

#15#

Revisiones (todas) \*\*\* Reviews (all)

**Urological tumors.**

Abril - Mayo 2013 / April - May 2013

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[1]

**TÍTULO / TITLE:** - Treatment of prostate cancer with intermittent versus continuous androgen deprivation: a systematic review of randomized trials.

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

**REVISTA / JOURNAL:** - J Clin Oncol. 2013 Jun 1;31(16):2029-36. doi: 10.1200/JCO.2012.46.5492. Epub 2013 Apr 29.

●●Enlace al texto completo (gratis o de pago) [1200/JCO.2012.46.5492](#)

**AUTORES / AUTHORS:** - Niraula S; Le LW; Tannock IF

**INSTITUCIÓN / INSTITUTION:** - MBBS, MSc, CancerCare Manitoba, 675 McDermot Ave, Winnipeg, Manitoba, R3E 0V9, Canada; [Saroj.Niraula@Cancercare.mb.ca](mailto:Saroj.Niraula@Cancercare.mb.ca).

**RESUMEN / SUMMARY:** - PURPOSE Uncertainty exists regarding benefits of intermittent androgen deprivation (IAD) compared with continuous androgen deprivation (CAD) for treatment of prostate cancer. On the basis of a systematic review of evidence, our aim was to formulate a recommendation for either IAD or CAD to treat relapsing, locally advanced, or metastatic prostate cancer. METHODS We searched literature published up to September 2012 from MEDLINE, EMBASE, the Cochrane Library, and major conference proceedings. We included randomized controlled trials comparing IAD and CAD if they reported overall survival (OS) or biochemical/radiologic time to disease progression. Results Nine studies with 5,508 patients met our criteria. There were no significant differences in time-to-event outcomes between the groups in

any studies. The pooled hazard ratio (HR) for OS was 1.02 (95% CI, 0.94 to 1.11) for IAD compared with CAD, and the HR for progression-free survival was 0.96 (95% CI, 0.76 to 1.20). More prostate cancer-related deaths with IAD tended to be balanced by more deaths not related to prostate cancer with CAD. Superiority of IAD for sexual function, physical activity, and general well-being was observed in some trials. Median cost savings with IAD was estimated to be 48%. CONCLUSION There is fair evidence to recommend use of IAD instead of CAD for the treatment of men with relapsing, locally advanced, or metastatic prostate cancer who achieve a good initial response to androgen deprivation. This recommendation is based on evidence against superiority of either strategy for time-to-event outcomes and substantial decrease with IAD in exposure to androgen deprivation, resulting in less cost, inconvenience, and potential toxicity.

[2]

**TÍTULO / TITLE:** - Meta-analysis identifies four new loci associated with testicular germ cell tumor.

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

**REVISTA / JOURNAL:** - Nat Genet. 2013 May 12;45(6):680-5. doi: 10.1038/ng.2634. Epub 2013 May 12.

●●Enlace al texto completo (gratis o de pago) [1038/ng.2634](#)

**AUTORES / AUTHORS:** - Chung CC; Kanetsky PA; Wang Z; Hildebrandt MA; Koster R; Skotheim RI; Kratz CP; Turnbull C; Cortessis VK; Bakken AC; Bishop DT; Cook MB; Erickson RL; Fossa SD; Jacobs KB; Korde LA; Kraggerud SM; Lothe RA; Loud JT; Rahman N; Skinner EC; Thomas DC; Wu X; Yeager M; Schumacher FR; Greene MH; Schwartz SM; McGlynn KA; Chanock SJ; Nathanson KL

**INSTITUCIÓN / INSTITUTION:** - 1] Division of Cancer Epidemiology and Genetics, National Cancer Institute (NCI), US National Institutes of Health, US Department of Health and Human Services, Bethesda, Maryland, USA. [2] Cancer Genome Research Laboratory, Division of Cancer Epidemiology and Genetics, SAIC-Frederick, NCI-Frederick, Frederick, Maryland, USA. [3].

**RESUMEN / SUMMARY:** - We conducted a meta-analysis to identify new susceptibility loci for testicular germ cell tumor (TGCT). In the discovery phase, we analyzed 931 affected individuals and 1,975 controls from 3 genome-wide association studies (GWAS). We conducted replication in 6 independent sample sets comprising 3,211 affected individuals and 7,591 controls. In the combined analysis, risk of TGCT was significantly associated with markers at four previously unreported loci: 4q22.2 in HPGDS (per-allele odds ratio (OR) = 1.19, 95% confidence interval (CI) = 1.12-1.26; P = 1.11 x 10<sup>(-8)</sup>), 7p22.3 in MAD1L1 (OR = 1.21, 95% CI = 1.14-1.29; P = 5.59 x 10<sup>(-9)</sup>), 16q22.3 in RFWD3 (OR = 1.26, 95% CI = 1.18-1.34; P = 5.15 x 10<sup>(-12)</sup>) and 17q22

(rs9905704: OR = 1.27, 95% CI = 1.18-1.33; P = 4.32 x 10<sup>(-13)</sup>) and rs7221274: OR = 1.20, 95% CI = 1.12-1.28; P = 4.04 x 10<sup>(-9)</sup>), a locus that includes TEX14, RAD51C and PPM1E. These new TGCT susceptibility loci contain biologically plausible genes encoding proteins important for male germ cell development, chromosomal segregation and the DNA damage response.

[3]

**TÍTULO / TITLE:** - Prostate radiotherapy for men with metastatic disease: a new comparison in the Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy (STAMPEDE) trial.

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

**REVISTA / JOURNAL:** - BJU Int. 2013 May;111(5):697-9. doi: 10.1111/bju.12087.

●●Enlace al texto completo (gratis o de pago) [1111/bju.12087](#)

**AUTORES / AUTHORS:** - Parker CC; Sydes MR; Mason MD; Clarke NW; Aebbersold D; de Bono JS; Dearnaley DP; Ritchie AW; Russell JM; Thalmann G; Parmar MK; James ND

**INSTITUCIÓN / INSTITUTION:** - Institute of Cancer Research and Royal Marsden Hospitals Foundation Trust, Sutton, UK.

[4]

**TÍTULO / TITLE:** - Dietary supplements and prostate cancer: a systematic review of double-blind, placebo-controlled randomised clinical trials.

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

**REVISTA / JOURNAL:** - Maturitas. 2013 Jun;75(2):125-30. doi: 10.1016/j.maturitas.2013.03.006. Epub 2013 Apr 6.

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

[1016/j.maturitas.2013.03.006](#)

**AUTORES / AUTHORS:** - Posadzki P; Lee MS; Onakpoya I; Lee HW; Ko BS; Ernst E

**INSTITUCIÓN / INSTITUTION:** - Medical Research Division, Korea Institute of Oriental Medicine, Daejeon, South Korea; Complementary Medicine, Peninsula Medical School, University of Exeter, Exeter, UK. Electronic address:

[paul.posadzki@pcmd.ac.uk](mailto:paul.posadzki@pcmd.ac.uk).

**RESUMEN / SUMMARY:** - Dietary supplements are popular among patients with prostate cancer (PC). The objective of this systematic review was to critically examine double-blind, placebo-controlled randomised clinical trials (RCTs) of non-herbal dietary supplements and vitamins (NHDS) for evidence that prostate specific antigen (PSA) levels were reduced in PC patients. Five databases were searched from their inception through December 2012 to identify studies that met our inclusion criteria. Methodological quality was independently assessed by two reviewers using the Cochrane tool. Eight RCTs met the eligibility criteria

and were of high methodological quality. The following supplements were tested: isoflavones (genistein, daidzein, and glycitein), minerals (Se) or vitamins (vitamin D) or a combination of antioxidants, bioflavonoids, carotenoids, lycopenes, minerals (Se, Zn, Cu, and Mg), phytoestrogens, phytosterols, vitamins (B2, B6, B9, B12, C, and E), and other substances (CoQ10 and n-acetyl-l cysteine). Five RCTs reported no significant effects compared with placebo. Two RCTs reported that a combination of antioxidants, isoflavones, lycopenes, minerals, plant oestrogens and vitamins significantly decreased PSA levels compared with placebo. One RCT did not report differences in PSA levels between the groups. In conclusion, the hypothesis that dietary supplements are effective treatments for PC patients is not supported by sound clinical evidence. There are promising data for only two specific remedies, which contained a mixture of ingredients, but even for these supplements, additional high quality evidence is necessary before firm recommendations would be justified.

[5]

**TÍTULO / TITLE:** - Re: ureteroscopic and extirpative treatment of upper urinary tract urothelial carcinoma: a 15-year comprehensive review of 160 consecutive patients.

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

**REVISTA / JOURNAL:** - J Urol. 2013 Jun;189(6):2088-9. doi: 10.1016/j.juro.2013.02.097. Epub 2013 Feb 26.

●●Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.02.097](http://1016/j.juro.2013.02.097)

**AUTORES / AUTHORS:** - Laguna MP

[6]

**TÍTULO / TITLE:** - Screening for prostate cancer: a guidance statement from the clinical guidelines committee of the american college of physicians.

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

**REVISTA / JOURNAL:** - Ann Intern Med. 2013 May 21;158(10):761-9. doi: 10.7326/0003-4819-158-10-201305210-00633.

●●Enlace al texto completo (gratis o de pago) [7326/0003-4819-158-10-201305210-00633](http://7326/0003-4819-158-10-201305210-00633)

**AUTORES / AUTHORS:** - Qaseem A; Barry MJ; Denberg TD; Owens DK; Shekelle P

**RESUMEN / SUMMARY:** - Chinese translation DESCRIPTION: Prostate cancer is an important health problem in men. It rarely causes death in men younger than 50 years; most deaths associated with it occur in men older than 75 years. The benefits of screening with the prostate-specific antigen (PSA) test are outweighed by the harms for most men. Prostate cancer never becomes

clinically significant in a patient's lifetime in a considerable proportion of men with prostate cancer detected with the PSA test. They will receive no benefit and are subject to substantial harms from the treatment of prostate cancer. The American College of Physicians (ACP) developed this guidance statement for clinicians by assessing current prostate cancer screening guidelines developed by other organizations. ACP believes that it is more valuable to provide clinicians with a rigorous review of available guidelines rather than develop a new guideline on the same topic when several guidelines are available on a topic or when existing guidelines conflict. The purpose of this guidance statement is to critically review available guidelines to help guide internists and other clinicians in making decisions about screening for prostate cancer. The target patient population for this guidance statement is all adult men.

**METHODS:** This guidance statement is derived from an appraisal of available guidelines on screening for prostate cancer. Authors searched the National Guideline Clearinghouse to identify prostate cancer screening guidelines in the United States and selected 4 developed by the American College of Preventive Medicine, American Cancer Society, American Urological Association, and U.S. Preventive Services Task Force. The AGREE II (Appraisal of Guidelines, Research and Evaluation in Europe) instrument was used to evaluate the guidelines. **GUIDANCE STATEMENT 1:** ACP recommends that clinicians inform men between the age of 50 and 69 years about the limited potential benefits and substantial harms of screening for prostate cancer. ACP recommends that clinicians base the decision to screen for prostate cancer using the prostate-specific antigen test on the risk for prostate cancer, a discussion of the benefits and harms of screening, the patient's general health and life expectancy, and patient preferences. ACP recommends that clinicians should not screen for prostate cancer using the prostate-specific antigen test in patients who do not express a clear preference for screening. **GUIDANCE STATEMENT 2:** ACP recommends that clinicians should not screen for prostate cancer using the prostate-specific antigen test in average-risk men under the age of 50 years, men over the age of 69 years, or men with a life expectancy of less than 10 to 15 years.

[7]

**TÍTULO / TITLE:** - Screening for prostate cancer: a guidance statement from the clinical guidelines committee of the American College of Physicians.

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

**REVISTA / JOURNAL:** - Ann Intern Med. 2013 May 21;158(10):1-28. doi: 10.7326/0003-4819-158-10-201305210-00634.

●●Enlace al texto completo (gratis o de pago) [7326/0003-4819-158-10-201305210-00634](#)

[8]

**TÍTULO / TITLE:** - Racial disparities in prostate cancer care: Is adherence to National Comprehensive Cancer Network guidelines good enough for our patients?

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

**REVISTA / JOURNAL:** - Cancer. 2013 Jun 15;119(12):2209-11. doi: 10.1002/cncr.28006. Epub 2013 Apr 10.

●●Enlace al texto completo (gratis o de pago) [1002/cncr.28006](#)

**AUTORES / AUTHORS:** - Master VA; Moses KA

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Winship Cancer Institute, Emory University, Atlanta, Georgia.

[9]

**TÍTULO / TITLE:** - Animal Models of Human Prostate Cancer: The Consensus Report of the New York Meeting of the Mouse Models of Human Cancers Consortium Prostate Pathology Committee.

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

**REVISTA / JOURNAL:** - Cancer Res. 2013 May 1;73(9):2718-2736. Epub 2013 Apr 22.

●●Enlace al texto completo (gratis o de pago) [1158/0008-5472.CAN-12-4213](#)

**AUTORES / AUTHORS:** - Ittmann M; Huang J; Radaelli E; Martin P; Signoretti S; Sullivan R; Simons BW; Ward JM; Robinson BD; Chu GC; Loda M; Thomas G; Borowsky A; Cardiff RD

**INSTITUCIÓN / INSTITUTION:** - Authors' Affiliations: Department of Pathology and Immunology, Baylor College of Medicine; Michael E. DeBakey Veterans Affairs Medical Center, Houston, Texas; Department of Pathology and Laboratory Medicine, David Geffen School of Medicine at University of California, Los Angeles, Los Angeles; Department of Pathology and Laboratory Medicine; Center for Comparative Medicine, University of California, Davis, Davis, California; Center for Advanced Preclinical Research, Frederick National Laboratory for Cancer Research, Frederick; Department of Molecular and Comparative Pathobiology, Johns Hopkins University School of Medicine, Baltimore; Virology & Cellular Immunology Section, Laboratory of Immunogenetics, National Institute of Allergy and Infectious Diseases (NIAID), NIH, Bethesda, Maryland; Departments of Pathology and Medical Oncology, Brigham and Women's Hospital; Departments of Pathology and Medical Oncology, Center for Molecular Oncologic Pathology, Department of Medical Oncology, Dana-Farber Cancer Institute, Harvard Medical School, Boston, Massachusetts; University of Wisconsin-Madison Carbone Cancer Center; Research Animal Resources Center; Laboratory for Optical and Computational

Instrumentation, Madison, Wisconsin; Department of Pathology and Laboratory Medicine, Weill Cornell Medical College, New York, New York; Department of Pathology and Laboratory Medicine, Oregon Health Science University, Portland, Oregon; and Department of Animal Pathology, Hygiene and Public Health, School of Veterinary Medicine, University of Milan, Milan, Italy.

**RESUMEN / SUMMARY:** - Animal models, particularly mouse models, play a central role in the study of the etiology, prevention, and treatment of human prostate cancer. While tissue culture models are extremely useful in understanding the biology of prostate cancer, they cannot recapitulate the complex cellular interactions within the tumor microenvironment that play a key role in cancer initiation and progression. The National Cancer Institute (NCI) Mouse Models of Human Cancers Consortium convened a group of human and veterinary pathologists to review the current animal models of prostate cancer and make recommendations about the pathologic analysis of these models. More than 40 different models with 439 samples were reviewed, including genetically engineered mouse models, xenograft, rat, and canine models. Numerous relevant models have been developed over the past 15 years, and each approach has strengths and weaknesses. Analysis of multiple genetically engineered models has shown that reactive stroma formation is present in all the models developing invasive carcinomas. In addition, numerous models with multiple genetic alterations display aggressive phenotypes characterized by sarcomatoid carcinomas and metastases, which is presumably a histologic manifestation of epithelial-mesenchymal transition. The significant progress in development of improved models of prostate cancer has already accelerated our understanding of the complex biology of prostate cancer and promises to enhance development of new approaches to prevention, detection, and treatment of this common malignancy. Cancer Res; 73(9); 2718-36. ©2013 AACR.

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[10]

**TÍTULO / TITLE:** - Adenocarcinoma ex goblet cell carcinoid in a renal transplant patient: a case report and review of the literature.

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

**REVISTA / JOURNAL:** - Anticancer Res. 2013 Apr;33(4):1753-6.

**AUTORES / AUTHORS:** - Saif MW

**INSTITUCIÓN / INSTITUTION:** - GI Cancers and Experimental Therapeutics, Tufts University School of Medicine, Boston, MA 02111, USA.

[wsaif@tuftsmedicalcenter.org](mailto:wsaif@tuftsmedicalcenter.org)

**RESUMEN / SUMMARY:** - Adenocarcinoma ex goblet cell carcinoid is a rare neoplasm of appendiceal origin that contains features of both carcinoid tumor and adenocarcinoma. We report on a case of a 45-year-old woman, post-renal transplant who presented with ovarian metastases from this tumor. This

appears to be the first report of an adenocarcinoma ex goblet cell carcinoid in a renal transplant recipient.

[11]

**TÍTULO / TITLE:** - Significance of the TMPRSS2:ERG gene fusion in prostate cancer.

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

**REVISTA / JOURNAL:** - BJU Int. 2013 May;111(5):834-5. doi: 10.1111/bju.12120.

●●Enlace al texto completo (gratis o de pago) [1111/bju.12120](http://1111/bju.12120)

**AUTORES / AUTHORS:** - Hossain D; Bostwick DG

**INSTITUCIÓN / INSTITUTION:** - Bostwick Laboratories, Glen Allen, VA 23060, USA.

[12]

**TÍTULO / TITLE:** - Association between MTHFR Ala222Val (rs1801133) polymorphism and bladder cancer susceptibility: a systematic review and meta-analysis.

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

**REVISTA / JOURNAL:** - Tumour Biol. 2013 May 7.

●●Enlace al texto completo (gratis o de pago) [1007/s13277-013-0802-](http://1007/s13277-013-0802-3)

[3](#)

**AUTORES / AUTHORS:** - Li K; Hu YP; Yang Z; Sun T

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, The Third Center Hospital, Tianjin, 300170, People's Republic of China, [kaili\\_tj@126.com](mailto:kaili_tj@126.com).

**RESUMEN / SUMMARY:** - Folate metabolism is thought to play an important role in carcinogenesis through its involvement in both DNA methylation and nucleotide synthesis. The association between the MTHFR Ala222Val polymorphism and bladder cancer has been widely reported, however, in general the data from published studies with individually low statistical power were controversial and underpowered. Hence, we performed a meta-analysis to investigate the association between bladder cancer and MTHFR Ala222Val in different inheritance models. Fourteen studies including a total of 3,570 bladder cancer cases and 3,926 controls for MTHFR rs1801133 polymorphism were included in the meta-analysis. Data were extracted from these studies and odds ratios with corresponding 95 % confidence intervals (95 % CI) were computed to estimate the strength of the association. Overall, the MTHFR Ala222Val polymorphism was not associated with the development of bladder cancer in all genetic models (Ala/Ala vs. Val/Val-OR = 0.961, 95 % CI = 0.763-1.209; Ala/Ala vs. Ala/Val-OR = 0.918, 95 % CI = 0.795-1.060-Ala/Val vs. Val/Val-OR = 1.022, 95 % CI = 0.852-1.227; dominant model-OR = 0.998, 95 % CI = 0.869-1.145; recessive model-OR = 0.921, 95 % CI = 0.794-1.069; Ala allele vs. Val allele-

OR = 0.957, 95 % CI = 0.857-1.067). In the stratified analyses, no significant associations were found among different descent populations and sources of controls. Our meta-analysis suggests that the MTHFR Ala222Val polymorphism not contributes to the development of bladder cancer.

