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[1]
TÍTULO / TITLE: - Surrogate endpoints for overall survival in chemotherapy and radiotherapy trials in operable and locally advanced lung cancer: a re-analysis of meta-analyses of individual patients' data.

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

REVISTA / JOURNAL: - Lancet Oncol. 2013 Jun;14(7):619-26. doi: 10.1016/S1470-2045(13)70158-X. Epub 2013 May 14.

●●Enlace al texto completo (gratuito o de pago) 1016/S1470-2045(13)70158-X

AUTORES / AUTHORS: - Mauguen A; Pignon JP; Burdett S; Domerg C; Fisher D; Paulus R; Mandrekar SJ; Belani CP; Shepherd FA; Eisen T; Pang H; Collette L; Sause WT; Dahlberg SE; Crawford J; O'Brien M; Schild SE; Parmar M; Tierney JF; Pechoux CL; Michiels S

INSTITUCIÓN / INSTITUTION: - Meta-analysis Unit, Department of Biostatistics and Epidemiology, Gustave Roussy Institute, Villejuif, France.

RESUMEN / SUMMARY: - BACKGROUND: The gold standard endpoint in clinical trials of chemotherapy and radiotherapy for lung cancer is overall survival. Although reliable and simple to measure, this endpoint takes years to observe. Surrogate endpoints that would enable earlier assessments of treatment effects would be useful. We assessed the correlations between potential surrogate endpoints and overall survival at

individual and trial levels. METHODS: We analysed individual patients' data from 15 071 patients involved in 60 randomised clinical trials that were assessed in six meta-analyses. Two meta-analyses were of adjuvant chemotherapy in non-small-cell lung cancer, three were of sequential or concurrent chemotherapy, and one was of modified radiotherapy in locally advanced lung cancer. We investigated disease-free survival (DFS) or progression-free survival (PFS), defined as the time from randomisation to local or distant relapse or death, and locoregional control, defined as the time to the first local event, as potential surrogate endpoints. At the individual level we calculated the squared correlations between distributions of these three endpoints and overall survival, and at the trial level we calculated the squared correlation between treatment effects for endpoints. FINDINGS: In trials of adjuvant chemotherapy, correlations between DFS and overall survival were very good at the individual level (rho(2)=0.83, 95% CI 0.83-0.83 in trials without radiotherapy, and 0.87, 0.87-0.87 in trials with radiotherapy) and excellent at trial level (R(2)=0.92, 95% CI 0.88-0.95 in trials without radiotherapy and 0.99, 0.98-1.00 in trials with radiotherapy). In studies of locally advanced disease, correlations between PFS and overall survival were very good at the individual level (rho(2) range 0.77-0.85, dependent on the regimen being assessed) and trial level (R(2) range 0.89-0.97). In studies with data on locoregional control, individual-level correlations were good (rho(2)=0.71, 95% CI 0.71-0.71 for concurrent chemotherapy and rho(2)=0.61, 0.61-0.61 for modified vs standard radiotherapy) and trial-level correlations very good (R(2)=0.85, 95% CI 0.77-0.92 for concurrent chemotherapy and R(2)=0.95, 0.91-0.98 for modified vs standard radiotherapy). INTERPRETATION: We found a high level of evidence that DFS is a valid surrogate endpoint for overall survival in studies of adjuvant chemotherapy involving patients with non-small-cell lung cancers, and PFS in those of chemotherapy and radiotherapy for patients with locally advanced lung cancers. Extrapolation to targeted agents, however, is not automatically warranted. FUNDING: Programme Hospitalier de Recherche Clinique, Ligue Nationale Contre le Cancer, British Medical Research Council, Sanofi-Aventis.

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[2]
TÍTULO / TITLE: - Follow-up and Surveillance of the Patient With Lung Cancer After Curative-Intent Therapy: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e437S-54S. doi: 10.1378/chest.12-2365.
        ●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2365
AUTORES / AUTHORS: - Colt HG; Murgu SD; Korst RJ; Slatore CG; Unger M; Quadrelli S
RESUMEN / SUMMARY: - BACKGROUND: These guidelines are an update of the evidence-based recommendations for follow-up and surveillance of patients after

curative-intent therapy for lung cancer. Particular updates pertain to whether imaging studies, health-related quality-of-life (HRQOL) measures, tumor markers, and bronchoscopy improve outcomes after curative-intent therapy. METHODS: Meta-analysis of Observational Studies in Epidemiology guidelines were followed for this systematic review, including published studies on posttreatment outcomes in patients who received curative-intent therapy since the previous American College of Chest Physicians subject review. Four population, intervention, comparison, and outcome questions were formulated to guide the review. The MEDLINE and CINAHL databases were searched from June 1, 2005, to July 8, 2011, to ensure overlap with the search strategies used previously. RESULTS: A total of 3,412 citations from MEDLINE and 431 from CINAHL were identified. Only 303 were relevant. Seventy-six of the 303 articles were deemed eligible on the basis of predefined inclusion criteria after full-text review, but only 34 provided data pertaining directly to the subject of the questions formulated to guide this review. In patients undergoing curative-intent surgical resection of non-small cell lung cancer, chest CT imaging performed at designated time intervals after resection is suggested for detecting recurrence. It is recommended that treating physicians who are able to incorporate the patient's clinical findings into decision-making processes be included in follow-up and surveillance strategies. The use of validated HRQOL instruments at baseline and during follow-up is recommended. Biomarker testing during surveillance outside clinical trials is not suggested. Surveillance bronchoscopy is suggested for patients with early central airway squamous cell carcinoma treated by curative-intent photodynamic therapy and for patients with intraluminal bronchial carcinoid tumor who have undergone curative-intent bronchoscopic treatment with Nd:YAG laser or electrocautery. CONCLUSIONS: There is a paucity of well-designed prospective studies specifically targeting follow-up and surveillance modalities aimed at improving survival or QOL after curative-intent therapy. Additional research is warranted to clarify which curative-intent treatment modalities affect HRQOL the most and to identify patients who are at the most risk for recurrence or impaired QOL after treatment. Further evidence is needed to determine how the frequency and duration of surveillance programs that include imaging studies, QOL measurements, tumor markers, or bronchoscopy affect patient morbidity, survival, HRQOL, and health-care costs.

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[3]
TÍTULO / TITLE: - Clinical and Organizational Factors in the Initial Evaluation of Patients With Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e121S-41S. doi: 10.1378/chest.12-2352.
●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2352
AUTORES / AUTHORS: - Ost DE; Jim Yeung SC; Tanoue LT; Gould MK

RESUMEN / SUMMARY: - BACKGROUND: This guideline is intended to provide an evidence-based approach to the initial evaluation of patients with known or suspected lung cancer. It also includes an assessment of the impact of timeliness of care and multidisciplinary teams on outcome. METHODS: The applicable current medical literature was identified by a computerized search and evaluated using standardized methods. Recommendations were framed using the approach described by the Guidelines Oversight Committee of the American College of Chest Physicians. Data sources included MEDLINE and the Cochrane Database of Systematic Reviews. RESULTS: Initial evaluation should include a thorough history and physical examination; CT imaging; pulmonary function tests; and hemoglobin, electrolyte, liver function, and calcium levels. Additional testing for distant metastases and paraneoplastic syndromes should be determined on the basis of these results. Paraneoplastic syndromes may have an adverse impact on cancer treatment, so they should be controlled rapidly with the goal of proceeding with definitive cancer treatment in a timely manner. Although the relationship between timeliness of care and survival is difficult to quantify, efforts to deliver timely care are reasonable and should be balanced with the need to attend to other dimensions of health-care quality (eg, safety, effectiveness, efficiency, equality, consistency with patient values and preferences). Quality care will require multiple disciplines. Although it is difficult to assess the impact, we suggest that a multidisciplinary team approach to care be used, particularly for patients requiring multimodality therapy. CONCLUSIONS: The initial evaluation of patients with lung cancer should include a thorough history and physical examination, pulmonary function tests, CT imaging, basic laboratory tests, and selective testing for distant metastases and paraneoplastic syndromes.

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[4]
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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[5]
TÍTULO / TITLE: - Physiologic Evaluation of the Patient With Lung Cancer Being Considered for Resectional Surgery: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e166S-90S. doi: 10.1378/chest.12-2395.
    ●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2395
AUTORES / AUTHORS: - Brunelli A; Kim AW; Berger KI; Addrizzo-Harris DJ
RESUMEN / SUMMARY: - BACKGROUND: This section of the guidelines is intended to provide an evidence-based approach to the preoperative physiologic assessment of a patient being considered for surgical resection of lung cancer. METHODS: The current guidelines and medical literature applicable to this issue were identified by computerized search and were evaluated using standardized methods. Recommendations were framed using the approach described by the Guidelines Oversight Committee. RESULTS: The preoperative physiologic assessment should begin with a cardiovascular evaluation and spirometry to measure the FEV1 and the diffusing capacity for carbon monoxide (Dlco). Predicted postoperative (PPO) lung functions should be calculated. If the % PPO FEV1 and % PPO Dlco values are both > 60%, the patient is considered at low risk of anatomic lung resection, and no further tests are indicated. If either the % PPO FEV1 or % PPO Dlco are within 60% and 30% predicted, a low technology exercise test should be performed as a screening

test. If performance on the low technology exercise test is satisfactory (stair climbing altitude > 22 m or shuttle walk distance > 400 m), patients are regarded as at low risk of anatomic resection. A cardiopulmonary exercise test is indicated when the PPO FEV1 or PPO Dlco (or both) are < 30% or when the performance of the stair-climbing test or the shuttle walk test is not satisfactory. A peak oxygen consumption (V O2peak) < 10 mL/kg/min or 35% predicted indicates a high risk of mortality and long-term disability for major anatomic resection. Conversely, a V O2peak > 20 mL/kg/min or 75% predicted indicates a low risk. CONCLUSIONS: A careful preoperative physiologic assessment is useful for identifying those patients at increased risk with standard lung cancer resection and for enabling an informed decision by the patient about the appropriate therapeutic approach to treating his or her lung cancer. This preoperative risk assessment must be placed in the context that surgery for early-stage lung cancer is the most effective currently available treatment of this disease.

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[6]

TÍTULO / TITLE: - Health-related quality of life after surgical treatment in patients with non-small cell lung cancer: A systematic review.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Apr 4. pii: S0169-5002(13)00118-9. doi: 10.1016/j.lungcan.2013.03.013.

●●Enlace al texto completo (gratuito o de pago) 1016/j.lungcan.2013.03.013

AUTORES / AUTHORS: - Poghosyan H; Sheldon LK; Leveille SG; Cooley ME

INSTITUCIÓN / INSTITUTION: - Betty Irene Moore School of Nursing at the University of California, Davis, CA 95817, United States. Electronic address: hermine.poghosyan@ucdmc.ucdavis.edu.

RESUMEN / SUMMARY: - INTRODUCTION: Surgical resection currently is the best available treatment to enhance long-term survival after non-small cell lung cancer (NSCLC). With the anticipated growth in the number of NSCLC survivors diagnosed through computed tomography screening, health-related quality of life (HR-QOL) as an endpoint of treatment will become increasingly important. This article is a systematic review of the literature regarding HR-QOL in patients after surgical treatment. METHODS: Three computerized databases (PubMed, Medline, and CINHAL) were used to identify relevant articles. Inclusion criteria were: empirical studies English language, assessment of HR-QOL after surgical treatment for stage I, II, or III NSCLC, and publication prior to January 2012. Data were abstracted and content analyses were used to synthesize the findings. RESULTS: Nineteen out of 337 studies were reviewed. The majority of participants (67%) had stable or improved mental HR-QOL at 6-months after surgery. Compared with the general population, however, NSCLC survivors have poorer mental HR-QOL. Compared to pre-surgical status, participants had worse physical function at 6-months after surgery and had decreased physical function up to 2-years after surgery. Pain, fatigue, dyspnea and coughing were the most prevalent symptoms. Increased levels of dyspnea and fatigue persisted for at

least 2-years after surgery. Continued smoking, presence of comorbidities, extensive surgical resection, and use of adjuvant therapy were associated with lower HR-QOL. CONCLUSIONS: New interventions focused on smoking cessation, improving symptom control and physical function are needed to enhance HR-QOL after lung cancer surgery.

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[7]
TÍTULO / TITLE: - Lessons learned from lung cancer genomics: the emerging concept of individualized diagnostics and treatment.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 May 20;31(15):1858-65. doi: 10.1200/JCO.2012.45.9867. Epub 2013 Apr 15.

●●Enlace al texto completo (gratuito o de pago) 1200/JCO.2012.45.9867

AUTORES / AUTHORS: - Buettner R; Wolf J; Thomas RK

INSTITUCIÓN / INSTITUTION: - Department of Translational Genomics, Center of Integrated Oncology Koln-Bonn, University of Cologne, Weyertal 115b, 50931 Cologne, Germany; roman.thomas@uni-koeln.de.

RESUMEN / SUMMARY: - The advent of novel therapeutics that specifically target signaling pathways activated by genetic alterations has revolutionized the way patients with lung cancer are treated. Although only few and largely ineffective chemotherapeutic regimens were available 10 years ago, a lung tumor diagnosed today requires extensive pathologic subtyping and diagnosis of genome alterations to afford more effective treatment (eg, in EGFR-mutant adenocarcinoma). This change of paradigm has several profound implications, ranging from preclinical work on the mechanism of action to a novel, more biologically oriented taxonomy and from genome diagnostics to trial design. Here, we have summarized these developments into six conceptual paradigms that illustrate the transition from empirical cancer medicine to mechanistically based individualized oncology.

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[8]
TÍTULO / TITLE: - Symptom Management in Patients With Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e455S-97S. doi: 10.1378/chest.12-2366.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2366

AUTORES / AUTHORS: - Simoff MJ; Lally B; Slade MG; Goldberg WG; Lee P; Michaud GC; Wahidi MM; Chawla M

RESUMEN / SUMMARY: - BACKGROUND: Many patients with lung cancer will develop symptoms related to their disease process or the treatment they are receiving. These

symptoms can be as debilitating as the disease progression itself. To many physicians these problems can be the most difficult to manage. METHODS: A detailed review of the literature using strict methodologic review of article quality was used in the development of this article. MEDLINE literature reviews, in addition to Cochrane reviews and other databases, were used for this review. The resulting article lists were then reviewed by experts in each area for quality and finally interpreted for content. RESULTS: We have developed recommendations for the management of many of the symptom complexes that patients with lung cancer may experience: pain, dyspnea, airway obstruction, cough, bone metastasis, brain metastasis, spinal cord metastasis, superior vena cava syndrome, hemoptysis, tracheoesophageal fistula, pleural effusions, venous thromboembolic disease, depression, fatigue, anorexia, and insomnia. Some areas, such as dyspnea, are covered in considerable detail in previously created high-quality evidence-based guidelines and are identified as excellent sources of reference. The goal of this guideline is to provide the reader recommendations based on evidence supported by scientific study. CONCLUSIONS: Improved understanding and recognition of cancer-related symptoms can improve management strategies, patient compliance, and quality of life for all patients with lung cancer.

