#01#

Artículos originales (todos) * Original articles (all)**

Neuroendocrine tumors.

Julio - Agosto 2013 / July - August 2013

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[1]

TÍTULO / TITLE: - RNA-guided diagnostics and therapeutics for next-generation individualized nanomedicine.

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

REVISTA / JOURNAL: - J Clin Invest. 2013 Jun 3;123(6):2350-2.

●● Enlace al texto completo (gratuito o de pago) 1172/JCI69268

AUTORES / AUTHORS: - Glinsky GV

INSTITUCIÓN / INSTITUTION: - Sanford-Burnham Medical Research Institute, La Jolla, California, USA. gglinsky@stanford.edu

RESUMEN / SUMMARY: - The absence of reliable quantitative laboratory tests for measurements of microRNAs and other classes of small noncoding RNAs in archived, formalin- fixed, paraffin-embedded human samples with sufficient specificity and sensitivity has significantly limited the development of clinically relevant noncoding RNA-based diagnostic and therapeutic applications. A report by Renwick et al. in this issue of the JCI presents a significant technical and methodological advance toward the development of reliable clinical laboratory- compatible multicolor RNA FISH methodology for molecular diagnostic applications and the near-term prospect of introduction of microRNA-based biomarkers into clinical practice. Further, this work is likely to advance the development of RNA-based therapeutics and next-generation individualized nanomedicine.

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[2]
TÍTULO / TITLE: - Multicolor microRNA FISH effectively differentiates tumor types.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J Clin Invest. 2013 Jun 3;123(6):2694-702.
●● Enlace al texto completo (gratuito o de pago) 1172/JCI68760
AUTORES / AUTHORS: - Renwick N; Cekan P; Masry PA; McGeary SE; Miller JB; Hafner M; Li Z; Mihailovic A; Morozov P; Brown M; Gogakos T; Mobin MB; Snorrason EL; Feilotter HE; Zhang X; Perlis CS; Wu H; Suarez-Farinas M; Feng H; Shuda M; Moore PS; Tron VA; Chang Y; Tuschl T
INSTITUCIÓN / INSTITUTION: - Howard Hughes Medical Institute, Laboratory of RNA Molecular Biology, The Rockefeller University, New York, New York 10065, USA.
RESUMEN / SUMMARY: - MicroRNAs (miRNAs) are excellent tumor biomarkers because of their cell-type specificity and abundance. However, many miRNA detection methods, such as real-time PCR, obliterate valuable visuospatial information in tissue samples. To enable miRNA visualization in formalin-fixed paraffin-embedded (FFPE) tissues, we developed multicolor miRNA FISH. As a proof of concept, we used this method to differentiate two skin tumors, basal cell carcinoma (BCC) and Merkel cell carcinoma (MCC), with overlapping histologic features but distinct cellular origins. Using sequencing-based miRNA profiling and discriminant analysis, we identified the tumor-specific miRNAs miR-205 and miR-375 in BCC and MCC, respectively. We addressed three major shortcomings in miRNA FISH, identifying optimal conditions for miRNA fixation and ribosomal RNA (rRNA) retention using model compounds and high-pressure liquid chromatography (HPLC) analyses, enhancing signal amplification and detection by increasing probe-hapten linker lengths, and improving probe specificity using shortened probes with minimal rRNA sequence complementarity. We validated our method on 4 BCC and 12 MCC tumors. Amplified miR-205 and miR-375 signals were normalized against directly detectable reference rRNA signals. Tumors were classified using predefined cutoff values, and all were correctly identified in blinded analysis. Our study establishes a reliable miRNA FISH technique for parallel visualization of differentially expressed miRNAs in FFPE tumor tissues.

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[3]
TÍTULO / TITLE: - Successful everolimus treatment in a patient with advanced pancreatic neuroendocrine tumor who developed everolimus-induced interstitial lung disease on two occasions: a case report.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Chemotherapy. 2013;59(1):74-8. doi: 10.1159/000351103. Epub 2013 Jul 18.
●● Enlace al texto completo (gratuito o de pago) 1159/000351103

AUTORES / AUTHORS: - Nakayama Y; Ikeda M; Kojima M; Goto K; Hara M; Okuyama H; Takahashi H; Ohno I; Shimizu S; Mitsunaga S; Okusaka T
INSTITUCIÓN / INSTITUTION: - Division of Hepatobiliary and Pancreatic Oncology, National Cancer Center Hospital East, Kashiwa, Japan.
RESUMEN / SUMMARY: - Chemotherapy-associated interstitial lung disease (ILD) is often fatal, and the chemotherapeutic regimen generally cannot be resumed. ILD associated with the mammalian target of rapamycin (mTOR) inhibitor everolimus has many features distinct from chemotherapy-associated ILD. We present the case of a 58-year-old woman with an advanced pancreatic neuroendocrine tumor with liver metastases, in whom everolimus treatment was maintained and resulted in a partial response despite two occurrences of everolimus-induced ILD during a 31-month treatment period until disease progression. Physicians treating with everolimus should monitor patients closely for ILD and should apply appropriate management strategies to optimize the possibility of maintaining everolimus therapy. © 2013 S. Karger AG, Basel.

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[4]
TÍTULO / TITLE: - One-year progression-free survival of therapy-naive patients with malignant pheochromocytoma and paraganglioma.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Jul 24.
●● Enlace al texto completo (gratuito o de pago) 1210/jc.2013-1907
AUTORES / AUTHORS: - Hescot S; Leboulleux S; Amar L; Vezzosi D; Borget I; Bournaud-Salinas C; de la Fouchardiere C; Libe R; Do Cao C; Niccoli P; Tabarin A; Raingeard I; Chougnet C; Giraud S; Gimenez-Roqueplo AP; Young J; Borson-Chazot F; Bertherat J; Wemeau JL; Bertagna X; Plouin PF; Schlumberger M; Baudin E
INSTITUCIÓN / INSTITUTION: - 1Institut Gustave Roussy, Service de Medecine Nucleaire et de Cancerologie Endocrinienne, and Universite Paris-Sud, Villejuif F-94805, France (S.H., S.L., C.C., M.S., E.B.).
RESUMEN / SUMMARY: - Context:The natural history of malignant pheochromocytoma and paraganglioma (MPP) remains unknown.Objective:The primary aim of this study was to define progression-free survival at one year in therapy-naive patients with MPP. Secondary objectives were to characterize MPP and to look for prognostic parameters for progression at 1 yr.Design and setting:The files of MPP followed up between January 2001 and January 2011 in two French Endocrine Networks were retrospectively reviewed. Therapy-naive patients were enrolled.Main outcome measures:The main outcome was progression-free survival at one year in therapy-naive MPP patients according to RECIST 1.1 criteria.Results:Ninety files (46 males, 44 females, mean age of 47.5 +/- 15 years) were reviewed on site by one investigator. MPP characteristics were: presence of an adrenal primary, a mitotic count exceeding 5 per high-power field, hypertension, inherited disease, and presence of bone

metastases in 50%, 22%, 60%, 49% and 56% patients, respectively. Fifty-seven of the 90 patients with MPP (63%) were classified as therapy-naive. The median follow-up of these 57 patients was 2.4 years, (range 0.4-5.7). At 1 year, progression-free survival was 46% (IC 95: 33-59). Twenty-six of 30 (87%) patients with progression at one year had exhibited progressive disease at the first imaging work-up performed after a median of 5.7 months. No prognostic parameter was identified.Conclusions:Half of the therapy-naive patients with MPP achieved stable disease at 1 year. In symptom-free patients with MPP, a wait-and-see antitumor policy seems appropriate as first line. Modality for a prospective follow-up is proposed.

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[5]

TÍTULO / TITLE: - Safety, tolerability, pharmacokinetics, and pharmacodynamics of a long-acting release (LAR) formulation of pasireotide (SOM230) in patients with gastroenteropancreatic neuroendocrine tumors: results from a randomized, multicenter, open-label, phase I study.

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Aug;72(2):387-95. doi: 10.1007/s00280-013-2202-1. Epub 2013 Jun 14.

●● Enlace al texto completo (gratuito o de pago) 1007/s00280-013-2202-1

AUTORES / AUTHORS: - Wolin EM; Hu K; Hughes G; Bouillaud E; Giannone V; Resendiz KH

INSTITUCIÓN / INSTITUTION: - Carcinoid/Neuroendocrine Tumor Program, Samuel Oschin Cancer Center, Cedars-Sinai Medical Center, 8700 Beverly Boulevard, Los Angeles, CA, 90048, USA, edward.wolin@cshs.org.

RESUMEN / SUMMARY: - PURPOSE: Pasireotide (SOM230), a novel multireceptor ligand somatostatin analog (SSA), binds with high affinity to four of the five somatostatin receptor subtypes (sst1-3, 5). This study evaluated the safety, tolerability, pharmacokinetics, and pharmacodynamics profiles of pasireotide long-acting release (LAR) formulation in patients with advanced gastroenteropancreatic neuroendocrine tumor (GEP NET) refractory to other SSAs. METHODS: In this randomized, multicenter, open-label, phase II study, patients with biopsy-proven primary or metastatic GEP NET refractory to available SSAs were randomly assigned 1:1:1 to receive pasireotide LAR by deep intragluteal injection at a dose of 20, 40, or 60 mg once every 28 days for 3 months. RESULTS: Forty-two patients received pasireotide LAR. Adverse events were reported by 34 (81 %) patients, with the most frequently reported including diarrhea, fatigue, abdominal pain, and nausea. Mean fasting glucose levels were increased compared with baseline at all points throughout the study. After the third injection of pasireotide LAR, the median trough plasma concentrations on day 84 were 4.82, 12.0, and 19.7 ng/mL in the 20-, 40-, and 60-mg treatment groups, respectively. Drug accumulation was limited for each

dose based on the increase in trough concentrations after the first to third injections (accumulation ratios were approximately 1 from all dose levels). CONCLUSIONS: This study demonstrated that a new, once-monthly, intramuscular LAR formulation of pasireotide was well tolerated in patients with advanced GEP NET. Steady state levels of plasma pasireotide were achieved after three injections.

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[6]

TÍTULO / TITLE: - Identification of an overprinting gene in Merkel cell polyomavirus provides evolutionary insight into the birth of viral genes.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Jul 30;110(31):12744-9. doi: 10.1073/pnas.1303526110. Epub 2013 Jul 11.

●● Enlace al texto completo (gratuito o de pago) 1073/pnas.1303526110

AUTORES / AUTHORS: - Carter JJ; Daugherty MD; Qi X; Bheda-Malge A; Wipf GC; Robinson K; Roman A; Malik HS; Galloway DA

INSTITUCIÓN / INSTITUTION: - Divisions of Human Biology, Public Health Sciences, and Basic Sciences and Howard Hughes Medical Institute, Fred Hutchinson Cancer Research Center, Seattle, WA 98109.

RESUMEN / SUMMARY: - Many viruses use overprinting (alternate reading frame utilization) as a means to increase protein diversity in genomes severely constrained by size. However, the evolutionary steps that facilitate the de novo generation of a novel protein within an ancestral ORF have remained poorly characterized. Here, we describe the identification of an overprinting gene, expressed from an Alternate frame of the Large T Open reading frame (ALTO) in the early region of Merkel cell polyomavirus (MCPyV), the causative agent of most Merkel cell carcinomas. ALTO is expressed during, but not required for, replication of the MCPyV genome. Phylogenetic analysis reveals that ALTO is evolutionarily related to the middle T antigen of murine polyomavirus despite almost no sequence similarity. ALTO/MT arose de novo by overprinting of the second exon of T antigen in the common ancestor of a large clade of mammalian polyomaviruses. Taking advantage of the low evolutionary divergence and diverse sampling of polyomaviruses, we propose evolutionary transitions that likely gave birth to this protein. We suggest that two highly constrained regions of the large T antigen ORF provided a start codon and C-terminal hydrophobic motif necessary for cellular localization of ALTO. These two key features, together with stochastic erasure of intervening stop codons, resulted in a unique protein-coding capacity that has been preserved ever since its birth. Our study not only reveals a previously undefined protein encoded by several polyomaviruses including MCPyV, but also provides insight into de novo protein evolution.

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[7]

TÍTULO / TITLE: - An Infection-enhanced Oncolytic Adenovirus Secreting H. pylori Neutrophil-activating Protein with Therapeutic Effects on Neuroendocrine Tumors.

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

REVISTA / JOURNAL: - Mol Ther. 2013 Jul 2. doi: 10.1038/mt.2013.153.

●● Enlace al texto completo (gratuito o de pago) 1038/mt.2013.153

AUTORES / AUTHORS: - Ramachandran M; Yu D; Wanders A; Essand M; Eriksson F

INSTITUCIÓN / INSTITUTION: - Department of Immunology, Genetics and Pathology, Uppsala University, Uppsala, Sweden.

RESUMEN / SUMMARY: - Helicobacter pylori neutrophil-activating protein (HP-NAP) is a major virulence factor involved in H. pylori infection. HP-NAP can mediate antitumor effects by recruiting neutrophils and inducing Th1-type differentiation in the tumor microenvironment. It therefore holds strong potential as a therapeutic gene. Here, we armed a replication-selective, infection-enhanced adenovirus with secretory HP-NAP, Ad5PTDf35-[Delta24-sNAP], and evaluated its therapeutic efficacy against neuroendocrine tumors. We observed that it could specifically infect and eradicate a wide range of tumor cells lines from different origin in vitro. Insertion of secretory HP-NAP did not affect the stability or replicative capacity of the virus and infected tumor cells could efficiently secrete HP-NAP. Intratumoral administration of the virus in nude mice xenografted with neuroendocrine tumors improved median survival. Evidence of biological HP-NAP activity was observed 24 hours after treatment with neutrophil infiltration in tumors and an increase of proinflammatory cytokines such as tumor necrosis factor (TNF)-alpha and MIP2-alpha in the systemic circulation. Furthermore, evidence of Th1-type immune polarization was observed as a result of increase in IL-12/23 p40 cytokine concentrations 72 hours postvirus administration. Our observations suggest that HP-NAP can serve as a potent immunomodulator in promoting antitumor immune response in the tumor microenvironment and enhance the therapeutic effect of oncolytic adenovirus.Molecular Therapy (2013); doi:10.1038/mt.2013.153.

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[8]

TÍTULO / TITLE: - Pulmonary vein ablation in a patient with a massive left atrial paraganglioma.

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

REVISTA / JOURNAL: - J Am Coll Cardiol. 2013 Aug 6;62(6):e11. doi: 10.1016/j.jacc.2013.03.083. Epub 2013 Jun 4.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jacc.2013.03.083

AUTORES / AUTHORS: - Cassar A; McLeod CJ; Nishimura RA

INSTITUCIÓN / INSTITUTION: - Division of Cardiovascular Diseases and Department of Internal Medicine, Mayo Clinic and the Mayo Foundation, Rochester, Minnesota.

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[9]

TÍTULO / TITLE: - Germline SDHA Mutation Detected by Next-Generation Sequencing in a Young Index Patient With Large Paraganglioma.

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

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Aug;98(8):E1379-80. doi: 10.1210/jc.2013-1963. Epub 2013 Jun 7.

●● Enlace al texto completo (gratuito o de pago) 1210/jc.2013-1963

AUTORES / AUTHORS: - Welander J; Garvin S; Bohnmark R; Isaksson L; Wiseman RW; Soderkvist P; Gimm O

INSTITUCIÓN / INSTITUTION: - Head, Division of Clinical Sciences, Department of Clinical and Experimental Medicine, Linkoping University, SE-58183 Linkoping, Sweden. oliver.gimm@liu.se.

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[10]

TÍTULO / TITLE: - Current understanding of the molecular biology of pancreatic neuroendocrine tumors.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Jul 17;105(14):1005-17. doi: 10.1093/jnci/djt135. Epub 2013 Jul 9.

●● Enlace al texto completo (gratuito o de pago) 1093/jnci/djt135

AUTORES / AUTHORS: - Zhang J; Francois R; Iyer R; Seshadri M; Zajac-Kaye M; Hochwald SN

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: Department of Surgical Oncology (JZ, SNH), Department of Medical Oncology (RI), and Department of Pharmacology and Therapeutics (MS), Roswell Park Cancer Institute, Buffalo, NY; Department of Anatomy and Cell Biology, University of Florida College of Medicine, Gainesville, FL (RF, MZ-K).

RESUMEN / SUMMARY: - Pancreatic neuroendocrine tumors (PanNETs) are complicated and often deadly neoplasms. A recent increased understanding of their molecular biology has contributed to expanded treatment options. DNA sequencing of samples derived from patients with PanNETs and rare genetic syndromes such as multiple endocrine neoplasia type 1 (MEN1) and Von Hippel-Lindau (VHL) syndrome reveals the involvement of MEN1, DAXX/ATRX, and the mammalian target of rapamycin (mTOR) pathways in PanNET tumorigenesis. Gene knock-out/knock-in studies indicate that inactivation of factors including MEN1 and abnormal PI3K/mTOR signaling uncouples endocrine cell cycle progression from the control of environmental cues such as glucose, leading to islet cell overgrowth. In addition, accumulating evidence

suggests that further impairment of endothelial-endocrine cell interactions contributes to tumor invasion and metastasis. Recent phase III clinical trials have shown that therapeutic interventions, such as sunitinib and everolimus, targeting those signal transduction pathways improve disease-free survival rates. Yet, cure in the setting of advanced disease remains elusive. Further advances in our understanding of the molecular mechanisms of PanNETs and improved preclinical models will assist in developing personalized therapy utilizing novel drugs to provide prolonged control or even cure the disease.

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[11]

TÍTULO / TITLE: - Long-term survival of a patient with primary small cell neuroendocrine carcinoma of the maxillary sinus: a case report.

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

REVISTA / JOURNAL: - J Oral Maxillofac Surg. 2013 Aug;71(8):e248-52. doi: 10.1016/j.joms.2013.04.019.

●● Enlace al texto completo (gratuito o de pago) 1016/j.joms.2013.04.019

AUTORES / AUTHORS: - Hosokawa S; Okamura J; Takizawa Y; Mineta H

INSTITUCIÓN / INSTITUTION: - Senior Assistant Professor, Department of Otorhinolaryngology/Head and Neck Surgery, Hamamatsu University School of Medicine, Hamamatsu, Japan. Electronic address: seijih@hama-med.ac.jp.

RESUMEN / SUMMARY: - Small cell neuroendocrine carcinoma (SNEC) of the paranasal sinuses is an extremely rare and distinctive tumor with aggressive clinical behavior. Moreover, SNECs originating in the head and neck region have been reported to be highly aggressive and to have a poor prognosis. This report describes a patient with a maxillary sinus SNEC who was successfully treated with induction chemotherapy using cisplatin and etoposide followed by concurrent chemoradiation therapy with cisplatin and etoposide as radiosensitizers. The patient has remained free of recurrence during 7 years of follow-up. To the authors' knowledge, this is the first case report describing long-term survival in a patient with a resolved primary SNEC of the maxilla that was successfully treated with neoadjuvant chemotherapy and concurrent chemoradiotherapy. The clinical and pathologic features of the tumor and the optimal treatment of this patient are discussed.

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[12]

TÍTULO / TITLE: - A prospective, phase ½ study of everolimus and temozolomide in patients with advanced pancreatic neuroendocrine tumor.

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

REVISTA / JOURNAL: - Cancer. 2013 Jun 3. doi: 10.1002/cncr.28142.

●● Enlace al texto completo (gratuito o de pago) 1002/cncr.28142

AUTORES / AUTHORS: - Chan JA; Blaszkowsky L; Stuart K; Zhu AX; Allen J; Wadlow R; Ryan DP; Meyerhardt J; Gonzalez M; Regan E; Zheng H; Kulke MH
INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, Massachusetts; Department of Medicine, Brigham and Women's Hospital, Boston, Massachusetts; Harvard Medical School, Boston, Massachusetts.
RESUMEN / SUMMARY: - BACKGROUND: Both everolimus and temozolomide are associated with single-agent activity in patients with pancreatic neuroendocrine tumor (NET). A phase ½ study was performed to evaluate the safety and efficacy of temozolomide in combination with everolimus in patients who have advanced pancreatic NET. METHODS: Patients were treated with temozolomide at a dose of 150 mg/m2 per day on days 1 through 7 and days 15 through 21 in combination with everolimus daily in each 28-day cycle. In cohort 1, temozolomide was administered together with everolimus at 5 mg daily. Following demonstration of safety in this cohort, subsequent patients in cohort 2 were treated with temozolomide plus everolimus at 10 mg daily. The duration of temozolomide treatment was limited to 6 months. Patients were followed for toxicity, radiologic and biochemical response, and survival. RESULTS: A total of 43 patients were enrolled, including 7 in cohort 1 and 36 in cohort 2. Treatment was associated with known toxicities of each drug; no synergistic toxicities were observed. Among 40 evaluable patients, 16 (40%) experienced a partial response. The median progression-free survival duration was 15.4 months. Median overall survival was not reached. CONCLUSIONS: Temozolomide and everolimus can be safely administered together in patients with advanced pancreatic NET, and the combination is associated with encouraging antitumor activity. Future studies evaluating the efficacy of combination therapy compared to treatment with either agent alone are warranted. Cancer 2013. © 2013 American Cancer Society.

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[13]
TÍTULO / TITLE: - A Novel Mutation (P236S) in the Succinate Dehydrogenase Subunit B Gene in a Japanese Patient with a Posterior Mediastinal Paraganglioma.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Endocr Pathol. 2013 Jun 19.
●● Enlace al texto completo (gratuito o de pago) 1007/s12022-013-9252-0
AUTORES / AUTHORS: - Sato H; Shoji S; Kajiwara H; Itoh J; Osamura RY
INSTITUCIÓN / INSTITUTION: - Department of Medicine, Tokai University School of Medicine, Shimokasuya 143, Isehara, Kanagawa, 259-1193, Japan, hrhrsato@is.icc.u-tokai.ac.jp.
RESUMEN / SUMMARY: - Succinate dehydrogenase subunit B gene (SDHB) is associated with the development of hereditary paraganglioma (PGL) and

pheochromocytoma (PCC). Here we describe a novel germline mutation in SDHB in a 69-year-old Japanese woman with a posterior mediastinal PGL. We summarize the clinical presentation, diagnostic work-up, and pathological features of a patient with a posterior mediastinal PGL and review the pertinent literature. Direct sequencing of SDHB and SDHD was performed. The patient presented with a posterior mediastinal tumor and was normotensive. She underwent abdominal tumor resection at the age of 38 years, but clinical and pathological diagnoses were unknown. She had no family history of hypertension, PGL, or PCC. Imaging studies suggested that the tumor was neurogenic. Endocrinological examinations showed normal plasma catecholamine levels. The tumor was completely removed without metastasis. Pathological findings confirmed PGL. Immunohistochemical staining showed that the tumor cells were positive for chromogranin A, synaptophysin, and CD56, and the Ki67 index was low (<1 %). The patient has not experienced recurrence or metastasis for the last 5 years. DNA sequencing revealed a novel P236S (c.843 C > T) mutation in SDHB. The P236S germline mutation in SDHB was associated with posterior mediastinal PGL. Strict follow-up of the patient is necessary because the SDHB mutation may be related to malignancy.

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[14]

TÍTULO / TITLE: - Erratum to: An analysis of genotype-phenotype correlations and survival outcomes in patients with primary hyperparathyroidism caused by multiple endocrine neoplasia type 1: the experience at a single institution.

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

REVISTA / JOURNAL: - Surg Today. 2013 Aug;43(8):900. doi: 10.1007/s00595-013-0644-z.

●● Enlace al texto completo (gratuito o de pago) 1007/s00595-013-0644-z

AUTORES / AUTHORS: - Horiuchi K; Okamoto T; Iihara M; Tsukada T

INSTITUCIÓN / INSTITUTION: - Department of Endocrine Surgery, Tokyo Women's Medical University, 8-1 Kawada-cho, Shinjuku-ku, Tokyo, 162-8666, Japan, horiuchi.kiyomi@twmu.ac.jp.

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[15]

TÍTULO / TITLE: - Insulinoma-released exosomes activate autoreactive marginal zone-like B cells that expand endogenously in prediabetic NOD mice.

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

REVISTA / JOURNAL: - Eur J Immunol. 2013 Jul 2. doi: 10.1002/eji.201343376.

●● Enlace al texto completo (gratuito o de pago) 1002/eji.201343376

AUTORES / AUTHORS: - Bashratyan R; Sheng H; Regn D; Rahman MJ; Dai YD

INSTITUCIÓN / INSTITUTION: - Division of Immune Regulation, Torrey Pines Institute for Molecular Studies, San Diego, CA, USA.

RESUMEN / SUMMARY: - Exosomes (EXOs) are nano-sized secreted microvesicles that can function as potent endogenous carriers of adjuvant and antigens. To examine a possible role in autoimmunity for EXOs, we studied EXO-induced immune responses in nonobese diabetic (NOD) mice, an autoimmune-prone strain with tissue-specific targeting at insulin-secreting beta cells. EXOs released by insulinoma cells can activate various antigen-presenting cells to secrete several proinflammatory cytokines and chemokines. A subset of B cells responded to EXO stimulation in culture by proliferation, and expressed surface markers representing marginal zone B cells, which was independent of T helper cells. Importantly, splenic B cells from prediabetic NOD mice, but not diabetic-resistant mice, exhibited increased reactivity to EXOs, which was correlated with a high level of serum EXOs. We found that MyD88-mediated innate TLR signals were essential for the B-cell response; transgenic B cells expressing surface immunoglobulin specific for insulin reacted to EXO stimulation, and addition of a calcineurin inhibitor FK506 abrogated the EXO-induced B-cell response, suggesting that both innate and antigen-specific signals may be involved. Thus, EXOs may contribute to the development of autoimmunity and type 1 diabetes in NOD mice, partially via activating autoreactive marginal zone-like B cells.

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[16]

TÍTULO / TITLE: - Are serotonin metabolite levels related to bone mineral density in patients with neuroendocrine tumours?

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

REVISTA / JOURNAL: - Clin Endocrinol (Oxf). 2013 Jun 24. doi: 10.1111/cen.12270.

●● Enlace al texto completo (gratuito o de pago) 1111/cen.12270

AUTORES / AUTHORS: - Sen Gupta P; Grozinsky-Glasberg S; Drake WM; Akker SA; Perry L; Grossman AB; Druce MR

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology, Barts & the London School of Medicine, QMUL, London, UK.

RESUMEN / SUMMARY: - BACKGROUND: Bone mineral density (BMD) is influenced by multiple factors. Recent studies have highlighted a possible relationship between serotonin and BMD. Patients with neuroendocrine tumours (NETs) frequently have elevated urinary 5-hydroxy-indoleacetic acid (5-HIAA) levels, a serotonin metabolite. Evaluation of the relationship between 5-HIAA and BMD in patients with NETs may provide insights into the relationship between serotonin and BMD. METHODS: One-year audit of consecutive patients with NETs within two institutions. Relationships between urinary 5-HIAA and dual X-ray absorptiometry (DEXA)-scan-measured BMD were investigated by group comparisons, correlation and regression. RESULTS: Of 65 patients with NETs, 19 did not participate or were excluded. Of 46 subjects evaluated (48.9% males, 63.8 +/- 10.5 years, BMI 26.6 +/- 4.4 kg/m2) with 32

gastrointestinal, 9 pancreatic, 3 pulmonary and 2 ovarian NETs, 72.3% had the carcinoid syndrome. Median interval from diagnosis was 4.0 years (IQR 2.0-6.0); 41.3% had osteoporosis and 32.6% osteopaenia (WHO definition). The group with a higher urinary 5-HIAA had a lower hip BMD (total T-score and Z-score), confirmed on individual analysis (Spearman's rank correlation -0.41, P = 0.004; -0.44, P = 0.002, respectively); urinary 5-HIAA was not found to be an independent predictor for BMD on multiple linear regression analysis. CONCLUSION: These data of patients with NETs with higher serotonin metabolites having a lower BMD at the hip in group and individual comparisons, warrants further evaluation. Urinary 5-HIAA measurement alone cannot be used to predict future BMD. A larger cohort with prospective design including fractures as a clinical outcome will aid these data in determining whether patients with NETs should be subject to targeted osteoporosis prevention.

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[17]

TÍTULO / TITLE: - The Novel Somatostatin Receptor 2/Dopamine Type 2 Receptor Chimeric Compound BIM-23ª758 Decreases the Viability of Human GOT1 Midgut Carcinoid Cells.

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

REVISTA / JOURNAL: - Neuroendocrinology. 2013 Jul 31.

●● Enlace al texto completo (gratuito o de pago) 1159/000353784

AUTORES / AUTHORS: - Zitzmann K; Andersen S; Vlotides G; Spottl G; Zhang S; Datta R; Culler M; Goke B; Auernhammer CJ

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine II, University-Hospital Campus Grosshadern, Ludwig-Maximilians University, Munich, Germany.

RESUMEN / SUMMARY: - The majority of neuroendocrine tumors (NETs) of the gastroenteropancreatic system coexpress somatostatin receptors (SSTRs) and dopamine type 2 receptors (D2R), thus providing a rationale for the use of novel SSTR2/D2R chimeric compounds in NET disease. Here we investigate the antitumor potential of the SSTR2/D2R chimeric compounds BIM-23ª760 and BIM-23ª758 in comparison to the selective SSTR2 agonist BIM-23023 and the selective D2R agonist BIM-53097 on human NET cell lines of heterogeneous origin. While having only minor effects on human pancreatic and bronchus carcinoid cells (BON1 and NCI-H727), BIM-23ª758 induced significant antitumor effects in human midgut carcinoid cells (GOT1). These effects involved apoptosis induction as well as inhibition of mitogen-activated protein kinase and Akt signaling. Consistent with their antitumor response to BIM-23ª758, GOT1 cells showed relatively high expression levels of SSTR2 and D2R mRNA. In particular, GOT1 cells highly express the short transcript variant of D2R. In contrast to BIM-23ª758, the SSTR2/D2R chimeric compound BIM-23ª760 as well as the individual SSTR2 and D2R agonistic compounds BIM-23023 and BIM-53097 induced no or only minor antitumor responses in the examined NET

cell lines. Taken together, our findings suggest that the novel SSTR2/D2R chimeric compound BIM-23ª758 might be a promising substance for the treatment of NETs highly expressing SSTR2 and D2R. In particular, a sufficient expression of the short transcript variant of DR2 might play a pivotal role for effective treatment. © 2013 S. Karger AG, Basel.

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[18]

TÍTULO / TITLE: - Acute catecholamine cardiomyopathy in patients with phaeochromocytoma or functional paraganglioma.

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

REVISTA / JOURNAL: - Heart. 2013 Jul 9.

●● Enlace al texto completo (gratuito o de pago) 1136/heartjnl-2013-304073

AUTORES / AUTHORS: - Giavarini A; Chedid A; Bobrie G; Plouin PF; Hagege A; Amar L

INSTITUCIÓN / INSTITUTION: - Universite Paris-Descartes, Sorbonne Paris Cite, Assistance Publique-Hopitaux de Paris, Hopital Europeen Georges Pompidou, , Paris cedex 15, France.

RESUMEN / SUMMARY: - OBJECTIVE: Phaeochromocytomas and paragangliomas (PPGL) can cause acute catecholamine cardiomyopathy (ACC). We assessed the prevalence of ACC and compared the presentation of cases with and without ACC in a large series of PPGL. DESIGN: Single centre retrospective study. SETTING: Hypertension Unit, University Hospital, Paris. PATIENTS: 140 consecutive patients with PPGL, referred from January 2003 to September 2012. MAIN OUTCOME MEASURES: Left ventricular ejection fraction (LVEF), perioperative mortality. RESULTS: Fifteen patients (11%) had suffered an ACC, occurring in 14 cases before the diagnosis of PPGL. Precipitating factors were identified in 11 cases. Twelve patients presented with acute pulmonary oedema, including 10 with cardiogenic shock, requiring life support in eight cases. Seven patients (five with pulmonary oedema) presented with acute chest pain and cardiac dysfunction. Electrocardiographic abnormalities were present in 14 cases: ST segment elevation or pathological Q waves, ST segment depression, and/or diffuse T wave inversion. Six patients displayed classical (apical ballooning) or inverted (basal/mid ventricular stunning) takotsubo-like cardiomyopathy. Coronary arteries were always normal on angiography. In patients with ACC, median LVEF rose from 30% (IQR 23-33%) during ACC to 71% (50-72%) before surgery (n=11, p<0.001). Median LVEF before PPGL surgery was 65% (51-72%) and 65% (60-70%) in patients with and without a history of ACC, respectively (not significant). CONCLUSIONS: PPGL may present as ACC in 11% of cases, excluding patients dying from undiagnosed tumours. Left ventricular dysfunction is usually reversible before surgery. PPGL should be suspected in patients with acute heart failure without evidence of valvular or coronary artery disease.

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[19]

TÍTULO / TITLE: - The genetic landscape of pheochromocytomas and paragangliomas: somatic mutations take center stage.

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

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Jul;98(7):2679-81. doi: 10.1210/jc.2013-2191.

●● Enlace al texto completo (gratuito o de pago) 1210/jc.2013-2191

AUTORES / AUTHORS: - Dahia PL

INSTITUCIÓN / INSTITUTION: - MD, PhD, University of Texas Health Science Center, Department of Medicine and Cellular and Structural Biology, 7703 Floyd Curl Drive, Room 5053-R3, MC7880, San Antonio, Texas 78229. dahia@uthscsa.edu.

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[20]

TÍTULO / TITLE: - Addendum to the editorial “joint guidance on Peptide receptor radionuclide therapy in neuroendocrine tumors”.

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

REVISTA / JOURNAL: - J Nucl Med. 2013 Jul;54(7):1170. doi: 10.2967/jnumed.113.126748. Epub 2013 Jun 3.

●● Enlace al texto completo (gratuito o de pago) 2967/jnumed.113.126748

AUTORES / AUTHORS: - Delbeke D; Graham MM

INSTITUCIÓN / INSTITUTION: - Vanderbilt University Medical Center 21st Ave. S. and Garland Nashville, TN 37232 E-mail: dominique.delbeke@vanderbilt.edu.

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[21]

TÍTULO / TITLE: - Utility of intraoperative parathyroid hormone monitoring in patients with multiple endocrine neoplasia type 1-associated primary hyperparathyroidism undergoing initial parathyroidectomy.

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

REVISTA / JOURNAL: - World J Surg. 2013 Aug;37(8):1966-72. doi: 10.1007/s00268-013-2054-1.

●● Enlace al texto completo (gratuito o de pago) 1007/s00268-013-2054-1

AUTORES / AUTHORS: - Nilubol N; Weisbrod AB; Weinstein LS; Simonds WF; Jensen RT; Phan GQ; Hughes MS; Libutti SK; Marx S; Kebebew E

INSTITUCIÓN / INSTITUTION: - Endocrine Oncology Branch, Center for Cancer Research, National Cancer Institute, National Institutes of Health, 10 Center Drive, MSC1201 Room 3-3940, Bethesda, MD, 20892-1201, USA, niluboln@mail.nih.gov.

RESUMEN / SUMMARY: - BACKGROUND: Intraoperative parathyroid hormone monitoring (IOPTH) is a widely used adjunct for primary hyperparathyroidism (pHPT). However, the benefit of IOPTH in familial pHPT, such as in multiple endocrine neoplasia type I (MEN1), remains unclear. METHODS: We performed a retrospective analysis of 52 patients with MEN1-associated pHPT undergoing initial parathyroidectomy with IOPTH monitoring at our institution. Parathyroid hormone (PTH) levels were measured before skin incision and 10 min after resection of the last parathyroid gland. Variables analyzed included percent drop of PTH from baseline and the final PTH level compared to the normal reference range (RR). RESULTS: A total of 52 patients underwent initial subtotal parathyroidectomy with IOPTH. An IOPTH decrease cutoff of >/=75 % from baseline had the highest biochemical cure rate (87 %). In the remaining 13 % who met this cutoff, all had persistent pHPT, with >/=90 % drop of PTH from baseline. The remaining patients, who did not meet the >/=75 % cutoff, were cured. Follow-up was available for three of four patients with final IOPTH levels above the RR: one had persistent pHPT, two had hypoparathyroidism (50 %). When a postresection PTH level was within the RR, 88 % of patients were cured. While considered cured from pHPT, 7 % of patients in this group developed permanent hypoparathyroidism. When the final PTH level dropped below the RR, 28 % developed permanent hypoparathyroidism. CONCLUSIONS: A cutoff in IOPTH decrease of >/=75 % from baseline has the highest biochemically cure rate in patients with pHPT associated with MEN1. However, a 75 % cutoff in IOPTH decrease does not exclude persistent pHPT. The absolute IOPTH value does not accurately predict postoperative hypoparathyroidism.

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[22]

TÍTULO / TITLE: - Comparison of Ga-68 DOTA-TATE and Ga-68 DOTA-LAN PET/CT imaging in the same patient group with neuroendocrine tumours: preliminary results.

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

REVISTA / JOURNAL: - Nucl Med Commun. 2013 Aug;34(8):727-32. doi: 10.1097/MNM.0b013e328362cca6.

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

1097/MNM.0b013e328362cca6

AUTORES / AUTHORS: - Demirci E; Ocak M; Kabasakal L; Araman A; Ozsoy Y; Kanmaz B

INSTITUCIÓN / INSTITUTION: - aDepartment of Nuclear Medicine, Cerrahpasa Medical Faculty bDepartment of Pharmaceutical Technology, Faculty of Pharmacy, Istanbul University, Istanbul, Turkey.

RESUMEN / SUMMARY: - INTRODUCTION: Recent studies have suggested that PET imaging with Ga-68-labelled DOTA-somatostatin analogues such as octreotide and octreotate is useful in diagnosing neuroendocrine tumours

(NETs) and has superior value over both computed tomography and planar and SPECT somatostatin receptor scintigraphy. PURPOSE: The aim of the present study was to evaluate the role of Ga-68 DOTA-lanreotide (Ga-68-DOTA-LAN) in patients with somatostatin receptor (sst)-expressing tumours and to compare the results of Ga-68 DOTA-D-Phe1-Tyr3-octreotate (Ga-68-DOTA-TATE) in the same patient population. MATERIALS AND METHODS: Twelve patients with NETs who were referred to our department for somatostatin receptor scintigraphy were included in the study. There were four patients with well-differentiated neuroendocrine tumour (WDNET) grade 1, two patients with WDNET grade 2, and three patients with poorly differentiated neuroendocrine carcinoma (PDNEC) grade 3. There was also one patient with medullary thyroid cancer, one patient with meningioma and one patient with MEN-1. All patients underwent two consecutive PET imaging studies with Ga-68-DOTA-TATE and Ga-68 DOTA-LAN. All images were evaluated visually, and maximum standardized uptake value was calculated for quantitative evaluation. RESULTS: On visual examination of maximum intensity projection images, GA-68 DOTA-LAN was seen to have high background activity and high bone marrow uptake. Both tracers defined 67 lesions. Ga-68 DOTA-TATE images revealed 63 (94%) clearly defined lesions, missing four lesions. In contrast, Ga-68 DOTA-LAN images defined only 23 (44%) lesions, missing 44 (56%) lesions. Thirty-two bone lesions were detected on Ga-68-DOTA-TATE images. Among them, only 11 (34%) were positive on Ga-68 DOTA-LAN images, whereas 21 (66%) were negative. When we evaluated liver, mediastinum and gastrointestinal tract lesions, Ga-68 DOTA-LAN was seen to be positive for 12 (34%) lesions and negative for 23 (66%) lesions. CONCLUSION: Although the results are preliminary, the image quality obtained by Ga-68-DOTA-TATE seems to be superior to that obtained by Ga-68 DOTA-LAN. With its significantly higher lesion uptake and higher ability to detect lesions, Ga-68-DOTA-TATE seems to be a better radioligand compared with Ga-68-DOTA-LAN for the diagnosis of NETs.

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[23]

TÍTULO / TITLE: - Four cases of carcinoid tumour in Crohn's disease: coincidence or correlation?

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

REVISTA / JOURNAL: - Int J Colorectal Dis. 2013 Jun 15.

●● Enlace al texto completo (gratuito o de pago) 1007/s00384-013-1732-7

AUTORES / AUTHORS: - Pratico C; Rizzello F; Fornarini GS; Calafiore A; Calabrese C; Campieri M; Tomassetti P; Gionchetti P

INSTITUCIÓN / INSTITUTION: - IBD Unit, Dipartimento di Scienze Mediche e Chirurgiche (DIMEC), Sant'Orsola-Malpighi Hospital, University of Bologna, Via Massarenti 9, 40138, Bologna, Italy, chiara.pratic@gmail.com.

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[24]

TÍTULO / TITLE: - Evaluation of radiological prognostic factors of hepatic metastases in patients with non-functional pancreatic neuroendocrine tumors.

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

REVISTA / JOURNAL: - Eur J Radiol. 2013 Jul 24. pii: S0720-048X(13)00334-3. doi: 10.1016/j.ejrad.2013.06.017.

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

1016/j.ejrad.2013.06.017

AUTORES / AUTHORS: - Denecke T; Baur AD; Ihm C; Steffen IG; Tischer E; Arsenic R; Pascher A; Wiedenmann B; Pavel M

INSTITUCIÓN / INSTITUTION: - Klinik fur Radiologie, Campus Virchow-Klinikum, Charite - Universitatsmedizin Berlin, Germany.

RESUMEN / SUMMARY: - PURPOSE: There are different therapeutic options in non-functional well to moderately differentiated (G1 and G2) pancreatic neuroendocrine tumors (pNET) with unresectable hepatic metastases including systemic chemotherapy and novel molecular targeted therapies. Treatment with somatostatin analogs (SSA) as antiproliferative agents is optional. At initial diagnosis watchful waiting until tumor progression is a well-established approach. Goal of this study was to evaluate imaging features as potential prognostic factors predicting early tumor progression in order to select patients that might benefit from an earlier initiation of medical treatment. PATIENTS AND METHODS: In 44 patients we correlated tumor grade, chromogranin A (CgA) levels, treatment with SSA and imaging features of hepatic metastases on contrast-enhanced multiphase CT and MR imaging with time to tumor progression (TTP) according to RECIST 1.0. RESULTS: In the total patient cohort none of the tested imaging features was found to be a statistically significant prognostic factor for TTP. Since treatment with SSA was associated with an increased TTP we also analyzed a subgroup of 30 patients not treated with SSA. In this subgroup of patients hypoenhancement of hepatic metastases during early contrast phases was found to be a negative prognostic factor for early tumor progression within 12 months (p=0.039). The other evaluated parameters including hepatic tumor load, number of metastases, and presence of regressive morphological changes did not reveal significant results. CONCLUSION: Hypovascularization of liver metastases from G1 and G2 pNET reflected by hypoenhancement during the early contrast phases seems to be associated with early tumor progression. In patients with hypoenhancing metastases repeated biopsy for reassessment of grading of these metastases, and early initiation of therapy should be considered.

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[25]

TÍTULO / TITLE: - Pheochromocytoma in an 8-year-old patient with multiple endocrine neoplasia type 2ª: Implications for screening.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J Surg Oncol. 2013 Jul 19. doi: 10.1002/jso.23378.
●● Enlace al texto completo (gratuito o de pago) 1002/jso.23378
AUTORES / AUTHORS: - Rowland KJ; Chernock RD; Moley JF
INSTITUCIÓN / INSTITUTION: - Department of Surgery, Washington University in St. Louis School of Medicine, St. Louis, Missouri.
RESUMEN / SUMMARY: - Childhood pheochromocytoma in the setting of multiple endocrine neoplasia type 2 (MEN2) remains rare and has not been reported under the age of 12. We present an 8-year-old female with known MEN 2ª, C634Y RET mutation, diagnosed with a 6 cm pheochromocytoma requiring laparoscopic adrenalectomy. Given this patient's age at diagnosis, screening guidelines should recommend annual screening beginning at age 8 for patients with MEN 2B or MEN 2ª codons 630 or 634 RET mutations. J. Surg. Oncol. © 2013 Wiley Periodicals, Inc.

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[26]
TÍTULO / TITLE: - Factors influencing morbidity after surgical management of malignant thyroid disease.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Ann Otol Rhinol Laryngol. 2013 Jun;122(6):398-403.
AUTORES / AUTHORS: - More Y; Shnayder Y; Girod DA; Sykes KJ; Carlisle MP; Chalmers B; Kraemer C; Tsue TT
INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology, Kansas University Medical Center, Kansas City, Kansas, USA.
RESUMEN / SUMMARY: - OBJECTIVES: We performed a retrospective study of cases from 2005 to 2010 at an academic tertiary care center to analyze the factors that influence morbidity in surgical management of thyroid malignancy. METHODS: The rates of recurrent laryngeal nerve (RLN) injury and hypoparathyroidism (HPT) were analyzed in the entire cohort. The comparison groups were 1) primary surgery versus revision; 2) total thyroidectomy versus total thyroidectomy combined with neck node dissection; and 3) two groups defined by surgical technique according to the RLN approach: group 1, in which the RLN was identified inferiorly in the tracheoesophageal groove, and group 2, in which the RLN was identified near the cricothyroid joint point of entry. RESULTS: We reviewed 308 patients who underwent surgery for thyroid cancer. Thirty-six (11.7%) had temporary HPT, and 8 (2.6%) had permanent HPT. Of a total of 586 RLNs at risk, 16 (2.7%) had temporary damage and 2 (0.3%) had permanent damage. The incidences of temporary RLN injury significantly differed between the primary-surgery and revision-surgery groups (2.5% versus 15.6%; p = 0.001), and also between the groups with total thyroidectomy and thyroidectomy with neck dissection (1.2% versus 7.8%; p =

0.027). The incidences of temporary HPT were significantly different between the groups with primary surgery and revision surgery (6.6% versus 31.3%; p = 0.001), between the groups with total thyroidectomy and total thyroidectomy with neck dissection (4.7% versus 15.6%; p = 0.009), and between group 1 and group 2 (surgical technique in terms of RLN approach; 8.2% versus 17.9%; p = 0.011). Permanent HPT and permanent RLN injury both occurred rarely in this cohort, with no significant differences among comparison groups. CONCLUSIONS: Our study shows a higher incidence of temporary RLN injury and teniporary HPT in revision surgery cases and in total thyroidectomy with neck dissection. Temporary HPT was significantly more common when the RLN was identified near the cricothyroid joint.

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[27]

TÍTULO / TITLE: - Measuring mitochondrial uncoupling protein-2 level and activity in insulinoma cells.

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

REVISTA / JOURNAL: - Methods Enzymol. 2013;528:257-67. doi: 10.1016/B978-0-12-405881-1.00015-X.

●● Enlace al texto completo (gratuito o de pago) 1016/B978-0-12-405881-1.00015-X

AUTORES / AUTHORS: - Barlow J; Hirschberg V; Brand MD; Affourtit C

INSTITUCIÓN / INSTITUTION: - School of Biomedical and Biological Sciences, Plymouth University, Drake Circus, Plymouth, United Kingdom.

RESUMEN / SUMMARY: - Mitochondrial uncoupling protein-2 (UCP2) regulates glucose-stimulated insulin secretion (GSIS) by pancreatic beta cells-the physiological role of the beta cell UCP2 remains a subject of debate. Experimental studies informing this debate benefit from reliable measurements of UCP2 protein level and activity. In this chapter, we describe how UCP2 protein can be detected in INS-1 insulinoma cells and how it can be knocked down by RNA interference. We demonstrate briefly that UCP2 knockdown lowers glucose-induced rises in mitochondrial respiratory activity, coupling efficiency of oxidative phosphorylation, levels of mitochondrial reactive oxygen species, and insulin secretion. We provide protocols for the detection of the respective UCP2 phenotypes, which are indirect, but invaluable measures of UCP2 activity. We also introduce a convenient method to normalize cellular respiration to cell density allowing measurement of UCP2 effects on specific mitochondrial oxygen consumption.

PTPTPTP - Journal Article

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[28]

TÍTULO / TITLE: - Anti-hypertensive treatment in pheochromocytoma and paraganglioma: current management and therapeutic features.

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

REVISTA / JOURNAL: - Endocrine. 2013 Jul 2.

●● Enlace al texto completo (gratuito o de pago) 1007/s12020-013-0007-y

AUTORES / AUTHORS: - Mazza A; Armigliato M; Marzola MC; Schiavon L; Montemurro D; Vescovo G; Zuin M; Chondrogiannis S; Ravenni R; Opocher G; Colletti PM; Rubello D

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Santa Maria della Misericordia Hospital, Viale Tre Martiri 140, 45100, Rovigo, Italy, mazza.alberto@azisanrovigo.it.

RESUMEN / SUMMARY: - Pheochromocytoma (PH) and paraganglioma (PG) are neuroendocrine neoplasms arising from chromaffin cells of the adrenal medulla and the sympathetic ganglia, respectively. Although are unusual cause of hypertension (HT) accounting for at most 0.1-0.2 % of cases, they may lead to severe and potentially lethal hypertensive crisis due to the effects of the released catecholamines. However, both PH and PG may be asymptomatic as ~30 % of subjects are normotensive or have orthostatic hypotension and in these cases the 24 h ambulatory blood pressure (BP) monitoring is an important toll to diagnose and treat HT. HT treatment may be difficult when PH or PG occurs in pregnancy or in the elderly subjects and in these cases a multidisciplinary team is required. When surgical excision is mandatory the perioperative management requires the administration of selective alpha1-adrenergic blocking agents (i.e., doxazosin, prazosin or terazosin) followed by a beta-adrenergic blockade (i.e., propranolol, atenolol). This latter should never be started first because blockade of vasodilatory peripheral beta-adrenergic receptors with unopposed alpha-adrenergic receptor stimulation can lead to a further elevation of BP. Although labetalol is traditionally considered the ideal agent due to its alpha- and beta-adrenergic antagonism, experimental studies do not support its use in this clinical setting. As second regimen, the administration of vasodilators as calcium channel blockers (i.e., nicardipine, nifedipine) may be required to control BP. Oral and sublingual short-acting nifedipine are potentially dangerous in patients with hypertensive emergencies and are not recommend. The latest evidences into the diagnosis and treatment of hypertensive crisis due to PH and PG are reviewed here.