[13]

**TÍTULO / TITLE:** - XRCC1 polymorphisms increase bladder cancer risk in Asians: a meta-analysis.

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

**REVISTA / JOURNAL:** - Tumour Biol. 2013 May 1.

●●Enlace al texto completo (gratis o de pago) [1007/s13277-013-0816-](http://1007/s13277-013-0816-)

[X](#)

**AUTORES / AUTHORS:** - Zhang F; Wu JH; Zhao W; Liu HT

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Shanghai Jiaotong University Affiliated Shanghai First People's Hospital, 100 Haining Rd, Shanghai, 200080, People's Republic of China.

**RESUMEN / SUMMARY:** - X-ray cross complementing group 1 (XRCC1) polymorphisms and bladder cancer risk has been investigated for years, but the result in Asian population is till inconclusive. Thus, we performed this meta-analysis to determine the association of XRCC1 Arg194Trp, Arg280His, and Arg399Gln polymorphisms with bladder cancer risk in the Asian population. PubMed, EMBASE, and China National Knowledge Infrastructure were searched up to January 2013 to identify eligible studies. The association strength was measured with odd ratios (ORs) and 95 % confidence intervals (95 % CIs). A total of nine eligible studies, including 1,931 bladder cancer patients and 2,192 controls, were identified. Significant increased risk of bladder cancer was observed for Arg194Trp polymorphism (allele comparison OR = 1.20, 95 % CI: 1.06-1.36, Pheterogeneity = 0.11; dominant model OR = 1.20, 95 % CI: 1.02-1.41, Pheterogeneity = 0.37) and Arg280His polymorphism (heterozygote comparison OR = 1.87, 95 % CI: 1.21-2.90, Pheterogeneity = 0.01; dominant model OR = 1.75, 95 % CI: 1.05-2.90, Pheterogeneity = 0.01); however, Arg399Gln was not associated with susceptibility to bladder cancer. No evidence of publication bias was detected. Our meta-analysis results suggest that XRCC1 Arg194Trp and Arg280His polymorphisms are associated with significantly increased risk of bladder cancer in Asians.

[14]

**TÍTULO / TITLE:** - Optimal risk-adapted surveillance strategies for NMIBC, including upper tract imaging.

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

**REVISTA / JOURNAL:** - Urol Clin North Am. 2013 May;40(2):305-15. doi: 10.1016/j.ucl.2013.01.013. Epub 2013 Feb 19.

●●Enlace al texto completo (gratis o de pago) [1016/j.ucl.2013.01.013](http://1016/j.ucl.2013.01.013)

**AUTORES / AUTHORS:** - Large MC; Cohn JA; Steinberg GD

**INSTITUCIÓN / INSTITUTION:** - Section of Urology, The University of Chicago Medical Center, Chicago, IL 60637, USA.

**RESUMEN / SUMMARY:** - Non-muscle invasive bladder cancer (NMIBC) represents approximately 70% of all incident cases of bladder cancer. The financial burden of NMIBC continues to increase, underscoring the importance of efficient, evidence-based management of this disease. Consensus guidelines differ on risk definition and in management recommendations. This article reviews the incidence and financial impact of NMIBC and details the recommendations for diagnosis, treatment, and surveillance made by the American Urological Association, International Consultation on Bladder Cancer-European Association of Urology, and National Comprehensive Cancer Network. Established and developing adjunctive laboratory and imaging tests directed at diagnosis and management of NMIBC are also discussed.

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[15]

**TÍTULO / TITLE:** - Re: systematic review of perioperative and quality-of-life outcomes following surgical management of localised renal cancer.

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

**REVISTA / JOURNAL:** - J Urol. 2013 May;189(5):1693-4. doi: 10.1016/j.juro.2013.02.084. Epub 2013 Feb 26.

●●Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.02.084](http://1016/j.juro.2013.02.084)

**AUTORES / AUTHORS:** - Laguna MP

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[16]

**TÍTULO / TITLE:** - Egg consumption and risk of bladder cancer: a meta-analysis.

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

**REVISTA / JOURNAL:** - Nutr Cancer. 2013;65(4):538-46. doi: 10.1080/01635581.2013.770041.

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

[1080/01635581.2013.770041](http://1080/01635581.2013.770041)

**AUTORES / AUTHORS:** - Li F; Zhou Y; Hu RT; Hou LN; Du YJ; Zhang XJ; Olkkonen VM; Tan WL

**INSTITUCIÓN / INSTITUTION:** - a Department of Urology, Nanfang Hospital, Southern Medical University, Guangzhou, Guangdong, P.R. China.

**RESUMEN / SUMMARY:** - The findings of epidemiologic studies on the association between egg consumption and bladder cancer risk remain conflicting. We conducted a meta-analysis to clarify the potential association between egg

consumption and bladder cancer risk. Four cohort studies and 9 case-control studies in the PubMed database through February 2012 were identified on egg consumption and risk of bladder cancer involving 2715 cases and 184,727 participants. Random-effects models were used to calculate the summary relative risk estimates (SRRE) based on the highest compared with the lowest category of egg consumption. In addition, we performed stratified analyses and sensitivity and dose-response analyses to examine the association. Overall, no significant association was observed between egg consumption and bladder cancer (SRRE = 1.11 95% CI: 0.90-1.35). However, increased risk of bladder cancer was detected in North/South America (SRRE = 1.40 95% CI: 1.05-1.86) and, moreover, fried egg intake positively associated with bladder cancer as well (SRRE = 2.04, 95% CI: 1.41-2.95). In conclusion, our findings suggest no significant association between egg consumption and bladder cancer risk, except for a possible positive relationship with the intake of fried eggs based on the limited number of studies. Additional studies, especially large prospective cohort studies, are warranted to confirm these findings.

[17]

**TÍTULO / TITLE:** - Discussing Uncertainty and Risk in Primary Care: Recommendations of a Multi-Disciplinary Panel Regarding Communication Around Prostate Cancer Screening.

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

**REVISTA / JOURNAL:** - J Gen Intern Med. 2013 May 7.

●●Enlace al texto completo (gratis o de pago) [1007/s11606-013-2419-](#)

[Z](#)

**AUTORES / AUTHORS:** - Wilkes M; Srinivasan M; Cole G; Tardif R; Richardson LC; Plescia M

**INSTITUCIÓN / INSTITUTION:** - University of California, Davis School of Medicine, 1 Shield Avenue, Sacramento, CA, USA, [mswilkes@ucdavis.edu](mailto:mswilkes@ucdavis.edu).

**RESUMEN / SUMMARY:** - BACKGROUND: Shared decision making improves value-concordant decision-making around prostate cancer screening (PrCS). Yet, PrCS discussions remain complex, challenging and often emotional for physicians and average-risk men. OBJECTIVE: In July 2011, the Centers for Disease Control and Prevention convened a multidisciplinary expert panel to identify priorities for funding agencies and development groups to promote evidence-based, value-concordant decisions between men at average risk for prostate cancer and their physicians. DESIGN: Two-day multidisciplinary expert panel in Atlanta, Georgia, with structured discussions and formal consensus processes. PARTICIPANTS: Sixteen panelists represented diverse specialties (primary care, medical oncology, urology), disciplines (sociology, communication, medical education, clinical epidemiology) and market sectors (patient advocacy groups, Federal funding agencies, guideline-development

organizations). MAIN MEASURES: Panelists used guiding interactional and evaluation models to identify and rate strategies that might improve PrCS discussions and decisions for physicians, patients and health systems/society. Efficacy was defined as the likelihood of each strategy to impact outcomes. Effort was defined as the relative amount of effort to develop, implement and sustain the strategy. Each strategy was rated (1-7 scale; 7 = maximum) using group process software (ThinkTank™). For each group, intervention strategies were grouped as financial/regulatory, educational, communication or attitudinal levers. For each strategy, barriers were identified. KEY RESULTS: Highly ranked strategies to improve value-concordant shared decision-making (SDM) included: changing outpatient clinic visit reimbursement to reward SDM; development of evidence-based, technology-assisted, point-of-service tools for physicians and patients; reframing confusing prostate cancer screening messages; providing pre-visit decision support interventions; utilizing electronic health records to promote benchmarking/best practices; providing additional training for physicians around value-concordant decision-making; and using re-accreditation to promote training. CONCLUSIONS: Conference outcomes present an expert consensus of strategies likely to improve value-concordant prostate cancer screening decisions. In addition, the methodology used to obtain agreement provides a model of successful collaboration around this and future controversial cancer screening issues, which may be of interest to funding agencies, educators and policy makers.

[18]

**TÍTULO / TITLE:** - Follow-up for Clinically Localized Renal Neoplasms: AUA Guideline.

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

**REVISTA / JOURNAL:** - J Urol. 2013 May 7. pii: S0022-5347(13)04310-3. doi: 10.1016/j.juro.2013.04.121.

●●Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.121](http://1016/j.juro.2013.04.121)

**AUTORES / AUTHORS:** - Donat SM; Diaz M; Bishoff JT; Coleman JA; Dahm P; Derweesh IH; Herrell SD 3rd; Hilton S; Jonasch E; Lin DW; Reuter VE; Chang SS

**INSTITUCIÓN / INSTITUTION:** - American Urological Association Education and Research, Inc., Linthicum, Maryland.

**RESUMEN / SUMMARY:** - PURPOSE: The purpose of this guideline is to provide a clinical framework for follow-up of clinically localized renal neoplasms undergoing active surveillance, or following definitive therapy. MATERIALS AND METHODS: A systematic literature review identified published articles in the English literature between January 1999 and 2011 relevant to key questions specified by the Panel related to kidney neoplasms and their follow-up (imaging, renal function, markers, biopsy, prognosis). Study designs consisting

of clinical trials (randomized or not), observational studies (cohort, case-control, case series) and systematic reviews were included. RESULTS: Guideline statements provided guidance for ongoing evaluation of renal function, usefulness of renal biopsy, timing/type of radiographic imaging and formulation of future research initiatives. A lack of studies precluded risk stratification beyond tumor staging; therefore, for the purposes of postoperative surveillance guidelines, patients with localized renal cancers were grouped into strata of low- and moderate- to high-risk for disease recurrence based on pathological tumor stage. CONCLUSIONS: Evaluation for patients on active surveillance and following definitive therapy for renal neoplasms should include physical examination, renal function, serum studies and imaging and should be tailored according to recurrence risk, comorbidities and monitoring for treatment sequelae. Expert opinion determined a judicious course of monitoring/surveillance that may change in intensity as surgical/ablative therapies evolve, renal biopsy accuracy improves and more long-term follow-up data are collected. The beneficial impact of careful follow-up will also need critical evaluation as further study is completed.

[19]

**TÍTULO / TITLE:** - Receipt of National Comprehensive Cancer Network guideline-concordant prostate cancer care among African American and Caucasian American men in North Carolina.

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

**REVISTA / JOURNAL:** - Cancer. 2013 Jun 15;119(12):2282-90. doi: 10.1002/cncr.28004. Epub 2013 Apr 10.

●●Enlace al texto completo (gratis o de pago) [1002/cncr.28004](#)

**AUTORES / AUTHORS:** - Ellis SD; Blackard B; Carpenter WR; Mishel M; Chen RC; Godley PA; Mohler JL; Bensen JT

**INSTITUCIÓN / INSTITUTION:** - School of Public Health, University of North Carolina, Chapel Hill, North Carolina.

**RESUMEN / SUMMARY:** - BACKGROUND: African Americans have a higher incidence of prostate cancer and experience poorer outcomes compared with Caucasian Americans. Racial differences in care are well documented; however, few studies have characterized patients based on their prostate cancer risk category, which is required to differentiate appropriate from inappropriate guideline application. METHODS: The medical records of a population-based sample of 777 North Carolina men with newly diagnosed prostate cancer were studied to assess the association among patient race, clinical factors, and National Comprehensive Cancer Network (NCCN) guideline-concordant prostate cancer care. RESULTS: African Americans presented with significantly higher Gleason scores ( $P = .025$ ) and prostate-specific antigen levels ( $P = .008$ ) than did Caucasian Americans. However,

when clinical T stage was considered as well, difference in overall risk category only approached statistical significance ( $P = .055$ ). Across risk categories, African Americans were less likely to have surgery (58.1% versus 68.0%,  $P = .004$ ) and more likely to have radiation (39.0% versus 27.4%,  $P = .001$ ) compared with Caucasian Americans. However, 83.5% of men received guideline-concordant care within 1 year of diagnosis, which did not differ by race in multivariable analysis (odds ratio = 0.83; 95% confidence interval = 0.54-1.25). Greater patient-perceived access to care was associated with greater odds of receiving guideline-concordant care (odds ratio = 1.06; 95% confidence interval = 1.01-1.12). **CONCLUSIONS:** After controlling for NCCN risk category, there were no racial differences in receipt of guideline-concordant care. Efforts to improve prostate cancer treatment outcomes should focus on improving access to the health care system. Cancer 2013;2282-2290. © 2013 American Cancer Society.

[20]

**TÍTULO / TITLE:** - Zinc and copper levels in bladder cancer: a systematic review and meta-analysis.

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

**REVISTA / JOURNAL:** - Biol Trace Elem Res. 2013 Jun;153(1-3):5-10. doi: 10.1007/s12011-013-9682-z. Epub 2013 May 3.

●●Enlace al texto completo (gratis o de pago) [1007/s12011-013-9682-](#)

Z

**AUTORES / AUTHORS:** - Mao S; Huang S

**INSTITUCIÓN / INSTITUTION:** - Department of Nephrology, Nanjing Children's Hospital, Affiliated to Nanjing Medical University, 72 Guangzhou road, Nanjing, Jiangsu Province, 210008, China.

**RESUMEN / SUMMARY:** - It is well documented that oxidative stress is involved in the pathogenesis of bladder cancer. Zinc (Zn) and copper (Cu) are important components of antioxidants. However, the association between Zn or Cu levels and bladder cancer remains elusive. The present study was designed to investigate the alteration of serum and urinary levels of Zn or Cu in bladder cancer patients compared with controls by performing a systematic review. We searched the PubMed, Embase, and Cochrane databases from January 1990 to March 2013 to identify studies that met our predefined criteria. Six studies were included. Bladder cancer patients demonstrated significantly lower levels of serum Zn (three studies, random effects standard mean deviation (SMD): -1.072, 95 % CI: -1.489 to -0.656,  $P < 0.0001$ ), markedly higher levels of serum Cu (three studies, random effects SMD: 1.069, 95 % CI: 0.302 to 1.836,  $P = 0.006$ ) and urinary Zn (three studies, random effects SMD: 2.114, 95 % CI: 0.328 to 3.899,  $P = 0.02$ ) compared with controls. No obvious difference was observed in urinary Cu levels between bladder cancer patients and controls

(two studies, random effects SMD: 0.153, 95 % CI: -0.244 to 0.55, P = 0.449). No evidence of publication bias was observed. In conclusion, the disorder of Zn and Cu is closely associated with bladder cancer. Frequent monitoring and early intervention should be recommended.

[21]

**TÍTULO / TITLE:** - Association between the 8473T>C polymorphism of PTGS2 and prostate cancer risk: a metaanalysis including 24,716 subjects.

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

**REVISTA / JOURNAL:** - Onkologie. 2013;36(4):182-6. doi: 10.1159/000349951. Epub 2013 Mar 18.

●●Enlace al texto completo (gratis o de pago) [1159/000349951](http://dx.doi.org/10.1159/000349951)

**AUTORES / AUTHORS:** - Yang X; Li B; Si T; Liu Y; Guo Z

**INSTITUCIÓN / INSTITUTION:** - Department of Hygiene Toxicology, School of Public Health, Jilin University, Changchun, Jilin, China.

**RESUMEN / SUMMARY:** - BACKGROUND: Prostaglandin endoperoxide synthase 2 (PTGS2) is involved in prostate cancer (PCa) by stimulating cell proliferation, promoting angiogenesis, inhibiting apoptosis, and mediating immune suppression. 8473T>C, located in the 3' UTR of the PTGS2 gene, has been considered to influence PCa risk. METHODS: We searched Medline, PubMed, Elsevier, and Web of Science (updated to February 5, 2012) using the following search terms: '8473T>C' or 'rs5275', 'genetic variant' or 'polymorphism', 'prostate cancer', 'cancer', 'PTGS2' or 'COX-2'. Odds ratios with 95% confidence intervals were assessed by using fixed or random effect models. Both funnel plot and Egger's test were used to assess the publication bias. RESULTS: Finally, 5 case control studies were included. Overall, no evidence was observed of a relationship between the 8473T>C and PCa risk in any genetic model. No significant association was found in the studies whose controls conform to the Hardy-Weinberg equilibrium. In the stratified analysis, significant association was detected in other populations (except for Caucasians), which were based on hospitals. CONCLUSION: The 8473T>C polymorphism may have little association with PCa risk among Caucasians, but might be involved in PCa risk in other ethnicities. Nevertheless, more well-designed studies with a larger sample size including different ethnicities should be conducted.

[22]

**TÍTULO / TITLE:** - Testicular germ cell tumors: biology and clinical update.

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

**REVISTA / JOURNAL:** - Curr Opin Oncol. 2013 May;25(3):266-72. doi: 10.1097/CCO.0b013e32835ff3e3.

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

[1097/CCO.0b013e32835ff3e3](https://doi.org/10.1097/CCO.0b013e32835ff3e3)

**AUTORES / AUTHORS:** - Nallu A; Mannuel HD; Hussain A

**INSTITUCIÓN / INSTITUTION:** - Department of Medicine, University of Maryland School of Medicine, Baltimore, Maryland 21201, USA.

**RESUMEN / SUMMARY:** - PURPOSE OF REVIEW: To discuss several important developments in the diagnosis, management, and risk stratification of testicular germ cell tumors (TGCTs) in the past year. RECENT FINDINGS: Germ cell function and tumorigenesis may be influenced by exposure to a variety of agents, including metals and cannabinoids. Genome-wide association studies have identified variants in several genes that may produce susceptibility to the development of testicular malignancies, and expression of certain proteins predicts a poorer prognosis and may, thus, play a role in neoplastic progression. Retroperitoneal lymph node dissection continues to play a crucial role in definitive treatment of patients with nonseminoma germ cell tumor, whereas radiotherapy, as a standard treatment for early-stage seminoma, has been declining due both to the efficacy of platinum-based chemotherapy and to the increased risk of radiation-related secondary malignancies. Advanced and platinum-refractory disease states continue to be challenging entities in terms of optimizing therapy and outcome. SUMMARY: Preclinical and clinical studies continue to enhance our insights into the complex biology of TGCTs, and are helping to further refine risk stratification and optimize treatment of patients with TGCTs.

[23]

**TÍTULO / TITLE:** - Photodynamic Diagnosis of Non-muscle-invasive Bladder Cancer with Hexaminolevulinate Cystoscopy: A Meta-analysis of Detection and Recurrence Based on Raw Data.

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

**REVISTA / JOURNAL:** - Eur Urol. 2013 Apr 8. pii: S0302-2838(13)00353-9. doi: 10.1016/j.eururo.2013.03.059.

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

[1016/j.eururo.2013.03.059](https://doi.org/10.1016/j.eururo.2013.03.059)

**AUTORES / AUTHORS:** - Burger M; Grossman HB; Droller M; Schmidbauer J; Hermann G; Dragoescu O; Ray E; Fradet Y; Karl A; Burgues JP; Witjes JA; Stenzl A; Jichlinski P; Jocham D

**INSTITUCIÓN / INSTITUTION:** - Department of Urology and Paediatric Urology, Julius-Maximilians University Medical Centre, Wurzburg, Germany. Electronic address: [Burger\\_M2@klinik.uni-wuerzburg.de](mailto:Burger_M2@klinik.uni-wuerzburg.de).

**RESUMEN / SUMMARY:** - BACKGROUND: Studies on hexaminolevulinate (HAL) cystoscopy report improved detection of bladder tumours. However, recent meta-analyses report conflicting effects on recurrence. OBJECTIVE: To assess

available clinical data for blue light (BL) HAL cystoscopy on the detection of Ta/T1 and carcinoma in situ (CIS) tumours, and on tumour recurrence.