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[9]

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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[10]

TÍTULO / TITLE: - Complementary Therapies and Integrative Medicine in Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e420S-36S. doi: 10.1378/chest.12-2364.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2364

AUTORES / AUTHORS: - Deng GE; Rausch SM; Jones LW; Gulati A; Kumar NB; Greenlee H; Pietanza MC; Cassileth BR

RESUMEN / SUMMARY: - BACKGROUND: Physicians are often asked about complementary therapies by patients with cancer, and data show that the interest in and use of these therapies among patients with cancer is common. Therefore, it is important to assess the current evidence base on the benefits and risks of complementary therapies (modalities not historically used in modern Western medicine). METHODS: A systematic literature review was carried out and recommendations were made according to the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines development methodology. RESULTS: A large number of randomized controlled trials, systematic reviews, and meta-analyses, as well as a number of prospective cohort studies, met the predetermined inclusion criteria. These trials addressed many different issues pertaining to patients with lung cancer, such as symptoms of anxiety, mood disturbance, pain, quality of life, and treatment-related side effects. The available data cover a variety of interventions, including acupuncture, nutrition, mind-body therapies, exercise, and massage. The body of evidence supports a series of recommendations. An evidenced-based approach to modern cancer care should integrate complementary therapies with standard cancer therapies such as surgery, radiation, chemotherapy, and best supportive care measures. CONCLUSIONS: Several complementary therapy modalities can be helpful in improving the overall care of patients with lung cancer.

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[11]

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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[12]

TÍTULO / TITLE: - Treatment of Stage IV Non-small Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e341S-68S. doi: 10.1378/chest.12-2361.

●●Enlace al texto completo (gratuito o de pago) [1378/chest.12-2361](#)

AUTORES / AUTHORS: - Socinski MA; Evans T; Gettinger S; Hensing TA; Vandam Sequist L; Ireland B; Stinchcombe TE

RESUMEN / SUMMARY: - BACKGROUND: Stage IV non-small cell lung cancer (NSCLC) is a treatable, but not curable, clinical entity in patients given the diagnosis at a time when their performance status (PS) remains good. METHODS: A systematic literature review was performed to update the previous edition of the American College of Chest Physicians Lung Cancer Guidelines. RESULTS: The use of pemetrexed should be restricted to patients with nonsquamous histology. Similarly, bevacizumab in combination with chemotherapy (and as continuation maintenance) should be restricted to patients with nonsquamous histology and an Eastern Cooperative Oncology Group (ECOG) PS of 0 to 1; however, the data now suggest it is safe to use in those patients with treated and controlled brain metastases. Data at this time are insufficient regarding the safety of bevacizumab in patients receiving therapeutic anticoagulation who have an ECOG PS of 2. The role of cetuximab added to chemotherapy remains uncertain and its routine use cannot be recommended. Epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors as first-line therapy are the recommended treatment of those patients identified as having an EGFR mutation. The use of maintenance therapy with either pemetrexed or erlotinib should be considered after four cycles of first-line therapy in those patients without evidence of disease progression. The use of second- and third-line therapy in stage IV NSCLC is recommended in those patients retaining a good PS; however, the benefit of therapy beyond the third-line setting has not been demonstrated. In the elderly and in patients with a poor PS, the use of two-drug, platinum-based regimens is preferred. Palliative care should be initiated early in the course of therapy for stage IV NSCLC. CONCLUSIONS: Significant advances continue to be made, and the treatment of stage IV NSCLC has become nuanced and specific for particular histologic subtypes and clinical patient characteristics and according to the presence of specific genetic mutations.

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[13]

TÍTULO / TITLE: - Treatment of Stage III Non-small Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

●●Enlace al texto completo (gratuito o de pago) [1378/chest.12-2360](#)

AUTORES / AUTHORS: - Ramnath N; Dilling TJ; Harris LJ; Kim AW; Michaud GC; Balekian AA; Diekemper R; Detterbeck FC; Arenberg DA

RESUMEN / SUMMARY: - OBJECTIVES: Stage III non-small cell lung cancer (NSCLC) describes a heterogeneous population with disease presentation ranging from

apparently resectable tumors with occult microscopic nodal metastases to unresectable, bulky nodal disease. This review updates the published clinical trials since the last American College of Chest Physicians guidelines to make treatment recommendations for this controversial subset of patients. METHODS: Systematic searches were conducted through MEDLINE, Embase, and the Cochrane Database for Systematic Review up to December 2011, focusing primarily on randomized trials, selected meta-analyses, practice guidelines, and reviews. RESULTS: For individuals with stage IIIA or IIIB disease, good performance scores, and minimal weight loss, treatment with combined chemoradiotherapy results in better survival than radiotherapy alone. Consolidation chemotherapy or targeted therapy following definitive chemoradiation for stage IIIA is not supported. Neoadjuvant therapy followed by surgery is neither clearly better nor clearly worse than definitive chemoradiation. Most of the arguments made regarding patient selection for neoadjuvant therapy and surgical resection provide evidence for better prognosis but not for a beneficial impact of this treatment strategy; however, weak comparative data suggest a possible role if only lobectomy is needed in a center with a low perioperative mortality rate. The evidence supports routine platinum-based adjuvant chemotherapy following complete resection of stage IIIA lung cancer encountered unexpectedly at surgery. Postoperative radiotherapy improves local control without improving survival. CONCLUSIONS: Multimodality therapy is preferable in most subsets of patients with stage III lung cancer. Variability in the patients included in randomized trials limits the ability to combine results across studies and thus limits the strength of recommendations in many scenarios. Future trials are needed to investigate the roles of individualized chemotherapy, surgery in particular cohorts or settings, prophylactic cranial radiation, and adaptive radiation.

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[14]
TÍTULO / TITLE: - Treatment of Stage I and II Non-small Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e278S-313S. doi: 10.1378/chest.12-2359.

••Enlace al texto completo (gratuito o de pago) 1378/chest.12-2359
AUTORES / AUTHORS: - Howington JA; Blum MG; Chang AC; Balekian AA; Murthy SC
RESUMEN / SUMMARY: - BACKGROUND: The treatment of stage I and II non-small cell lung cancer (NSCLC) in patients with good or low surgical risk is primarily surgical resection. However, this area is undergoing many changes. With a greater prevalence of CT imaging, many lung cancers are being found that are small or constitute primarily ground-glass opacities. Treatment such as sublobar resection and nonsurgical approaches such as stereotactic body radiotherapy (SBRT) are being explored. With the advent of minimally invasive resections, the criteria to classify a patient as too ill to

undergo an anatomic lung resection are being redefined. METHODS: The writing panel selected topics for review based on clinical relevance to treatment of early-stage lung cancer and the amount and quality of data available for analysis and relative controversy on best approaches in stage I and II NSCLC: general surgical care vs specialist care; sublobar vs lobar surgical approaches to stage I lung cancer; video-assisted thoracic surgery vs open resection; mediastinal lymph node sampling vs lymphadenectomy at the time of surgical resection; the use of radiation therapy, with a focus on SBRT, for primary treatment of early-stage NSCLC in high-risk or medically inoperable patients as well as adjuvant radiation therapy in the sublobar and lobar resection settings; adjuvant chemotherapy for early-stage NSCLC; and the impact of ethnicity, geography, and socioeconomic status on lung cancer survival. Recommendations by the writing committee were based on an evidence-based review of the literature and in accordance with the approach described by the Guidelines Oversight Committee of the American College of Chest Physicians. RESULTS: Surgical resection remains the primary and preferred approach to the treatment of stage I and II NSCLC. Lobectomy or greater resection remains the preferred approach to T1b and larger tumors. The use of sublobar resection for T1a tumors and the application of adjuvant radiation therapy in this group are being actively studied in large clinical trials. Every patient should have systematic mediastinal lymph node sampling at the time of curative intent surgical resection, and mediastinal lymphadenectomy can be performed without increased morbidity. Perioperative morbidity and mortality are reduced and long-term survival is improved when surgical resection is performed by a board-certified thoracic surgeon. The use of adjuvant chemotherapy for stage II NSCLC is recommended and has shown benefit. The use of adjuvant radiation or chemotherapy for stage I NSCLC is of unproven benefit. Primary radiation therapy remains the primary curative intent approach for patients who refuse surgical resection or are determined by a multidisciplinary team to be inoperable. There is growing evidence that SBRT provides greater local control than standard radiation therapy for high-risk and medically inoperable patients with NSCLC. The role of ablative therapies in the treatment of high-risk patients with stage I NSCLC is evolving. Radiofrequency ablation, the most studied of the ablative modalities, has been used effectively in medically inoperable patients with small (< 3 cm) peripheral NSCLC that are clinical stage I.

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[15]

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2358

AUTORES / AUTHORS: - Wisnivesky JP; Yung RC; Mathur PN; Zulueta JJ

RESUMEN / SUMMARY: - BACKGROUND: Bronchial intraepithelial lesions may be precursors of central airway lung carcinomas. Identification and early treatment of these preinvasive lesions might prevent progression to invasive carcinoma. METHODS: We systematically reviewed the literature to develop evidence-based recommendations regarding the diagnosis and treatment of intraepithelial lesions. RESULTS: The risk and timeline for progression of bronchial intraepithelial lesions to carcinoma in situ (CIS) or invasive carcinoma are not well understood. Multiple studies show that autofluorescence bronchoscopy (AFB) is more sensitive that white light bronchoscopy (WLB) to identify these lesions. In patients with severe dysplasia or CIS in sputum cytology who have chest imaging studies showing no localizing abnormality, we suggest use of WLB; AFB may be used as an adjunct when available. Patients with known severe dysplasia or CIS of central airways should be followed with WLB or AFB, when available. WLB or AFB is also suggested for patients with early lung cancer who will undergo resection for delineation of tumor margins and assessment of synchronous lesions. However, AFB is not recommended prior to endobronchial therapy for CIS or early central lung cancer. Several endobronchial techniques are recommended for the treatment of patients with superficial limited mucosal lung cancer who are not candidates for resection. CONCLUSION: Additional information is needed about the natural history and rate of progression of preinvasive central airway lesions. Patients with severe dysplasia or CIS may be treated endobronchially; however, it remains unclear if these therapies are associated with improved patient outcomes.

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[16]

TÍTULO / TITLE: - Treatment of Tobacco Use in Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2349

AUTORES / AUTHORS: - Leone FT; Evers-Casey S; Toll BA; Vachani A

RESUMEN / SUMMARY: - BACKGROUND: Continued tobacco use in the setting of lung cancer management is frequently confounding and always of critical importance. We summarized the published literature concerning the management of tobacco dependence in patients with lung cancer and offer recommendations for integrating dependence treatment into ongoing oncologic care. METHODOLOGY: MEDLINE, Embase, CINAHL, PsychINFO, and the Cochrane Collaborative databases were searched for English language randomized clinical trials, cohort studies, case-control studies, secular trend analyses, and case series relevant to the a priori identified clinical questions. Evidence grading, integration, and genesis of recommendations

followed the methods described in "Methodology for Development of Guidelines for Lung Cancer" in the American College of Chest Physicians Lung Cancer Guidelines, 3rd ed. RESULTS: We describe the approach to tobacco dependence in patients with lung cancer at various phases in the evolution of cancer care. For example, among patients undergoing lung cancer screening procedures, we recommend against relying on the screening itself, including procedures accompanied solely by self-help materials, as an effective strategy for achieving abstinence. Among patients with lung cancer undergoing surgery, intensive perioperative cessation pharmacotherapy is recommended as a method for improving abstinence rates. Cessation pharmacotherapy is also recommended for patients undergoing chemotherapy, with specific recommendations to use bupropion when treating patients with lung cancer with depressive symptoms, as a means of improving abstinence rates, depressive symptoms, and quality of life. CONCLUSIONS: Optimal treatment of lung cancer includes attention to continued tobacco use, with abstinence contributing to improved patient-related outcomes at various phases of lung cancer management. Effective therapeutic interventions are available and are feasibly integrated into oncologic care. A number of important clinical questions remain poorly addressed by the existing evidence. CHEST 2013; 143(5)(Suppl):e61S-e77S.

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[17]

TÍTULO / TITLE: - Treatment of Small Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e400S-19S. doi: 10.1378/chest.12-2363.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2363

AUTORES / AUTHORS: - Jett JR; Schild SE; Kesler KA; Kalemkerian GP

RESUMEN / SUMMARY: - BACKGROUND: Small cell lung cancer (SCLC) is a lethal disease for which there have been only small advances in diagnosis and treatment in the past decade. Our goal was to revise the evidence-based guidelines on staging and best available treatment options. METHODS: A comprehensive literature search covering 2004 to 2011 was conducted in MEDLINE, Embase, and five Cochrane databases using SCLC terms. This was cross-checked with the authors' own literature searches and knowledge of the literature. Results were limited to research in humans and articles written in English. RESULTS: The staging classification should include both the old Veterans Administration staging classification of limited stage (LS) and extensive stage (ES), as well as the new seventh edition American Joint Committee on Cancer/International Union Against Cancer staging by TNM. The use of PET scanning is likely to improve the accuracy of staging. Surgery is indicated for carefully selected stage I SCLC. LS disease should be treated with concurrent chemoradiotherapy in patients with good performance status. Thoracic radiotherapy should be administered

early in the course of treatment, preferably beginning with cycle 1 or 2 of chemotherapy. Chemotherapy should consist of four cycles of a platinum agent and etoposide. ES disease should be treated primarily with chemotherapy consisting of a platinum agent plus etoposide or irinotecan. Prophylactic cranial irradiation prolongs survival in those individuals with both LS and ES disease who achieve a complete or partial response to initial therapy. To date, no molecularly targeted therapy agent has demonstrated proven efficacy against SCLC. CONCLUSION: Evidence-based guidelines are provided for the staging and treatment of SCLC. LS-SCLC is treated with curative intent with 20% to 25% 5-year survival. ES-SCLC is initially responsive to standard treatment, but almost always relapses, with virtually no patients surviving for 5 years. Targeted therapies have no proven efficacy against SCLC.

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[18]

TÍTULO / TITLE: - Special Treatment Issues in Non-small Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e369S-99S. doi: 10.1378/chest.12-2362.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2362

AUTORES / AUTHORS: - Kozower BD; Larner JM; Detterbeck FC; Jones DR

RESUMEN / SUMMARY: - BACKGROUND: This guideline updates the second edition and addresses patients with particular forms of non-small cell lung cancer that require special considerations, including Pancoast tumors, T4 N0,1 M0 tumors, additional nodules in the same lobe (T3), ipsilateral different lobe (T4) or contralateral lung (M1a), synchronous and metachronous second primary lung cancers, solitary brain and adrenal metastases, and chest wall involvement. METHODS: The nature of these special clinical cases is such that in most cases, meta-analyses or large prospective studies of patients are not available. To ensure that these guidelines were supported by the most current data available, publications appropriate to the topics covered in this article were obtained by performing a literature search of the MEDLINE computerized database. Where possible, we also reference other consensus opinion statements. Recommendations were developed by the writing committee, graded by a standardized method, and reviewed by all members of the Lung Cancer Guidelines panel prior to approval by the Thoracic Oncology NetWork, Guidelines Oversight Committee, and the Board of Regents of the American College of Chest Physicians. RESULTS: In patients with a Pancoast tumor, a multimodality approach appears to be optimal, involving chemoradiotherapy and surgical resection, provided that appropriate staging has been carried out. Carefully selected patients with central T4 tumors that do not have mediastinal node involvement are uncommon, but surgical resection appears to be beneficial as part of their treatment rather than definitive chemoradiotherapy alone. Patients with lung cancer and an additional malignant nodule are difficult to

categorize, and the current stage classification rules are ambiguous. Such patients should be evaluated by an experienced multidisciplinary team to determine whether the additional lesion represents a second primary lung cancer or an additional tumor nodule corresponding to the dominant cancer. Highly selected patients with a solitary focus of metastatic disease in the brain or adrenal gland appear to benefit from resection or stereotactic radiosurgery. This is particularly true in patients with a long disease-free interval. Finally, in patients with chest wall involvement, provided that the tumor can be completely resected and N2 nodal disease is absent, primary surgical resection should be considered. CONCLUSIONS: Carefully selected patients with more uncommon presentations of lung cancer may benefit from an aggressive surgical approach.

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[19]

TÍTULO / TITLE: - Meta-analysis: Accuracy of FDG PET-CT for distant metastasis staging in lung cancer patients.