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[29]

TÍTULO / TITLE: - Merkel cell polyomavirus large T antigen disrupts host genomic integrity and inhibits cellular proliferation.

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

REVISTA / JOURNAL: - J Virol. 2013 Aug;87(16):9173-88. doi: 10.1128/JVI.01216-13. Epub 2013 Jun 12.

●● Enlace al texto completo (gratuito o de pago) 1128/JVI.01216-13

AUTORES / AUTHORS: - Li J; Wang X; Diaz J; Tsang SH; Buck CB; You J

INSTITUCIÓN / INSTITUTION: - Department of Microbiology, University of Pennsylvania, Perelman School of Medicine, Philadelphia, Pennsylvania, USA.
RESUMEN / SUMMARY: - Clonal integration of Merkel cell polyomavirus (MCV) DNA into the host genome has been observed in at least 80% of Merkel cell carcinoma (MCC). The integrated viral genome typically carries mutations that truncate the C-terminal DNA binding and helicase domains of the MCV large T antigen (LT), suggesting a selective pressure to remove this MCV LT region during tumor development. In this study, we show that MCV infection leads to the activation of host DNA damage responses (DDR). This activity was mapped to the C-terminal helicase-containing region of the MCV LT. The MCV LT-activated DNA damage kinases, in turn, led to enhanced p53 phosphorylation, upregulation of p53 downstream target genes, and cell cycle arrest. Compared to the N-terminal MCV LT fragment that is usually preserved in mutants isolated from MCC tumors, full-length MCV LT shows a decreased potential to support cellular proliferation, focus formation, and anchorage-independent cell growth. These apparently antitumorigenic effects can be reversed by a dominant-negative p53 inhibitor. Our results demonstrate that MCV LT-induced DDR activates p53 pathway, leading to the inhibition of cellular proliferation. This study reveals a key difference between MCV LT and simian vacuolating virus 40 LT, which activates a DDR but inhibits p53 function. This study also explains, in part, why truncation mutations that remove the MCV LT C-terminal region are necessary for the oncogenic progression of MCV-associated cancers.

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[30]
TÍTULO / TITLE: - Short-term outcomes and cost of care of treatment of head and neck paragangliomas.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Laryngoscope. 2013 Jul;123(7):1645-51. doi: 10.1002/lary.23856. Epub 2013 Jun 4.
●● Enlace al texto completo (gratuito o de pago) 1002/lary.23856
AUTORES / AUTHORS: - Chan JY; Li RJ; Gourin CG
INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology-Head and Neck Surgery, Johns Hopkins University, Baltimore, Maryland, U.S.A.
RESUMEN / SUMMARY: - OBJECTIVES/HYPOTHESIS: To characterize contemporary treatment of head and neck paragangliomas and the effect of treatment on postoperative complications, length of stay, and costs. STUDY DESIGN: Retrospective cross-sectional study. METHODS: Discharge data from the Nationwide Inpatient Sample for 7,791 patients who underwent endovascular or surgical treatment of head and neck paragangliomas between 1993 and 2008 were analyzed using cross tabulations and multivariate regression modeling. RESULTS: Surgery only was performed in 91% of cases, embolization alone was performed in 4% of cases, and both embolization and surgery were performed in 5% of cases. Postoperative surgical complications

were significantly more likely in patients undergoing embolization and surgery during the same admission (odds ratio [OR], 2.3; P = .031), whereas acute medical complications were more likely in patients undergoing embolization only (OR, 3.9; P = .001). Embolization alone was specifically associated with an increased risk of acute renal failure (OR, 8.2; P = .026) and pneumonia (OR, 3.9; P = .001). Cranial nerve injury was associated with increased odds of dysphagia (OR, 8.5; P = .004), and dysphagia was associated with increased odds of voice disturbance (OR, 5.1; P = .004). Embolization, with or without surgery during the same admission, was associated with significantly increased hospital-related costs, after controlling for all other variables. CONCLUSIONS: Endovascular treatment of head and neck paragangliomas is associated with an increase in complications and hospital-related costs. Although these findings may reflect larger tumor size and comorbidity in patients selected for embolization, these data suggest a need to reexamine the benefits and cost-effectiveness of embolization in surgical patients. LEVEL OF EVIDENCE: 2c. Laryngoscope, 2013.

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[31]

TÍTULO / TITLE: - Von hippel lindau disease with colon adenocarcinoma, renal cell carcinoma and adrenal pheochromocytoma.

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

REVISTA / JOURNAL: - Intern Med. 2013;52(14):1599-603. Epub 2013 Jul 15.

AUTORES / AUTHORS: - Zinnamosca L; Laudisi A; Petramala L; Marinelli C; Roselli M; Vitolo D; Montesani C; Letizia C

INSTITUCIÓN / INSTITUTION: - Department Unit of Secondary Hypertension, Department of Internal Medicine and Medical Specialities, “Sapienza” University of Rome, Italy.

RESUMEN / SUMMARY: - Von Hippel-Lindau (VHL) disease is an autosomal dominant inherited tumor syndrome characterized by the presence of heterogeneous tumors derived from different organs. VHL is caused by germline mutations in the VHL tumor suppressor gene located on chromosome 3p25-26. The loss of functional VHL protein contributes to tumorigenesis. VHL tumors are most frequently derived from the kidneys, adrenal gland, central nervous system, eyes, inner ear, epididymis and pancreas. We herein describe the case of a 64-year-old man carrying the VHL gene mutation affected by simultaneous colon adenocarcinoma, renal clear cell carcinoma and adrenal pheochromocytoma.

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[32]

TÍTULO / TITLE: - Medullary thyroid cancer secreting carbohydrate antigen 19-9 (Ca 19-9): a fatal case report.

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

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Jul 16.

●● Enlace al texto completo (gratuito o de pago) 1210/jc.2013-1940

AUTORES / AUTHORS: - Elisei R; Lorusso L; Romei C; Bottici V; Mazzeo S; Giani C; Fiore E; Torregrossa L; Insilla AC; Basolo F; Guerini A; Menghi A; Poletti A; Cugudda L; Vitti P

INSTITUCIÓN / INSTITUTION: - Section of Endocrinology, Department Clinical and Experimental Medicine and WHO Collaborating Center for the Study and Treatment of Thyroid Diseases and Other Endocrine and Metabolic Disorders University Hospital of Pisa, Pisa, Italy (RE, LL, CR, VB, CG, EF, PV); Department of Traslational Research and New Technologies in Medicine and Surgery University Hospital of Pisa, Italy (SM); Department of Surgical, Medical and Molecular Pathology of the Clinical Area, University of Pisa (LT, AC, FB); Department of Laboratory Medicine, Anatomy and Histopathology, Bassano Del Grappa, Italy (AG, AM, AP); Medical Oncology, Ospedale di Bassano del Grappa (LC).

RESUMEN / SUMMARY: - Background:During follow-up for patients with medullary thyroid cancer (MTC), the levels of serum calcitonin (Ct) and carcinoembryonic antigen (CEA) are important and the doubling time of these biomarkers significantly correlates with disease progression. Other antigens are present in tumor tissue and the sera of patients with MTC, but there are scarce published data on the serum levels of carbohydrate antigen 19-9 (Ca 19-9), a tumor marker primarily used for the diagnosis and follow-up of pancreatic and gastrointestinal neoplasias. Recently, the case of a 56-year-old woman with multiple endocrine neoplasia type 2B with high serum levels of Ca 19-9 was reported; this patient experienced rapid disease progression that led to her death.Case presentation:A 28-year-old man was referred to the Department of Endocrinology of Pisa with suspected MTC with laterocervical lymph node metastasis, a single liver lesion (10 mm), several bone metastases and bilateral pheochromocytomas. RET genetic testing revealed a germline Cys634Arg mutation. During the hospitalization, the CEA and Ca 19-9 levels increased while the Ct concentration remained stable; despite the apparent stability of the lesions, the condition of the patient worsened rapidly and resulted in death.Conclusions:High levels of serum Ca 19-9 could be considered a marker of the dedifferentiation of MTC and disease aggressiveness, but additional data on the association between Ca 19-9 and advanced MTC are required to confirm this hypothesis.

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[33]

TÍTULO / TITLE: - The importance of multimodality therapy in the treatment of sinonasal neuroendocrine carcinoma.

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

REVISTA / JOURNAL: - Eur Arch Otorhinolaryngol. 2013 Sep;270(9):2565-8. doi: 10.1007/s00405-013-2554-5. Epub 2013 Jun 6.

●● Enlace al texto completo (gratuito o de pago) 1007/s00405-013-2554-5

AUTORES / AUTHORS: - van der Laan TP; Bij HP; van Hemel BM; Plaat BE; Wedman J; van der Laan BF; Halmos GB

INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology, Head and Neck Surgery, University Medical Center Groningen, University of Groningen, P.O. Box 30.001, 9700 RB, Groningen, The Netherlands, t.p.van.der.laan@umcg.nl.

RESUMEN / SUMMARY: - Sinonasal carcinoma with neuroendocrine differentiation (SCND) is a rare group of tumors known for their aggressive behavior and poor response to treatment. The data in the literature are sparse and cover a wide range of therapeutic approaches over a protracted timeline. Therefore, it is important that institutions report on their experience with these rare neoplasms. Clinical data, such as age at diagnosis, gender, tumor subtype and stage, treatment intention and modality, recurrence, salvage treatment, and survival of patients with a SCND, diagnosed at our department between 1980 and 2010, were retrospectively analyzed. Fifteen patients were available for analysis; eight with sinonasal undifferentiated carcinoma (SNUC), five with sinonasal neuroendocrine carcinoma (SNEC), and two with small cell neuroendocrine carcinoma (SmCC). The median age at the time of diagnosis was 68 years (range 28-87). Treatment consisted of surgery (2), radiotherapy (4), a combination of these modalities (6) and palliation (3). The estimated 5-year overall survival was 60 % for SNEC, 44 % for SNUC and 0 % for SmCC. According to our institutional experience an aggressive multi-modality approach incorporating (neoadjuvant) chemoradiotherapy, radical surgery and elective treatment of the neck is the best treatment strategy for SCND. The high propensity for distant metastasis and poor prognosis of SmCC warrants consideration of the impact of treatment on the remaining quality of life in these patients.

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[34]

TÍTULO / TITLE: - Vandetanib in Children and Adolescents with Multiple Endocrine Neoplasia Type 2B Associated Medullary Thyroid Carcinoma.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Aug 1;19(15):4239-48. doi: 10.1158/1078-0432.CCR-13-0071. Epub 2013 Jun 13.

●● Enlace al texto completo (gratuito o de pago) 1158/1078-0432.CCR-13-0071

AUTORES / AUTHORS: - Fox E; Widemann BC; Chuk MK; Marcus L; Aikin A; Whitcomb PO; Merino MJ; Lodish M; Dombi E; Steinberg SM; Wells SA; Balis FM

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Division of Oncology, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania; National Cancer

Institute; and National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Maryland.

RESUMEN / SUMMARY: - PURPOSE: Medullary thyroid carcinoma (MTC) is a manifestation of multiple endocrine neoplasia type 2 (MEN2) syndromes caused by germline, activating mutations in the RET (REarranged during Transfection) proto-oncogene. Vandetanib, a VEGF and EGF receptor inhibitor, blocks RET tyrosine kinase activity and is active in adults with hereditary MTC. EXPERIMENTAL DESIGN: We conducted a phase I/II trial of vandetanib for children (5-12 years) and adolescents (13-18 years) with MTC to define a recommended dose and assess antitumor activity. The starting dose was 100 mg/m(2) administered orally, once daily, continuously for 28-day treatment cycles. The dose could be escalated to 150 mg/m(2)/d after two cycles. Radiographic response to vandetanib was quantified using RECIST (v1.0), biomarker response was measured by comparing posttreatment serum calcitonin and carcinoembryonic antigen (CEA) levels to baseline, and a patient-reported outcome was used to assess clinical benefit. RESULTS: Sixteen patients with locally advanced or metastatic MTC received vandetanib for a median (range) 27 (2-52) cycles. Eleven patients remain on protocol therapy. Diarrhea was the primary dose-limiting toxicity. In subjects with M918T RET germline mutations (n = 15) the confirmed objective partial response rate was 47% (exact 95% confidence intervals, 21%-75%). Biomarker partial response was confirmed for calcitonin in 12 subjects and for CEA in 8 subjects. CONCLUSION: Using an innovative trial design and selecting patients based on target gene expression, we conclude that vandetanib 100 mg/m(2)/d is a well-tolerated and highly active new treatment for children and adolescents with MEN2B and locally advanced or metastatic MTC. Clin Cancer Res; 19(15); 4239-48. ©2013 AACR.

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[35]

TÍTULO / TITLE: - Combination chemotherapy with irinotecan and cisplatin for large-cell neuroendocrine carcinoma of the lung: a multicenter phase II study.

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

REVISTA / JOURNAL: - J Thorac Oncol. 2013 Jul;8(7):980-4. doi: 10.1097/JTO.0b013e31828f6989.

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

1097/JTO.0b013e31828f6989

AUTORES / AUTHORS: - Niho S; Kenmotsu H; Sekine I; Ishii G; Ishikawa Y; Noguchi M; Oshita F; Watanabe S; Nakajima R; Tada H; Nagai K

INSTITUCIÓN / INSTITUTION: - Division of Thoracic Oncology, National Cancer Center Hospital East, Kashiwa, Chiba, Japan. siniho@east.ncc.go.jp

RESUMEN / SUMMARY: - INTRODUCTION: We conducted a phase II study of combination chemotherapy with irinotecan (CPT) and cisplatin (CDDP) in patients with advanced large-cell neuroendocrine carcinoma (LCNEC) of the

lung. METHODS: Patients received irinotecan (60 mg/m(2), days 1, 8, and 15) and cisplatin (60 mg/m(2), day 1) every 4 weeks for up to four cycles. The primary endpoint was the response rate. Expected and threshold values for the primary endpoint were 50% and 30%. RESULTS: Forty-four patients were enrolled between January 2005 and November 2011. The response rate (RR) was 54.5% (95% confidence interval [CI], 38.8-69.6%). The median progression-free survival time was 5.9 months (95% CI, 5.5-6.3), and the median survival time was 15.1 months (95% CI, 11.2-19.0). A central pathological review of specimens from 41 patients demonstrated that 30 patients had LCNEC but that 10 patients had small-cell lung cancer (SCLC) and one had non-small-cell lung cancer with a neuroendocrine structure. The RR was 46.7% (95% CI, 28.3-65.7%) in the LCNEC group and 80% (95% CI, 44.4-97.5%) in the SCLC group (p = 0.0823). The median survival time was 12.6 months (95% CI, 9.3-16.0) in the LCNEC group and 17.3 months (95% CI, 11.2-23.3) in the SCLC group (p = 0.047). CONCLUSIONS: Combination chemotherapy with irinotecan and cisplatin was active in patients with LCNEC, but the RR and the overall survival period among the patients with LCNEC seemed to be inferior to those among the patients with SCLC. Small numbers of patients were a major limitation in this study.

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[36]

TÍTULO / TITLE: - 50 years ago in the journal of pediatrics: pheochromocytoma in children.

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

REVISTA / JOURNAL: - J Pediatr. 2013 Aug;163(2):434. doi: 10.1016/j.jpeds.2013.02.037.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jpeds.2013.02.037

AUTORES / AUTHORS: - Andreoli SP

INSTITUCIÓN / INSTITUTION: - Division of Pediatric Nephrology, James Whitcomb Riley Hospital for Children, Indianapolis, Indiana.

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[37]

TÍTULO / TITLE: - Impact of Octreotide LAR on Tumour Growth Control as First-Line Treatment in Neuroendocrine Tumours of Pancreatic Origin.

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

REVISTA / JOURNAL: - Neuroendocrinology. 2013 Jun 22.

●● Enlace al texto completo (gratuito o de pago) 1159/000353785

AUTORES / AUTHORS: - Jann H; Denecke T; Koch M; Pape UF; Wiedenmann B; Pavel M

INSTITUCIÓN / INSTITUTION: - Departments of Hepatology and Gastroenterology, Charite, Berlin, Germany.

RESUMEN / SUMMARY: - Background: Somatostatin analogues (SSA) are widely used in treatment of patients with functioning and non-functioning neuroendocrine tumours (NET). The aim of our investigation was to evaluate the antiproliferative effect of SSA in patients with pancreatic NET. Methods: We retrospectively analyzed records of 43 patients with pancreatic NET treated at our clinic with octreotide LAR as first-line therapy. The aim of our study was to investigate the overall best response according to RECIST criteria, overall best response defined as disease control rate (SD+PR), response and disease control rate at 12 months as well as time to progression (TTP). Results: Mean age (+/- SD) of the patients (16 female symbol/27 male symbol) at initial diagnosis was 54.7 +/- 11.86 years. At start of therapy 39 of 43 patients were classified as stage IV according to ENETS-TNM. Tumours were graded, based on MiB-1/Ki67 staining, as G1 (n = 8) and G2 (n = 30); unknown (n = 5). Octreoscan was positive in 37 patients, negative in 2 and unknown in 4 cases. 19 patients had functioning tumours, 24 patients had non-functioning tumours. Median overall survival was 98 months, median TTP was 13 months. Analysis of grading showed a statistically significant influence on TTP when comparing the median TTP for Ki67 >10% with Ki67< 5% (p = 0.009) and Ki67 5-10% (p = 0.036). Conclusion: SSA may be considered as first-line treatment for antiproliferative purposes in metastatic NET of the pancreas. Patients with a proliferation index of less than 10% displayed a more durable response compared to those with a higher proliferation index. © 2013 S. Karger AG, Basel.

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[38]

TÍTULO / TITLE: - Detection of merkel cell polyomavirus in oral samples of renal transplant recipients without Merkel cell carcinoma.

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

REVISTA / JOURNAL: - J Med Virol. 2013 Jul 12. doi: 10.1002/jmv.23687.

●● Enlace al texto completo (gratuito o de pago) 1002/jmv.23687

AUTORES / AUTHORS: - Baez CF; Guimaraes MA; Martins RA; Zalona AC; Cossatis JJ; Zalis MG; Cavalcanti SM; Varella RB

INSTITUCIÓN / INSTITUTION: - Department of Microbiology and Parasitology, Fluminense Federal University, RJ, Brazil.

RESUMEN / SUMMARY: - Merkel cell carcinoma (MCC) is a rare but aggressive neuroendocrine cancer, with approximately 80% of cases associated with Merkel cell polyomavirus (MCPyV). The lack of information concerning its occurrence in non-MCC immunosuppressed populations led to the investigation of MCPyV DNA in saliva and oral biopsies from 60 kidney allograft recipients and 75 non-transplanted individuals (control group). In contrast to herpesviruses, which was also investigated (CMV, HHV-6ª, and B, HHV-7) MCPyV was detected predominantly in patients with oral lesions (gingivitis and/or periodontitis) of both transplanted and non-transplanted groups (P =

0.016) and in the saliva of the transplanted group (P = 0.009). MCPyV co-detection with CMV (P = 0.048), and HHV-6 (P = 0.020) in the saliva of transplanted patients requires further investigation on a possible role of co-infection. J. Med. Virol. © 2013 Wiley Periodicals, Inc.

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[39]

TÍTULO / TITLE: - Proteins differentially expressed in human beta-cells-enriched pancreatic islet cultures and human insulinomas.

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

REVISTA / JOURNAL: - Mol Cell Endocrinol. 2013 Jul 24. pii: S0303-7207(13)00287-6. doi: 10.1016/j.mce.2013.07.004.

●● Enlace al texto completo (gratuito o de pago) 1016/j.mce.2013.07.004

AUTORES / AUTHORS: - Terra LF; Teixeira PC; Wailemann RA; Zelanis A; Palmisano G; Cunha-Neto E; Kalil J; Larsen MR; Labriola L; Sogayar MC

INSTITUCIÓN / INSTITUTION: - Instituto de Quimica, Departamento de Bioquimica, Universidade de Sao Paulo (USP), Sao Paulo, Brazil.

RESUMEN / SUMMARY: - In view of the great demand for human beta-cells for physiological and medical studies, we generated cell lines derived from human insulinomas which secrete insulin, C-peptide and express neuroendocrine and islet markers. In this study, we set out to characterize their proteomes, comparing them to those of primary beta-cells using DIGE followed by MS. The results were validated by Western blotting. An average of 1800 spots was detected with less than 1% exhibiting differential abundance. Proteins more abundant in human islets, such as Caldesmon, are involved in the regulation of cell contractility, adhesion dependent signaling, and cytoskeletal organization. In contrast, almost all proteins more abundant in insulinoma cells, such as MAGE2, were first described here and could be related to cell survival and resistance to chemotherapy. Our proteomic data provides, for the first time, a molecular snapshot of the orchestrated changes in expression of proteins involved in key processes which could be correlated with the altered phenotype of human beta-cells. Collectively our observations prompt research towards the establishment of bioengineered human beta-cells providing a new and needed source of cultured human beta-cells for beta-cell research, along with the development of new therapeutic strategies for detection, characterization and treatment of insulinomas.

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[40]

TÍTULO / TITLE: - A large prospective study of risk factors for adenocarcinomas and malignant carcinoid tumors of the small intestine.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Sep;24(9):1737-46. doi: 10.1007/s10552-013-0251-8. Epub 2013 Jun 29.

●● Enlace al texto completo (gratuito o de pago) 1007/s10552-013-0251-8

AUTORES / AUTHORS: - Cross AJ; Hollenbeck AR; Park Y

INSTITUCIÓN / INSTITUTION: - Division of Cancer Epidemiology and Genetics (DCEG), Department of Health and Human Services (DHHS), National Cancer Institute (NCI), National Institutes of Health (NIH), 6120 Executive Blvd, Rockville, MD, 20852, USA, crossa@mail.nih.gov.

RESUMEN / SUMMARY: - PURPOSE: Small intestinal cancer is increasing in the U.S.A, yet little is known about its etiology. Our aim was to prospectively evaluate risk factors for this malignancy by the two main histologic subtypes (adenocarcinomas and carcinoids). METHODS: Hazard ratios and 95 % confidence intervals (CI) were estimated for all incident small intestinal cancers (n = 237), adenocarcinomas (n = 84), and malignant carcinoids (n = 124), by demographic and lifestyle factors among 498,376 men and women. RESULTS: Age was the only risk factor for adenocarcinomas (HR for >/=65 vs. 50-55 years = 3.12, 95 % CI 1.33, 7.31). Age (HR for >/=65 vs. 50-55 years = 3.31, 95 % CI 1.51, 7.28), male sex (HR = 1.44, 95 % CI 1.01, 2.05), body mass index (BMI, HR for >/=35 vs. 18.5-<25 kg/m(2) = 1.95, 95 % CI 1.06, 3.58), and current menopausal hormone therapy use (HR = 1.94, 95 % CI 1.07, 3.50) were positively associated with malignant carcinoids. A family history of any cancer or colorectal cancer (HR = 1.42, 95 % CI 0.99, 2.03; 1.61, 0.97, 2.65, respectively), or a personal history of colorectal polyps (HR = 1.51, 95 % CI 0.92, 2.46) produced elevated, but not statistically significant, risks for malignant carcinoids. Race, education, diabetes, smoking, physical activity, and alcohol intake were not associated with either histologic subtype. CONCLUSIONS: Risk factors differed according to cancer subtype; only age was associated with adenocarcinomas, whereas age, male sex, BMI, and menopausal hormone therapy use were positively associated with malignant carcinoids.

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[41]

TÍTULO / TITLE: - Efficacy of endoscopic mucosal resection using a dual-channel endoscope compared with endoscopic submucosal dissection in the treatment of rectal neuroendocrine tumors.

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

REVISTA / JOURNAL: - Surg Endosc. 2013 Jun 27.

●● Enlace al texto completo (gratuito o de pago) 1007/s00464-013-3050-0

AUTORES / AUTHORS: - Lee WH; Kim SW; Lim CH; Kim JS; Cho YK; Lee IS; Choi MG; Choi KY

INSTITUCIÓN / INSTITUTION: - Gastrointestinal Center, Department of Internal Medicine, Medical College, Seoul St. Mary's Hospital, Catholic University of Korea, 222 Banpo-Daero, Seocho-Gu, Seoul, 137-040, Korea, luke36@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: Conventional endoscopic mucosal resection (EMR) for removing rectal neuroendocrine tumors (NETs) has a high risk of incomplete removal because of submucosal tumor involvement. EMR using a dual-channel endoscope (EMR-D) may be a safe and effective method for resection of polyps in the gastrointestinal tract. The efficacy of EMR-D in the treatment of rectal NET has not been evaluated thoroughly. METHODS: From January 2005 to September 2011, a total of 70 consecutive patients who received EMR-D or endoscopic submucosal dissection (ESD) to treat a rectal NET <16 mm in diameter were included to compare EMR-D with ESD for the treatment of rectal NETs. RESULTS: The EMR-D group contained 44 patients and the ESD group contained 26 patients. The endoscopic complete resection rate did not differ significantly between the EMR-D and ESD groups (100 % for each). The histological complete resection rate also did not differ significantly between groups (86.3 vs. 88.4 %). The procedure time was shorter for the EMR-D group than for the ESD group (9.75 +/- 7.11 vs. 22.38 +/- 7.56 min, P < 0.001). Minor bleeding occurred in 1 EMR-D patient and in 3 ESD patients (2.3 vs. 7.6 %). There was no perforation after EMR-D or ESD. CONCLUSIONS: Compared with ESD, EMR-D is technically simple, minimally invasive, and safe for treating small rectal NETs contained within the submucosa. EMR-D can be considered an effective and safe resection method for rectal NETs <16 mm in diameter without metastasis.

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[42]

TÍTULO / TITLE: - Development of a New Thiol Site-Specific Prosthetic Group and Its Conjugation with [Cys]-exendin-4 for in Vivo Targeting of Insulinomas.

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

REVISTA / JOURNAL: - Bioconjug Chem. 2013 Jun 28.

●● Enlace al texto completo (gratuito o de pago) 1021/bc400084u

AUTORES / AUTHORS: - Yue X; Kiesewetter DO; Guo J; Sun Z; Zhang X; Zhu L; Niu G; Ma Y; Lang L; Chen X

INSTITUCIÓN / INSTITUTION: - National Institute of Biomedical Imaging and Bioengineering (NIBIB), National Institutes of Health (NIH) , 31 Center Drive, Bethesda, Maryland 20892, United States.

RESUMEN / SUMMARY: - A new tracer, N-5-[18F]fluoropentylmaleimide ([18F]FPenM), for site-specific labeling of free thiol group in proteins and peptides was developed. The tracer was synthesized in three steps (18F displacement of the aliphatic tosylate, di-Boc removal by TFA to expose free amine, and incorporation of the free amine into a maleimide). The radiosynthesis was completed in 110 min with 11-17% radiochemical yield (uncorrected), and specific activity of 20-49 GBq/mumol. [18F]FPenM showed comparable labeling efficiency with N-[2-(4-[18F]fluorobenzamido)ethyl]maleimide ([18F]FBEM). Its application was demonstrated by conjugation with glucagon-like peptide type 1 (GLP-1)

analogue [cys40]-exendin-4. The cell uptake, binding affinity, imaging properties, biodistribution, and metabolic stability of the radiolabeled [18F]FPenM-[cys40]-exendin-4 were studied using INS-1 tumor cells and INS-1 xenograft model. Positron emission tomography (PET) results showed that the new thiol-specific tracer, [18F]FPenM-[cys40]-exendin-4, had high tumor uptake (20.32 +/- 4.36%ID/g at 60 min postinjection) and rapid liver and kidney clearance, which was comparable to the imaging results with [18F]FBEM-[cys40]-exendin-4 reported by our group.

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[43]

TÍTULO / TITLE: - Insulinoma-associated 1ª (Insm1a) is required for photoreceptor differentiation in the zebrafish retina.

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

REVISTA / JOURNAL: - Dev Biol. 2013 Aug 15;380(2):157-71. doi: 10.1016/j.ydbio.2013.05.021. Epub 2013 Jun 4.

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

1016/j.ydbio.2013.05.021

AUTORES / AUTHORS: - Forbes-Osborne MA; Wilson SG; Morris AC

INSTITUCIÓN / INSTITUTION: - Department of Biology, University of Kentucky, Lexington, KY 40506-0225, USA.

RESUMEN / SUMMARY: - The zinc-finger transcription factor insulinoma-associated 1 (Insm1, previously IA-1) is expressed in the developing nervous and neuroendocrine systems, and is required for cell type specific differentiation. Expression of Insm1 is largely absent in the adult, although it is present in neurogenic regions of the adult brain and zebrafish retina. While expression of Insm1 has also been observed in the embryonic retina of numerous vertebrate species, its function during retinal development has remained unexplored. Here, we demonstrate that in the developing zebrafish retina, insm1a is required for photoreceptor differentiation. Insm1a-deficient embryos were microphthalmic and displayed defects in rod and cone photoreceptor differentiation. Rod photoreceptor cells were more sensitive to loss of insm1a expression than were cone photoreceptor cells. Additionally, we provide evidence that insm1a regulates cell cycle progression of retinoblasts, and functions upstream of the bHLH transcription factors ath5/atoh7 and neurod, and the photoreceptor specification genes crx and nr2e3. Finally, we show that insm1a is negatively regulated by Notch-Delta signaling. Taken together, our data demonstrate that Insm1 influences neuronal subtype differentiation during retinal development.

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[44]

TÍTULO / TITLE: - Composite pheochromocytoma-ganglioneuroma of the adrenal gland: A case report with immunohistochemical study.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Urol Ann. 2013 Apr;5(2):115-8. doi: 10.4103/0974-7796.110011.

●● Enlace al texto completo (gratuito o de pago) 4103/0974-7796.110011

AUTORES / AUTHORS: - Rao RN; Singla N; Yadav K
INSTITUCIÓN / INSTITUTION: - Department of Pathology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India.
RESUMEN / SUMMARY: - Composite tumors of the adrenal medulla consisting of pheochromocytoma and ganglioneuroma are rare tumors accounting for less than 3% of all sympathoadrenal tumors. These tumors display more than one line of differentiation in which normal and neoplastic chromaffin cells are capable of differentiating into ganglion cells under the influence of nerve growth factors. To the best of our knowledge, we report the second case with a composite tumor of the adrenal medulla in a normotensive patient from India.

TÍTULO / TITLE: - Identification of Succinate Dehydrogenase-deficient Bladder Paragangliomas.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Am J Surg Pathol. 2013 Jun 20.

●● Enlace al texto completo (gratuito o de pago) 1097/PAS.0b013e318293d83c

AUTORES / AUTHORS: - Mason EF; Sadow PM; Wagner AJ; Remillard SP; Flood TA; Belanger EC; Hornick JL; Barletta JA
INSTITUCIÓN / INSTITUTION: - *Department of Pathology, Brigham and Women's Hospital, Harvard Medical School daggerDepartment of Pathology, Massachusetts General Hospital, Harvard Medical School double daggerDana-Farber Cancer Institute, Center for Sarcoma and Bone Oncology, Harvard Medical School, Boston, MA section signDepartment of Pathology, The Ottawa Hospital, Ottawa, ON, Canada.
RESUMEN / SUMMARY: - A significant number of patients with paragangliomas harbor germline mutations in one of the succinate dehydrogenase (SDH) genes (SDHA, B, C, or D). Tumors with mutations in SDH genes can be identified using immunohistochemistry. Loss of SDHB staining is seen in tumors with a mutation in any one of the SDH genes, whereas loss of both SDHB and SDHA expression is seen only in the context of an SDHA mutation. Identifying an SDH-deficient tumor can be prognostically significant, as tumors with SDHB mutations are more likely to pursue a malignant course. Although the rate of SDH deficiency in paragangliomas in general is known to be approximately 30%, there are only rare reports of SDH-deficient bladder paragangliomas. Therefore, the aim of this study was to determine the rate of SDH deficiency in bladder paragangliomas. Eleven cases of bladder paragangliomas were identified. Hematoxylin and eosin-stained slides of all tumors were reviewed, and immunohistochemical analysis for SDHB and SDHA was performed. For

cases with loss of SDHA expression by immunohistochemistry, mutation analysis of the SDHA gene was performed. Loss of SDHB staining was seen in 3 (27%) cases (2 with loss of SDHB only, 1 with loss of SDHB and SDHA). Patients with SDH-deficient tumors were younger than those with tumors with intact SDH expression (mean age at presentation 39 y and 58 y, respectively). Of the 2 patients with SDHB-deficient and SDHA-intact tumors, one was found to have a germline SDHB mutation, and the other had a family history of a malignant paraganglioma. Both patients developed metastatic disease. The one patient with a tumor that was deficient for both SDHB and SDHA had no family history of paragangliomas and no evidence of metastatic disease. Sequencing of this tumor revealed a deleterious heterozygous single-base pair substitution in exon 10 of SDHA (c.1340 A>G; p.His447Arg) in both the tumor and normal tissue, indicative of a germline SDHA mutation, and a deleterious single-base pair substitution in exon 5 of SDHA (c.484 A>T; p.Arg162*) in 1 allele of the tumor only. No patients with intact SDH expression had a family history of paragangliomas; 1 had a synchronous paraganglioma, but none developed metastatic disease. A significant subset of bladder paragangliomas is SDH deficient. It is essential to identify SDH-deficient tumors, as the presence of an SDH mutation has prognostic implications and is important in guiding genetic counseling.

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[45]

TÍTULO / TITLE: - A ten-year clinical update of a large RET p.Gly533Cys kindred with medullary thyroid carcinoma emphasizes the need for an individualized assessment of affected relatives.

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

REVISTA / JOURNAL: - Clin Endocrinol (Oxf). 2013 Jun 8. doi: 10.1111/cen.12264.

●● Enlace al texto completo (gratuito o de pago) 1111/cen.12264

AUTORES / AUTHORS: - Signorini PS; Franca MI; Camacho CP; Lindsey SC; Valente FO; Kasamatsu TS; Machado AL; Salim CP; Delcelo R; Hoff AO; Cerutti JM; Dias-da-Silva MR; Maciel RM

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Laboratory of Molecular and Translational Endocrinology, Escola Paulista de Medicina, Universidade Federal de Sao Paulo, Sao Paulo, Brazil.

RESUMEN / SUMMARY: - OBJECTIVE: Reviewing the clinical outcomes of a large kindred with a RET p.Gly533Cys mutation, 10 years after the first description of this kindred, has provided an important set of clinical data for healthcare decision-making. DESIGN AND PATIENTS: We identified 728 RET533 Brazilian relatives, spread out over 7 generations. We performed clinical examination, biochemical and imaging analyses in the proband and in 103 carriers. MEASUREMENT AND RESULTS: The proband has been followed without evidence of structural disease in the last 10 years but with elevated

calcitonin. The clinical and surgical features of 60 thyroidectomized RET533 relatives were also described. Forty-six patients had MTC (21-72 years), and 11 patients had C-cell hyperplasia (CCH) (5-42 years). Twelve MTC patients with lymph node metastases had a tumour size of 0.7-2.8 cm. Calcitonin level and CEA were correlated with disease stage, and none of the patients presented with an altered PTH or metanephrine. A 63-year-old woman developed pheochromocytoma and breast cancer. Two other RET533 relatives developed lung squamous cell carcinoma and melanoma. CONCLUSIONS: A vast clinical variability in RET533 presentation was observed, ranging from only an elevated calcitonin level (3%) to local metastatic disease (25%). Many individuals were cured (42%) and the majority had controlled chronic disease (56%), reinforcing the need for individualized ongoing risk stratification assessment. The importance of this update relies on the fact that it allows us to delineate the natural history of RET 533 MEN2A 10 years after its first description.

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[46]

TÍTULO / TITLE: - Snapshot quiz.

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

REVISTA / JOURNAL: - Br J Surg. 2013 Jul;100(8):1118. doi: 10.1002/bjs.9157.

●● Enlace al texto completo (gratuito o de pago) 1002/bjs.9157

AUTORES / AUTHORS: - Huang KC; Liang JT

INSTITUCIÓN / INSTITUTION: - Division of Colorectal Surgery, Department of Surgery, National Taiwan University Hospital and College of Medicine, 7 Chung-Shan South Road, Taipei, Taiwan.

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[47]

TÍTULO / TITLE: - Multiple endocrine neoplasia type 2 and familial medullary thyroid carcinoma: an update.

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

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Aug;98(8):3149-64. doi: 10.1210/jc.2013-1204. Epub 2013 Jun 6.

●● Enlace al texto completo (gratuito o de pago) 1210/jc.2013-1204

AUTORES / AUTHORS: - Wells SA Jr; Pacini F; Robinson BG; Santoro M

INSTITUCIÓN / INSTITUTION: - Jr, MD, Cancer Genetics Branch, National Cancer Institute, National Institutes of Health, Building 37, Room 10106ª, 37 Convent Drive, Bethesda, Maryland 20814. wellss@mail.nih.gov.

RESUMEN / SUMMARY: - Context: Over the last decade, our knowledge of the multiple endocrine neoplasia (MEN) type 2 syndromes MEN2A and MEN2B and familial medullary thyroid carcinoma (FMTC) has expanded greatly. In this manuscript, we summarize how recent discoveries have enhanced our understanding of the molecular basis of these diseases and led to improvements in the diagnosis and management of affected patients. Evidence

Acquisition: We reviewed the English literature through PubMed from 2000 to the present, using the search terms medullary thyroid carcinoma, multiple endocrine neoplasia type 2, familial medullary thyroid carcinoma, RET proto-oncogene, and calcitonin. Evidence Synthesis: Over 70 RET mutations are known to cause MEN2A, MEN2B, or FMTC, and recent findings from studies of large kindreds with these syndromes have clouded the relationship between genotype and phenotype, primarily because of the varied clinical presentation of different families with the same RET mutation. This clinical variability has also confounded decisions about the timing of prophylactic thyroidectomy for MTC, the dominant endocrinopathy associated with these syndromes. A distinct advance has been the demonstration through phase II and phase III clinical trials that molecular targeted therapeutics are effective in the treatment of patients with locally advanced or metastatic MTC. Conclusions: The effective management of patients with MEN2A, MEN2A, and FMTC depends on an understanding of the variable behavior of disease expression in patients with a specific RET mutation. Information gained from molecular testing, biochemical analysis, and clinical evaluation is important in providing effective management of patients with either early or advanced-stage MTC.

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[48]

TÍTULO / TITLE: - INTERLEUKIN-2 AND LANREOTIDE IN THE TREATMENT OF MEDULLARY THYROID CANCER: IN VITRO AND IN VIVO STUDIES.

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

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Jul 24.

●● Enlace al texto completo (gratuito o de pago) 1210/jc.2013-1443

AUTORES / AUTHORS: - Vitale G; Lupoli G; Guarrasi R; Colao A; Dicitore A; Gaudenzi G; Misso G; Castellano M; Addeo R; Facchini G; Del Prete S; Caraglia M

INSTITUCIÓN / INSTITUTION: - 1Department of Clinical Sciences and Community Health, University of Milan, Milan, Italy.

RESUMEN / SUMMARY: - Context:No efficacious treatments are to date available for advanced medullary thyroid carcinoma (MTC).Objective:We investigated in vitro and in vivo a new strategy for the therapy of MTC, combining human recombinant interleukin 2 (IL-2) with lanreotide (LAN), a somatostatin analog.Methods:The in vitro effects of LAN on the sensitivity of TT cells, a MTC cell line, to IL-2-stimulated human peripheral blood mononuclear cells (PBMC) have been determined by lactate-dehydrogenase (LDH)-release assay. In addition, we evaluated the toxicity, the effects on quality of life (QoL) and the antitumor activity of subcutaneous low dose IL-2 in combination with LAN (90 mg every 28 days) in a series of six patients with symptomatic and advanced MTC.Results:The cytotoxicity of IL-2-activated PBMC was significantly increased in TT cells treated with LAN or LAN plus IL-2, compared to TT cells without treatment. The therapy was well tolerated and a statistically significant

improvement of the QoL was observed in patients treated with the combination of LAN and IL-2. After 6 months of therapy, partial response and stable disease have been recorded in two and three patients, respectively, with a significant decrease in calcitonin levels in three cases.Conclusions:Several in vitro and in vivo evidences suggest that the combination of LAN and IL-2 may have a role in the management of advanced and symptomatic MTC. However, these preliminary data require further validation in larger randomized trials.

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[49]

TÍTULO / TITLE: - Neuroendocrine carcinoma of the stomach: morphologic and immunohistochemical characteristics and prognosis.

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

REVISTA / JOURNAL: - Am J Surg Pathol. 2013 Jul;37(7):949-59. doi: 10.1097/PAS.0b013e31828ff59d.

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

1097/PAS.0b013e31828ff59d

AUTORES / AUTHORS: - Ishida M; Sekine S; Fukagawa T; Ohashi M; Morita S; Taniguchi H; Katai H; Tsuda H; Kushima R

INSTITUCIÓN / INSTITUTION: - Gastric Surgery Division, National Cancer Center Hospital, Tokyo, Japan.

RESUMEN / SUMMARY: - Neuroendocrine carcinoma (NEC) of the stomach has been recognized as a highly malignant tumor; however, because of its rarity, limited information is available regarding its clinicopathologic characteristics. Here, we investigated the morphologic and immunohistochemical features and prognosis of 51 cases of gastric NEC. Histologically, 40 lesions were large cell type, and 11 were small cell type. The large majority of the tumors exhibited a solid growth pattern (94%), with subsets of tumors showing trabecular (18%), scirrhous (10%), or tubular growth patterns (6%). Thirty-six cases (71%) had adenocarcinoma components and/or dysplasia. Among them, 26 cases (51%) were associated with intramucosal adenocarcinoma or dysplasia. Immunohistochemically, synaptophysin, chromogranin A, and CD56 were diffusely expressed in 48 (94%), 44 (86%), and 24 cases (47%), respectively. Two recently reported neuroendocrine markers, ASH1 and NKX2.2, were diffusely positive in 12 (24%) and 17 cases (33%), respectively. The diffuse or focal expression of TTF-1 was observed in 19 cases (37%). Among the 41 patients who underwent a curative resection, 16 patients (39%) developed radiologic recurrences, and the liver was the most frequent site of recurrence (11 patients, 27%). The 3- and 5-year overall survival rates were 57.8% and 44.7%, respectively. Regarding patient outcome, none of the histologic subclassifications, including small cell versus large cell types and the presence versus the absence of adenocarcinoma components and/or dysplasia, were significant. In a multivariate analysis, curative surgery was identified as the sole independent prognostic factor (P=0.03). Although gastric NECs exhibit

significant morphologic diversity, their histologic subclassification is unlikely to be of immediate clinical relevance.

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[50]

TÍTULO / TITLE: - Genotype-Specific Abnormalities in Mitochondrial Function Associate with Distinct Profiles of Energy Metabolism and Catecholamine Content in Pheochromocytoma and Paraganglioma.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Jul 15;19(14):3787-3795. Epub 2013 May 30.

●● Enlace al texto completo (gratuito o de pago) 1158/1078-0432.CCR-12-3922

AUTORES / AUTHORS: - Rao JU; Engelke UF; Rodenburg RJ; Wevers RA; Pacak K; Eisenhofer G; Qin N; Kusters B; Goudswaard AG; Lenders JW; Hermus AR; Mensenkamp AR; Kunst HP; Sweep FC; Timmers HJ

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Department of Laboratory Medicine, Laboratory of Genetic Endocrine and Metabolic Diseases; Department of Medicine, Division of Endocrinology; Departments of Pediatrics, Pathology, and Medicine, Division of Vascular Medicine; Departments of Genetics and Otolaryngology, Radboud University Nijmegen Medical Centre, Nijmegen; Department of Pathology, Maastricht University Medical Centre, Maastricht, the Netherlands; Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institute of Health, Bethesda, Maryland; and Department of Medicine and Institute of Clinical Chemistry & Laboratory Medicine, University Hospital Carl Gustav Carus, Dresden, Germany.

RESUMEN / SUMMARY: - PURPOSE: Pheochromocytomas and paragangliomas (PGL) are neuroendocrine tumors of sympathetic and parasympathetic paraganglia. This study investigated the relationships between genotype-specific differences in mitochondrial function and catecholamine content in PGL tumors. EXPERIMENTAL DESIGN: Respiratory chain enzyme assays and 1H-nuclear magnetic resonance (NMR) spectroscopy at 500 MHz were conducted on homogenates of 35 sporadic PGLs and 59 PGLs from patients with hereditary mutations in succinate dehydrogenase subunits B and D (SDHB, SDHD), succinate dehydrogenase assembly factor 2, von Hippel-Lindau (VHL), rearranged during transfection (RET), neurofibromatosis type 1 (NF1), and myc-associated factor X. RESULTS: In SDHx-related PGLs, a significant decrease in complex II activity ($P < 0.0001$) and a significant increase in complex I, III, and IV enzyme activities were observed when compared to sporadic, RET, and NF1 tumors. Also, a significant increase in citrate synthase ($P < 0.0001$) enzyme activity was observed in SDHx-related PGLs when compared to sporadic-, VHL-, RET-, and NF1-related tumors. An increase in succinate accumulation ($P < 0.001$) and decrease in ATP/ADP/AMP accumulation ($P < 0.001$) was observed

when compared to sporadic PGLs and PGLs of other genotypes. Positive correlations (P < 0.01) were observed between respiratory chain complex II activity and total catecholamine content and ATP/ADP/AMP and total catecholamine contents in tumor tissues. CONCLUSIONS: This study for the first time establishes a relationship between determinants of energy metabolism, like activity of respiratory chain enzyme complex II, ATP/ADP/AMP content, and catecholamine content in PGL tumors. Also, this study for the first time successfully uses NMR spectroscopy to detect catecholamines in PGL tumors and provides ex vivo evidence for the accumulation of succinate in PGL tumors with an SDHx mutation. Clin Cancer Res; 19(14); 3787-95. ©2013 AACR.

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[51]

TÍTULO / TITLE: - 18F-FDG PET Provides High-Impact and Powerful Prognostic Stratification in the Staging of Merkel Cell Carcinoma: A 15-Year Institutional Experience.

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

REVISTA / JOURNAL: - J Nucl Med. 2013 Aug;54(8):1223-9. doi: 10.2967/jnumed.112.116814. Epub 2013 Jun 10.

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

2967/jnumed.112.116814

AUTORES / AUTHORS: - Siva S; Byrne K; Seel M; Bressel M; Jacobs D; Callahan J; Laing J; Macmanus MP; Hicks RJ

INSTITUCIÓN / INSTITUTION: - Sir Peter MacCallum Department of Oncology, University of Melbourne, Melbourne, Australia.

RESUMEN / SUMMARY: - Merkel cell carcinoma (MCC) is a rare but aggressive skin cancer with limited evidence on the role of PET scanning. The primary aim of this study was to assess the impact of (18)F-FDG PET in the staging and management of MCC. METHODS: A single-institution review using clinical outcome data collected until February 2012 was performed of patients with MCC who underwent staging PET scanning between January 1997 and October 2010. Management plans were recorded prospectively at the time of the PET request, and follow-up outcomes were recorded retrospectively. The clinical impact of PET was scored using our previously published criteria: “high” if the PET scan changed the primary treatment modality or intent; “medium” if the treatment modality was unchanged but the radiation therapy technique or dose was altered. The primary objective was to test the hypothesis that the true proportion of patients who have a high- or medium-impact scan would be greater than 25%. RESULTS: The median follow-up of 102 consecutive patients was 4.8 y. The results of staging PET had an impact on patient management in 37% of patients (P < 0.003). High- and medium-impact scans were recorded for 22% and 15% of patients, respectively. PET staging results differed from conventional staging results in 22% of patients, with PET upstaging 17% and

downstaging 5%. The 3- and 5-y overall survival was 60% (95% confidence interval, 50%-71%) and 51% (95% confidence interval, 41%-64%), respectively. In stratification by PET-defined stage, the 5-y overall survival was 67% for patients with stage I/II disease but only 31% for patients with stage III disease (log-rank P < 0.001). The 5-y cumulative incidence of locoregional failure, distant failure, and death was 16.6%, 22.3% and 14.3%, respectively. On multivariate analysis, only PET stage (P < 0.001) and primary treatment modality (P = 0.050) were significantly associated with overall survival. The primary treatment modality was not associated with progression-free survival when stratification was by tumor stage. CONCLUSION: The use of (18)F-FDG PET scans had a great impact on patients and may play an important role in the prognostic stratification and treatment of this disease.

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[52]

TÍTULO / TITLE: - Leflunomide suppresses growth in human medullary thyroid cancer cells.

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

REVISTA / JOURNAL: - J Surg Res. 2013 Jun 19. pii: S0022-4804(13)00571-4. doi: 10.1016/j.jss.2013.05.089.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jss.2013.05.089

AUTORES / AUTHORS: - Alhefdhi A; Burke JF; Redlich A; Kunnimalaiyaan M; Chen H

INSTITUCIÓN / INSTITUTION: - Endocrine Surgery Research, Department of Surgery, University of Wisconsin, and Carbon Cancer Center, Madison, Wisconsin.

RESUMEN / SUMMARY: - BACKGROUND: Medullary thyroid cancer (MTC) is a neuroendocrine tumor that arises from the calcitonin-secreting parafollicular cells of the thyroid gland. Leflunomide (LFN) is a disease-modifying antirheumatic drug approved for the treatment of rheumatoid arthritis, and its active metabolite teriflunomide has been identified as a potential anticancer drug. In this study we investigated the ability of LFN to similarly act as an anticancer drug by examining the effects of LFN treatment on MTC cells. METHODS: Human MTC-TT cells were treated with LFN (25-150 mumol/L) and Western blotting was performed to measure levels of neuroendocrine markers. MTT assays were used to assess the effect of LFN treatment on cellular proliferation. RESULTS: LFN treatment downregulated neuroendocrine markers ASCL1 and chromogranin A. Importantly, LFN significantly inhibited the growth of MTC cells in a dose-dependent manner. CONCLUSIONS: Treatment with LFN decreased neuroendocrine tumor marker expression and reduced the cell proliferation in MTC cells. As the safety of LFN in human beings is well established, a clinical trial using this drug to treat patients with advanced MTC may be warranted.