**DESIGN, SETTING, AND PARTICIPANTS:** This meta-analysis reviewed raw data from prospective studies on 1345 patients with known or suspected non-muscle-invasive bladder cancer (NMIBC).

**INTERVENTION:** A single application of HAL cystoscopy was used as an adjunct to white light (WL) cystoscopy.

**OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS:** We studied the detection of NMIBC (intention to treat [ITT]: n=831; six studies) and recurrence (per protocol: n=634; three studies) up to 1 yr. DerSimonian and Laird's random-effects model was used to obtain pooled relative risks (RRs) and associated 95% confidence intervals (CIs) for outcomes for detection.

**RESULTS AND LIMITATIONS:** BL cystoscopy detected significantly more Ta tumours (14.7%; p<0.001; odds ratio [OR]: 4.898; 95% CI, 1.937-12.390) and CIS lesions (40.8%; p<0.001; OR: 12.372; 95% CI, 6.343-24.133) than WL. There were 24.9% patients with at least one additional Ta/T1 tumour seen with BL (p<0.001), significant also in patients with primary (20.7%; p<0.001) and recurrent cancer (27.7%; p<0.001), and in patients at high risk (27.0%; p<0.001) and intermediate risk (35.7%; p=0.004). In 26.7% of patients, CIS was detected only by BL (p<0.001) and was also significant in patients with primary (28.0%; p<0.001) and recurrent cancer (25.0%; p<0.001). Recurrence rates up to 12 mo were significantly lower overall with BL, 34.5% versus 45.4% (p=0.006; RR: 0.761 [0.627-0.924]), and lower in patients with T1 or CIS (p=0.052; RR: 0.696 [0.482-1.003]), Ta (p=0.040; RR: 0.804 [0.653-0.991]), and in high-risk (p=0.050) and low-risk (p=0.029) subgroups. Some subgroups had too few patients to allow statistically meaningful analysis. Heterogeneity was minimised by the statistical analysis method used.

**CONCLUSIONS:** This meta-analysis confirms that HAL BL cystoscopy significantly improves the detection of bladder tumours leading to a reduction of recurrence at 9-12 mo. The benefit is independent of the level of risk and is evident in patients with Ta, T1, CIS, primary, and recurrent cancer.

[24]

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

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

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

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

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

**INSTITUCIÓN / INSTITUTION:** - Nuffield Department of Surgical Sciences, University of Oxford, Oxford, UK. [naomi.sharma@nds.ox.ac.uk](mailto:naomi.sharma@nds.ox.ac.uk)

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

[25]

**TÍTULO / TITLE:** - The Role of 11C-Choline and 18F-Fluorocholine Positron Emission Tomography (PET) and PET/CT in Prostate Cancer: A Systematic Review and Meta-analysis.

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

**REVISTA / JOURNAL:** - Eur Urol. 2013 Apr 19. pii: S0302-2838(13)00382-5. doi: 10.1016/j.eururo.2013.04.019.

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

[1016/j.eururo.2013.04.019](#)

**AUTORES / AUTHORS:** - Umbehre MH; Muntener M; Hany T; Sulser T; Bachmann LM

**INSTITUCIÓN / INSTITUTION:** - Horten Center for Patient Oriented Research and Knowledge Transfer, University of Zurich, Pestalozzistrasse 24, 8091 Zurich, Switzerland; Department of Urology, University of Zurich, University Hospital, Frauenklinikstrasse 10, 8091 Zurich, Switzerland. Electronic address: [martin.umbehre@usz.ch](mailto:martin.umbehre@usz.ch).

**RESUMEN / SUMMARY:** - CONTEXT: The role of positron emission tomography (PET) and PET/computed tomography (PET/CT) in prostate cancer (PCa) imaging is still debated, although guidelines for their use have emerged over the last few years. OBJECTIVE: To systematically review and conduct a meta-analysis of the available evidence of PET and PET/CT using 11C-choline and

18F-fluorocholine as tracers in imaging PCa patients in staging and restaging settings. EVIDENCE ACQUISITION: PubMed, Embase, and Web of Science (by citation of reference) were searched. Reference lists of review articles and included articles were checked to complement electronic searches. EVIDENCE SYNTHESIS: In staging patients with proven but untreated PCa, the results of the meta-analysis on a per-patient basis (10 studies, n = 637) showed pooled sensitivity, specificity, and diagnostic odds ratio (DOR) of 84% (95% confidence interval [CI], 68-93%), 79% (95% CI, 53-93%), and 20.4 (95% CI, 9.9-42.0), respectively. The positive and negative likelihood ratios were 4.02 (95% CI, 1.73-9.31) and 0.20 (95% CI, 0.11-0.37), respectively. On a per-lesion basis (11 studies, n = 5117), these values were 66% (95% CI, 56-75%), 92% (95% CI, 78-97%), and 22.7 (95% CI, 8.9-58.0), respectively, for pooled sensitivity, specificity, and DOR; and 8.29 (95% CI, 3.05-22.54) and 0.36 (95% CI, 0.29-0.46), respectively, for positive and negative likelihood ratios. In restaging patients with biochemical failure after local treatment with curative intent, the meta-analysis results on a per-patient basis (12 studies, n = 1055) showed pooled sensitivity, specificity, and DOR of 85% (95% CI, 79-89%), 88% (95% CI, 73-95%), and 41.4 (95% CI, 19.7-86.8), respectively; the positive and negative likelihood ratios were 7.06 (95% CI, 3.06-16.27) and 0.17 (95% CI, 0.13-0.22), respectively. CONCLUSIONS: PET and PET/CT imaging with 11C-choline and 18F-fluorocholine in restaging of patients with biochemical failure after local treatment for PCa might help guide further treatment decisions. In staging of patients with proven but untreated, high-risk PCa, there is limited but promising evidence warranting further studies. However, the current evidence shows crucial limitations in terms of its applicability in common clinical scenarios.

[26]

**TÍTULO / TITLE:** - Urinary markers/cytology: what and when should a urologist use.

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

**REVISTA / JOURNAL:** - Urol Clin North Am. 2013 May;40(2):165-73. doi: 10.1016/j.ucl.2013.01.015. Epub 2013 Mar 1.

●●Enlace al texto completo (gratis o de pago) [1016/j.ucl.2013.01.015](https://doi.org/10.1016/j.ucl.2013.01.015)

**AUTORES / AUTHORS:** - Tomasini JM; Konety BR

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, University of Minnesota, Minneapolis, MN 55455, USA.

**RESUMEN / SUMMARY:** - As of 2012, bladder cancer is the fourth most common cancer afflicting men and ninth most common cancer in women. Nearly 80% of all bladder cancer diagnoses are non-muscle invasive at presentation, most of whom will develop recurrent disease within 5 years of initial diagnosis. Urinary tumor markers provide a noninvasive method for both screening and

surveillance of bladder cancer. This article reviews the current Food and Drug Administration-approved urinary biomarkers for detection of non-muscle invasive bladder cancer.

[27]

**TÍTULO / TITLE:** - Chemotherapy in metastatic renal cell carcinoma today? A systematic review.

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

**REVISTA / JOURNAL:** - Anticancer Drugs. 2013 Jul;24(6):535-54. doi: 10.1097/CAD.0b013e3283609ec1.

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

[1097/CAD.0b013e3283609ec1](#)

**AUTORES / AUTHORS:** - Buti S; Bersanelli M; Sikokis A; Maines F; Facchinetti F; Bria E; Ardizzoni A; Tortora G; Massari F

**INSTITUCIÓN / INSTITUTION:** - aDepartment of Oncology, University Hospital of Parma, Parma bDepartment of Medical Oncology, 'G.B. Rossi' Academic Hospital, University of Verona, Verona, Italy.

**RESUMEN / SUMMARY:** - The prognosis of patients affected by metastatic renal cell carcinoma (mRCC) has improved markedly with targeted therapies. Unfortunately, 20-25% of the patients are refractory to treatment at the first response assessment and most patients will acquire drug resistance during the treatment. Moreover, current data on the clinical activity of targeted agents in poor risk or non-clear-cell mRCC patients are inconclusive because of the absence of prospective trials. Therefore, there are still several patients in need of new therapeutic approaches to improve clinical outcomes. Kidney cancer is historically considered resistant to chemotherapy on the basis that the results of phase II trials have not always been promising. We carried out a systematic review of both monochemotherapy and polychemotherapy alone or combined with immunotherapy or targeted agents in mRCC to define the state of the art and to evaluate further clinical research fields. All retrospective, phase I/dose finding, phase II and phase III studies on chemotherapy in mRCC, published in the literature from January 2003 to November 2012, with at least 20 patients enrolled, were evaluated. Although the results of clinical trials have often been disappointing, in selected cases of mRCC, chemotherapy may have a promising antitumor activity, particularly when there are sarcomatoid differentiation features, or in highly progressive disease where the combination of doxorubicine plus gemcitabine or capecitabine has yielded interesting results. Chemotherapy may play a role in mRCC, whereas targeted agents and immunotherapy have not yielded durable and satisfactory results; further studies are needed.

[28]

**TÍTULO / TITLE:** - N-acetyltransferase 1 polymorphism and bladder cancer susceptibility: a meta-analysis of epidemiological studies.

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

**REVISTA / JOURNAL:** - J Int Med Res. 2013 Feb;41(1):31-7. doi: 10.1177/0300060513476988. Epub 2013 Jan 24.

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

[1177/0300060513476988](#)

**AUTORES / AUTHORS:** - Wu K; Wang X; Xie Z; Liu Z; Lu Y

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, West China Hospital, Sichuan University, Chengdu, Sichuan Province, China.

**RESUMEN / SUMMARY:** - **OBJECTIVE:** This meta-analysis was conducted to summarize the association between an N-acetyltransferase 1 (NAT1) gene polymorphism and bladder cancer risk. **METHODS:** PubMed® and EMBASE databases were searched to identify studies that examined the effect of the NAT1\*10 allele on the risk of bladder cancer. **RESULTS:** Eleven case-control studies, which included 3311 bladder cancer cases and 3906 control subjects, met the inclusion criteria. The pooled analyses based on all studies showed that there was no significant difference in the NAT1\*10 allele between bladder cancer cases and controls (odds ratios [OR] 0.96; 95% confidence interval [CI] 0.81, 1.10). When stratifying for race, the results were similar among Caucasians (OR 0.96; 95% CI 0.81, 1.12) and Asians (OR 0.87; 95% CI 0.48, 1.56). No statistical association was found between the NAT1\*10 allele and bladder cancer risk upon stratification for smoking status and study design. **CONCLUSIONS:** This meta-analysis suggests that there was no association between the NAT1\*10 allele and bladder cancer risk. Further research should focus on other potentially functional genetic polymorphisms.

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[29]

**TÍTULO / TITLE:** - Early Detection of Prostate Cancer: AUA Guideline.

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

**REVISTA / JOURNAL:** - J Urol. 2013 May 6. pii: S0022-5347(13)04308-5. doi: 10.1016/j.juro.2013.04.119.

●●Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.119](#)

**AUTORES / AUTHORS:** - Carter HB; Albertsen PC; Barry MJ; Etzioni R; Freedland SJ; Greene KL; Holmberg L; Kantoff P; Konety BR; Murad MH; Penson DF; Zietman AL

**INSTITUCIÓN / INSTITUTION:** - American Urological Association Education and Research, Inc., Linthicum, Maryland.

**RESUMEN / SUMMARY:** - **PURPOSE:** The guideline purpose is to provide the urologist with a framework for the early detection of prostate cancer in asymptomatic average risk men. **MATERIALS AND METHODS:** A systematic

review was conducted and summarized evidence derived from over 300 studies that addressed the predefined outcomes of interest (prostate cancer incidence/mortality, quality of life, diagnostic accuracy and harms of testing). In addition to the quality of evidence, the panel considered values and preferences expressed in a clinical setting (patient-physician dyad) rather than having a public health perspective. Guideline statements were organized by age group in years (age <40; 40 to 54; 55 to 69; >=70). RESULTS: Except prostate specific antigen-based prostate cancer screening, there was minimal evidence to assess the outcomes of interest for other tests. The quality of evidence for the benefits of screening was moderate, and evidence for harm was high for men age 55 to 69 years. For men outside this age range, evidence was lacking for benefit, but the harms of screening, including over diagnosis and over treatment, remained. Modeled data suggested that a screening interval of two years or more may be preferred to reduce the harms of screening. CONCLUSIONS: The Panel recommended shared decision-making for men age 55 to 69 years considering PSA-based screening, a target age group for whom benefits may outweigh harms. Outside this age range, PSA-based screening as a routine could not be recommended based on the available evidence. The entire guideline is available at [www.AUAnet.org/education/guidelines/prostate-cancer-detection.cfm](http://www.AUAnet.org/education/guidelines/prostate-cancer-detection.cfm).

[30]

**TÍTULO / TITLE:** - Castration-Resistant Prostate Cancer: AUA Guideline.

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

**REVISTA / JOURNAL:** - J Urol. 2013 May 9. pii: S0022-5347(13)04327-9. doi: 10.1016/j.juro.2013.05.005.

●●Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.05.005](http://1016/j.juro.2013.05.005)

**AUTORES / AUTHORS:** - Cookson MS; Roth BJ; Dahm P; Engstrom C; Freedland SJ; Hussain M; Lin DW; Lowrance WT; Murad MH; Oh WK; Penson DF; Kibel AS

**INSTITUCIÓN / INSTITUTION:** - American Urological Association Education and Research, Inc., Linthicum, Maryland.

**RESUMEN / SUMMARY:** - PURPOSE: This Guideline is intended to provide a rational basis for the management of patients with castration-resistant prostate cancer based on currently available published data. MATERIALS AND METHODS: A systematic review and meta-analysis of the published literature was conducted using controlled vocabulary supplemented with keywords relating to the relevant concepts of prostate cancer and castration resistance. The search strategy was developed and executed by reference librarians and methodologists to create an evidence report limited to English-language, published peer-reviewed literature. This review yielded 303 articles published from 1996 through 2013 that were used to form a majority of the guideline

statements. Clinical Principles and Expert Opinions were used for guideline statements lacking sufficient evidence-based data. RESULTS: Guideline statements were created to inform clinicians on the appropriate use of observation, androgen-deprivation and antiandrogen therapy, androgen synthesis inhibitors, immunotherapy, radionuclide therapy, systemic chemotherapy, palliative care and bone health. These were based on six index patients developed to represent the most common scenarios encountered in clinical practice. CONCLUSIONS: As a direct result of the significant increase in FDA-approved therapeutic agents for use in patients with metastatic CRPC, clinicians are challenged with a multitude of treatment options and potential sequencing of these agents that, consequently, make clinical decision-making more complex. Given the rapidly evolving nature of this field, this guideline should be used in conjunction with recent systematic literature reviews and an understanding of the individual patient's treatment goals. In all cases, patients' preferences and personal goals should be considered when choosing management strategies.

[31]

**TÍTULO / TITLE:** - Testicular plasmacytoma as presentation of multiple myeloma: case report and review of the literature.

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

**REVISTA / JOURNAL:** - Arch Esp Urol. 2013 Mar;66(2):242-8.

**AUTORES / AUTHORS:** - Pow Sang M; Astigueta JC; Abad M; Sanchez J; Leon J

**INSTITUCIÓN / INSTITUTION:** - Instituto Nacional de Enfermedades Neoplásicas, Lima, Peru. [mrpowsang@hotmail.com](mailto:mrpowsang@hotmail.com)

**RESUMEN / SUMMARY:** - OBJECTIVE: We present the case of a patient with testicular plasmacytoma as initial presentation of multiple myeloma, and we carry out a literature review of this uncommon pathology. METHODS: 63 year-old male who consulted for a testicular mass for three months. After clinical and diagnostic studies he underwent radical orchiectomy. RESULTS: Pathologic study of the specimen revealed the presence of round cells, some with plasmocytic aspect. Immunohistochemical studies gave the final diagnosis of plasmacytoma. Studies on disease extension showed rounded lytic lesions spread over the vault of the skull bones. Bone marrow studies, as well as bone biopsy showed infiltration by plasma cell neoplasia in more than 90%, consistent with the diagnosis of multiple myeloma. The patient received treatment, developing disease progression and subsequently died from the disease. CONCLUSIONS: Solitary plasmacytoma represents only 6% of all plasma cell neoplasms. Testicular presentation is an unusual event, representing 2% of cases. Although this is usually an autopsy finding, it may constitute the first manifestation of multiple myeloma or exceptionally be the unique location of a plasma cell neoplasm. To date there are few reports

published in the literature. This case constitutes a contribution for the knowledge of testicular plasmacytoma.

[32]

**TÍTULO / TITLE:** - Determining the role of cystectomy for high-grade T1 urothelial carcinoma.

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

**REVISTA / JOURNAL:** - Urol Clin North Am. 2013 May;40(2):233-47. doi: 10.1016/j.ucl.2013.01.003. Epub 2013 Feb 16.

●●Enlace al texto completo (gratis o de pago) [1016/j.ucl.2013.01.003](http://1016/j.ucl.2013.01.003)

**AUTORES / AUTHORS:** - Daneshmand S

**INSTITUCIÓN / INSTITUTION:** - USC Institute of Urology, Norris Comprehensive Cancer Center, Los Angeles, CA 90089, USA. [daneshma@usc.edu](mailto:daneshma@usc.edu)

**RESUMEN / SUMMARY:** - High-grade T1 (HGT1) urothelial carcinoma is an invasive disease with high predisposition for recurrence and progression. The optimal treatment of HGT1 disease remains controversial. Clinical HGT1 disease represents a heterogeneous group of patients with variable clinical behavior. Radical cystectomy for HGT1 disease is associated with excellent survival and offers the best opportunity for cure; however, it has a potential cost of decrease in quality of life. This article summarizes features associated with increased risk of progression and provides a framework for optimal treatment strategy with a focus on the role of radical cystectomy for HGT1 disease.

[33]

**TÍTULO / TITLE:** - EAU Guidelines on Primary Urethral Carcinoma.

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

**REVISTA / JOURNAL:** - Eur Urol. 2013 Apr 2. pii: S0302-2838(13)00298-4. doi: 10.1016/j.eururo.2013.03.044.

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

[1016/j.eururo.2013.03.044](http://1016/j.eururo.2013.03.044)

**AUTORES / AUTHORS:** - Gakis G; Witjes JA; Comperat E; Cowan NC; De Santis M; Lebreton T; Ribal MJ; Sherif AM

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Eberhard-Karls University, Tübingen, Germany. Electronic address: [Georgios.gakis@googlemail.com](mailto:Georgios.gakis@googlemail.com).

**RESUMEN / SUMMARY:** - CONTEXT: The European Association of Urology (EAU) Guidelines Group on Muscle-Invasive and Metastatic Bladder Cancer prepared these guidelines to deliver current evidence-based information on the diagnosis and treatment of patients with primary urethral carcinoma (UC). OBJECTIVE: To review the current literature on the diagnosis and treatment of patients with primary UC and assess its level of scientific evidence. EVIDENCE ACQUISITION: A systematic literature search was performed to identify studies

reporting urethral malignancies. Medline was searched using the controlled vocabulary of the Medical Subject Headings database, along with a free-text protocol. EVIDENCE SYNTHESIS: Primary UC is considered a rare cancer, accounting for <1% of all malignancies. Risk factors for survival include age, tumour stage and grade, nodal stage, presence of distant metastasis, histologic type, tumour size, tumour location, and modality of treatment. Pelvic magnetic resonance imaging is the preferred method to assess the local extent of urethral tumour; computed tomography of the thorax and abdomen should be used to assess distant metastasis. In localised anterior UC, urethra-sparing surgery is an alternative to primary urethrectomy in both sexes, provided negative surgical margins can be achieved. Patients with locally advanced UC should be discussed by a multidisciplinary team of urologists, radiation oncologists, and oncologists. Patients with noninvasive UC or carcinoma in situ of the prostatic urethra and prostatic ducts can be treated with a urethra-sparing approach with transurethral resection and bacillus Calmette-Guerin (BCG). Cystoprostatectomy with extended pelvic lymphadenectomy should be reserved for patients not responding to BCG or as a primary treatment option in patients with extensive ductal or stromal involvement. CONCLUSIONS: The 2013 guidelines document on primary UC is the first publication on this topic by the EAU. It aims to increase awareness in the urologic community and provide scientific transparency to improve outcomes of this rare urogenital malignancy.