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

REVISTA / JOURNAL: - Surg Oncol. 2013 May 9. pii: S0960-7404(13)00033-9. doi: 10.1016/j.suronc.2013.04.001.

●●Enlace al texto completo (gratuito o de pago) 1016/j.suronc.2013.04.001

AUTORES / AUTHORS: - Li J; Xu W; Kong F; Sun X; Zuo X

INSTITUCIÓN / INSTITUTION: - Department of Oncology, The No. 456 Hospital of People's Liberation Army, Jinan 250031, PR China.

RESUMEN / SUMMARY: - BACKGROUND: We undertook a meta-analysis to evaluate the accuracy of 18FDG PET-CT for diagnosis of distant metastases in lung cancer patients. METHODS: Studies about 18FDG PET-CT for diagnosis of distant metastases in patients with lung cancer were systematically searched in the MEDLINE and EMBASE databases. We calculated sensitivities, specificities, positive likelihood ratios and negative likelihood ratios, and constructed summary receiver operating characteristic curves using bivariate regression models for 18FDG PET-CT. RESULTS: Across 9 studies (780 patients), the sensitivity, specificity, positive likelihood ratio and negative likelihood ratio of 18FDG PET-CT were 0.93 (95% confidence interval [CI] = 0.88-0.96), 0.96 (95% CI = 0.95-0.96), 28.4 (95% CI = 14.0-57.5), and 0.08 (95% CI = 0.02-0.37), respectively. Overall weighted area under the curve was 0.98 (95% CI = 0.96-0.99). CONCLUSION: 18FDG PET-CT has excellent diagnostic performance for diagnosis of distant metastases in patients with lung cancer.

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[20]

TÍTULO / TITLE: - Cruciferous vegetables consumption and the risk of female lung cancer: a prospective study and a meta-analysis.

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

AUTORES / AUTHORS: - Wu QJ; Xie L; Zheng W; Vogtmann E; Li HL; Yang G; Ji BT; Gao YT; Shu XO; Xiang YB

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology, School of Public Health, Fudan University, Shanghai.

RESUMEN / SUMMARY: - BACKGROUND: Epidemiological studies evaluating the association between cruciferous vegetables (CVs) intake and female lung cancer risk have produced inconsistent results. PATIENTS AND METHODS: This study followed 74 914 Chinese women aged 40-70 years who participated in the Shanghai Women's Health Study. CV intake was assessed through a validated food-frequency questionnaire (FFQ) at baseline and reassessed during follow-up. Hazard ratios (HRs) and 95% confidence interval (CIs) were estimated by using Cox proportional hazards models. Furthermore, we carried out a meta-analysis of all observational studies until December 2011. RESULTS: After excluding the first 2 years of follow-up, 417 women developed lung cancer over a mean of 11.1 years of follow-up. An inverse association of borderline statistical significance was observed between CV consumption and female lung cancer risk, with HR for the highest compared with the lowest quartiles of 0.73 (95% CI 0.54-1.00, P trend = 0.1607). The association was strengthened in analyses restricting to never smokers, with the corresponding HR of 0.59 (95% CI 0.40-0.87, P trend = 0.0510). The finding of an inverse association between CV intake and lung cancer risk in women was supported by our meta-analysis of 10 included studies. CONCLUSIONS: Our study suggests that CV consumption may reduce the risk of lung cancer in women, particularly among never smokers.

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[21]

TÍTULO / TITLE: - Methodology for Development of Guidelines for Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

AUTORES / AUTHORS: - Lewis SZ; Diekemper R; Addrizzo-Harris DJ

RESUMEN / SUMMARY: - BACKGROUND: The objective was to develop high-quality and comprehensive evidence-based guidelines on the diagnosis and management of lung cancer. METHODS: A carefully crafted panel of lung cancer experts, methodologists, and other specialists was assembled and reviewed for relevant conflicts of interest. The American College of Chest Physicians guideline methodology was used. Population, intervention, comparator, outcome (PICO)-based key questions and defined criteria for eligible studies were developed to inform the search strategies, subsequent evidence summaries, and recommendations. Research studies,

systematic reviews, and meta-analyses, where they existed, were assessed for quality and summarized to inform the recommendations. RESULTS: Each recommendation was developed with supporting evidence and the consensus of the writing committees. Controversial recommendations were identified for further consultation by the entire panel, with anonymous voting to achieve consensus. CONCLUSIONS: The final recommendations can be trusted by health-care providers, patients, and other stakeholders since they are based on the current evidence in these areas and were developed with trustworthy processes for guideline development.

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[22]
TÍTULO / TITLE: - CCND1 G870A polymorphism interaction with cigarette smoking increases lung cancer risk: meta-analyses based on 5008 cases and 5214 controls.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Mol Biol Rep. 2013 May 8.
　　　●●Enlace al texto completo (gratuito o de pago) 1007/s11033-013-2556-9
AUTORES / AUTHORS: - Duan YZ; Zhang L; Liu CC; Zhu B; Zhuo WL; Chen ZT
INSTITUCIÓN / INSTITUTION: - Institute of Cancer, Xinqiao Hospital, Third Military Medical University, Chongqing, 400038, China.
RESUMEN / SUMMARY: - Evidence indicates CCND1 G870A polymorphisms as a risk factor for a number of cancers. Increasing studies have been conducted on the association of CCND1 G870A polymorphism with lung cancer risk. However, the results were controversial. The aim of the present study was to derive a more precise estimation of the relationship. Meta-analyses examining the association between CCND1 G870A polymorphism and lung cancer were performed. Subgroup analyses regarding ethnicity, smoking status, histological types and source of controls were also implemented. All eligible studies for the period up to May 2012 were identified. The overall data from ten case-control studies including 5,008 cases and 5,214 controls indicated that variant A allele may have an association with increased lung cancer risk (AA vs GG: OR = 1.21; 95 % CI = 1.08-1.36, dominant model: OR = 1.09; 95 % CI = 1.00-1.19, recessive model: OR = 1.23; 95 % CI = 1.01-1.49). In the subgroup analysis by ethnicity, A allele may elevate lung cancer risk among Asians but not Caucasians or Mixed ethnicities. In smoking status subgroup, A allele was shown to associate with increased lung cancer risk among smokers but not non-smokers. In the subgroup analysis by histological types, increased cancer risks were shown in adenocarcinoma but not squamous cell carcinoma, under the homozygote comparison and recessive models. Collectively, the results of the present study suggest that CCND1 G870A polymorphism might be a low-penetrant risk factor for lung cancer, particularly among Asians and smokers. Moreover, homozygous AA alleles might have a correlation with increased lung adenocarcinoma susceptibility.

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[23]

TÍTULO / TITLE: - Diagnostic Surgical Pathology in Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e251S-62S. doi: 10.1378/chest.12-2356.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2356

AUTORES / AUTHORS: - Schwartz AM; Rezaei MK

RESUMEN / SUMMARY: - BACKGROUND: This article provides evidence-based background and recommendations for the development of American College of Chest Physicians guidelines for the diagnosis and management of lung cancer. Specific population, intervention, comparison, and outcome questions were addressed to arrive at consensus recommendations. METHODS: A systematic search of the medical and scientific literature using MEDLINE and PubMed was performed for the years 1990 to 2011 and limited to literature on humans and articles written in English. Our approach to examining the evidence and formulating recommendations is described in the "Methodology for Lung Cancer Evidence Review and Guideline Development: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (2nd Edition)" and updated in "Methodology for Development of Guidelines for Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines." RESULTS: Pathologic examination results of lung cancers should be recorded in a synoptic form to include important prognostic features of histologic type, tumor size and location, involvement of visceral pleura, extension to regional and distant lymph nodes, and metastatic spread to visceral organs and bone to increase completeness of recording. It is important for the surgical pathologist to make distinctions between malignant mesothelioma and pleural adenocarcinomas, small cell and non-small cell carcinomas, adenocarcinomas and squamous cell carcinomas, and primary and metastatic carcinomas of the lung. In challenging cases of pathologic differential diagnosis, additional studies may enable the separation of distinct tumor types. CONCLUSIONS: Pathologic assessment of lung cancers is a crucial component for the diagnosis, management, and prognosis of lung cancer, making the pathologist a critical member of the clinical and management team. Selective diagnostic techniques, including limited designed immunohistochemical panels, and decision analysis will increase diagnostic accuracy.

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[24]

TÍTULO / TITLE: - Diabetes mellitus as an independent risk factor for lung cancer: A meta-analysis of observational studies.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Jul;49(10):2411-23. doi: 10.1016/j.ejca.2013.02.025. Epub 2013 Apr 3.

●●Enlace al texto completo (gratuito o de pago) 1016/j.ejca.2013.02.025

AUTORES / AUTHORS: - Lee JY; Jeon I; Lee JM; Yoon JM; Park SM

INSTITUCIÓN / INSTITUTION: - Department of Obstetrics and Gynecology, Seoul National University, College of Medicine, Seoul, Republic of Korea. Electronic address: yodrum682@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: Epidemiologic studies have demonstrated inconsistent associations between diabetes mellitus and the risk of lung cancer. To determine whether diabetes mellitus is associated with an increased risk of lung cancer, we performed a meta-analysis of observational studies. METHODS: PubMed, EMBASE and the Cochrane Library were searched for observational studies conducted prior to September 2012. We included prospective cohort studies that reported relative risks and case-control studies that showed odds ratios in the analysis. The pooled relative risk (RR) with 95% confidence intervals (CIs) was calculated with a random effects model. Sensitivity analysis was performed with studies which controlled for smoking status. Associations were assessed in several subgroups representing different participant and study characteristics. RESULTS: A total of 34 studies from 24 manuscripts (10 case-control studies and 24 cohort studies) were included in the analyses. Diabetes was significantly associated with the increased risk of lung cancer compared with non-diabetic controls when limiting the analysis to studies adjusting for smoking status (RR, 1.11; 95% CI, 1.02-1.20; I(2)=46.1%). By contrast, this association disappeared when the analysis was restricted to studies not adjusting for smoking status (RR, 0.99; 95% CI, 0.88-1.11; I(2)=96.7%). When stratifying by sex, an increased risk of lung cancer was prominent in diabetic women (RR, 1.14; 95% CI, 1.09-1.20; I(2)=0%), while there was no association in diabetic men (RR, 1.07; 95% CI, 0.89-1.28; I(2)=96.6%). Among diabetic women, significantly increased risks of lung cancer were found in the following subgroups: cohort studies (RR, 1.14; 95% CI, 1.08-1.20; I(2)=0%), studies controlling for major confounding variables such as age, smoking and alcohol (RR, 1.19; 95% CI, 1.00-1.43; I(2)=23.1%), studies with long-term follow-up (RR, 1.14; 95% CI, 1.08-1.20; I(2)=0%), and high-quality studies assessed by the Newcastle-Ottawa Scale (RR, 1.14; 95% CI, 1.08-1.20; I(2)=0%). INTERPRETATION: Preexisting diabetes mellitus may increase the risk of lung cancer, especially among female diabetic patients. Further large-scale prospective studies are needed to test specifically the effect of diabetes mellitus on lung cancer risk.

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[25]

TÍTULO / TITLE: - Palliative and End-of-Life Care in Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2367

AUTORES / AUTHORS: - Ford DW; Koch KA; Ray DE; Selecky PA

RESUMEN / SUMMARY: - BACKGROUND: In the United States, lung cancer is a major health problem that is associated with significant patient distress and often limited survival, with some exceptions. The purpose of this article is to address the role of palliative and end-of-life care in the management of patients with lung cancer and to address the need for good communication skills to provide support to patients and families. METHODS: This article is based on an extensive review of the medical literature up to April 2012, with some articles as recent as August 2012. The authors used the PubMed and Cochrane databases, as well as EBESCO Host search, for articles addressing palliative care, supportive care, lung neoplasm, and quality of life in cancer or neoplasm, with no limitation on dates. The research was limited to human studies and the English language. RESULTS: There was no "definitive" work in this area, most of it being concurrence based rather than evidence based. Several randomized controlled trials were identified, which are reviewed in the text. The article focuses on the assessment and treatment of suffering in patients with lung cancer, as well as the importance of communication in the care of these patients over the course of the disease. The aim of medical care for patients with terminal lung cancer is to decrease symptom burden, enhance the quality of remaining life, and increase survival benefit. A second objective is to emphasize the importance of good communication skills when addressing the needs of the patient and his or her family, starting at the time of diagnosis, which in itself is a life-changing event. Too often we do it poorly, but by using patient-centered communication skills, the outcome can be more satisfactory. Finally, the article addresses the importance of advance care planning for patients with lung cancer, from the time of diagnosis until the last phase of the illness, and it is designed to enhance the physician's role in facilitating this planning process. CONCLUSIONS: This article provides guidance on how to reduce patient distress and avoid nonbeneficial treatment in patients with lung cancer. The goal is to decrease symptom burden, enhance quality of life, and increase survival benefit. Good communication and advance care planning are vital to the process.

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[26]

TÍTULO / TITLE: - The Stage Classification of Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2354

AUTORES / AUTHORS: - Detterbeck FC; Postmus PE; Tanoue LT

RESUMEN / SUMMARY: - The current Lung Cancer Stage Classification system is the seventh edition, which took effect in January 2010. This article reviews the definitions for the TNM descriptors and the stage grouping in this system.

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[27]

TÍTULO / TITLE: - Establishing the Diagnosis of Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e142S-65S. doi: 10.1378/chest.12-2353.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2353

AUTORES / AUTHORS: - Rivera MP; Mehta AC; Wahidi MM

RESUMEN / SUMMARY: - BACKGROUND: Lung cancer is usually suspected in individuals who have an abnormal chest radiograph or have symptoms caused by either local or systemic effects of the tumor. The method of diagnosis of lung cancer depends on the type of lung cancer (small cell lung cancer or non-small cell lung cancer [NSCLC]), the size and location of the primary tumor, the presence of metastasis, and the overall clinical status of the patient. The objective of this study was to determine the test performance characteristics of various modalities for the diagnosis of suspected lung cancer. METHODS: To update previous recommendations on techniques available for the initial diagnosis of lung cancer, a systematic search of the MEDLINE, Healthstar, and Cochrane Library databases covering material to July 2011 and print bibliographies was performed to identify studies comparing the results of sputum cytology, conventional bronchoscopy, flexible bronchoscopy (FB), electromagnetic navigation (EMN) bronchoscopy, radial endobronchial ultrasound (R-EBUS)-guided lung biopsy, transthoracic needle aspiration (TTNA) or biopsy, pleural fluid cytology, and pleural biopsy with histologic reference standard diagnoses among at least 50 patients with suspected lung cancer. Recommendations were developed by the writing committee, graded by a standardized method (see the article "Methodology for Development of Guidelines for Lung Cancer" in this guideline), and reviewed by all members of the Lung Cancer Guideline Panel prior to approval by the Thoracic Oncology NetWork, the Guidelines Oversight Committee, and the Board of Regents of the American College of Chest Physicians. RESULTS: Sputum cytology is an acceptable method of establishing the diagnosis of lung cancer, with a pooled sensitivity rate of 66% and a specificity rate of 99%. However, the sensitivity of sputum cytology varies according to the location of the lung cancer. For central, endobronchial lesions, the overall sensitivity of FB for diagnosing lung cancer is 88%. The diagnostic yield of bronchoscopy decreases for peripheral lesions. Peripheral lesions < 2 or > 2 cm in diameter showed a sensitivity of 34% and 63%, respectively. R-EBUS and EMN are emerging technologies for the diagnosis of peripheral lung cancer, with diagnostic yields of 73%

and 71%, respectively. The pooled sensitivity of TTNA for the diagnosis of lung cancer was 90%. A trend toward lower sensitivity was noted for lesions < 2 cm in diameter. TTNA is associated with a higher rate of pneumothorax compared with bronchoscopic procedures. In a patient with a malignant pleural effusion, pleural fluid cytology is reported to have a mean sensitivity of about 72%. A definitive diagnosis of metastatic disease to the pleural space can be estalished with a pleural biopsy. The diagnostic yield for closed pleural biopsy ranges from 38% to 47% and from 75% to 88% for image-guided closed biopsy. Thoracoscopic biopsy of the pleura carries the highest diagnostic yield, 95% to 97%. The accuracy in differentiating between small cell and non-small cell cytology for the various diagnostic modalities was 98%, with individual studies ranging from 94% to 100%. The average false-positive and false-negative rates were 9% and 2%, respectively. Although the distinction between small cell and NSCLC by cytology appears to be accurate, NSCLCs are clinically, pathologically, and molecularly heterogeneous tumors. In the past decade, clinical trials have shown us that NSCLCs respond to different therapeutic agents based on histologic phenotypes and molecular characteristics. The physician performing diagnostic procedures on a patient suspected of having lung cancer must ensure that adequate tissue is acquired to perform accurate histologic and molecular characterization of NSCLCs. CONCLUSIONS: The sensitivity of bronchoscopy is high for endobronchial disease and poor for peripheral lesions < 2 cm in diameter. The sensitivity of TTNA is excellent for malignant disease, but TTNA has a higher rate of pneumothorax than do bronchoscopic modalities. R-EBUS and EMN bronchoscopy show potential for increasing the diagnostic yield of FB for peripheral lung cancers. Thoracoscopic biopsy of the pleura has the highest diagnostic yield for diagnosis of metastatic pleural effusion in a patient with lung cancer. Adequate tissue acquisition for histologic and molecular characterization of NSCLCs is paramount.

