0.54, 1.12], and the combined HR (95% CI) for DFS/PFS was 1.32[0.76, 2.29]. The combined HR (95% CI) of tumor epithelial Cav-2 for CSS was 2.04[0.91, 4.56]. Odds ratios (ORs) showed that the stromal Cav-1 expression was associated with the AJCC stage, T status, lymph metastasis, distant metastasis, and histological grade (G grade) and many biomarkers. We found ORs of Cav-1 and Cav-2 expression in tumor epithelial cells varied in clinical characteristics and biomarkers. CONCLUSION: Our results indicated that negative expression of stromal Cav-1 was associated with poor prognosis of breast cancer, while the detection of Cav-1 and Cav-2 in tumor epithelial cells was not.

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[20]
TÍTULO / TITLE: - Predictive and prognostic role of BRAF mutation in metastatic colorectal cancer patients treated with anti- epidermal growth factor receptor monoclonal antibodies: A meta-analysis.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J Dig Dis. 2013 Apr 25. doi: 10.1111/1751-2980.12063.
●●Enlace al texto completo (gratuito o de pago) 1111/1751-2980.12063
AUTORES / AUTHORS: - Xu Q; Xu AT; Zhu MM; Tong JL; Xu XT; Ran ZH
INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology, Renji Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai Institute of Digestive Disease, Shanghai, China.
RESUMEN / SUMMARY: - OBJECTIVE: This study aimed to evaluate the relationship between BRAF mutation and its predictive and prognostic role on the patients with metastatic colorectal cancer (mCRC) treated with anti-epidermal growth factor receptor (EGFR) monoclonal antibodies. METHODS: Computerized researches on BRAF mutation in mCRC patients were performed. Studies with objective response rate (ORR) to anti-EGFR monoclonal antibodies and/or overall survival (OS) and progression-free survival (PFS) with different BRAF gene expression in mCRC patients were eligible. RESULTS: A total of 19 studies including 2825 patients were enrolled in the meta-analysis. BRAF mutation was detected in 246 primary tumors. The ORR reported by 17 studies was 18.4% (40/217) in BRAF mutation group and 41.7% (831/1993) in BRAF wild-type group. The overall risk ratio (RR) for ORR of BRAF mutation patients over BRAF wild-type patients was 0.58 (95% confidence intervals [CI] 0.35-0.94, P = 0.027). The median PFS of BRAF mutation patients was significantly shorter than that of BRAF wild-type patients (hazard ratio [HR] 2.98, 95% CI 2.07-4.27, P <0.001), and the median OS of BRAF mutation was also significantly shorter than that of BRAF wild-type patients (HR 2.85, 95% CI 2.31-3.52, P <0.001). CONCLUSION: BRAF mutation is associated with poor response to the anti-EGFR monoclonal antibodies, and it is an adverse prognostic biomarker of the survival of patients with mCRC.

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[21]
TÍTULO / TITLE: - Prognostic role of C-reactive protein in hepatocellular carcinoma: a systematic review and meta-analysis.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Int J Med Sci. 2013;10(6):653-64. doi: 10.7150/ijms.6050. Epub 2013 Apr 1.
●●Enlace al texto completo (gratuito o de pago) 7150/ijms.6050
AUTORES / AUTHORS: - Zheng Z; Zhou L; Gao S; Yang Z; Yao J; Zheng S
INSTITUCIÓN / INSTITUTION: - Key Lab of Multi-organ Transplantation, The First Affiliated Hospital, Zhejiang University, Hangzhou, Zhejiang, PR China.