[34]

**TÍTULO / TITLE:** - European guidelines on upper tract urothelial carcinomas: 2013 update.

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

**REVISTA / JOURNAL:** - Eur Urol. 2013 Jun;63(6):1059-71. doi: 10.1016/j.eururo.2013.03.032. Epub 2013 Mar 19.

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

[1016/j.eururo.2013.03.032](#)

**AUTORES / AUTHORS:** - Roupret M; Babjuk M; Comperat E; Zigeuner R; Sylvester R; Burger M; Cowan N; Bohle A; Van Rhijn BW; Kaasinen E; Palou J; Shariat SF

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Groupe Hospitalier Pitie - Salpetriere, Assistance Publique Hopitaux de Paris, Faculty of Medicine Pierre et Marie Curie, Institut Universitaire de Cancerologie GRC5, University Paris 6, Paris, France. [morgan.roupret@psl.aphp.fr](mailto:morgan.roupret@psl.aphp.fr)

**RESUMEN / SUMMARY:** - CONTEXT: The European Association of Urology (EAU) guideline group for upper tract urothelial carcinoma (UTUC) has prepared updated guidelines to aid clinicians in assessing the current evidence-based management of UTUC and to incorporate present recommendations into daily clinical practice. OBJECTIVE: To provide a brief overview of the EAU

guidelines on UTUC as an aid to clinicians in their daily clinical practice. EVIDENCE ACQUISITION: The recommendations provided in the current guidelines are based on a thorough review of available UTUC guidelines and articles identified using a systematic search of Medline. Data on urothelial malignancies and UTUCs in the literature were searched using Medline with the following keywords: urinary tract cancer; urothelial carcinomas; upper urinary tract, carcinoma; renal pelvis; ureter; bladder cancer; chemotherapy; nephroureterectomy; adjuvant treatment; instillation; neoadjuvant treatment; recurrence; risk factors; nomogram; and survival. References were weighted by a panel of experts. EVIDENCE SYNTHESIS: There is a lack of data in the current literature to provide strong recommendations (ie, grade A) due to the rarity of the disease. A number of recent multicentre studies are now available, and there is a growing interest in UTUC in the recent literature. Overall, 135 references have been included here, but most of these studies are still retrospective analyses. The TNM 2009 classification is recommended. Recommendations are given for diagnosis as well as radical and conservative treatment (ie, imperative and elective cases); additionally, prognostic factors are discussed. Recommendations are also provided for patient follow-up after different therapeutic options. CONCLUSIONS: These guidelines contain information for the management of individual patients according to a current standardised approach. Physicians must take into account the specific clinical characteristics of each individual patient when determining the optimal treatment regimen including tumour location, grade, and stage; renal function; molecular marker status; and medical comorbidities.

[35]

**TÍTULO / TITLE:** - Optimal management of metastatic renal cell carcinoma: current status.

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

**REVISTA / JOURNAL:** - Drugs. 2013 Apr;73(5):427-38. doi: 10.1007/s40265-013-0043-1.

●●Enlace al texto completo (gratis o de pago) [1007/s40265-013-0043-1](#)

**AUTORES / AUTHORS:** - Escudier B; Albiges L; Sonpavde G

**INSTITUCIÓN / INSTITUTION:** - Institut Gustave Roussy, 114 rue Edouard Vaillant, 94805, Villejuif, France, [escudier@igr.fr](mailto:escudier@igr.fr).

**RESUMEN / SUMMARY:** - The armamentarium for the systemic therapy of advanced renal cell carcinoma (RCC) has undergone dramatic changes over the past 6 years. While high-dose interleukin (IL)-2 remains an option for highly selected good and intermediate risk patients with clear-cell histology because of durable complete responses in a small fraction of patients, cytokine-based therapy including interferon (IFN) has been supplanted by vascular-endothelial

growth factor (VEGF) and mammalian target of rapamycin (mTOR) inhibitors. Treatment decision is initially based on prognostication of the disease. As metastatic RCC (mRCC) is commonly an indolent disease, a period of observation should always be considered. For good and intermediate risk disease, pazopanib, sunitinib or the combination of bevacizumab plus IFN are considered. Notably, recent data suggest non-inferiority for the efficacy of pazopanib compared to sunitinib coupled with a better toxicity profile. A novel VEGF receptor inhibitor, tivozanib, is expected to be approved based on improvement in PFS when compared to sorafenib in the first-line setting. The use of temsirolimus for poor risk disease is supported by a phase III trial dedicated to this group of patients. The role of cytoreductive nephrectomy in the context of VEGF and mTOR inhibitors is being studied in randomized trials. Selected patients with solitary or oligometastatic disease may be eligible for metastatectomy. Following first-line VEGF inhibitors, second-line therapy with everolimus and axitinib have demonstrated benefits in progression-free survival (PFS). One phase III trial comparing sorafenib and temsirolimus in the post-sunitinib setting showed no difference in PFS, the primary endpoint, but did show a superior overall survival for sorafenib. Sorafenib, pazopanib and axitinib have all demonstrated clinical benefit following cytokines. Therapy following first-line mTOR inhibitors remains undefined, although VEGF inhibitors have demonstrated activity in this setting. Optimal sequencing of agents and individualized therapy based on biomarkers is undergoing investigation. Today, the choice of therapy is based on patient and physician decision, which is a function of comorbidities, toxicity profiles and costs. Clinical trials evaluating novel agents and combinations should be preferred when available since agents in the current therapeutic arsenal have not yielded cures despite extending median survival to greater than 2 years. One noteworthy new class of agents that has yielded durable responses is programmed death (PD)-1 inhibitors, which target a T-lymphocyte checkpoint and are heralding a resurgence of immunotherapy. Finally, optimal therapy for non-clear cell RCC remains to be delineated, although sunitinib, everolimus and other VEGFR-TKI or mTOR inhibitors have all demonstrated modest benefit.

[36]

**TÍTULO / TITLE:** - Invasive mechanical ventilation as a risk factor for acute kidney injury in the critically ill: a systematic review and meta-analysis.

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

**REVISTA / JOURNAL:** - Crit Care. 2013 May 27;17(3):R98.

●●Enlace al texto completo (gratis o de pago) [1186/cc12743](#)

**AUTORES / AUTHORS:** - Akker JP; Egál M; Groeneveld AB

**RESUMEN / SUMMARY:** - INTRODUCTION: Mechanical ventilation (MV) is commonly regarded as a risk factor for acute kidney injury (AKI) in the critically

ill. We investigated the strength of this association and whether settings of tidal volume (Vt) and positive end-expiratory pressure (PEEP) affect the risk for AKI. METHODS: We performed a systematic review and meta-analysis using studies found by searching MEDLINE, EMBASE, and references in relevant reviews and articles. We included studies reporting on a relation between the use of invasive MV and subsequent onset of AKI, or comparing higher with lower Vt or PEEP and subsequent onset of AKI. All studies clearly stating that MV was initiated after onset of AKI were excluded. We extracted the proportion with and without MV and AKI. We included 31 studies on invasive MV. RESULTS: The pooled odds ratio (OR) for the overall effect of MV on AKI was 3.16 (95% CI 2.32 to 4.28, P < 0.001). Nearly all subgroups showed that MV increases the risk for AKI. The pooled OR for studies with a multivariate analysis including MV as a risk factor for AKI was 3.58 (95% CI 1.85 to 6.92; P < 0.001). Different settings of Vt and PEEP showed no effect. CONCLUSIONS: Invasive MV is associated with a threefold increase in the odds of developing AKI and various Vt or PEEP do not modify this risk. The latter argues in favour of a hemodynamic origin of AKI during MV.

[37]

**TÍTULO / TITLE:** - The diagnostic accuracy and cost-effectiveness of magnetic resonance spectroscopy and enhanced magnetic resonance imaging techniques in aiding the localisation of prostate abnormalities for biopsy: a systematic review and economic evaluation.

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

**REVISTA / JOURNAL:** - Health Technol Assess. 2013 May;17(20):1-281. doi: 10.3310/hta17200.

●●Enlace al texto completo (gratis o de pago) [3310/hta17200](#)

**AUTORES / AUTHORS:** - Mowatt G; Scotland G; Boachie C; Cruickshank M; Ford J; Fraser C; Kurban L; Lam T; Padhani A; Royle J; Scheenen T; Tassie E

**INSTITUCIÓN / INSTITUTION:** - Health Services Research Unit, University of Aberdeen, Aberdeen, UK.

**RESUMEN / SUMMARY:** - BACKGROUND: In the UK, prostate cancer (PC) is the most common cancer in men. A diagnosis can be confirmed only following a prostate biopsy. Many men find themselves with an elevated prostate-specific antigen (PSA) level and a negative biopsy. The best way to manage these men remains uncertain. OBJECTIVES: To assess the diagnostic accuracy of magnetic resonance spectroscopy (MRS) and enhanced magnetic resonance imaging (MRI) techniques [dynamic contrast-enhanced MRI (DCE-MRI), diffusion-weighted MRI (DW-MRI)] and the clinical effectiveness and cost-effectiveness of strategies involving their use in aiding the localisation of prostate abnormalities for biopsy in patients with prior negative biopsy who remain clinically suspicious for harbouring malignancy. DATA SOURCES:

Databases searched - MEDLINE (1946 to March 2012), MEDLINE In-Process & Other Non-Indexed Citations (March 2012), EMBASE (1980 to March 2012), Bioscience Information Service (BIOSIS; 1995 to March 2012), Science Citation Index (SCI; 1995 to March 2012), The Cochrane Library (Issue 3 2012), Database of Abstracts of Reviews of Effects (DARE; March 2012), Medion (March 2012) and Health Technology Assessment database (March 2012).

REVIEW METHODS: Types of studies: direct studies/randomised controlled trials reporting diagnostic outcomes. Index tests: MRS, DCE-MRI and DW-MRI. Comparators: T2-weighted magnetic resonance imaging (T2-MRI), transrectal ultrasound-guided biopsy (TRUS/Bx). Reference standard: histopathological assessment of biopsied tissue. A Markov model was developed to assess the cost-effectiveness of alternative MRS/MRI sequences to direct TRUS-guided biopsies compared with systematic extended-cores TRUS-guided biopsies. A health service provider perspective was adopted and the recommended 3.5% discount rate was applied to costs and outcomes.

RESULTS: A total of 51 studies were included. In pooled estimates, sensitivity [95% confidence interval (CI)] was highest for MRS (92%; 95% CI 86% to 95%). Specificity was highest for TRUS (imaging test) (81%; 95% CI 77% to 85%). Lifetime costs ranged from pound3895 using systematic TRUS-guided biopsies to pound4056 using findings on T2-MRI or DCE-MRI to direct biopsies (60-year-old cohort, cancer prevalence 24%). The base-case incremental cost-effectiveness ratio for T2-MRI was < pound30,000 per QALY (all cohorts). Probabilistic sensitivity analysis showed high uncertainty surrounding the incremental cost-effectiveness of T2-MRI in moderate prevalence cohorts. The cost-effectiveness of MRS compared with T2-MRI and TRUS was sensitive to several key parameters.

LIMITATIONS: Non-English-language studies were excluded. Few studies reported DCE-MRI/DW-MRI. The modelling was hampered by limited data on the relative diagnostic accuracy of alternative strategies, the natural history of cancer detected at repeat biopsy, and the impact of diagnosis and treatment on disease progression and health-related quality of life.

CONCLUSIONS: MRS had higher sensitivity and specificity than T2-MRI. Relative cost-effectiveness of alternative strategies was sensitive to key parameters/assumptions. Under certain circumstances T2-MRI may be cost-effective compared with systematic TRUS. If MRS and DW-MRI can be shown to have high sensitivity for detecting moderate/high-risk cancer, while negating patients with no cancer/low-risk disease to undergo biopsy, their use could represent a cost-effective approach to diagnosis. However, owing to the relative paucity of reliable data, further studies are required. In particular, prospective studies are required in men with suspected PC and elevated PSA levels but previously negative biopsy comparing the utility of the individual and combined components of a multiparametric magnetic resonance (MR) approach (MRS, DCE-MRI and DW-MRI) with both a MR-guided/-directed biopsy session and an extended 14-core TRUS-guided biopsy scheme against a reference

standard of histopathological assessment of biopsied tissue obtained via saturation biopsy, template biopsy or prostatectomy specimens. STUDY REGISTRATION: PROSPERO number CRD42011001376. FUNDING: The National Institute for Health Research Health Technology Assessment programme.

[38]

**TÍTULO / TITLE:** - Low-risk Prostate Cancer Patients Without Visible Tumor (T1c) On Multiparametric MRI Could Qualify for Active Surveillance Candidate Even If They Did Not Meet Inclusion Criteria of Active Surveillance Protocol.

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

**REVISTA / JOURNAL:** - Jpn J Clin Oncol. 2013 May;43(5):553-8. doi: 10.1093/jjco/hyt041. Epub 2013 Apr 11.

●●Enlace al texto completo (gratis o de pago) [1093/jjco/hyt041](#)

**AUTORES / AUTHORS:** - Lee DH; Koo KC; Lee SH; Rha KH; Choi YD; Hong SJ; Chung BH

**INSTITUCIÓN / INSTITUTION:** - \*Department of Urology, Yonsei University College of Medicine, PO Box 1217, Seoul, Korea. [chung646@yuhs.ac](mailto:chung646@yuhs.ac).

**RESUMEN / SUMMARY:** - Introduction We compared the pathologic outcomes of prostate cancer patients who did not qualify for active surveillance according to the tumor visibility on multiparametric magnetic resonance imaging. Material and methods We retrospectively analyzed 464 prostate cancer patients who underwent multiparametric magnetic resonance imaging before radical prostatectomy between 2006 and 2012. All the patients had clinically localized prostate cancer with Gleason score  $\leq 6$  and prostate-specific antigen  $\leq 10$  ng/ml. Of these patients, 238 were eligible for active surveillance (group A) and 226 were not. We divided these 226 patients into two groups according to the result of multiparametric magnetic resonance imaging: 59 (26.1%) patients without visible tumor (group B) and 167 (73.9%) patients with visible tumor (group C). We evaluated the pathologic outcomes of organ-confined Gleason  $\leq 6$  disease and unfavorable disease in each group. RESULTS: The proportions of organ-confined Gleason  $\leq 6$  disease and unfavorable disease were 63.9 and 11.3% in group A, 59.3 and 10.2% in group B, and 38.9 and 22.8% in Group C. Comparing group A and B, these proportions were not statistically different ( $P = 0.549$  and  $P = 1.000$ , respectively). However, comparing group A and C, those were significantly different ( $P < 0.001$  and  $P = 0.002$ , respectively). In multivariate logistic regression analysis, no visible tumor on multiparametric magnetic resonance imaging was an independent predictor of organ-confined Gleason score 6 disease (odds ratio 0.426,  $P = 0.007$ ) but there was no statistically independent predictor for unfavorable disease. CONCLUSIONS: The tumor visibility on multiparametric magnetic resonance imaging could be a predictor of favorable disease for the prostate cancer

patients who did not meet active surveillance criteria. Multiparametric magnetic resonance imaging could help to determine treatment modality for the low-risk prostate cancer patients who consider active surveillance even if they did not meet active surveillance criteria.

[39]

**TÍTULO / TITLE:** - Active targeted therapy for metastatic collecting duct carcinoma of the kidney: a case report and review of the literature.

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

**REVISTA / JOURNAL:** - Int Urol Nephrol. 2013 May 18.

●●Enlace al texto completo (gratis o de pago) [1007/s11255-013-0468-](http://1007/s11255-013-0468-1)

[1](#)

**AUTORES / AUTHORS:** - Zhao RN; Nie LH; Gong R; Wang JZ; Wazir R; Liu LR; Song TR; Wei Q

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, West China Hospital, Sichuan University, Guoxue Xiang 37, Chengdu, Sichuan, People's Republic of China.

**RESUMEN / SUMMARY:** - Collecting duct carcinoma (CDC) is a rare and aggressive renal cell carcinoma (RCC) with extremely poor prognosis, which has been shown to have a poor response to several kinds of systemic therapy. Targeted agents have greatly changed the therapeutic landscape in advanced RCC. Nonetheless, patients with CDC are always excluded from the prospective trials with targeted therapies due to its rarity. We present a case of metastatic CDC that responded favorably to the multiple tyrosine kinase inhibitor, sorafenib, achieving a partial response in both lungs and retroperitoneal lymph nodes metastases. We also reviewed the limited number of reports of metastatic CDC treated with targeted agents and found that 33.33 % (4/12) of patients had favorable clinical activity. These suggest that targeted therapy should be considered for the treatment of metastatic CDC and its prospective evaluation is encouraged.

[40]

**TÍTULO / TITLE:** - Response to the u.s. Preventative services task force decision on prostate cancer screening.

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

**REVISTA / JOURNAL:** - Curr Urol Rep. 2013 Jun;14(3):168-73. doi: 10.1007/s11934-013-0318-9.

●●Enlace al texto completo (gratis o de pago) [1007/s11934-013-0318-](http://1007/s11934-013-0318-9)

[9](#)

**AUTORES / AUTHORS:** - Makovey I; Stephenson AJ; Haywood S

**INSTITUCIÓN / INSTITUTION:** - Center for Urologic Oncology, Glickman Urological & Kidney Institute, Cleveland Clinic, 9500 Euclid Avenue, Desk Q10-1, Cleveland, OH, 44195, USA.

**RESUMEN / SUMMARY:** - The population-level data demonstrate that the inception of prostate-specific antigen (PSA) screening has lowered mortality for prostate cancer over the past 2 decades. However, more recent evidence from randomized trials has presented conflicting results regarding the benefit of PSA screening for prostate cancer mortality. Using available data, the U.S. Preventative Services Task Force recently recommended against PSA screening for prostate cancer. However, prostate cancer continues to kill over 30,000 men annually, and as such, completely abandoning screening for this disease is a disservice to many patients. Rather, the emphasis should be on utilizing evidence-based medicine to reduce overdiagnosis and overtreatment through less frequent screening for low-risk individuals or those unlikely to benefit from screening, halting further screening when appropriate, and utilizing observational strategies in patients unlikely to suffer clinically significant effects of prostate cancer over their anticipated life expectancy.

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[41]

**TÍTULO / TITLE:** - Treatment of patients with metastatic renal cell carcinoma undergoing hemodialysis: case report of two patients and short literature review.