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[28]
TÍTULO / TITLE: - Molecular Biology of Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e30S-9S. doi: 10.1378/chest.12-2346.
        ●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2346
AUTORES / AUTHORS: - Nana-Sinkam SP; Powell CA
RESUMEN / SUMMARY: - Based on recent bench and clinical research, the treatment of lung cancer has been refined, with treatments allocated according to histology and specific molecular features. For example, targeting mutations such as epidermal growth factor receptor (EGFR) with tyrosine kinase inhibitors has been particularly successful as a treatment modality, demonstrating response rates in selected patients with adenocarcinoma tumors harboring EGFR mutations that are significantly higher

than those for conventional chemotherapy. However, the development of new targeted therapies is, in part, highly dependent on an improved understanding of the molecular underpinnings of tumor initiation and progression, knowledge of the role of molecular aberrations in disease progression, and the development of highly reproducible platforms for high-throughput biomarker discovery and testing. In this article, we review clinically relevant research directed toward understanding the biology of lung cancer. The clinical purposes of this research are (1) to identify susceptibility variants and field molecular alterations that will promote the early detection of tumors and (2) to identify tumor molecular alterations that serve as therapeutic targets, prognostic biomarkers, or predictors of tumor response. We focus on research developments in the understanding of lung cancer somatic DNA mutations, chromosomal aberrations, epigenetics, and the tumor microenvironment, and how they can advance diagnostics and therapeutics.

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[29]

TÍTULO / TITLE: - Epidemiology of Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e1S-e29S. doi: 10.1378/chest.12-2345.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2345

AUTORES / AUTHORS: - Alberg AJ; Brock MV; Ford JG; Samet JM; Spivack SD

RESUMEN / SUMMARY: - BACKGROUND: Ever since a lung cancer epidemic emerged in the mid-1900s, the epidemiology of lung cancer has been intensively investigated to characterize its causes and patterns of occurrence. This report summarizes the key findings of this research. METHODS: A detailed literature search provided the basis for a narrative review, identifying and summarizing key reports on population patterns and factors that affect lung cancer risk. RESULTS: Established environmental risk factors for lung cancer include smoking cigarettes and other tobacco products and exposure to secondhand tobacco smoke, occupational lung carcinogens, radiation, and indoor and outdoor air pollution. Cigarette smoking is the predominant cause of lung cancer and the leading worldwide cause of cancer death. Smoking prevalence in developing nations has increased, starting new lung cancer epidemics in these nations. A positive family history and acquired lung disease are examples of host factors that are clinically useful risk indicators. Risk prediction models based on lung cancer risk factors have been developed, but further refinement is needed to provide clinically useful risk stratification. Promising biomarkers of lung cancer risk and early detection have been identified, but none are ready for broad clinical application. CONCLUSIONS: Almost all lung cancer deaths are caused by cigarette smoking, underscoring the need for ongoing efforts at tobacco control throughout the world. Further research is needed into the reasons underlying lung cancer disparities, the causes of lung cancer in never

smokers, the potential role of HIV in lung carcinogenesis, and the development of biomarkers.

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[30]
TÍTULO / TITLE: - Helicobacter pylori infection and lung cancer: a review of an emerging hypothesis.

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

REVISTA / JOURNAL: - Carcinogenesis. 2013 Jun;34(6):1189-95. doi: 10.1093/carcin/bgt114. Epub 2013 Apr 8.

   ●●Enlace al texto completo (gratuito o de pago) 1093/carcin/bgt114

AUTORES / AUTHORS: - Deng B; Li Y; Zhang Y; Bai L; Yang P

INSTITUCIÓN / INSTITUTION: - Department of Health Sciences Research, Mayo Clinic, College of Medicine, Rochester, MN 55905, USA.

RESUMEN / SUMMARY: - Helicobacter pylori (Hp) is one of the most common bacteria infecting humans. Recently, certain extragastric manifestations, linked to Hp infection, have been widely investigated, suggesting that Hp infection might be a 'systemic' disease. Accumulating, yet limited, evidence points to a potential association between Hp infection and lung cancer risk. Epidemiologic studies have shown that odds ratios (estimated relative risks) of lung cancer with Hp infection range from 1.24 to 17.78 compared with the controls, suggesting an increased lung cancer risk in the population exposed to Hp infection although far from supporting a causal relationship between Hp and lung cancer. Many studies have demonstrated the existence of Hp in the mucosa of the upper respiratory tract with no direct evidence of Hp-localization in lung tissue in the published literatures, rendering the possible functional mechanism underlying the association an open question. We followed the classic hypothesis-generating path, where we have thoroughly reviewed the publications on lung cancer and Hp infection from serological association to possible mechanisms as: (i) p130cas activated by Src kinase following Hp-host communication and p130cas-related carcinogenesis as in various malignancies; and (ii) gastroesophageal reflux and inhalation of urease or gastrin, which are Hp-related carcinogenic factors and present in lung tissues. We propose rigorous investigations regarding the Hp-lung cancer association and, if confirmed, the mechanisms of Hp infection leading to lung cancer development and progression. Clarification on Hp-lung cancer association is important for the understanding of lung cancer beyond tobacco-smoking-related carcinogenesis.

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[31]
TÍTULO / TITLE: - Evaluation of Individuals With Pulmonary Nodules: When Is It Lung Cancer?: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2351

AUTORES / AUTHORS: - Gould MK; Donington J; Lynch WR; Mazzone PJ; Midthun DE; Naidich DP; Wiener RS

RESUMEN / SUMMARY: - OBJECTIVES: The objective of this article is to update previous evidence-based recommendations for evaluation and management of individuals with solid pulmonary nodules and to generate new recommendations for those with nonsolid nodules. METHODS: We updated prior literature reviews, synthesized evidence, and formulated recommendations by using the methods described in the "Methodology for Development of Guidelines for Lung Cancer" in the American College of Chest Physicians Lung Cancer Guidelines, 3rd ed. RESULTS: We formulated recommendations for evaluating solid pulmonary nodules that measure > 8 mm in diameter, solid nodules that measure </= 8 mm in diameter, and subsolid nodules. The recommendations stress the value of assessing the probability of malignancy, the utility of imaging tests, the need to weigh the benefits and harms of different management strategies (nonsurgical biopsy, surgical resection, and surveillance with chest CT imaging), and the importance of eliciting patient preferences. CONCLUSIONS: Individuals with pulmonary nodules should be evaluated and managed by estimating the probability of malignancy, performing imaging tests to better characterize the lesions, evaluating the risks associated with various management alternatives, and eliciting their preferences for management.

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[32]

TÍTULO / TITLE: - Methods for Staging Non-small Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2355

AUTORES / AUTHORS: - Silvestri GA; Gonzalez AV; Jantz MA; Margolis ML; Gould MK; Tanoue LT; Harris LJ; Detterbeck FC

RESUMEN / SUMMARY: - BACKGROUND: Correctly staging lung cancer is important because the treatment options and prognosis differ significantly by stage. Several noninvasive imaging studies and invasive tests are available. Understanding the accuracy, advantages, and disadvantages of the available methods for staging non-small cell lung cancer is critical to decision-making. METHODS: Test accuracies for the available staging studies were updated from the second iteration of the American College of Chest Physicians Lung Cancer Guidelines. Systematic searches of the MEDLINE database were performed up to June 2012 with the inclusion of selected meta-analyses, practice guidelines, and reviews. Study designs and results are

summarized in evidence tables. RESULTS: The sensitivity and specificity of CT scanning for identifying mediastinal lymph node metastasis were approximately 55% and 81%, respectively, confirming that CT scanning has limited ability either to rule in or exclude mediastinal metastasis. For PET scanning, estimates of sensitivity and specificity for identifying mediastinal metastasis were approximately 77% and 86%, respectively. These findings demonstrate that PET scanning is more accurate than CT scanning, but tissue biopsy is still required to confirm PET scan findings. The needle techniques endobronchial ultrasound-needle aspiration, endoscopic ultrasound-needle aspiration, and combined endobronchial ultrasound/endoscopic ultrasound-needle aspiration have sensitivities of approximately 89%, 89%, and 91%, respectively. In direct comparison with surgical staging, needle techniques have emerged as the best first diagnostic tools to obtain tissue. Based on randomized controlled trials, PET or PET-CT scanning is recommended for staging and to detect unsuspected metastatic disease and avoid noncurative resections. CONCLUSIONS: Since the last iteration of the staging guidelines, PET scanning has assumed a more prominent role both in its use prior to surgery and when evaluating for metastatic disease. Minimally invasive needle techniques to stage the mediastinum have become increasingly accepted and are the tests of first choice to confirm mediastinal disease in accessible lymph node stations. If negative, these needle techniques should be followed by surgical biopsy. All abnormal scans should be confirmed by tissue biopsy (by whatever method is available) to ensure accurate staging. Evidence suggests that more complete staging improves patient outcomes.

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[33]

TÍTULO / TITLE: - Chemoprevention of Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e40S-60S. doi: 10.1378/chest.12-2348.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2348

AUTORES / AUTHORS: - Szabo E; Mao JT; Lam S; Reid ME; Keith RL

RESUMEN / SUMMARY: - BACKGROUND: Lung cancer is the most common cause of cancer death in men and women in the United States. Cigarette smoking is the main risk factor. Former smokers are at a substantially increased risk of developing lung cancer compared with lifetime never smokers. Chemoprevention refers to the use of specific agents to reverse, suppress, or prevent the process of carcinogenesis. This article reviews the major agents that have been studied for chemoprevention. METHODS: Articles of primary, secondary, and tertiary prevention trials were reviewed and summarized to obtain recommendations. RESULTS: None of the phase 3 trials with the agents beta-carotene, retinol, 13-cis-retinoic acid, alpha-tocopherol, N-acetylcysteine, acetylsalicylic acid, or selenium has demonstrated beneficial and

reproducible results. To facilitate the evaluation of promising agents and to lessen the need for a large sample size, extensive time commitment, and expense, surrogate end point biomarker trials are being conducted to assist in identifying the most promising agents for later-stage chemoprevention trials. With the understanding of important cellular signaling pathways and the expansion of potentially important targets, agents (many of which target inflammation and the arachidonic acid pathway) are being developed and tested which may prevent or reverse lung carcinogenesis. CONCLUSIONS: By integrating biologic knowledge, additional early-phase trials can be performed in a reasonable time frame. The future of lung cancer chemoprevention should entail the evaluation of single agents or combinations that target various pathways while working toward identification and validation of intermediate end points.

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[34]

TÍTULO / TITLE: - Executive Summary: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):7S-37S. doi: 10.1378/chest.12-2377.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2377

AUTORES / AUTHORS: - Detterbeck FC; Lewis SZ; Diekemper R; Addrizzo-Harris D; Alberts WM

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[35]

TÍTULO / TITLE: - Screening for Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):e78S-92S. doi: 10.1378/chest.12-2350.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2350

AUTORES / AUTHORS: - Detterbeck FC; Mazzone PJ; Naidich DP; Bach PB

RESUMEN / SUMMARY: - BACKGROUND: Lung cancer is by far the major cause of cancer deaths largely because in the majority of patients it is at an advanced stage at the time it is discovered, when curative treatment is no longer feasible. This article examines the data regarding the ability of screening to decrease the number of lung cancer deaths. METHODS: A systematic review was conducted of controlled studies that address the effectiveness of methods of screening for lung cancer. RESULTS: Several large randomized controlled trials (RCTs), including a recent one, have demonstrated that screening for lung cancer using a chest radiograph does not reduce the number of deaths from lung cancer. One large RCT involving low-dose CT (LDCT)

screening demonstrated a significant reduction in lung cancer deaths, with few harms to individuals at elevated risk when done in the context of a structured program of selection, screening, evaluation, and management of the relatively high number of benign abnormalities. Whether other RCTs involving LDCT screening are consistent is unclear because data are limited or not yet mature. CONCLUSIONS: Screening is a complex interplay of selection (a population with sufficient risk and few serious comorbidities), the value of the screening test, the interval between screening tests, the availability of effective treatment, the risk of complications or harms as a result of screening, and the degree with which the screened individuals comply with screening and treatment recommendations. Screening with LDCT of appropriate individuals in the context of a structured process is associated with a significant reduction in the number of lung cancer deaths in the screened population. Given the complex interplay of factors inherent in screening, many questions remain on how to effectively implement screening on a broader scale.

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[36]

TÍTULO / TITLE: - Introduction to the Third Edition: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

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

REVISTA / JOURNAL: - Chest. 2013 May;143(5 Suppl):38S-40S. doi: 10.1378/chest.12-2342.

●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-2342

AUTORES / AUTHORS: - Alberts WM

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[37]

TÍTULO / TITLE: - Re: Seidler A, Janichen S, Hegewald J et al. Systematic review and quantification of respiratory cancer risk for occupational exposure to hexavalent chromium.

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

REVISTA / JOURNAL: - Int Arch Occup Environ Health. 2013 May 28.

●●Enlace al texto completo (gratuito o de pago) 1007/s00420-013-0887-4

AUTORES / AUTHORS: - Pesch B; Weiss T; Pallapies D; Schluter G; Bruning T

INSTITUCIÓN / INSTITUTION: - , Bochum, Germany, pesch@ipa-dguv.de.

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[38]

TÍTULO / TITLE: - Reply to: Pesch B, Weiss T, Pallapies D, Schluter G, Bruning T. Letter to the editor. Re: Seidler A, Jahnichen S, Hegewald J, Fishta A, Krug O, Ruter L, Strik C, Hallier E, Straube S. Systematic review and quantification of respiratory cancer risk for occupational exposure to hexavalent chromium.

31

AUTORES / AUTHORS: - Seidler A; Jahnichen S; Hegewald J; Fishta A; Krug O; Ruter L; Strik C; Hallier E; Straube S

INSTITUCIÓN / INSTITUTION: - Institute and Policlinic of Occupational and Social Medicine (IPAS), Technical University, Dresden, Germany, Andreas.Seidler@mailbox.tu-dresden.de.