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[53]

TÍTULO / TITLE: - Management strategy for small duodenal carcinoid tumors: does conservative management with close follow-up represent an alternative to endoscopic treatment?

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

REVISTA / JOURNAL: - Digestion. 2013;87(4):247-53. doi: 10.1159/000349958. Epub 2013 Jun 6.

●● Enlace al texto completo (gratuito o de pago) 1159/000349958

AUTORES / AUTHORS: - Min BH; Kim ER; Lee JH; Kim KM; Min YW; Rhee PL; Kim JJ; Rhee JC

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - Background/Aims: Limited data exist regarding the natural history of duodenal carcinoid tumors and the efficacy of endoscopic treatment. Methods: A total of 27 patients with duodenal carcinoid tumors were enrolled. All tumors were located outside the periampullary region and were </=10 mm in size. 11 patients underwent endoscopic mucosal resection (EMR) and argon plasma coagulation (APC). 13 patients did not undergo any specific procedure for tumor removal and were followed clinically. Results: Of 13 patients not undergoing treatment, tumors disappeared in 5 cases during follow-up with diagnostic forceps biopsy. Endoscopically visible lesions remained in the last follow-up endoscopy in 8 patients (61.5%). No lymph node or distant metastases or tumor-related deaths occurred during a median follow-up of 37 months. Of 11 cases treated with EMR, tumor-free resection margins were achieved in 10 cases and no local recurrence occurred after treatment. Two perforations occurred during EMR. Of the 3 cases treated with APC, local recurrence occurred in 1 case. Conclusions: Given the risks associated with EMR and the likely favorable natural history of small duodenal carcinoid tumors, conservative management with close follow-up may represent a viable alternative to endoscopic treatment, especially in patients with a high risk of perioperative complications.

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[54]

TÍTULO / TITLE: - Merkel cell polyomavirus infection occurs during early childhood and is transmitted between siblings.

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

REVISTA / JOURNAL: - J Clin Virol. 2013 Jul 2. pii: S1386-6532(13)00209-6. doi: 10.1016/j.jcv.2013.06.004.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jcv.2013.06.004

AUTORES / AUTHORS: - Martel-Jantin C; Pedergnana V; Nicol JT; Leblond V; Tregouet DA; Tortevoye P; Plancoulaine S; Coursaget P; Touze A; Abel L; Gessain A

INSTITUCIÓN / INSTITUTION: - Institut Pasteur, Unite d'Epidemiologie et Physiopathologie des Virus Oncogenes, Departement de Virologie, F-75015 Paris, France; CNRS, UMR3569, F-75015 Paris, France; Universite Paris Diderot, Cellule Pasteur, Paris, France.

RESUMEN / SUMMARY: - Merkel cell polyomavirus (MCPyV) is thought to be the etiological agent of Merkel cell carcinoma, but little is known about its distribution and modes of transmission. We conducted seroepidemiological surveys in more than 1000 individuals, from two populations from Cameroon. Overall MCPyV seroprevalence was high in both populations (>75% in adults). Data from the first population, comprising mainly children, indicated that MCPyV infections mostly occurred during early childhood, after the disappearance of specific maternal antibodies. Results from the second family-based population provided evidence for familial aggregation of MCPyV infection status. We observed significant sib-sib correlation (odds ratio=3.42 [95% CI 1.27-9.19], p=0.014), particularly for siblings close together in age, and a trend for mother-child correlation (OR=2.71 [0.86-8.44], p=0.08). Overall, our results suggest that MCPyV infection is acquired through close contact, possibly involving saliva and/or the skin, especially between young siblings and between mothers and their children.

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[55]

TÍTULO / TITLE: - Metastases to the Liver from Neuroendocrine Tumors: Effect of Duration of Scan Acquisition on CT Perfusion Values.

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

REVISTA / JOURNAL: - Radiology. 2013 Jul 3.

●● Enlace al texto completo (gratuito o de pago) 1148/radiol.13122708

AUTORES / AUTHORS: - Ng CS; Hobbs BP; Chandler AG; Anderson EF; Herron DH; Charnsangavej C; Yao J

INSTITUCIÓN / INSTITUTION: - Departments of Diagnostic Radiology, Biostatistics, Imaging Physics, and Gastrointestinal Medical Oncology, The University of Texas MD Anderson Cancer Center, 1515 Holcombe Blvd, Unit 1473, Houston, TX 77030-4009.

RESUMEN / SUMMARY: - Purpose:To assess the effects of acquisition duration on computed tomographic (CT) perfusion parameter values in neuroendocrine liver metastases and normal liver tissue.Materials and Methods:This retrospective study was institutional review board approved, with waiver of informed consent. CT perfusion studies in 16 patients (median age, 57.5 years; range, 42.0-69.7 years), including six men (median, 54.1 years; range, 42.0-69.7), and 10 women (median, 59.3 years; range 43.6-66.3), with neuroendocrine liver metastases were analyzed by means of distributed parametric modeling to determine tissue blood flow, blood volume, mean transit time, permeability, and hepatic arterial fraction for tumors and normal liver tissue. Analyses were undertaken with acquisition time of 12-590 seconds.

Nonparameteric regression analyses were used to evaluate the functional relationships between CT perfusion parameters and acquisition duration. Evidence for time invariance was evaluated for each parameter at multiple time points by inferring the fitted derivative to assess its proximity to zero as a function of acquisition time by using equivalence tests with three levels of confidence (20%, 70%, and 90%).Results:CT perfusion parameter values varied, approaching stable values with increasing acquisition duration. Acquisition duration greater than 160 seconds was required to obtain at least low confidence stability in any of the CT perfusion parameters. At 160 seconds of acquisition, all five CT perfusion parameters stabilized with low confidence in tumor and normal tissues, with the exception of hepatic arterial fraction in tumors. After 220 seconds of acquisition, there was stabilization with moderate confidence for blood flow, blood volume, and hepatic arterial fraction in tumors and normal tissue, and for mean transit time in tumors; however, permeability values did not satisfy the moderate stabilization criteria in both tumors and normal tissue until 360 seconds of acquisition. Blood flow, mean transit time, permeability, and hepatic arterial fraction were significantly different between tumor and normal tissue at 360 seconds ($P < .001$).Conclusion:CT perfusion parameter values are affected by acquisition duration and approach progressively stable values with increasing acquisition times.© RSNA, 2013Supplemental material: http://radiology.rsna.org/lookup/suppl/doi:10.1148/radiol.13122708/-/DC1.

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[56]

TÍTULO / TITLE: - Recombinant leukemia inhibitory factor suppresses human medullary thyroid carcinoma cell line xenografts in mice.

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

REVISTA / JOURNAL: - Cancer Lett. 2013 Jul 12. pii: S0304-3835(13)00511-9. doi: 10.1016/j.canlet.2013.07.006.

●● Enlace al texto completo (gratuito o de pago)
1016/j.canlet.2013.07.006

AUTORES / AUTHORS: - Starenki D; Singh NK; Jensen DR; Peterson FC; Park JI

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry, Medical College of Wisconsin, Milwaukee, WI 53226, USA.

RESUMEN / SUMMARY: - Medullary thyroid carcinoma (MTC) is a neoplasm of the endocrine system, which originates from parafollicular C-cells of the thyroid gland. For MTC therapy, the Food and Drug Administration recently approved vandetanib and cabozantinib, multi-kinase inhibitors targeting RET and other tyrosine kinase receptors of vascular endothelial growth factor, epidermal growth factor, or hepatocyte growth factor. Nevertheless, not all patients with the progressive MTC respond to these drugs, requiring the development of additional therapeutic modalities that have distinct activity. Previously, we reported that expression of activated Ras or Raf in the human MTC cell lines,

TT and MZ-CRC-1, can induce growth arrest and RET downregulation via a leukemia inhibitory factor (LIF)-mediated autocrine/paracrine loop. In this study, we aimed to evaluate bacterially-produced recombinant human LIF for its efficacy to suppress human MTC xenografts in mice. Here, we report that, consistent with its effects in vitro, locally or systemically administered recombinant LIF effectively suppressed growth of TT and MZ-CRC-1 xenografts in mice. Further, as predicted from its effects in TT and MZ-CRC-1 cell cultures in vitro, recombinant LIF activated the JAK/STAT pathway and downregulated RET and E2F1 expression in tumors in mice. These results suggest that LIF is a potent cytostatic agent for MTC cells, which regulates unique mechanisms that are not targeted by currently available therapeutic agents.

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[57]

TÍTULO / TITLE: - Epithelial-mesenchymal transition markers in the differential diagnosis of gastroenteropancreatic neuroendocrine tumors.

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

REVISTA / JOURNAL: - Am J Clin Pathol. 2013 Jul;140(1):61-72. doi: 10.1309/AJCPIV40ISTBXRAX.

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

1309/AJCPIV40ISTBXRAX

AUTORES / AUTHORS: - Galvan JA; Astudillo A; Vallina A; Fonseca PJ; Gomez-Izquierdo L; Garcia-Carbonero R; Gonzalez MV

INSTITUCIÓN / INSTITUTION: - Laboratorio del Banco de Tumores-Anatomia Patologica, c/ Celestino Villamil, s/n, 33006 Oviedo, España. galvanjose@uniovi.es

RESUMEN / SUMMARY: - OBJECTIVES: To elucidate the role of epithelial-mesenchymal transition markers in gastroenteropancreatic neuroendocrine tumors (GEP NETs) and the potential usefulness in their clinical management. METHODS: One hundred ten GEP NET paraffin-embedded samples were immunohistochemically analyzed for E-cadherin, N-cadherin, beta-catenin, vimentin, Snail1, Snail2, Twist, and Foxc2 protein expression. RESULTS: The 5-year survival rate was reduced for those patients showing high Snail1 protein levels, a cytoplasmic E-cadherin pattern, reduced N-cadherin expression, and loss of E-cadherin/beta-catenin adhesion complex integrity at the cell membrane. Interestingly, high beta-catenin expression was useful in identifying a grade 1 NET subgroup with a favorable clinical course. Importantly, it also helped to discriminate small-cell vs large-cell grade 3 neuroendocrine carcinomas. CONCLUSIONS: beta-Catenin and N-cadherin immunohistochemical detection might be a useful tool in the differential diagnosis of small-cell vs large-cell G3 neuroendocrine carcinomas. High Snail1 and Foxc2 expression is associated with the invasion and metastatic spread of GEP NETs.

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[58]

TÍTULO / TITLE: - Clinicopathologic characteristics of colonic carcinoid tumors.

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

REVISTA / JOURNAL: - J Surg Res. 2013 Jun 21. pii: S0022-4804(13)00587-8. doi: 10.1016/j.jss.2013.05.107.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jss.2013.05.107

AUTORES / AUTHORS: - Murray SE; Lloyd RV; Sippel RS; Chen H

INSTITUCIÓN / INSTITUTION: - Section of Endocrine Surgery, Department of Surgery, University of Wisconsin, Madison, Wisconsin.

RESUMEN / SUMMARY: - BACKGROUND: Extra-appendiceal colonic carcinoids are uncommon neuroendocrine tumors with a poor prognosis compared with carcinoids of other gastrointestinal origins. Few studies have examined the clinicopathologic profile and behavior of this rare tumor. MATERIALS AND METHODS: A retrospective analysis was performed on patients with colonic carcinoid tumors evaluated at a single tertiary care center between 1996 and 2012. Collected data included patient and tumor characteristics, presentation, treatment, recurrence, and survival. Results were integrated into a comprehensive review of the colonic carcinoid literature. RESULTS: In total, 114 patients with colorectal carcinoid tumors were identified, and 15 patients with extra-appendiceal tumors were analyzed. The mean age was 58.6 +/- 3.0 y, and subjects were predominantly male (73.3%). The most common presenting problem was abdominal pain (33.3%), although 26.7% of patients were asymptomatic. Cecal tumors were the most prevalent (73.3%), and most patients underwent right hemicolectomy. Three patients with lesions < 1 cm were treated endoscopically. The mean tumor diameter was 2.9 +/- 0.5 cm, with lymph node or distant metastasis present in 53.3% and 26.7%, respectively. All but two patients underwent a presumed curative resection. During a mean follow-up of 4.2 +/- 1.0 y, there was only one death (non-carcinoid specific). Eleven patients were alive without evidence of disease at last follow-up and three patients were alive with disease, one of whom initially had a presumed curative resection that recurred. CONCLUSIONS: This case series further elucidates the clinicopathologic characteristics of colonic carcinoid tumors, which aids physicians in guiding the diagnosis and management of these rare tumors.

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[59]

TÍTULO / TITLE: - Changes in signaling pathways induced by vandetanib in a human medullary thyroid carcinoma model, as analyzed by Reverse Phase Protein Array.

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

REVISTA / JOURNAL: - Thyroid. 2013 Jul 3.

●● Enlace al texto completo (gratuito o de pago) 1089/thy.2012.0224

AUTORES / AUTHORS: - Broutin S; Commo F; De Koning L; Marty-Prouvost B; Lacroix L; Talbot M; Caillou B; Dubois T; Ryan AJ; Dupuy C; Schlumberger M; Bidart JM

INSTITUCIÓN / INSTITUTION: - Institut Gustave-Roussy, CNRS UMR8200, Villejuif, France ; broutin@igr.fr.

RESUMEN / SUMMARY: - Background: Medullary thyroid carcinoma (MTC) is a rare tumor that is due to activating mutations in the proto-oncogene RET. Vandetanib, a tyrosine-kinase inhibitor, has been recently approved to treat adult patients with metastatic MTC. The aim of this study was to investigate changes in signaling pathways induced by vandetanib treatment in preclinical MTC models, using the reverse-phase protein array method (RPPA). Methods: The human TT cell line was used to assess in vitro and in vivo activity of vandetanib. Protein extracts from TT cells or TT xenografted mice, treated by increasing concentrations of vandetanib for different periods of time, were probed with a set of 12 antibodies representing major signaling pathways, using RPPA. Results were validated using two distinct protein detection methods, western-immunoblotting and immunohistochemistry. Results: Vandetanib displays antiproliferative and antiangiogenic activities and inhibits RET auto-phosphorylation. MAPK and AKT pathways were the two major signaling pathways inhibited by vandetanib. Interestingly, phosphorylated levels of NFkappaB-p65 were significantly increased by vandetanib. Comparable results were obtained in both the in vitro and in vivo approaches as well as for the protein detection methods, although some discrepancies were observed between RPPA and western-immunoblotting. Conclusions: Results confirmed the reliability and the utility of RPPA for screening global changes induced in signaling pathways by kinase inhibitors. MAPK and AKT were identified as the main pathways involved in vandetanib response in MTC models. Our results also suggest alternative routes for controlling the disease and provide a rationale for the development of therapeutic combinations based on the comprehensive identification of molecular events induced by inhibitors.

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[60]

TÍTULO / TITLE: - Integrated and mutated forms of Merkel cell polyomavirus in non-small cell lung cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jun 25;108(12):2624. doi: 10.1038/bjc.2013.196. Epub 2013 Jun 4.

●● Enlace al texto completo (gratuito o de pago) 1038/bjc.2013.196

AUTORES / AUTHORS: - Hashida Y; Imajoh M; Daibata M

INSTITUCIÓN / INSTITUTION: - Department of Microbiology and Infection, Kochi Medical School, Kochi University, Nankoku, Kochi 783-8505, Japan.

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[61]

TÍTULO / TITLE: - Population-Level Analysis of Pancreatic Neuroendocrine Tumors 2 cm or Less in Size.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Sep;20(9):2815-21. doi: 10.1245/s10434-013-3005-7. Epub 2013 Jun 15.

●● Enlace al texto completo (gratuito o de pago) 1245/s10434-013-3005-7

AUTORES / AUTHORS: - Kuo EJ; Salem RR

INSTITUCIÓN / INSTITUTION: - Section of Surgical Oncology, Department of Surgery, Yale University School of Medicine, New Haven, CT, USA.

RESUMEN / SUMMARY: - BACKGROUND: There is a paucity of evidence regarding incidence and predictors of survival in pancreatic neuroendocrine tumors (PNETs) </=2 cm in size. METHODS: Patients having undergone resection for nonfunctioning PNETs were selected from the SEER database (1988-2009) and an institutional pathology database (1996-2012). PNETs </=2 cm were compared with PNETs >2 cm. Data were analyzed with chi (2) tests, ANOVA, the Kaplan-Meier method, log rank tests, and Cox proportional hazard, and binary logistic regression. RESULTS: The incidence of PNETs </=2 cm in the United States has increased by 710.4 % over the last 22 years. Rates of extrapancreatic extension, nodal metastasis, and distant metastasis in PNETs </=2 cm in the SEER database were 17.9, 27.3, and 9.1 %, respectively. The rate of nodal metastasis in our institutional series was 5.7 %. Disease-specific survival at 5, 10, and 15 years for PNETs </=2 cm was 91.5, 84.0, and 76.8 %. Decreased disease-specific survival was not associated with nodal metastasis, but rather with high grade [moderately differentiated, hazard ratio (HR) 37.2, 95 % confidence interval (CI) 2.7-518.8; poorly differentiated, HR 94.2, 95 % CI 4.9-1,794.4; reference, well differentiated], and minority race (Asian, HR 30.2, 95 % CI 3.1-291.7; Black, HR 60.1, 95 % CI 2.1-1,027.9; reference, White). CONCLUSIONS: Pancreatic neuroendocrine tumors </=2 cm are increasingly common, and the most significant predictors of disease-specific survival are grade and race. The SEER database excludes PNETs considered to be benign, and rates of extrapancreatic extension, nodal metastasis, and distant metastasis are overestimated. Small size, however, does not preclude malignant behavior.

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[62]

TÍTULO / TITLE: - Human Merkel cell polyomavirus: virological background and clinical implications.

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

REVISTA / JOURNAL: - APMIS. 2013 Aug;121(8):755-69. doi: 10.1111/apm.12122. Epub 2013 Jun 19.

●● Enlace al texto completo (gratuito o de pago) 1111/apm.12122

AUTORES / AUTHORS: - Coursaget P; Samimi M; Nicol JT; Gardair C; Touze A

INSTITUCIÓN / INSTITUTION: - Universite Francois Rabelais, Tours, France; INRA, UMR 1282, Tours, France.

RESUMEN / SUMMARY: - The Merkel cell polyomavirus (MCPyV), identified in humans in 2008, is associated with a relatively rare but aggressive neuroendocrine skin cancer, the Merkel cell carcinoma (MCC). MCC incidence is increasing due to the advancing age of the population, the increase in damaging sun exposure and in the number of immunocompromised individuals. MCPyV must be considered as the etiological agent of MCC and thus is the first example of a human oncogenic polyomavirus. MCPyV infection is common, and seroprevalence studies indicate that widespread exposure begins early in life. The majority of adults have anti-MCPyV antibodies and there is a growing body of evidence that healthy human skin harbors resident or transient MCPyV suggesting that MCPyV infection persists throughout life. However, the mode of transmission, the host cells, and the latency characteristics of this virus remain to be elucidated. In addition, it is still not clear whether MCPyV is associated with diseases or lesions other than Merkel cell carcinoma. The etiologic role of MCPyV in MCC opens up opportunities to improve the understanding of this cancer and to potentially improve its treatment.

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[63]

TÍTULO / TITLE: - Radiation-associated small cell neuroendocrine carcinoma of the thyroid: a case report with molecular analyses.

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

REVISTA / JOURNAL: - Thyroid. 2013 Jul 11.

●● Enlace al texto completo (gratuito o de pago) 1089/thy.2013.0214

AUTORES / AUTHORS: - Mussazhanova Z; Miura S; Stanojevic B; Rogounovitch T; Shiraishi T; Kurashige T; Shichijo K; Kaneko K; Takahashi H; Ito M; Nakashima M

INSTITUCIÓN / INSTITUTION: - Atomic Bomb Disease Institute, Nagasaki University, Department of Tumor and Diagnostic Pathology, Nagasaki, Nagasaki, Japan ; ghannakz@mail.ru.

RESUMEN / SUMMARY: - Background: Neuroendocrine tumor (NET) of the thyroid other than medullary carcinoma is extremely rare. We describe here a case of calcitonin-negative small cell neuroendocrine carcinoma (SCNEC), which occurred in the thyroid gland that had previously been irradiated at high dose (60Gy) for pharyngeal cancer, with molecular analyses for follicular cell origin. Patient Findings: The tumor cells were small in size with fine chromatin, inconspicuous nucleoli, and inapparent cytoplasm, and showed neuroendocrine architectures, such as palisading, rosettes, and trabeculae. Mitotic figures were

numerous exceeding 10 mitoses per 10 high power fields. The tumor cells invaded into several vessels and metastasized to regional lymph nodes. Immunohistochemically, the tumor cells were strongly positive for neuroendocrine markers and thyroglobulin (Tg), a marker of thyroid follicular cells, but negative for calcitonin and carcinoembryonic antigen (CEA). Expression of Tg and thyrotropin receptor (TSHR) were confirmed by quantitative real-time RT-PCR. Ki-67 labeling index was more than 70% in the tumor cells. Taken together, the tumor was diagnosed as SCNEC of the thyroid. Genetic analyses also revealed microsatellite abnormalities of the phosphatase and tensin homolog (PTEN) gene, suggesting that functional loss of PTEN contributes to carcinogenesis. Conclusions: This is the first report describing a SCNEC of the thyroid with molecular analyses that provide evidence for a follicular epithelial origin.

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[64]

TÍTULO / TITLE: - Cytoplasmic Clusterin Expression Correlates With Pancreatic Neuroendocrine Tumor Size and Pathological Stage.

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

REVISTA / JOURNAL: - Pancreas. 2013 Aug;42(6):967-970.

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

1097/MPA.0b013e318293734b

AUTORES / AUTHORS: - Henderson-Jackson EB; Nasir A; Chen DT; Nandyala P; Djeu J; Strosberg J; Kvols L; Coppola D

INSTITUCIÓN / INSTITUTION: - From the *Department of Anatomic Pathology, Moffitt Cancer Center and University of South Florida, College of Medicine, Tampa, FL; daggerEli Lilly & Company, Indianapolis, IN; and double daggerBiostatistics Department, Moffitt Cancer Center, Tampa; section signDepartment of Pathology, Oak Hill Hospital, Hudson; and parallelDepartment of Immunology, and paragraph signGatrointestinal Oncology Program, and #Department of Anatomic Pathology and Oncological Sciences, Moffitt Cancer Center and University of South Florida College of Medicine, Tampa, FL.

RESUMEN / SUMMARY: - OBJECTIVES: Cytoplasmic clusterin (Clusterin), a ubiquitous multifunctional secretory sulfated glycoprotein, plays a role in apoptosis and is reportedly overexpressed in a variety of tumors. The role of Clusterin in pancreatic neuroendocrine tumors (PNETs) has not been investigated. In this study, Clusterin expression was evaluated in a subset of PNETs, and the results were correlated with the clinical-pathological features of the tumors. METHODS: Fifty-nine surgical cases were used to evaluate the immunohistochemical expression of Clusterin in PNETs. Using the avidin-biotin complex method, tissue sections from each case were stained with a rabbit anticlusterin antibody (Abcam, Cambridge, Mass). The immunohistochemical reactions were qualitatively and semiquantitatively evaluated by 2 pathologists.

RESULTS: Strong Clusterin reactivity was identified in 36 (61%) of 59 PNETs. In 23 (39%) of 59 cases, the Clusterin score was 3 or less. Clusterin expression scores significantly associated with tumor size (P = 0.03) and with tumor stage (P = 0.02). The immunohistochemical score index did not correlate with tumor grade (P = 0.15). CONCLUSIONS: We report the expression of Clusterin in PNETs. The correlation of Clusterin with tumor size and stage suggests involvement of this molecule in pancreatic neuroendocrine tumor progression. Clusterin may represent a new target of therapy for PNETs.

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[65]

TÍTULO / TITLE: - Cost Effectiveness of Intraoperative Pathology Examination during Diagnostic Hemithyroidectomy for Unilateral Follicular Thyroid Neoplasms.

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

REVISTA / JOURNAL: - J Am Coll Surg. 2013 Jun 27. pii: S1072-7515(13)00367-0. doi: 10.1016/j.jamcollsurg.2013.05.008.

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

1016/j.jamcollsurg.2013.05.008

AUTORES / AUTHORS: - Zanocco K; Heller M; Elaraj D; Sturgeon C

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Section of Endocrine Surgery, Northwestern University Feinberg School of Medicine, Chicago, IL; Center for Healthcare Studies, Northwestern University Feinberg School of Medicine, Chicago, IL.

RESUMEN / SUMMARY: - BACKGROUND: The use of intraoperative pathology examination (IPE) during diagnostic hemithyroidectomy for a follicular neoplasm is controversial. Although this service rarely alters intraoperative decision making, it does provide patients with the possibility of avoiding reoperation for completion thyroidectomy if malignancy is detected. We hypothesized diagnostic hemithyroidectomy with IPE for a unilateral follicular thyroid neoplasm diagnosed on fine-needle aspiration is not cost effective compared with diagnostic hemithyroidectomy alone. STUDY DESIGN: Cost-effectiveness analysis with a Markov decision model was performed comparing diagnostic hemithyroidectomy without IPE, diagnostic hemithyroidectomy with IPE, and total thyroidectomy. Treatment outcomes and their probabilities were identified based on literature review. Costs were estimated using data from Medicare, the US Bureau of Labor Statistics, and the Nationwide Inpatient Sample. Sensitivity analysis and a 1,000-iteration Monte Carlo simulation were used to examine the uncertainty of cost, probability, and utility estimates in the model. RESULTS: Diagnostic hemithyroidectomy without IPE had an expected cost of US$7,665 and an effectiveness of 23.95 quality-adjusted life years and dominated both the IPE and total thyroidectomy strategies. Intraoperative pathology examination became cost effective during one-way sensitivity analysis if the sensitivity of IPE increased from 14.3% to 34.4%, the specificity increased from 98.6% to 99.8%,

or the pretest probability of malignancy increased from 25% to 43%. Monte Carlo simulation demonstrated that the intraoperative pathology strategy was not cost effective in 92.7% of iterations. CONCLUSIONS: Intraoperative pathology examination is not cost effective in the diagnosis of follicular thyroid neoplasms during diagnostic hemithyroidectomy. Improvements in both the sensitivity and specificity of this service would be needed to justify its use.

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[66]

TÍTULO / TITLE: - Merkel cell polyomavirus and non-small cell lung cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jun 25;108(12):2623. doi: 10.1038/bjc.2013.195. Epub 2013 Jun 4.

●● Enlace al texto completo (gratuito o de pago) 1038/bjc.2013.195

AUTORES / AUTHORS: - Shuda M; Feng H; Moore PS; Chang Y

INSTITUCIÓN / INSTITUTION: - Cancer Virology Program, University of Pittsburgh, Pittsburgh, PA, USA.

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[67]

TÍTULO / TITLE: - Primary lymph node gastrinoma: a rare cause of abdominal pain in childhood.

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

REVISTA / JOURNAL: - J Pediatr Hematol Oncol. 2013 Jul;35(5):394-8. doi: 10.1097/MPH.0b013e318298de7e.

●● Enlace al texto completo (gratuito o de pago) 1097/MPH.0b013e318298de7e

AUTORES / AUTHORS: - Citak EC; Taskinlar H; Arpaci RB; Apaydin FD; Gunay EC; Tanriverdi H; Akyurek N

INSTITUCIÓN / INSTITUTION: - Departments of *Pediatric Oncology daggerPediatric Surgery double daggerPathology section signRadiology parallelNuclear Medicine paragraph signPediatrics, Mersin University Faculty of Medicine, Mersin #Department of Pathology, Gazi University Faculty of Medicine, Ankara, Turkey.

RESUMEN / SUMMARY: - Gastrinoma is a hormone-secreting tumor associated with the Zollinger-Ellison syndrome. It is quite rare among children. The discovery of gastrinomas in unusual locations such as lymph nodes, bones, ovaries, and the liver poses a diagnostic dilemma as to whether the tumor is primary or metastatic. Here, we present a case of a primary gastrinoma within a lymph node.

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[68]

TÍTULO / TITLE: - Non-hyperfunctioning neuroendocrine tumours of the pancreas: MR imaging appearance and correlation with their biological behaviour.

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

REVISTA / JOURNAL: - Eur Radiol. 2013 Jun 21.

●● Enlace al texto completo (gratuito o de pago) 1007/s00330-013-2929-4

AUTORES / AUTHORS: - Manfredi R; Bonatti M; Mantovani W; Graziani R; Segala D; Capelli P; Butturini G; Mucelli RP

INSTITUCIÓN / INSTITUTION: - Department of Radiology, University of Verona, 11 P.le L.A. Scuro 10, 37134, Verona, Italy, riccardo.manfredi@univr.it.

RESUMEN / SUMMARY: - OBJECTIVE: To describe MR imaging features of non-hyperfunctioning neuroendocrine pancreatic tumours by comparing them to histopathology and to determine the accuracy of MR imaging in predicting biological behaviour. MATERIALS AND METHODS: After institutional review board approval, we retrospectively reviewed 45 patients with pathologically proven NF-NET of the pancreas and >/=1 preoperative MR/MRCP examinations. Of the NF-NETS, 29/45 (64.4 %) were G1 and 16/45 (35.5 %) were G2. Image analysis included the lesion maximum diameter, vascular encasement, extrapancreatic spread, signal intensity on T1- and T2-weighted, contrast enhancement features, and presence of metastases. Tumour vessel density was calculated on the histological specimen using a grid. RESULTS: The median maximum diameter of NF-NETs was 20 mm (range 5-200 mm). Eighty per cent of the NF-NETs were hypointense on T1-weighted images, 82.2 % were hyperintense on T2-weighted images, and 75.6 % were hypervascular. Overall MRI accuracy showed a mean AUC of 0.86 compared to pathology. Lesions with a maximum diameter of 30 mm irregular margins, absence of a cleavage plane with the main pancreatic duct, vascular encasement, extrapancreatic spread and abdominal metastases were significantly associated with malignant NF-NETs. No correlation was found between the tumour vessel density and contrast-enhanced MR imaging pattern. CONCLUSIONS: Hyperintensity on T2-weighted images and iso-/hypervascularity occurred in 27/45 (60.0 %) of NF-NETs. MRI identifies malignant NF-NETs with a sensitivity of 93.3 % and a specificity of 76.9 % (AUC = 0.85). KEY POINTS: * Non-hyperfunctioning neuroendocrine pancreatic tumours (NF-NET) pose a difficult diagnostic challenge. * On T2-weighted MRI, 82.2 % of neuroendocrine tumours appeared hyperintense. * MR imaging showed 0.94 sensitivity and 0.77 specificity in predicting biological behaviour. * The hyper-/isointensity during dynamic MRI did not correlate with vessel density at pathology.

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[69]

TÍTULO / TITLE: - Evolving Role of SPECT/CT in Neuroendocrine Tumors Management: Staging, Treatment Response, and Follow-Up.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Clin Nucl Med. 2013 Jun 7.
●● Enlace al texto completo (gratuito o de pago)
1097/RLU.0b013e3182952c6d
AUTORES / AUTHORS: - Fuccio C; Spinapolice EG; Chondrogiannis S; Maffione AM; Trifiro G; Colletti PM; Rubello D
INSTITUCIÓN / INSTITUTION: - From the *Nuclear Medicine Unit, Fondazione Salvatore Maugeri, Pavia, Italy; daggerService of Nuclear Medicine, Department of Nuclear Medicine, PET/CT Centre, Radiology, Neuroradiology, Medical Physics, Santa Maria della Misericordia Hospital, Rovigo, Italy; and double daggerDepartment of Radiology, University of Southern California, Los Angeles, CA.
RESUMEN / SUMMARY: - The combined use of SPECT and CT strongly supports the molecular imaging of neuroendocrine tumors (NETs) with somatostatin receptor radiopharmaceuticals or with meta-iodobenzylguanidine. SPECT/CT fusion images provide potential attenuation correction, higher specificity, and accurate localization for the staging, evaluation of treatment response, and follow-up of NETs.

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[70]
TÍTULO / TITLE: - The utility of cortical-sparing adrenalectomy in pheochromocytomas associated with genetic syndromes.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J Pediatr Surg. 2013 Jun;48(6):1422-5. doi: 10.1016/j.jpedsurg.2013.04.001.
●● Enlace al texto completo (gratuito o de pago)
1016/j.jpedsurg.2013.04.001
AUTORES / AUTHORS: - Fallon SC; Feig D; Lopez ME; Brandt ML
INSTITUCIÓN / INSTITUTION: - Division of Pediatric Surgery, Michael E. DeBakey Department of Surgery, Baylor College of Medicine, Houston, TX, USA.
RESUMEN / SUMMARY: - Management of pediatric patients with pheochromocytomas associated with genetic syndromes, such as Von Hippel-Lindau (VHL) disease, is complex owing to the need for continuous surveillance, high rates of recurrence, multiple operations during childhood, and the possibility of lifelong exogenous steroid replacement. We report the successful treatment of two siblings with VHL who underwent a total of six cortical-sparing procedures without requiring steroid therapy.

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[71]
TÍTULO / TITLE: - Staging accuracy of MR for pancreatic neuroendocrine tumor and imaging findings according to the tumor grade.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Abdom Imaging. 2013 Jun 2.

●● Enlace al texto completo (gratuito o de pago) 1007/s00261-013-0011-y

AUTORES / AUTHORS: - Kim JH; Eun HW; Kim YJ; Han JK; Choi BI

INSTITUCIÓN / INSTITUTION: - Department of Radiology and Institute of Radiation Medicine, Seoul National University College of Medicine, 101 Daehang-no, Chongno-gu, Seoul, 110-744, Republic of Korea, Jhkim2008@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: To investigate staging accuracy of MR for pancreatic neuroendocrine neoplasms (PNETs) and imaging findings according to the tumor grade. MATERIALS AND METHODS: Our study consisted of 39 patients with PNET G1 (n = 24), PNET G2 (n = 12), and pancreatic neuroendocrine carcinoma (PNEC) (n = 3). All underwent preoperative MRI. Two radiologists retrospectively reviewed MR findings including tumor margin, SI on T2WI, enhancement patterns, degenerative change, duct dilation, and ADC value. They also assessed T-stage, N-stage, and tumor size. Statistical analyses were performed using Chi square tests, ROC analysis, and Fisher's exact test. RESULTS: Specific findings for PNEC or PNET G2 were ill-defined borders (P = 0.001) and hypo-SI on venous- and delayed-phase (P = 0.016). ADC value showed significant difference between PNET G1 and G2 (P = 0.007). The Az of ADC value for differentiating PNET G1 from G2 was 0.743. Sensitivity and specificity were 70% and 86%. Accuracy for T-staging was 77% (n = 30) and 85% (n = 33), and for N-staging was 92% (n = 36) and 87% (n = 34) with moderate agreement. T-stage showed significant difference according to tumor grade (P < 0.001), although there was no significant difference in tumor size or N-stage. CONCLUSION: Ill-defined borders and hypo-SI on venous- and delayed-phase imaging are common findings of higher grade PNET, and ADC value is helpful for differentiating PNET G1 from G2. MR is useful for preoperative evaluation of T-, N-stage. Tumor size of PNET and T-stage showed significant difference according to tumor grade.

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[72]

TÍTULO / TITLE: - Palliative Treatment for In-transit Cutaneous Metastases of Merkel Cell Carcinoma Using Surface-Mold Computer-Optimized High-Dose-Rate Brachytherapy.

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

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):283-7. doi: 10.1097/PPO.0b013e31829e3566.

●● Enlace al texto completo (gratuito o de pago) 1097/PPO.0b013e31829e3566

AUTORES / AUTHORS: - Garibyan L; Cotter SE; Hansen JL; Noell C; Dorosario A; O'Farrell DA; Devlin PM; Wang LC

INSTITUCIÓN / INSTITUTION: - From the Departments of *Dermatology and daggerRadiation Oncology, Brigham & Women's Hospital, Harvard Medical

School, Boston, MA; double daggerDepartment of Dermatology, Tulane University School of Medicine, New Orleans, LA; and section signCenter for Cutaneous Oncology, Dana-Farber/Brigham & Women's Cancer Center, and parallelDepartment of Dermatology, Brigham & Women's Hospital, Harvard Medical School, Boston, MA.

RESUMEN / SUMMARY: - PURPOSE: The objective of this study was to evaluate the palliative treatment benefit of surface-mold computer-optimized high-dose-rate brachytherapy (SMBT) for in-transit cutaneous metastases of Merkel cell carcinoma (MCC). METHODS: Ten patients with in-transit cutaneous MCC metastases were treated with SMBT at the Dana-Farber/Brigham & Women's Cancer Center between 2006 and 2012. RESULTS: The median age at diagnosis was 76 years (range, 63-87 years). Seven patients had in-transit metastases on the lower extremities (70%), 2 patients on the head and neck (20%), and 1 patient on an upper extremity (10%). A total of 152 metastatic MCC lesions were treated with SMBT. All SMBT-treated lesions resolved clinically within a few weeks of therapy. The median follow-up was 34 months (range, 22-85 months). Two of 152 treated lesions recurred during the study period for a local control rate of 99%. Eight patients (80%) developed additional in-transit metastases outside the original SMBT fields. Five of these 8 patients underwent additional SMBT. At study conclusion, 3 patients (30%) are alive without disease, 3 patients (30%) are alive with disease, and 4 patients (40%) died of MCC. DISCUSSION: Surface-mold computer-optimized high-dose-rate brachytherapy offers effective and durable palliation for cutaneous metastases of MCC, although it does not appear to alter disease course.

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[73]

TÍTULO / TITLE: - Comparative immunohistochemical analysis of pulmonary and thymic neuroendocrine carcinomas using PAX8 and TTF-1.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jun 21. doi: 10.1038/modpathol.2013.111.

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

1038/modpathol.2013.111

AUTORES / AUTHORS: - Weissferdt A; Tang X; Wistuba II; Moran CA

INSTITUCIÓN / INSTITUTION: - Department of Pathology, MD Anderson Cancer Center, Houston, TX, USA.

RESUMEN / SUMMARY: - PAX8 is expressed in thymic epithelial neoplasms and a subset of neuroendocrine carcinomas of gastrointestinal origin but not pulmonary neuroendocrine carcinomas. Thyroid transcription factor 1 (TTF-1) is known to be positive in pulmonary neuroendocrine carcinomas, but studies investigating its expression in thymic neuroendocrine carcinomas are lacking. To date, there are no comprehensive studies focusing on the comparative expression of PAX8 or TTF-1 in pulmonary and thymic neuroendocrine

carcinoma. Twenty-five cases of low and intermediate grade neuroendocrine carcinomas of pulmonary and thymic origin, respectively, were selected for immunohistochemical studies using antibodies directed against PAX8 and TTF-1. The percentage of positive tumor cells as well as the intensity of staining were evaluated and scored. Twenty-one of the pulmonary neuroendocrine carcinomas were classified as low grade (typical carcinoid) and 4 as intermediate grade (atypical carcinoid) tumors; the thymic tumors consisted of 8 low grade and 17 intermediate grade neuroendocrine carcinomas. Only 2 (8%) of the pulmonary tumors showed nuclear expression of PAX8 while 19 (76%) expressed TTF-1. Of the thymic tumors, 8 (32%) were positive for PAX8 and 2 (8%) showed TTF-1 positivity. Primary neuroendocrine carcinomas of the thymus are rare neoplasms that display a more aggressive clinical course than pulmonary neuroendocrine carcinomas, highlighting the importance of the separation of these tumors. To date, there are no specific immunomarkers to distinguish between neuroendocrine carcinomas of pulmonary and thymic origin. The differential expression of PAX8 and TTF-1 may prove useful in this context as a PAX8+/TTF-1- immunophenotype appears to be more common in thymic neuroendocrine carcinomas, whereas the reverse (PAX8-/TTF-1+) is true for most pulmonary neuroendocrine carcinomas.Modern Pathology advance online publication, 21 June 2013; doi:10.1038/modpathol.2013.111.

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[74]

TÍTULO / TITLE: - A 92-gene cancer classifier predicts the site of origin for neuroendocrine tumors.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jul 12. doi: 10.1038/modpathol.2013.105.

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

1038/modpathol.2013.105

AUTORES / AUTHORS: - Kerr SE; Schnabel CA; Sullivan PS; Zhang Y; Huang VJ; Erlander MG; Brachtel EF; Dry SM

INSTITUCIÓN / INSTITUTION: - Department of Laboratory Medicine and Pathology, Mayo Clinic, Rochester, MN, USA.

RESUMEN / SUMMARY: - A diagnosis of neuroendocrine carcinoma is often morphologically straight-forward; however, the tumor site of origin may remain elusive in a metastatic presentation. Neuroendocrine tumor subtyping has important implications for staging and patient management. In this study, the novel use and performance of a 92-gene molecular cancer classifier for determination of the site of tumor origin are described in a series of 75 neuroendocrine tumors (44 metastatic, 31 primary; gastrointestinal (n=12), pulmonary (n=22), Merkel cell (n=10), pancreatic (n=10), pheochromocytoma (n=10), and medullary thyroid carcinoma (n=11)). Formalin-fixed, paraffin-embedded samples passing multicenter pathologist adjudication were blinded

and tested by a 92-gene molecular assay that predicts tumor type/subtype based upon relative quantitative PCR expression measurements for 87 tumor-related and 5 reference genes. The 92-gene assay demonstrated 99% (74/75; 95% confidence interval (CI) 0.93-0.99) accuracy for classification of neuroendocrine carcinomas and correctly subtyped the tumor site of origin in 95% (71/75; 95% CI 0.87-0.98) of cases. Analysis of gene expression subsignatures within the 92-gene assay panel showed 4 genes with promising discriminatory value for tumor typing and 15 genes for tumor subtyping. The 92-gene classifier demonstrated excellent accuracy for classifying and determining the site of origin in tumors with neuroendocrine differentiation. These results show promise for use of this test to aid in classifying neuroendocrine tumors of indeterminate primary site, particularly in the metastatic setting.Modern Pathology advance online publication, 12 July 2013; doi:10.1038/modpathol.2013.105.

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[75]

TÍTULO / TITLE: - A MEN1 syndrome with a paraganglioma.

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

REVISTA / JOURNAL: - Eur J Hum Genet. 2013 Jun 19. doi: 10.1038/ejhg.2013.128.

●● Enlace al texto completo (gratuito o de pago) 1038/ejhg.2013.128

AUTORES / AUTHORS: - Jamilloux Y; Favier J; Pertuit M; Delage-Corre M; Lopez S; Teissier MP; Mathonnet M; Galinat S; Barlier A; Archambeaud F

INSTITUCIÓN / INSTITUTION: - 1] Department of Internal Medicine A, University Hospital of Limoges, Limoges, France [2] Department of Internal Medicine B, Endocrinology and Metabolic Diseases, University Hospital of Limoges, Limoges, France.

RESUMEN / SUMMARY: - Germline mutations of the MEN1 gene cause multiple endocrine neoplasia type 1 (MEN1), an autosomal dominant disorder characterized by tumors of the parathyroids, the pancreas, and the anterior pituitary. Paraganglioma (PGL) is a rare endocrine tumor, which can be sporadic or genetically determined. To date, PGL has never been reported as a feature of MEN1.We report here a patient presenting three features of MEN1 syndrome (hyperparathyroidism, pancreatic neuroendocrine tumor, and adrenocortical adenoma) associated with PGL. Genetic analysis of MEN1 gene revealed a new missense mutation in exon 5 (AGGshort right arrowAAG), causing the substitution of arginine by lysine at codon 275. Screening for other genetic disorders (SDHx, TMEM127, MAX, CDKN1B) causing PGL was negative. Immunohistochemical analyses showed normal levels of succinate dehydrogenase (SDH)A and SDHB in the PGL. The proband's sister, bearing the mutation, had primary hyperparathyroidism. It was the first typical MEN1 syndrome reported with an extra-adrenal PGL.European Journal of Human Genetics advance online publication, 19 June 2013; doi:10.1038/ejhg.2013.128.

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[76]

TÍTULO / TITLE: - Robotic Versus Laparoscopic Adrenalectomy for Pheochromocytoma.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Jul 18.

●● Enlace al texto completo (gratuito o de pago) 1245/s10434-013-3134-z

AUTORES / AUTHORS: - Aliyev S; Karabulut K; Agcaoglu O; Wolf K; Mitchell J; Siperstein A; Berber E

INSTITUCIÓN / INSTITUTION: - Department of Endocrine Surgery, Cleveland Clinic, Cleveland, OH, USA.

RESUMEN / SUMMARY: - BACKGROUND: Although initial reports demonstrated the safety and feasibility of robotic adrenalectomy (RA), there are scant data on the use of this approach for pheochromocytoma. The aim of this study is to compare perioperative outcomes and efficacy of RA versus laparoscopic adrenalectomy (LA) for pheochromocytoma. METHODS: Within 3 years, 25 patients underwent 26 RA procedures for pheochromocytoma. These patients were compared with 40 patients who underwent 42 LA procedures before the start of the robotic program. Data were retrospectively reviewed from a prospectively maintained, IRB-approved adrenal database. RESULTS: Demographic and clinical parameters at presentation were similar between the groups, except for a larger tumor size in the robotic group. In both groups, skin-to-skin operative time, estimated blood loss less, and intraoperative hemodynamic parameters were similar. The conversion to open rate was 3.9 % in the robotic and 7.5 % in the laparoscopic group (p = .532). There was no morbidity or mortality in the robotic group; morbidity was 10 % (p = .041) and mortality 2.5 % in the laparoscopic group. The pain score on postoperative day 1 was lower, and the length of hospital stay shorter in the robotic group (1.2 +/- .1 vs. 1.7 +/- .1 days, p = .036). CONCLUSIONS: To our knowledge, this is the first study comparing robotic versus laparoscopic resection of pheochromocytoma. Our results show that the robotic approach is similar to the laparoscopic regarding safety and efficacy. The lower morbidity, less immediate postoperative pain, and shorter hospital stay observed in the robotic approach warrant further investigation in future larger studies.

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[77]

TÍTULO / TITLE: - Discriminating Pheochromocytomas from Other Adrenal Lesions: The Dilemma of Elevated Catecholamines.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Jul 25.

●● Enlace al texto completo (gratuito o de pago) 1245/s10434-013-3142-z

AUTORES / AUTHORS: - Carr JC; Spanheimer PM; Rajput M; Dahdaleh FS; Lal G; Weigel RJ; Sugg SL; Liao J; Howe JR

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University of Iowa Carver College of Medicine, Iowa City, IA, USA.

RESUMEN / SUMMARY: - BACKGROUND: Screening tests for pheochromocytoma involve measuring levels of catecholamines in the urine or plasma, which have significant false-positive rates. We reviewed patients with adrenal masses and elevated levels of catecholamines to determine the value of different preoperative tests in diagnosing pheochromocytomas. METHODS: A retrospective chart review identified patients who underwent adrenalectomy between 1997 and 2011 with elevation of urine or serum catecholamines. A database of clinicopathologic factors was created including preoperative urine and plasma metanephrines, normetanephrines, vanillylmandelic acid, and fractionated catecholamines, and tumor dimensions on imaging and pathology. RESULTS: A total of 70 patients underwent adrenalectomy because of presence of an adrenal mass and elevation of catecholamines or normetanephrines or metanephrines. Of these, 46 had pathologically confirmed pheochromocytomas. To improve our ability to discriminate between pheochromocytoma and other pathology, we examined different combinations of clinicopathologic factors and catecholamine levels and found the best test was a scoring system. Points are awarded for a hierarchy of elevated normetanephrine, norepinephrine, metanephrines, with additional points received for age <50 and size on imaging >3.3 cm. A score of 2 is suggestive of pheochromocytoma, with a positive predictive value of 86-87 %, while a score of 4 is diagnostic with positive predictive value of 100 %. CONCLUSION: We found that urine/serum normetanephrine levels were the most valuable screening tool; however, a score examining the size of adrenal mass on preoperative CT, age, and either plasma or urine norepinephrine, metanephrine, and normetanephrine values leads to a higher positive predictive value, making this scoring system superior to individual lab tests.

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[78]

TÍTULO / TITLE: - 18F-Fluorodeoxyglucose Positron Emission Tomography-Computed Tomography Imaging in the Management of Merkel Cell Carcinoma: A Single-Institution Retrospective Study.

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

REVISTA / JOURNAL: - Dermatol Surg. 2013 Jun 18. doi: 10.1111/dsu.12246.

●● Enlace al texto completo (gratuito o de pago) 1111/dsu.12246

AUTORES / AUTHORS: - Ibrahim SF; Ahronowitz I; McCalmont TH; Hernandez Pampaloni M; Ryan JL; Yu SS

INSTITUCIÓN / INSTITUTION: - Department of Dermatology, University of Rochester Medical Center, Rochester, New York.

RESUMEN / SUMMARY: - BACKGROUND: Merkel cell carcinoma (MCC) is among the deadliest of cutaneous malignancies. A lack of consensus evaluation and treatment guidelines has hindered management of this disease. The utility of simultaneous positron emission tomography and computed tomography (PET/CT) has been demonstrated for a variety of tumors yet remains underinvestigated for MCC. OBJECTIVES: To report the value of fluorodeoxyglucose PET/CT imaging in the initial staging and ongoing management of individuals with MCC and to determine whether any patient or tumor characteristics may predict when PET/CT is more likely to have greater influence on medical decision-making. MATERIALS AND METHODS: A single-institution retrospective chart review was conducted of all patients diagnosed with MCC who underwent FDG-PET/CT scanning from 2007 to 2010. The outcome of each of these studies was evaluated as to the influence on patient staging and management. Patient clinical information and information on gross and microscopic tumor characteristics were collected and analyzed. RESULTS: Twenty patients underwent 39 PET/CT scans. Results of PET/CT imaging revealed previously unknown information related to MCC in four (20%) patients, leading to changes in management in three of these four cases. Three previously unknown neoplasms were detected. CONCLUSION: Fluorodeoxyglucose-positron emission tomography and computed tomography is a valuable tool for initial staging and to assess response to therapy of patients diagnosed with MCC. Larger prospective studies would be required to establish the optimal timing for this imaging modality.