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

**REVISTA / JOURNAL:** - BMC Nephrol. 2013 Apr 12;14(1):84.

●●Enlace al texto completo (gratis o de pago) [1186/1471-2369-14-84](#)

**AUTORES / AUTHORS:** - Syrios J; Kechagias G; Tsavaris N

**RESUMEN / SUMMARY:** - BACKGROUND: Renal cell carcinoma (RCC) may involve both kidneys. When bilateral nephrectomy is necessary renal replacement therapy is mandatory. Treating such patients with sequential therapy based on cytokines, antiangiogenic factors and mammalian target of rapamycin (mTOR) inhibitors is challenging. CASE PRESENTATION: The first case, a 50-year-old Caucasian female, underwent a radical right nephrectomy for RCC. Twelve years later she underwent a radical left nephrectomy along with total hysterectomy including bilateral salpingo-oophorectomy for RCC involving the right kidney and ovary. Hemodialysis was necessary because of bilateral nephrectomy. She relapsed with pulmonary metastases and enlarged mediastinal lymph nodes and received cytokine based therapy along with bevacizumab. Therapy was discontinued despite the partial response because of hemorrhagic gastritis. Therapy was switched to an antiangiogenic factor but the patient manifested a parietal brain hematoma and stopped therapy. Subsequently disease relapsed with malignant pleural effusion and pulmonary nodules and a mammalian target of rapamycin inhibitor was administered which was withdrawn only at patient's deteriorating performance status. The patient

died of the disease 13 years after the initial diagnosis of RCC. The second case, a 51-year-old, Caucasian male, underwent a radical right nephrectomy for a chromophobe RCC. Six months later he underwent a radical left nephrectomy for RCC that proved to be a clear cell RCC. Due to bilateral nephrectomy hemodialysis was obligatory. Following disease recurrence at the anatomical bed of the right kidney therapy with antiangiogenic factor was administered which led to disease regression. However the patient experienced a left temporal-occipital brain hematoma. A radical excision of the recurrence which histologically proved to be a chromophobe RCC was not achieved and the patient received mTOR inhibitor which led to disease complete response. Nine years after the initial diagnosis of RCC he is disease free and leads an active life. CONCLUSION: Patients with RCC are in significant risk to manifest bilateral disease. Renal insufficiency requiring hemodialysis poses therapeutic challenges. Clinicians must be aware of the antiangiogenic factors' adverse effects, especially bleeding, that may manifest in higher frequency and more severe in this setting.

[42]

**TÍTULO / TITLE:** - Biopsy-proven brain metastases from prostate cancer: a series of four cases with review of the literature.

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

**REVISTA / JOURNAL:** - Int Urol Nephrol. 2013 May 11.

●●Enlace al texto completo (gratis o de pago) [1007/s11255-013-0462-](#)

[7](#)

**AUTORES / AUTHORS:** - Gzell CE; Kench JG; Stockler MR; Hruby G

**INSTITUCIÓN / INSTITUTION:** - Sydney Cancer Centre, Royal Prince Alfred Hospital, Sydney, Australia, [cgzell@gmail.com](mailto:cgzell@gmail.com).

**RESUMEN / SUMMARY:** - AIMS: Prostate cancer is very common and is the second most common cause of cancer death in males in Australia; however, brain metastases are exceedingly rare. MATERIALS AND METHODS: We review four cases of biopsy-proven brain metastases from prostate cancer and review the relevant literature. RESULTS: Three of four patients had acinar adenocarcinoma of prostate with one patient having ductal adenocarcinoma variant on histopathology. Three patients had the brain as the only site of metastatic disease. All patients underwent surgery, and three of four patients underwent adjuvant palliative radiotherapy to the brain. CONCLUSION: Brain metastases from prostate cancer are rare, but brain metastases without other sites of metastatic disease are exceedingly rare and may be more common with ductal adenocarcinoma variant.

[43]

**TÍTULO / TITLE:** - Recent advances in the treatment of metastatic renal cell carcinoma.

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

**REVISTA / JOURNAL:** - Int J Urol. 2013 May 21. doi: 10.1111/iju.12187.

●●Enlace al texto completo (gratis o de pago) [1111/iju.12187](#)

**AUTORES / AUTHORS:** - Abe H; Kamai T

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Dokkyo Medical University, Mibu, Tochigi, Japan.

**RESUMEN / SUMMARY:** - In the past 5 years, the treatment of patients with metastatic renal cell carcinoma has changed dramatically from being largely cytokine-based with the emergence of targeted therapy. Following the elucidation of various molecular pathways in renal cell carcinoma, targeted agents (particularly vascular endothelial growth factor-targeting antiangiogenic agents) now form the backbone of most therapeutic strategies for patients with metastatic renal cell carcinoma and the outcome of treatment has improved. However, many tumors eventually develop resistance to targeted therapy due to secondary mutation of the target protein or compensatory changes within the target pathway that bypass the site of inhibition. On the other hand, there are new forms of immunotherapy that hold the promise of improving the outcome for patients with metastatic renal cell carcinoma. In this article, we describe some of these new therapies, including the anti-vascular endothelial growth factor monoclonal antibody bevacizumab, several receptor tyrosine kinase inhibitors (sorafenib, sunitinib, pazopanib, axitinib, and tivozanib), the mammalian target of rapamycin inhibitors temsirolimus and everolimus, and new immunotherapy modalities, such as anti-cytotoxic T-lymphocyte-associated antigen 4 antibody and anti-programmed cell death 1/programmed cell death-ligand 1 antibody. We also discuss their role in the current management of patients with metastatic renal cell carcinoma.

[44]

**TÍTULO / TITLE:** - Impact of a genomic classifier of metastatic risk on postoperative treatment recommendations for prostate cancer patients: a report from the DECIDE study group.

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

**REVISTA / JOURNAL:** - Oncotarget. 2013 Apr;4(4):600-9.

**AUTORES / AUTHORS:** - Badani K; Thompson DJ; Buerki C; Davicioni E; Garrison J; Ghadessi M; Mitra AP; Wood PJ; Hornberger J

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Columbia University, New York, NY USA.

**RESUMEN / SUMMARY:** - Background: Only a minority of prostate cancer patients with adverse pathology and biochemical recurrence (BCR) post radical prostatectomy (RP) experience metastasis and die from prostate cancer.

Improved risk prediction models using genomic information may enable clinicians to better weigh the risk of metastasis and the morbidity and costs of treatment in a clinically heterogeneous population. Purpose: We present a clinical utility study that evaluates the influence on urologist treatment recommendations for patients at risk of metastasis using a genomic-based prediction model (Decipher™). Methods: A prospective, pre-post design was used to assess urologist treatment recommendations following RP in both the adjuvant (without any evidence of PSA rise) and salvage (BCR) settings. Urologists were presented de-identified pathology reports and genomic classifier (GC) test results for 24 patients from a previously conducted GC validation study in high-risk post-RP men. Participants were fellowship trained, high-volume urologic oncologists (n=21) from 18 US institutions. Treatment recommendations for secondary therapy were made based solely on clinical information (pre-GC) and then with genomic biomarker information (post-GC). This study was approved by an independent IRB. Results: Treatment recommendations changed from pre-GC to post-GC in 43% of adjuvant, and in 53% of salvage setting case evaluations. In the adjuvant setting, urologists changed their treatment recommendations from treatment (i.e. radiation and/or hormones) to close observation post-GC in 27% of cases. For cases with low GC risk (more than 3% risk of metastasis), observation was recommended for 79% of the case evaluations post-GC. Consistent trends were observed in the salvage setting. Conclusion: These results indicate that urologists across a range of practice settings are likely to change treatment decisions when presented with genomic biomarker information following RP. Implementation of genomic risk stratification into routine clinical practice may better direct treatment decision-making post-RP.

[45]

**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](mailto: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.

[46]

**TÍTULO / TITLE:** - Testicular germ cell tumors. Current concepts and management strategies.

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

**REVISTA / JOURNAL:** - Minerva Urol Nefrol. 2013 Jun;65(2):133-55.

**AUTORES / AUTHORS:** - Cost NG

**INSTITUCIÓN / INSTITUTION:** - Division of Urology, University of Cincinnati College of Medicine and the Cincinnati Children's Hospital Medical Center Cincinnati, OH, USA - [nicholas.cost@sbcglobal.net](mailto:nicholas.cost@sbcglobal.net).

**RESUMEN / SUMMARY:** - Testicular germ cell tumors (T-GCTs) are the most common solid tumor in adolescent and young adult men. Due to the success of multidisciplinary management, the prognosis of all stages of T-GCT is quite good. The development of complimentary therapeutic strategies including modern cytotoxic chemotherapy regimens, appropriate utilization of radiotherapy, and timely surgical resection has made T-GCTs the model of a "curative" malignancy. Herein we review the background, epidemiology, and genetics of the disease, as well as an approach to its diagnosis and staging, including rationale for managing T-GCT in its various stages. In summary, while some areas in T-GCT care are debated, the vast majority of patients should be approached in a standardized manner which ensures optimal oncologic outcomes and minimal therapeutic morbidity.

[47]

**TÍTULO / TITLE:** - Magnetic Resonance Image in the diagnosis and evaluation of extra-prostatic extension and involvement of seminal vesicles of prostate cancer: a systematic review of literature and meta-analysis.

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

**REVISTA / JOURNAL:** - Int Braz J Urol. 2013 Mar-Apr;39(2):155-66. doi: 10.1590/S1677-5538.IBJU.2013.02.02.

**AUTORES / AUTHORS:** - da Silva RC; Sasse AD; Matheus WE; Ferreira U

**INSTITUCIÓN / INSTITUTION:** - Department of Uro-oncology and Center of Oncologic Evidences, Universidade Estadual de Campinas, UNICAMP, Campinas, Brazil.

**RESUMEN / SUMMARY:** - Objective: Systematic review of literature and meta-analysis to evaluate the results of magnetic resonance image 1.5T with endorectal coil in the diagnosis and evaluation of extra-prostatic extension and involvement of seminal vesicles of prostate cancer, compared to the histopathological results of the radical prostatectomy specimen. Materials and Methods: It was conducted a systematic review of literature and meta-analyses of all studies data published after 2008. In those studies, the patients with prostate cancer with indication to radical prostatectomy were submitted to magnetic resonance image (MRI) at pre-operative period and the results were compared to those of histopathological studies after the surgery. The selected terms for research included prostate cancer, magnetic resonance, radical prostatectomy, and prostate cancer diagnosis, in the databases EMBASE, LILACS, PUBMED/MEDLINE and Cochrane Library. The data were collected using a specific qualitative instrument and the meta-analysis data were presented in the forest plot graphics, homogeneity test and sROC curves and funnel plot. Results: A total of seven studies were included, with a total of 603 patients. Among these studies, six evaluated the value of MRI for the detection of prostate cancer, and the median sensitivity of meta-analysis was 0.6 and specificity 0.58, but with heterogeneity among the studies. Three studies evaluated extra-prostatic extension with a median sensitivity of 0.49, specificity 0.82 and heterogeneity only for sensitivity. Three studies evaluated invasion of seminal vesicles, with median sensitivity of 0.45 and specificity 0.96, with heterogeneity in both analysis. Conclusion: Magnetic resonance of 1.5T with endocoil showed low values of sensitivity and specificity for the diagnosis and staging of prostate cancer. The reviewed studies showed a significant heterogeneity among them. The best observed result was MRI specificity for invasion of seminal vesicles. More studies are necessary to evaluate new techniques and parameters before recommending the routine use of MRI in clinical practice.

[48]

**TÍTULO / TITLE:** - No Association Between Tea Consumption and Risk of Renal Cell Carcinoma: A Meta-analysis of Epidemiological Studies.

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

**REVISTA / JOURNAL:** - Asian Pac J Cancer Prev. 2013;14(3):1691-5.

**AUTORES / AUTHORS:** - Hu ZH; Lin YW; Xu X; Chen H; Mao YQ; Wu J; Xu XL; Zhu Y; Li SQ; Zheng XY; Xie LP

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, The First Affiliated Hospital, School of Medicine, Zhejiang University, Hangzhou, Zhejiang, China E-mail : [xielp@zjuem.zju.edu.cn](mailto:xielp@zjuem.zju.edu.cn).

**RESUMEN / SUMMARY:** - Objective: To evaluate the association between tea consumption and the risk of renal cell carcinoma. Methods: We searched PubMed, Web of Science and Scopus between 1970 and November 2012. Two evaluators independently reviewed and selected articles based on predetermined selection criteria. Results: Twelve epidemiological studies (ten case-control studies and two cohort studies) were included in the final analysis. In a meta-analysis of all included studies, when compared with the lowest level of tea consumption, the overall relative risk (RR) of renal cell carcinoma for the highest level of tea consumption was 1.03 (95% confidence interval [CI] 0.89-1.21). In subgroup meta-analyses by study design, there was no significant association between tea consumption and renal cell carcinoma risk in ten case-control studies using adjusted data (RR=1.08, 95% CI 0.84-1.40). Furthermore, there was no significant association in two cohort studies using adjusted data (RR=0.95, 95% CI 0.81-1.12). Conclusion: Our findings do not support the conclusion that tea consumption is related to decreased risk of renal cell carcinoma. Further prospective cohort studies are required.

[49]

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

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

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

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

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

**RESUMEN / SUMMARY:** - Objective: The prognostic role of vascular endothelial growth factor (VEGF) in bladder cancer remains controversial. This meta-analysis aimed to explore any association between overexpression and survival outcomes. Methods: We systematically searched for studies investigating the relationships between VEGF expression and outcome of bladder cancer patients. Study quality was assessed using the Newcastle-Ottawa Scale. After careful review, survival data were extracted from eligible studies. A meta-

analysis was performed to generate combined hazard ratios (HRs) for overall survival (OS), disease-free survival (DFS) and disease-specific survival (DSS). Results: A total of 1,285 patients from 11 studies were included in the analysis. Our results showed that tissue VEGF overexpression in patients with bladder cancer was associated with poor prognosis in terms of OS (HR, 1.843; 95% CI, 1.231-2.759; P = 0.003), DFS (HR, 1.498; 95% CI, 1.255-1.787; P = 0.000) and DSS (HR, 1.562; 95% CI, 0.996-1.00; P = 0.052), though the difference for DSS was not statistically significant. In addition, there was no evidence of publication bias as suggested by Begg's and Egger's tests except for DFS (Begg's test, P = 0.221; Egger's test, P = 0.018). Conclusion: The present meta-analysis indicated elevated VEGF expression to be associated with a poor prognosis in patients with bladder cancer.

[50]

**TÍTULO / TITLE:** - Schistosomiasis and urinary bladder cancer in North Western Tanzania: a retrospective review of 185 patients.

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

**REVISTA / JOURNAL:** - Infect Agent Cancer. 2013 May 24;8(1):19. doi: 10.1186/1750-9378-8-19.

●●Enlace al texto completo (gratis o de pago) [1186/1750-9378-8-19](#)

**AUTORES / AUTHORS:** - Rambau PF; Chalya PL; Jackson K

**INSTITUCIÓN / INSTITUTION:** - Department of Pathology, Catholic University of Health and Allied Sciences-Bugando (CUHAS-Bugando), Box 1464, Mwanza, Tanzania. [prambau@bugando.ac.tz](mailto:prambau@bugando.ac.tz).

**RESUMEN / SUMMARY:** - INTRODUCTION: Worldwide, cancers of the urinary bladder are well known to be associated with environmental chemical carcinogens such as smoking and occupational exposure to polycyclic aromatic hydrocarbons. These cancers are typically transitional cell carcinoma (urothelial carcinoma). In areas where schistosomiasis is endemic there is a high incidence of squamous cell carcinoma of the urinary bladder. Schistosomiasis causes chronic granulomatous cystitis leading to squamous metaplasia of transitional epithelium, and subsequently development of squamous cell carcinoma. The western part of Tanzania on the shores of Lake Victoria is such an endemic area. This study was done to document the burden of urinary bladder cancer associated with schistosomiasis in this region. METHODS: This was a descriptive retrospective study of histologically confirmed cases of urinary bladder cancer seen at the Department of Pathology Bugando Medical Centre (BMC) over a period of 10 years. Data were retrieved from the records of the Departments of Pathology, Medical Records and Surgery. Data were analyzed by the use of contingency tables. RESULTS: A total of 185 patients were diagnosed with cancer of the urinary bladder during the study period, where as 90 (48.6%) were males and 95 (51.4) were females. The mean age at diagnosis

was 54.3 years. Squamous cell carcinoma was the most frequent histological type (55.1%), followed by conventional transitional cell carcinoma (40.5%). Eighty three of all cancer cases (44.9%) were found to have schistosomal eggs. Schistosomiasis was commonly associated with squamous cancers compared to non squamous cancers. Most of the cancers associated with schistosomiasis had invaded the muscularis propria of the urinary bladder at the time of diagnosis ( $p < 0.001$ ) and such cancers were frequent below 50 years of age with a significant statistical difference ( $p < 0.001$ ). Poorly differentiated tumors were more frequent in females than males with a significant statistical difference ( $p = 0.006$ ). CONCLUSION: The majority of urinary bladder cancers seen in the Lake Region were squamous cell carcinoma associated with schistosomiasis. These cancers showed an aggressive behavior and were commonly seen in the younger age groups. Effective control of schistosomiasis in this region should significantly reduce the burden of urinary bladder cancer.

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[51]

**TÍTULO / TITLE:** - Cardiovascular risk and bone loss in men undergoing androgen deprivation therapy for non-metastatic prostate cancer: implementation of standardized management guidelines.

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

**REVISTA / JOURNAL:** - Andrology. 2013 May 20. doi: 10.1111/j.2047-2927.2013.00093.x.

●●Enlace al texto completo (gratis o de pago) [1111/j.2047-2927.2013.00093.x](#)

**AUTORES / AUTHORS:** - Cheung AS; Pattison D; Bretherton I; Hoermann R; Lim Joon D; Ho E; Jenkins T; Hamilton EJ; Bate K; Chan I; Zajac JD; Grossmann M

**INSTITUCIÓN / INSTITUTION:** - Department of Medicine Austin Health, The University of Melbourne, Heidelberg, Vic., Australia; Department of Endocrinology, Austin Health, Heidelberg, Vic., Australia.

**RESUMEN / SUMMARY:** - Our objective was to evaluate the effectiveness of implementing standardized guidelines to mitigate metabolic and bone side effects of androgen deprivation therapy (ADT) in men with non-metastatic prostate cancer. We conducted a 2-year prospective cohort study at a tertiary referral teaching hospital. Overall, 236 men (mean age 69.8 +/- 7.1) commencing ADT for non-metastatic prostate cancer attended a baseline clinic visit between 2007 and 2011, and 153 men were eligible for follow-up after 2 years of continuous ADT. Of these, 113 men had data available for analysis at 2 years. At baseline, 87% of the men were overweight or obese, 61% had hypertension, 56% had hypercholesterolaemia, 27% prior cardiovascular disease, 11% osteoporosis and 40% osteopaenia. After 2 years of ADT, there was an increase in waist circumference (+2.8 +/- 6.3 cm,  $p = 0.002$ ), and, in men without diabetes, in HbA1c (+0.13 +/- 0.34%,  $p = 0.019$ ). Despite this, due to treatment, there were significant reductions in total cholesterol (-0.35 +/- 1.00

mmol/L,  $p < 0.001$ ), and blood pressure (systolic  $-7.6 \pm 19.3$  mmHg; diastolic  $-4.7 \pm 11.6$  mmHg,  $p < 0.001$ ). After 2 years, men not receiving anti-resorptive therapy experienced a significant decline in lumbar spine ( $-0.042 \pm 0.134$  g/cm<sup>2</sup>,  $p = 0.012$ ) and total hip bone mineral density (BMD) ( $-0.026 \pm 0.036$  g/cm<sup>2</sup>,  $p < 0.001$ ), whereas bisphosphonate treatment maintained stable BMD. Prevalence of anaemia increased from 13.8 to 32.5%. Older age independently predicted a greater drop in haemoglobin ( $p = 0.005$ ). We conclude that a structured approach to assess and treat men undergoing ADT effectively improves cardiovascular risk factors and prevents bone decay. Larger studies are needed to determine effects on cardiovascular outcomes, fracture prevention and survival.

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[52]

**TÍTULO / TITLE:** - Persistent Mullerian duct syndrome: 8 new cases in Southern California and a review of the literature.