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[39]

TÍTULO / TITLE: - CYP2A6 deletion polymorphism is associated with decreased susceptibility of lung cancer in Asian smokers: a meta-analysis.

AUTORES / AUTHORS: - Liu YL; Xu Y; Li F; Chen H; Guo SL

INSTITUCIÓN / INSTITUTION: - Department of Respiratory Medicine, The first affiliated Hospital of Chongqing Medical University, 400016, Chongqing, China.

RESUMEN / SUMMARY: - Cytochrome P450 2ª6 (CYP2A6) is an enzyme involved in the metabolism of some tobacco carcinogens, which is an important risk factor of lung cancer. Among CYP2A6 allelic variants, CYP2A6*4 presents a whole gene deletion that accounts for the majority of poor metabolizer. In this study, a meta-analysis was performed to assess the association between CYP2A6*4 and risk of lung cancer. Literature searches were conducted to identify peer-reviewed manuscripts published up to December 20, 2012. Pooled odds ratios (ORs) and 95 % confidence intervals (95 % CIs) were calculated in a fixed-effects model and a random-effects model when appropriate. Eight eligible studies with 3,203 lung cancer cases and 2,839 controls were included in this study. Overall, no significant association was observed in CYP2A6*4 with the risk of lung cancer under any genetic model for all samples after correction. However, subgroup analysis showed that significant associations were observed in Asian with pooled OR (95 %CI) of 0.761 (0.672-0.861) for allele comparison, 0.769 (0.668-0.886) for dominant model, and 0.522 (0.359-0.760) for recessive model. Furthermore, after stratifying Asian samples according to smoking status, significant associations were only observed in smokers with pooled OR (95 %CI) of 0.713 (0.607-0.838) for allele comparison, 0.720 (0.596-0.869) for dominant model, and 0.444 (0.275-0.715) for recessive model. This meta-analysis suggests that the CYP2A6*4 polymorphism was associated with susceptibility of lung cancer for smokers in Asian. The whole gene deletion of CYP2A6 might decrease the risk of tobacco-related lung cancer in Asian.

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[40]

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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[41]

TÍTULO / TITLE: - Errors in systematic reviews: an example of computed tomography screening for lung cancer.

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

REVISTA / JOURNAL: - Eur J Cancer Prev. 2013 May 24.

●●Enlace al texto completo (gratuito o de pago) 1097/CEJ.0b013e3283616290

AUTORES / AUTHORS: - Yip R; Islami F; Zhao S; Tao M; Yankelevitz DF; Boffetta P

INSTITUCIÓN / INSTITUTION: - aInstitute for Translational Epidemiology bTisch Cancer Institute cDepartment of Radiology, Mount Sinai School of Medicine, New York, New York, USA dDepartment of Diagnostic Imaging, Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China eInternational Prevention Research Institute, Lyon, France.

RESUMEN / SUMMARY: - Systematic reviews are utilized in evidence-based medicine and are increasingly being used to help guide standards, guidelines, and clinical practice. The National Lung Screening Trial results prompted such a review of lung cancer screening literature. The review was endorsed by five major medical societies. We aimed at assessing its accuracy. Two independent groups of two reviewers reviewed the systematic review, including its source literature. Errors were placed into three major categories and tabulated: (i) selection of studies, (ii) misrepresentation of published reports, and (iii) errors in calculation and rounding. A total of 151 errors were found. There were 13 errors in selection of studies, 124 errors due to

misrepresentation of published reports, and 14 errors in calculations and rounding. The extent of these errors raises concern about the credibility of the conclusions of the recent lung cancer screening systematic review. A process that allows for a thorough checking of data included in systematic reviews should be established.

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[42]
TÍTULO / TITLE: - The american college of chest physicians lung cancer guidelines (3rd edition): is the pulmonologist moving from special teams to quarterback?
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Chest. 2013 May;143(5):1193-5. doi: 10.1378/chest.12-3108.
●●Enlace al texto completo (gratuito o de pago) 1378/chest.12-3108
AUTORES / AUTHORS: - Pastis NJ

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[43]
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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[44]

TÍTULO / TITLE: - Chemotherapy plus best supportive care versus best supportive care in patients with non-small cell lung cancer: a meta-analysis of randomized controlled trials.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - PLoS One. 2013;8(3):e58466. doi: 10.1371/journal.pone.0058466. Epub 2013 Mar 13.

●●Enlace al texto completo (gratuito o de pago) [1371/journal.pone.0058466](#)

AUTORES / AUTHORS: - Zhong C; Liu H; Jiang L; Zhang W; Yao F

INSTITUCIÓN / INSTITUTION: - Department of Thoracic Surgery, Shanghai Chest Hospital affiliated to Shanghai Jiao Tong University, Shanghai, China.

RESUMEN / SUMMARY: - BACKGROUND: The use of chemotherapy has been proposed to increase the effectiveness of best supportive care (BSC) in patients with non-small cell lung cancer (NSCLC). Previous trials reported inconsistent findings regarding the efficacy and safety of chemotherapy on overall survival (OS) and treatment-related mortality. We performed a systematic review and meta-analysis to evaluate the effects of chemotherapy plus BSC versus BSC alone on survival of patients with NSCLC. METHODOLOGY AND PRINCIPAL FINDINGS: We systematically searched PubMed, EmBase, and the Cochrane Central Register of Controlled Trials for relevant literature. All eligible studies included patients with NSCLC who had received chemotherapy and BSC or BSC alone. All eligible studies measured at least 1 of the following outcomes: OS or treatment-related mortality. Overall, patients that received chemotherapy plus BSC had significant longer OS than those that received BSC alone (HR, 0.76; 95%CI, 0.69-0.84; P<0.001). Additionally, chemotherapy plus BSC as compared to BSC alone resulted in a 28% RR reduction (95%CI: 12-40; P = 0.001) in 6-month mortality, 11% RR reduction (95%CI: 8-15; P<0.001) in 12-month mortality, and 5% RR reduction (95%CI: 1-8; P = 0.02) in 2-year

mortality. Toxicity was greater in patients that received chemotherapy plus BSC. CONCLUSION/SIGNIFICANCE: Chemotherapy plus BSC increased the OS and reduced the 6-month, 12-month, and 2-year mortality of NSCLC patients.

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[45]

TÍTULO / TITLE: - Rates of guideline adherence among US community oncologists treating NSCLC.

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

REVISTA / JOURNAL: - Am J Manag Care. 2013 Mar;19(3):185-92.

AUTORES / AUTHORS: - Wang Z; Askamit I; Tuscher L; Bergstrom K

INSTITUCIÓN / INSTITUTION: - McKesson Specialty Health, McKesson, 123 Mission St, San Francisco, CA 94105, USA. zhaohui.wang@mckesson.com

RESUMEN / SUMMARY: - OBJECTIVES: To evaluate chemotherapy regimen utilization in patients with non-small cell lung cancer (NSCLC) treated in US community oncology practices, to examine the relationship between evidence-based guideline adherence and the follow-up monitoring period (FUMP) over 1.5 years, and to understand the relative costs of commonly administered chemotherapy regimens. STUDY DESIGN: Retrospective data analysis. METHODS: Using a large US medical oncology clinical database derived from a proprietary web-based drug dispensing technology, we identified adult patients with NSCLC who started adjuvant therapy for early-stage disease or first-line therapy for advanced and metastatic disease from July 1, 2009, through June 30, 2010. Adjuvant or first-line regimen utilization and the FUMP within 1.5 years were analyzed with respect to national evidence-based guideline adherence. Costs for commonly administered regimens based on 2010 Medicare reimbursement were compared. RESULTS: A total of 3505 patient treatment regimens were included in this study. Rates of guideline adherence were 75.0% and 61.3% for the first-line and the adjuvant treatment groups, respectively (P < .0001). Treatment with guidelinebased regimens correlated with a significantly longer FUMP in the first-line treatment groupcompared with non-guideline-based regimens (P = .005). Regimen costs for the top 11 regimens in the adjuvant and first-line treatment settings varied greatly. Low-cost regimens were prescribed more commonly. CONCLUSIONS: Rates of guideline adherence were significantly higher in the first-line than in the adjuvant NSCLC treatment group. First-line treatment with guideline-based regimens correlated with an extended FUMP for advanced NSCLC patients.

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[46]

TÍTULO / TITLE: - Zoledronic acid in lung cancer with bone metastases: a review.

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

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Apr;13(4):421-6. doi: 10.1586/era.13.15.

●●Enlace al texto completo (gratuito o de pago) 1586/era.13.15

AUTORES / AUTHORS: - Isla D; Afonso R; Bosch-Barrera J; Martinez N

INSTITUCIÓN / INSTITUTION: - Servicio de Oncologia Medica, Hospital Clinico Universitario Lozano Blesa, Zaragoza, España. lola.isla@gmail.com

RESUMEN / SUMMARY: - Lung cancer remains the leading cause of cancer mortality worldwide and bone metastases develop in approximately 30-40% of cases. Bisphosphonates are a key therapy for bone metastases; zoledronic acid is the only bisphosphonate with efficacy in preventing, reducing the incidence and delaying the onset of skeletal-related events controlling bone pain. Several bone metabolism markers indicate bone resorption activity, linking with prognosis and efficacy of zoledronic acid. Zoledronic acid has a well-established tolerability profile and can be administered safely as long-term therapy, although preventive measures are needed to avoid some severe side effects (nephrotoxicity and osteonecrosis of the jaw) found in a small number of patients receiving long-term therapy. Currently, lung cancer patients with bone metastases are candidates to receive zoledronic acid in clinical practice with demonstrated benefits and safety preserving quality of life. Additional roles in anticancer activity deserve attention and are under investigation.

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[47]

TÍTULO / TITLE: - The new classification of lung adenocarcinomas according to the American Thoracic Society and the European Respiratory Society: New recommendations to improve management.

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

REVISTA / JOURNAL: - Tunis Med. 2013 May;91(5):293-9.

AUTORES / AUTHORS: - Mlika M; Ayadi-Kaddour A; Boudaya S; Laabidi S; Boussen H; El Mezni F

RESUMEN / SUMMARY: - Background: Lung cancer represents a major public health problem.It represents the first cause of mortality by cancer in Tunisia. Its incidence reaches 40% of lung cancers. Its clinical, radiologic and molecular aspects have been improved inducing the necessity of a new classification which will consider the necessity of a multidisciplinary management. aim: To highlight the new classification of lung adenocarcinomas and to present the major recommendations. methods: We tried to present the main recommendations of the American Thoracic Society and the European Respiratory Society of lung adenocarcinoma. results: This new classification identifies pre-invasive lesions represented by in-situ adenocarcinoma (the ancient bronchioloalveolar), the micro-invasive adenocarcinoma and invasive adenocarcinoma. The latter have been divided in sub-types according to the predominant architectural features. Thus, three groups of invasive adenocarcinoma with presumed different prognoses have been identified: the lepidic predominant adenocarcinoma which has a good prognosis, the micro-papillary and solid predominant adenocarcinomas which have a bad prognosis and the papillary and acinar adenocarcinomas which have an intermediate prognosis. All these entities have specific diagnostic features and criteria. These recommendations are available for biopsies and surgical resected specimen. Conclusion: The new classification of lung

adenocarcinoma puts emphasis on the necessity of a multi-disciplinary management of these tumors in order to improve their prognosis. It identifies new entities with different prognoses that could justify specific modalities of treatment and follow up.

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[48]

TÍTULO / TITLE: - Preoperative Chemotherapy Is Effective for Stage III Resectable Non-Small-Cell Lung Cancer: Metaanalysis of 16 Trials.

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

REVISTA / JOURNAL: - Clin Lung Cancer. 2013 May 9. pii: S1525-7304(13)00066-1. doi: 10.1016/j.cllc.2013.03.006.

●●Enlace al texto completo (gratuito o de pago) 1016/j.cllc.2013.03.006

AUTORES / AUTHORS: - Horita N; Miyazawa N; Morita S; Kojima R; Kimura N; Kaneko T; Ishigatsubo Y

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine and Clinical Immunology, Yokohama City University Graduate School of Medicine, Yokohama, Japan; Department of Respiratory Medicine, Saiseikai Yokohamashi Nanbu Hospital, Yokohama, Japan. Electronic address: nobuyuki_horita@yahoo.co.jp.

RESUMEN / SUMMARY: - BACKGROUND: The benefit of preoperative chemotherapy for resectable non-small-cell lung cancer is still controversial. PATIENTS AND METHODS: We conducted fixed-model metaanalysis including randomized controlled trials comparing 'preoperative chemotherapy plus surgery' and 'surgery alone' as a primary study with sufficient data to provide a hazard ratio for overall survival. MEDLINE and Cochrane databases were used for the study search. RESULTS: We found 16 studies. Seven included only stage III disease cases, and 9 were conducted without stage limitation. Sixteen trials involving 3728 samples observing 2326 deaths yielded a pooled hazard ratio for overall survival of 0.84 (95% confidence interval [CI], 0.77-0.91; P < .001) with moderate heterogeneity (I2 = 40%). In sensitivity analysis, strong heterogeneity (I2 = 69%) was found between the 7 trials covering only stage III disease and 9 trials without stage limitation. The 7 studies evaluating only stage III disease involving 1447 samples and 1068 deaths yielded a pooled hazard ratio of 0.77 (95% CI, 0.68-0.87; P < .001) with nonsignificant low heterogeneity (I2 = 17%). No publication bias was observed throughout this study. The effect of preoperative chemotherapy differs among stages. The pooled hazard ratio comparing 'preoperative chemotherapy plus surgery' and 'surgery alone' for patients with stage III disease in our study was 0.77, which is slightly better than the pooled hazard ratio of 0.83 in the Lung Adjuvant Cisplatin Evaluation study that compared 'surgery plus postoperative chemotherapy' and 'surgery alone.' CONCLUSION: Preoperative chemotherapy plus surgery for stage III disease is more effective than previously considered.

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[49]

TÍTULO / TITLE: - A Multicenter Randomized Phase IIb Efficacy Study of Vx-001, a Peptide-Based Cancer Vaccine as Maintenance Treatment in Advanced Non-Small-Cell Lung Cancer: Treatment Rationale and Protocol Dynamics.

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

REVISTA / JOURNAL: - Clin Lung Cancer. 2013 May 3. pii: S1525-7304(13)00062-4. doi: 10.1016/j.cllc.2013.02.001.

●●Enlace al texto completo (gratuito o de pago) 1016/j.cllc.2013.02.001

AUTORES / AUTHORS: - Georgoulias V; Douillard JY; Khayat D; Manegold C; Rosell R; Rossi A; Menez-Jamet J; Iche M; Kosmatopoulos K; Gridelli C

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, University General Hospital of Heraklion, Crete, Greece.

RESUMEN / SUMMARY: - We present the treatment rationale and study design of a multicenter, open-label, randomized, 2-arm, phase IIb study. Patients with stage IV or recurrent stage I to III non-small-cell lung cancer (NSCLC) whose disease does not progress after 4 cycles of first-line platinum-based chemotherapy will be randomized in a 1:1 ratio to 1 of 2 study arms. Patients will receive the cancer vaccine Vx-001 + Montanide ISA51 VG (Seppic, Paris, France) adjuvant subcutaneously, at a dose of 2 mg, or placebo + Montanide ISA51 VG adjuvant subcutaneously. The vaccination protocol comprises 2 injections with the TYR-Vx001 or placebo (1 at day 0 and another at week 3) and 4 injections with the ARG-Vx001 or placebo, at weeks 6, 9, 12, and 15. After the treatment assessment at week 18, patients will receive the ARG-Vx001 or placebo every 12 weeks starting from week 27 until disease progression, unacceptable toxicity, withdrawal of informed consent, or death. The primary end point of this study is the survival rate at 12 months. Secondary end points include time-to-event comparison of overall survival and comparison of time to treatment failure. Exploratory objectives include comparison of disease control rate after the end of subsequent second-line treatments, comparisons of vaccine immune responses, comparison of survival rate at 12 months in patients with vaccine-induced immune response detected after the second and sixth injections, identification of biomarkers on lymphocytes and on tumors, and comparison of safety and tolerability.