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[79]

TÍTULO / TITLE: - Development and characteristics of preclinical experimental models for the research of rare neuroendocrine bladder cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 29. pii: S0022-5347(13)04670-3. doi: 10.1016/j.juro.2013.06.053.

●● Enlace al texto completo (gratuito o de pago) 1016/j.juro.2013.06.053

AUTORES / AUTHORS: - Hofner T; Macher-Goeppinger S; Klein C; Rigo-Watermeier T; Eisen C; Pahernik S; Hohenfellner M; Trumpp A; Sprick MR

INSTITUCIÓN / INSTITUTION: - Heidelberg Institute for Stem Cell Technology and Experimental Medicine (HI-STEM gGmbH) at the German Cancer Research Center (DKFZ), Heidelberg, Germany; Department of Urology, University Hospital Heidelberg, Heidelberg, Germany. Electronic address: thomas.hoefner@hi-stem.de.

RESUMEN / SUMMARY: - PURPOSE: For rare cancers such as neuroendocrine bladder cancer (NEBC) treatment options are limited, partly due to lack of pre-clinical models. Techniques to amplify rare primary NEBC cells could provide

novel tools for the discovery of drug- and diagnostic targets. We aimed to develop preclinical experimental models for NEBC. MATERIAL AND METHODS: Fresh tumor tissue from two NEBC patients was used to establish in vitro and in vivo models. Additional archived tissues from NEBC-patients were analyzed from the National Center of Tumor Diseases tissue bank. Primary tumor samples were collected during radical cystectomy. For inhibition of MET in animal models and cell culture PHA-665752 was used. Expression of markers and drug targets on NEBC were determined by flow cytometry. Growth of NEBC in vitro was determined by counting live cells. Tumor growth in mice was assessed by measuring tumor volume. Comparison between groups was done using non-parametric Kruskal-Wallis tests. RESULTS: Xenograft models and serum-free cultures of NEBC cells allowed screening for cell surface markers and drug targets. We found expression of the HGF-receptor MET on NEBC cultures, xenograft models and in primary patient sections. Growth of NEBC spheroids in vitro critically depended on HGF. Treatment of NEBC-bearing mice with a MET-inhibitor significantly decreased tumor growth compared to control-treated mice. CONCLUSIONS: Establishment of NEBC xenografts and serum-free cultures provided suitable models to identify diagnostic markers and therapeutic targets. Using such a model we can demonstrate HGF dependent growth of human NEBC and identify MET as a new treatment target for NEBC.

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[80]

TÍTULO / TITLE: - A better prognosis for Merkel cell carcinoma of unknown primary origin.

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

REVISTA / JOURNAL: - Am J Surg. 2013 Jul 5. pii: S0002-9610(13)00290-0. doi: 10.1016/j.amjsurg.2013.02.005.

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

1016/j.amjsurg.2013.02.005

AUTORES / AUTHORS: - Chen KT; Papavasiliou P; Edwards K; Zhu F; Perlis C; Wu H; Turaka A; Berger A; Farma JM

INSTITUCIÓN / INSTITUTION: - Department of Surgical Oncology, Fox Chase Cancer Center, 333 Cottman Avenue, Philadelphia, PA 19111, USA. Electronic address: Kathryn.chen@fccc.edu.

RESUMEN / SUMMARY: - BACKGROUND: There is limited evidence that Merkel cell carcinoma (MCC) arising from a nodal basin without evidence of a primary cutaneous (PC) site has better prognosis. We present our experience at 2 tertiary care referral centers with stage III MCC with and without a PC site. METHODS: Fifty stage III MCC patients were identified between 1996 and 2011. Clinical data were analyzed, with primary endpoints being disease-free survival and overall survival. RESULTS: Of stage III patients, 34 patients presented with a PC site and 16 patients with an unknown primary (UP) site.

Treatment strategies varied; of patients with UP vs PC sites, 25% vs 44% underwent combined regional lymphadenectomy and radiation, with an additional 25% vs 15% receiving chemotherapy. The median disease-free survival for a UP site was not reached vs 15 months for a PC site (hazards ratio = .48, P = .18). The median overall survival for a UP site was not reached vs 21 months for a PC site (hazards ratio = .34, P = .03). Multivariate analysis showed that UP status was a significant factor in overall survival (P = .002). CONCLUSIONS: Stage III MCC with a UP site portends a better prognosis than MCC with a PC site.

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[81]

TÍTULO / TITLE: - Response after Surgical Resection of Metastatic Pheochromocytoma and Paraganglioma: Can Postoperative Biochemical Remission Be Predicted?

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

REVISTA / JOURNAL: - J Am Coll Surg. 2013 Jul 25. pii: S1072-7515(13)00322-0. doi: 10.1016/j.jamcollsurg.2013.04.027.

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

1016/j.jamcollsurg.2013.04.027

AUTORES / AUTHORS: - Ellis RJ; Patel D; Prodanov T; Sadowski S; Nilubol N; Adams K; Steinberg SM; Pacak K; Kebebew E

INSTITUCIÓN / INSTITUTION: - Endocrine Oncology Branch, National Cancer Institute, National Institutes of Health, Bethesda, MD; Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA.

RESUMEN / SUMMARY: - BACKGROUND: Aggressive surgical resection with intent to cure and surgical debulking procedures are commonly recommended in patients with metastatic pheochromocytoma and paraganglioma. To date there are no data on operative outcomes of patients after surgical resection of metastatic pheochromocytoma and paraganglioma to determine if such an approach is appropriate and what factors may be associated with a favorable outcome. STUDY DESIGN: We performed a retrospective analysis of 30 patients with metastatic pheochromocytoma/paraganglioma who underwent surgical treatment. Clinical characteristics and genetic factors were analyzed as predictors of biochemical response to surgery. RESULTS: Thirty patients underwent a total of 42 operations, with a median follow-up time of 24 months (range 1 to 114 months). Complete disease resection (R0/R1) was achieved in 18 (42.9%) cases; 24 cases (57.1%) were debulking (R2) procedures without intent to cure. Complete biochemical remission was achieved in 10 (23.8%) cases and partial biochemical response was achieved in 23 (54.8%) cases. Patients with disease confined to the abdomen were more likely to achieve and maintain a biochemical response postoperatively than those with extra-abdominal disease (p = 0.0003). Debulking operations were significantly less likely to achieve or maintain biochemical palliation, with only 1 patient

maintaining a biochemical response 12 months postoperatively ($p < 0.0001$). Patients were less likely to obtain pharmacologic independence after debulking ($p = 0.0003$), with only 2 (8.3%) not requiring pharmacotherapy 6 months after the intervention. Factors not associated with biochemical response to surgery include sex, family history, SDHB mutation status, systemic therapy, and preoperative biochemical profile. CONCLUSIONS: Depending on the extent of disease, patients with metastatic pheochromocytoma/paraganglioma can benefit from aggressive operative intervention and resection with intent to cure. Debulking procedures are unlikely to achieve clinically significant biochemical response, with any biochemical response achieved being very short-lived.

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[82]

TÍTULO / TITLE: - Rare ALK Expression but no ALK Rearrangement in Pancreatic Ductal Adenocarcinoma and Neuroendocrine Tumors.

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

REVISTA / JOURNAL: - Pancreas. 2013 Aug;42(6):949-51. doi: 10.1097/MPA.0b013e3182847bd0.

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

1097/MPA.0b013e3182847bd0

AUTORES / AUTHORS: - Graham RP; Oliveira AM; Zhang L

INSTITUCIÓN / INSTITUTION: - From the Division of Anatomic Pathology, Mayo Clinic, Rochester, MN.

RESUMEN / SUMMARY: - OBJECTIVES: Anaplastic lymphoma kinase (ALK) gene rearrangements were first identified in anaplastic large cell lymphomas. Subsequently, they have been observed in other tumor types with ALK-rearranged tumors demonstrating responsiveness to ALK inhibitors. The aggressiveness of pancreatic ductal adenocarcinoma warrants the examination of ALK rearrangements in pancreatic cancer as a potential therapeutic target. Immunohistochemical expression of ALK1 correlates with ALK rearrangements in other tumors. We performed ALK immunohistochemistry on samples of pancreatic ductal adenocarcinoma and pancreatic neuroendocrine tumors using 2 tissue microarrays. METHODS: ALK1 expression was scored for each case as 0, 1+, 2+, or 3+ using established criteria. Fluorescence in situ hybridization using a break-apart assay with probes for ALK was performed to detect ALK rearrangement in ALK1-positive cases. RESULTS: All 46 neuroendocrine tumors were negative for ALK1. Of 140 ductal adenocarcinoma cases, 5 showed immunoreactivity for ALK1: 1 was 3+, 2 were 2+, and 2 were 1+. However, fluorescence in situ hybridization for ALK rearrangement was negative in all 5 cases. CONCLUSIONS: The results demonstrate that ALK1 expression is uncommon in both pancreatic ductal adenocarcinoma and neuroendocrine tumors. Rare ALK1 expression is not induced by ALK translocation, and ALK is unlikely to be a therapeutic target in pancreatic tumors.

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[83]

TÍTULO / TITLE: - An unusual case of Cowden-like syndrome, neck paraganglioma and pituitary adenoma.

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

REVISTA / JOURNAL: - Head Neck. 2013 Jun 26. doi: 10.1002/hed.23420.

●● Enlace al texto completo (gratuito o de pago) 1002/hed.23420

AUTORES / AUTHORS: - Efstathiadou ZA; Sapranidis M; Anagnostis P; Kita MD

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology, "Hippokration" General Hospital of Thessaloniki, Thessaloniki, Greece.

RESUMEN / SUMMARY: - Background: Pituitary tumors, paragangliomas and Cowden syndrome do not usually occur together. Methods: The synchronous presentation of papillary thyroid carcinoma and neck paraganglioma was revealed in a 43-year-old female, who had been diagnosed with a microprolactinoma one decade before and now presented with a constellation of characteristics that are components of Cowden syndrome, specifically macrocephaly, multiple skin papules, fibrocystic mammary disease and uterine leiomyofibroma. Results: Germline mutation analysis of PTEN, SDHB, SDHC and SDHD was performed with revelation of 3 polymorphic sites in introns 1, 4, 8 of PTEN gene and 1 polymorphic site in exon 1 of SDHB gene, but absence of known pathogenic mutations. Conclusion: The co-existence of Cowden-like syndrome, neck paraganglioma and pituitary adenoma is described for the first time, and could represent a novel genetic syndrome with an as yet unidentified common genetic basis. Head Neck, 2013.

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[84]

TÍTULO / TITLE: - High grade neuroendocrine lung tumors: Pathological characteristics, surgical management and prognostic implications.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Jun 13. pii: S0169-5002(13)00220-1. doi: 10.1016/j.lungcan.2013.05.008.

●● Enlace al texto completo (gratuito o de pago) 1016/j.lungcan.2013.05.008

AUTORES / AUTHORS: - Grand B; Cazes A; Mordant P; Foucault C; Dujon A; Guillevin EF; Barthes FL; Riquet M

INSTITUCIÓN / INSTITUTION: - General Thoracic Surgery Department, Georges Pompidou European Hospital, Paris-Descartes University, 20 rue Leblanc, 75015 Paris, France.

RESUMEN / SUMMARY: - Among non-small cell lung cancers (NSCLC), large cell carcinoma (LCC) is credited of significant adverse prognosis. Its neuroendocrine subtype has even a poorer diagnosis, with long-term survival similar to small cell lung cancer (SCLC). Our purpose was to review the

surgical characteristics of those tumors. The clinical records of patients who underwent surgery for lung cancer in two French centers from 1980 to 2009 were retrospectively reviewed. We more particularly focused on patients with LCC or with high grade neuroendocrine lung tumors. High grade neuroendocrine tumors were classified as pure large cell neuroendocrine carcinoma (pure LCNEC), NSCLC combined with LCNEC (combined LCNEC), and SCLC combined with LCNEC (combined SCLC). There were 470 LCC and 155 high grade neuroendocrine lung tumors, with no difference concerning gender, mean age, smoking habits. There were significantly more exploratory thoracotomies in LCC, and more frequent postoperative complications in high grade neuroendocrine lung tumors. Pathologic TNM and 5-year survival rates were similar, with 5-year ranging from 34.3% to 37.6% for high grade neuroendocrine lung tumors and LCC, respectively. Induction and adjuvant therapy were not associated with an improved prognosis. The subgroups of LCNEC (pure NE, combined NE) and combined SCLC behaved similarly, except visceral pleura invasion, which proved more frequent in combined NE and less frequent in combined SCLC. Survival analysis showed a trend toward a lower 5-year survival in case of combined SCLC. Therefore, LCC, LCNEC and combined SCLC share the same poor prognosis, but surgical resection is associated with long-term survival in about one third of patients.

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[85]

TÍTULO / TITLE: - The value of gadoxetic acid-enhanced and diffusion-weighted MRI for prediction of grading of pancreatic neuroendocrine tumors.

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

REVISTA / JOURNAL: - Acta Radiol. 2013 Jul 29.

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

1177/0284185113494982

AUTORES / AUTHORS: - Jang KM; Kim SH; Lee SJ; Choi D

INSTITUCIÓN / INSTITUTION: - Department of Radiology and Center for Imaging Science, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea.

RESUMEN / SUMMARY: - BACKGROUND: Parenchyma-preserving resection for the treatment of benign pancreatic neuroendocrine tumors (NETs) has been tried, and preoperative prediction of benign pancreatic NET is important. Recently, diffusion-weighted imaging (DWI) of abdomen magnetic resonance imaging (MRI) has been used to characterize benign and malignant tumors and DWI might be helpful in prediction of benign pancreatic NETs. PURPOSE: To evaluate the value of gadoxetic acid-enhanced MRI and DWI in predicting benign pancreatic NETs for determination of parenchyma-preserving resection. MATERIAL AND METHODS: Our ethics committee approved this study with a waiver of informed consent given its retrospective design. We searched radiology and pathology databases from November 2010 to July 2012 to

identify patients who underwent surgery for pancreatic NETs (<4 cm). Twenty patients in the benign group and 14 patients in the non-benign group were included in this study. Two radiologists analyzed the morphologic features, signal intensity on MR images including DWI (b = 800), and dynamic enhancement pattern of the tumors with consensus. The tumor-to-parenchyma ratio and tumor apparent diffusion coefficients (ADCs) were quantitatively assessed. RESULTS: The benign pancreatic NETs were more often round (7/20, 35%) or ovoid (13/20, 65%) in shape and less hypovascular on the arterial phase (3/20, 15%) than were the non-benign pancreatic NETs (1/14, 7.1% and 5/14, 35.8%; 7/14, 50% respectively; P < 0.05). Main pancreatic duct dilatation by tumors was demonstrated only in non-benign pancreatic NETs (4/14, 28.4%; P = 0.021). ADC values and ratios were significantly different between benign pancreatic NETs (mean, 1.48 x 10-3 mm2/sec, 1.11 +/- 0.25, each) and non-benign pancreatic NETs (mean, 1.04 x 10-3 mm2/sec, 0.74 +/- 0.13, each) (P < 0.01). Other qualitative and quantitative analyses between benign and non-benign pancreatic NETs were not significantly different (P > 0.05). CONCLUSION: Abdominal MRI with DWI may be useful for differentiating benign pancreatic NETs from non-benign pancreatic NETs, which might be helpful for determination of parenchyma-preserving resection.

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[86]

TÍTULO / TITLE: - Minimally invasive parathyroidectomy provides a conservative surgical option for multiple endocrine neoplasia type 1-primary hyperparathyroidism.

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

REVISTA / JOURNAL: - Surgery. 2013 Jul;154(1):101-5. doi: 10.1016/j.surg.2013.03.004.

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

AUTORES / AUTHORS: - Versnick M; Popadich A; Sidhu S; Sywak M; Robinson B; Delbridge L

INSTITUCIÓN / INSTITUTION: - University of Sydney Endocrine Surgical Unit, and Kolling Institute of Medical Research, University of Sydney, Sydney, Australia.

RESUMEN / SUMMARY: - BACKGROUND: Many authors advocate routine subtotal parathyroidectomy or total parathyroidectomy and autotransplantation for patients with multiple endocrine neoplasia type 1 (MEN1). Many of these patients are young and recurrence may take decades. Four-gland parathyroid exploration carries a higher risk of complication than minimally invasive parathyroidectomy (MIP). The aim of this study was to assess the role of selective removal of only abnormal glands for MEN1 in the era of MIP. METHODS: For this retrospective, cohort study we collected data on patients undergoing parathyroidectomy for MEN1 from an endocrine surgery database. We reviewed preoperative localization studies, operative findings, histopathology, and clinical outcomes. RESULTS: Twenty-six patients

underwent parathyroidectomy for MEN1-associated hyperparathyroidism over the 23-year study period. Six of 10 (60%) patients in the total parathyroidectomy group and 4 of 10 (40%) patients in the subtotal parathyroidectomy group developed hypocalcemia. The subtotal and total parathyroidectomy groups both had a recurrence rate of 30% with a mean follow-up rate of 106 and 133 months, respectively. The MIP group had no hypocalcemia or recurrence with a mean follow-up of 19 months. CONCLUSION: MIP with excision of only documented abnormal parathyroid glands provides an acceptable outcome for patients with MEN1, avoiding the potential for permanent hypoparathyroidism in young patients. It is accepted that recurrent disease is inevitable in these patients; however, such recurrence may take decades to occur and may be able to be dealt with by a further focused procedure.

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[87]

TÍTULO / TITLE: - Effect of Early Adrenal Vein Ligation on Blood Pressure and Catecholeamine Fluctuation During Laparoscopic Adrenalectomy for Pheochromocytoma.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 13. pii: S0090-4295(13)00622-5. doi: 10.1016/j.urology.2013.05.011.

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

1016/j.urology.2013.05.011

AUTORES / AUTHORS: - Wu G; Zhang B; Yu C; Gao L; Gao Y; Huang Y; Yu L; Zhang G; Yang L; Yuan J

INSTITUCIÓN / INSTITUTION: - Department of Urology, Xijing Hospital, The Fourth Military Medical University, Xi'an, PR China.

RESUMEN / SUMMARY: - OBJECTIVE: To define whether previous control of the adrenal vein is a crucial procedure in laparoscopic adrenalectomy for pheochromocytoma. METHODS: From January 2000 to December 2010, 114 patients with pheochromocytoma who underwent laparoscopic adrenalectomy through transperitoneal or retroperitoneal approach were included. The patients were divided into 2 groups randomly (group 1: dissection after ligation; group 2: dissection before ligation). Blood samples for the measurement of catecholamines levels using high performance liquid chromatography were taken at the following time points: t1, before anesthesia; t2, during manipulation-extraction of pheochromocytoma; t3, after removal of pheochromocytoma. The blood pressure fluctuation was recorded. RESULTS: Laparoscopic adrenalectomy was successfully performed on 113 patients with 1 elective open conversion because of dense peritumor adhesions. The operating time ranged from 80 to 150 minutes (mean 108, 102 in group 1, 110 in group 2). Mean blood loss ranged from 20 to 500 mL (mean 120 mL, 110 in group 1, 125 in group 2). The concentrations of plasma catecholamines between the 2 groups had no

statistical differences. The blood pressure fluctuation incidence between the 2 groups had no marked difference. But the incidence increased with high functionary grade, and the difference was significant (P = .043). CONCLUSION: This study demonstrated that previous control of the adrenal vein was not a determinate factor in dealing with dangerous hypertension during laparoscopic adrenalectomies.

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[88]

TÍTULO / TITLE: - Insulinoma of genetic aetiology.

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

REVISTA / JOURNAL: - Ann Endocrinol (Paris). 2013 Jul;74(3):200-2. doi: 10.1016/j.ando.2013.05.006. Epub 2013 Jun 13.

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

1016/j.ando.2013.05.006

AUTORES / AUTHORS: - Borson-Chazot F; Cardot-Bauters C; Mirallie E; Pattou F

INSTITUCIÓN / INSTITUTION: - Department of endocrinology, hospices civils de Lyon, groupement hospitalier Est, aile A, 59, boulevard Pinel 1, 69677 Bron cedex, France. Electronic address: francoise.borson-chazot@chu-lyon.fr.

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[89]

TÍTULO / TITLE: - Renal Infarction Associated With Adrenal Pheochromocytoma.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 19. pii: S0090-4295(13)00617-1. doi: 10.1016/j.urology.2013.05.006.

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

1016/j.urology.2013.05.006

AUTORES / AUTHORS: - Thewjitcharoen Y; Atikankul T; Sunthornyothin S

INSTITUCIÓN / INSTITUTION: - Division of Endocrinology and Metabolism, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand. Electronic address: kamijoa@hotmail.com.

RESUMEN / SUMMARY: - The coexistence of pheochromocytoma and renal artery stenosis had been reported occasionally from the possible mechanism of catecholoamine-induced vasospasm and extrinsic compression of renal artery in some reported cases. However, renal infarction caused by pheochromocytoma is an uncommon phenomenon. Herein, we report an interesting case of adrenal pheochromocytoma associated with renal artery thrombosis, which should be included in the differential diagnosis of pheochromocytoma patients who present with abdominal pain.

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[90]

TÍTULO / TITLE: - Prophylactic thyroidectomy for MEN 2-related medullary thyroid carcinoma based on predictive testing for RET proto-oncogene mutation and basal serum calcitonin in China.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Jul 9. pii: S0748-7983(13)00425-3. doi: 10.1016/j.ejso.2013.06.015.

●● Enlace al texto completo (gratuito o de pago) 1016/j.ejso.2013.06.015

AUTORES / AUTHORS: - Qi XP; Zhao JQ; Du ZF; Yang RR; Ma JM; Fei J; Cheng J; Han JS; Jin HY; Chen ZG; Wang JQ; Yang YP; Ying RB; Chen XL; Liu WT; Zhao Y; Jiang HL; Zhang XN

INSTITUCIÓN / INSTITUTION: - Department of Oncologic and Urologic Surgery, Clinical Experimental Center and Department of Pathology, The 117th PLA Hospital, 40 Jichang Road, Hangzhou, Zhejiang Province 310004, China. Electronic address: qxplmd@vip.sina.com.

RESUMEN / SUMMARY: - INTRODUCTION: Early and normative surgery is the only curative method for multiple endocrine neoplasia type 2 (MEN 2)-related medullary thyroid carcinoma (MTC). AIMS: To study the timing of prophylactic total thyroidectomy (TT) for MEN 2-related MTC with different RET mutations in a Chinese population, and to compare the sensitivity and accuracy of fully-automated chemiluminescence immunoassay (FACLIA) and radioimmunoassay (RIA) for serum calcitonin (Ct). METHODS: We collected 24 asymptomatic individuals from 8 unrelated Chinese families with MEN 2, and analyzed RET mutation and Ct levels. Then we performed TT on 17 of the 24 individuals, including TT (2/17), TT with bilateral level VI lymph-node dissection (B-LND(VI); 12/17) and TT with B-LND(VI) + modified unilateral/bilateral/local neck dissection (3/17). RESULTS: Histopathology revealed bilateral/unilateral MTC in 15/17 (88.2%; median diameter, 1.0 cm) and bilateral C-cell hyperplasia in 2/17 (11.8%; p.V292M/R67H/R982C and p.C618Y). Lymph-node metastasis/fibro-adipose tissue invasion (p.C634R) or solely fibro-adipose tissue invasion (p.C634Y) were found in 2/17 (11.8%). Elevated pre-surgical Ct (pre-Ct) was identified by FACLIA in 17/17 (median age, 24.0), while pre-Ct by RIA was found in only 6/15 ($P < 0.001$). The median follow-up was 22.0 months, during which 16/17 had no abnormality (one p.C634R individual had elevated Ct), and another 7 carriers still had consistently undetectable Ct by FACLIA. CONCLUSIONS: Our study highlights the importance and feasibility of individualized prophylactic TT for MEN 2-related MTC, based on predictive integrated screening of RET and pre-Ct levels. Besides, we recommend FACLIA to measure Ct for earlier diagnosis, treatment and follow-up monitoring of MTC.

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[91]

TÍTULO / TITLE: - Can Established CT Attenuation and Washout Criteria for Adrenal Adenoma Accurately Exclude Pheochromocytoma?

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - AJR Am J Roentgenol. 2013 Jul;201(1):122-7. doi: 10.2214/AJR.12.9620.

●● Enlace al texto completo (gratuito o de pago) 2214/AJR.12.9620

AUTORES / AUTHORS: - Patel J; Davenport MS; Cohan RH; Caoili EM
INSTITUCIÓN / INSTITUTION: - 1 All authors: Department of Radiology, University of Michigan Health System, 1500 E Medical Center Dr, B2 A209P, Ann Arbor, MI 48109.
RESUMEN / SUMMARY: - OBJECTIVE. The purpose of this article is to determine the proportion of pheochromocytomas that mimic adrenal adenoma using established CT washout and attenuation criteria. MATERIALS AND METHODS. The CT characteristics of pheochromocytomas confirmed by histologic analysis (n = 46) and (131)I-metaiodobenzylguanidine (n = 1) were compared with those of 98 adrenal adenomas (negative plasma and urinary metanephrines or catecholamines, and one or more of the following characteristics: unenhanced attenuation </= 10 HU, absolute washout >/= 60%, and relative washout >/= 40%). CT numbers were measured in all available phases (unenhanced [n = 37], 1-minute contrast enhanced [n = 46], and delayed contrast enhanced [n = 43]) using a region of interest that encompassed the majority of the mass. Absolute washout, relative washout, and degree of enhancement (1-minute minus unenhanced) were calculated. Mass size and heterogeneity were recorded and compared using the Student t test and a chi-square test, respectively. RESULTS. Twenty-four of 47 (51%) pheochromocytomas were imaged with a triphasic examination using a 15-minute delay. Eight of 24 (33%) met relative (6/24 [25%]) or absolute (7/24 [29%]) washout criteria for the diagnosis of a lipid-poor adenoma. Four of these (50% [4/8]) were homogeneous on all three phases. None of the pheochromocytomas had an unenhanced attenuation of 10 HU or less. Pheochromocytomas were significantly larger than adrenal adenomas (mean diameter, 3.9 cm [range, 0.6-14 cm] vs 2.0 cm [range, 0.8-3.9 cm]; p < 0.0001) and were significantly less likely to be homogeneous (15/47 [32%] vs 95/98 [97%]; p < 0.0001), but there was overlap. CONCLUSION. A substantial minority of pheochromocytomas have absolute or relative washout characteristics that overlap with those of lipid-poor adenomas.

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[92]
TÍTULO / TITLE: - Diffuse myocardial metastasis of carcinoid tumour.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Heart. 2013 Jul 10.

●● Enlace al texto completo (gratuito o de pago) 1136/heartjnl-2013-304184

AUTORES / AUTHORS: - Lee S; Lee SP; Sohn DW

INSTITUCIÓN / INSTITUTION: - Cardiovascular Center, Seoul National University Hospital, , Seoul, Korea.

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[93]

TÍTULO / TITLE: - Merkel Cell Carcinoma Exhibiting Cytoplasmic OCT4 Staining: A Potential New Diagnostic Immunohistochemical Marker.

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

REVISTA / JOURNAL: - Am J Dermatopathol. 2013 Jul 16.

●● Enlace al texto completo (gratuito o de pago) 1097/DAD.0b013e3182932aed

AUTORES / AUTHORS: - Kao CS; Warren S; Idrees MT

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, Indiana University School of Medicine, Indianapolis, IN.

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[94]

TÍTULO / TITLE: - A rare case of small cell neuroendocrine carcinoma of the urinary bladder incidentally detected by F-18-FDG PET/CT.

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

REVISTA / JOURNAL: - Endocrine. 2013 Jun 20.

●● Enlace al texto completo (gratuito o de pago) 1007/s12020-013-9995-x

AUTORES / AUTHORS: - Treglia G; Bongiovanni M; Giovanella L

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine and PET/CT Centre, Oncology Institute of Southern Switzerland, Via Ospedale, 12, 6500, Bellinzona, Switzerland, giorgiomednuc@libero.it.

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[95]

TÍTULO / TITLE: - Monoclonality of composite large-cell neuroendocrine carcinoma and invasive intestinal-type mucinous adenocarcinoma of the cervix: a case study.

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

REVISTA / JOURNAL: - Int J Gynecol Pathol. 2013 Jul;32(4):416-20. doi: 10.1097/PGP.0b013e318261c35b.

●● Enlace al texto completo (gratuito o de pago) 1097/PGP.0b013e318261c35b

AUTORES / AUTHORS: - Yasuoka H; Tsujimoto M; Ueda M; Kodama R; Iwahashi Y; Inagaki M; Mabuchi Y; Ino K; Sanke T; Nakamura Y

INSTITUCIÓN / INSTITUTION: - Departments of Clinical Laboratory Medicine, Wakayama Medical University, Kimiidera, Wakayama City, Wakayama, Japan. hyasuoka@mail.wakayama-med.ac.jp

RESUMEN / SUMMARY: - A rare case of mixed carcinoma of the cervix is reported, composed of a large-cell neuroendocrine carcinoma and an invasive intestinal-type mucinous adenocarcinoma. The large-cell neuroendocrine carcinoma was composed of solid nests, sheets, and trabeculae of medium-sized to large-sized cells, and was positive for chromogranin-A and CD56. The invasive intestinal-type mucinous adenocarcinoma showed sparsely scattered immunoreactivity for chromogranin-A. Using an X-chromosome clonality assay, these 2 components showed patterns of monoclonality. These results suggest that the large-cell neuroendocrine carcinoma may have arisen from the invasive mucinous adenocarcinoma.

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[96]

TÍTULO / TITLE: - Animal models and cell lines of pancreatic neuronimal models and cell lines of pancreatic neuroendocrine tumors.

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

REVISTA / JOURNAL: - Pancreas. 2013 Aug;42(6):912-23. doi: 10.1097/MPA.0b013e31827ae993.

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

1097/MPA.0b013e31827ae993

AUTORES / AUTHORS: - Babu V; Paul N; Yu R

INSTITUCIÓN / INSTITUTION: - From the Divisions of *Endocrinology and daggerGastroenterology, Cedars-Sinai Medical Center, Los Angeles, CA.

RESUMEN / SUMMARY: - Pancreatic neuroendocrine tumors (PNETs), also known as islet cell tumors, are mostly indolent neoplasms that probably arise from a network of endocrine cells that includes islet cells and pluripotent precursors in the pancreatic ductal epithelium. The incidence and prevalence of PNETs continue to rise in recent years because of more sensitive detection. The molecular pathogenesis, early detection, molecular predictors of tumor behavior, and targeted drug therapy of PNETs are not well understood and require additional basic and translational research. The rarity and indolent nature of these tumors, difficulty of access to appropriate patient tissue samples, and varying histopathology and secreted hormones pose particular challenges to PNET researchers. Animal models and cell lines are indispensable tools for investigating the pathogenesis, pathophysiology, mechanisms for tumor invasion and metastasis, and therapeutics of PNETs. This review summarizes currently available animal models and cell lines of PNETs, which have provided valuable insights into the pathogenesis and natural history of human PNETs. In the future, animal models and cell lines of PNETs should also be used to study early tumor detection and molecular predictors of tumor behavior and to test the responses to, and mechanisms for, novel targeted drug therapies.

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[97]
TÍTULO / TITLE: - Phospho-mTOR is not upregulated in metastatic SDHB paragangliomas.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Eur J Clin Invest. 2013 Jun 17. doi: 10.1111/eci.12127.
●● Enlace al texto completo (gratuito o de pago) 1111/eci.12127
AUTORES / AUTHORS: - Ghayee HK; Giubellino A; Click A; Kapur P; Christie A; Xie XJ; Martucci V; Shay JW; Souza RF; Pacak K
INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, VA North Texas Health Care System, University of Texas Southwestern Medical Center, Dallas, TX, USA.
RESUMEN / SUMMARY: - BACKGROUND: Pheochromocytomas (PCCs)/paragangliomas (PGLs) are neuroendocrine tumours that may cause arrhythmia and death if untreated. Treatment for patients with metastatic tumours is lacking. As new PCC/PGL susceptibility genes are discovered that are associated with the mTOR pathway, treatment targets focusing on this pathway are being intensively explored. DESIGN: Twenty-one human PCC/PGLs were analysed from two tertiary care centres. Immunohistochemistry (IHC) analysis was performed for phospho-mTOR (pmTOR), phospho-S6K (pS6K), phosphoinositide 3-kinase (PI3K), phospho-4EBP1 (p4EBP1), HIF1alpha and MIB-1 in 6 metastatic SDHB PCC/PGLs, 15 nonmetastatic PCC/PGLs, (including 1 TMEM127 PCC and 1 nonmetastatic SDHB PGL) and 6 normal adrenal medullas. The product of the intensity of stain and percentage of cells stained was calculated as an H score. RESULTS: Using a two-sample t-test and paired t-test, pmTOR and pS6K had significantly higher H scores in nonmetastatic PCC/PGLs than in metastatic SDHB PCC/PGLs. HIF1alpha had significantly higher H scores in metastatic SDHB PCC/PGLs compared with nonmetastatic PCC/PGLs and normal adrenal medulla. No difference in H scores was seen with p4EBP1, PI3K and MIB-1 when comparing metastatic SDHB PCC/PGLs and nonmetastatic PCC/PGLs. Significantly higher difference in pS6K was seen in normal adrenal medullas compared to nonmetastatic PCC/PGLs and metastatic SDHB PCC/PGLs. CONCLUSION: The present results suggest that the use of mTOR inhibitors alone for metastatic SDHB PCC/PGLs may not achieve good therapeutic efficacy in patients.

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[98]
TÍTULO / TITLE: - Examining rectal carcinoids in the era of screening colonoscopy: a surveillance, epidemiology, and end results analysis.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Dis Colon Rectum. 2013 Aug;56(8):952-9. doi: 10.1097/DCR.0b013e318291f512.
●● Enlace al texto completo (gratuito o de pago) 1097/DCR.0b013e318291f512

AUTORES / AUTHORS: - Taghavi S; Jayarajan SN; Powers BD; Davey A; Willis AI
INSTITUCIÓN / INSTITUTION: - 1 Department of Surgery, Temple University School of Medicine, Philadelphia, Pennsylvania 2 Department of Public Health, Temple University, Philadelphia, Pennsylvania.
RESUMEN / SUMMARY: - BACKGROUND: Little is known about the epidemiology of rectal carcinoids in the United States since the implementation of screening colonoscopy. OBJECTIVE: The goal of this study was to identify epidemiological differences between rectal and small intestinal carcinoids. DESIGN: This study was retrospective in design. SETTING: Surveillance, Epidemiology and End Results registry data from 1992 to 2008 were examined. PATIENTS: Patients with rectal carcinoids included those with carcinoid tumors of the rectum. Patients with small intestinal carcinoids included those with carcinoids in the duodenum, jejunum, or ileum. MAIN OUTCOME MEASURE: Epidemiological characteristics of rectal carcinoids were identified and compared with small intestinal carcinoids using multiple variable logistic regression. RESULTS: Patients with rectal carcinoids were more likely to be women (OR, 1.196 (95% CI, 1.090-1.311); p < 0.001). Rectal carcinoids were more common among all minorities, including Asians (OR, 10.063 (95% CI, 8.330-12.157); p < 0.001), blacks (OR, 1.994 (95% CI, 1.770-2.246); p < 0.001), and Hispanics (OR, 2.682 (95% CI, 2.291-3.141), p < 0.001). Patients in the 50- to 59-year age group (OR, 0.752 (95% CI, 0.599-0.944); p = 0.014) were more likely to be diagnosed with rectal carcinoids than those in the 60- to 69-year (OR, 0.481 (95% CI, 0.383-0.605); p < 0.001) and >/=70-year age groups (OR, 0.220 (95% CI, 0.175-0.277); p < 0.001). Rectal carcinoids were more likely to be diagnosed in the screening colonoscopy era among the 50- to 59-year age group (OR, 1.432 (95% CI, 1.082-1.895); p = 0.012). Since the implementation of screening colonoscopy in 2000, the proportion of patients diagnosed with rectal carcinoids has been greater than the proportion diagnosed with small intestinal carcinoids in every year except 2001, and the proportion of patients diagnosed with rectal carcinoids after 2000 has been greater than the proportion diagnosed with small intestinal carcinoids in 12 of 13 Surveillance, Epidemiology, and End Results registry reporting agencies. CONCLUSIONS: Rectal carcinoids and small intestinal carcinoids are epidemiologically distinct tumors with unique presentations. In the era of screening colonoscopy, rectal carcinoids are the more common tumor.

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[99]
TÍTULO / TITLE: - Hypochlorhydria and achlorhydria are associated with false-positive secretin stimulation testing for zollinger-ellison syndrome.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Pancreas. 2013 Aug;42(6):932-6. doi: 10.1097/MPA.0b013e3182847b2e.

●● Enlace al texto completo (gratuito o de pago)
1097/MPA.0b013e3182847b2e
AUTORES / AUTHORS: - Shah P; Singh MH; Yang YX; Metz DC
INSTITUCIÓN / INSTITUTION: - From the *Division of Gastroenterology and Nutrition, Memorial-Sloan Kettering Cancer Center, New York, NY; daggerDepartment of Medicine; and double daggerDivision of Gastroenterology, Hospital of the University of Pennsylvania, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA.
RESUMEN / SUMMARY: - OBJECTIVES: Secretin stimulation testing (SST) is used to evaluate patients with hypergastrinemia in the diagnosis of Zollinger-Ellison syndrome. Case series have documented false-positive SST in patients with achlorhydria. This study reviews our experience with SST in hypochlorhydric and achlorhydric patients. METHODS: We examined 27 patients with hypochlorhydria or achlorhydria based on a predefined basal acid output (BAO) measurement of less than 5.0 mEq/h who also underwent SST for diagnosis of Zollinger-Ellison syndrome. We report the frequency of false-positive SST results in this setting. RESULTS: Three hundred thirty patients underwent gastric analysis of which 27 had BAO of less than 5.0 mEq/h and SST conducted. The mean (SD) fasting gastrin level was 247 (304) pg/mL, and the mean (SD) BAO measurement was 1.6 (1.8) mEq/h. Twenty patients were off, and 7 were on antisecretory therapy at time of testing. Four patients had false-positive SST results: 3 with gastric atrophy (BAO = 0 mEq/h) and 1 with drug-induced hypochlorhydria (BAO = 0.5 mEq/hr). These false-positive test results were confirmed by structural and functional imaging studies. CONCLUSIONS: We have identified a 14.8% false-positive rate in SST in patients with hypochlorhydria or achlorhydria. Growing literature has identified severe consequences associated with discontinuing antisecretory treatment for testing; therefore, SST will require interpretation in the setting of gastric acid suppression and needs to be interpreted in this context.

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[100]
TÍTULO / TITLE: - Serum pancreastatin: The next predictive neuroendocrine tumor marker.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J Surg Oncol. 2013 Aug;108(2):126-8. doi: 10.1002/jso.23359. Epub 2013 Jun 15.
●● Enlace al texto completo (gratuito o de pago) 1002/jso.23359
AUTORES / AUTHORS: - Rustagi S; Warner RR; Divino CM
INSTITUCIÓN / INSTITUTION: - Department of Surgery, The Mount Sinai Hospital New York, New York, New York.
RESUMEN / SUMMARY: - BACKGROUND AND OBJECTIVES: Pancreastatin is a derived peptide of chromogranin A (CgA). Pancreastatin has the potential to be a diagnostic and predictive tumor marker in detecting NETs. METHODS:

Radioimmunoassay tests of pancreastatin and CgA were performed on 103 patient specimens collected at Mount Sinai Medical Center between 1/2010 and 7/2012. Patient demographics, diagnostic tests, surgical procedures, pathologic findings, adjuvant treatments, and survival were retrospectively reviewed. Statistical analysis utilized SPSS v20 software. RESULTS: Mean pancreastatin levels were significantly higher in the 92 NETs patients than in the 11 non-NETs patients (227.261 vs. 59.727, P < 0.05). Twenty-seven of the 92 patients with elevated pancreastatin levels (mean = 240.67), had normal CgA levels (mean = 4.65). Pancreastatin had sensitivity and specificity of 64% (59/92), and 100% (11/11). CgA had lower sensitivity and specificity of 43% (40/92), and 64% (7/11). In all 27 instances the pancreastatin concentration was found to be sole indicator of NET disease. When controlling for the level of CgA for the entire sample, a statistically significant difference was not found in the mean pancreastatin levels between both patient groups (P = 0.139, R = 0.484). CONCLUSION: Pancreastatin has greater sensitivity and specificity in diagnosing NETs than CgA. Further investigation of pancreastatin's diagnostic and predictive value is warranted J. Surg. Oncol. 2013; 108:126-128. © 2013 Wiley Periodicals, Inc.

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[101]

TÍTULO / TITLE: - Cauda Equina Syndrome After Spinal Epidural Steroid Injection Into an Unrecognized Paraganglioma.

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

REVISTA / JOURNAL: - Clin J Pain. 2013 Jun 11.

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

1097/AJP.0b013e31829a4cc6

AUTORES / AUTHORS: - Pikis S; Cohen JE; Gomori JM; Fellig Y; Chrysostomou C; Barzilay Y; Kaplan L; Itshayek E; Hasharoni A

INSTITUCIÓN / INSTITUTION: - Departments of *Neurosurgery daggerRadiology double daggerPathology section signAnesthesiology parallelOrthopedic Surgery, Hadassah-Hebrew University Medical Center, Jerusalem, Israel.

RESUMEN / SUMMARY: - OBJECTIVE:: Clinically significant spinal hemorrhage is an extremely rare but potentially devastating complication of spinal epidural steroid injection. We report a rare case of cauda equina syndrome after spinal epidural injection that inadvertently penetrated an unrecognized spinal paraganglioma. METHODS:: The clinical records for a patient presenting with cauda equina syndrome were retrospectively reviewed. A literature search was performed to identify reports of cauda equina syndrome in patients undergoing spinal epidural steroid injection, as well as recent large series describing complications associated with these injections. CASE REPORT:: A 37-year-old man presented to our emergency department with severe low back pain radiating bilaterally to the lower extremities and urinary incontinence. His pain had greatly intensified 1 day after spinal epidural steroid injection. He had a 1-

year history of low back pain diagnosed as disk herniation and managed conservatively but had experienced recent onset of a similar pain and new onset of nocturnal back pain causing sleep disturbance. Epidural injection had been administered based on the earlier diagnosis of disk herniation. Examination using magnetic resonance imaging revealed a previously unrecognized oval hemorrhagic mass lesion at L2-3, which had been inadvertently penetrated during epidural injection. Emergent en bloc resection resolved the patient's neurological symptoms. At histopathologic analysis, the tumor was diagnosed as a spinal paraganglioma. DISCUSSION:: The presented case indicates the importance of a thorough history, physical examination, and imaging assessment before spinal epidural steroid injection.

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[102]

TÍTULO / TITLE: - Multiple endocrine neoplasia syndromes associated with mutation of p27.

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

REVISTA / JOURNAL: - J Endocrinol Invest. 2013 Jun 26.

●● Enlace al texto completo (gratuito o de pago) 3275/9021

AUTORES / AUTHORS: - Lee M; Pellegata NS

INSTITUCIÓN / INSTITUTION: - Institute of Pathology, Helmholtz Zentrum Munchen-German Research Center for Environmental Health, Ingolstaedter Landstrasse 1, 85764 Neuherberg, Germany.

RESUMEN / SUMMARY: - Multiple endocrine neoplasias (MEN) are autosomal dominant disorders characterized by the occurrence of tumors in at least two endocrine glands. Until recently two MEN syndromes were known, i.e. the MEN type 1 (MEN1) and type 2 (MEN2), which are caused by germline mutations in the MEN1 and RET genes, respectively. These two syndromes are characterized by a different tumor spectrum. A few years ago we described a variant of the MEN syndromes, which spontaneously developed in a rat colony and was named MENX. Affected animals consistently develop multiple endocrine tumors, with a spectrum that shares features with both MEN1 and MEN2 human syndromes. Genetic studies identified a germline mutation in the Cdkn1b gene, encoding the p27 cell cycle inhibitor, as the causative mutation for MENX. Capitalizing on these findings, germline mutations in the human homologue, CDKN1B, were searched for and identified in patients with multiple endocrine tumors. As a consequence of this discovery, a novel human MEN syndrome, named MEN4, was recognized, which is caused by heterozygous mutations in p27. These studies identified Cdkn1b/CDKN1B as a novel tumor susceptibility gene for multiple endocrine tumors in both rats and humans. Here we review the characteristics of the MENX and MEN4 syndromes and we briefly address the main function of p27 and how it is affected by MENX- or MEN4-associated mutations.

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[103]

TÍTULO / TITLE: - Feasibility and efficacy of combined cisplatin plus irinotecan chemotherapy for gastroenteropancreatic neuroendocrine carcinomas.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Sep;30(3):664. doi: 10.1007/s12032-013-0664-y. Epub 2013 Jul 18.

●● Enlace al texto completo (gratuito o de pago) 1007/s12032-013-0664-y

AUTORES / AUTHORS: - Lu ZH; Li J; Lu M; Zhang XT; Li J; Zhou J; Wang XC; Gong JF; Gao J; Li Y; Shen L

INSTITUCIÓN / INSTITUTION: - Key Laboratory of Carcinogenesis and Translational Research (Ministry of Education), Department of GI Oncology, Peking University School of Oncology, Beijing Cancer Hospital and Institute, Beijing 100142, China.

RESUMEN / SUMMARY: - No standard treatment is currently available for gastroenteropancreatic neuroendocrine carcinomas (GEP-NEC). Therefore, we conducted this study to evaluate the effect of the combination of irinotecan and cisplatin in the treatment of GEP-NECs. Clinical data of 16 locally advanced or metastatic GEP-NEC patients treated with irinotecan plus cisplatin regimen in our center from September 2009 to August 2011 were reviewed. The regimen included 2-week cycles of 180 mg/m(2) irinotecan and 50 mg/m(2) cisplatin on day 1. Median age was 57 years. The overall response rate was 57.1%, with a disease control rate of 78.6%. One patient achieved pathologic complete response and underwent esophagectomy after chemotherapy. Two patients who had gotten progressive disease were given sequential octreotide long-acting release (LAR) treatment and got disease progression again within 1 month. Six patients who achieved disease control received octreotide LAR as maintenance treatment. The total number of cycles of octreotide was 41, with a median of 4.5 (3-20 cycles). The progression-free survival was 5.5 months, with overall survival of 10.6 months. Grades 3-4 hematological adverse events (AEs) occurred in 10 patients (62.5%) and 3 patients (18.7%) suffered grades 3-4 non-hematological AEs; no patient died of AEs. The irinotecan plus cisplatin chemotherapy is moderately effective and tolerable well tolerated in advanced or metastatic GEP-NEC patients; octreotide LAR may be a good maintenance treatment and should be considered as a treatment option for these patients in the future.

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[104]

- CASTELLANO -

TÍTULO / TITLE: Cancer medullaire de la thyroide (CMT) de l'enfant.

TÍTULO / TITLE: - Medullary thyroid carcinoma in children.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Bull Cancer. 2013 Aug 1;100(7-8):780-788.
●● Enlace al texto completo (gratuito o de pago) 1684/bdc.2013.1775
AUTORES / AUTHORS: - Berdelou A; Hartl D; Al Ghuzlan A; Mirghani H; Chougnet C; Baudin E; Schlumberger M; Leboulleux S
INSTITUCIÓN / INSTITUTION: - Institut Gustave-Roussy, departement de medecine nucleaire et d'endocrinologie oncologique, faculte de medecine Paris-Sud, 39, rue Camille-Desmoulins, 94805 Villejuif cedex, France.
RESUMEN / SUMMARY: - Medullary thyroid carcinoma (MTC) is rare in children. MTC is almost always inherited and occurs as part of a multiple endocrine neoplasia type 2ª and B, due to germline mutation in the RET proto-oncogene. MTC in the pediatric population is most often diagnosed in the course of a familial genetic investigation. But when the child is the proband, a de novo mutation is most often founded. The main aim is to treat MTC before extrathyroidal extension occurs because when distant metastases are present, it is rarely curable. Treatment is based on total thyroidectomy with cervical lymph node dissection.

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[105]
TÍTULO / TITLE: - Observations on the effects of lithium on carcinoid tumors.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Pancreas. 2013 Aug;42(6):1040-2. doi: 10.1097/MPA.0b013e31827e9d8b.
●● Enlace al texto completo (gratuito o de pago) 1097/MPA.0b013e31827e9d8b
AUTORES / AUTHORS: - Zanzi I; Warner RR
INSTITUCIÓN / INSTITUTION: - The Feinstein Institute for Medical Research North Shore University Hospital Manhasset, NY ipzanzi@aol.com, izanzi@nshs.edu The Center for Carcinoid/Neuroendocrine Tumors, Mount Sinai School of Medicine; and Carcinoid Cancer Foundation, New York, NY.

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[106]
TÍTULO / TITLE: - Secretin stimulation test for gastrin release in zollinger-ellison syndrome: to do or not to do?
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Pancreas. 2013 Aug;42(6):903-4. doi: 10.1097/MPA.0b013e318298df75.
●● Enlace al texto completo (gratuito o de pago) 1097/MPA.0b013e318298df75
AUTORES / AUTHORS: - Poitras P; Gingras MH; Rehfeld JF

INSTITUCIÓN / INSTITUTION: - From the *Centre Hospitalier de l'Universite de Montreal-Hopital Saint-Luc, Canada; and daggerDepartment of Clinical Biochemistry, Rigshospitalet, University of Copenhagen, Denmark.