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

**REVISTA / JOURNAL:** - *Pediatr Endocrinol Rev.* 2012 Dec-2013 Jan;10(2):227-33.

**AUTORES / AUTHORS:** - Salehi P; Koh CJ; Pitukcheewanont P; Trinh L; Daniels M; Geffner M

**INSTITUCIÓN / INSTITUTION:** - Division of Endocrinology, Diabetes and Metabolism, Children's Hospital of Los Angeles, University of Southern California Keck School of Medicine, Los Angeles, CA 90027, USA.

[psalehi@chla.usc.edu](mailto:psalehi@chla.usc.edu)

**RESUMEN / SUMMARY:** - Persistent Mullerian Duct Syndrome (PMDS) is a 46,XY disorder of sex development (DSD) in which Mullerian structures are found in genotypic males with normally virilized external genitalia and unilateral or bilateral cryptorchidism. It is usually diagnosed incidentally during surgical repair of cryptorchidism or inguinal hernia. The majority of cases are due to a mutation of the anti-Mullerian hormone (AMH) gene or the AMH receptor, type II (AMH-RII) gene. Management of patients with PMDS requires a multidisciplinary approach. Long-term prognosis is good although fertility appears to be decreased and there may be a risk of malignancy due to cryptorchidism and retained Mullerian remnants. We describe 8 new cases of PMDS diagnosed in Southern California in the past 10 years and review the literature.

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[53]

**TÍTULO / TITLE:** - Case-control and prospective studies of dietary alpha-linolenic acid intake and prostate cancer risk: a meta-analysis.

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

**REVISTA / JOURNAL:** - *British Medical J (BMJ)*. Acceso gratuito al texto completo.

- Enlace a la Editora de la Revista <http://bmj.com/search.dtl>
- Cita: British Medical J. (BMJ): <> Open. 2013 May 14;3(5). pii: e002280. doi: 10.1136/bmjopen-2012-002280. Print 2013.
- Enlace al texto completo (gratis o de pago) [1136/bmjopen-2012-002280](http://1136/bmjopen-2012-002280)

**AUTORES / AUTHORS:** - Carleton AJ; Sievenpiper JL; de Souza R; McKeown-Eyssen G; Jenkins DJ

**INSTITUCIÓN / INSTITUTION:** - Clinical Nutrition and Risk Factor Modification Centre and Keenan Research Centre of the Li Ka Shing Knowledge Institute, St Michael's Hospital, Toronto, Ontario, Canada.

**RESUMEN / SUMMARY:** - **OBJECTIVE:** alpha-Linolenic acid (ALA) is considered to be a cardioprotective nutrient; however, some epidemiological studies have suggested that dietary ALA intake increases the risk of prostate cancer. The main objective was to conduct a systematic review and meta-analysis of case-control and prospective studies investigating the association between dietary ALA intake and prostate cancer risk. **DESIGN:** A systematic review and meta-analysis were conducted by searching MEDLINE and EMBASE for relevant prospective and case-control studies. **INCLUDED STUDIES:** We included all prospective cohort, case-control, nested case-cohort and nested case-control studies that investigated the effect of dietary ALA intake on the incidence (or diagnosis) of prostate cancer and provided relative risk (RR), HR or OR estimates. **PRIMARY OUTCOME MEASURE:** Data were pooled using the generic inverse variance method with a random effects model from studies that compared the highest ALA quantile with the lowest ALA quantile. Risk estimates were expressed as RR with 95% CIs. Heterogeneity was assessed by chi(2) and quantified by I(2). **RESULTS:** Data from five prospective and seven case-control studies were pooled. The overall RR estimate showed ALA intake to be positively but non-significantly associated with prostate cancer risk (1.08 (0.90 to 1.29), p=0.40; I(2)=85%), but the interpretation was complicated by evidence of heterogeneity not explained by study design. A weak, non-significant protective effect of ALA intake on prostate cancer risk in the prospective studies became significant (0.91 (0.83 to 0.99), p=0.02) without evidence of heterogeneity (I(2)=8%, p=0.35) on removal of one study during sensitivity analyses. **CONCLUSIONS:** This analysis failed to confirm an association between dietary ALA intake and prostate cancer risk. Larger and longer observational and interventional studies are needed to define the role of ALA and prostate cancer.

[54]

**TÍTULO / TITLE:** - Perioperative intravesical chemotherapy in non-muscle-invasive bladder cancer: a systematic review and meta-analysis.

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

**REVISTA / JOURNAL:** - J Natl Compr Canc Netw. 2013 Apr 1;11(4):477-84.

**AUTORES / AUTHORS:** - Abern MR; Owusu RA; Anderson MR; Rampersaud EN; Inman BA

**INSTITUCIÓN / INSTITUTION:** - Division of Urology, Duke University Medical Center, Durham, North Carolina, USA.

**RESUMEN / SUMMARY:** - The role for a single dose of intravesical chemotherapy (IVC) after transurethral resection (TUR) remains unclear in patients with non-muscle-invasive bladder cancer (NMIBC). Several recent randomized clinical trials (RCTs) have evaluated its effect on recurrence, prompting this systematic review of RCTs comparing a single immediate postoperative dose of IVC versus placebo within 24 hours of TUR of NMIBC, and this meta-analysis using a random-effects model to predict the pooled relative risk (RR) of tumor recurrence. Subanalyses pooled studies by drug type and a meta-regression was performed to determine the effect of underlying patient risk factors on the efficacy of a single dose of IVC. A total of 3103 patients were randomized in the 18 RCTs that met inclusion criteria. The recurrence rate in patients receiving perioperative IVC and TUR was 37% versus 50% in the TUR-alone group. The pooled RR of recurrence for IVC and TUR was 0.67 (95% CI, 0.56-0.79), corresponding to a 13% absolute reduction and a number needed to treat of 7.2 patients to avoid 1 recurrence. The proportions of patients with tumor risk factors (T1, high-grade, multifocal, or recurrent) were not associated with IVC efficacy. A single dose of IVC administered within 24 hours of TUR of NMIBC was found to result in a reduction in tumor recurrence (RR, 0.67; 95% CI, 0.56-0.79). Patients with higher-risk tumor features seem to benefit at a similar rate.

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[55]

**TÍTULO / TITLE:** - Adult multilocular cystic nephroma: Report of six cases with clinical, radio-pathologic correlation and review of literature.

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

**REVISTA / JOURNAL:** - Urol Ann. 2013 Jan;5(1):13-7. doi: 10.4103/0974-7796.106958.

●●Enlace al texto completo (gratis o de pago) [4103/0974-7796.106958](#)

**AUTORES / AUTHORS:** - Wilkinson C; Palit V; Bardapure M; Thomas J; Browning AJ; Gill K; Biyani CS

**INSTITUCIÓN / INSTITUTION:** - Department of Radiology, Pinderfields General Hospital, Wakefield, West Yorkshire, UK.

**RESUMEN / SUMMARY:** - BACKGROUND: Cystic renal neoplasms of the kidney can be benign or malignant. Multicystic nephroma (MCN) represents a rare benign cystic lesion of the kidney, which usually presents as a unilateral multicystic renal mass without solid elements. According to the World Health Organization (WHO) classification of the renal neoplasms, it is grouped along with mixed epithelial-stromal tumor of the kidney. MATERIALS AND METHODS: We report a retrospective review of six cases of MCN of kidney. Patient demographics, imaging findings, operative details and final histology

were recorded. RESULTS: All patients had suspicious/malignant features on radiological examination, leading to a radical nephrectomy. However, microscopically these lesions were lined by cuboidal epithelium, and in a few places hobnail epithelium. No cells with clear cytoplasm, blastemal or immature elements were seen. In one case, foci of inflammatory cells and histiocytes were present. CONCLUSIONS: MCN is a benign cystic lesion and clinical presentations are nonspecific with symptoms such as abdominal pain, hematuria and urinary tract infection. These nonspecific clinical presentations and confusing radiological features create difficult preoperative differentiation from malignant cystic renal neoplasms.

[56]

**TÍTULO / TITLE:** - Enzalutamide: an evidence-based review of its use in the treatment of prostate cancer.

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

**REVISTA / JOURNAL:** - Core Evid. 2013;8:27-35. doi: 10.2147/CE.S34747. Epub 2013 Apr 4.

●●Enlace al texto completo (gratis o de pago) [2147/CE.S34747](#)

**AUTORES / AUTHORS:** - Golshayan AR; Antonarakis ES

**INSTITUCIÓN / INSTITUTION:** - Division of Hematology/Oncology, Medical University of South Carolina, Charleston, SC, USA.

**RESUMEN / SUMMARY:** - INTRODUCTION: Enzalutamide is an oral androgen receptor (AR) signaling inhibitor that was specifically engineered to overcome castration-resistant prostate cancer (CRPC) harboring AR amplification or overexpression. Enzalutamide has demonstrated significant activity in men with metastatic CRPC. AIMS: To update the evidence and provide an overview of the available data on enzalutamide. EVIDENCE REVIEW: Peer reviewed articles published and listed in Medline Search were reviewed. In addition, relevant ASCO and ESMO abstracts were searched. The activity of enzalutamide is mediated by potently antagonizing the full-length AR, impairing translocation of the AR from the cytoplasm into the nucleus, and inhibiting the transcriptional activity of the AR by modulating the interaction of the AR with androgen-response elements in gene promoter regions. Enzalutamide has a favorable safety profile and the most common adverse events include fatigue, hot flashes and headache; 1% of patients experienced seizure. PLACE IN THERAPY: The AFFIRM phase III study evaluated the clinical utility of treatment with enzalutamide in men with docetaxel-refractory metastatic CRPC. Enzalutamide improved overall survival compared to placebo, with a median overall survival of 18.4 months versus 13.6 months respectively. CONCLUSION: Enzalutamide has demonstrated impressive efficacy in men with metastatic CRPC, moving swiftly from a phase I/II study to two pivotal phase III trials testing this agent in both chemotherapy-pretreated as well as chemotherapy-naive CRPC patients. Ongoing studies are aiming to explore the

utility of enzalutamide in earlier stages of the disease, and to investigate the optimal sequencing and combination of enzalutamide with other standard and novel therapies for prostate cancer.

[57]

**TÍTULO / TITLE:** - Primary urachal malignancy: case report and literature review.

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

**REVISTA / JOURNAL:** - Ir J Med Sci. 2013 May 16.

●●Enlace al texto completo (gratis o de pago) [1007/s11845-013-0964-](#)

[4](#)

**AUTORES / AUTHORS:** - Hayes Ryan D; Paramanathan P; Russell N; Coulter J

**INSTITUCIÓN / INSTITUTION:** - South Infirmary Victoria University Hospital, Cork, Ireland, [dee\\_hayes\\_ryan@hotmail.com](mailto:dee_hayes_ryan@hotmail.com).

[58]

**TÍTULO / TITLE:** - An evidence-based guide to the selection of sequential therapies in metastatic renal cell carcinoma.

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

**REVISTA / JOURNAL:** - Ther Adv Urol. 2013 Apr;5(2):121-8. doi: 10.1177/1756287212466128.

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

[1177\\_1756287212466128](#) [pii]

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

[1177/1756287212466128](#)

**AUTORES / AUTHORS:** - Sun M; Shariat SF; Trinh QD; Meskawi M; Bianchi M; Hansen J; Abdollah F; Perrotte P; Karakiewicz PI

**INSTITUCIÓN / INSTITUTION:** - Cancer Prognostics and Health Outcomes Unit, University of Montreal Health Center, 264 Boul. Rene-Levesque East, Suite 228, Montreal, QC, Canada H2X 1P1.

**RESUMEN / SUMMARY:** - Targeted therapies have introduced a paradigm shift in the management of metastatic renal cell carcinoma. Currently, four molecules (sunitinib, pazopanib, bevacizumab plus interferon, temsirolimus) are considered in first-line therapy, and three other molecules for second, or subsequent lines of therapy (everolimus, axitinib, sorafenib). In addition, other molecules and sequencing schemes are being tested in ongoing phase II/III studies. We conducted a systematic review using PubMed and several other databases up to December 2011 of prospective and retrospective studies on treatment management of metastatic renal cell carcinoma using targeted therapies, with a special focus on use of sequential treatment. Based on phase III data, the optimal sequencing scheme for patients with clear cell or even non-clear cell histological subtype appears to consist of sunitinib, followed by axitinib, followed by everolimus. Subsequent treatment options rely on lower

evidence studies and could consist of fourth-line sorafenib or sunitinib rechallenge. Such therapies would qualify as last recourse options. In another context, temsirolimus may be used in patients who fulfill the Memorial Sloan-Kettering Cancer Center poor risk criteria or who have poor performance status. We conclude that in the current setting, sequential therapy represents the cornerstone of effective management of metastatic renal cell carcinoma.

[59]

**TÍTULO / TITLE:** - Primary malignant lymphoma of the glans penis: a rare case report and review of the literature.

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

**REVISTA / JOURNAL:** - Asian J Androl. 2013 May 6. doi: 10.1038/aja.2013.21.

●●Enlace al texto completo (gratis o de pago) [1038/aja.2013.21](http://dx.doi.org/10.1038/aja.2013.21)

**AUTORES / AUTHORS:** - Chu L; Mao W; Curran Vikram Singh K; Liu X; Qiu HM; Zheng JH; Wang Y; Yu GP; Xu Q

**INSTITUCIÓN / INSTITUTION:** - Department of Medical Oncology, Shanghai Tenth People's Hospital, Tongji University, School of Medicine, Shanghai 200072, China.

[60]

**TÍTULO / TITLE:** - Pituitary metastasis from renal cell carcinoma: a case report with literature review.

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

**REVISTA / JOURNAL:** - J Med Assoc Thai. 2013 Feb;96 Suppl 2:S257-61.

**AUTORES / AUTHORS:** - Ithimakin S; Suttinont P; Akewanlop C

**INSTITUCIÓN / INSTITUTION:** - Division of Medical Oncology, Department of Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand.

**RESUMEN / SUMMARY:** - A 52-year-old man suffered from visual disturbance for 5 months. He then developed malaise, constipation and anorexia with significant weight loss. Physical examination showed noticeable signs of hypothyroidism, such as slurred speech, dry skin, macroglossia, myoedema and slow relaxation of ankle reflexes. In addition, eye exam showed abnormal visual acuity with left homonymous hemianopia. A large mass was found at right scapular region. Endocrinologic investigation results were compatible with secondary hypothyroidism with adrenal insufficiency. Subsequent CT brain revealed an enhancing mass at pituitary gland and also a mass at right occipital lobe with surrounding edema. CT of chest demonstrated multiple lung nodules, right scapular mass and incidentally revealed 8.7-cm hypervascular mass at left kidney. The final diagnosis was renal cell carcinoma with bone, lung, brain and pituitary metastasis. He received hormone replacement therapy as well as bisphosphonate and brain radiation. Following treatments, he was

able to return to work with recovery of visual impairment. Pituitary metastasis is a rare condition. Our patient presented with symptoms of hypothyroidism which may mimic pituitary adenoma, but had other clues of malignancy such as significant weight loss and scapular mass. The most common cancers that occasionally metastasize to pituitary gland are breast and lung cancer. Previously, renal cell carcinoma with pituitary metastasis has been reported. Unlike our patient, most of these cases developed metachronous pituitary metastasis.

[61]

**TÍTULO / TITLE:** - Fruit and vegetable intake and prostate cancer risk: A meta-analysis.

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

**REVISTA / JOURNAL:** - Asia Pac J Clin Oncol. 2013 Apr 1. doi: 10.1111/ajco.12067.

●●Enlace al texto completo (gratis o de pago) [1111/ajco.12067](#)

**AUTORES / AUTHORS:** - Meng H; Hu W; Chen Z; Shen Y

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, First Affiliated Hospital, School of Medicine, Zhejiang University, Hangzhou, China.

**RESUMEN / SUMMARY:** - AIMS: Recent reports have examined the effect of fruit and vegetable intake on the risk of prostate cancer, but the results are inconsistent. A meta-analysis of prospective studies was conducted to arrive at quantitative conclusions about the contribution of vegetable and fruit intake to the incidence of prostate cancer. METHODS: A comprehensive, systematic search of medical literature published up to June 2012 was performed to identify relevant studies. Separate meta-analyses were conducted for fruit and vegetable consumption. The presence of publication bias was assessed using Egger and Begg tests. RESULTS: In total, 16 cohort studies met the inclusion criteria and were included in the meta-analysis. The combined adjusted relative risk comparing highest with lowest categories showed that there was no association between vegetable and fruit consumption and prostate cancer incidence. The pooled relative risk was 0.97 (95%CI 0.93, 1.01) for vegetables and 1.02 (95%CI 0.98, 1.07) for fruit. There is no heterogeneity between the studies. No publication bias was detected. CONCLUSION: This meta-analysis suggests that total fruit or vegetable consumption may not exert a protective role in the risk of prostate cancer.

[62]

**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 (gratis o de pago) [5489/cuaj.220](https://doi.org/10.5489/cuaj.220)

**AUTORES / AUTHORS:** - Moretto P; Wood L; Emmenegger U; Blais N; Mukherjee SD; Winkvist 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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[63]

**TÍTULO / TITLE:** - Guidelines on management of prostate cancer.

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

**REVISTA / JOURNAL:** - Ann Acad Med Singapore. 2013 Apr;42(4):190-9.

**AUTORES / AUTHORS:** - Sim HG; Lim KH; Tay MH; Chong KT; Chiong E

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Singapore General Hospital.

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[64]

**TÍTULO / TITLE:** - A review of tasquinimod in the treatment of advanced prostate cancer.

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

**REVISTA / JOURNAL:** - Drug Des Devel Ther. 2013 Mar 21;7:167-74. doi: 10.2147/DDDT.S31500. Print 2013.

●●Enlace al texto completo (gratis o de pago) [2147/DDDT.S31500](https://doi.org/10.2147/DDDT.S31500)

**AUTORES / AUTHORS:** - Williamson SC; Hartley AE; Heer R

**INSTITUCIÓN / INSTITUTION:** - Northern Institute for Cancer Research, Newcastle University, Newcastle upon Tyne, Tyne and Wear, UK.

**RESUMEN / SUMMARY:** - Castration resistant prostate cancer remains a major clinical burden and novel therapeutic options are urgently required to improve survival. Tasquinimod is an orally administered quinoline-3-carboxamide with potent antiangiogenic and antitumorigenic action that has shown promise in the treatment of advanced prostate cancers. This review explores both preclinical and clinical findings to date. In summary, tasquinimod has been shown to demonstrate a potent in vitro and in vivo anticancer action and completed early phase clinical trials have demonstrated good drug tolerance and prolonged progression-free survival. Although Phase III clinical trials are on-going, the findings to date highlight the promise of this drug in the treatment of advanced prostate cancer.

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[65]

**TÍTULO / TITLE:** - Intrascrotal lipoblastoma: A report of two cases and a review of the literature.

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

**REVISTA / JOURNAL:** - J Pediatr Urol. 2013 May 8. pii: S1477-5131(13)00091-0. doi: 10.1016/j.jpuro.2013.03.016.

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

[1016/j.jpuro.2013.03.016](#)

**AUTORES / AUTHORS:** - Eyssartier E; Villemagne T; Maurin L; Machet MC; Lardy H

**INSTITUCIÓN / INSTITUTION:** - Service de Chirurgie Pédiatrique Viscérale, Urologique et Plastique, Brules, Hopital Gatien de Clocheville, CHRU de Tours, 37044 TOURS Cedex 9, France. Electronic address: [emilie.eyssartier@univ-tours.fr](mailto:emilie.eyssartier@univ-tours.fr).

**RESUMEN / SUMMARY:** - Lipoblastomas are rare benign mesenchymal tumors of fetal white fat tissue appearing most commonly in children under 3 years of age, and usually affecting the extremities. Only nine cases of intrascrotal lipoblastoma have been reported to our knowledge, and although they are benign, in one case an orchidectomy was performed. We describe two new cases of intrascrotal lipoblastoma, and review the literature.