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[50]

TÍTULO / TITLE: - Gefitinib or erlotinib as maintenance therapy in patients with advanced stage non-small cell lung cancer: a systematic review.

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

REVISTA / JOURNAL: - PLoS One. 2013;8(3):e59314. doi: 10.1371/journal.pone.0059314. Epub 2013 Mar 21.

●●Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0059314

AUTORES / AUTHORS: - Chen X; Liu Y; Roe OD; Qian Y; Guo R; Zhu L; Yin Y; Shu Y

INSTITUCIÓN / INSTITUTION: - Department of Oncology, the First Affiliated Hospital of Nanjing Medical University, Nanjing, China.

RESUMEN / SUMMARY: - BACKGROUND: Epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors (TKI), gefitinib and erlotinib have been tested as maintenance

therapy in patients with advanced non-small-cell lung cancer (NSCLC). The studies are quite heterogenous regarding study size and populations, and a synopsis of these data could give some more insight in the role of maintenance therapy with TKI. METHODS: In September 2012 we performed a search in the pubmed, EMBASE and Cochrane library databases for randomized phase III trials exploring the role of gefitinib or erlotinib in advanced non-small cell lung cancer. Through a rigorous selection process with specific criteria, five trials (n = 2436 patients) were included for analysis. Standard statistical methods for meta-analysis were applied. RESULTS: TKIs (gefitinib and erlotinib) significantly increased progression-free survival (PFS) [hazard ratio (HR) 0.63, 95% confidence interval (CI) 0.50-0.76, I(2) = 78.1%] and overall survival (HR 0.84, 95% CI 0.76-0.93, I(2) = 0.0%) compared with placebo or observation. The PFS benefit was consistent in all subgroups including stage, sex, ethnicity, performance status, smoking status, histology, EGFR mutation status, and previous response to chemotherapy. Patients with clinical features such as female, never smoker, adenocarcinoma, Asian ethnicity and EGFR mutation positive had more pronounced PFS benefit. Overall survival benefit was observed in patients with clinical features such as female, non-smoker, smoker, adenocarcinoma, and previous stable to induction chemotherapy. Severe adverse events were not frequent. Main limitations of this analysis are that it is not based on individual patient data, and not all studies provided detailed subgroups analysis. CONCLUSIONS: The results show that maintenance therapy with erlotinib or gefitinib produces a significant PFS and OS benefit for unselected patients with advanced NSCLC compared with placebo or observation. Given the less toxicity of TKIs than chemotherapy and simple oral administration, this treatment strategy seems to be of important clinical value.

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[51]

TÍTULO / TITLE: - Association between folate intake, serum folate levels and the risk of lung cancer: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Chin Med J (Engl). 2013 May;126(10):1957-64.

AUTORES / AUTHORS: - Dai WM; Yang B; Chu XY; Wang YQ; Zhao M; Chen L; Zhang GQ

INSTITUCIÓN / INSTITUTION: - Department of General Thoracic Surgery, Chinese People's Liberation Army General Hospital, Beijing 100853, China (Email: daiweimin_6899@126.com).

RESUMEN / SUMMARY: - BACKGROUND: Folate plays a critical role in nucleotide synthesis and DNA methylation, and was considered to be associated with anti-carcinogenesis. RESULTS: from studies that concern the relationship between the folate intake or serum folate levels and lung cancer risk showed no consistency, which requires our further comprehensive meta-analysis. METHODS: Systematic literature search was conducted to identify the relevant studies (published prior to February 2013) according to standard protocol. Estimated effects were calculated under both random-effects and fixed-effects models. Heterogeneity between studies and

publication bias were also evaluated. RESULTS: A total of 4390 cases and 6138 controls from 6 case-control studies revealed a significant overall inverse association between folate intake and lung cancer risk (OR = 0.74, 95%CI = 0.65 - 0.84, P < 0.001). Summary of 1438 cases and 2582 controls from 4 case-control studies and 44 cases out of a cohort of 1988 participants suggested a marginal association without significance (OR = 0.78, 95%CI = 0.60 - 1.02, P = 0.075) between high serum folate levels and less lung cancer susceptibility; however, subgroup analysis about population-based case-control studies showed that high serum folate levels significantly associated with the reduced lung cancer risk (OR = 0.76, 95%CI = 0.58 - 1.00, P = 0.048). CONCLUSION: Higher folate intake can be a protective factor against lung cancer risk, and higher serum folate level is probably associated with reduced lung cancer risk in marginal manner, though more studies are warranted to confirm these associations.

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[52]

TÍTULO / TITLE: - Different Association of Manganese Superoxide Dismutase Gene Polymorphisms with Risk of Prostate, Esophageal, and Lung Cancers: Evidence from a Meta-analysis of 20,025 Subjects.

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(3):1937-43.

AUTORES / AUTHORS: - Sun GG; Wang YD; Lu YF; Hu WN

INSTITUCIÓN / INSTITUTION: - Department of Chemoradiation Therapy, Tangshan People's Hospital, 3Department of Endocrinology, Tangshan Workers Hospital, Tangshan, China E-mail : wanning_hu2008@sina.com.

RESUMEN / SUMMARY: - Altered expression or function of manganese superoxide dismutase (MnSOD) has been shown to be associated with cancer risk but assessment of gene polymorphisms has resulted in inconclusive data. Here a search of published data was made and 22 studies were recruited, covering 20,025 case and control subjects, for meta- analyses of the association of MnSOD polymorphisms with the risk of prostate, esophageal, and lung cancers. The data on 12 studies of prostate cancer (including 4,182 cases and 6,885 controls) showed a statistically significant association with the risk of development in co-dominant models and dominant models, but not in the recessive model. Subgroup analysis showed there was no statistically significant association of MnSOD polymorphisms with aggressive or nonaggressive prostate cancer in different genetic models. In addition, the data on four studies of esophageal cancer containing 620 cases and 909 controls showed a statistically significant association between MnSOD polymorphisms and risk in all comparison models. In contrast, the data on six studies of lung cancer with 3,375 cases and 4,050 controls showed that MnSOD polymorphisms were significantly associated with the decreased risk of lung cancer in the homozygote and dominant models, but not the heterozygote model. A subgroup analysis of the combination of MnSOD polymorphisms with tobacco smokers did not show any significant association with

lung cancer risk, histological type, or clinical stage of lung cancer. The data from the current study indicated that the Ala allele MnSOD polymorphism is associated with increased risk of prostate and esophageal cancers, but with decreased risk of lung cancer. The underlying molecular mechanisms warrant further investigation.

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[53]
TÍTULO / TITLE: - Health-related quality of life questionnaires in lung cancer trials: a systematic literature review.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Health Econ Rev. 2013 May 16;3(1):15. doi: 10.1186/2191-1991-3-15.
        ●●Enlace al texto completo (gratuito o de pago) 1186/2191-1991-3-15
AUTORES / AUTHORS: - Damm K; Roeske N; Jacob C
INSTITUCIÓN / INSTITUTION: - Center for Health Economics Research Hannover (CHERH), Leibniz University Hannover, Hannover, Germany. kd@ivbl.uni-hannover.de.
RESUMEN / SUMMARY: - BACKGROUND: Lung cancer is one of the leading causes of cancer deaths. Treatment goals are the relief of symptoms and the increase of overall survival. With the rising number of treatment alternatives, the need for comparable assessments of health-related quality of life (HRQoL) parameters grows. The aim of this paper was to identify and describe measurement instruments applied in lung cancer patients under drug therapy. METHODS: We conducted a systematic literature review at the beginning of 2011 using the electronic database Pubmed. RESULTS: A total of 43 studies were included in the review. About 17 different measurement instruments were identified, including 5 generic, 5 cancer-specific, 4 lung cancer-specific and 3 symptom-specific questionnaires. In 29 studies at least 2 instruments were used. In most cases these were cancer and lung cancer-specific ones. The most frequently used instruments are the EORTC QLQ-C30 and its lung cancer modules LC13 or LC17. Only 5 studies combined (lung) cancer-specific questionnaires with generic instruments. CONCLUSIONS: The EORTC-C30 and EORTC-LC13 are the most frequently used health-related quality of life measurement instruments in pharmacological lung cancer trials.

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[54]
TÍTULO / TITLE: - Lung cancer diagnosed following emergency admission: a mixed methods study protocol to improve understanding of patients' characteristics, needs experiences and outcomes.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - BMC Palliat Care. 2013 May 28;12(1):24.
        ●●Enlace al texto completo (gratuito o de pago) 1186/1472-684X-12-24
AUTORES / AUTHORS: - Wilcock A; Crosby V; Freer S; Freemantle A; Caswell G; Seymour J

RESUMEN / SUMMARY: - BACKGROUND: Lung cancer is the leading cause of death from cancer in England. About 40% of patients with lung cancer are diagnosed following an emergency admission (DFEA) to hospital. DFEA is more common in women, and more likely with increasing age and deprivation. Most have advanced disease and survival is poor, but little else is known about this group. The aim of this study is to obtain a detailed understanding of the characteristics, needs, experiences and outcomes of this group.Methods/design: This is a single centre study with quantitative and qualitative work packages (WP). WP1 gathers basic details about all patients diagnosed with lung cancer during a 12 month period, focusing on demographics, diagnostic and treatment pathways and selected outcomes. WP2 obtains information from those patients DFEA or, when unable, their carers, about their holistic needs and experiences, using the Sheffield Profile for Assessment and Referral to Care questionnaire and selected questions from the National Cancer Patient Experience Survey. WP3 uses in-depth qualitative interviews with patients and carers to obtain detailed accounts of their symptoms, help-seeking behaviours prior to admission and subsequent experiences of care. DISCUSSION: Relatively little is known about the experiences of lung cancer patients DFEA and this study will provide detailed information about their needs, characteristics, experiences and outcomes. It should identify areas in the diagnostic and treatment pathway where there is scope to improve the care provided to this group of patients and their carers. The findings will also inform the need for further focused research.

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[55]

TÍTULO / TITLE: - Breathing exercises improve post-operative pulmonary function and quality of life in patients with lung cancer: A meta-analysis.

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

REVISTA / JOURNAL: - Exp Ther Med. 2013 Apr;5(4):1194-1200. Epub 2013 Jan 25.

●●Enlace al texto completo (gratuito o de pago) 3892/etm.2013.926

AUTORES / AUTHORS: - Liu W; Pan YL; Gao CX; Shang Z; Ning LJ; Liu X

INSTITUCIÓN / INSTITUTION: - Departments of General Surgery, The Fourth Affiliated Hospital of China Medical University, Shenyang, Liaoning 110032, P.R. China.

RESUMEN / SUMMARY: - Previous research has shown that breathing exercises may improve the prognosis and health status in patients with lung cancer by enhancing pulmonary function and quality of life (QOL). However, individually published results are inconclusive. The aim of the present meta-analysis was to evaluate the clinical value of breathing exercises on post-operative pulmonary function and QOL in patients with lung cancer. A literature search of Pubmed, Embase, the Web of Science and CBM databases was conducted from their inception through to October 2012. Crude standardized mean differences (SMDs) with 95% confidence intervals (CIs) were used to assess the effect of breathing exercises. A total of eight clinical studies were ultimately included with 398 lung cancer patients. When all the eligible studies were pooled into the meta-analysis, there was a significant difference between the pre-intervention and post-intervention results of breathing exercises on post-operative

pulmonary function; forced expiratory volume in 1 sec (FEV1): SMD, 3.37; 95% CI, 1.97-4.77; P<0.001; FEV1/FVC: SMD, 1.77; 95% CI, 0.15-3.39; P=0.032). Furthermore, the QOL in patients with lung cancer was significantly improved following the intervention with breathing exercises; there were significant differences between the pre-intervention and post-intervention results on the ability of self-care in daily life (SMD, -1.00; 95% CI, -1.467 to -0.52; P<0.001), social activities (SMD, -0.94; 95% CI, -1.73 to -0.15; P=0.02), symptoms of depression (SMD, -0.91; 95% CI, -1.25 to -0.57; P<0.001) and symptoms of anxiety (SMD, -0.91; 95% CI, -1.20 to -0.63; P<0.001). Results from the present meta-analysis suggest that breathing exercises may significantly improve post-operative pulmonary function and QOL in patients with lung cancer.

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[56]

TÍTULO / TITLE: - Clinical roundtable monograph: Recent advances in taxanes for the first-line treatment of advanced non-small cell lung cancer.

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

REVISTA / JOURNAL: - Clin Adv Hematol Oncol. 2012 Oct;10(10 Suppl 18):1-16.

AUTORES / AUTHORS: - Socinski MA; Govindan R; Spigel D

INSTITUCIÓN / INSTITUTION: - University of Pittsburgh, Pittsburgh, Pennsylvania, USA.

RESUMEN / SUMMARY: - Treatments for non-small cell lung cancer (NSCLC) are based on the broad categories of squamous or non-squamous histology. Frontline treatment options include pemetrexed and cisplatin, pemetrexed and a taxane, gemcitabine with cisplatin, and the addition of bevacizumab to a taxane and carboplatin. Pemetrexed is used for maintenance therapy for non-squamous NSCLC, whereas patients with squamous NSCLC lack easy options for maintenance therapy. nab-Paclitaxel overcomes the solubility and toxicity issues of solvent-based paclitaxel, and the albumin in nab-paclitaxel improves the concentration of the drug in the tumor. A recent phase III trial in NSCLC compared nab-paclitaxel with carboplatin versus solvent-based paclitaxel with carboplatin, and found improved overall response rates (ORRs) in the nab-paclitaxel arm (33% vs 25%; P=.005). In a subset analysis, NSCLC patients with squamous histology had a higher ORR (41%) with nab-paclitaxel than with solvent-based paclitaxel (24%; P<.001). Another subset analysis found that patients ages 70 years and older had improved overall survival (median 19.9 months) with nab-paclitaxel compared with solvent-based paclitaxel (median 10.4 months; P=.009). Patients in the nab-paclitaxel arm had less neuropathy, less hearing loss, and fewer interruptions in daily living than patients in the solvent-based paclitaxel arm.

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[57]

- CASTELLANO -

TÍTULO / TITLE: Difuzni idiopaticka hyperplazie neuroendokrinnich bunek: popis pripadu a prehled literatury.

TÍTULO / TITLE: - Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia: Case report and review of literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Cesk Patol. 2013 Spring;49(2):99-102.

AUTORES / AUTHORS: - Dvorackova J; Macak J; Buzrla P

RESUMEN / SUMMARY: - Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia is a rare condition affecting mostly women in the fifth and sixth decades of life. Here we present a case of its accidental finding in the lung parenchyma of a 56-year-old non-smoker female. In the periphery of the right middle lobe, linear and nodular proliferations were detected in the wall of the small bronchi and terminal and respiratory bronchioles. Under the pleura, several tumorlets were located. Immunohistologically, neuroendocrine cells were positive with antibodies against chromogranin A, synaptophysin, CD56, serotonin (weak positivity of some cells only), calcitonin, GRP/bombesin, cytokeratin 7 and TTF-1. Keywords: diffuse idiopathic pulmonary neuroendocrine cell hyperplasia - tumorlets - neuroendocrine tumors - immunohistochemistry.

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[58]

TÍTULO / TITLE: - Management of small cell carcinoma of the bladder: Consensus guidelines from the Canadian Association of Genitourinary Medical Oncologists (CAGMO).