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[107]

TÍTULO / TITLE: - Merkel cell carcinoma of the head and neck (HNMCC): Potential histopathologic predictors.

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

REVISTA / JOURNAL: - Laryngoscope. 2013 Jun 11. doi: 10.1002/lary.24233.

●● Enlace al texto completo (gratuito o de pago) 1002/lary.24233

AUTORES / AUTHORS: - Haerle SK; Shiau C; Goldstein DP; Qiu X; Erovic BM; Ghazarian D; Xu W; Irish JC

INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology- Head and Neck Surgery, Princess Margaret Cancer Centre/University Health Network, University of Toronto, Toronto, ON, Canada.

RESUMEN / SUMMARY: - Objective: To identify or confirm any new or suggested independent histopathological predictors in Merkel cell carcinoma (MCC) of the head and neck (HN) correlated with outcome. Study design: Retrospective chart and pathology review. Methods: Between 1990-2010, 58 patients with HNMCC were identified for study. Pathologic specimens were reviewed and evaluated for independent prognostic factors and correlated with locoregional recurrence and disease specific survival. Results: The 2- and 5-year disease-specific survival (DSS) rates were 72.7%, and 63.6%, respectively. The local and regional recurrence rates were 12.0% and 24.1%, respectively. 25.9% of the patients developed distant metastases during follow-up. Tumor size (<1cm vs. >1cm) and the presence of a positive deep resection margin were independently found to be significantly associated with regional recurrence (p=0.01, and p=0.04, respectively). No other prognostic factors could be identified. Conclusion: Adjuvant radiotherapy cannot remediate a positive resection margin. Given these results consideration for revision surgery should be considered for a positive deep margin. Frozen section analysis may help to define the margins in this invasive and aggressive disease.

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[108]

TÍTULO / TITLE: - Embryonic Transcription Factors CDX2 and Oct4 Are Overexpressed in Neuroendocrine Tumors of the Ileum: A Pilot Study.

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

REVISTA / JOURNAL: - Eur Surg Res. 2013 Jul 23;51(1-2):14-20.

●● Enlace al texto completo (gratuito o de pago) 1159/000353612

AUTORES / AUTHORS: - Heverhagen AE; Geis C; Fendrich V; Ramaswamy A; Montalbano R; Di Fazio P; Bartsch DK; Ocker M; Quint K

INSTITUCIÓN / INSTITUTION: - Department of Visceral, Thoracic and Vascular Surgery, Philipp University of Marburg, Marburg, Germany.
RESUMEN / SUMMARY: - Background: Neuroendocrine tumors (NETs) of the ileum are rare submucosal tumors that are often diagnosed at advanced stages with metastatic spread to the liver causing a carcinoid syndrome. They present as solitary or multiple tumors. In NETs, loss of sequences on chromosomes 11, 16, 18 and 22 or gain of sequences on chromosomes 17 and 19 has been described. In this study we explored the expression of two novel candidate genes, CDX2 and Oct4, in NETs of the ileum and analyzed whether the molecular expression pattern correlates with the clinical phenotype (solitary/multiple tumors). Methods: Data from all patients who underwent surgery for a NET of the ileum between 2000 and 2010 were retrieved from a prospective database. For each patient, frozen normal and tumor tissue was used for the comparison of gene expression levels of two putative cancer stem cell markers, CDX2 and Oct4, using real-time PCR (rtPCR). Serial slides from paraffin blocks were used for immunohistochemistry. Gene expression was compared between normal and tumor tissue as well as between solitary and multiple tumors. Results: 78 patients were identified. In rtPCR, a statistically significant higher expression of CDX2 in tumor tissue ($p < 0.001$) compared to normal tissue was found. The expression of Oct4 was elevated in the tumors, but did not reach the level of significance ($p = 0.155$). The expression of both candidate genes was confirmed immunohistochemically and showed a nuclear expression pattern. There was no difference in expression between solitary and multiple tumors or between tumors that had already spread to the liver. Conclusion: CDX2 is overexpressed in ileum NETs, thus playing a role in the tumorigenesis of these rare tumors. Since expression does not correlate with clinical stage or phenotype, it might be an early event in tumor development.

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[109]
TÍTULO / TITLE: - Merkel cell carcinoma.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):3524.

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[110]
TÍTULO / TITLE: - Significant efficacy of new transcatheter arterial chemoembolization technique for hepatic metastases of pancreatic neuroendocrine tumors.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):3355-8.
AUTORES / AUTHORS: - Akahori T; Sho M; Tanaka T; Nishiofuku H; Kinoshita S; Nagai M; Kichikawa K; Nakajima Y

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Nara Medical University, 840 Shijo-cho, Kashihara, Nara, 634-8522, Japan. m-sho@naramed-u.ac.jp.
RESUMEN / SUMMARY: - Background/Aim: The liver is the most frequent site of metastasis of pancreatic neuroendocrine tumors (PNETs). Moreover, hepatic metastasis is a strong prognostic factor for patients with advanced PNETs and is often difficult to treat and cure. PATIENTS AND METHODS: We employed our recently developed new transcatheter arterial chemoembolization technique using a fine-powder formulation of cisplatin mixed with degradable starch microspheres (DSM) for the treatment of unresectable hepatic metastases from PNET in five consecutive patients. RESULTS: A total of 24 sessions of TACE was performed. The responses were complete response in one, partial response in three, and stable disease in one patient. All patients were alive at the time of analysis with a median survival of 36 (3-70) months after the initial treatment of TACE. There were no severe toxicities or adverse effects. CONCLUSION: This new treatment induced a significant effect on hepatic metastases of PNET. The response rate was very high, which has not been achieved even by recent new agents. Our findings may warrant further prospective studies of this therapy.

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[111]
TÍTULO / TITLE: - Hepatobiliary and Pancreatic: A huge liver paraganglioma.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J Gastroenterol Hepatol. 2013 Jul;28(7):1075. doi: 10.1111/jgh.12254.
●● Enlace al texto completo (gratuito o de pago) 1111/jgh.12254
AUTORES / AUTHORS: - Koh PS; Koong JK; Westerhout CJ; Yoong BK
INSTITUCIÓN / INSTITUTION: - Department of Surgery, University of Malaya, Kuala Lumpur.

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[112]
TÍTULO / TITLE: - Unexpected endoscopic full-thickness resection of a duodenal neuroendocrine tumor.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - World J Gastroenterol. 2013 Jul 14;19(26):4267-70. doi: 10.3748/wjg.v19.i26.4267.
●● Enlace al texto completo (gratuito o de pago) 3748/wjg.v19.i26.4267
AUTORES / AUTHORS: - Hatogai K; Oono Y; Fu KI; Odagaki T; Ikematsu H; Kojima T; Yano T; Kaneko K
INSTITUCIÓN / INSTITUTION: - Ken Hatogai, Yasuhiro Oono, Tomoyuki Odagaki, Hiroaki Ikematsu, Takashi Kojima, Tomonori Yano, Kazuhiro Kaneko, Division of Digestive Endoscopy, Department of Gastroenterology, National Cancer Center Hospital East, Kashiwa City, Chiba 277-8577, Japan.

RESUMEN / SUMMARY: - A 57-year-old man underwent endoscopy for investigation of a duodenal polyp. Endoscopy revealed a hemispheric submucosal tumor, about 5 mm in diameter, in the anterior wall of the duodenal bulb. Endoscopic biopsy disclosed a neuroendocrine tumor histologically, therefore endoscopic mucosal resection was conducted. The tumor was effectively and evenly elevated after injection of a mixture of 0.2% hyaluronic acid and glycerol at a ratio of 1:1 into the submucosal layer. A small amount of indigo-carmine dye was also added for coloration of injection fluid. The lesion was completely resected en bloc with a snare after submucosal fluid injection. Immediately, muscle-fiber-like tissues were identified in the marginal area of the resected defect above the blue-colored layer, which suggested perforation. The defect was completely closed with a total of 9 endoclips, and no symptoms associated with peritonitis appeared thereafter. Histologically, the horizontal and vertical margins of the resected specimen were free of tumor and muscularis propria was also seen in the resected specimen. Generally, endoscopic mucosal resection is considered to be theoretically successful if the mucosal defect is colored blue. The blue layer in this case, however, had been created by unplanned injection into the subserosal rather than the submucosal layer.

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[113]

TÍTULO / TITLE: - Primary Merkel cell neuroendocrine carcinoma of head and neck: uncommon manifestations.

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

REVISTA / JOURNAL: - Pathology. 2013 Aug;45(5):510-3. doi: 10.1097/PAT.0b013e32836332c4.

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

1097/PAT.0b013e32836332c4

AUTORES / AUTHORS: - Jinkala SR; Ganesh RN; Badhe BA; Das S; D K

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India.

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[114]

TÍTULO / TITLE: - Surgical management of craniofacial neurofibromatosis type 1 associated tumors.

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

REVISTA / JOURNAL: - J Craniofac Surg. 2013 Jul;24(4):1273-7. doi: 10.1097/SCS.0b013e318285d337.

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

1097/SCS.0b013e318285d337

AUTORES / AUTHORS: - Janes LE; Sabino J; Matthews JA; Papadimitriou JC; Strome SE; Singh DP

INSTITUCIÓN / INSTITUTION: - From the *Division of Plastic Surgery, University of Maryland Medical Center, Baltimore, daggerDepartment of Pathology, University of Maryland School of Medicine, Baltimore; and double daggerDepartment of Otorhinolaryngology-Head and Neck Surgery, University of Maryland Medical Center, Baltimore, Maryland.

RESUMEN / SUMMARY: - Neurofibromatosis type 1 is a rare, autosomal dominant disorder than can present with varying degrees of disfigurement depending on the associated tumor extent and location. Surgical resection is considered the most effective management of these typically benign tumors, indicated when symptoms include pain, extreme deformity, or interference with normal physical function. Giant tumors of the craniofacial region present particular difficulty due to the size of the post-resection wound deficit and the high risk surgery poses to function such as vision and facial animation in this region. Strategies of management are discussed.

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[115]

TÍTULO / TITLE: - Metastatic paraganglioma presenting as a primary shoulder mass.

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

REVISTA / JOURNAL: - Skeletal Radiol. 2013 May 31.

●● Enlace al texto completo (gratuito o de pago) 1007/s00256-013-1651-2

AUTORES / AUTHORS: - Rekhi B; Verma A; Gulia A; Kumar R; Dhanda S; Jambhekar NA

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Tata Memorial Hospital, Dr E.B. Road, Parel, Mumbai, India, 400012, rekhi.bharat@gmail.com.

RESUMEN / SUMMARY: - Paragangliomas uncommonly metastasize, including to the bones, wherein these tumors are designated as malignant paragangliomas. A 56-year-old man presented with pain and immobility in his right arm for 1 year. He had a history of controlled hypertension and diabetes mellitus for 2 years. He had also been taking anti-anxiety medications for 25 years. His shoulder imaging revealed an expansile, lytic, destructive lesion in the glenoid cavity, measuring 4.6 x 3.9 x 3.2 cm, involving the adjacent bones and soft tissues. A whole-body PET-CT scan revealed a hypermetabolic destructive mass in the right glenoid cavity and another lesion in his abdomen in the aortocaval region. Initial biopsy and subsequent scapular resection microscopically revealed a multinodular tumor with polygonal cells arranged in a nesting and diffuse pattern, in a vascularized and sclerotic stroma. Tumor cells displayed moderate to abundant, eosinophilic to clear cytoplasm, fine nuclear chromatin, focal intranuclear inclusions, and scattered mitotic figures. Immunohistochemically, tumor cells were positive for vimentin, synaptophysin, chromogranin, and CD56 and negative for AE1/AE3, CK, EMA, CD10, SMA, Melan A, HMB-45, desmin, and S100-P. Biopsy of the abdominal mass

revealed foci of tumor cells resembling the scapular tumor. Diagnosis of a malignant paraganglioma was finally offered. The patient's post-operative blood pressure is controlled. Currently, his urinary vanillylmandelic acid and metanephrine levels are normal. He is asymptomatic 11 months post-surgery and is on follow-up. This unusual case is presented to increase a diagnostic index of suspicion for a malignant paraganglioma, including at unconventional musculoskeletal sites. The diagnostic challenge and therapeutic implications are discussed herewith.

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[116]

TÍTULO / TITLE: - Multiple endocrine neoplasia type I presenting as recurrent stroke like episodes.

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

REVISTA / JOURNAL: - Clin Neurol Neurosurg. 2013 Jun 5. pii: S0303-8467(13)00172-8. doi: 10.1016/j.clineuro.2013.05.016.

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

1016/j.clineuro.2013.05.016

AUTORES / AUTHORS: - Kesav P; Khurana D; Bhadada S; Nada R; Das A; Lal V

INSTITUCIÓN / INSTITUTION: - Department of Neurology, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh 160012, India. Electronic address: pkesav@ymail.com.

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[117]

TÍTULO / TITLE: - 18F-DOPA PET/CT in the Evaluation of Hereditary SDH-Deficiency Paraganglioma-Pheochromocytoma Syndromes.

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

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Jul 12.

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

1097/RLU.0b013e31829aface

AUTORES / AUTHORS: - Marzola MC; Chondrogiannis S; Grassetto G; Rampin L; Maffione AM; Ferretti A; Opocher G; Schiavi F; Colletti PM; Rubello D

INSTITUCIÓN / INSTITUTION: - From the *Department of Nuclear Medicine, PET/CT Centre, daggerMedical Physics Unit, "Santa Maria della Misericordia Hospital", Rovigo, Italy; double daggerDepartment of Medicine-DIMED, University of Padova, Padova, Italy; section signFamilial Cancer Clinic & Oncoendocrinology, Veneto Institute of Oncology, IRCCS, Milan, Italy; and paragraph signDepartment of Radiology, University of Southern California, Los Angeles, CA.

RESUMEN / SUMMARY: - PURPOSE: This study aims to evaluate the role of F-DOPA PET/CT in staging and follow-up of paraganglioma syndromes succinate dehydrogenase (SDH)-mutation-related patients, comparing F-DOPA PET/CT results with morphological imaging and biochemical results. PATIENTS AND

METHODS: We retrospectively studied 10 consecutive patients (3 F, 7 M, mean age 32 yrs), all with a genetically demonstrated SDH mutation (5 SDH-D, 4 SDH-B, and 1 SDH-C) and all addressed to F-DOPA PET/CT scan. Seven patients had already been operated on for one or more pheochromocytomas and/or paragangliomas and were submitted to F-DOPA PET/CT scan according to clinical, biochemical, or radiological suspicion of recurrence, while 3 were only genetically positive, with no previous symptom/sign of the disease. For all patients, biochemical analysis (plasma and/or urinary catecholamine) and results of high-resolution morphological imaging studies (CT and/or MRI) were available. Histologic/cytologic findings or imaging and biochemical follow-up were taken as gold standard in all cases. RESULTS: Seven out of 10 patients showed one or more areas of pathological F-DOPA accumulation. PET/CT demonstrated the presence of the disease in 4/6 patients with no increase in catecholamine levels ("biochemically silent"). Positive detection rate was 100% in SDH-D and 40% in "non-SDHD". Analyzing per lesion, F-DOPA PET/CT demonstrated more lesions than anatomical imaging (16 vs. 7) especially in head and neck paragangliomas. CONCLUSIONS: F-DOPA PET/CT seems to be the more accurate method for staging and restaging patients with SDH-mutations-related paraganglioma syndromes. F-DOPA is particularly useful in detecting head and neck and biochemically silent paragangliomas, and also in apparently healthy mutation-carrying people.

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[118]

TÍTULO / TITLE: - Unrecognized Paraganglioma of the Urinary Bladder as a Cause for Basilar-Type Migraine.

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

REVISTA / JOURNAL: - Urol Int. 2013 May 28.

●● Enlace al texto completo (gratuito o de pago) 1159/000348829

AUTORES / AUTHORS: - Pichler R; Heidegger I; Klinglmair G; Kroiss A; Uprimny C; Gasser RW; Schafer G; Steiner H

INSTITUCIÓN / INSTITUTION: - Department of Urology, Medical University Innsbruck, Innsbruck, Austria.

RESUMEN / SUMMARY: - Extra-adrenal paraganglioma with isolated localization in the urinary bladder is a rare neuroendocrine tumor. Although the typical symptoms like headache, nausea, weight loss, flushing, heart palpitation or paroxysmal hypertension during micturition are well established, we present an unusual case of bladder paraganglioma, 'misdiagnosed' with basilar-type migraine due to headache for the past 8 years. As urologists linked the presence of a tumor (by CT) and symptoms connected with micturition, no cystoscopy and no transurethral resection of the bladder was performed prior to detailed diagnostic workup. After diagnosis of an extra-adrenal paraganglioma, the patient was scheduled for open partial cystectomy. In consideration of the fact that bladder paraganglioma is an infrequent genitourinary cancer, this case

report clearly points out the importance of an exact anamnesis and clinical examination to minimize the probability of misdiagnosis with possible fatal consequences in any case with clinical suspicion of bladder paraganglioma.

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[119]

TÍTULO / TITLE: - Suprasellar and sellar paraganglioma presenting as a nonfunctioning pituitary macroadenoma.

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

REVISTA / JOURNAL: - J Clin Neurosci. 2013 Jul 19. pii: S0967-5868(13)00124-0. doi: 10.1016/j.jocn.2013.02.004.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jocn.2013.02.004

AUTORES / AUTHORS: - Chaudhry NS; Ahmad F; Blieden C; Morcos JJ

INSTITUCIÓN / INSTITUTION: - Department of Neurological Surgery, University of Miami Miller School of Medicine, Lois Pope Life Center, 1095 NW 14th Terrace, D4-6, Miami, FL 33136, USA.

RESUMEN / SUMMARY: - It is extremely rare for paragangliomas to be present in the brain. We present a 44-year-old man with a suprasellar-sellar paraganglioma encasing the internal carotid arteries. We review all such tumors reported in the literature and conclude that paraganglioma should be kept in the differential diagnosis of unusual suprasellar-sellar lesions.

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[120]

TÍTULO / TITLE: - Prognostic values of initial responses to low-dose I-MIBG therapy in patients with malignant pheochromocytoma and paraganglioma.

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

REVISTA / JOURNAL: - Ann Nucl Med. 2013 Jul 18.

●● Enlace al texto completo (gratuito o de pago) 1007/s12149-013-0755-z

AUTORES / AUTHORS: - Wakabayashi H; Taki J; Inaki A; Nakamura A; Kayano D; Fukuoka M; Matsuo S; Nakajima K; Kinuya S

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, Kanazawa University Hospital, 13-1 Takara-machi, Kanazawa, Ishikawa, 920-8641, Japan, wakabayashi@nmd.m.kanazawa-u.ac.jp.

RESUMEN / SUMMARY: - PURPOSE: We retrospectively examined whether or not initial responses of first low-dose 131I-meta-iodo-benzyl-guanidine radiotherapy (131I-MIBG therapy) in patients with malignant pheochromocytoma and paraganglioma had prognostic values. MATERIALS AND METHODS: This study included 26 patients with malignant pheochromocytoma (n = 18) and paraganglioma (n = 8) who underwent the first 131I-MIBG therapy between October 2001 and September 2007. Based on the initial subjective, hormonal, scintigraphic, and objective responses to 131I-MIBG therapy, the responses were divided into progression disease (PD) and non-PD.

We examined the following factors for prognostic significance: sex, age, disease, initial diagnosis (benign or malignant pheochromocytoma), hypertension, diabetes mellitus, palpitations, symptoms related to bone metastases, and number of low-dose 131I-MIBG therapy. Univariate Cox proportional regression analysis was used to identify prognostic factors for overall survival. Overall survival was analyzed by Kaplan-Meier method and the curves were compared using the log-rank test. RESULTS: The median survival time was 56 months. In the follow-up period, 16 patients died from exacerbation of their diseases. Univariate analysis showed that the hormonal PD [hazard ratio (HR) 3.20, P = 0.034, confidence interval (CI) 1.09-9.93], objective PD (HR 11.89, P = 0.0068, CI 2.14-65.85), single-time 131I-MIBG therapy (HR 3.22, P = 0.020, CI 1.21-8.79), hypertension (HR 2.93, P = 0.044, CI 1.02-10.50), and symptoms related to bone metastases (HR 3.54, P = 0.023, CI 1.18-13.04) were bad prognostic factors for overall survival. Kaplan-Meier analysis demonstrated that the hormonal non-PD (P = 0.026), objective non-PD (P = 0.0002), multiple-time 131I-MIBG therapy (P = 0.013), and no symptom related to bone metastases (P = 0.024) were significantly associated with good prognosis. Overall survival rate was 70 and 50 % at 5 years from the initial diagnosis and from the first 131I-MIBG therapy, respectively. CONCLUSION: The hormonal and objective responses to the first low-dose 131I-MIBG therapy as well as complication of hypertension and symptoms related to bone metastases may be prognostic factors in patients with malignant pheochromocytoma and paraganglioma.

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[121]

TÍTULO / TITLE: - Clinical features and treatment response of solid neuroendocrine breast carcinoma to adjuvant chemotherapy and endocrine therapy.

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

REVISTA / JOURNAL: - Breast J. 2013 Jul;19(4):382-7. doi: 10.1111/tbj.12121. Epub 2013 May 31.

●● Enlace al texto completo (gratuito o de pago) 1111/tbj.12121

AUTORES / AUTHORS: - Zhu Y; Li Q; Gao J; He Z; Sun R; Shen G; Zhang H; Xia W; Xu J

INSTITUCIÓN / INSTITUTION: - Department of Radiotherapy, Zhongshan Affiliated Hospital of Sun Yat-sen University, Zhongshan, China; State Key Laboratory for Cancer Research in Southern China, Sun Yat-sen University Cancer Center, Guangzhou, China.

RESUMEN / SUMMARY: - Solid neuroendocrine breast carcinoma (solid NEBC) is a relatively uncommon malignant tumor of the breast. The purpose of our study was to explore the incidence and clinical features of this tumor, and to evaluate the efficacy of adjuvant chemotherapy and endocrine therapy for patients with solid NEBC. Of 7542 breast cancers registered during the period from March

2004 to April 2011, 22 patients (0.29%) who underwent surgery had tumors that were histologically confirmed as solid NEBC, and were enrolled in this study. The age range of these patients was 29-77 years (mean 52.5 years). Patients were staged according to the 7th edition of the pathologic tumor-node-metastasis (pTNM) staging system. Biopsies or resection specimens were reviewed and reclassified according to the World Health Organization (WHO) 2003 classification. We recorded clinical features including gender and age, chief complaint, and past medical history, tumor characteristics including size, location, preoperative diagnosis, and pathologic and immunohistochemical findings, the therapeutic schedule, and the follow-up results. Solid NEBC is a rare and distinct category of malignant disease of the breast, with good prognosis, and in most early-stage cases, is resectable. The role of adjuvant chemotherapy and endocrine therapy in solid NEBC may be limited and should be studied further.

PTPTPTP - Journal Article

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[122]

- CASTELLANO -

TÍTULO / TITLE: Maskiertes Phaochromozytom mit Symptomen eines rezidivierenden akuten Koronarsyndroms mit STEMI : Fallbericht einer Hyperthyreosepatientin.

TÍTULO / TITLE: - Concealed pheochromocytoma presenting as recurrent acute coronary syndrome with STEMI : Case report of a patient with hyperthyroidism.

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

REVISTA / JOURNAL: - Herz. 2013 Jul 25.

●● Enlace al texto completo (gratuito o de pago) 1007/s00059-013-3826-y

AUTORES / AUTHORS: - Beedupalli J; Akkus NI

INSTITUCIÓN / INSTITUTION: - Department of Cardiology, Louisiana State University Health Sciences Center, 1501 Kings Highway, 71115, Shreveport, LA, USA, jaganbeed@gmail.com.

RESUMEN / SUMMARY: - Pheochromocytomas are rare, primarily benign tumors of chromaffin cells that secrete catecholamines. Although they are curable when diagnosed early, they can be fatal if undiagnosed or mistreated. Pheochromocytoma causing acute myocardial infarction has been reported as presenting with either unstable angina with EKG changes and/or non-ST elevation myocardial infarction (NSTEMI), but there have been no reported cases of pheochromocytoma presenting as acute ST segment elevation myocardial infarction (STEMI) in the setting of hyperthyroidism. Herein, we report a 44-year-old female patient with underlying pheochromocytoma who presented with multiple episodes of acute coronary syndrome (ACS) including

an episode of STEMI in the setting of thyroid storm with no obstructive coronary artery disease (CAD).

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[123]
TÍTULO / TITLE: - The optimal use of cardiac imaging in the quantification of carcinoid heart disease.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Jul 24.
●● Enlace al texto completo (gratuito o de pago) 1530/ERC-13-0152
AUTORES / AUTHORS: - Dobson R; Cuthbertson DJ; Burgess MI
INSTITUCIÓN / INSTITUTION: - R Dobson, Department of Obesity & Endocrinology, University of Liverpool, Liverpool, L9 7AL, United Kingdom.
RESUMEN / SUMMARY: - Carcinoid heart disease is a rare cause of right-sided valvular dysfunction, primarily mediated by serotonin. It is an important complication of patients with the carcinoid syndrome, and occurs in 20-50% of such patients. Echocardiography is the main tool used for the assessment of carcinoid heart disease but other imaging modalities are also important, particularly in the quantification of the severity of disease. We sought to review the role of cardiac imaging in the assessment of carcinoid heart disease.

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[124]
TÍTULO / TITLE: - Resistant hypercalcaemia in metastatic parathyroid carcinoma.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Med J Aust. 2013 Jun 3;198(10):559-61.
●● Enlace al texto completo (gratuito o de pago) 5694/mja12.11243 [pii]
AUTORES / AUTHORS: - Bowyer SE; White AM; Ransom DT; Davidson JA
INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Royal Perth Hospital, Perth, WA, Australia. samantha.bowyer@health.wa.gov.au

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[125]
TÍTULO / TITLE: - Clinical management of thyroid nodules with indeterminate cytology: our institutional experience using SIAPEC cytological criteria and V600-BRAF test.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Pathologica. 2013 Feb;105(1):1-4.
AUTORES / AUTHORS: - Di Benedetto G; Fabozzi A; Rinaldi C
INSTITUCIÓN / INSTITUTION: - Cytopathology Service, ASL Caserta, Department of Clinical Pathology, University Hospital Marcianise (CE), Italy. diben.g@libero.it
RESUMEN / SUMMARY: - BACKGROUND: We evaluated the diagnostic accuracy of thyroid FNAC, integrated with V600E - BRAF mutational study. Herein, we

report our experience using the SIAPEC cytological morphological criteria. METHODS: From September 2009 to December 2010, we performed ultrasound-guided fine needle aspiration cytology (FNAC) on 124 patients with clinical evidence of a thyroid nodule, classifying the results in five cytological categories, according to Italian Society of Pathology and Cytology (SIAPEC) consensus conference morphological criteria. In patients with indeterminate (Tir3), suggestive of malignancy (Tir4) or positive for malignancy specimens (Tir5), we obtained a new biopsy in order to study V600E BRAF status. Patients with a diagnosis of Tir2 were assessed every six months with follow-up in the subsequent years. Patients with cytological diagnosis of Tir3, Tir4 and Tir5 underwent thyroid surgical resection with histological assessment of the lesion. Cyto-histological correlation was evaluated. RESULTS: We obtained the following results: Tir2 = 103 (83.1%), Tir3 = 14 (11.3%), Tir4 = 2 (1.6%); Tir5 = 5 (4%). B-RAF mutation was found on 1 Tir3, 1 Tir4 and 2 Tir5. Thyroidectomy was performed on 17 patients classified as Tir3, Tir4 and Tir5. The diagnostic specificity of FNB was of 94.5%, a sensitivity of 100%, a predictive value positive for neoplasia of 77.7 % and a predictive value of malignancy of 61.7%. CONCLUSIONS: Diagnostic accuracy of cytology can be improved through the study of mutational status of BRAF gene. These additional evaluations are well studied, easy to perform and could enter in the current diagnostic procedures to optimize clinical management of thyroid nodular disease.

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[126]

TÍTULO / TITLE: - Targeting mTOR in RET mutant medullary and differentiated thyroid cancer cells.

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

REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Aug 8.

●● Enlace al texto completo (gratuito o de pago) 1530/ERC-13-0085

AUTORES / AUTHORS: - Gild ML; Landa I; Ryder M; Ghossein RA; Knauf JA; Fagin JA

INSTITUCIÓN / INSTITUTION: - M Gild, Human Oncology and Pathogenesis Program, Memorial Sloan-Kettering Cancer Center, New York, United States.

RESUMEN / SUMMARY: - Inhibitors of RET, a tyrosine kinase receptor encoded by a gene that is frequently mutated in medullary thyroid cancer, have emerged as promising novel therapies for the disease. Rapalogs and other mTOR inhibitors are effective agents in patients with gastro-entero-pancreatic neuroendocrine tumors, which share lineage properties with MTCs. The objective of this study was to investigate the contribution of mTOR activity to RET-induced signaling and cell growth, and to establish whether growth suppression is enhanced by co-targeting RET and mTOR kinase activities. Treatment of the RET mutant cell lines TT, TPC-1 and MZ-CRC-1 with AST487, a RET kinase inhibitor, suppressed growth and showed profound and sustained inhibition of mTOR signaling, which was recapitulated by siRNA-

mediated RET knockdown. Inhibition of mTOR with INK128, a dual mTORC1 and mTORC-2 kinase inhibitor, also resulted in marked growth suppression, to levels comparable to those seen with RET blockade. Moreover, combined treatment with AST487 and INK128 at low concentrations suppressed growth and induced apoptosis. These data establish mTOR as a key mediator of RET-mediated cell growth in thyroid cancer cells, and provide rationale for combinatorial treatments in thyroid cancers with oncogenic RET mutations.

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[127]

TÍTULO / TITLE: - Evolving Treatment Strategies for Management of Carcinoid Tumors.

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

REVISTA / JOURNAL: - Curr Treat Options Oncol. 2013 Jul 27.

●● Enlace al texto completo (gratuito o de pago) 1007/s11864-013-0246-4

AUTORES / AUTHORS: - Strosberg J

INSTITUCIÓN / INSTITUTION: - Moffitt Cancer Center, 12902 Magnolia Dr., Tampa, FL, 33612, USA, jonathan.strosberg@moffitt.org.

RESUMEN / SUMMARY: - OPINION STATEMENT: Carcinoid tumors of the digestive tract and lungs are neuroendocrine neoplasms with diverse biological features, which vary based on primary tumor location and histological differentiation. Recent years have seen a surge of research on treatments for advanced neuroendocrine tumors. The role of somatostatin analogs has expanded from treatment of the carcinoid syndrome to inhibition of tumor growth. Radiolabeled somatostatin analogs allow for targeted delivery of radiation to somatostatin receptor-expressing tumor cells. A number of biologic agents targeting the VEGF and mTOR pathways have shown promise in randomized clinical trials; however, their role in the treatment of carcinoid tumors remains controversial. This article reviews the evolving treatment strategies for metastatic carcinoid tumors of the aerodigestive tract, with a focus on new systemic targeted agents and liver-directed therapies.

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[128]

TÍTULO / TITLE: - Management of advanced and/or metastatic carcinoid tumors: historical perspectives and emerging therapies.

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

REVISTA / JOURNAL: - Expert Opin Pharmacother. 2013 Aug;14(12):1649-58. doi: 10.1517/14656566.2013.808623. Epub 2013 Jun 8.

●● Enlace al texto completo (gratuito o de pago) 1517/14656566.2013.808623

AUTORES / AUTHORS: - Nandy N; Dasanu CA

INSTITUCIÓN / INSTITUTION: - University of Connecticut Medical Center, Department of Internal Medicine , 100 Wells Street, Suite# 903, Hartford, CT 06103 , USA +1 607 227 5350 ; nina.nandy@gmail.com.

RESUMEN / SUMMARY: - Introduction: Carcinoid tumors are uncommon neoplasms that offer unique therapeutic challenges to practicing physicians. Several chemotherapy combinations and IFN-alpha have been used for the treatment of unresectable carcinoid tumors over the last decades, but they have shown variable clinical results. Given the heterogeneity of these tumors, there is no clear therapeutic agent or combination that confers a significant advantage over others. Areas covered: The authors provide a comprehensive evaluation of the existing therapies for advanced carcinoid tumors such as traditional agents, combination therapies and newer drugs. Expert opinion: Somatostatin analogs are known to provide symptomatic relief in patients with carcinoid syndrome, but their antiproliferative effect has not been proven beyond the reasonable doubt. Traditional streptozocin-based regimens may offer a survival benefit in patients with advanced carcinoids, yet their toxicity is not negligible. Temozolomide has shown efficacy alone and in combination with other agents, and its further testing in advanced carcinoid tumors appears warranted. Efficacy of various tyrosine kinase inhibitors, VEGF inhibitors and mTOR inhibitors appears promising, and should be explored in patients with metastatic carcinoid tumors. In addition, use of these agents in combination with traditional chemotherapeutic agents should also be investigated.

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[129]

TÍTULO / TITLE: - Fine Needle Aspiration and Medullary Thyroid Carcinoma: The Risk of Inadequate Preoperative Evaluation and Initial Surgery when Relying Upon FNAB Cytology Alone.

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

REVISTA / JOURNAL: - Endocr Pract. 2013 Jun 11:1-27.

●● Enlace al texto completo (gratuito o de pago) 4158/EP13143.OR

AUTORES / AUTHORS: - Essig GF; Porter K; Schneider D; Debora A; Lindsey SC; Busonero G; Fineberg D; Fruci B; Boelaert K; Smit JW; Meijer JA; Duntas L; Sharma N; Costante G; Filetti S; Sippel RS; Biondi B; Topliss DJ; Pacini F; Maciel RM; Walz PC; Kloos RT

INSTITUCIÓN / INSTITUTION: - Department of Otolaryngology-Head and Neck Surgery, Ohio State University, Columbus, Ohio.

RESUMEN / SUMMARY: - Objectives: To evaluate the diagnostic accuracy of fine needle aspiration biopsy (FNAB) to preoperatively diagnose medullary thyroid cancer (MTC) among multiple international centers and evaluate how the cytological diagnosis alone could impact patient management.Methods: A retrospective chart review of sporadic medullary thyroid carcinoma (sMTC) patients from 12 institutions over the last 29 years was performed. FNAB cytology results were compared to final pathologic diagnoses to calculate FNAB

sensitivity. To evaluate the impact of cytology sensitivity for MTC according to current practice, and to avoid confounding results by local treatment protocols, changes in treatment patterns over time, and the influence of ancillary findings (e.g. serum calcitonin), therapeutic interventions based on the FNAB cytology alone were projected into one of 4 treatment categories: total thyroidectomy (TT) and central neck dissection (CND), TT without CND, diagnostic hemithyroidectomy, or observation.Results: Three hundred thirteen patients from 4 continents and 7 countries were included, 245 of whom underwent FNAB. FNAB cytology revealed MTC in 43.7% and possible MTC in an additional 2.4%. One hundred thirteen (46.1%) patients with surgical pathology revealing sMTC had FNAB findings that supported TT with CND while 37 (15.1%) supported TT alone. In the remaining cases, diagnostic hemithyroidectomy and observation were projected in 32.7% and 6.1%, respectively.Conclusions: FNAB is an important diagnostic tool in the evaluation of thyroid nodules, but the low sensitivity of cytological evaluation alone in sMTC limits its ability to command an optimal pre-operative evaluation and initial surgery in over half of the affected patients.

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[130]

TÍTULO / TITLE: - Influence of RET mutations on the expression of tyrosine kinases in medullary thyroid carcinoma.

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

REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Jul 12;20(4):611-619. Print 2013.

●● Enlace al texto completo (gratuito o de pago) 1530/ERC-12-0316

AUTORES / AUTHORS: - Rodriguez-Antona C; Munoz-Repeto I; Inglada-Perez L; de Cubas AA; Mancikova V; Canamero M; Maliszewska A; Gomez A; Leton R; Leandro-Garcia LJ; Comino-Mendez I; Sanchez L; Alvarez-Escola C; Aller J; Cascon A; Robledo M

INSTITUCIÓN / INSTITUTION: - Hereditary Endocrine Cancer Group, Human Cancer Genetics Programme, Spanish National Cancer Center (CNIO), Melchor Fernandez Almagro 3, 28029 Madrid, España ISCIII Center for Biomedical Research on Rare Diseases (CIBERER), Madrid, España Pathology Department, Hospital de Fuenlabrada, Madrid, España Histopathology Core Unit, Biotechnology Programme, Spanish National Cancer Center (CNIO), Madrid, España Endocrinology Division, Hospital Universitario La Paz, Universidad Autonoma de Madrid, Madrid, España Endocrinology Service, Hospital Puerta de Hierro, Majadahonda, Madrid, España.

RESUMEN / SUMMARY: - The therapeutic options for patients with metastatic medullary thyroid carcinoma (MTC) have recently increased due to the development of tyrosine kinase inhibitors (TKIs), some of which have achieved remarkable clinical responses in MTC patients. However, the molecular basis for the large variability in TKI responses is unknown. In this exploratory study,

we investigated the expression of eight key TKI target proteins (EGFR, KIT, MET, PDGFRB, VEGF (VEGFA), VEGFR1 (FLT1), VEGFR2 (KDR), and VEGFR3 (FLT4)) by immunohistochemistry in 103 molecularly characterized MTC samples and identified the associated clinical and molecular features. A number of MTC samples exhibited a high expression of VEGFR2 and VEGFR3, which were overexpressed in 57 and 43% of the MTC samples respectively. VEGFR1, PDGFRB, VEGF, KIT, and MET were present in 34-20% of the cases, while EGFR was highly expressed in only 10% of the MTC samples. Some proteins exhibited large differences in expression between sporadic and familial cases, suggesting that different RET mutations may be associated with the immunohistochemical profiles. MTC samples with the C634 RET mutation exhibited a higher expression of VEGFR3 and KIT than the M918T RET-mutated and non-mutated RET tumor samples (P=0.005 and P=0.007 respectively) and a lower expression of VEGFR1 (P=0.04). Non-mutated RET MTC cases exhibited a lower expression of PDGFRB (P=0.04). Overall, this is the first study, to our knowledge, to show that multiple TKI targets are highly expressed in a subset of MTCs, suggesting that molecular stratification of patients may have the potential to improve TKI therapies for MTC.

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[131]

TÍTULO / TITLE: - The NF1 gene: a frequent mutational target in sporadic pheochromocytomas and beyond.

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

REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Jul 4;20(4):C13-7. doi: 10.1530/ERC-13-0046. Print 2013.

●● Enlace al texto completo (gratuito o de pago) 1530/ERC-13-0046

AUTORES / AUTHORS: - Welander J; Soderkvist P; Gimm O

INSTITUCIÓN / INSTITUTION: - Department of Clinical and Experimental Medicine, Faculty of Health Sciences, Linkoping University, SE-58185 Linkoping, Sweden Department of Surgery, County Council of Ostergotland, SE-58185 Linkoping, Sweden.

RESUMEN / SUMMARY: - Patients suffering from the neurofibromatosis type 1 syndrome, which is caused by germline mutations in the NF1 gene, have a tiny but not negligible risk of developing pheochromocytomas. It is, therefore, of interest that the NF1 gene has recently been revealed to carry somatic, inactivating mutations in a total of 35 (21.7%) of 161 sporadic pheochromocytomas in two independent tumor series. A majority of the tumors in both studies displayed loss of heterozygosity at the NF1 locus and a low NF1 mRNA expression. In view of previous findings that many sporadic pheochromocytomas cluster with neurofibromatosis type 1 syndrome-associated pheochromocytomas instead of forming clusters of their own, NF1 inactivation appears to be an important step in the pathogenesis of a large number of sporadic pheochromocytomas. A literature and public mutation

database review has revealed that pheochromocytomas are among those human neoplasms in which somatic NF1 alterations are most frequent.

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[132]

TÍTULO / TITLE: - Pheochromocytoma/Paraganglioma: Review of perioperative management of blood pressure and update on genetic mutations associated with pheochromocytoma.

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

REVISTA / JOURNAL: - J Clin Hypertens (Greenwich). 2013 Jun;15(6):428-34. doi: 10.1111/jch.12084. Epub 2013 Mar 15.

●● Enlace al texto completo (gratuito o de pago) 1111/jch.12084

AUTORES / AUTHORS: - Fishbein L; Orlowski R; Cohen D

INSTITUCIÓN / INSTITUTION: - Department of Medicine, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA.

RESUMEN / SUMMARY: - Pheochromocytomas and paragangliomas are rare tumors with high morbidity rates caused by excessive catecholamine secretion, even though the majority of tumors are benign. The use of perioperative blockade regimens, together with improved surgical techniques, has greatly impacted the perioperative morbidity associated with these tumors. The old dogma of the “tumor of tens” no longer holds true. For example, at least one third of all pheochromocytomas and paragangliomas are hereditary, with mutations in 1 of 10 well-characterized susceptibility genes, and one quarter of all tumors are malignant. This review focuses on the perioperative management of pheochromocytoma and paragangliomas and the clinical implications of the associated genetic mutations.

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[133]

TÍTULO / TITLE: - Shortness: an unknown phenotype of multiple endocrine neoplasia type 1.

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

REVISTA / JOURNAL: - Eur J Endocrinol. 2013 Jul;169(1):133-7.

AUTORES / AUTHORS: - Lopez CL; Langer P; Waldmann J; Fendrich V; Sitter H; Nies C; Bartsch DK

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University Hospital Giessen and Marburg, Marburg, Germany. lopez@med.uni-marburg.de

RESUMEN / SUMMARY: - OBJECTIVE: An observation of shortness among the female participants of a regular screening program in multiple endocrine neoplasia type 1 (MEN1) patients has raised the question as to whether shortness represents a phenotype characteristic of the disease. METHODS: The body height (cm) of genetically confirmed MEN1 patients at the time of diagnosis was compared with the body height of their unaffected relatives (parents, siblings, and children), the midparental body height, and the body

height of the age-matched German population. Univariate analysis of the clinical variables was performed using the t-test, Mann-Whitney U test, and ANOVA as appropriate, and multivariate analysis was performed as a logistic regression analysis. P values <0.05 were considered statistically significant. RESULTS: The mean body height of 22 female MEN1 patients (mean age 33.5 years) was 161 +/- 5 cm and thus significantly lesser than the body heights of their unaffected female relatives (mean 165.5 +/- 7.3 cm, P=0.027) and the age-matched German female population (mean 167 cm, P=0.0001) and mid-parental height (177.5 cm, P<0.0001). The mean body height of 24 male MEN1 patients (mean age 34.8 years) was also lesser (177 +/- 6.5 cm) than the average body height of German males in this age group (180 cm, P=0.031) and tended to be lesser than that of their unaffected male relatives (178.5 +/- 5.8 cm, P=0.0915) and the mid-parental body height (177.5 cm, P=0.124). CONCLUSIONS: Small body height is a yet unrecognized phenotype characteristic of MEN1 patients, especially in women. The mechanisms behind this phenotypical characteristic warrant further investigation.

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[134]

TÍTULO / TITLE: - Pancreatic Neuroendocrine Tumor in a Child with a Tuberous Sclerosis Complex 2 (TSC2) Mutation.

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

REVISTA / JOURNAL: - Endocr Pract. 2013 Jun 11:1-16.

●● Enlace al texto completo (gratuito o de pago) 4158/EP13010.CR

AUTORES / AUTHORS: - Bombardieri R; Moavero R; Roberto D; Cerminara C; Curatolo P

INSTITUCIÓN / INSTITUTION: - Neuroscience Department, Pediatric Neurology Unit, Tor Vergata University Hospital of Rome, Italy.

RESUMEN / SUMMARY: - Objective: Pancreatic neuroendocrine tumors (PanNETs) are rare in children with tuberous sclerosis complex (TSC). The objective of this report is to describe a case of PanNET in a boy with TSC.Methods: We describe the patient's clinical presentation, biochemical workup and laboratory tests.Results: A 10-year-old boy with a TSC2 mutation presented with a non-secretory PanNET discovered during routine annual abdominal ultrasound. Surgical distal pancreatectomy with spleen preservation was undertaken. The excised tumor appeared nodular, whitish and encapsulated. The tumor was composed of pancreatic endocrine monomorphic cells and the solid appearance of the tumor was interrupted by areas of cycstic degeneration. Mitoses were rare; the proliferation index was estimated around 4%. Local lymph nodes showed hyperplasia but were free of metastatic disease. Immunohistochemical examinations were positive for the neuroendocrine markers chromogranin, neurospecific enolase, synaptophysin, CAM52 and vimentin and were negative for CD10 and alpha-1 antitrypsin. The immunohistochemistry also showed a lack of hyperactivation of mTOR pathway.

All data supported the diagnosis of a grade II well-differentiated neuroendocrine neoplasm, according to WHO (World Health Organization).Conclusions: Thirteen non-secretory PanNET cases associated with TSC have been reported, including our patient (9M and 4F; 7 with TSC2 mutation). These tumors are usually asymptomatic and can be associated with metastasis; therefore early diagnosis is crucial for prompt treatment. It is still unclear whether PanNETs should be considered a feature of TSC. However due to this association, we suggest that pancreas investigation should be included in routine examinations in males with TSC2 mutation.

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[135]

TÍTULO / TITLE: - The Diagnostic Value of Calcitonin Measurement in Wash-Out Fluid from Fine-Needle Aspiration of Thyroid Nodules in the Diagnosis of Medullary Thyroid Cancer.

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

REVISTA / JOURNAL: - Endocr Pract. 2013 Jun 11:1-31.

●● Enlace al texto completo (gratuito o de pago) 4158/EP12420.OR

AUTORES / AUTHORS: - Diazzi C; Madeo B; Taliani E; Zirilli L; Romano S; Granata AR; De Santis MC; Simoni M; Cioni K; Caran C; Rochira V

INSTITUCIÓN / INSTITUTION: - Department of Biomedical, Metabolic and Neural Sciences, Unit and Chair of Endocrinology and Metabolism Integrated Department of Medicine, Endocrinology and Metabolism, Geriatrics, University of Modena and Reggio Emilia, Azienda AUSL of Modena, NOCSAE of Baggiovara, Modena, Italy.

RESUMEN / SUMMARY: - Objectives: The diagnostic value of calcitonin measurement in fine-needle aspiration biopsy (FNAB) wash-out fluid (Ct-FNAB) for medullary thyroid cancer (MTC) remains to be determined. This prospective study aims to assess the diagnostic value of Ct-FNAB in thyroid nodules in comparison with basal serum calcitonin (Ct), Pentagastrin-stimulated Ct (Pg-sCt), and cytology.Methods: Among patients with goiter addressed to US-FNAB having initial clinical suggestion for thyroidectomy, 27 patients with thyroid nodule/s (n=60), normal, borderline or increased Ct, fulfilled criteria for thyroidectomy. All 27 patients (enrolled according to exclusion/inclusion criteria) underwent ultrasonography (US), Ct, Pg-sCt, a US-assisted FNAB of each patient's nodule for both cytology, and Ct-FNAB before thyroidectomy.Results: Ct-FNAB resulted always >1000 pg/mL in MTC nodules at histology. For values between 36 and 1000 pg/mL, MTCs and nodular or micronodular C-cell Hyperplasia (CCH) results overlapped. Most of the nodules without MTC and/or CCH had Ct-FNAB</=17 pg/mL. Ct-FNAB diagnostic power was superior to and similar to other diagnostic procedures (Ct, Pg-sCt, and cytology) in identifying both MTC and CCH, and MTC alone, respectively.Conclusion: The diagnostic power of Ct-FNAB is valuable even when compared with other routine procedures. Ct-FNAB is a highly reliable tool for the early detection and

accurate localization of MTC in thyroid nodules, but does not differentiate between MTC and CCH. Ct-FNAB is an extremely valuable diagnostic tool especially considering that other diagnostic procedures do not provide a definitive diagnosis and it may be included in the clinical work up of thyroid nodules when MTC is suspected.

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[136]

TÍTULO / TITLE: - Usefulness of preoperative serum calcitonin in patients with nodular thyroid disease without suspicious history or cytology for medullary thyroid carcinoma.

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

REVISTA / JOURNAL: - Arq Bras Endocrinol Metabol. 2013 Jun;57(4):312-6.

AUTORES / AUTHORS: - Rosario PW; Penna GC; Brandao K; Souza BE

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the usefulness of preoperative serum calcitonin (sCT) in patients with nodular disease without suspicion of medullary thyroid carcinoma (MTC) in history or cytology. PATIENTS AND METHODS: sCT was measured before thyroidectomy in 494 patients with nodular disease who had no family history of MTC or multiple endocrine neoplasia type 2, and no cytological suspicion of MTC. RESULTS: Basal sCT was < 10 ng/mL in 482 patients and none of them had MTC. One patient with basal sCT > 100 pg/mL had MTC. Among the 11 patients with basal sCT between 10 and 100 pg/mL, MTC was diagnosed in only one. The two patients with MTC were submitted to total thyroidectomy, combined with elective lymph node dissection indicated exclusively based on hypercalcitoninemia, and sCT was undetectable after six months. CONCLUSIONS: Preoperative sCT is useful for the detection of sporadic MTC in patients with nodular disease, even in the absence of suspicious history or cytology.

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[137]

TÍTULO / TITLE: - Multitracer PET imaging of bone metastases from paraganglioma: peripheral halo of uptake on F-FLT PET mismatching with central uptake of F-FDOPA, F-fluorodopamine, and F-FDG.

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

REVISTA / JOURNAL: - Eur J Nucl Med Mol Imaging. 2013 Jul 24.

●● Enlace al texto completo (gratuito o de pago) 1007/s00259-013-2507-7

AUTORES / AUTHORS: - Blanchet EM; Martucci V; Millo C; Chen CC; Herscovitch P; Pacak K

INSTITUCIÓN / INSTITUTION: - Program in Reproductive and Adult Endocrinology, Eunice Kennedy Shriver National Institute of Child Health & Human

Development (NICHD), National Institutes of Health, Building 10, CRC, 1-East, 10 Center Drive, MSC-1109, Bethesda, MD, 20892-1109, USA.