RESUMEN / SUMMARY: - BACKGROUND: C-reactive protein (CRP) which used to be a prototypical inflammatory cytokine has been identified involving in the progression of tumor-promoting inflammation. Several studies have indicated that CRP is a predictor for hepatocellular carcinoma (HCC), but the results are controversial. METHODS: We conducted a systematic review of ten studies (1885 patients) to examine the association of high serum CRP expression with overall survival (OS) and recurrence-free survival (RFS) in HCC patients by meta-analysis. Moreover, the correlation between high serum CRP and tumor clinicopathological parameters was also assessed. Hazard ratio (HR) or odds ratio (OR) with its 95% confidence interval (CI) was used as the effect size estimate. RESULTS: Our pooled results showed that high expression level of serum CRP (>/= 10 mg/L) was associated with poor OS (HR: 2.15, 95% CI: 1.76-2.63) and RFS (HR: 2.66, 95% CI: 1.54-4.58) in HCC. Serum CRP overexpression (>/= 10 mg/L) was also significantly associated with the presence of tumor vascular invasion (OR: 3.05, 95% CI: 1.79-5.23), multiple tumor (OR: 2.36, 95% CI: 1.36-4.10), larger tumor size (OR: 3.41, 95% CI: 1.04-11.18), and advanced TNM stage (OR: 3.23, 95% CI: 2.29-4.57). In addition, serum CRP overexpression (>/= 10 mg/L) tended to be correlated with poor differentiation (OR: 1.58, 95% CI: 0.74-3.39), though not significantly. CONCLUSION: The present systematic review and meta-analysis demonstrate that high serum level of CRP (>/= 10 mg/L) denotes a poor prognosis of patients with HCC.

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[22]

TÍTULO / TITLE: - Prognostic Value of Tissue Vascular Endothelial Growth Factor Expression in Bladder Cancer: a Meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(2):645-9.

AUTORES / AUTHORS: - Huang YJ; Qi WX; He AN; Sun YJ; Shen Z; Yao Y

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Affiliated Sixth People's Hospital, Shanghai Jiaotong University, Shanghai, China E-mail : yangyao12@yahoo.com.

RESUMEN / SUMMARY: - Objective: The prognostic role of vascular endothelial growth factor (VEGF) in bladder cancer remains controversial. This meta-analysis aimed to explore any association between overexpression and survival outcomes. Methods: We systematically searched for studies investigating the relationships between VEGF expression and outcome of bladder cancer patients. Study quality was assessed using the Newcastle-Ottawa Scale. After careful review, survival data were extracted from eligible studies. A meta-analysis was performed to generate combined hazard ratios (HRs) for overall survival (OS), disease-free survival (DFS) and disease-specific survival (DSS). Results: A total of 1,285 patients from 11 studies were included in the analysis. Our results showed that tissue VEGF overexpression in patients with bladder cancer was associated with poor prognosis in terms of OS (HR, 1.843; 95% CI,

1.231-2.759; P = 0.003), DFS (HR, 1.498; 95% CI, 1.255-1.787; P = 0.000) and DSS (HR, 1.562; 95% CI, 0.996-1.00; P = 0.052), though the difference for DSS was not statistically significant. In addition, there was no evidence of publication bias as suggested by Begg's and Egger's tests except for DFS (Begg's test, P = 0.221; Egger's test, P = 0.018). Conclusion: The present meta-analysis indicated elevated VEGF expression to be associated with a poor prognosis in patients with bladder cancer.

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[23]

TÍTULO / TITLE: - Malignant epithelioid hemangioendothelioma progressing after chemotherapy and Interferon treatment: a case presentation and a brief review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Cancer Res Ther. 2013 Jan-Mar;9(1):125-7. doi: 10.4103/0973-1482.110386.

●●Enlace al texto completo (gratuito o de pago) 4103/0973-1482.110386

AUTORES / AUTHORS: - Demir L; Can A; Oztop R; Dirican A; Bayoglu V; Akyol M; Kucukzeybek Y; Erten C; Somali I; Tarhan MO

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RESUMEN / SUMMARY: - Epithelioid hemangioendothelioma is a rare, low-grade malignant vascular tumour. It is frequently seen in the liver, but can occur in the lungs, bones, and other soft tissues. Although survival time might be reasonable in cases that can undergo liver transplantation, there is no consensus on the treatment of metastatic patients. We report a 24-year-old female patient with rapidly progressing malignant epithelioid hemangioendothelioma that presented with acute abdominal distension. The patient was refractory to anthracycline and Interferon treatment and died 6.5 months after the diagnosis.