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

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 Jan-Feb;7(1-2):E44-56. doi: 10.5489/cuaj.220.

●●Enlace al texto completo (gratuito o de pago) 5489/cuaj.220

AUTORES / AUTHORS: - Moretto P; Wood L; Emmenegger U; Blais N; Mukherjee SD; Winquist E; Belanger EC; Macrae R; Balogh A; Cagiannos I; Kassouf W; Black P; Czaykowski P; Gingerich J; North S; Ernst S; Richter S; Sridhar S; Reaume MN; Soulieres D; Eisen A; Canil CM

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Division of Medical Oncology, The Ottawa Hospital Cancer Centre, The Ottawa Hospital Research Institute, University of Ottawa, Ottawa, ON;

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[59]

TÍTULO / TITLE: - New chart review data validate administrative data-based indicator for guideline-recommended treatment of locally advanced non-small-cell lung cancer and shed light on reasons for non-referral and non-treatment.

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

REVISTA / JOURNAL: - Curr Oncol. 2013 Apr;20(2):118-20. doi: 10.3747/co.20.1351.

●●Enlace al texto completo (gratuito o de pago) 3747/co.20.1351

AUTORES / AUTHORS: - Klein-Geltink J; Forte T; Rahal R; Darling G; Cheung W; Alvi R; Noonan G; Russell C; Vriends K; Niu J; Lockwood G; Bryant H

INSTITUCIÓN / INSTITUTION: - Canadian Partnership Against Cancer, Toronto, ON.

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[60]

TÍTULO / TITLE: - Image-guided lung tumor ablation: Principle, technique, and current status.

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

REVISTA / JOURNAL: - J Chin Med Assoc. 2013 Jun;76(6):303-11. doi: 10.1016/j.jcma.2013.03.004. Epub 2013 Apr 20.

●●Enlace al texto completo (gratuito o de pago) 1016/j.jcma.2013.03.004

AUTORES / AUTHORS: - Chen CK; Chou HP; Sheu MH

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Taipei Veterans General Hospital, Taipei, Taiwan, ROC; National Yang-Ming University School of Medicine, Taipei, Taiwan, ROC.

RESUMEN / SUMMARY: - Image-guided tumor ablation for lung malignancies has emerged as a treatment modality for medically inoperable patients. Overall, image-guided lung tumor ablation is a minimally invasive procedure that has an acceptable safety profile and less impact on lung function. This is important for patients with poor pulmonary and/or cardiac functions or with multiple comorbidities, which prevent them from undergoing surgery, chemotherapy, and radiation therapy. Herein, we review the principle, techniques, clinical application, and patient outcomes of image-guided lung tumor ablation.

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[61]

TÍTULO / TITLE: - Replication study in chinese population and meta-analysis supports association of the 5p15.33 locus with lung cancer.

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

REVISTA / JOURNAL: - PLoS One. 2013 Apr 30;8(4):e62485. doi: 10.1371/journal.pone.0062485. Print 2013.

●●Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0062485

AUTORES / AUTHORS: - Ke J; Zhong R; Zhang T; Liu L; Rui R; Shen N; Sun Y; Liu L; Cheng L; Miao XP

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Environment Health (Incubation), Ministry of Education Key Laboratory of Environment & Health, Ministry of Environmental Protection Key Laboratory of Environment and Health, Wuhan, Department of Epidemiology and Biostatistics, School of Public Health, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.

RESUMEN / SUMMARY: - BACKGROUND: Common genetic polymorphisms on chromosome 5p15.33, including rs401681 in cleft lip and palate transmembrane 1-like gene (CLPTM1L), have been implicated in susceptibility to lung cancer through genome-wide association studies (GWAS); however, subsequent replication studies yielded controversial results. METHODOLOGY AND FINDINGS: A hospital-based case-control study in a Chinese population was conducted to replicate the association, and then a meta-analysis combining our non-overlapping new data and previously published data was performed to clearly discern the real effect of lung cancer

susceptibility. In our study with 611 cases and 1062 controls, the minor allele T carrier (TT plus CT) group conferred an OR of 0.801 (95% CI = 0.654-0.981) under the dominant model. The meta-analysis comprising 9111 cases and 11424 controls further confirmed the significant association in the dominant model (OR = 0.842, 95% CI = 0.795-0.891). By stratified analysis, we revealed that ethnicity and study design might constitute the source of between-study heterogeneity. Besides, the sensitivity and cumulative analyses indicated the high stability of the results. CONCLUSION: The results from our case-control study and meta-analysis provide convincing evidence that rs401681 is significantly associated with lung cancer risk.

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[62]

TÍTULO / TITLE: - Indirectly estimated absolute lung cancer mortality rates by smoking status and histological type based on a systematic review.

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

REVISTA / JOURNAL: - BMC Cancer. 2013 Apr 9;13:189. doi: 10.1186/1471-2407-13-189.

●●Enlace al texto completo (gratuito o de pago) 1186/1471-2407-13-189

AUTORES / AUTHORS: - Lee PN; Forey BA

INSTITUCIÓN / INSTITUTION: - P N Lee Statistics and Computing Ltd, Sutton, Surrey, UK. PeterLee@pnlee.co.uk.

RESUMEN / SUMMARY: - BACKGROUND: National smoking-specific lung cancer mortality rates are unavailable, and studies presenting estimates are limited, particularly by histology. This hinders interpretation. We attempted to rectify this by deriving estimates indirectly, combining data from national rates and epidemiological studies. METHODS: We estimated study-specific absolute mortality rates and variances by histology and smoking habit (never/ever/current/former) based on relative risk estimates derived from studies published in the 20th century, coupled with WHO mortality data for age 70-74 for the relevant country and period. Studies with populations grossly unrepresentative nationally were excluded. 70-74 was chosen based on analyses of large cohort studies presenting rates by smoking and age. Variations by sex, period and region were assessed by meta-analysis and meta-regression. RESULTS: 148 studies provided estimates (Europe 59, America 54, China 22, other Asia 13), 54 providing estimates by histology (squamous cell carcinoma, adenocarcinoma). For all smoking habits and lung cancer types, mortality rates were higher in males, the excess less evident for never smokers. Never smoker rates were clearly highest in China, and showed some increasing time trend, particularly for adenocarcinoma. Ever smoker rates were higher in parts of Europe and America than in China, with the time trend very clear, especially for adenocarcinoma. Variations by time trend and continent were clear for current smokers (rates being higher in Europe and America than Asia), but less clear for former smokers. Models involving continent and trend explained much variability, but non-linearity was sometimes seen (with rates lower in 1991-99 than 1981-90), and there was regional variation within continent (with rates in Europe often high in UK and low in Scandinavia, and higher in North than

South America). CONCLUSIONS: The indirect method may be questioned, because of variations in definition of smoking and lung cancer type in the epidemiological database, changes over time in diagnosis of lung cancer types, lack of national representativeness of some studies, and regional variation in smoking misclassification. However, the results seem consistent with the literature, and provide additional information on variability by time and region, including evidence of a rise in never smoker adenocarcinoma rates relative to squamous cell carcinoma rates.

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[63]

TÍTULO / TITLE: - Effect of injection of brucea javanica oil emulsion plus chemoradiotherapy for lung cancer: a review of clinical evidence.

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

REVISTA / JOURNAL: - J Evid Based Med. 2012 Nov;5(4):216-25. doi: 10.1111/jebm.12001.

●●Enlace al texto completo (gratuito o de pago) 1111/jebm.12001

AUTORES / AUTHORS: - Nie YL; Liu KX; Mao XY; Li YL; Li J; Zhang MM

INSTITUCIÓN / INSTITUTION: - Chinese Evidence-Based Medicine Center, West China Hospital, Sichuan University, Chengdu, 610041, China.

RESUMEN / SUMMARY: - OBJECTIVE: Injection of brucea javanica oil emulsion (IBJOE), one of Chinese patent drugs has been widely used for lung cancer (LC) in China, and is known to provide some favorable outcomes, in particular when it combined with conventional treatment. However, little available best evidence is known about its effect and safety. This paper aims to evaluate the effectiveness and safety of IBJOE plus chemoradiotherapy to alleviate symptoms of LC patients. METHODS: A complete literature searching was conducted in databases including Chinese Biomedical Literature Database, China Academic Journals Full-text Database, Chinese Scientific Journals Database, the Cochrane Central Register of Controlled Trials, MEDLINE, and EMBASE to identify randomized controlled trials (RCTs) of IBJOE with chemoradiotherapy versus chemoradiotherapy alone for LC patients regardless of blinding, duration of treatment or duration of follow-up. All searching dates were from the beginning to December 2011. Quality of the included studies was assessed using the method by Cochrane Reviewer Handbook, and data analysis was performed using RevMan 5.10 software developed by The Cochrane Collaboration. RESULTS: The searching yielded over 1371 relevant citations, most of which did not meet the inclusion criteria. Finally, only 21 RCTs involving 1619 patients were included, and all the studies were of poor quality. Pooled analyses were performed to reveal that compared with chemoradiotherapy alone, IBJOE plus chemoradiotherapy had a better complete response rate (relative risk (RR) = 1.42; 95% CI 1.05 to 1.92; P = 0.02) and improved quality of life (RR = 1.83; 95% CI 1.63 to 2.07; P < 0.00001) measured by Karnofsky Performance Status scale. In addition, there was a significant difference on the outcome of long-term survival rate, level of immune function, and some incidences of adverse effects. CONCLUSIONS: IBJOE plus chemoradiotherapy may have positive effects on LC patients in response rate, improvement of quality of life, and reducing

incidences of some adverse effects compared with chemoradiotherapy alone. However, the results need to be viewed with caution because of low quality of the included studies.

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[64]

TÍTULO / TITLE: - Guideline Recommendations for EGFR Mutation Testing in Lung Cancer: Proposal of the Korean Cardiopulmonary Pathology Study Group.

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

REVISTA / JOURNAL: - Korean J Pathol. 2013 Apr;47(2):100-6. doi: 10.4132/KoreanJPathol.2013.47.2.100. Epub 2013 Apr 24.

●●Enlace al texto completo (gratuito o de pago)
4132/KoreanJPathol.2013.47.2.100

AUTORES / AUTHORS: - Shim HS; Chung JH; Kim L; Chang S; Kim WS; Lee GK; Jung SH; Jang SJ

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Yonsei University College of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - Mutations of the epidermal growth factor receptor (EGFR) are the strongest predictive factor for response to EGFR tyrosine kinase inhibitors (TKIs), such as gefitinib and erlotinib. EGFR TKIs are approved in Korea as a first-line treatment for lung cancer patients with mutated EGFR. Rapid and accurate EGFR mutation testing is essential for patient selection and establishing targeted therapies with EGFR TKIs. Thus, a standard set of guideline recommendations for EGFR mutation testing suitable for the Korean medical community is necessary. In this article, we propose a set of guideline recommendations for EGFR mutation testing that was discussed and approved by the Cardiopulmonary Pathology Study Group of the Korean Society of Pathologists.

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[65]

TÍTULO / TITLE: - Absolute and relative contraindications to pulmonary resection: effect of lung cancer surgery guidelines on medical practice.

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

REVISTA / JOURNAL: - Thorac Surg Clin. 2013 May;23(2):247-55. doi: 10.1016/j.thorsurg.2013.01.010. Epub 2013 Feb 23.

●●Enlace al texto completo (gratuito o de pago) 1016/j.thorsurg.2013.01.010

AUTORES / AUTHORS: - Shamji FM

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RESUMEN / SUMMARY: - Patients with primary lung cancer that has not spread beyond a lung should be considered for an operation provided their general health is good, their functional capacity is adequate, and survival benefits outweigh the operative risk. Not all patients are suitable for pulmonary resection. Alternative forms of treatment should be considered for patients who have disseminated cancer, limited

cardiopulmonary reserve, advanced chronologic and physiologic age, and those who decline treatment.

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[66]

AUTORES / AUTHORS: - Gu J; Wen Y; Zhu S; Hua F; Zhao H; Xu H; You J; Sun L; Wang W; Chen J; Zhou Q

INSTITUCIÓN / INSTITUTION: - Tianjin Key Laboratory of Lung Cancer Metastasis and Tumor Microenvironment, Tianjin Lung Cancer Institute, Tianjin Medical University General Hospital, Tianjin, China.

RESUMEN / SUMMARY: - BACKGROUND: Aberrant methylation of CpG islands acquired in tumor cells in promoter regions plays an important role in carcinogenesis. Accumulated evidence demonstrates P(16INK4a) gene promoter hypermethylation is involved in non-small cell lung carcinoma (NSCLC), indicating it may be a potential biomarker for this disease. The aim of this study is to evaluate the frequency of P(16INK4a) gene promoter methylation between cancer tissue and autologous controls by summarizing published studies. METHODS: By searching Medline, EMBSE and CNKI databases, the open published studies about P(16INK4a) gene promoter methylation and NSCLC were identified using a systematic search strategy. The pooled odds of P(16INK4A) promoter methylation in lung cancer tissue versus autologous controls were calculated by meta-analysis method. RESULTS: Thirty-four studies, including 2 652 NSCLC patients with 5 175 samples were included in this meta-analysis. Generally, the frequency of P(16INK4A) promoter methylation ranged from 17% to 80% (median 44%) in the lung cancer tissue and 0 to 80% (median 15%) in the autologous controls, which indicated the methylation frequency in cancer tissue was much higher than that in autologous samples. We also find a strong and significant correlation between tumor tissue and autologous controls of P(16INK4A) promoter methylation frequency across studies (Correlation coefficient 0.71, 95% CI:0.51-0.83, P<0.0001). And the pooled odds ratio of P(16INK4A) promoter methylation in cancer tissue was 3.45 (95% CI: 2.63-4.54) compared to controls under random-effect model. CONCLUSION: Frequency of P(16INK4a) promoter methylation in cancer tissue was much higher than that in autologous controls, indicating promoter methylation plays an important role in carcinogenesis of the NSCLC. Strong and significant correlation between tumor tissue and autologous samples of P(16INK4A) promoter methylation demonstrated a promising biomarker for NSCLC.

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[67]

TÍTULO / TITLE: - Association of CYP2A6*4 with susceptibility of lung cancer: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Apr 9;8(4):e59556. doi: 10.1371/journal.pone.0059556. Print 2013.

●●Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0059556

AUTORES / AUTHORS: - Wang L; Zang W; Liu J; Xie D; Ji W; Pan Y; Li Z; Shen J; Shi Y

INSTITUCIÓN / INSTITUTION: - Bio-X Institutes and Affiliated Changning Mental Health Center, Key Laboratory for the Genetics of Developmental and Neuropsychiatric Disorders (Ministry of Education), Shanghai Jiao Tong University, Shanghai, PR China.

RESUMEN / SUMMARY: - OBJECTIVES: To assess the association between the variant of Cytochrome P450 2ª6 whole gene deletion (CYP2A6*4) polymorphism and risk of lung cancer. METHODS: Two investigators independently searched the PubMed, Elsevier, EMBASE, Web of Science, Wiley Online Library and Chinese National Knowledge Infrastructure (CNKI). Pooled odds ratios (ORs) and 95% confidence intervals (95% CIs) for CYP2A6*4 and lung cancer were calculated in a fixed-effects model (the Mantel-Haenszel method) and a random-effects model (the DerSimonian and Laird method) when appropriate. RESULTS: This meta-analysis included seven eligible studies, which included 2524 lung cancer cases and 2258 controls (cancer-free). Overall, CYP2A6*4 was associated with the risk of lung cancer (allele*4 vs. allele non-*4, pooled OR = 0.826, 95% CI = 0.725-0.941, P-value = 0.004). When stratifying for population, significant association was observed in Asian (additive model, pooled OR = 0.794, 95% CI = 0.694-0.909, P-value = 0.001; dominant model, pooled OR = 0.827, 95% CI = 0.709-0.965, P-value = 0.016; recessive model (pooled OR = 0.444, 95% CI = 0.293-0.675, P-value <0.0001). In the overall analysis, a comparably significant decrease in the frequency of *4/*4 genotype was detected between cases and controls in Asian while no *4/*4 genotype was detected in Caucasian in collected data. CONCLUSION: This meta-analysis suggests that the CYP2A6*4 polymorphism is associated with susceptibility of lung cancer in Asian. The whole gene deletion of CYP2A6 may decrease the risk of lung cancer in Asian samples.