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[138]

TÍTULO / TITLE: - Oncocytic carcinoid tumor of the lung with intense F-18 fluorodeoxyglucose (FDG) uptake in positron emission tomography-computed tomography (PET/CT).

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

REVISTA / JOURNAL: - Ann Nucl Med. 2013 Jun 12.

●● Enlace al texto completo (gratuito o de pago) 1007/s12149-013-0738-0

AUTORES / AUTHORS: - Tanabe Y; Sugawara Y; Nishimura R; Hosokawa K; Kajihara M; Shimizu T; Takahashi T; Sakai S; Sawada S; Yamashita M; Ohtani H

INSTITUCIÓN / INSTITUTION: - Department of Diagnostic Radiology, National Hospital Organization, Shikoku Cancer Center, Kou-160 Minamiumemoto-machi, Matsuyama, Ehime, 791-0280, Japan, yuki.tanabe.0225@gmail.com.

RESUMEN / SUMMARY: - The present report describes a case of typical carcinoid tumor with intense fluorodeoxyglucose (FDG) uptake. The most of tumor cells were characterized by eosinophilic cytoplasm resulting from accumulation of mitochondria, which was called an oncocytic carcinoid tumor. Glucose transporter type 1 (GLUT-1) was expressed in a membranous pattern in the oncocytic component. Oncocytic carcinoid tumors could show intense FDG uptake due to the numerous intracellular mitochondria and the membranous overexpression of GLUT-1. Thus, it could be a potential pitfall of interpreting FDG-PET/CT image.

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[139]

TÍTULO / TITLE: - Improvement in Stress, General Self-Efficacy, and Health Related Quality of Life following Patient Education for Patients with Neuroendocrine Tumors: A Pilot Study.

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

REVISTA / JOURNAL: - Nurs Res Pract. 2013;2013:695820. doi: 10.1155/2013/695820. Epub 2013 Apr 23.

●● Enlace al texto completo (gratuito o de pago) 1155/2013/695820

AUTORES / AUTHORS: - Haugland T; Veenstra M; Vatn MH; Wahl AK

INSTITUCIÓN / INSTITUTION: - Clinic for Cancer, Surgery and Transplantation, Oslo University Hospital, Rikshospitalet, 0424 Oslo, Norway ; Department of Nursing Science, University of Oslo, 0318 Oslo, Norway ; Faculty of Medicine, Department of Public Health and Primary Health Care, University of Bergen, 5020 Bergen, Norway.

RESUMEN / SUMMARY: - The purpose of the study was to evaluate changes in general self-efficacy, health related quality of life (HRQoL), and stress among patients with neuroendocrine tumors (NET) following a multidisciplinary educational intervention. Forty-one patients were enrolled in this exploratory pilot study. A total of 37 patients completed the full 26-week intervention based on the principles of self-efficacy. General self-efficacy was measured by the General Self-Efficacy Scale, HRQoL was measured with the SF-36, and stress was measured with the Impact of Event Scale. Mixed effect models were used to evaluate changes in general self-efficacy, mental and physical components of HRQoL, and stress adjusting for demographic and clinical variables. Results showed significant improvements in patients' general self-efficacy (beta = 0.71; $P < 0.05$), physical component scores of HRQoL (beta = 3.09; $P < 0.01$), and stress (beta = -2.10, $P = 0.008$). Findings suggest that patients with NET have the capacity to improve their ability to cope with their disease, problem-solve, improve their physical status, and reduce their stress following an educational intervention based on the principles of self-efficacy. These preliminary data provide a basis for future randomized controlled trials to test interventions to improve HRQoL for patients with NET.

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[140]

TÍTULO / TITLE: - Necrolytic migratory erythema and glucagonoma rising from pancreatic head.

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

REVISTA / JOURNAL: - Pancreatology. 2013 Jul-Aug;13(4):455-7. doi: 10.1016/j.pan.2013.03.011. Epub 2013 Mar 30.

●● Enlace al texto completo (gratuito o de pago) 1016/j.pan.2013.03.011

AUTORES / AUTHORS: - Tseng HC; Liu CT; Ho JC; Lin SH

INSTITUCIÓN / INSTITUTION: - Department of Dermatology, Chang Gung Memorial Hospital - Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan.

RESUMEN / SUMMARY: - Glucagonoma syndrome encompasses necrolytic migratory erythema (NME), hyperglucagonemia, diabetes mellitus, anemia, weight loss, glossitis, angular cheilitis, steatorrhea, diarrhea, venous thrombosis, and neuropsychiatric disturbance. Of all the symptoms, NME is a rare skin disorder which is pathognomonic for glucagonoma. We present a 61-year-old woman diagnosed initially as pancreatic head adenocarcinoma with liver metastasis prior to the skin eruption. From the dermatologic finding and other clues, glucagonoma was diagnosed finally.

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[141]

TÍTULO / TITLE: - Pulmonary neuroendocrine tumors with nuclear inclusion.

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

REVISTA / JOURNAL: - Pathol Res Pract. 2013 Jul 8. pii: S0344-0338(13)00178-7. doi: 10.1016/j.prp.2013.06.016.

●● Enlace al texto completo (gratuito o de pago) 1016/j.prp.2013.06.016

AUTORES / AUTHORS: - Kobayashi S; Tsuta K; Sekine S; Yoshida A; Sasaki N; Shibuki Y; Sakurai H; Watanabe SI; Asamura H; Tsuda H

INSTITUCIÓN / INSTITUTION: - Division of Pathology and Clinical Laboratories, National Cancer Center Hospital, Tokyo, Japan.

RESUMEN / SUMMARY: - Nuclear inclusion or pseudoinclusion is a peculiar cytological feature, and its recognition in appropriate clinicopathological settings can aid in the diagnosis of several disease entities. To the best of our knowledge, only 1 case of pulmonary neuroendocrine tumor (NET) with nuclear pseudoinclusion has been reported. A review of 227 patients who had undergone surgical resection for pulmonary NETs revealed 2 tumors with different mechanisms of nuclear inclusion. To explore the cause of nuclear inclusion, NET with nuclear inclusion was characterized immunohistochemically and ultrastructurally. Nuclear inclusions were observed in 2 of the 227 (0.9%) patients with pulmonary NETs. The first patient was a 46-year-old woman with small cell carcinoma. Tumor cells with nuclear inclusions were distributed focally. Ultrastructural analysis showed that these inclusions were pseudoinclusions. The second patient was a 62-year-old man with large-cell neuroendocrine carcinoma. Nuclear inclusions were observed in the focal area of the tumor. Immunohistochemical analysis revealed that the intra-nuclear materials consisted of biotin and aberrant cytoplasmic and nuclear accumulation of beta-catenin. Mutational analysis revealed a CTNNB1 gene mutation. Although very rare, diagnostic errors may be observed in cases of pulmonary NETs with nuclear inclusions. The mechanisms of nuclear inclusion differed, with one due to herniation of the cytoplasm into the nucleus (pseudoinclusion) and the other due to accumulation of biotin resulting from a CTNNB1 gene mutation.

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[142]

TÍTULO / TITLE: - An insulinoma presenting with hypochondriac delusions and food refusal.

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

REVISTA / JOURNAL: - Int Psychogeriatr. 2013 Jul 9:1-3.

●● Enlace al texto completo (gratuito o de pago) 1017/S104161021300104X

AUTORES / AUTHORS: - Renca S; Santos G; Cerejeira J

INSTITUCIÓN / INSTITUTION: - Centro Hospitalar e Universitario de Coimbra, EPE, Av. Bissaya Barreto - Praceta Prof. Mota Pinto, 3000-075 Coimbra, Portugal.

RESUMEN / SUMMARY: - ABSTRACT The authors report a case of a 68-year-old man with an unrecognized insulinoma manifesting with neuropsychiatric symptoms. For two years, he presented with unspecified behavior changes,

autonomic and neuroglycopenic symptoms, which led him to be misdiagnosed with a neurologic and psychiatric disorder before the insulinoma was recognized. Following neurological alterations in context of hypoglycemia, subsequent to longstanding food refusal, he was admitted in the psychiatric ward. Despite good global response and normal food intake, hypoglycemic episodes were still occurring and led to a careful evaluation which permitted the definitive diagnostic. This case highlights the diagnostic difficulties of medical disorders presenting with clinical features overlapping neurological and psychiatric syndromes. It also reflects the diagnostic difficulties in rare clinical entities, particularly in patients previously followed in psychiatry and underlines the need for a constant dialogue and updating of clinicians.

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[143]

TÍTULO / TITLE: - Are G3 ENETS neuroendocrine neoplasms heterogeneous?

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

REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Jul 11.

●● Enlace al texto completo (gratuito o de pago) 1530/ERC-13-0027

AUTORES / AUTHORS: - Velayoudom-Cephise FL; Duvillard P; Foucan L; Hadoux J; Chougnet CN; Leboulleux S; Malka D; Guigay J; Goere D; de Baere T; Caramella C; Schlumberger M; Planchard D; Elias D; Ducreux M; Scoazec JY; Baudin E

INSTITUCIÓN / INSTITUTION: - F Velayoudom-Cephise, Nuclear Medicine and Endocrine Oncology, Gustave Roussy Institute, Villejuif, France.

RESUMEN / SUMMARY: - The new WHO classification of gastroenteropancreatic (GEP) neuroendocrine tumors (NET) implies that G3 neoplasms with mitotic index >20 and/or Ki67 index >20% are neuroendocrine carcinomas (NEC), described as poorly differentiated, small or large cell types, by analogy with lung neuroendocrine carcinomas. We aim to characterize the subgroup of non-small cell type GEP and thoracic NET with mitotic index >20 and/or Ki67 >20% according to their pathologic features, response to cisplatin and overall survival (OS). We reviewed pathological and clinical presentation of G3 non-small cell type NET referred to our institution for 5 years. Data from 166 patients with metastatic thoracic and GEP-NET were collected. Seventeen per cent (28 patients) fit with inclusion criteria. Tumors were classified as well differentiated NET (G3-WDNET) in 42.8% and poorly differentiated, large cell neuroendocrine carcinoma (G3-LCNEC) in 57.2% of cases. Plasma chromogranin A or NSE were elevated in 42% and 25%, respectively, of G3-WDNET and 31% and 50% of G3-LCNEC. Somatostatin receptor scintigraphy was positive in 88% and 50% of G3-WDNET or G3-LCNEC, respectively. Complete or partial response to cisplatin was observed in 31% of cases, all classified G3-LCNEC. The median OS was 41 months for G3-WDNET but 17 months for G3-LCNEC (P = 0.34). Short survival was observed in 25% of G3-WDNET but 62.5 % of G3- LCNEC patients (P = 0.049). We conclude that G3 ENETS GEP and thoracic NEN

could constitute a heterogeneous subgroup of NEN as regards diagnosis, prognosis and treatment. If confirmed, future classifications may consider splitting them into two groups according to their morphological differentiation.

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[144]

TÍTULO / TITLE: - Disseminated typical bronchial carcinoid tumor.

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

REVISTA / JOURNAL: - Vojnosanit Pregl. 2013 May;70(5):516-21.

AUTORES / AUTHORS: - Novkovic D; Skuletic V; Vukovic J; Cerovic S; Tomic I; Karlicic V; Stojisavljevic M

INSTITUCIÓN / INSTITUTION: - Clinic for Lung Diseases, Military Medical Academy, Belgrade, Serbia. dobrivojenovkovic@yahoo.com

RESUMEN / SUMMARY: - INTRODUCTION: Bronchial carcinoids belong to a rare type of lung tumors. If they do not expose outstanding neuroendocrine activity, they develop without clearly visible symptoms. They are often detected during a routine examination. According to their clinical pathological features, they are divided into typical and atypical tumors. Typical bronchial carcinoids metastasize to distant organs very rarely. Localized forms are effectively treated by surgery. The methods of conservative treatment should be applied in other cases. CASE REPORT: We presented a 65-year-old patient with carcinoid lung tumor detected by a routine examination. Additional analysis (chest X-ray, computed tomography of the chest, ultrasound of the abdomen, skeletal scintigraphy, bronhoscopy, histopathological analysis of the bioptate of bronchial tumor, as well as bronchial brushing cytology and immunohistochemical staining performed with markers specific for neuroendocrine tumor) proved a morphologically typical lung carcinoid with dissemination to the liver and skeletal system, which is very rarely found in typical carcinoids. CONCLUSION: The presented case with carcinoid used to be showed morphological and pathohistological characteristics of typical bronchial carcinoid. With its metastasis to the liver and skeletal system it demonstrated unusual clinical course that used to be considered as rare phenomenon. Due to its frequent asymptomatic course and varied manifestation, bronchial carcinoid could be considered as a diagnostic challenge requiring a multidisciplinary approach.

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[145]

TÍTULO / TITLE: - Diagnostic and therapeutic role of endoscopy in gastroenteropancreatic neuroendocrine neoplasms.

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

REVISTA / JOURNAL: - Dig Liver Dis. 2013 May 31. pii: S1590-8658(13)00170-9. doi: 10.1016/j.dld.2013.04.007.

●● Enlace al texto completo (gratuito o de pago) 1016/j.dld.2013.04.007

AUTORES / AUTHORS: - Attili F; Capurso G; Vanella G; Fuccio L; Fave GD; Costamagna G; Larghi A
INSTITUCIÓN / INSTITUTION: - Digestive Endoscopy Unit, Catholic University, Rome, Italy.
RESUMEN / SUMMARY: - Gastroenteropancreatic neuroendocrine neoplasms have substantially increased over the last decades. Because of the indolent clinical course of the disease even in advance stages and the rise in the incidental diagnosis of small asymptomatic lesions, the prevalence of gastroenteropancreatic neuroendocrine neoplasms is higher than that of pancreatic, gastric and oesophageal adenocarcinomas, making them the second most prevalent cancer type of the gastrointestinal tract. This increase in the overall prevalence of gastroenteropancreatic neuroendocrine neoplasms has been paralleled by a growth in the importance of the endoscopist in the care of these patients, who usually require a multidisciplinary approach. In this manuscript the diagnostic and therapeutic role of endoscopic for gastroenteropancreatic neuroendocrine neoplasms will be reviewed.

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[146]
TÍTULO / TITLE: - Cross Modulation between the Androgen Receptor Axis and Protocadherin-PC in Mediating Neuroendocrine Transdifferentiation and Therapeutic Resistance of Prostate Cancer.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Neoplasia. 2013 Jul;15(7):761-72.
AUTORES / AUTHORS: - Terry S; Maille P; Baaddi H; Kheuang L; Soyeux P; Nicolaiew N; Ceraline J; Firlej V; Beltran H; Allory Y; de la Taille A; Vacherot F
INSTITUCIÓN / INSTITUTION: - INSERM, Unite 955, Creteil, France ; Universite Paris-Est Creteil, Creteil, France ; CNRS UMR3244, Centre de Recherche, Institut Curie, Paris, France.
RESUMEN / SUMMARY: - Castration-resistant prostate cancers (CRPCs) that relapse after androgen deprivation therapies (ADTs) are responsible for the majority of mortalities from prostate cancer (PCa). While mechanisms enabling recurrent activity of androgen receptor (AR) are certainly involved in the development of CRPC, there may be factors that contribute to the process including acquired neuroendocrine (NE) cell-like behaviors working through alternate (non-AR) cell signaling systems or AR-dependent mechanisms. In this study, we explore the potential relationship between the AR axis and a novel putative marker of NE differentiation, the human male protocadherin-PC (PCDH-PC), in vitro and in human situations. We found evidence for an NE transdifferentiation process and PCDH-PC expression as an early-onset adaptive mechanism following ADT and elucidate AR as a key regulator of PCDH-PC expression. PCDH-PC overexpression, in turn, attenuates the ligand-dependent activity of the AR, enabling certain prostate tumor clones to assume a more NE phenotype and promoting their survival under diverse stress

conditions. Acquisition of an NE phenotype by PCa cells positively correlated with resistance to cytotoxic agents including docetaxel, a taxane chemotherapy approved for the treatment of patients with metastatic CRPC. Furthermore, knockdown of PCDH-PC in cells that have undergone an NE transdifferentiation partially sensitized cells to docetaxel. Together, these results reveal a reciprocal regulation between the AR axis and PCDH-PC signals, observed both in vitro and in vivo, with potential implications in coordinating NE transdifferentiation processes and progression of PCa toward hormonal and chemoresistance.

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[147]

TÍTULO / TITLE: - Effect of radiation therapy on survival in patients with resected merkel cell carcinoma: a propensity score surveillance, epidemiology, and end results database analysis.

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

REVISTA / JOURNAL: - JAMA. %8?(3k+]3s http://jama.ama-assn.org/search.dtl

●● JAMA: <> Dermatol. 2013 Jul 1;149(7):831-8. doi: 10.1001/jamadermatol.2013.409.

●● Enlace al texto completo (gratuito o de pago) 1001/jamadermatol.2013.409

AUTORES / AUTHORS: - Kim JA; Choi AH

INSTITUCIÓN / INSTITUTION: - Division of Surgical Oncology, University Hospitals, Cleveland, Ohio.

RESUMEN / SUMMARY: - IMPORTANCE Merkel cell carcinoma (MCC) is a cutaneous neuroendocrine malignant neoplasm that can be highly aggressive and ultimately lethal. However, the cumulatively low incidence rate has made it difficult to accrue patients to prospective randomized trials. OBJECTIVE To determine whether patients with MCC in the Surveillance, Epidemiology, and End Results (SEER) database who received radiation therapy after resection demonstrate improved survival. DESIGN The study population consisted of SEER patients with histologically confirmed MCC who underwent surgical resection between January 1, 1998, and December 30, 2006. Cox proprotional hazards regression models were used to determine factors associated with MCC-specific and overall survival. Propensity scoring with matched pairs was used to perform Kaplan-Meier survival analysis comparing patients who underwent surgery plus radiation therapy vs those who underwent surgery alone. SETTING AND PARTICIPANTS National database study of participants at least 20 years old with MCC, matched for age, sex, race/ethnicity, diagnosis period, tumor size, disease stage, surgery of the primary site, type of lymph node surgery, and geographic region. Exclusion criteria included survival of less than 4 months and metastatic disease. MAIN OUTCOMES AND MEASURES Disease-specific survival and overall survival. RESULTS Factors that were independently associated with the use of radiation therapy included marital status, disease stage, and type of lymph node surgery. Factors associated with

both MCC-specific and overall survival included age and disease stage. Propensity scoring and matched-pair analysis resulted in 269 matched pairs of patients and demonstrated that patients who received radiation therapy had improved overall survival (P = .03) but not MCC-specific survival (P = .26). CONCLUSIONS AND RELEVANCE The improvement in overall survival among SEER patients who receive radiation therapy following surgical resection of MCC may be a result of selection bias or unmeasured factors and not radiation therapy.

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[148]

TÍTULO / TITLE: - Hypertensive crisis in a young man during micturition: contrast-enhanced ultrasound for diagnosis of paravesical paraganglioma.

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

REVISTA / JOURNAL: - Ultraschall Med. 2013 Jun;34(3):207-9.

AUTORES / AUTHORS: - Meyer G

INSTITUCIÓN / INSTITUTION: - Gesine.Meyer@kgu.de

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[149]

TÍTULO / TITLE: - Next-generation sequencing in the clinical genetic screening of patients with pheochromocytoma and paraganglioma.

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

REVISTA / JOURNAL: - Endocr Connect. 2013 May 28;2(2):104-11. doi: 10.1530/EC-13-0009. Print 2013 Jun 1.

●● Enlace al texto completo (gratuito o de pago) 1530/EC-13-0009

AUTORES / AUTHORS: - Crona J; Verdugo AD; Granberg D; Welin S; Stalberg P; Hellman P; Bjorklund P

INSTITUCIÓN / INSTITUTION: - Department of Surgical Sciences Uppsala University S-751 85, Uppsala Sweden.

RESUMEN / SUMMARY: - BACKGROUND: Recent findings have shown that up to 60% of pheochromocytomas (PCCs) and paragangliomas (PGLs) are caused by germline or somatic mutations in one of the 11 hitherto known susceptibility genes: SDHA, SDHB, SDHC, SDHD, SDHAF2, VHL, HIF2A (EPAS1), RET, NF1, TMEM127 and MAX. This list of genes is constantly growing and the 11 genes together consist of 144 exons. A genetic screening test is extensively time consuming and expensive. Hence, we introduce next-generation sequencing (NGS) as a time-efficient and cost-effective alternative. METHODS: Tumour lesions from three patients with apparently sporadic PCC were subjected to whole exome sequencing utilizing Agilent Sureselect target enrichment system and Illumina Hi seq platform. Bioinformatics analysis was performed in-house using commercially available software. Variants in PCC and PGL susceptibility genes were identified. RESULTS: We have identified 16 unique genetic variants in PCC susceptibility loci in three different PCC, spending less than a 30-min hands-on, in-house time. Two patients had one

unique variant each that was classified as probably and possibly pathogenic: NF1 Arg304Ter and RET Tyr791Phe. The RET variant was verified by Sanger sequencing. CONCLUSIONS: NGS can serve as a fast and cost-effective method in the clinical genetic screening of PCC. The bioinformatics analysis may be performed without expert skills. We identified process optimization, characterization of unknown variants and determination of additive effects of multiple variants as key issues to be addressed by future studies.

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[150]

TÍTULO / TITLE: - Mucin phenotype expression of gastric neuroendocrine neoplasms: analysis of histopathology and carcinogenesis.

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

REVISTA / JOURNAL: - Gastric Cancer. 2013 Jul 5.

●● Enlace al texto completo (gratuito o de pago) 1007/s10120-013-0281-7

AUTORES / AUTHORS: - Domori K; Nishikura K; Ajioka Y; Aoyagi Y

INSTITUCIÓN / INSTITUTION: - Division of Molecular and Diagnostic Pathology, Niigata University Graduate School of Medical and Dental Sciences, Niigata, Japan, doumori-nii@umin.ac.jp.

RESUMEN / SUMMARY: - BACKGROUND: Gastric neuroendocrine neoplasia has been classified as neuroendocrine tumor (NET), a less-malignant type, and neuroendocrine carcinoma (NEC), a more-malignant type. We investigated phenotypic expression profiles to clarify the differences between NET and NEC in terms of histopathology and carcinogenesis. METHODS: We assayed 86 cases of gastric neuroendocrine neoplasms (NET G1, n = 25; NET G2, n = 9; NEC, n = 52), using six exocrine markers (MUC5AC, human gastric mucin, MUC6, M-GGMC-1, MUC2, and CDX2). RESULTS: NEC frequently coexisted with adenocarcinomatous components (75 %; 39 of 52) and the majority (71.8 %; 28 of 39) showed intraglandular endocrine cell hyperplasia, although no cases of NET showed adenocarcinomatous components. Mucin phenotype significantly differed between NET and NEC; none of NET cases expressed any exocrine markers other than CDX2, although the majority of NEC (86.5 %; 45 of 52) expressed at least one or more exocrine markers with various positive rates for each marker (range, 8.2-74.0 %). Each NEC component showed only the phenotype expressed in the adenocarcinomatous component in the same tumor. Furthermore, double immunohistochemistry revealed dual expression of CDX2 and chromogranin A in half the NEC cases (23 of 46). CONCLUSIONS: These data suggest that gastric NETs (G1 and G2) and NECs have different processes of carcinogenesis, and gastric NECs may be generated from preceding adenocarcinomas.

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[151]

TÍTULO / TITLE: - Role of resection of the primary pancreatic neuroendocrine tumor in the multidisciplinary treatment of patients with unresectable synchronous liver metastases: a case series.

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

REVISTA / JOURNAL: - JOP. 2013 Jul 10;14(4):415-22. doi: 10.6092/1590-8577/1291.

AUTORES / AUTHORS: - Kondo NI; Ikeda Y; Maehara S; Sugimoto R; Nishiyama K; Sakaguchi Y

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterological Surgery, National Hospital Organization Kyushu Cancer Center. Fukuoka City, Japan. kondo-n@surg2.med.kyushu-u.ac.jp.

RESUMEN / SUMMARY: - CONTEXT: Liver metastases have often existed in patients who have pancreatic neuroendocrine tumors (pNETs) at the time of diagnosis. In the management of patients of pNETs with unresectable liver metastases, the clinical efficacy of surgery to primary pancreatic tumor has been controversial. We presented four patients who were treated with resection of primary pancreatic tumor, trans-arterial hepatic treatment and systemic therapies. We reviewed literatures and discussed about role of resection of primary pancreatic tumor in the multidisciplinary treatment. METHODS: We retrieved medical records of patients who had been histopathologically diagnosed as pNETs at our institution between April 2000 and March 2006, and found 4 patients who had pNETs with unresectable synchronous liver metastases and no extrahepatic metastases. All patients received resection of primary tumor. Patients' demographics, pathology, treatment, short- and long-term outcome were examined. RESULTS: In short-term outcome analysis, delayed gastric emptying was developed in one patient who received pancreaticoduodenectomy. There were no other significant postoperative complications. As for long-term outcome, two patients who received distal pancreatectomy, sequential trans-arterial treatments and systemic therapies could survive for long time relatively. They died 92 and 73 months after the first treatment, respectively. One patient who received distal pancreatectomy and trans-arterial treatment died from unrelated disease 14 months after the first treatment. Another patient who received preoperative trans-arterial treatments and pancreaticoduodenectomy rejected postoperative trans-arterial treatment, was treated with systemic therapies and died 37 months after the initial treatment. CONCLUSIONS: Resection of primary pNETs would be considered as an optional treatment for the selected patients who had unresectable synchronous liver metastases in the process of the multidisciplinary approach.

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[152]

TÍTULO / TITLE: - Evaluation of colonoscopy in the diagnosis and treatment of rectal carcinoid tumors with diameter less than 1 cm in 21 patients.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 May;5(5):1667-1671. Epub 2013 Feb 27.

●● Enlace al texto completo (gratuito o de pago) 3892/ol.2013.1214

AUTORES / AUTHORS: - Liu J; Wang ZQ; Zhang ZQ; Chen X; Zhang Y

INSTITUCIÓN / INSTITUTION: - Department of Endoscopy of the South Building, The PLA General Hospital, Beijing 100853, P.R. China.

RESUMEN / SUMMARY: - The aim of this study was to evaluate colonoscopy in the diagnosis and treatment of rectal carcinoid tumors with diameter <1 cm. Elevated lesions with normal mucosal appearance under colonoscopy were identified. Endoscopic ultrasound (EUS) was performed in 16 patients. Lesions diagnosed as rectal carcinoid tumors were resected by endoscopic mucosal resection (EMR). The diagnosis of specimens by EMR was confirmed by pathological examination. Immunohistochemical staining was undertaken and follow-up data were collected. Twenty-two lesions were found among the 21 cases. The majority of these were located within 10 cm of the anal opening. Twenty two cases with rectal carcinoids were diagnosed by EUS under colonoscopy and all cases were verified by pathological examination. The resection rate was 95.5% (21/22). Of the lesions, six were mucosal and 10 were submucosal. Immunohistochemistry was undertaken for carcinoid tumors. Histological patterns of rectal carcinoids revealed solid nests or trabecular patterns. Eleven cases were synaptophysin (SYN)-positive, 8 cases were neurone-specific enolase (NSE)-positive and 5 cases were chromogranin A (CgA)-positive. Colonoscopy combined with EUS is effective in the diagnosis and determination of small rectal carcinoids. Endoscopic treatment is effective for small-sized tumors. Pathology and immunohistochemistry remain the diagnostic gold standard.

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[153]

TÍTULO / TITLE: - Predictive factors that influence the course of medullary thyroid carcinoma.

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

REVISTA / JOURNAL: - Int J Clin Oncol. 2013 Jul 6.

●● Enlace al texto completo (gratuito o de pago) 1007/s10147-013-0588-8

AUTORES / AUTHORS: - Pazaitou-Panayiotou K; Chrisoulidou A; Mandanas S; Tziomalos K; Doumala E; Patakiouta F

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology and Endocrine Oncology, Theagenio Cancer Hospital, 2 Al. Simeonidi Street, 54007, Thessaloniki, Greece, kpazaitou@in.gr.

RESUMEN / SUMMARY: - BACKGROUND: Medullary thyroid cancer (MTC) is an infrequent form of thyroid cancer. We aimed to examine how gender and histological characteristics influence the rate of recurrence/persistent disease, distant metastases and survival and also to define specific characteristics of MTC microcarcinomas. METHODS: The medical records of 85 patients with

MTC were reviewed. The following characteristics were recorded: year of diagnosis, age at diagnosis, sex, tumor size, number of tumor foci, lymph node metastases, thyroid capsule and vascular invasion, infiltration of thyroid parenchyma and extrathyroid extension, and distant metastases. RESULTS: During follow-up (mean 78.8 months), persistent disease occurred in 40 patients, local recurrences in 5 and distant metastases in 32 patients. Local and distant disease appeared more frequently in patients with larger tumors ($p < 0.005$) and lymph node metastases ($p < 0.01$). In addition, patients with invasive tumors had local and distant disease more frequently. The percentage of males who had persistent disease and/or local recurrence was significantly higher than the percentage of males who did not ($p < 0.05$). Similar results were observed for distant disease ($p < 0.01$). Independent predictors of recurrence and persistent disease was the presence of lymph node metastases at diagnosis (risk ratio 11.66) and of distant metastases were the presence of lymph node metastases at diagnosis (risk ratio 17.42) and the presence of vascular invasion (risk ratio 2.41). Fifteen patients died due to MTC during follow-up (17.6 %). Patients who died were more frequently males, and had thyroid capsule invasion, extrathyroidal extension, vascular invasion and metastatic disease. CONCLUSIONS: Male sex, tumor size and invasive characteristics of the tumor are negative predictive factors for evolution of MTC.

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[154]

TÍTULO / TITLE: - Neuroendocrine carcinomas of the uterine cervix: A clinicopathological study.

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

REVISTA / JOURNAL: - J Med Assoc Thai. 2013 Jan;96(1):83-90.

AUTORES / AUTHORS: - Sitthinamsuwan P; Angkathunyakul N; Chuangsuwanich T; Inthasorn P

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand. panittasi@hotmail.com

RESUMEN / SUMMARY: - BACKGROUND: Neuroendocrine carcinoma (NEC) is a rare entity of uterine cervical carcinoma. Most of them have a more aggressive course and worse prognosis than a common type squamous cell carcinoma. Therefore, precise diagnosis is very crucial. OBJECTIVE: To study clinicopathological correlation and immunohistochemistry of uterine cervical NEC MATERIAL AND METHOD: All primary uterine cervical carcinomas from a 51-month period were histopathologically reviewed. Suspicious NECs were retrieved and immunohistochemically studiedfor chromogranin, synaptophysin, non-specific esterase (NSE) and CD56. Clinical information including treatments and mean disease free survival time were obtainedfrom chart review RESULTS: Fourteen (3.5%) cases of NEC were identified from 389primary uterine cervical carcinomas between October 1, 2002 and December 31, 2006 and classified into small cell neuroendocrine carcinoma (SNEC, 8 cases), large

cell neuroendocrine carcinoma (LNEC, 3 cases), mixed SNEC and adenocarcinoma (2 cases), and mixed SNEC anid squamous cell carcinoma (1 case). All NEC presented with abnormal vaginal bleeding. The median age was 44 years (34-75 years). Exophytic mass was noted in 11 patients (78.6%). Five patients (36%) had distant metastases. All cases were immunoreactive for at least two neuroendocrine markers. Nine cases (64.3%) were positive for chromogranin, 11 (78.6%) for synaptophysin, 12 (85. 7%) for NSE, and 11 (78.6%) for CD56. CD56 was positive in eight of 11 SNEC cases. The mean disease free interval and overall survival time were 17.5 and 23.9 months, respectively CONCLUSION: Neuroendocrine carcinoma of the cervix is rare and has poor prognosis. In addition to histopathology, panel ofimmunohistochemistry is mandatory in the diagnosis of neuroendocrine carcinoma. Varying results of immunohistochemistry may be found.

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[155]

TÍTULO / TITLE: - Extensive hypermetabolic pattern of brown adipose tissue activation on F-FDG PET/CT in a patient diagnosed of catecholamine-secreting para-vesical paraganglioma.

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

REVISTA / JOURNAL: - Rev Esp Med Nucl. Acceso gratuito al texto completo a partir de los 2 años de la fecha de publicación.

●● Enlace a la Editora de la Revista http://db.doyma.es/

●● Cita: Revista Española de Medicina Nuclear: <> Imagen Mol. 2013 Jul 15. pii: S2253-654X(13)00083-8. doi: 10.1016/j.remn.2013.05.005.

●● Enlace al texto completo (gratuito o de pago) 1016/j.remn.2013.05.005

AUTORES / AUTHORS: - Banzo J; Ubieto MA; Berisa MF; Andres A; Mateo ML; Tardin L; Parra A; Razola P; Prats E

INSTITUCIÓN / INSTITUTION: - Unidad de Medicina Nuclear, Grupo Hospitalario Quiron, La Floresta, Zaragoza, España. Electronic address: alejandro_a_gracia@hotmail.es.

RESUMEN / SUMMARY: - The widespread use of 18F-FDG PET-CT scanning in oncological patients has allowed to demonstrate the existence of metabolically active brown fat, also called brown adipose tissue (BAT), in adult humans, and specifying its anatomical distribution in vivo. As physiological determinants to BAT 18F-FDG uptake has been identified gender, age, temperature, and body mass index. We have observed extensive activation of the BAT, including the mesenteric region, in a patient with a catecholamine-secreting para-vesical paraganglioma. The extensive BAT activation could be secondary to adrenergic stimulation due to excess of circulating norepinephrine concentration.

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[156]

TÍTULO / TITLE: - MAX mutations status in Swedish patients with pheochromocytoma and paraganglioma tumours.

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

REVISTA / JOURNAL: - Fam Cancer. 2013 Jun 7.

●● Enlace al texto completo (gratuito o de pago) 1007/s10689-013-9666-3

AUTORES / AUTHORS: - Crona J; Maharjan R; Delgado Verdugo A; Stalberg P; Granberg D; Hellman P; Bjorklund P

INSTITUCIÓN / INSTITUTION: - Department of Surgical, Uppsala University, Akademiska sjukhuset, ing 70, 3tr, FOA2, 75185, Uppsala, Sweden, joakim.crona@surgsci.uu.se.

RESUMEN / SUMMARY: - Pheochromocytoma (PCC) and Paraganglioma are rare tumours originating from neuroendocrine cells. Up to 60 % of cases have either germline or somatic mutation in one of eleven described susceptibility loci, SDHA, SDHB, SDHC, SDHD, SDHAF2, VHL, EPAS1, RET, NF1, TMEM127 and MYC associated factor-X (MAX). Recently, germline mutations in MAX were found to confer susceptibility to PCC and paraganglioma (PGL). A subsequent multicentre study found about 1 % of PCCs and PGLs to have germline or somatic mutations in MAX. However, there has been no study investigating the frequency of MAX mutations in a Scandinavian cohort. We analysed tumour specimens from 63 patients with PCC and PGL treated at Uppsala University hospital, Sweden, for re-sequencing of MAX using automated Sanger sequencing. Our results show that 0 % (0/63) of tumours had mutations in MAX. Allele frequencies of known single nucleotide polymorphisms rs4902359, rs45440292, rs1957948 and rs1957949 corresponded to those available in the Single Nucleotide Polymorphism Database. We conclude that MAX mutations remain unusual events and targeted genetic screening should be considered after more common genetic events have been excluded.

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[157]

TÍTULO / TITLE: - Risk factors for the occurrence of insulinoma: a case-control study.

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

REVISTA / JOURNAL: - Hepatobiliary Pancreat Dis Int. 2013 Jun;12(3):324-8.

AUTORES / AUTHORS: - Zhan HX; Cong L; Zhao YP; Zhang TP; Chen G

INSTITUCIÓN / INSTITUTION: - Department of General Surgery, Peking Union Medical College Hospital, Peking Union Medical College, Chinese Academy of Medical Sciences, Beijing 100730, China. zhao8028@263.net

RESUMEN / SUMMARY: - BACKGROUND: The etiology of insulinoma is poorly understood. Few studies investigated the possible roles of environmental factors and lifestyle in the pathogenesis of insulinoma. The aim of this study is to identify risk factors associated with occurrence of insulinoma in the Chinese population. METHODS: This study consisted of 196 patients with insulinoma

and 233 controls. Demographic information of the patients and controls and risk factors of the disease were analyzed. Univariate and unconditional multivariable logistic regression analyses were made to estimate odds ratios (ORs) and possible risk factors. RESULTS: Approximately 68.88% (135/196) of the patients were from rural areas in contrast to 10.30% (24/233) of the controls (P<0.0001). This difference was confirmed by the multivariate analysis (OR=4.950; 95% CI: 2.928-8.370). Family history of pancreatic endocrine tumor (OR=16.754; 95% CI: 2.125-132.057) and other cancers (OR=2.360; 95% CI: 1.052-5.291) was also related to a high-risk population of insulinoma. CONCLUSION: Rural residents or people who have a family history of pancreatic endocrine tumor and other cancers are a high-risk population of insulinoma.

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[158]

TÍTULO / TITLE: - Comparison of 24-h and overnight samples of urinary 5-hydroxyindoleacetic acid in patients with intestinal neuroendocrine tumors.

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

REVISTA / JOURNAL: - Endocr Connect. 2013 Jan 25;2(1):50-4. doi: 10.1530/EC-12-0077. Print 2013 Mar 1.

●● Enlace al texto completo (gratuito o de pago) 1530/EC-12-0077

AUTORES / AUTHORS: - Gedde-Dahl M; Thiis-Evensen E; Tjolsen AM; Mordal KS; Vatn M; Bergestuen DS

INSTITUCIÓN / INSTITUTION: - Section of Gastroenterology, Department of Transplantation Medicine Oslo University Hospital Rikshospitale, Postboks 4953, Nydalen0424, Oslo Norway.

RESUMEN / SUMMARY: - Neuroendocrine tumors (NETs) arising in the small intestine are known to produce vasoactive substances, including serotonin, that may result in the carcinoid syndrome (flushing, diarrhea, bronchoconstriction, and carcinoid heart disease). Measurement of the serotonin breakdown product 5-hydroxyindoleacetic acid (5-HIAA) in urine is important in diagnosing and monitoring of patients with intestinal NETs. Our aim was to compare 5-HIAA measurement in 24-h urine sampling with overnight (approximately 8-h) sampling in patients with known NETs, or at follow-up of patients potentially cured for their NETs. Twenty-four-hour and overnight urine samples were collected from 34 patients and analyzed for urinary 5-HIAA (U5-HIAA) using HPLC. Comparison of the overnight sampling values with the 24-h values showed no difference, P=0.45, and there was a significant direct correlation between the two samples using linear regression (R=0.97, P<0.001). U5-HIAA sample collection during a nightly interval of approximately 8 h appears to have the same accuracy as the 24-h collection in this group of patients.

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[159]

TÍTULO / TITLE: - Prognostic value of somatostatin receptor-2 positivitiy in gastroenteropancreatic neuroendocrine tumors in reference to known prognostic factors.

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

REVISTA / JOURNAL: - Turk J Gastroenterol. 2012 Dec;23(6):736-40.

AUTORES / AUTHORS: - Yeniay L; Gurcu BI; Unalp O; Yilmaz F; Nart D; Sozbilen M; Coker A

INSTITUCIÓN / INSTITUTION: - Ege University School of Medicine, Department of General Surgery, Izmir, Turkey E-Mail: lyeniay@yahoo.com.

RESUMEN / SUMMARY: - Background/aims:Identification of the predictive factors for the prognosis of gastroenteropancreatic neuroendocrine tumors is important but rather challenging due to the rarity of the condition. This study aimed to examine the association between somatostatin receptor-2 positivity and known prognostic factors for gastroenteropancreatic neuroendocrine tumor to identify the value ofsomatostatin receptor-2 positivity itself as a predictive factor for prognosis. Materials and Methods: Records of 41 gastroenteropancreatic neuroendocrine tumor patients (24 females, 17 males) were retrospectively reviewed. The relations between somatostatin eceptor-2 positivity and known prognostic factors including tumor stage, Ki-67 positivity, vascular or perineural invasion, lymph node metastasis, presence of necrosis, and soft tissue extension were analyzed. Results:Sixty percent of the patients had histologically confirmed somatostatin receptor-2 positivity with 45% exhibiting focal and 15% showing diffuse staining characteristic. No significant relation was found between somatostatin receptor-2 positivity and any of the known prognostic factors for gastroenteropancreatic neuroendocrine tumor: versus stage, p=0.67; vs. lymph node metastasis, p=0.51; vs. vascular invasion, p=0.11; vs. extension to surrounding soft tissue, p=0.54; vs. necrosis, p=0.23; vs. lymphatic invasion, p=0.25; and vs. perineural invasion, p=0.42. Conclusions:Somatostatin receptor-2 positivity, either focal or diffuse, does not seem to predict prognosis in gastroenteropancreatic neuroendocrine tumors. However, growing evidence supports the benefits of somatostatin analogues as adjunctive treatment in this group of patients.

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[160]

TÍTULO / TITLE: - Clinical relevance of phenotype/genotype correlations in the diagnosis and therapy of pheochromocytomas/paragangliomas.

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

REVISTA / JOURNAL: - Q J Nucl Med Mol Imaging. 2013 Jun;57(2):112-21.

AUTORES / AUTHORS: - Parenti G; Zampetti B; Rapizzi E; Ercolino T; Giache V; Fucci R; Mannelli M

INSTITUCIÓN / INSTITUTION: - Careggi University Hospital, Endocrinology Unit, Florence, Italy - gabrieleparenti@libero.it.

RESUMEN / SUMMARY: - Pheochromocytomas and paragangliomas are tumors arising from neural crest-derived cells. They can be sympathetic in origin, catecholamine secreting and located in the abdomen or chest, or parasympathetic, generally non-secreting and located in the head and neck region. It is well established that about 35% of them are genetically determined. Germ-line mutations in one of the 10 so far known susceptibility genes is especially suspected when the tumors are diagnosed in young patients, multiple or recurrent or associated with additional lesions typical of syndromic clinical pictures such as von Hippel-Lindau, Multiple Endocrine Neoplasia type 2 or Neurofibromatosis type 1. Tumor genetic profile determines the type and pattern of catecholamine release, the clinical presentation, the risk of malignancy and may influence the choice of the radiotracers used in functional imaging, the type of surgical procedures as well as the type of medical therapy in the treatment of metastatic disease.

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[161]

TÍTULO / TITLE: - Graves' disease allied with multiple pheochromocytoma.

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

REVISTA / JOURNAL: - Indian J Endocrinol Metab. 2013 Mar;17(2):323-5. doi: 10.4103/2230-8210.109656.

●● Enlace al texto completo (gratuito o de pago) 4103/2230-8210.109656

AUTORES / AUTHORS: - Housni B; Elharroudi T; Soufi M; Bouziane M; Azzouzi A

INSTITUCIÓN / INSTITUTION: - Division of Anesthesiology and Critical Care, University Mohammed First, Oujda, Morocco.

RESUMEN / SUMMARY: - Pheochromocytoma is an uncommon cause of high blood pressure touching adults. The combination of severe hypertension in the triad of headache, sweating, and tachycardia should suggest this diagnosis; this clinical picture is similar to that of hyperthyroidism. We report the case of a 22-year-old patient with multiple pheochromocytoma associated with Graves' disease revealed by malignant hypertension and discussed the difficulties of the diagnosis and the treatment approach.

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[162]

TÍTULO / TITLE: - Pedunculated and telangiectatic merkel cell carcinoma: an unusual clinical presentation.

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

REVISTA / JOURNAL: - Indian J Dermatol. 2013 May;58(3):243. doi: 10.4103/0019-5154.110867.

●● Enlace al texto completo (gratuito o de pago) 4103/0019-5154.110867

AUTORES / AUTHORS: - Errichetti E; Piccirillo A; Ricciuti F; Ricciuti F

INSTITUCIÓN / INSTITUTION: - Department of Dermatology, San Carlo Hospital, Potenza, Italy.

RESUMEN / SUMMARY: - Merkel cell carcinoma (MCC) is an uncommon aggressive neuroendocrine tumor of the skin that classically presents on chronic sun-damaged skin as a skin-colored, red or violaceous, firm and nontender papule or nodule with a smooth and shiny surface. Ulcerations can be observed very seldom and only in very advanced lesions. We present a unique case of a MCC presenting with two unusual clinical features: The Telangiectatic surface and the pedunculated aspect.

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[163]

TÍTULO / TITLE: - Potentiation of neuritogenic activity of medicinal mushrooms in rat pheochromocytoma cells.

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

REVISTA / JOURNAL: - BMC Complement Altern Med. 2013 Jul 4;13(1):157.

●● Enlace al texto completo (gratuito o de pago) 1186/1472-6882-13-157

AUTORES / AUTHORS: - Ling-Sing Seow S; Naidu M; David P; Wong KH; Sabaratnam V

RESUMEN / SUMMARY: - BACKGROUND: Senescence of the neurons is believed to be a focal factor in the development of age-related neurodegenerative diseases such as Alzheimer's disease. Diminutions in the levels of nerve growth factor (NGF) lead to major declines in brain cell performance. Functional foods, believed to mitigate this deficiency, will be reaching a plateau in the near future market of alternative and preventive medicine. In the search for neuroactive compounds that mimic the NGF activity for the prevention of neurodegenerative diseases, the potential medicinal values of culinary and medicinal mushrooms attract intense interest. METHODS: Cytotoxic effects of aqueous extracts of three medicinal mushrooms basidiocarps, Ganoderma lucidum, Ganoderma neo-japonicum and Grifola frondosa towards rat pheochromocytoma (PC-12) cells were determined by 3-(4,5-dimethythiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay. The potentiation of neuritogenic activity was assessed by neurite outgrowth stimulation assay. Involvement of cellular signaling pathways, mitogen-activated protein kinase kinase/extracellular signal-regulated kinase (MEK/ERK1/2) and phosphoinositide-3-kinase/protein kinase B (PI3K/Akt) in mushrooms-stimulated neuritogenesis were examined by using specific pharmacological inhibitors. Alteration of neuronal morphology by inhibitors was visualized by immunofluorescence staining of the neurofilament. RESULTS: All the aqueous extracts tested caused a marked stimulation of neuritogenesis with no detectable cytotoxic effects towards PC-12 cells. The aqueous extract of G. neo-japonicum triggered maximal stimulation of neurite outgrowth at a lower concentration (50 mug/ml) with 14.22 +/- 0.43% of neurite-bearing cells, compared to G. lucidum and G. frondosa that act at a higher concentration (75 mug/ml), with 12.61 +/- 0.11% and 12.07 +/- 0.46% of neurite-bearing cells, respectively. The activation of MEK/ERK1/2 and PI3K/Akt signaling pathways

were necessary for the NGF and aqueous extracts to promote neuritogenesis. CONCLUSIONS: Ganoderma lucidum, G. neo-japonicum and G. frondosa may contain NGF-like bioactive compound(s) for maintaining and regenerating the neuronal communications network. The present study reports the first evidence of the neuritogenic effects of aqueous extracts of basidiocarps of G. neo-japonicum in-vitro and showed the involvement of MEK/ERK1/2 and P13K/Akt signaling pathways for neuritogenesis in PC-12 cells.

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[164]

TÍTULO / TITLE: - Radioiodine remnant ablation in low-risk differentiated thyroid cancer.

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

REVISTA / JOURNAL: - J Med Assoc Thai. 2013 May;96(5):614-24.

AUTORES / AUTHORS: - Saengsuda Y

INSTITUCIÓN / INSTITUTION: - Division of Nuclear Medicine, Department of Radiology Rajavithi Hospital, College of Medicine, Rangsit University, Bangkok, Thailand. yuthanasae@yahoo.com

RESUMEN / SUMMARY: - OBJECTIVE: Evaluate the success rate of first high dose 100 mCi (3.7 GBq) radioiodine remnant ablation (RRA) in low-risk differentiated thyroid cancer (DTC) patients after surgery and determine factors influencing the success. MATERIAL AND METHOD: Between 1994 and 2011, a retrospective analysis was performed of 166 low-risk DTC patients after surgery (age range 18-76 years, mean age 38 years, 147 women and 19 men) with primary tumor > 1 cm of diameter stage 52 pT1pN0, 85 pT2pN0, 12 pT3pN0, and 17 pTxN0 underwent high dose 100 mCi (3.7 GBq) RRA. Successful RRA was defined as visually undetectable thyroid bed activity or elsewhere on the first follow-up whole body scan (WBS) six to 12 months after RRA and the stimulated thyroglobulin (st-Tg) levels < 2 ng/mL at the same time of follow-up WBS and without interfering thyroglobulin antibodies (TgAb). Additional 1-131 treatment was individualized depending on clinical characteristics with 100 to 150 mCi (3.7-5.5 GBq) 1-131 six to 12 months intervals to achieve no thyroid bed uptake. RESULTS: Successful RRA was achieved in 122 of the 166 patients (73.5%). Failure by both criteria was seen in nine patients (5.4%). Of the 44 patients with ablation failure, additional I-131 treatment was individualized in 26 patients (59.1%). St-Tg levels at time of ablation and tumor size had significance influences on the success of RRA. The st-Tg levels at time of ablation were 7.5 +/- 11.5 ng/mL (0.1-80.3) in the ablation success group as compared with the ablation failure group of 24.1 +/- 24.9 ng/mL (1.3-97), p-value < 0.001. Patients with ablation failure group had statistical significance of average tumor size greater than patients with ablation success group (3.2 +/- 1.1 and 2.7 +/- 1.1 cm), p-value = 0.012. CONCLUSION: The efficacy of first high dose RRA in low-risk DTC after surgery shows comparable rates with those reported in the literature. The two factors influencing ablation success are st-Tg levels at time of ablation and tumor size.