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[66]

**TÍTULO / TITLE:** - Imaging findings of atypical leiomyoma of the urinary bladder simulating bladder cancer: a case report and literature review.

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

**REVISTA / JOURNAL:** - Med Ultrason. 2013 Jun;15(2):161-3.

**AUTORES / AUTHORS:** - Wu S

**INSTITUCIÓN / INSTITUTION:** - Department of Medical Imaging, Affiliated Hospital of Hainan Medical College, Haikou, China; Email: [wsz074@yahoo.com.cn](mailto:wsz074@yahoo.com.cn).

**RESUMEN / SUMMARY:** - Atypical bladder leiomyoma is a rare bladder tumor that is difficult to be correctly identified by imaging techniques or cystoscopy. We present the imaging characteristics of an atypical bladder leiomyoma and review the relative literature, with the aim of enhancing awareness of the differential diagnosis of bladder leiomyoma, to avoid and reduce misdiagnosis. The imaging characteristics of the atypical leiomyoma were the cauliflower shaped, abundant vascularity, and calcification foci on the surface of the tumor. The patient was misdiagnosed with bladder cancer after an imaging study. The histopathological study established the definitive diagnosis.

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[67]

**TÍTULO / TITLE:** - Adoptive cellular immunotherapy in metastatic renal cell carcinoma: a systematic review and meta-analysis.

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

**REVISTA / JOURNAL:** - PLoS One. 2013 May 7;8(5):e62847. doi: 10.1371/journal.pone.0062847. Print 2013.

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

[1371/journal.pone.0062847](https://doi.org/10.1371/journal.pone.0062847)

**AUTORES / AUTHORS:** - Tang X; Liu T; Zang X; Liu H; Wang D; Chen H; Zhang B

**INSTITUCIÓN / INSTITUTION:** - Department of Hematopoietic Stem Cell Transplantation, Affiliated Hospital of Academy of Military Medical Sciences, Beijing, China ; Cell and Gene Therapy Center, Academy of Military Medical Sciences, Beijing, China.

**RESUMEN / SUMMARY:** - **PURPOSE:** Metastatic renal cell carcinoma (mRCC), as one of the most immunogenic tumors has been the focus of adoptive cellular immunotherapy (ACI), but the effects of ACI on objective response and survival in patients with mRCC are still controversial. Therefore, a systematic review and meta-analysis was performed to address this issue. **METHODS:** A search was conducted in the PubMed database for randomized clinical trials (RCTs) with ACI in mRCC. All included articles in this study were assessed according to the selection criteria and were divided into two groups: ACI versus no ACI. Outcomes were toxicity, objective response, 1-, 3- and 5-year survival. Risk ratio (RR) and 95% confidence intervals (CI) were calculated using a fixed-effects meta-analysis. Heterogeneity was measured by value of I(2) or P. **RESULTS:** 4 studies (469 patients) were included. Most of ACI-related adverse reactions were grade 1 or 2 and reversible. ACI provided significant benefit in terms of objective response (RR = 1.65; 95% CI, 1.15 to 2.38; P = 0.007, I(2) = 49%), 1-year survival (RR = 1.30; 95% CI, 1.12 to 1.52; P = 0.0008, I(2) = 0%), 3-year survival (RR = 2.76; 95% CI, 1.85 to 4.14; P<0.00001, I(2) = 46%) and 5-year survival (RR = 2.42; 95% CI, 1.21 to 4.83; P = 0.01, I(2) = 28%). **CONCLUSIONS:** ACI may be a safe and effective treatment for improving objective response, 1-, 3- and 5-year survival in patients with mRCC. Besides, five obstacles for ACI, including high degree of personalization, unsuitable WHO/RECIST response criteria, inadequate identification of tumor-associated antigens (TAAs), lack of effective combination treatments and less attention paid to the quality of ACI products, should be overcome during the successful development of more potent ACI for cancer in the future.

[68]

**TÍTULO / TITLE:** - A review of histopathological and immunohistochemical parameters in diagnosis of metastatic renal cell carcinoma with a case of gingival metastasis.

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

**REVISTA / JOURNAL:** - J Cancer Res Ther. 2013 Jan-Mar;9(1):105-7. doi: 10.4103/0973-1482.110395.

●●Enlace al texto completo (gratis o de pago) [4103/0973-1482.110395](https://doi.org/10.4103/0973-1482.110395)

**AUTORES / AUTHORS:** - Sikka S; Sikka P; Kaur G; Shetty DC

**INSTITUCIÓN / INSTITUTION:** - Department of Oral and Maxillofacial Pathology, ITS-Center for Dental Studies and Research Muradnagar, Ghaziabad, Uttar Pradesh, India.

**RESUMEN / SUMMARY:** - The oral cavity constitutes a site of low prevalence for metastasis of malignant tumors. However, oral metastasis of a renal origin is relatively more common and represents 2% of all cancer deaths. Renal cancer may metastasize to any part of the body, with a 15% risk of metastasis to the head and neck regions, and pose one of the greatest diagnostic challenges in medical sciences. Approximately 25% of patients have a metastatic disease at initial assessment, which is often responsible for initiating the diagnosis in the first place. Here we present a review of literature of renal cell carcinoma along with a case of gingival metastasis.

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[69]

**TÍTULO / TITLE:** - Prostate cancer: Standard reporting guidelines for MRI-targeted biopsy.

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

**REVISTA / JOURNAL:** - Nat Rev Urol. 2013 May;10(5):252. doi: 10.1038/nrurol.2013.75. Epub 2013 Apr 9.

●●Enlace al texto completo (gratis o de pago) [1038/nruol.2013.75](https://doi.org/10.1038/nrurol.2013.75)

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[70]

**TÍTULO / TITLE:** - Pheochromocytoma of the urinary bladder: a systematic review of the contemporary literature.

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

**REVISTA / JOURNAL:** - BMC Urol. 2013 Apr 29;13(1):22.

●●Enlace al texto completo (gratis o de pago) [1186/1471-2490-13-22](https://doi.org/10.1186/1471-2490-13-22)

**AUTORES / AUTHORS:** - Beilan J; Lawton A; Hajdenberg J; Rosser CJ

**RESUMEN / SUMMARY:** - BACKGROUND: Pheochromocytoma (paraganglioma) of the urinary bladder is a rare tumor. Herein we sought to review the contemporary literature on pheochromocytomas of the urinary bladder in order to further illustrate the presentation, treatment options and outcomes of patients diagnosed with these tumors. METHODS: A comprehensive review of the current literature was conducted according to the PRISMA guidelines by accessing the NCBI PubMed database and using the search terms “paraganglioma, pheochromocytoma, bladder.” This search resulted in the identification of 186 articles published between January 1980 and April 2012 of which 80 articles were ultimately included in our analysis. RESULTS: Pheochromocytomas usually occurred in young adult Caucasians (mean age, 43.3 years; range, 11--84 years). According to the literature, the most common symptoms and signs of pheochromocytomas of the urinary bladder were hypertension, headache, and hematuria. Of the 77 cases that commented on

catecholamine production, 65 patients had biochemically functional tumors. Approximately 20% of patients were treated by transurethral resection alone, 70% by partial cystectomy and 10% by radical cystectomy. The 75 patients with follow-up information had a mean follow-up of 35 months. At the time of last follow-up, 15 (14.2%) had disease recurrence, 10 (9.4%) had metastasis, and 65 (61.3%) were alive. CONCLUSIONS: Pheochromocytomas of the urinary bladder tend to be functional and occur mostly in young adult Caucasians. Patients with localized tumors have an extremely favorable prognosis and may be managed by less aggressive modalities, whereas patients with metastatic disease have a significant reduction in survival rates despite aggressive treatment.

[71]

**TÍTULO / TITLE:** - The effect of dutasteride on the detection of prostate cancer: A set of meta-analyses.

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

**REVISTA / JOURNAL:** - Can Urol Assoc J. 2013 Mar-Apr;7(3-4):E161-7. doi: 10.5489/cuaj.477.

●●Enlace al texto completo (gratis o de pago) [5489/cuaj.477](#)

**AUTORES / AUTHORS:** - Monga N; Sayani A; Rubinger DA; Wilson TH; Su Z

**INSTITUCIÓN / INSTITUTION:** - Medical Affairs, GlaxoSmithKline Canada, Mississauga, ON;

**RESUMEN / SUMMARY:** - BACKGROUND: Dutasteride has been shown to significantly improve symptoms of benign prostatic hyperplasia (BPH) and reduce clinical progression. Recent data from studies evaluating 5-alpha reductase inhibitors (5-ARIs) for the prevention of prostate cancer, however, suggest 5ARIs, including dutasteride, may be associated with increased incidence of Gleason 8-10 prostate tumours. This meta-analysis was undertaken to quantify the effect of dutasteride on detection of prostate cancer and high-grade prostate cancer. METHODS: Our meta-analysis includes data from GlaxoSmithKline-sponsored phase III randomized clinical trials (with a study duration of  $\geq 2$  years) evaluating the effect of dutasteride, alone or in combination with tamsulosin, to treat BPH or to reduce the risk of prostate cancer. The incidence of prostate cancer, including Gleason 7-10 and Gleason 8-10, for patients taking either dutasteride, dutasteride plus tamsulosin, tamsulosin alone, or placebo, were evaluated using the Mantel-Haenszel Risk Ratio (MHRR) method of conducting meta-analyses. RESULTS: The meta-analysis demonstrated that in a population with symptomatic BPH and/or at increased risk of prostate cancer, a statistically significant lower number of detectable prostate cancers was found in men taking dutasteride compared to control groups (MHRR: 0.66, 95% CI 0.52-0.85). In our analysis, there was no increased risk for Gleason 7-10 (MHRR: 0.83, 95% CI 0.56-1.21) or Gleason 8-10 prostate cancers (MHRR: 0.99, 95% CI 0.39-2.53) in men taking dutasteride

over control groups. There were several limitations that need to be considered when interpreting these results. CONCLUSION: These data provide support for the continued use of dutasteride in the treatment of symptomatic BPH patients.

[72]

**TÍTULO / TITLE:** - Renal epithelioid angiomyolipoma with a negative premelanosome marker immunoprofile: a case report and review of the literature.

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

**REVISTA / JOURNAL:** - J Med Case Rep. 2013 Apr 29;7(1):118. doi: 10.1186/1752-1947-7-118.

●●Enlace al texto completo (gratis o de pago) [1186/1752-1947-7-118](#)

**AUTORES / AUTHORS:** - Hohensee SE; La Rosa FG; Homer P; Suby-Long T; Wilson S; Lucia SM; Iczkowski KA

**INSTITUCIÓN / INSTITUTION:** - Department of Pathology, University of Colorado, Anschutz Medical Campus, 12800 East 19th Avenue Mail Stop 8104, Aurora, CO 80045, USA. [Francisco.LaRosa@ucdenver.edu](mailto:Francisco.LaRosa@ucdenver.edu).

**RESUMEN / SUMMARY:** - INTRODUCTION: The rare variant of renal epithelioid/pleomorphic angiomyolipoma has been reported in approximately 120 cases. One of the most important characteristics to differentiate these tumors from other renal cell neoplasms is their typical reactivity to premelanosome antigens. If such a tumor does not stain for HMB-45 or Melan-A, a specific diagnosis of epithelioid pleomorphic angiomyolipoma cannot be made with certainty. CASE PRESENTATION: We present here what is, to the best of our knowledge, the first case of epithelioid/pleomorphic angiomyolipoma of the kidney in a 50-year-old Caucasian man with no history of tuberous sclerosis, and with a tumor marker profile negative for several premelanosome antigens. The tumor was composed of sheets of pleomorphic, round to polygonal epithelioid cells with prominent eosinophilic cytoplasm, large nuclei, many multinucleated, and very prominent nucleoli. There were prominent vessels and rare interspersed smooth muscle fibers, but adipocytes were not identified. A tumor marker profile showed tumor cell reactivity for CD68, calponin and focally for CD10. Intervening smooth muscle was reactive with smooth muscle actin. The tumor lacked reactivity for melanin-associated antigens HMB-45 and Melan-A, and for CD31, pan-cytokeratin (AE1/3) and desmin. Electron microscopic examination of tumor cells confirmed the presence of premelanosome-like granules. CONCLUSIONS: Based on the characteristic microscopic appearance of this tumor, and its overall tumor marker profile, we concluded this was a renal epithelioid/pleomorphic angiomyolipoma with a negative premelanosome antigen phenotype.

[73]

**TÍTULO / TITLE:** - Laparoscopic repair of iatrogenic bladder perforation during transurethral bladder tumor resection: Case report and literature review.

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

**REVISTA / JOURNAL:** - Indian J Urol. 2013 Jan;29(1):61-3. doi: 10.4103/0970-1591.109988.

●●Enlace al texto completo (gratis o de pago) [4103/0970-1591.109988](#)

**AUTORES / AUTHORS:** - May F; Schlenker B; Hofer B; Stief CG; Rau HG

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Amper-Klinikum, Dachau, Germany ; Department of Urology, Ludwig Maximilians-University, Munich, Germany.

**RESUMEN / SUMMARY:** - An intraperitoneal bladder perforation occurred during transurethral tumor resection under general anesthesia in a 82 year old woman. The bladder was repaired with a laparoscopic closure and an indwelling urethral catheter. The histopathology revealed T1 high grade urothelial carcinoma. The patient recovered well and was discharged home on postoperative day 7. This case highlights the successful use of laparoscopy in the treatment of a rare urological complication.

[74]

**TÍTULO / TITLE:** - Metastatic prostate cancer with malignant ascites: A case report and literature review.

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

**REVISTA / JOURNAL:** - Can Urol Assoc J. 2013 Mar-Apr;7(3-4):E248-50. doi: 10.5489/cuaj.547.

●●Enlace al texto completo (gratis o de pago) [5489/cuaj.547](#)

**AUTORES / AUTHORS:** - Ani I; Costaldi M; Abouassaly R

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, University Hospitals Case Medical Center, Cleveland, OH;

**RESUMEN / SUMMARY:** - Malignant ascites from advanced prostate cancer is rare and has a poor prognosis. We report a case of a 57-year-old African American male presenting with weight loss, lower urinary tract symptoms and voiding dysfunction. He also had renal failure with metabolic abnormalities associated with significant abdominal distention and pain. Computed tomography showed ascites, which was pathologically confirmed by immunostaining and cytological identification of malignant cells. Prostate biopsy identified high-grade prostate cancer which responded to hormonal therapy with a significant decrease in serum prostatic-specific antigen. Ascites was managed with paracentesis and renal failure with hemodialysis as needed.

[75]

**TÍTULO / TITLE:** - Botryoid Wilms' tumor: a case report and review of the literature.

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

**REVISTA / JOURNAL:** - World J Surg Oncol. 2013 May 20;11:102. doi: 10.1186/1477-7819-11-102.

●●Enlace al texto completo (gratis o de pago) [1186/1477-7819-11-102](https://doi.org/10.1186/1477-7819-11-102)

**AUTORES / AUTHORS:** - Xu G; Hu J; Wu Y; Xiao Y; Xu M

**INSTITUCIÓN / INSTITUTION:** - Department of Pediatric Surgery, XinHua Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, 1665, Kongjiang Road, Shanghai 200092, P, R, China. [wuyms@163.com](mailto:wuyms@163.com).

**RESUMEN / SUMMARY:** - Here, we report a new case of botryoid Wilms' tumor, a 4-year-old boy, who was referred to us with a chief complaint of dysuria and gross hematuria. The computed tomography and radical nephroureterectomy showed that a botryoid sarcoma-like appearance occupied the right renal pelvis and extended into the bladder. Histologic examination further confirmed this case was a mixed type of Wilms' tumor. In a word, we demonstrated a rare case of botryoid Wilms' tumor, which extended from the renal pelvis into the ureter and bladder, then some degenerative and necrotic tissue with calcification discharged from urethra. Postoperative adjuvant chemotherapy was executed. At 24-month follow-up, there was no evidence of recurrence.

[76]

**TÍTULO / TITLE:** - Squamous cell carcinoma on top of urethral stricture: case report and review of the literature.

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

**REVISTA / JOURNAL:** - Ecancermedicallscience. 2013 Apr 11;7:304. doi: 10.3332/ecancer.2013.304. Print 2013.

●●Enlace al texto completo (gratis o de pago) [3332/ecancer.2013.304](https://doi.org/10.3332/ecancer.2013.304)

**AUTORES / AUTHORS:** - Kotb AF; Attia D; Ismail AM; Elabbady A

**INSTITUCIÓN / INSTITUTION:** - Urology department, Faculty of Medicine, Alexandria University, Al Khartom Square, Azarita, Alexandria, Egypt.

**RESUMEN / SUMMARY:** - INTRODUCTION: Urethral stricture is a common urological condition, resulting from trauma or venereal infections. The aim of our study was to report a rare case of squamous cell carcinoma of the penis and pseudoepitheliomatous hyperplasia (PEH) of scrotal skin, on top of repeatedly managed urethral stricture which was of unknown aetiology. METHODS: A Medline search of publications studying the association of urethral stricture with penile cancer was done. RESULTS: Two case reports were identified that described two occurrences, which were separated by a few months. CONCLUSION: Repeated management of urethral stricture with visual urethrotomy or urethral dilation may result in a chronic inflammatory status, predisposing to PEH and squamous cell carcinoma of the genital organs.

[77]

**TÍTULO / TITLE:** - Urinary bladder malignant paraganglioma with vertebral metastasis: a case report with review of the literature.

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

**REVISTA / JOURNAL:** - Chin J Cancer. 2013 May 14. doi: 10.5732/cjc.012.10317.

●●Enlace al texto completo (gratis o de pago) [5732/cjc.012.10317](#)

**AUTORES / AUTHORS:** - Feng N; Li X; Gao H; Liu ZL; Shi LJ; Liu WZ

**INSTITUCIÓN / INSTITUTION:** - Department of General Surgery, The Affiliated Zhongshan Hospital of Dalian University, Dalian, Liaoning 116001, P. R. China. [lwz65@yahoo.com](mailto:lwz65@yahoo.com).

**RESUMEN / SUMMARY:** - Paraganglioma (also known as extra-adrenal pheochromocytoma) is a rare neuroendocrine neoplasm observed in patients of all ages, with an estimated incidence of 1 per 300,000 population. It has long been recognized that some cases are familial. The majority of these tumors are benign, and the only absolute criterion for malignancy is the presence of metastases at sites where chromaffin tissue is not usually found. Some tumors show gross local invasion and recurrence, which may indeed kill the patient, but this does not necessarily correlate with metastatic potential. Here, we report a case of vertebral metastatic paraganglioma that occurred 19 months after the patient had undergone partial cystectomy for urinary bladder paraganglioma. We believe this to be a rarely reported bone metastasis of paraganglioma arising originally within the urinary bladder. In this report, we also provide a summary of the general characteristics of this disease, together with progress in diagnosis, treatment, and prognosis.

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[78]

**TÍTULO / TITLE:** - Clear cell sarcoma of the kidney misdiagnosed as mesoblastic nephroma: a case report and review of the literature.

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

**REVISTA / JOURNAL:** - Ecancermedicallscience. 2013 Apr 24;7:311. doi: 10.3332/ecancer.2013.311. Print 2013.

●●Enlace al texto completo (gratis o de pago) [3332/ecancer.2013.311](#)

**AUTORES / AUTHORS:** - Alavi S; Khoddami M; Yazdi MK; Dehghanian P; Esteghamati S

**INSTITUCIÓN / INSTITUTION:** - Shahid Beheshti Medical University, Tehran, Iran.

**RESUMEN / SUMMARY:** - Clear cell sarcoma of the kidney (CCSK) is a rare renal neoplasm of paediatrics, making up about 3% of all renal tumours in paediatrics, with a high tendency for developing bone metastasis. A seven year-old boy was referred to our clinic with two firm, large masses over the manubrium of the sternum and right frontal area, which pathologically were confirmed as a metastatic CCSK. The patient had a history of a renal mass three years earlier, for which radical nephrectomy had been performed, and histopathologic diagnosis was compatible with mesoblastic nephroma. Thus, no further investigation and therapy had been applied for the patient. CCSK is a rare but malignant and aggressive paediatric renal tumour, with a high tendency for developing distant bone metastases, leading to its poor prognosis. CCSK

could be misdiagnosed as several other renal tumours such as mesoblastic nephroma, and thus CCSK should be taken carefully into consideration in the diagnosis of renal tumours.