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[68]

TÍTULO / TITLE: - Endobronchial ultrasound-guided needle aspiration of a bronchogenic cyst to liberate from mechanical ventilation: case report and literature review.

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

REVISTA / JOURNAL: - J Bronchology Interv Pulmonol. 2013 Apr;20(2):152-4. doi: 10.1097/LBR.0b013e31828c9bc1.

●●Enlace al texto completo (gratuito o de pago) 1097/LBR.0b013e31828c9bc1

AUTORES / AUTHORS: - Aragaki-Nakahodo AA; Guitron-Roig J; Eschenbacher W; Benzaquen S; Cudzilo C

INSTITUCIÓN / INSTITUTION: - Division of Pulmonary, Critical Care, and Sleep Medicine, Cincinnati Veterans Affairs Medical Center, University of Cincinnati, Cincinnati, OH 45267, USA. aragakao@ucmail.uc.edu

RESUMEN / SUMMARY: - An 86-year-old man developed stridor and acute respiratory failure after being treated for a chronic obstructive pulmonary disease exacerbation and a urinary tract infection that required mechanical ventilation. A contrast computed tomography of the chest revealed a 4.2x5.7x7 cm homogeneous mass in the thoracic inlet, consistent with a bronchogenic cyst producing mass effect over the trachea. Patient was deemed a poor surgical candidate given significant comorbidities. We performed endobronchial ultrasound-guided transbronchial needle aspiration successfully to drain the bronchogenic cyst, allowing successful extubation within hours after the procedure.

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[69]

TÍTULO / TITLE: - Small cell carcinoma of the urinary bladder diverticulum: a case report and review of the literature.

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

REVISTA / JOURNAL: - J Cancer Res Ther. 2013 Jan-Mar;9(1):151-3. doi: 10.4103/0973-1482.110372.

●●Enlace al texto completo (gratuito o de pago) 4103/0973-1482.110372

AUTORES / AUTHORS: - Dong WX; Ping YX; Liang WC; Jian LZ; Lin ZJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, First people's Hospital of Jiujiang City, Jiangxi Province, China. wuxudong111@163.com

RESUMEN / SUMMARY: - Small cell carcinoma of the urinary bladder is very rare. Small cell carcinoma of the urinary bladder is a mass with swiftly aggressive and metastatic, and with a poor prognosis. Due to its scarcity, no forward-looking researches assessing the most effective treatment have been issued in the medical literature. It can happen either in connection with urothelial (transitional cell) carcinoma or in a pure form. Its treatment should include surgery, chemotherapy and radiotherapy. In this article,we report a case occurring in a mixed form in the urinary bladder diverticulum and we concisely review the published literature with respect to the clinical manifestation, pathology,differential diagnosis, treatment and prognosis.

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[70]

TÍTULO / TITLE: - Gastric small-cell carcinoma found on esophagogastroduodenoscopy: a case report and literature review.

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

REVISTA / JOURNAL: - Case Rep Oncol Med. 2013;2013:475961. doi: 10.1155/2013/475961. Epub 2013 Apr 4.

●●Enlace al texto completo (gratuito o de pago) 1155/2013/475961

AUTORES / AUTHORS: - Frances N; Zeichner SB; Francavilla M; Cusnir M

INSTITUCIÓN / INSTITUTION: - Nova Southeastern College of Osteopathic Medicine, 3301 College Avenue, Fort Lauderdale, FL 33314, USA.

RESUMEN / SUMMARY: - Introduction. Characterized as an undifferentiated, neuroendocrine tumor arising from totipotent stem cells, small-cell carcinoma (SCC) most commonly arises from the lung. Extrapulmonary small-cell carcinomas (ESCC) are rare and account for only four percent of SCC. Gastric ESCC, more commonly seen in Japanese male patients in their seventh decade of life, accounts for approximately 0.1 percent of ESCC. Case Presentation. A 75-year-old Hispanic male presented with a several week history of worsening epigastric pain with nausea and vomiting. Computer tomography (CT) of the abdomen and pelvis showed a large heterogeneous mass involving the posterior gastric wall with diffuse extension into the gastric cardia. Esophagogastroduodenoscopy (EGD) revealed a large fungating mass in the lesser curvature of the stomach. Biopsy of the mass revealed small-cell carcinoma of the stomach. The patient was diagnosed with extensive/stage 4 disease and started on chemoradiation. Discussion. Our case, of a very rare condition highlights, the importance of recognizing atypical pathologic diagnoses. More research will need to be conducted with GSCC patients in order to better characterize disease pathogenesis, genetic mutations, and optimal disease management. The hope is to identify biomarkers that will identify patients earlier in their disease course when cure is possible.

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[71]
TÍTULO / TITLE: - Current and future options for the diagnosis of malignant pleural effusion.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Expert Opin Med Diagn. 2013 May;7(3):275-87. doi: 10.1517/17530059.2013.786038. Epub 2013 Apr 4.
●●Enlace al texto completo (gratuito o de pago) 1517/17530059.2013.786038
AUTORES / AUTHORS: - Rodriguez-Panadero F; Romero-Romero B
INSTITUCIÓN / INSTITUTION: - Unidad Medico-Quirurgica de Enfermedades Respiratorias (UMQUER), Hospital Universitario Virgen del Rocio , Sevilla , España.
RESUMEN / SUMMARY: - Introduction: Malignant pleural effusion (MPE) is a frequent problem faced by clinicians, but tumor pleural involvement can be seen without effusion. Areas covered: Imaging, pleural fluid analysis, biomarkers for MPE, needle pleural biopsy and thoracoscopy. To prepare this review, we performed a search using keywords: 'diagnosis' + 'malignant' + 'pleural' + 'effusion' (all fields) in PubMed, and found 4106 articles overall (until 16 January 2013, 881 in the last 5 years). Expert opinion: Ultrasound techniques will stay as valuable tools for pleural effusions. Biomarkers in pleural fluid do not currently provide an acceptable yield for MPE. In subjects with past history of asbestos exposure, some serum or plasma markers (soluble mesothelin, fibulin) might help in selecting cases for close follow-up, to detect mesothelioma early. Needle pleural biopsy is justified only if used with image-techniques (ultrasound or CT) guidance, and thoracoscopy is better for both diagnosis and immediate palliative treatment (pleurodesis). Animal models of MPE and 'spheroids' are promising for research involving both pathophysiology and therapy.

Considering the possibility of direct pleural delivery of nanotechnology-developed compounds-fit to both diagnosis and therapy purposes ('theranostics')-MPE and mesothelioma in particular are likely to benefit sooner than later from this exciting perspective.

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[72]

TÍTULO / TITLE: - Recent advances in screening, diagnosis, and staging of lung cancer: a tribute to Robert J. Ginsberg.

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

REVISTA / JOURNAL: - Thorac Surg Clin. 2013 May;23(2):xiii-xiv. doi: 10.1016/j.thorsurg.2013.01.013. Epub 2013 Jan 24.

●●Enlace al texto completo (gratuito o de pago) 1016/j.thorsurg.2013.01.013

AUTORES / AUTHORS: - Deslauriers J; Pearson FG; Shamji FM

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[73]

TÍTULO / TITLE: - Current status of lung cancer screening.

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

REVISTA / JOURNAL: - Thorac Surg Clin. 2013 May;23(2):129-40. doi: 10.1016/j.thorsurg.2013.01.018.

●●Enlace al texto completo (gratuito o de pago) 1016/j.thorsurg.2013.01.018

AUTORES / AUTHORS: - Pastorino U

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RESUMEN / SUMMARY: - Low-dose CT (LDCT) is effective in the early detection of lung cancer, providing higher resectability and long-term survival rates. The National Lung Screening Trial shows a statistically significant mortality reduction in LDCT compared with chest radiography. The efficacy and safety of annual LDCT screening in heavy smokers must be explored, and the magnitude of benefit compared with the cost of large-scale screening. Trials in Europe have different study designs and an observational arm. Strategies to reduce lung cancer mortality should combine early detection with primary prevention and innovative biologic approaches.

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[74]

TÍTULO / TITLE: - Effectiveness of a protocolized system to alert pulmonologists of lung cancer radiological suspicion.

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

REVISTA / JOURNAL: - Clin Transl Oncol. 2013 Apr 12.

●●Enlace al texto completo (gratuito o de pago) 1007/s12094-013-1042-0

AUTORES / AUTHORS: - Leiro-Fernandez V; Botana-Rial M; Tilve-Gomez A; Represas-Represas C; Pallares-Sanmartin A; Fernandez-Villar A

INSTITUCIÓN / INSTITUTION: - Pulmonary Service, Complexo Hospitalario Universitario de Vigo (CHUVI), c/Pizarro 22, 36204, Vigo, Pontevedra, España.
RESUMEN / SUMMARY: - PURPOSE: When lung cancer (LC) is suspected in chest radiography, an adequate interpretation and management by experts would improve the selection, the access to rapid diagnostic units, the diagnostic effectiveness and prevent the loss of patients with suspected LC. To ensure this, we planned a system for alerting pulmonologists by radiologists to radiological suspicion of LC. METHODS: This system consists of an alert from radiologists to pulmonologists through a specific email. The pulmonologists alerted has to contact the study doctor petitioner who must refer the patient for study to the Lung Cancer Rapid Diagnostic Unit (LCRDU). We have prospectively analyzed all patients studied in a 2-year period including clinical variables, time invested in the different diagnostic steps and the degree of collaboration and satisfaction among the involved professionals. RESULTS: Of 118 alerts received, 84 (71 %) were studied in our LCRDU. The median of days until petitioner contact, patient consulted at LCRDU and to obtain a diagnosis was 1 (IQR 0-1.5), 2 (IQR 1-5) and 13 (IQR 7.5-30), respectively. In 45 cases (53 %), the suspicion of malignancy was confirmed (LC 84.4 % and metastasic 10.1 %). After staging was complete, 33 % of non-small cell lung cancer was potentially resectable (clinical TNM stage I-II). The level of satisfaction was high so that only one of the petitioner's studies chose other diagnostic pathways. CONCLUSION: This strategy for radiological suspicion of LC ensures the communication between general practitioners, radiologists and pulmonologist improving the LC diagnostic effectiveness. This system can be easily implemented in health care systems.

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[75]

TÍTULO / TITLE: - Lung cancer chemoprevention: current status and future prospects.

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

AUTORES / AUTHORS: - Keith RL; Miller YE

INSTITUCIÓN / INSTITUTION: - Division of Pulmonary Sciences and Critical Care Medicine, Department of Medicine, VA Eastern Colorado Healthcare System, University of Colorado Denver School of Medicine, 1055 Clermont Street, Box 151, Denver, CO 80220, USA.

RESUMEN / SUMMARY: - Lung cancer is the leading cause of cancer death worldwide, making it an attractive disease for chemoprevention. Although avoidance of tobacco use and smoking cessation will have the greatest impact on lung cancer development, chemoprevention could prove to be very effective, particularly in former smokers. Chemoprevention is the use of agents to reverse or inhibit carcinogenesis and has been successfully applied to other common malignancies. Despite prior studies in lung cancer chemoprevention failing to identify effective agents, we now have the ability to identify high-risk populations, and our understanding of lung tumour and premalignant

biology continues to advance. There are distinct histological lesions that can be reproducibly graded as precursors of non-small-cell lung cancer and similar precursor lesions exist for adenocarcinoma. These premalignant lesions are being targeted by chemopreventive agents in current trials and will continue to be studied in the future. In addition, biomarkers that predict risk and response to targeted agents are being investigated and validated. In this Review, we discuss the principles of chemoprevention, data from preclinical models, completed clinical trials and observational studies, and describe new treatments for novel targeted pathways and future chemopreventive efforts.

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[76]

TÍTULO / TITLE: - Small cell carcinoma of the bladder: A search of the current literature.

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

REVISTA / JOURNAL: - J BUON. 2013 Jan-Mar;18(1):220-6.

AUTORES / AUTHORS: - Gkirlemis K; Miliadou A; Koukourakis G; Sotiropoulou-Lontou A

INSTITUCIÓN / INSTITUTION: - Second Department of Radiation Oncology, "Saint Savvas" Anticancer Institute of Athens, Athens, Greece.

RESUMEN / SUMMARY: - Purpose: Small cell carcinoma of the urinary bladder (SCC-BL) is an extremely rare malignancy, accounting for < 1% of all bladder tumors. Its prognosis is very poor because of its highly aggressive behavior and high metastatic potential. This study aimed to update the management and outcome of SCC-BL by searching the relevant international literature. Methods: Relevant studies were identified by searching MEDLINE and the Cochrane Central Register of Controlled Trials using a combination of terms such as small cell carcinoma, bladder cancer, therapeutic approach, radical cystectomy, radiation therapy and chemotherapy. Additional papers were identified from reviewing references of relevant articles. Results: Previously published series have shown that SCC-BL has a significant male predominance, occurs mainly during the 7th and 8th decade of life and macroscopic hematuria is the most common presenting symptom. According to the most important studies, cystectomy alone seems not to be efficient enough for the management of the disease. On the other hand, radiation therapy when combined with chemotherapy is highly effective with increased survival rates. Conclusion: Poor prognosis and rarity render disease management complicated. A definitive treatment is not yet established but combined therapy with systemic platinum-based chemotherapy and adjuvant local radiotherapy seems to be the most effective therapeutic approach for limited-stage SCC-BL. Further research is required in order to clarify whether prophylactic cranial irradiation (PCI) should be performed on a regular basis.

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[77]

TÍTULO / TITLE: - Lung cancer biomarkers: State of the art.

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

REVISTA / JOURNAL: - J Carcinog. 2013 Feb 28;12:3. doi: 10.4103/1477-3163.107958. Print 2013.

●●Enlace al texto completo (gratuito o de pago) [4103/1477-3163.107958](4103/1477-3163.107958)

AUTORES / AUTHORS: - Subramaniam S; Thakur RK; Yadav VK; Nanda R; Chowdhury S; Agrawal A

INSTITUCIÓN / INSTITUTION: - International Center for Genetic Engineering and Biotechnology, Delhi, India.

RESUMEN / SUMMARY: - Lung cancer is one of the deadliest cancers worldwide, with the highest incidence and mortality amongst all cancers. While the prognosis of lung cancer is generally grim, with 5-year survival rates of only 15%, there is hope, and evidence, that early detection of lung cancer can reduce mortality. Today, only computed tomography screening has shown to lead to early detection and reduction in mortality, but is limited by being anatomic in nature, unable to differentiate between inflammatory and neoplastic pathways, and therefore, susceptible to false positives. There is increasing interest in biomarkers for lung cancer, especially those that predict metastatic risk. Some biomarkers like DNA mutations and epigenetic changes potentially require tissue from the at-risk site; some like serum proteins and miRNAs are minimally invasive, but may not be specific to the lung. In comparison, emerging biomarkers from exhaled breath, like volatile organic compounds (VOC), and exhaled breath condensate, e.g., small molecules and nucleic acids, have the potential to combine the best of both. This mini review is intended to provide an overview of the field, briefly discussing the potential of what is known and highlighting the exciting recent developments, particularly with miRNAs and VOCs.