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[165]

TÍTULO / TITLE: - Thyroid nodules in children: what should be a minimal work-up preceding surgery?

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

REVISTA / JOURNAL: - Bol Asoc Med P R. 2012 Sep-Dec;104(4):33-6.

AUTORES / AUTHORS: - Lugo-Vicente H; Romero-Estremera NJ

INSTITUCIÓN / INSTITUTION: - Section of Pediatric Surgery, Department of Surgery, UPR School of Medicine and the University Pediatric Hospital. titolugo@coqui.net

RESUMEN / SUMMARY: - Children with thyroid nodules undergo extensive and costly work-up before being referred to surgeons. We attempted to identify which is the minimal clinical workup necessary to develop an appropriate surgical management plan for euthyroid children diagnosed with thyroid nodules METHODS: Case-control study including cases of thyroid nodules surgically intervened in a ten-year period at the University Pediatric Hospital. Following variables were studied: labs, physical exam, size of nodule, thyroid function tests, imaging. FNA findings, surgical procedure, and final pathology. The preoperative workup cost for each patient was estimated. RESULTS: Population consisted of twenty-four children. Nineteen were female and 5 were male with an average age of 14 years Nodules were divided in malignant 54% and benign 46% Of the 19 female cases 42% were malignant mostly papillary cell ca cinoma (PCC). All male cases were PCC. Indications fo surgical intervention in patients with benign lesions w continuous growth and symptoms not resolving with m dical treatment. Most benign lesions were follicular adenoma. We had 75% FNA results and pathology results for all case studied. Of the cases preoperatively diagnosed as malignant neoplasm by FNA all of them were confirmed by pathology and there were no false positive malignancies. Preoperative workup cost average $580 USD. CONCLUSION: A minimal workup algorithm is required before surgery in children with thyroid nodules. In a euthyroid child if a palpable nodule is found and it is accompanied by lymphadenopathy the suspicion for malignancy shoul be raised and FNA should be first line of evaluation. If no lymphadenopathy is present workup can proceed to US and progress to FNA evaluation if the nodule persists o grows. In symptomatic patients with small nodule. difficult to palpate or in smaller child, US-guided FNAwould be the best option.

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[166]

- CASTELLANO -

TÍTULO / TITLE: Malignes Phaochromozytom der Blase mit genetischer SDHB Mutation.

TÍTULO / TITLE: - Malignant Bladder Pheochromocytoma with SDHB Genetic Mutation.

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

REVISTA / JOURNAL: - Aktuelle Urol. 2013 Jun 27.

●● Enlace al texto completo (gratuito o de pago) 1055/s-0033-1345147

AUTORES / AUTHORS: - Maeda M; Funahashi Y; Katoh M; Fujita T; Tsuruta K; Gotoh M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Nagoya University Graduate School of Medicine, Nagoya, Japan.

RESUMEN / SUMMARY: - A 30-year-old man presented with micturition pain and was diagnosed with a submucosal tumor in the right wall of the bladder with metastasis to the right obturator lymph node. Transurethral resection led to a diagnosis of invasive malignant pheochromocytoma. Radical cystectomy, neobladder reconstruction and bilateral iliac lymph node dissection were performed. Genetic analysis revealed succinate dehydrogenase B-associated hereditary pheochromocytoma/paraganglioma syndrome. 10 months after the operation, he had no evidence of recurrence.

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[167]

TÍTULO / TITLE: - Iodine-131 metaiodobenzylguanidine (I-131 MIBG) diagnosis and therapy of pheochromocytoma and paraganglioma: current problems, critical issues and presentation of a sample case.

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

REVISTA / JOURNAL: - Q J Nucl Med Mol Imaging. 2013 Jun;57(2):146-52.

AUTORES / AUTHORS: - Castellani MR; Aktolun C; Buzzoni R; Seregni E; Chiesa C; Maccauro M; Aliberti GL; Vellani C; Lorenzoni A; Bombardieri E

INSTITUCIÓN / INSTITUTION: - Nuclear Medicine Division, Istituto Nazionale Tumori IRCCS Foundation, Milan, Italy - rita.castellani@istitutotumori.mi.it.

RESUMEN / SUMMARY: - Iodine-131 metaiodobenzylguanidine (I-131 MIBG) has been used for the diagnosis and treatment of malignant pheochromocytomas (PHEO) and paragangliomas (PGL) since 1980's. Despite increasing amount of experience with iodine-131 (I-131) MIBG therapy, many important questions still exist. In this article, we will discuss the current problems learned from clinical experience in diagnosis and therapy of PHEO/PGL with I-131 MIBG, and present a sample case to emphasize the critical aspects for an optimal treatment strategy.

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[168]

TÍTULO / TITLE: - A pictoral review on somatostatin receptor scintigraphy in neuroendocrine tumors: The role of multimodality imaging with SRS and GLUT receptor imaging with FDG PET-CT.

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

REVISTA / JOURNAL: - Indian J Radiol Imaging. 2012 Oct;22(4):267-75. doi: 10.4103/0971-3026.111478.

●● Enlace al texto completo (gratuito o de pago) 4103/0971-3026.111478

AUTORES / AUTHORS: - Shah S; Purandare N; Agrawal A; Rangarajan V

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine and Molecular Imaging, Tata Memorial Hospital, Parel, Mumbai, India.

RESUMEN / SUMMARY: - Somatostatin receptor scintigraphy is considered as a comprehensive imaging modality for many neuroendocrine tumors. Multiple radiotracers using combinations of gamma or positron emitting radionuclides and tracers are now available. Newer radiopharmaceuticals using (99m)Tc labeled with TOC, TATE, NOC are good alternatives to the 68 - Gallium radiotracers where the PET facility is not available. The pictoral depicts the role of SRS using 99m TC - HYNIC -TOC radiotracers in staging and treatment planning of NETs. Characterization of the tumor biology using combined SRS and FDG PET/CT is also demonstrated with a proposed categorization method. The emerging role of SRS in tailored targeted radionuclide therapy is outlined in brief.

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[169]

TÍTULO / TITLE: - Pheochromocytoma - analysis of 15 consecutive cases from one centre.

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

REVISTA / JOURNAL: - Endokrynol Pol. 2013;64(3):192-6.

AUTORES / AUTHORS: - Mysliwiec J; Siewko K; Zukowski L; Mysliwiec P; Kosciuszk M; Poplawska A; Szelachowska M; Dadan J; Gorska M

RESUMEN / SUMMARY: - Introduction: Pheochromocytoma is a rare tumour, but one of great clinical importance as a risk factor of malignancy, cardiovascular diseases and sudden death. Material and methods: 15 consecutive patients (eight women and seven men) were hospitalised and submitted for adrenalectomy with pheochromocytoma confirmed by histopathologic examination. Adrenalectomies were performed laparoscopically in 14 cases (93.3%): in nine by the retroperitoneal posterior mode and in five by the transperitoneal lateral approach. Results: Molecular-genetic examination of VHL, RET, SDHB, SDHC and SDHD genes revealed inherited predisposition for PHEO in three of 15 patients (20%): RET mutations typical for MEN 2ª in two patients and VHL mutation in one patient. Disturbances of the carbohydrate metabolism occurred in nine patients (60%). Ten patients (66%) reported paroxysmal symptoms. In all cases, with the exception of a von Hippel-Lindau patient, density of tumours exceeded 20 HU. In all studied patients, urine concentration of normetanephrines exceeded their normal range and greatly prevailed over metanephrines values, which were increased in six of them (40%). Conclusions: Urine metoxycatecholamines and increased tissue density are sufficient in pheochromocytoma detection. However, taking into account clinical and supplemental biochemical data may be helpful in the diagnostic

process. Laparoscopic adrenalectomy is a fully sufficient and safe method of pheochromocytoma excision. (Endokrynol Pol 2013; 64 (3): 192-196).

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[170]

TÍTULO / TITLE: - Carcinoid tumors of the lung: A report of 11 cases.

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

REVISTA / JOURNAL: - Asian J Surg. 2013 Jul;36(3):116-20. doi: 10.1016/j.asjsur.2012.11.007. Epub 2013 Feb 6.

●● Enlace al texto completo (gratuito o de pago) 1016/j.asjsur.2012.11.007

AUTORES / AUTHORS: - Ichiki Y; Nagashima A; Yasuda M; Takenoyama M

INSTITUCIÓN / INSTITUTION: - Department of Chest Surgery, Kitakyushu Municipal Medical Center, Kitakyushu, Japan. Electronic address: y-ichiki@med.uoeh-u.ac.jp.

RESUMEN / SUMMARY: - OBJECTIVE: Carcinoid tumors of the lung are rare, and account for 1% of all primary tumors of the lung. This study was undertaken to investigate the histological characteristics and clinical behavior of carcinoid tumors of the lung. METHODS: We have retrospectively reviewed the hospital records of 11 consecutive patients undergoing surgical treatment for carcinoid tumors of the lung between 1992 and 2007. RESULTS: Patients with carcinoid tumors accounted for 0.8% (11 of 1319) of the patients undergoing surgical treatment for nonsmall cell lung cancer. The group comprised six males and five females with a mean age at presentation of 58.6 years (range 27-78 years). All of the operations were lobectomies, including two sleeve lobectomies. Six patients had typical and five had atypical carcinoid tumors. Seven patients had stage IA disease, two had stage IB, one had stage IIA, and one had stage IIIA. Recurrent tumors developed in two of the five patients affected by atypical carcinoid tumors, but none of the six patients with typical carcinoid tumors. Overall, the 5-year survival rate of patients with both typical and atypical carcinoid tumors was 90.9%. CONCLUSION: Survival of carcinoid tumors was favorable. In this analysis, two patients with atypical carcinoid had postoperative recurrences. Recurrence was more common among patients with atypical carcinoid tumors.

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[171]

TÍTULO / TITLE: - Red Liriope platyphylla stimulated the insulin secretion through the regulation of calcium concentration in rat insulinoma cells and animal models.

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

REVISTA / JOURNAL: - Lab Anim Res. 2013 Jun;29(2):84-95. doi: 10.5625/lar.2013.29.2.84. Epub 2013 Jun 24.

●● Enlace al texto completo (gratuito o de pago) 5625/lar.2013.29.2.84

AUTORES / AUTHORS: - Lee HR; Kim JE; Lee YJ; Kwak MH; Im DS; Hwang DY
INSTITUCIÓN / INSTITUTION: - Department of Biomaterials Science, College of Natural Resources & Life Science, Pusan National University, Miryang, Korea.
RESUMEN / SUMMARY: - The aim of this study was to investigate the effects of Red L. platyphylla (RLP) on calcium and glucose levels during insulin secretion. To achieve this, alteration of insulin and calcium concentrations was measured in rat insulinoma-1 (INS-1) cells and animal models in response to RLP treatment. In INS-1 cells, maximum secretion of insulin was detected upon treatment with 200 microg/mL of RLP for 20 min. Nifedipine, an L-type calcium channel blocker, effectively inhibited insulin secretion from INS-1 cells. Regarding calcium levels, the maximum concentration of intracellular calcium in INS-1 cells was obtained by treatment with 100 microg/mL of RLP, whereas this level was reduced under conditions of 200 microg/mL of RLP. Further, RLP-treated INS-1 cells showed a higher level of intracellular calcium than that of L. platyphylla (LP), Korea White Ginseng (KWG), or Korea Red Ginseng (KRG)-treated cells. This RLP-induced increase in intracellular calcium was abrogated but not completely abolished upon treatment with 40 microM nifedipine in a dose-dependent manner. Furthermore, the insulin level was dramatically elevated upon co-treatment with high concentrations of glucose and RLP, whereas it was maintained at a low level in response to glucose and RLP co-treatment at low concentrations. In an animal experiment, the serum concentration of calcium increased or decreased upon RLP treatment according to glucose level compared to vehicle treatment. Therefore, these results suggest that insulin secretion induced by RLP treatment may be tightly correlated with calcium regulation, which suggests RLP is an excellent candidate for diabetes treatment.

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[172]
TÍTULO / TITLE: - A case of inoperable malignant insulinoma with resistant hypoglycemia who experienced the most significant clinical improvement with everolimus.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Case Rep Endocrinol. 2013;2013:636175. doi: 10.1155/2013/636175. Epub 2013 May 8.
●● Enlace al texto completo (gratuito o de pago) 1155/2013/636175
AUTORES / AUTHORS: - Bozkirli E; Bakiner O; Abali H; Andic C; Yapar AF; Kayaselcuk F; Ertorer E
INSTITUCIÓN / INSTITUTION: - Division of Endocrinology and Metabolism, Adana Medical Center, Baskent University School of Medicine, Dadaloglu Mah. Serin Evler 39, Sok. No. 6 Yuregir, 01250 Adana, Turkey.
RESUMEN / SUMMARY: - Metastatic insulinomas may sometimes present with recurrent life-threatening hypoglycemia episodes. Such patients usually fail to respond to various therapeutic agents which causes constant dextrose infusion requirement. Herein, we present a resistant case of inoperable malignant

insulinoma who was treated with many therapeutic agents and interventions including somatostatin analogues, Yttrium-90 radioembolization, everolimus, radiotherapy, and chemoembolization. Close blood sugar monitorization during these therapies showed the most favourable response with everolimus. Everolimus treatment resulted in rapid improvement of hypoglycemia episodes, letting us discontinue dextrose infusion and discharge the patient. However, experience with everolimus in such patients is still limited, and more precise data can be obtained with the increasing use of this agent for neuroendocrine tumours.

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[173]

TÍTULO / TITLE: - Cutaneous metastasis of neuroendocrine carcinoma.

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

REVISTA / JOURNAL: - Indian J Dermatol. 2013 May;58(3):247. doi: 10.4103/0019-5154.110890.

●● Enlace al texto completo (gratuito o de pago) 4103/0019-5154.110890

AUTORES / AUTHORS: - Fluehler C; Quaranta L; di Meo N; Ulessi B; Trevisan G

INSTITUCIÓN / INSTITUTION: - Department of Dermatology, Ospedale Maggiore di Trieste, University of Trieste, Piazza Ospedale 1, Trieste, Italy. E-mail: catharinaf@libero.it.

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[174]

TÍTULO / TITLE: - Neuroendocrine neoplasms of the stomach.

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

REVISTA / JOURNAL: - Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub. 2013 Jun 27. doi: 10.5507/bp.2013.045.

●● Enlace al texto completo (gratuito o de pago) 5507/bp.2013.045

AUTORES / AUTHORS: - Louthan O

INSTITUCIÓN / INSTITUTION: - 4th Internal Department, General University Hospital, Prague, Czech Republic.

RESUMEN / SUMMARY: - BACKGROUND: Gastric neuroendocrine neoplasms of type 1 and type 3 are different entities and as such require different therapeutical strategies. The aim of this study was to define and distinguish these two tumour subtypes with clearly different biological properties and patient survival. As shown, serum gastrin is an important diagnostic tool for differentiating the less malignant type 1 “hypergastrinemia non-related” tumor from malignant type 3, along with other parameters of malignant potential such as proliferation index and depth of invasion. METHODS: The biological behaviour, tumour marker status, symptomatology, survival and therapeutical strategy were assessed and compared in 18 consecutive patients with type 1 and 7 with type 3 gastric neuroendocrine tumours. RESULTS: All 18 patients with type 1 gastric carcinoids survived long-term. 17/18 patients were treated

with endoscopic tumour removal. The prognosis for patients with generalized type 3 neuroendocrine neoplasms was poor, with short-term survival. No statistically significant differences between the types were found in urine 5-hydroxyindolacetic acid concentration or serum chromogranin A concentration. Significant differences were found in serum gastrin with high levels even in localized type 1 tumors and normal levels in generalized type 3 neoplasm. Further, high neuron-specific enolase levels were found in type 3. CONCLUSIONS: Type 1 tumour should be preferably treated with endoscopic tumour removal. Recently, favourable tumoristatic effects have been reported in somatostatin analogs. Surgery is a treatment option for type 3 neuroendocrine carcinoma with normal gastrinemia. Serum gastrin is suitable for assessment of the biological properties of both neuroendocrine neoplasm types. It serves, among other factors, as a predictor of prognosis and an indicator for the selection of optimal therapeutical strategy.

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[175]

TÍTULO / TITLE: - An unusual combination of parathyroid adenoma, medullary and papillary thyroid carcinoma.

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

REVISTA / JOURNAL: - Acta Med Iran. 2013 May 30;51(5):337-40.

AUTORES / AUTHORS: - Sabetkish N; Tavangar SM

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Shariati Hospital, Tehran University of Medical Sciences, Tehran, Iran.

RESUMEN / SUMMARY: - The coexistence of medullary thyroid carcinoma (MTC), papillary thyroid carcinoma (PTC) and parathyroid adenoma is an uncommon clinical entity. Here, we report a case of MTC, PTC, and parathyroid adenoma diagnosed incidentally on a routine physical examination of the neck for the work-up of diabetes. The patient had neither symptoms of hypercalcemia nor those related to MTC and PTC.

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[176]

TÍTULO / TITLE: - Treatment of poorly differentiated neuroendocrine carcinoma of the pancreas.

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

REVISTA / JOURNAL: - JOP. 2013 Jul 10;14(4):381-3. doi: 10.6092/1590-8577/1661.

AUTORES / AUTHORS: - Gupta A; Duque M; Saif MW

INSTITUCIÓN / INSTITUTION: - Tufts University School of Medicine. Boston, MA, USA. agupta1@tuftsmedicalcenter.org.

RESUMEN / SUMMARY: - Poorly differentiated neuroendocrine carcinoma is a rare malignancy that remains a challenge to treat. Poorly differentiated neuroendocrine carcinoma occurs at an incidence of 2% annually in United

States. The current standard of care is based largely upon retrospective data. There remains a need for large prospective cooperative group trials in the management of poorly differentiated neuroendocrine carcinoma. In this paper, we will review abstract #e15096 (Paclitaxel, carboplatin, and etoposide (TCE) in advanced poorly differentiated neuroendocrine carcinoma) by Loeffler et al. and #e15071 (Poorly differentiated neuroendocrine carcinoma (NEC G3): prognostic factors and potential novel targets) by Heetfeld et al. presented at the 2013 ASCO Annual Meeting highlighting treatment options in first and second lines for poorly differentiated neuroendocrine carcinoma.

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[177]

TÍTULO / TITLE: - Neuroendocrine tumors: treatment updates.

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

REVISTA / JOURNAL: - JOP. 2013 Jul 10;14(4):367-71. doi: 10.6092/1590-8577/1657.

AUTORES / AUTHORS: - Khagi S; Saif MW

INSTITUCIÓN / INSTITUTION: - Tufts Medical Center, Tufts University School of Medicine. Boston, MA, USA. skhagi@tuftsmedicalcenter.org.

RESUMEN / SUMMARY: - Neuroendocrine tumors of the gastroenteropancreatic tract remain a difficult array of neoplasia to treat. Treatment of advanced and metastatic gastroenteropancreatic neuroendocrine tumors has traditionally been difficult with few systemic treatment options. In 2011, two new targeted therapies, everolimus and sunitinib were approved for treatment of pancreatic neuroendocrine tumor. The approval of these agents led to an enhanced interest in exploring novel agents. This can be evidenced by the fact that this is the first year that ASCO assembled related abstracts under a separate title of neuroendocrine tumor. The annual American Society of Clinical Oncology (ASCO) conference in 2013 presented four abstracts (#4030, #4031, #4032, #4136) that shed light on new therapeutic options that help target the unique pathways involved in these neuroendocrine malignancies.

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[178]

TÍTULO / TITLE: - Primary neuroendocrine mediastinal tumor presenting with carcinoid syndrome and left supraclavicular lymphadenopathy: clinico-radiological and pathological features.

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

REVISTA / JOURNAL: - J Cancer Res Ther. 2013 Apr-Jun;9(2):278-80. doi: 10.4103/0973-1482.113385.

●● Enlace al texto completo (gratuito o de pago) 4103/0973-1482.113385

AUTORES / AUTHORS: - Dwivedi AN; Goel K; Tripathi S; Garg S; Rai M

INSTITUCIÓN / INSTITUTION: - Department of Radiodiagnosis and Imaging, Institute of Medical Sciences, Banaras Hindu University,Varanasi, Uttar Pradesh, India.

RESUMEN / SUMMARY: - Primary mediastinal neuro-endocrine tumor is very rare. The primary modality to evaluate the lesion is computed tomography, to know disease extent, involvement of various structures, vascular invasion and metastasis. Histo-pathological and immuno-histochemical confirmation is mandatory. We report a rare case of primary neuroendocrine mediastinal tumor/atypical carcinoid in a young male who presented with carcinoid syndrome and left supraclavicular lymphadenopathy. Complete diagnostic work up was done followed by histo-pathological and immuno-histochemical confirmation. Later on patient underwent radical surgery followed by chemotherapy. The patient is currently on follow up. Neuroendocrine carcinoma of the thymus generally follows an aggressive clinical course.The biologic behavior is directly related to grade and degree of differentiation. This case report of primary low grade neuroendocrine tumor/atypical carcinoid adds to the biological behavior of this tumor and sheds light on the radiological and pathological features of neuroendocrine carcinomas.

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[179]

TÍTULO / TITLE: - Update on novel therapies for pancreatic neuroendocrine tumors: 2013.

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

REVISTA / JOURNAL: - JOP. 2013 Jul 10;14(4):377-80. doi: 10.6092/1590-8577/1647.

AUTORES / AUTHORS: - Dimou A; Syrigos KN; Saif MW

INSTITUCIÓN / INSTITUTION: - Section of GI Cancers and Experimental Therapeutics, Tufts University School of Medicine. Boston, MA, USA. wsaif@tuftsmedicalcenter.org.

RESUMEN / SUMMARY: - Neuroendocrine tumors of the pancreas (pNETs) are classified on the basis of their differentiation as well as the functional status. Current treatment options for non resectable disease include everolimus, sunitinib, somatostatin analogs and chemotherapy. A number of trials with novel compounds and drug combinations were reported at the recent ASCO Annual Meeting. Pasireotide is a novel somatostatin analog with broader affinity for the somatostatin receptors compared to the traditional octreotide and lantreotide and it appears to be safe in patients with pNETs according to a phase I study (Abstract #e15126). The combination of octreotide with everolimus showed promising response rate and progression free survival in a phase II study (Abstract #4136). In another phase II study, the AKT inhibitor MK-2206 was well tolerated with moderate efficacy (Abstract #e15133). Last but not least, we discuss the updated data from a phase II study that used the combination of temsirolimus with bevacizumab in patients with advanced pNETs (Abstract #4032).

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[180]

TÍTULO / TITLE: - Therapy: Blockade of IGF-1R-not effective in neuroendocrine tumours.

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

REVISTA / JOURNAL: - Nat Rev Endocrinol. 2013 Jun 4;9(7):389-90. doi: 10.1038/nrendo.2013.109. Epub 2013 Jun 4.

●● Enlace al texto completo (gratuito o de pago) 1038/nrendo.2013.109

AUTORES / AUTHORS: - Libutti SK

INSTITUCIÓN / INSTITUTION: - Albert Einstein College of Medicine, 3400 Bainbridge Avenue, MAP-4, Bronx, NY 10467, USA. slibutti@montefiore.org.

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[181]

TÍTULO / TITLE: - Carcinoid tumorlet in pulmonary sequestration with bronchiectasis after breast cancer: A case report.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 May;5(5):1546-1548. Epub 2013 Feb 22.

●● Enlace al texto completo (gratuito o de pago) 3892/ol.2013.1210

AUTORES / AUTHORS: - Ye Y; Mu Z; Wu D; Xie Y

INSTITUCIÓN / INSTITUTION: - Department of Thoracic Surgery, Peking University Shenzhen Hospital, Shenzhen, Guangdong 518036, P.R. China.

RESUMEN / SUMMARY: - Pulmonary sequestration (PS) is an uncommon lung disease. Carcinoid tumorlets in pulmonary sequestration are extremely rare. This case report presents a rare clinical case of carcinoid tumorlet in pulmonary sequestration with bronchiectasis after breast cancer. A 64-year-old female was diagnosed with infiltrating ductal carcinoma of the left breast in February 2009. Chest computer tomography (CT) revealed a cystic low-density mass of approximately 2.5x4.7 cm in the right lower lung field, as well as cystic bronchiectasis in the right lower lobe. A right lower lobectomy was performed. In the surgery, abnormal vessel growth from the mass was found. Therefore, intralobar PS was diagnosed and pathological examination supported the diagnosis. Subsequently, pathological examination identified a carcinoid tumorlet in the PS. This report presents a rare clinical case of PS and bronchiectasis as well as carcinoid tumorlet in PS following diagnosis of breast cancer three years earlier. When a mass is found in the lung of patents with bronchiectasis with a history of breast cancer, aggressive therapy should be considered, since the mass may be a tumor or precancerous lesion.

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[182]

TÍTULO / TITLE: - The Differences of Biological Behavior Based on the Clinicopathological Data Between Resectable Large-Cell Neuroendocrine Carcinoma and Small-Cell Lung Carcinoma.

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

REVISTA / JOURNAL: - Clin Lung Cancer. 2013 Jun 20. pii: S1525-7304(13)00070-3. doi: 10.1016/j.cllc.2013.04.003.

●● Enlace al texto completo (gratuito o de pago) 1016/j.cllc.2013.04.003

AUTORES / AUTHORS: - Kinoshita T; Yoshida J; Ishii G; Aokage K; Hishida T; Nagai K

INSTITUCIÓN / INSTITUTION: - Division of Thoracic Surgery, National Cancer Center Hospital East, Kashiwa, Chiba, Japan; Pathology Division, Research Center for Innovative Oncology, National Cancer Center Hospital East, Kashiwa, Chiba, Japan. Electronic address: t.kinoshita@a7.keio.jp.

RESUMEN / SUMMARY: - INTRODUCTION: Large cell neuroendocrine carcinoma of the lung and SCLC are collectively classified as high-grade NECs. However, there have been few reports focusing on the differences of clinicopathological prognostic factors between resectable LCNEC and SCLC. PATIENTS AND METHODS: We reviewed the clinical data of 140 patients who underwent complete resection of high grade NEC in our institute and analyzed the clinicopathological features in relation to their survival. RESULTS: There were no statistically significant differences in overall and recurrence-free survival between pure and combined subtypes in either LCNEC or SCLC. In LCNEC, larger tumor diameter (P = .01), nodal metastasis (P < .01), lymphatic permeation (P < .01), and vascular invasion (P = .01) were unfavorable prognostic factors. However, in SCLC, tumor diameter and vascular invasion were not prognostic factors, but nodal metastasis (P < .01) and lymphatic permeation (P = .03) were strongly correlated with poor prognosis. CONCLUSION: There were no apparent differences in biological behavior between pure and combined subtypes in either LCNEC or SCLC. Lymphatic involvement was an important unfavorable prognostic factor in SCLC, whereas tumor diameter, vascular invasion, and lymphatic involvement had a poor prognostic effect in LCNEC.

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[183]

TÍTULO / TITLE: - Encapsulated follicular variant papillary thyroid carcinoma: problems in histological diagnosis.

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

REVISTA / JOURNAL: - J Indian Med Assoc. 2012 Aug;110(8):536-40.

AUTORES / AUTHORS: - Boler A; Chattopadhyay S; Mallick J; Biswas S; Maiti M

INSTITUCIÓN / INSTITUTION: - Department of Pathology, NRS Medical College, Kolkata 700014.

RESUMEN / SUMMARY: - Thyroid neoplasms are the commonest endocrine neoplasms and account for the most number of thyroidectomies done. Encapsulated thyroid lesions are being encountered more commonly in thyroidectomy specimens in recent time. The present study was undertaken to analyse the incidence of thyroid malignancies with a changing pattern and to discuss the difficulties encountered in histopathological interpretation of encapsulated neoplastic lesions of follicular cell origin. It is a retrospective study done in the department of pathology, NRS Medical College, Kolkata. Data of all the thyroidectomy specimens examined over last four years (August 2006 to

July 2010) were retrieved and slides were reviewed. All slides of thyroid lesion received in the department of pathology, NRS Medical College for review were also included in this study. Frequency distribution study was done with the sample analysed. Follicular variant of papillary carcinoma was the commonest type of thyroid malignancy, on review, with the encapsulated sub-variant exceeding the diffuse type. This variant is a diagnostic challenge because it has to be differentiated from other encapsulated follicular thyroid lesions, especially follicular adenoma. The data analysis, results and problems in the diagnostic protocols are discussed in this study along with review of literature. Reclassification of thyroid tumour may be warranted in future with this background.
$!"100.10$!" TATATAT - J Indian Med Assoc ----------
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TÍTULO / TITLE: - Successful pregnancy outcome in a case of pheochromocytoma presenting as severe pre-eclampsia with normal urinary catecholamine level.

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

REVISTA / JOURNAL: - Indian J Endocrinol Metab. 2013 May;17(3):540-1. doi: 10.4103/2230-8210.111696.

●● Enlace al texto completo (gratuito o de pago) 4103/2230-8210.111696

AUTORES / AUTHORS: - Sharma JB; Naha M; Kumar S

INSTITUCIÓN / INSTITUTION: - Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi, India.

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[185]

TÍTULO / TITLE: - Pitfall in follow-up imaging of pancreatic neuroendocrine tumor by somatostatin receptor PET.

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

REVISTA / JOURNAL: - Neuro Endocrinol Lett. 2013;34(4):273-4.

AUTORES / AUTHORS: - Reindl O; Loidl A; Franz B; Hofer JF; Pichler R

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Hospital Freistadt, Austria.

RESUMEN / SUMMARY: - 56-year old woman was operated of a pancreatic NET in May 2011. Abdominal pain had led to imaging and consecutively the finding of cholecystolithiasis and the tumor. The gall bladder, left hemi-pancreas, regional lymph nodes and the (unintentional injured) spleen were resected. At routine control examination in October 2012 CT presented three contract enhancing intra-abdominal lesions with a diameter of 2-3.5 cm. Consecutively 68Ga-DOTA-NOC PET-CT showed high tracer uptake (SUV 10-12) at these lesions. Therefore a relapse of the neuro-endocrine tumor was suspected. After reoperation in December 2012 histology did not reveal any sign of neuroendocrine tumor but identified spleen tissue most probably caused by splenosis accidentally seeded at the first operation. Physiologically the spleen is highly avid at 68Ga-DOTATOC PET, but splenosis presents with less standard

uptake value. In our case the described lesions presented with an SUV quite comparable to that of neuroendocrine tumor tissue.

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[186]

TÍTULO / TITLE: - Benign pheochromocytoma presented 6 years after kidney transplantation.

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

REVISTA / JOURNAL: - Iran J Kidney Dis. 2013 Jul;7(4):323-5.

AUTORES / AUTHORS: - Alawwa IA; Wahbeh A

INSTITUCIÓN / INSTITUTION: - Division of Nephrology, Department of internal medicine, Faculty of Medicine, Jordan University, Amman, Jordan. izzat55@gmail.com.

RESUMEN / SUMMARY: - Hypertension is very common in kidney transplant patients; however, severe and resistant cases should raise suspicion of secondary causes. Pheochromocytomas are rare but serious tumors because of their lethal hypertensive and possible malignant nature. The diagnosis is occasionally elusive, but prompt diagnosis and localization is essential for definitive surgical management. We report a case of a patient with benign pheochromocytoma presenting largely asymptomatically, but with severe resistant hypertension, 6 years after kidney transplantation. To the best of our knowledge, this is the first case report of this type of tumor after kidney transplantation.

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[187]

TÍTULO / TITLE: - Multiple Glucagon-Producing Pancreatic Neuroendocrine Tumors in a Horse (Equus caballus).

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

REVISTA / JOURNAL: - Vet Pathol. 2013 Jun 17.

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

1177/0300985813492803

AUTORES / AUTHORS: - Herbach N; Nagel L; Zwick T; Hermanns W

INSTITUCIÓN / INSTITUTION: - Center for Clinical Veterinary Medicine, Ludwig-Maximilians-University, Munich, Germany.

RESUMEN / SUMMARY: - Pancreatic neuroendocrine tumors of glucagon-producing cells are extremely rare in domestic animals. In this report, we describe for the first time, to our knowledge, the incidental finding of multiple glucagon-producing neuroendocrine tumors of the pancreas of a horse. The animal was euthanized due to severe local infection after tooth extraction. On postmortem examination, multiple white nodules of up to 4 cm in diameter were observed in the pancreas. Histologically, pancreatic nodules had the appearance of neuroendocrine neoplasms with positive immunoreactivity for glucagon, synaptophysin, chromogranin A, and neuron-specific enolase. Electron microscopy revealed numerous electron-dense granules, similar to those observed in normal pancreatic alpha cells, in the neoplastic cells. In

addition, the left adrenal gland showed multiple hyperplastic foci and adenomas in the medulla that were identified as pheochromocytomas. Based on the morphologic appearance and immunohistochemical staining pattern of pancreatic nodules, a diagnosis of multiple glucagon-producing neuroendocrine tumors was made.

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[188]

TÍTULO / TITLE: - Neuroendocrine tumor, well differentiated, of the breast: a relatively high-grade case in the histological subtype.

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

REVISTA / JOURNAL: - Case Rep Pathol. 2013;2013:204065. doi: 10.1155/2013/204065. Epub 2013 Apr 30.

●● Enlace al texto completo (gratuito o de pago) 1155/2013/204065

AUTORES / AUTHORS: - Tajima S; Horiuchi H

INSTITUCIÓN / INSTITUTION: - Division of Pathology, Shizuoka Saiseikai General Hospital, Shizuoka, Japan.

RESUMEN / SUMMARY: - Primary neuroendocrine carcinoma of the breast is a rare entity, comprising <1% of breast carcinomas. Described here is the case of a 78-year-old woman who developed an invasive tumor in the left breast measuring 2.0 cm x 1.5 cm x 1.2 cm. The tumor was composed of only endocrine elements in the invasive part. It infiltrated in a nested fashion with no tubular formation. Intraductal components were present both inside and outside of the invasive portion. Almost all carcinoma cells consisting of invasive and intraductal parts were positive for synaptophysin and neuron-specific enolase. According to the World Health Organization classification 2012, this tumor was subclassified as neuroendocrine tumor, well-differentiated. Among the subgroup, this tumor was relatively high-grade because it was grade 3 tumor with a few mitotic figures. Vascular and lymphatic permeation and lymph node metastases were noted. In the lymph nodes, the morphology of the tumor was similar to the primary site. No distant metastasis and no relapse was seen for one year after surgery. The prognosis of neuroendocrine carcinomas is thought to be worse than invasive mammary carcinomas, not otherwise specified. Therefore, immunohistochemistry for neuroendocrine markers is important in the routine practice to prevent overlooking neuroendocrine carcinomas.

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[189]

TÍTULO / TITLE: - Proposal for a standardized pathology report of gastroenteropancreatic neuroendocrine tumors: prognostic significance of pathological parameters.

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

REVISTA / JOURNAL: - Korean J Pathol. 2013 Jun;47(3):227-37. doi: 10.4132/KoreanJPathol.2013.47.3.227. Epub 2013 Jun 25.

●● Enlace al texto completo (gratuito o de pago)
4132/KoreanJPathol.2013.47.3.227
AUTORES / AUTHORS: - Cho MY; Sohn JH; Jin SY; Kim H; Jung ES; Kim MJ; Kim KM; Kim WH; Kim JM; Kang YK; Choi JH; Kang DY; Kim YW; Choi EH
RESUMEN / SUMMARY: - BACKGROUND: There is confusion in the diagnosis and biological behaviors of gastroenteropancreatic neuroendocrine tumors (GEP-NETs), because of independently proposed nomenclatures and classifications. A standardized form of pathology report is required for the proper management of patients. METHODS: We discussed the proper pathological evaluation of GEP-NET at the consensus conference of the subcommittee meeting for the Gastrointestinal Pathology Study Group of the Korean Society of Pathologists. We then verified the prognostic significance of pathological parameters from our previous nationwide collection of pathological data from 28 hospitals in Korea to determine the essential data set for a pathology report. RESULTS: Histological classification, grading (mitosis and/or Ki-67 labeling index), T staging (extent, size), lymph node metastasis, and lymphovascular and perineural invasion were significant prognostic factors and essential for the pathology report of GEP-NET, while immunostaining such as synaptophysin and chromogranin may be optional. Furthermore, the staging system, either that of the 2010 American Joint Cancer Committee (AJCC) or the European Neuroendocrine Tumor Society (ENETS), should be specified, especially for pancreatic neuroendocrine neoplasms. CONCLUSIONS: A standardized pathology report is crucial for the proper management and prediction of prognosis of patients with GEP-NET.

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[190]
TÍTULO / TITLE: - Creation of a Merkel cell polyomavirus small T antigen-expressing murine tumor model and a DNA vaccine targeting small T antigen.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Cell Biosci. 2013 Jul 15;3(1):29. doi: 10.1186/2045-3701-3-29.
●● Enlace al texto completo (gratuito o de pago) 1186/2045-3701-3-29
AUTORES / AUTHORS: - Gomez B; He L; Tsai YC; Wu TC; Viscidi RP; Hung CF
INSTITUCIÓN / INSTITUTION: - Departments of Pathology, Johns Hopkins Medical Institutions, Baltimore, MD, USA. chung2@jhmi.edu.
RESUMEN / SUMMARY: - BACKGROUND: Merkel cell polyomavirus (MCPyV) is a DNA virus expressing transcripts similar to the large T (LT) and small T (ST) transcripts of SV40, which has been implicated in the pathogenesis of Merkel cell carcinoma (MCC), a rare and highly aggressive neuroendocrine skin cancer. MCPyV LT antigen expression was found to be a requirement for MCC tumor maintenance and ST protein also likely contributes to the carcinogenesis of MCC. Previously, we have identified the probable immunodominant epitope of MCPyV LT and developed a DNA vaccine encoding this epitope linked to calreticulin. The LT-targeting DNA vaccine generated prolonged survival,

decreased tumor size and increased LT-specific CD8+ T cells in tumor-bearing mice. RESULTS: In this study, we developed a MCPyV ST-expressing tumor cell line from B16 mouse melanoma cells. We then utilized this ST-expressing tumor cell line to test the efficacy of a DNA vaccine encoding ST. In ST-expressing tumor-bearing mice, this vaccine, pcDNA3-MCC/ST, generated a significant number of ST antigenic peptide-specific CD8+ T cells and experienced markedly enhanced survival compared to mice vaccinated with empty vector. CONCLUSIONS: The formation of an effective vaccine against MCPyV has the potential to advance the field of MCC therapy and may contribute to the control of this severe malignancy through immunotherapy. Both of the innovative technologies presented here provide opportunities to develop and test MCPyV-targeted therapies for the control of Merkel cell carcinoma.

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[191]

TÍTULO / TITLE: - Malignant peripheral nerve sheath tumor of the chest wall associated with neurofibromatosis: a case report.

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

REVISTA / JOURNAL: - J Thorac Dis. 2013 Jun;5(3):E78-82. doi: 10.3978/j.issn.2072-1439.2013.05.12.

●● Enlace al texto completo (gratuito o de pago) 3978/j.issn.2072-1439.2013.05.12

AUTORES / AUTHORS: - Hsu CC; Huang TW; Hsu JY; Shin N; Chang H

INSTITUCIÓN / INSTITUTION: - Division of Thoracic Surgery and Department of Surgery, Kaohsiung Armed Forces General Hospital, Kaohsiung, Taiwan; ; Division of Thoracic Surgery, Department of Surgery, Tri-Service General Hospital, Taipei 114, Taiwan;

RESUMEN / SUMMARY: - Primary chest wall tumors are relatively rare and represent approximately 5% of all thoracic neoplasms. Malignant peripheral nerve sheath tumor (MPNST) is highly aggressive and occurs in the second or third decade of patients with neurofibromatosis type 1 (NF-1). The estimated incidence of MPNST in patients with NF-1 is 2-5% (general population, 0.001%). This neoplasm usually affects the extremities and rarely the thoracic cavity. We present a case of MPNST of the chest wall in a patient with NF-1 who developed local recurrence 5 months after complete surgical resection and postoperative adjuvant radiotherapy.

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[192]

TÍTULO / TITLE: - Three cases of concomitant intraductal papillary mucinous neoplasm and pancreatic neuroendocrine tumour.

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

REVISTA / JOURNAL: - JOP. 2013 Jul 10;14(4):423-7. doi: 10.6092/1590-8577/1491.

AUTORES / AUTHORS: - Tewari N; Zaitoun AM; Lindsay D; Abbas A; Ilyas M; Lobo DN

INSTITUCIÓN / INSTITUTION: - Division of Gastrointestinal Surgery, Nottingham Digestive Diseases Centre National Institute for Health Research Biomedical Research Unit, University of Nottingham, Queen's Medical Centre. Nottingham, United Kingdom. dileep.lobo@nottingham.ac.uk.

RESUMEN / SUMMARY: - CONTEXT: Intraductal papillary mucinous neoplasms (IPMNs) are uncommon tumours which can be associated with pancreatic and extrapancreatic malignancies. The association of IPMN and neuroendocrine tumours of the pancreas has been reported previously but is exceedingly rare. CASE REPORT: We report three cases of IPMN treated with total pancreatectomy/extended distal pancreatectomy. Histopathological analysis of the resected specimens revealed concomitant IPMN and neuroendocrine tumour. Two patients had adenocarcinoma as well. CONCLUSIONS: The presence of an IPMN may place the entire pancreas at risk of developing other tumour types and vigilance during all stages of management is necessary to ensure optimal treatment.

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[193]

TÍTULO / TITLE: - Primary Carcinoid Tumor of the Cavernous Sinus: Case report.

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

REVISTA / JOURNAL: - World Neurosurg. 2013 Jul 6. pii: S1878-8750(13)00755-9. doi: 10.1016/j.wneu.2013.06.009.

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

1016/j.wneu.2013.06.009

AUTORES / AUTHORS: - Hood B; Bray E; Bregy A; Norenberg M; Weed D; Morcos JJ

INSTITUCIÓN / INSTITUTION: - University of Miami Miller School of Medicine, Department of Neurological Surgery, Miami, FL.

RESUMEN / SUMMARY: - BACKGROUND: Intracranial carcinoid tumors belong to the neuroendocrine tumors and their incidence is extremely rare. The pathogenesis and clinical manifestations of carcinoid tumors of the skull base are outlined in this case report. CASE DESCRIPTION: A 61 year old multimorbid women presented with transient memory loss. CT and MRI scan of the brain demonstrated a left cavernous sinus mass extending into the infratemporal fossa. The lesion was biopsied using the Caldwell-Luc approach and histology showed a low-grade neuroendocrine tumor. The tumor was subtotally resected with a neurosurgery/head and neck combined preauricular infratemporal and subtemporal extradural approaches to the cavernous sinus. Further histological evaluation revealed that the tumor was of carcinoid differentiation with no other primary or metastatic sites detectable. CONCLUSION: Primary intracranial carcinoid tumors, although rare, should be included in the differential diagnosis of extradural and dural-based lesions.

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[194]
TÍTULO / TITLE: - A gastric composite tumor with an adenocarcinoma and a neuroendocrine carcinoma: a case report.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Clin Endosc. 2013 May;46(3):280-3. doi: 10.5946/ce.2013.46.3.280. Epub 2013 May 31.
●● Enlace al texto completo (gratuito o de pago) 5946/ce.2013.46.3.280
AUTORES / AUTHORS: - Lee JH; Kim HW; Kang DH; Choi CW; Park SB; Kim SH
INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Bong Seng Memorial Hospital, Busan, Korea.
RESUMEN / SUMMARY: - A 70-year-old woman was admitted to our department with epigastric discomfort and nausea over the duration of 1 month. An esophagogastroduodenoscopy showed the presence of a 1.0x1.0 cm-sized flat lesion with central ulceration at the greater curvature side of the antrum. A biopsy demonstrated the presence of an adenocarcinoma of well differentiated, intestinal type in the stomach. Endoscopic submucosal dissection was done and the diagnosis of a composite neuroendocrine carcinoma with an adenocarcinoma of the stomach was confirmed. We report a case of a gastric composite tumor with an adenocarcinoma and neuroendocrine carcinoma confirmed by endoscopic submucosal dissection with a review of the literature.

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[195]
TÍTULO / TITLE: - A case of zollinger-ellison syndrome in multiple endocrine neoplasia type 1 with urolithiasis as the initial presentation.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Korean J Gastroenterol. 2013 Jun 25;61(6):333-7.
AUTORES / AUTHORS: - Lee NE; Lee YJ; Yun SH; Lee JU; Park MS; Kim JK; Kim JW; Cho JW
INSTITUCIÓN / INSTITUTION: - Division of Gastroenterology, Department of Internal Medicine, Presbyterian Medical Center, Jeonju, Korea.
RESUMEN / SUMMARY: - Zollinger-Ellison syndrome (ZES) is characterized by gastrinoma and resultant hypergastrinemia, which leads to recurrent peptic ulcers. Because gastrinoma is the most common pancreatic endocrine tumor seen in multiple endocrine neoplasia type I (MEN 1), the possibility of gastrinoma should be investigated carefully when patients exhibit symptoms associated with hormonal changes. Ureteral stones associated with hyperparathyroidism in the early course of MEN 1 are known to be its most common clinical manifestation; appropriate evaluation and close follow-up of patients with hypercalcemic urolithiasis can lead to an early diagnosis of gastrinoma. We report a patient with ZES associated with MEN 1, and urolithiasis as the presenting entity. A 51-year-old man visited the emergency department with recurrent epigastric pain. He had a history of calcium urinary stone 3 years ago, and 2 years later he had 2 operations for multiple jejunal ulcer perforations; these surgeries were 9 months apart. He was taking

intermittent courses of antiulcer medication. Multiple peripancreatic nodular masses, a hepatic metastasis, parathyroid hyperplasia, and a pituitary microadenoma were confirmed by multimodal imaging studies. We diagnosed ZES with MEN 1 and performed sequential surgical excision of the gastrinomas and the parathyroid adenoma. The patient received octreotide injection therapy and close follow-up. (Korean J Gastroenterol 2013;61:333-337).

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[196]

TÍTULO / TITLE: - A case of metastatic gastric cancer secondary to pancreatic neuroendocrine tumor fifteen years after distal pancreatectomy.

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

REVISTA / JOURNAL: - Nihon Shokakibyo Gakkai Zasshi. 2013 Jul;110(7):1281-7.

AUTORES / AUTHORS: - Kinoshita O; Okamoto K; Konishi H; Komatsu S; Yasukawa S; Shiozaki A; Kubota T; Yasuda H; Konishi H; Kishimoto M; Konishi E; Yanagisawa A; Otsuji E

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Division of Digestive Surgery, Kyoto Prefectural University of Medicine.

RESUMEN / SUMMARY: - A 56-year-old man underwent distal pancreatectomy in July 1997, and chemotherapy was administered as adjuvant therapy. The histopathological diagnosis was a neuroendocrine tumor of the pancreas, NET G2 (Ki-67 labeling index: 3%), T2N0M0 stage IB, according to the TNM classification. In July 2011, follow-up endoscopic examination showed a submucosal tumor covered with almost normal gastric mucosa in the posterior wall of the upper stomach. Endoscopic ultrasound showed a heterogeneous-echoic submucosal tumor present at both the submucosal layer and the proper muscle layer. Abdominal enhanced CT revealed a 3-cm-diameter enhanced mass in the posterior wall of the upper stomach. We performed local resection of the gastric posterior wall. The histopathological diagnosis was a metastatic gastric tumor secondary to a pancreatic endocrine tumor, NET G2 (Ki-67 labeling index: 10%). In this paper, we report a rare case of metastatic gastric cancer secondary to a pancreatic neuroendocrine tumor 15 years after the first operation, together with a review of the literature.

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[197]

TÍTULO / TITLE: - Small cell neuroendocrine tumour of the anterior tongue: A case report.

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

REVISTA / JOURNAL: - Int J Surg Case Rep. 2013;4(8):753-5. doi: 10.1016/j.ijscr.2013.04.028. Epub 2013 May 3.

●● Enlace al texto completo (gratuito o de pago) 1016/j.ijscr.2013.04.028

AUTORES / AUTHORS: - Cymerman JA; Kulkarni R; Gouldesbrough D; McCaul J

INSTITUCIÓN / INSTITUTION: - Head & Neck Research, Bradford Institute for Health Research, Temple Bank House, Bradford Royal Infirmary, Duckworth

Lane, Bradford BD9 6RJ, UK. Electronic address: james.cymerman@bthft.nhs.co.uk.

RESUMEN / SUMMARY: - INTRODUCTION: Neuroendocrine carcinomas (NECs) are rare in the oral cavity. There is ambiguity regarding the classification of these tumours, but their aggressive nature is recognised throughout the literature. Merkel cell carcinoma (MCC) is rare and more frequent in skin, though it has also been described intra-orally. High grade neuroendocrine tumours (HGNEC) and MCCs behave aggressively and aggressive treatment strategies have been advocated. We describe the first small cell HGNEC on the anterior tongue. PRESENTATION OF CASE: We present the first report of a pT1pN1M0 small cell HGNEC in a 75 year old man on the left lateral anterior tongue. This was widely resected with 20mm peripheral and deep margins to achieve disease clearance. Selective neck dissection of levels 1-4 was also carried out. DISCUSSION: Histological analysis of the tumour confirmed a primary poorly differentiated neuroendocrine tumour of small cell type (small cell HGNEC). Resected node bearing tissue from levels 1-4 confirmed metastasis to a level III node with no extra capsular spread giving a pT1pN1M0 classification. Margins of 11.7mm from the invasive tumour to mucosal margin medially and 7.0mm for the deep margin despite surgical 20mm margin resection. To the best of our knowledge small cell neuroendocrine carcinoma has not been described in the anterior tongue. CONCLUSION: The aggressive nature of this tumour type mandates aggressive surgical resection with margins similar to those now recommended for skin Merkel cell carcinomas. We advocate a wide excision margin of 20mm to give adequate clearance, with neck dissection in order to pathologically stage this cancer type.

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[198]

TÍTULO / TITLE: - Splenectomy for splenic metastases from malignant adrenal pheochromocytoma: a case report.