[79]

**TÍTULO / TITLE:** - Renal myelolipoma: a rare extra-adrenal tumor in a rare site: a case report and review of the literature.

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

**REVISTA / JOURNAL:** - J Med Case Rep. 2013 Apr 4;7(1):92. doi: 10.1186/1752-1947-7-92.

●●Enlace al texto completo (gratis o de pago) [1186/1752-1947-7-92](#)

**AUTORES / AUTHORS:** - Ghaouti M; Znati K; Jahid A; Zouaidia F; Bernoussi Z; Mahassini N

**INSTITUCIÓN / INSTITUTION:** - Department of Pathology, Ibn Sina University Hospital, Rabat, Morocco. [merighaouti@live.fr](mailto:merighaouti@live.fr).

**RESUMEN / SUMMARY:** - INTRODUCTION: Myelolipomas are uncommon, benign tumors composed of mature adipose tissue and hematopoietic elements. They mostly occur in the adrenal glands, but extra-adrenal myelolipomas have also been reported in other locations such as the presacral region, retroperitoneum, pelvis and mediastinum. Here, we present a case of an extra-adrenal myelolipoma in a rare site: the renal parenchyma. To the best of our knowledge, it is only the third case reported in this unusual location. CASE PRESENTATION: We report a case of primary myelolipoma occurring in the kidney of a 55-year-old Moroccan man. We describe the radiological and clinicopathologic features of this unusual tumor with a review of the literature, and we discuss differential diagnosis of retroperitoneal myelolipomas. CONCLUSION: This case is noteworthy because the tumor site was unusual. Although renal myelolipoma is rare, it should be considered in the differential diagnosis of lesions in this site.

[80]

**TÍTULO / TITLE:** - Inflammatory myofibroblastic tumour of the bladder: Case report and review of the literature.

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

**REVISTA / JOURNAL:** - Can Urol Assoc J. 2013 Mar-Apr;7(3-4):E237-40. doi: 10.5489/cuaj.544.

●●Enlace al texto completo (gratis o de pago) [5489/cuaj.544](#)

**AUTORES / AUTHORS:** - Wei L; Jianbo L; Qiang W; Hai Y; Zhixiang L

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, The People's Hospital of Guangxi Zhuang, Autonomous Region, Nanning, China;

**RESUMEN / SUMMARY:** - Inflammatory myofibroblastic tumour (IMT) is a rare tumour with malignant potential, and has been described in many major organs. However, bladder location is very uncommon. We report the case of a 23-year-

old woman who presented with painless gross hematuria for 2 weeks. Contrast-enhanced computed tomography revealed a bladder tumour. The patient underwent an open partial cystectomy and the final pathologic diagnosis was IMT of bladder. Typical IMTs can be locally aggressive, therefore close follow-up is necessary.

[81]

**TÍTULO / TITLE:** - Composite tumor of metanephric adenoma and Wilms' tumor of the kidney: A case report and review of the literature.

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

**REVISTA / JOURNAL:** - Oncol Lett. 2013 Apr;5(4):1311-1314. Epub 2013 Jan 22.

●●Enlace al texto completo (gratis o de pago) [3892/ol.2013.1148](#)

**AUTORES / AUTHORS:** - Zhu P; Yan F; Yang Z; Meng L; Ao Q

**INSTITUCIÓN / INSTITUTION:** - Institute of Pathology, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430030;

**RESUMEN / SUMMARY:** - Metanephric adenoma (MA) and Wilms' tumor (WT) are two distinct types of renal tumors. Composite MA and WT of the kidney are extremely rare. Here, a rare case of composite MA and WT of the kidney in a 36-year-old male is described. MA and WT each have their own histopathological features, respectively, and they focally share morphological similarities, which can be a diagnostic challenge. Immunohistochemistry is useful in the differential diagnosis of MA and WT. The histopathological features and differential diagnosis of the composite tumor are emphasized here to promote a better and broader understanding of this less understood subject.

[82]

**TÍTULO / TITLE:** - Lung metastasis of ta bladder cancer: a case report and literature review.

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

**REVISTA / JOURNAL:** - Korean J Urol. 2013 Apr;54(4):271-3. doi: 10.4111/kju.2013.54.4.271. Epub 2013 Apr 16.

●●Enlace al texto completo (gratis o de pago) [4111/kju.2013.54.4.271](#)

**AUTORES / AUTHORS:** - Sano T; Hamada S; Haitani T; Nakashima M; Kajita Y; Shichiri Y

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Otsu Municipal Hospital, Otsu, Japan.

**RESUMEN / SUMMARY:** - A 66-year-old man with a history of multiple transurethral resections for recurrent bladder tumors, staged as Ta according to the International Union Against Cancer staging guidelines, presented with a complaint of dry cough. A round nodule with a diameter of 7.5 cm was detected in the lung by chest computed tomography, and a video-assisted thoracoscopic lobectomy was performed. Pulmonary metastasis of recurrent bladder cancer

was diagnosed by immunohistochemistry staining for the urothelium-specific protein uroplakin Ia. Subsequently, 2 cycles of systemic chemotherapy were administered. Two and a half years after treatment, no recurrence of pulmonary lesions has been detected. A combination of complete resection of pulmonary lesions and systemic chemotherapy may result in a good prognosis for patients with non-muscle-invasive bladder cancer.

[83]

**TÍTULO / TITLE:** - Tumor in undescended intrapelvic testis revealed by supraclavicular lymphadenopathy: a case report and literature review.

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

**REVISTA / JOURNAL:** - BMC Res Notes. 2013 Apr 26;6:166. doi: 10.1186/1756-0500-6-166.

●●Enlace al texto completo (gratis o de pago) [1186/1756-0500-6-166](#)

**AUTORES / AUTHORS:** - Tazi MF; Riyach O; Ahsaini M; Ahallal Y; Khallouk A; El Fassi MJ; Farih MH

**INSTITUCIÓN / INSTITUTION:** - Department of urology, University Hospital Center Hassan II, Fes, Morocco. [TZIFADL@yahoo.fr](mailto:TZIFADL@yahoo.fr).

**RESUMEN / SUMMARY:** - BACKGROUND: Testicular cancer is a rare disease. The incidence of testicular cancer in undescended testicles is of 3 to 48 times greater than in the general population. In the developed countries, the existence of undescended testicles in the adult population is rare, due to systematic practice of elective orchidopexy before the second year of life and orchiectomy in post adolescent males with undescended testicles. Despite these prevention measures, there are still some isolated cases of intra-abdominal testicular tumors in adults. We report a case of testicular cancer in cryptorchid testis revealed by supraclavicular lymphadenopathy. CASE PRESENTATION: We report a case of a 46 year old fertile man with a history of unilateral cryptorchidism who presented with a palpable left supraclavicular mass and absence of the right testicle. On investigations an intrapelvic testis tumor was diagnosed. Laparotomy and complete excision was carried out. The possible association between the undescended testis and cancer transformations is briefly discussed. CONCLUSION: Testicular cancer in undescended testicles should not be ignored. Only early diagnosis and lower of testis in scrotumprevent such clinical forms.

[84]

**TÍTULO / TITLE:** - Ruptured seminoma of undescended testis presenting as acute abdomen: case report with literature review.

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

**REVISTA / JOURNAL:** - Ann Med Health Sci Res. 2013 Jan;3(1):108-9. doi: 10.4103/2141-9248.109467.

●●Enlace al texto completo (gratis o de pago) [4103/2141-9248.109467](#)

**AUTORES / AUTHORS:** - Singh P; Bajaj K; Kaur R; Mishra A; Riar H

**INSTITUCIÓN / INSTITUTION:** - Department of Radiodiagnosis and Medicine, Maharishi Markandeshwar Institute of Medical Sciences and Research, Mullana (Ambala), Haryana, India.

**RESUMEN / SUMMARY:** - We present a case of a 28-year-old male who presented with acute abdomen and was later diagnosed to be having ruptured intra-abdominal seminoma with hemoperitoneum, where the pre-operative diagnosis was not made. Laprotomy and complete excision were carried out. Rupture of intra-abdominal testicular seminoma is a rare cause of acute abdomen and hemoperitoneum. The pre-operative diagnosis is often difficult because history of cryptorchidism is not provided and imaging findings may be non-specific. In a male patient with acute abdomen and without previous history of orchidectomy, a testicular aetiology of acute abdomen should be kept as the differential diagnosis.

[85]

**TÍTULO / TITLE:** - Tumor seeding incidentally found two years after robotic-Assisted radical nephrectomy for papillary renal cell carcinoma. A case report and review of the literature.

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

**REVISTA / JOURNAL:** - Int J Surg Case Rep. 2013;4(6):561-4. doi: 10.1016/j.ijscr.2013.03.031. Epub 2013 Mar 29.

●●Enlace al texto completo (gratis o de pago) [1016/j.ijscr.2013.03.031](http://1016/j.ijscr.2013.03.031)

**AUTORES / AUTHORS:** - Ploumidis A; Panoskaltsis T; Gavresea T; Yiannou P; Yiannakou N; Pavlakis K

**INSTITUCIÓN / INSTITUTION:** - Department of Urology, Athens Medical Center, Athens, Greece. Electronic address: [aploumidis@yahoo.gr](mailto:aploumidis@yahoo.gr).

**RESUMEN / SUMMARY:** - INTRODUCTION: Port-site metastasis or peritoneal spread after laparoscopic surgery for urological malignancies is a rare phenomenon accounting for 0.09% and 0.03% of the cases respectively. PRESENTATION OF CASE: We present a case of tumor seeding in the omentum found in a female patient after previous transperitoneal robotic-assisted radical nephrectomy (RARN) for papillary renal cell carcinoma (RCC). Two years after the robotic operation, the patient was diagnosed with cervical clear cell carcinoma and underwent radical hysterectomy with lymphadenectomy and omentectomy. A neoplastic omental nodule was incidentally identified intraoperatively. Pathological characteristics and immunohistochemistry revealed features of papillary RCC. Two years after the hysterectomy, the patient is clinically cancer free, without any adjuvant therapy for her cervical cancer. DISCUSSION: To the best of our knowledge, we report the first case of tumor seeding in the omentum following RARN for organ confined low grade papillary (T2aN0M0) RCC. No risk factors that could explain the tumor seeding were identified. The neoplastic cells had a low

proliferative index (Ki-67<5%) and a decreased capability to metastasize.  
CONCLUSION: Tumor seeding as a result of robotic assisted laparoscopic nephrectomy, although rare, might represent a novel way of tumor inoculation deprived of or with low malignant potential.

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[86]

**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 (gratis 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](mailto: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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[87]

**TÍTULO / TITLE:** - Calcaneal acrometastasis from urothelial carcinoma of the ureter: a case report and literature review.

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

**REVISTA / JOURNAL:** - Clin Interv Aging. 2013;8:395-9. doi: 10.2147/CIA.S42056. Epub 2013 Apr 12.

●●Enlace al texto completo (gratis o de pago) [2147/CIA.S42056](#)

**AUTORES / AUTHORS:** - Ryder JH; McGarry SV; Wang J

**INSTITUCIÓN / INSTITUTION:** - Division of Oncology/Hematology, Department of Internal Medicine, University of Nebraska Medical Center, Omaha, NE 68198, USA.

**RESUMEN / SUMMARY:** - PURPOSE: Ureteral cancer is a rare entity. Typical symptoms are painless hematuria as well as flank pain. Bone metastasis of ureteral cancer can occur in nearby bone structures, such as the spine, pelvis, and hip bone. Distal bone metastasis, such as that in the calcaneus bone, however, is rare. CASE REPORT: An 82-year-old woman presented to the orthopedic clinic at the university hospital with a 3-month history of left heel

pain. A magnetic resonance imaging (MRI) of her foot demonstrated a calcaneal lytic lesion. A biopsy of the lytic lesion showed urothelial carcinoma with squamous differentiation. A computed tomography (CT) scan of the abdomen and pelvis showed left hydronephrosis and an obstructive mass in the left ureter, at the iliac crossing. The patient received combined therapy that included local radiation, bisphosphonate, and chemotherapy, with complete resolution of her cancer-related symptoms. However, she eventually died from the progressive disease, 20 months after the initial diagnosis. **CONCLUSION:** This case highlights the rare presentation of ureter cancer with an initial presentation of foot pain, secondary to calcaneal metastasis. Multimodality therapy provides effective palliation of symptoms and improved quality of life. We also reviewed the literature and discuss the clinical benefits of multidisciplinary cancer care in elderly patients.

[88]

**TÍTULO / TITLE:** - Anastomosing hemangioma of the kidney: a case report of a rare subtype of hemangioma mimicking angiosarcoma and review of the literature.

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

**REVISTA / JOURNAL:** - Int J Clin Exp Pathol. 2013;6(4):757-65. Epub 2013 Mar 15.

**AUTORES / AUTHORS:** - Zhao M; Li C; Zheng J; Sun K

**INSTITUCIÓN / INSTITUTION:** - Department of Pathology, Ningbo Yinzhou Second Hospital Ningbo, Zhejiang Province, PR China. [552527563@qq.com](mailto:552527563@qq.com)

**RESUMEN / SUMMARY:** - Anastomosing hemangioma is a recently described, unusual variant of capillary hemangioma which seems to be unique for the genitourinary system, with a particular proclivity for the kidney. Histologically, it is characterized by a unique sinusoidal architecture reminiscent of splenic parenchyma that can lead to concern for angiosarcoma. We herein report a further case of anastomosing hemangioma originating in the right kidney of a 48-year-old Chinese man. The patient had a past medical history significant for hepatocellular carcinoma; this tumor was incidentally identified as an asymptomatic right renal mass during the periodical surveillance of the hepatic cancer. The resected tumor measured 2.5 cm in maximum diameter and microscopically demonstrated an overall lobulated growth pattern with alternating cellular areas composed of anastomosing sinusoidal capillary-sized vessels lined by hobnail endothelial cells, and edematous, hyaline paucicellular areas. Cytologically the tumor cells were generally bland and exhibited positivity for CD31, CD34 immunohistochemically. The patient had been in a good status without evidence of tumor recurrence 12 months after the surgery. This rare variant renal hemangioma is in need of more recognition and should not be over-diagnosed as a malignance, particularly angiosarcoma.

[89]

**TÍTULO / TITLE:** - Optimal management of renal cell carcinoma in the elderly: a review.

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

**REVISTA / JOURNAL:** - Clin Interv Aging. 2013;8:433-42. doi: 10.2147/CIA.S30765. Epub 2013 Apr 19.

●●Enlace al texto completo (gratis o de pago) [2147/CIA.S30765](#)

**AUTORES / AUTHORS:** - Quivy A; Daste A; Harbaoui A; Duc S; Bernhard JC; Gross-Goupil M; Ravaud A

**INSTITUCIÓN / INSTITUTION:** - Department of Medical Oncology, Hopital Saint-Andre, Bordeaux University Hospital, Bordeaux, France; ; University of Bordeaux 2 (Victor Segalen), Bordeaux, France;

**RESUMEN / SUMMARY:** - Both the aging population and the incidence of renal cell carcinoma (RCC) are growing, making the question of tumor management in the elderly a real challenge. Doctors should be aware of the importance of assessing this specific subpopulation. An aggressive therapeutic approach may be balanced by the benefit of the treatment - care or cure - and the life expectancy and willingness of the patient. The treatment for local disease can be surgery (radical or partial nephrectomy) or ablative therapies (radiofrequency, cryotherapy). Even if in most cases surgery is safe, complications such as alteration of renal function may occur, especially in the elderly, with physiological renal impairment at baseline. More recently, another option has been developed as an alternative: active surveillance. In the past decade, new drugs have been approved in the metastatic setting. All the phase 3 trials have included patients without a limit on age. Nevertheless, data concerning the elderly are still poor and concern only a very selective subpopulation. The toxicity profile of targeted agents may interfere with pre-existent comorbidities. Furthermore, the metabolism of several agents via cytochrome P450 can cause drug interaction. The importance of quality of life is a major factor with regard to management of therapy. Finally, to date, there is no recommendation of systematic a priori dose reduction in the elderly. In this review we describe the various possibilities of treatment for localized RCC or metastatic RCC in an aging population.

[90]

**TÍTULO / TITLE:** - Kidney cancer: New AUA guideline tackles follow-up monitoring of small renal masses.

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

**REVISTA / JOURNAL:** - Nat Rev Urol. 2013 May 28. doi: 10.1038/nrurol.2013.119.

●●Enlace al texto completo (gratis o de pago) [1038/nruol.2013.119](#)

**AUTORES / AUTHORS:** - Payton S

[91]

**TÍTULO / TITLE:** - Endocrine manipulations in cancer prostate: A review.

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

**REVISTA / JOURNAL:** - Indian J Endocrinol Metab. 2012 Dec;16(Suppl 2):S199-204. doi: 10.4103/2230-8210.104039.

●●Enlace al texto completo (gratis o de pago) [4103/2230-8210.104039](#)

**AUTORES / AUTHORS:** - Rajput R; Sehgal A

**INSTITUCIÓN / INSTITUTION:** - Department of Medicine VI and Endocrinology, PGIMS, Rohtak, Haryana, India.

**RESUMEN / SUMMARY:** - Prostate cancer is an androgen dependent condition where Dihydrotestosterone promotes the growth of the neoplastic tissue. Androgen deprivation has been the mainstay of therapy for this condition. This can be achieved by surgical or medical means. Types of medical regimens are intermittent maximal or sequential androgen blockade.

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[92]

**TÍTULO / TITLE:** - Current status of biomarkers for prostate cancer.

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

**REVISTA / JOURNAL:** - Int J Mol Sci. 2013 May 24;14(6):11034-60. doi: 10.3390/ijms140611034.

●●Enlace al texto completo (gratis o de pago) [3390/ijms140611034](#)

**AUTORES / AUTHORS:** - Velonas VM; Woo HH; Remedios CG; Assinder SJ

**INSTITUCIÓN / INSTITUTION:** - Bosch Institute, the University of Sydney, Sydney 2006, Australia. [cris.dosremedios@sydney.edu.au](mailto:cris.dosremedios@sydney.edu.au).

**RESUMEN / SUMMARY:** - Prostate cancer (PCa) is a leading cause of cancer-related death of men globally. Since its introduction, there has been intense debate as to the effectiveness of the prostate specific antigen (PSA) test as a screening tool for PCa. It is now evident that the PSA test produces unacceptably high rates of false positive results and is not prognostic. Here we review the current status of molecular biomarkers that promise to be prognostic and that might inform individual patient management. It highlights current efforts to identify biomarkers obtained by minimally invasive methods and discusses current knowledge with regard to gene fusions, mRNA and microRNAs, immunology, and cancer-associated microparticles.

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[93]

**TÍTULO / TITLE:** - Recent advances in the management of castration-resistant prostate cancer.

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

**REVISTA / JOURNAL:** - Clin Adv Hematol Oncol. 2013 Mar;11(3):181-3.

**AUTORES / AUTHORS:** - George DJ

**INSTITUCIÓN / INSTITUTION:** - Division of Medical Oncology, Duke University Medical Center, Durham, North Carolina, USA.

[94]

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**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:** - Gkirklemis 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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