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

REVISTA / JOURNAL: - Cancer Biol Med. 2013 Jun;10(2):114-6. doi: 10.7497/j.issn.2095-3941.2013.02.009.

●● Enlace al texto completo (gratuito o de pago) 7497/j.issn.2095-3941.2013.02.009

AUTORES / AUTHORS: - Duan XF

INSTITUCIÓN / INSTITUTION: - Department of Esophageal Cancer, Tianjin Medical University Cancer Institute and Hospital, Tianjin 300060, China.

RESUMEN / SUMMARY: - Splenic metastasis is generally not a common clinical event. However, metastasis to the spleen from adrenal pheochromocytoma is extremely rare and has not been reported in literature. This report presents a case of a 58 year-old male patient who developed spleen-only metastases in July 2007. The patient had a previous history of left epinephroectomy for adrenal pheochromocytoma in January 2003. Abdominal computed tomography demonstrated multiple enhancing lesions suggestive of metastases; thus

splenectomy was performed. Pathological examinations confirmed the diagnosis of splenic metastases from pheochromocytoma. The patient was alive without recurrence 48 months after splenectomy. This study is the first report on splenic metastasis from previous adrenal pheochromocytoma, and long-term survival was achieved by splenectomy. A history of malignancy indicates a high index of suspicion for splenic metastasis, and long-term survival can be achieved by splenectomy for spleen-only metastasis.

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[199]

TÍTULO / TITLE: - Metastatic primary neuroendocrine carcinoma of the genitourinary tract: A case report of an uncommon entity.

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

REVISTA / JOURNAL: - Am J Case Rep. 2013 May 10;14:147-9. doi: 10.12659/AJCR.883908. Print 2013.

●● Enlace al texto completo (gratuito o de pago) 12659/AJCR.883908

AUTORES / AUTHORS: - Jaggon JR; Brown TA; Mayhew R

INSTITUCIÓN / INSTITUTION: - Department of Pathology, University of the West Indies, Mona, Jamaica.

RESUMEN / SUMMARY: - PATIENT: Male, 59. FINAL DIAGNOSIS: Neuroendocrine carcinoma of urinary bladder. SYMPTOMS: Dysuria * hematuria. MEDICATION: - CLINICAL PROCEDURE: MRI * cystoscopy. SPECIALTY: Urology * oncology. OBJECTIVE: Rare disease. BACKGROUND: Neuroendocrine carcinomas of the genitourinary tract are rare but distinct and important entities because they are very aggressive tumors and are usually advanced or metastatic at the time of diagnosis. A high index of suspicion must be held by the pathologist viewing the specimen, as it can easily be misdiagnosed as a high grade urothelial carcinoma. Specific, proven treatment algorithms have been formulated over the years for the latter, whilst neuroendocrine carcinomas of the genitourinary tract are rare and treatment regimes have not yet been proven to show a significant improvement in survival in the majority of cases, so accurate diagnosis is important. CASE REPORT: We report the case of a 59-year-old man who presented with a short history of dysuria and frank hematuria. Imaging and cystoscopy revealed a large exophytic mass in the base of the urinary bladder, which extended into the bladder neck. Metastatic deposits were already present in his liver and vertebrae. Histology revealed a neuroendocrine carcinoma. CONCLUSIONS: A comprehensive review of the existing literature regarding this rare but aggressive tumor is presented, including advances in classification, pathogenesis, and treatment.

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[200]

TÍTULO / TITLE: - Performance of endoscopic ultrasound-guided fine needle aspiration in diagnosing pancreatic neuroendocrine tumors.

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

REVISTA / JOURNAL: - Cytojournal. 2013 May 29;10:10. doi: 10.4103/1742-6413.112648. Print 2013.

●● Enlace al texto completo (gratuito o de pago) 4103/1742-6413.112648

AUTORES / AUTHORS: - Bernstein J; Ustun B; Alomari A; Bao F; Aslanian HR; Siddiqui U; Chhieng D; Cai G

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Internal Medicine, Yale University, School of Medicine, New Haven, Connecticut, USA.

RESUMEN / SUMMARY: - BACKGROUND: Pancreatic neuroendocrine tumors (PNETs) are rare tumors of the pancreas, which are increasingly diagnosed by endoscopic ultrasound-guided fine needle aspiration (EUS-FNA). In this retrospective study, we assessed the performance of EUS-FNA in diagnosing PNETs. MATERIALS AND METHODS: We identified 48 cases of surgically resected PNETs in which pre-operative EUS-FNA was performed. The clinical features, cytological diagnoses, and surgical follow-up were retrospectively reviewed. The diagnostic performance of EUS-FNA was analyzed as compared to the diagnosis in the follow-up. The cases with discrepancies between cytological diagnosis and surgical follow-up were analyzed and diagnostic pitfalls in discrepant cases were discussed. RESULTS: The patients were 20 male and 28 female with ages ranging from 15 years to 81 years (mean 57 years). The tumors were solid and cystic in 41 and 7 cases, respectively, with sizes ranging from 0.5 cm to 11 cm (mean 2.7 cm). Based on cytomorphologic features and adjunct immunocytochemistry results, when performed, 38 patients (79%) were diagnosed with PNET, while a diagnosis of suspicious for PNET or a diagnosis of neoplasm with differential diagnosis including PNET was rendered in the 3 patients (6%). One case was diagnosed as mucinous cystic neoplasm (2%). The remaining 6 patients (13%) had non-diagnostic, negative or atypical diagnosis. CONCLUSIONS: Our data demonstrated that EUS-FNA has a relatively high sensitivity for diagnosing PNETs. Lack of additional materials for immunocytochemical studies could lead to a less definite diagnosis. Non-diagnostic or false negative FNA diagnosis can be seen in a limited number of cases, especially in those small sized tumors.

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[201]

TÍTULO / TITLE: - Diagnostic error assessment and associated harm of endoscopic ultrasound-guided fine-needle aspiration of neuroendocrine neoplasms of the pancreas.

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

REVISTA / JOURNAL: - Cancer Cytopathol. 2013 Jul 9. doi: 10.1002/cncy.21332.

●● Enlace al texto completo (gratuito o de pago) 1002/cncy.21332

AUTORES / AUTHORS: - Hooper K; Mukhtar F; Li S; Eltoum IA

INSTITUCIÓN / INSTITUTION: - Department of Pathology, University of Alabama at Birmingham, Birmingham, Alabama.

RESUMEN / SUMMARY: - BACKGROUND: Over the past decade, the standardization of error classification in anatomic pathology has become an important issue. The objective of the current study was to assess the extent of errors occurring in the cytopathologic diagnosis of neuroendocrine lesions of the pancreas, and to classify these errors and their associated harm. METHODS: Information on all cases diagnosed as a neuroendocrine neoplasm either by endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) in cytology or by surgical pathology between 2000 and 2012 was collected. Using standardized error and harm classification, the authors reviewed the cytology and surgical pathology material and evaluated the type and the cause of diagnostic errors and their impact on the patient. RESULTS: A total of 177 patients who underwent EUS-FNA were diagnosed with a neuroendocrine neoplasm either by cytology or surgical pathology. Eighty of these cases had surgical follow-up available at the study institution. Of these 80 cases, 56 had an adequate cell block and immunohistochemistry was performed. There were 14 discrepancies noted between cytologic and surgical pathologic diagnoses. There were 9 false-negative cases, consisting of 3 interpretation errors and 6 cytology sampling errors. There were 5 misclassifications, including 4 cases of solid pseudopapillary neoplasm and 1 case of neuroendocrine carcinoma (diagnosed as adenocarcinoma on cytology). There were no surgical pathology errors noted. All errors were associated with no or minor harm. CONCLUSIONS: EUS-FNA of pancreatic neuroendocrine neoplasms has excellent diagnostic performance, with no false-positive diagnoses reported. When an adequate sample is obtained, the most significant error is misclassification, which is most often associated with solid pseudopapillary neoplasm. The harm associated with diagnostic errors is at most minor. Cancer (Cancer Cytopathol) 2013. © 2013 American Cancer Society.

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[202]

TÍTULO / TITLE: - Necrolytic migratory erythema associated with a glucagon-producing primary hepatic neuroendocrine carcinoma in a cat.

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

REVISTA / JOURNAL: - Vet Dermatol. 2013 Aug;24(4):466-e110. doi: 10.1111/vde.12041. Epub 2013 Jun 5.

●● Enlace al texto completo (gratuito o de pago) 1111/vde.12041

AUTORES / AUTHORS: - Asakawa MG; Cullen JM; Linder KE

INSTITUCIÓN / INSTITUTION: - Department of Population Health and Pathobiology, College of Veterinary Medicine, North Carolina State University, 1060 William Moore Drive, Raleigh, NC, 27607, USA; WIL Research Laboratories, 310 Millstone Drive, Hillsborough, NC, 27278, USA.

RESUMEN / SUMMARY: - BACKGROUND: In humans, necrolytic migratory erythema (NME) is a syndrome with a characteristic skin rash that is associated most often with a pancreatic glucagonoma and is recognized as part of the glucagonoma syndrome. In veterinary medicine, NME (also called as

superficial necrolytic dermatitis, hepatocutaneous syndrome or metabolic epidermal necrosis) has been described in dogs in association with chronic liver diseases or, less frequently, glucagonoma, but NME associated with glucagonoma has not previously been reported in cats. CASE REPORT: A 6-year-old male neutered domestic short hair cat was diagnosed with NME associated with a glucagon-producing primary hepatic neuroendocrine carcinoma (hepatic carcinoid). The cat presented with a 2 week history of vomiting and anorexia, and a 5-cm-diameter liver mass was detected by abdominal ultrasound. The cat exhibited general weakness, crusted skin lesions and pain in all four limbs. It was euthanized 11 months after the initial presentation. Histopathological review of the paw pads revealed the classic 'red, white and blue' lesion composed of parakeratotic hyperkeratosis, epidermal hydropic change and hyperbasophilia of the deep epidermis. The liver mass was diagnosed as a neuroendocrine carcinoma (hepatic carcinoid). Neoplastic cells were strongly immunoreactive for glucagon. CONCLUSION AND CLINICAL IMPORTANCE: This is the first case report of NME associated with a glucagon-producing primary hepatic neuroendocrine carcinoma in a cat.

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[203]

TÍTULO / TITLE: - Hidden diagnosis of multiple endocrine neoplasia-1 unraveled during workup of virilization caused by adrenocortical carcinoma.

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

REVISTA / JOURNAL: - Indian J Endocrinol Metab. 2013 May;17(3):514-8. doi: 10.4103/2230-8210.111672.

●● Enlace al texto completo (gratuito o de pago) 4103/2230-8210.111672

AUTORES / AUTHORS: - Kharb S; Pandit A; Gundgurthi A; Garg MK; Brar KS; Kannan N; Bharwaj R

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology, Army Hospital (Research and Referral), Delhi Cantt, India.

RESUMEN / SUMMARY: - Multiple endocrine neoplasia-1 (MEN1) is an autosomal dominant syndrome with classic triad of parathyroid hyperplasia, pancreatic neuroendocrine tumors, and pituitary adenomas. Other recognized manifestations include carcinoid, cutaneous or adrenocortical tumors. It is commonly presented with clinical features related to parathyroid, pancreas or pituitary lesions. Here, we have presented a case that had virilization and biochemical Cushing's syndrome due to adrenocortical carcinoma as presenting feature of MEN1. Cushing's syndrome in MEN1 is an extremely rare and usually late manifestation and most cases are due to corticotropin-producing pituitary adenomas. Although Cushing's syndrome generally develops years after the more typical manifestations of MEN1 appear, it may be the primary manifestation of MEN1 syndrome particularly when related to adrenal adenoma or carcinoma.

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[204]

TÍTULO / TITLE: - Metastatic appendiceal goblet cell carcinoid masquerading as mucinous adenocarcinoma in effusion cytology: A diagnostic pitfall.

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

REVISTA / JOURNAL: - J Cytol. 2013 Apr;30(2):136-8. doi: 10.4103/0970-9371.112659.

●● Enlace al texto completo (gratuito o de pago) 4103/0970-9371.112659

AUTORES / AUTHORS: - Gupta A; Patel T; Dargar P; Shah M

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Gujarat Cancer and Research Institute, Ahmedabad, Gujarat, India.

RESUMEN / SUMMARY: - Goblet cell carcinoids are rare tumors of appendix having a mixed phenotype, with partial neuroendocrine differentiation and intestinal type goblet cell morphology. The reported incidence of this tumor is still limited. Till now, only two cases of metastatic goblet cell appendiceal carcinoid on effusion cytology have been reported in literature. We describe the clinico-pathological details and lay stress on fluid cytology of metastatic goblet cell carcinoid to ascitic fluid.

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[205]

TÍTULO / TITLE: - Von hippel-lindau syndrome: diagnosis and management of hemangioblastoma and pheochromocytoma.

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

REVISTA / JOURNAL: - Case Rep Urol. 2013;2013:624096. doi: 10.1155/2013/624096. Epub 2013 May 23.

●● Enlace al texto completo (gratuito o de pago) 1155/2013/624096

AUTORES / AUTHORS: - Vaganovs P; Bokums K; Miklasevics E; Plonis J; Zarina L; Geldners I; Gardovskis J; Vjaters E

INSTITUCIÓN / INSTITUTION: - Clinic of Urology, Pauls Stradins Clinical University Hospital, Pilsonu Street 13, Riga Latvia, LV-1002, Latvia.

RESUMEN / SUMMARY: - Introduction. Von Hippel-Lindau (VHL) syndrome is a pathological condition that causes various clinical symptoms and is difficult to diagnose. The most common pathological lesions are hemangioblastomas of the central nervous system, retinal angiomas, renal clear cell carcinomas, and pheochromocytomas. Case Report. A 23-year-old female had a syncope episode in 2008. Magnetic resonance imaging (MRI) revealed a right temporal hemangioblastoma, which was treated surgically. Genetic screening identified a VHL gene mutation, and computed tomography (CT) revealed a left adrenal mass. Since it was unclear whether the mass was a pheochromocytoma, or another benign or malignant tumors, laparoscopic adrenalectomy was performed. A month after surgery, the patient complained of general fatigue, poor concentration, loss of appetite, and insomnia. After careful clinical investigation, the patient was referred to a psychiatrist due to suspected

depression, which was confirmed. Conclusions. VHL genetic screening should be performed in cases of hemangioblastoma. In VHL syndrome cases, pheochromocytoma cannot always be diagnosed by biochemical catecholamine analyses; therefore, CT or MRI scanning of the abdomen must be performed. Due to the long treatment period, some patients may develop episodes of depression, which can simulate VHL syndrome.

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[206]

TÍTULO / TITLE: - Benign gastric neuroendocrine tumors in three snow leopards (Panthera uncia).

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

REVISTA / JOURNAL: - J Zoo Wildl Med. 2013 Jun;44(2):441-6.

AUTORES / AUTHORS: - Dobson EC; Naydan DK; Raphael BL; McAloose D

INSTITUCIÓN / INSTITUTION: - Wildlife Conservation Society, Zoological Health Program, Bronx, New York 10460, USA. d.mcaloose@wcs.org

RESUMEN / SUMMARY: - Neuroendocrine tumors are relatively rare neoplasms arising from neuroendocrine cells that are distributed throughout the body and are predominant in the gastrointestinal tract. This report describes benign, well-differentiated gastric neuroendocrine tumors in three captive snow leopards (Panthera uncia). All tumors were well circumscribed, were within the gastric mucosa or submucosa, and had histologic and immunohistochemical features of neuroendocrine tumors. Histologic features included packeted cuboidal to columnar epithelial cells that were arranged in palisades or pseudorosettes and contained finely granular cellular cytoplasm with centrally placed, round nuclei. Cytoplasmic granules of neoplastic cells strongly expressed chromogranin A, variably expressed neuron-specific enolase, and did not express synaptophysin or gastrin. Each leopard died or was euthanatized for reasons unrelated to its tumor.

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[207]

TÍTULO / TITLE: - Tension pneumocephalus after administration of two 0.25 mg cabergoline tablets in MEN1-related macroprolactinoma.

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

REVISTA / JOURNAL: - British Medical J (BMJ). %8?(3k+]3s http://bmj.com/search.dtl ●● British Medical J. (BMJ): <> Case Rep. 2013 Jun 7;2013. pii: bcr2013009986. doi: 10.1136/bcr-2013-009986.

●● Enlace al texto completo (gratuito o de pago) 1136/bcr-2013-009986

AUTORES / AUTHORS: - Nanba K; Usui T; Nakakuki T; Shimatsu A

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology and Metabolism, National Hospital Organization Kyoto Medical Center, Kyoto, Japan.

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[208]

TÍTULO / TITLE: - Hepatic paraganglioma and multifocal gastrointestinal stromal tumor in a female: Incomplete Carney triad.

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

REVISTA / JOURNAL: - World J Gastrointest Surg. 2013 Jul 27;5(7):229-32. doi: 10.4240/wjgs.v5.i7.229.

●● Enlace al texto completo (gratuito o de pago) 4240/wjgs.v5.i7.229

AUTORES / AUTHORS: - Hong SW; Lee WY; Lee HK

INSTITUCIÓN / INSTITUTION: - Seong Woo Hong, Woo Yong Lee, Department of Surgery, Seoul Paik Hospital, Inje University College of Medicine, Seoul 100-032, South Korea.

RESUMEN / SUMMARY: - The Carney triad (CT) describes the coexistence of multiple neoplasms including gastrointestinal stromal tumors (GISTs), extra-adrenal paraganglioma and pulmonary chondroma. At least two neoplastic tumors are required for diagnosis. In most cases, however, CT is incomplete. We report a case of an incomplete CT in a 34-year-old woman with a multifocal GIST and non-functional paraganglioma of the liver. Preoperative evaluation with a gastrofiberscope and abdominal computed tomography revealed multiple gastric tumors resembling GISTs and a single liver lesion which was assumed to have metastasized from the gastric tumors. The patient underwent total gastrectomy and partial hepatectomy. Histologic findings confirmed multiple gastric GISTs and paraganglioma of the liver. We report a case of a patient with incomplete expression of CT.

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[209]

TÍTULO / TITLE: - Alpha-fetoprotein-producing clear cell carcinoma of the gallbladder with neuroendocrine differentiation.

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

REVISTA / JOURNAL: - Med Mol Morphol. 2013 Jul 17.

●● Enlace al texto completo (gratuito o de pago) 1007/s00795-013-0049-5

AUTORES / AUTHORS: - Sentani K; Uraoka N; Oue N; Yasui W

INSTITUCIÓN / INSTITUTION: - Department of Molecular Pathology, Hiroshima University Institute of Biomedical and Health Sciences, 1-2-3 Kasumi, Minami-ku, Hiroshima, 734-8551, Japan.

RESUMEN / SUMMARY: - An uncommon case of alpha-fetoprotein (AFP) producing clear cell carcinoma of the gallbladder with neuroendocrine differentiation in a 78-year-old Japanese woman, who complained of epigastralgia, is reported. Macroscopically, the nodular infiltrative type of tumor, measuring approximately 4.5 x 3.5 cm in size, was located in the fundus of the gallbladder. Histologically, the tumor was composed of clear cell carcinoma with AFP production, non-clear cell adenocarcinoma with neuroendocrine differentiation, and poorly or undifferentiated carcinoma with extensive ulceration. Carcinoma in situ was found in the surrounding gallbladder epithelium. Her postoperative laboratory tests showed a decrease in AFP levels

to normal. The clinical and pathologic significance of AFP production or neuroendocrine differentiation in the gallbladder carcinomas have thus far remained completely obscure. However, we should recognize the entity of this tumor because the accurate diagnosis of primary clear cell carcinoma of the gallbladder may have important therapeutic implications.

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[210]

TÍTULO / TITLE: - The association between glomus tumors and neurofibromatosis.

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

REVISTA / JOURNAL: - J Hand Surg Am. 2013 Aug;38(8):1571-4. doi: 10.1016/j.jhsa.2013.05.025. Epub 2013 Jul 9.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jhsa.2013.05.025

AUTORES / AUTHORS: - Harrison B; Moore AM; Calfee R; Sammer DM

INSTITUCIÓN / INSTITUTION: - Department of Plastic Surgery, University of Texas Southwestern Medical School, Dallas, TX; the Department of Orthopedic Surgery, Mayo Clinic, Rochester, MN; and the Department of Orthopedic Surgery, Washington University School of Medicine, St. Louis, MO.

RESUMEN / SUMMARY: - PURPOSE: To determine whether an epidemiologic association exists between glomus tumors and neurofibromatosis. METHODS: Using a pathology database, we established a study cohort consisting of all patients who had undergone excision of a glomus tumor of the hand between 1995 and 2010. We created a control cohort by randomly selecting 200 patients who had undergone excision of a ganglion cyst over the same period. We reviewed medical records for each cohort to identify patients with a diagnosis of neurofibromatosis. We calculated the odds ratio was calculated and performed Fisher's exact test to determine the significance of the association. RESULTS: We identified 21 patients with glomus tumors of the hand. Six of these patients carried the diagnosis of neurofibromatosis (29%). In contrast, no patients in the control group carried the diagnosis of neurofibromatosis. The odds ratio for a diagnosis of neurofibromatosis in association with a glomus tumor compared with controls was 168:1. CONCLUSIONS: This study provides evidence of a strong epidemiologic association between glomus tumors and neurofibromatosis. Glomus tumor should be included in the differential diagnosis in neurofibromatosis patients who present with a painful lesion of the hand or finger. TYPE OF STUDY/LEVEL OF EVIDENCE: Diagnostic III.

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[211]

TÍTULO / TITLE: - Multiple cardiac metastases from a nonfunctioning pancreatic neuroendocrine tumor.

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

REVISTA / JOURNAL: - Cancer Res. %2!?[y+9?%ak http://cancerres.aacrjournals.org/ ●● Cancer Research: <> Treat. 2013 Jun;45(2):150-4. doi: 10.4143/crt.2013.45.2.150. Epub 2013 Jun 30.

●● Enlace al texto completo (gratuito o de pago) 4143/crt.2013.45.2.150

AUTORES / AUTHORS: - Choi YH; Han HS; Lim SN; Lee SY; Koo JH; Lee OJ; Lee KH; Kim ST

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Chungbuk National University College of Medicine, Cheongju, Korea.

RESUMEN / SUMMARY: - Pancreatic neuroendocrine tumors (pNETs) are rare neoplasms, which most commonly metastasize to the liver. However, intrathoracic metastases from pNETs are encountered infrequently. This report describes a case of nonfunctioning pNET with multiple cardiac metastases. A 56-year-old male presented with a palpable abdominal mass that showed progressive enlargement. Findings on computed tomography (CT) of the abdomen revealed two relatively well-marginated inhomogeneous low-attenuation masses, one in the head of the pancreas and the other in the tail. Multiple enhancing masses in the left pericardium with myocardial involvement were observed on chest CT and transthoracic echocardiography. Needle biopsies were performed on the mass in the tail of the pancreas and the left ventricular apical pericardium; histologic examination by hematoxylin and eosin morphology and immunohistochemical staining showed pNET in both. This is the first report of pNET with multiple cardiac metastases to previously undescribed metastatic sites.

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[212]

TÍTULO / TITLE: - Solitary fibrous tumour of the pleura masquerading as catecholamine-secreting paraganglioma.

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

REVISTA / JOURNAL: - British Medical J (BMJ). %8?(3k+]3s http://bmj.com/search.dtl ●● British Medical J. (BMJ): <> Case Rep. 2013 Jul 4;2013. pii: bcr2013009939. doi: 10.1136/bcr-2013-009939.

●● Enlace al texto completo (gratuito o de pago) 1136/bcr-2013-009939

AUTORES / AUTHORS: - Rahnemai-Azar AA; Rahnemai-Aazr AA; Robinson P; Pham S

INSTITUCIÓN / INSTITUTION: - Department of Surgery, University of Miami, Miami, Florida, USA.

RESUMEN / SUMMARY: - A 33-year-old African-American woman presented with left-sided chest pain for 2 months before admission. Physical examination revealed no breath sound in the left chest and CT scan of the chest showed total obliteration of the left pleural cavity. The patient also had hypertension and elevated urinary metanephrines, leading to a tentative diagnosis of a catecholamine-secreting paraganglioma. MRI revealed a large, heterogeneous soft tissue mass that occupied the entire left chest cavity, causing displacement of the heart and mediastinal structures to the right. Through a left thoracotomy

incision, a tumour weighing 2790 g was removed along with a small portion of adherent lung. The tumour was positive for CD34 but negative for S-100, keratin, desmin and progesterone-receptor, which is consistent with pathological diagnosis of a solitary fibrous tumour of the pleura. The patient remains symptom free 4 years after the operation.

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[213]

TÍTULO / TITLE: - Multiple subungual glomus tumours associated with neurofibromatosis type 1.

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

REVISTA / JOURNAL: - J Hand Surg Eur Vol. 2013 Jul 1.

●● Enlace al texto completo (gratuito o de pago) 1177/1753193413495352

AUTORES / AUTHORS: - Morohashi A; Shingyouchi Y; Hattori H

INSTITUCIÓN / INSTITUTION: - Department of Orthopedic Surgery, Jinwakai General Hospital, Tokyo, Japan.

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[214]

TÍTULO / TITLE: - MicroRNAome profiling in benign and malignant neurofibromatosis type 1-associated nerve sheath tumors: evidences of PTEN pathway alterations in early NF1 tumorigenesis.

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

REVISTA / JOURNAL: - BMC Genomics. 2013 Jul 13;14:473. doi: 10.1186/1471-2164-14-473.

●● Enlace al texto completo (gratuito o de pago) 1186/1471-2164-14-473

AUTORES / AUTHORS: - Masliah-Planchon J; Pasmant E; Luscan A; Laurendeau I; Ortonne N; Hivelin M; Varin J; Valeyrie-Allanore L; Dumaine V; Lantieri L; Leroy K; Parfait B; Wolkenstein P; Vidaud M; Vidaud D; Bieche I

INSTITUCIÓN / INSTITUTION: - UMR745 INSERM, Universite Paris Descartes, Sorbonne Paris Cite, Faculte des Sciences Pharmaceutiques et Biologiques, 4 avenue de l'Observatoire, 75006 Paris, France.

RESUMEN / SUMMARY: - BACKGROUND: Neurofibromatosis type 1 (NF1) is a common dominant tumor predisposition syndrome affecting 1 in 3,500 individuals. The hallmarks of NF1 are the development of peripheral nerve sheath tumors either benign (dermal and plexiform neurofibromas) or malignant (MPNSTs). RESULTS: To comprehensively characterize the role of microRNAs in NF1 tumorigenesis, we analyzed 377 miRNAs expression in a large panel of dermal and plexiform neurofibromas, and MPNSTs. The most significantly upregulated miRNA in plexiform neurofibromas was miR-486-3p that targets the major tumor suppressor gene, PTEN. We confirmed PTEN downregulation at mRNA level. In plexiform neurofibromas, we also report aberrant expression of four miRNAs involved in the RAS-MAPK pathway (miR-370, miR-143, miR-181ª, and miR-145). In MPNSTs, significant deregulated miRNAs were involved in PTEN repression (miR-301ª, miR-19ª, and miR-106b), RAS-MAPK pathway

regulation (Let-7b, miR-195, and miR-10b), mesenchymal transition (miR-200c, let-7b, miR-135ª, miR-135b, and miR-9), HOX genes expression (miR-210, miR-196b, miR-10ª, miR-10b, and miR-9), and cell cycle progression (miR-195, let-7b, miR-20ª, miR-210, miR-129-3p, miR-449ª, and miR-106b). CONCLUSION: We confirmed the implication of PTEN in genesis of plexiform neurofibromas and MPNSTs in NF1. Markedly deregulated miRNAs might have potential diagnostic or prognostic value and could represent novel strategies for effective pharmacological therapies of NF1 tumors.

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[215]

TÍTULO / TITLE: - Extra-adrenal paraganglioma of the prostate.

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

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 May-Jun;7(5-6):E370-2. doi: 10.5489/cuaj.1221.

●● Enlace al texto completo (gratuito o de pago) 5489/cuaj.1221

AUTORES / AUTHORS: - Wang HH; Chen YL; Kao HL; Lin SC; Lee CH; Huang GS; Chang WC

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, Republic of China;

RESUMEN / SUMMARY: - Extra-adrenal pheochromocytomas, or paragangliomas, are rare tumours that may develop from extra-adrenal chromaffin cells, and most occur in the organ of Zuckerkandl. Extra-adrenal paraganglioma of the prostate is extremely rare. We report a 53-year-old man with hypertension and lower urinary tract symptoms, who was initially diagnosed with benign prostate hyperplasia. Computed tomography (CT) showed a large heterogenously enhancing mass in the prostate, imprinting the right distal ureter and urinary bladder. Before surgical intervention, CT-guided biopsy of the prostatic mass was performed and the result of histologic examination confirmed extra-adrenal paraganglioma. He underwent radical prostatectomy, partial cystectomy and right ureteroneocystostomy. The patient recovered and his blood pressure returned within normal range after surgical removal of the prostate tumour. In this article, we stress that the rarity of prostatic paraganglioma, preoperative localization and imaging-guided biopsy were useful in determining the surgical strategy.

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[216]

TÍTULO / TITLE: - Malignant peripheral nerve sheath tumor arising from neurofibromatosis.

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

REVISTA / JOURNAL: - Arch Plast Surg. 2013 May;40(3):272-5. doi: 10.5999/aps.2013.40.3.272. Epub 2013 May 16.

●● Enlace al texto completo (gratuito o de pago) 5999/aps.2013.40.3.272

AUTORES / AUTHORS: - Lee DS; Jung SI; Kim DW; Dhong ES

INSTITUCIÓN / INSTITUTION: - Department of Plastic and Reconstructive Surgery, Korea University Guro Hospital, Korea University College of Medicine, Seoul, Korea.

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[217]

TÍTULO / TITLE: - Peritoneal metastasis of a neuroendocrine tumor of the gallbladder.

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

REVISTA / JOURNAL: - Blood Res. 2013 Jun;48(2):75. doi: 10.5045/br.2013.48.2.75.

●● Enlace al texto completo (gratuito o de pago) 5045/br.2013.48.2.75

AUTORES / AUTHORS: - Park SH; Chi HS

INSTITUCIÓN / INSTITUTION: - Department of Laboratory Medicine, University of Ulsan College of Medicine and Asan Medical Center, Seoul, Korea.

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[218]

TÍTULO / TITLE: - Biomarkers in neuroendocrine tumors.

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

REVISTA / JOURNAL: - JOP. 2013 Jul 10;14(4):372-6. doi: 10.6092/1590-8577/1692.

AUTORES / AUTHORS: - Duque M; Modlin IM; Gupta A; Saif MW

INSTITUCIÓN / INSTITUTION: - Division of Hematology Oncology, Tufts Cancer Center. Boston, MA, USA. dr.marvin.duque@hotmail.com.

RESUMEN / SUMMARY: - Neuroendocrine tumors are a heterogeneous group of tumors with cells of neuroendocrine differentiation that arise from diverse anatomic sites with varying morphologic and clinical features. Since the natural history and prognosis varies widely between individual neuroendocrine tumor types, there is a critical need to identify accurate prognostic and predictive biomarkers and markers predictive of therapeutic efficacy. To date, plasma chromogranin-A levels have generally been accepted as the most useful biomarker, despite the fact that there are substantial concerns in sensitivity and discrepancies in measurement techniques. As a consequence, considerable attention has been focused upon the development of novel biomarkers that can be utilized with more clinical efficacy than chromogranin-A. In addition to amplifying the diagnostic/prognostic landscape, the need to calibrate the efficacy of biological targeted therapy has further accelerated the development of molecular biomarkers. At the 2013 American Society of Clinical Oncology (ASCO) Annual Meeting, Chou et al. (Abstract #e15151) presented data that chromogranin A levels can be monitored during treatment to predict clinical outcome. Modlin et al. (Abstract #4137), demonstrated a promising novel biomarker, serum multi-transcript molecular signature. Grande et al. (Abstract #4140), Heetfield et al. (Abstract #e15071) and Casanovas et al. (Abstract #4139) described sVEGFR2, p-mTOR and IGF1R as molecular markers with

potential for use in targeted therapy trials. The authors review and summarize these abstracts in this article.

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[219]

TÍTULO / TITLE: - Neurofibromatosis type 1, pheochromocytoma with primary hyperparathyroidism: A rare association.

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

REVISTA / JOURNAL: - Indian J Endocrinol Metab. 2013 Mar;17(2):349-51. doi: 10.4103/2230-8210.109670.

●● Enlace al texto completo (gratuito o de pago) 4103/2230-8210.109670

AUTORES / AUTHORS: - Behera KK; Nanaiah A; Gupta A; Rajaratnam S

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, Tamil Nadu, India.

RESUMEN / SUMMARY: - Primary hyperparathyroidism (PHP) with pheochromocytoma and neurofibromatosis type 1 is a rare clinical association. We present a case of PHP and pheochromocytoma occurring in a 33-year-old male with familial cutaneous neurofibromatosis.

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[220]

TÍTULO / TITLE: - Extra-adrenal paraganglioma of the median nerve.

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

REVISTA / JOURNAL: - J Plast Surg Hand Surg. 2013 Jun 10.

●● Enlace al texto completo (gratuito o de pago) 3109/2000656X.2013.806409

AUTORES / AUTHORS: - Chong Y; Park M; Ko YH

INSTITUCIÓN / INSTITUTION: - Departments of Pathology, Yonsei University Wonju College of Medicine.

RESUMEN / SUMMARY: - Abstract An extra-adrenal paraganglioma is an uncommon tumour that arises from the paraganglia associated with the autonomous nervous system. A paraganglioma arising in the sensory-somatic nervous system is extremely rare and clinically is easily confused with other neurogenic tumours. We describe a paraganglioma that arose in the median nerve of a 22-year-old woman.

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[221]

TÍTULO / TITLE: - Metastatic carcinoid tumor presenting as right sided heart failure.

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

REVISTA / JOURNAL: - Int J Endocrinol Metab. 2013 Spring;11(2):120-5. doi: 10.5812/ijem.6927. Epub 2013 Apr 1.

●● Enlace al texto completo (gratuito o de pago) 5812/ijem.6927

AUTORES / AUTHORS: - Martinez-Quintana E; Avila-Gonzalez Mdel M; Suarez-Castellano L; Rodriguez-Gonzalez F

INSTITUCIÓN / INSTITUTION: - Cardiology Service, Insular-Materno Infantil University Hospital, Las Palmas de Gran Canaria, España.

RESUMEN / SUMMARY: - Carcinoid tumor is a slow-growing type of neuroendocrine tumor, originating in the enterochromaffin cells and secreting mainly serotonin. The diagnosis is based on clinical symptoms, hormone levels, radiological and nuclear imaging, and histological confirmation. The clinical symptoms are characterized by flushing, diarrhea, abdominal pain, telangiectasia and/or bronchoconstriction. However, most patients have metastatic disease at diagnosis because the clinic goes unnoticed or are ascribed to other abdominal conditions. We report the clinical symptoms, hormone levels, radiological and nuclear imaging, histological diagnosis, treatment and evaluation of a 44-year-old female patient with congestive heart failure secondary to carcinoid heart disease in the context of liver metastases of an ileum carcinoid tumor.

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[222]

TÍTULO / TITLE: - False positive results using calcitonin as a screening method for medullary thyroid carcinoma.

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

REVISTA / JOURNAL: - Indian J Endocrinol Metab. 2013 May;17(3):524-8. doi: 10.4103/2230-8210.111677.

●● Enlace al texto completo (gratuito o de pago) 4103/2230-8210.111677

AUTORES / AUTHORS: - Batista RL; Toscanini AC; Brandao LG; Cunha-Neto MB

INSTITUCIÓN / INSTITUTION: - Department of Functional Neurosurgery, Institute of Psychiatry, University of Sao Paulo, USP, Brazil.

RESUMEN / SUMMARY: - The role of serum calcitonin as part of the evaluation of thyroid nodules has been widely discussed in literature. However there still is no consensus of measurement of calcitonin in the initial evaluation of a patient with thyroid nodule. Problems concerning cost-benefit, lab methods, false positive and low prevalence of medullary thyroid carcinoma (MTC) are factors that limit this approach. We have illustrated two cases where serum calcitonin was used in the evaluation of thyroid nodule and rates proved to be high. A stimulation test was performed, using calcium as secretagogue, and calcitonin hyper-stimulation was confirmed, but anatomopathologic examination did not evidence medullar neoplasia. Anatomopathologic diagnosis detected Hashimoto thyroiditis in one case and adenomatous goiter plus an occult papillary thyroid carcinoma in the other one. Recommendation for routine use of serum calcitonin in the initial diagnostic evaluation of a thyroid nodule, followed by a confirming stimulation test if basal serum calcitonin is showed to be high, is the most currently recommended approach, but questions concerning cost-benefit and possibility of diagnosis error make the validity of this recommendation discussible.

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[223]

TÍTULO / TITLE: - Acute myocardial infarction secondary to catecholamine release owing to cocaine abuse and pheochromocytoma crisis.

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

REVISTA / JOURNAL: - Int J Endocrinol Metab. 2013 Winter;11(1):48-51. doi: 10.5812/ijem.6562. Epub 2012 Dec 21.

●● Enlace al texto completo (gratuito o de pago) 5812/ijem.6562

AUTORES / AUTHORS: - Martinez-Quintana E; Jaimes-Vivas R; Cuba-Herrera J; Saiz-Udaeta B; Rodriguez-Gonzalez F; Martinez-Martin MS

INSTITUCIÓN / INSTITUTION: - Cardiology Service, Insular-Materno Infantil University Hospital, Las Palmas de Gran Canaria, España.

RESUMEN / SUMMARY: - ABSTRACT: Most pheochromocytomas are not suspected clinically while a high percentage of them are curable with surgery. We present the case of an adult cocaine-addicted male patient with an underlying pheochromocytoma and repeated myocardial infarctions. Computed tomography showed a left round adrenal mass, also high 24-hour urine levels of catecholamines and metanephrines were detected from urinalysis. The patient was given alpha and beta blockers, moreover a laparoscopic left adrenalectomy was performed. Cocaine can block the reuptake of noradrenaline, leading to increasing its concentration and consequently its effects as well, and induce local or diffuse coronary vasoconstriction in normal coronary artery segments per se, cocaine can also trigger pheochromocytoma crisis, and therefore, cardiac complications such as myocardial infarction due to these additive effects are intended to occur. For this reason, in the presence of typical clinical manifestations of pheochromocytoma, such as sustained or paroxysmal hypertension, headache, sweating, tachycardia and abdominal pain, probable association of this tumor in patients with cocaine abuse and associated cardiac complications must be ruled out.

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[224]

TÍTULO / TITLE: - Progenitor Cell Line (hPheo1) Derived from a Human Pheochromocytoma Tumor.

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

REVISTA / JOURNAL: - PLoS One. 2013 Jun 13;8(6):e65624. doi: 10.1371/journal.pone.0065624. Print 2013.

●● Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0065624

AUTORES / AUTHORS: - Ghayee HK; Bhagwandin VJ; Stastny V; Click A; Ding LH; Mizrachi D; Zou YS; Chari R; Lam WL; Bachoo RM; Smith AL; Story MD; Sidhu S; Robinson BG; Nwariaku FE; Gazdar AF; Auchus RJ; Shay JW

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Division of Endocrinology, University of Texas Southwestern Medical Center, Dallas, Texas, United States of America.

RESUMEN / SUMMARY: - BACKGROUND: Pheochromocytomas are rare tumors generally arising in the medullary region of the adrenal gland. These tumors release excessive epinephrine and norepinephrine resulting in hypertension and cardiovascular crises for which surgery is the only definitive treatment. Molecular mechanisms that control tumor development and hormone production are poorly understood, and progress has been hampered by the lack of human cellular model systems. To study pheochromocytomas, we developed a stable progenitor pheochromocytoma cell line derived from a primary human tumor. METHODS: After IRB approval and written informed consent, human pheochromocytoma tissue was excised, minced, dispersed enzymatically, and cultured in vitro. Primary pheochromocytoma cells were infected with a lentivirus vector carrying the catalytic subunit of human telomerase reverse transcriptase (hTERT). The hTERT immortalized cells (hPheo1) have been passaged >300 population doublings. The resulting cell line was characterized morphologically, biochemically and for expression of neuroendocrine properties. The expression of marker enzymes and proteins was assessed by immunofluorescence staining and immunoblotting. Telomerase activity was determined by using the telomeric repeat amplification protocol (TRAP) assay. RESULTS: We have established a human pheochromocytoma precursor cell line that expresses the neuroendocrine marker, chromogranin A, when differentiated in the presence of bone morphogenic protein 4 (BMP4), nerve growth factor (NGF), and dexamethasone. Phenylethanolamine N-methyltransferase (PNMT) expression is also detected with this differentiation regimen. CD-56 (also known as NCAM, neural cell adhesion molecule) is expressed in these cells, but CD31 (also known as PECAM-1, a marker of endothelial cells) is negative. CONCLUSIONS: We have maintained hTERT-immortalized progenitor cells derived from a pheochromocytoma (hPheo1) in culture for over 300 population doublings. This progenitor human cell line is normal diploid except for a deletion in the p16 region and has inducible neuroendocrine biomarkers. These cells should be a valuable reagent for studying mechanisms of tumor development and for testing novel therapeutic approaches.

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[225]

TÍTULO / TITLE: - Multiple Endocrine Neoplasia: The Enigma of MEN.

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

REVISTA / JOURNAL: - AACN Adv Crit Care. 2013 Jul-Sep;24(3):304-13. doi: 10.1097/NCI.0b013e31829b7eff.

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

1097/NCI.0b013e31829b7eff

AUTORES / AUTHORS: - Manchester CS

INSTITUCIÓN / INSTITUTION: - Carol S. Manchester is Diabetes Clinical Nurse Specialist, University of Minnesota Medical Center, Fairview, and University of

Minnesota Amplatz Children's Hospital, 420 Delaware St SE, MMC 732, Minneapolis, MN 55455 (cmanche1@fairview.org).

RESUMEN / SUMMARY: - Multiple endocrine neoplasia (MEN) is an array of tumors found in various endocrine glands throughout the human body. A wide spectrum of clinical manifestations accompanies this syndrome. The complexities of the glandular function and subtle development of symptoms can cause the diagnosis to be missed, and individuals with MEN can be an enigma to the care team. Appropriate differential diagnosis and assessment are critical for these individuals to receive optimal care. An interprofessional team of health care providers, including an endocrinologist and an advanced practice endocrine nurse, must work in concert to orchestrate a plan of care across the continuum. Those specialized nurses who encounter individuals with MEN in a critical care setting are positioned to support the patient, the family, and the care team through this maze of multiple endocrinopathies and tumors.

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[226]

TÍTULO / TITLE: - Multiple peripheral typical carcinoid tumors of the lung: associated with sclerosing hemangiomas.

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

REVISTA / JOURNAL: - Diagn Pathol. 2013 Jun 17;8:97. doi: 10.1186/1746-1596-8-97.

●● Enlace al texto completo (gratuito o de pago) 1186/1746-1596-8-97

AUTORES / AUTHORS: - Kim Y; Choi YD; Kim BJ; Oh IJ; Song SY; Nam JH; Park CS

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Chonnam National University Medical School, 5 Hak-dong, Dong-gu, 501-746 Gwangju, Republic of Korea.

RESUMEN / SUMMARY: - This study presents a first case of multiple peripheral typical carcinoid tumors associated with sclerosing hemangiomas in the lung. A 52-year-old male presented with incidentally detected multiple pulmonary nodules on a simple chest X-ray during routine health check-up. A computed tomography (CT) scan of the chest showed multiple nodular lesions in the middle and lower lobes of the right lung. These were initially suspected as inflammatory lesions due to miliary tuberculosis. However, possibility of malignancy could not be excluded and right lower lobe lobectomy was performed. Histopathologically, some nodules including two largest nodules were composed of small round to spindle shaped cells with fine chromatin pattern, whereas the rest of the sclerotic nodules were composed of two epithelial cell types- surface cells and round cells. The final diagnosis of this case was multiple peripheral typical carcinoid tumors associated with sclerosing hemangiomas of the lung. For past three years of post-surgery follow up period, no new lesions or changes in the right middle lobe have been identified.

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[227]

TÍTULO / TITLE: - Small Cell Neuroendocrine Carcinoma of the Oropharynx Harbouring Oncogenic HPV-Infection.

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

REVISTA / JOURNAL: - Head Neck Pathol. 2013 Jul 10.

●● Enlace al texto completo (gratuito o de pago) 1007/s12105-013-0471-y

AUTORES / AUTHORS: - Bates T; McQueen A; Iqbal MS; Kelly C; Robinson M

INSTITUCIÓN / INSTITUTION: - Department of Cellular Pathology, Newcastle-upon-Tyne Hospitals NHS Foundation Trust, Newcastle-upon-Tyne, NE7 7DN, UK, timothy.bates@nuth.nhs.uk.

RESUMEN / SUMMARY: - Small cell carcinoma/neuroendocrine carcinoma (SCNEC) of the oropharynx is uncommon. Recently, an association has been reported between oropharyngeal SCNEC and high-risk human papillomavirus (HPV) infection. While HPV infection confers a better prognosis for oropharyngeal squamous cell carcinoma, HPV infection does not appear to influence the biological behaviour of SCNECs, which are generally associated with poor clinical outcomes. We document two cases of SCNEC arising in the oropharynx with evidence of high-risk HPV infection. The cases highlight the expanding range of malignant oropharyngeal neoplasms that harbour oncogenic HPV infection and support the concept that, irrespective of HPV infection, neuroendocrine differentiation portends a poor prognosis.

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[228]

TÍTULO / TITLE: - Primary neuroendocrine carcinoma of the vagina with coexistent atypical vaginal adenosis: a rare entity.

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

REVISTA / JOURNAL: - J Cancer Res Ther. 2013 Apr-Jun;9(2):328-30. doi: 10.4103/0973-1482.113422.

●● Enlace al texto completo (gratuito o de pago) 4103/0973-1482.113422

AUTORES / AUTHORS: - Khurana A; Gupta G; Gupta M; Kaur M

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Rajiv Gandhi Cancer Institute and Research Centre, Sector-5 Rohini, Delhi, India.

RESUMEN / SUMMARY: - Primary neuroendocrine carcinoma of the female genital tract is a rare entity with aggressive clinical behavior and a poor prognosis. This kind of malignancy arising in the vagina is extremely rare. We report a case of primary neuroendocrine carcinoma of vagina arising in a setting of atypical vaginal adenosis.

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[229]

TÍTULO / TITLE: - What is Currently the Best Radiopharmaceutical for the Hybrid PET/CT Detection of Recurrent Medullary Thyroid Carcinoma?

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

REVISTA / JOURNAL: - Curr Radiopharm. 2013 Jun 6;6(2):96-105.

AUTORES / AUTHORS: - Slavikova K; Montravers F; Treglia G; Kunikowska J; Kaliska L; Vereb M; Talbot J; Balogova S

INSTITUCIÓN / INSTITUTION: - Medecine Nucleaire, Hopital Tenon AP-HP et Universite Pierre et Marie Curie, Paris, France; 3Medicina Nucleare, Hospedale Sacro Cuore, Roma, Italy and Nuclear Medicine, Comenius University, Bratislava, Slovakia.

RESUMEN / SUMMARY: - Among thyroid malignancies, medullary thyroid carcinoma (MTC) has some very specific features. Production and secretion of large amounts of peptides occur in malignant transformed C cells with few exceptions, leading to high serum levels of calcitonin (Ctn) and carcinoembryonic antigen (CEA), that act after thyroidectomy as tumour markers warning for the presence of persistent or metastatic MTC. The availability of those serum biomarkers with an excellent sensitivity challenges medical imaging to localise the recurrent cancer tissue, since surgery is a major therapeutic option. The aims of this article are (i) to review literature evidence about the efficacy and tolerance of radiopharmaceuticals for 3 targets of PET/CT imaging (glucose metabolism, bioamines metabolism and somatostatin receptors) and also bone scintigraphy which is recommended in the Guidelines of European Society for Medical Oncology (ESMO; (ii) to compare the availability and the costs in relation with those radiopharmaceuticals, (iii) and to discuss a possible sequence of those examinations, in order to optimise spending and to minimise the overall radiation dose.In this context of recurrent MTC suspected on rising tumour markers levels after thyroidectomy, this survey of literature confirms that FDOPA is the best radiopharmaceutical for PET/CT with significant diagnostic performance if Ctn >150pg/mL; an early image acquisition starting during the first 15 min is advised. In negative cases, FDG should be the next PET radiopharmaceutical, in particular if Ctn and CEA levels are rapidly rising, and PET with a somatostatin analogue labelled with gallium-68 when neither FDOPA nor FDG PET are conclusive. Bone scintigraphy could complement FDG-PET/CT if FDOPA is not available.

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[230]

TÍTULO / TITLE: - Cardiac manifestations of gastrointestinal carcinoid tumor.

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

REVISTA / JOURNAL: - Future Cardiol. 2013 Jul;9(4):479-88. doi: 10.2217/fca.13.24.

●● Enlace al texto completo (gratuito o de pago) 2217/fca.13.24

AUTORES / AUTHORS: - Gujral DM; Bhattacharyya S

INSTITUCIÓN / INSTITUTION: - The Royal Marsden Hospital, 203 Fulham Road, London, SW3 6JJ, UK.

RESUMEN / SUMMARY: - Carcinoid tumors are rare, slow-growing tumors found primarily in the GI tract. Carcinoid syndrome develops when vasoactive substances (particularly serotonin) released by carcinoid tumors gain access to the systemic circulation. Carcinoid heart disease develops in patients with

carcinoid syndrome and is commonly associated with the development of right-sided valve dysfunction and signs of symptoms of right heart failure. Timely surgical intervention provides relief from symptoms and may improve survival. Management of these patients should be undertaken in a specialized center by a multidisciplinary team with appropriate expertise.
