

#01#

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

Urological tumors.

Julio - Agosto 2013 / July - August 2013

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[1]

TÍTULO / TITLE: - Ultraviolet index and racial differences in prostate cancer incidence and mortality.

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

REVISTA / JOURNAL: - Cancer. 2013 Jun 6. doi: 10.1002/cncr.28127.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28127](#)

AUTORES / AUTHORS: - Taksler GB; Cutler DM; Giovannucci E; Smith MR; Keating NL

INSTITUCIÓN / INSTITUTION: - Department of Population Health, New York University School of Medicine, New York, New York; Department of Medicine, New York University School of Medicine, New York, New York.

RESUMEN / SUMMARY: - BACKGROUND: Studies suggest that low levels of vitamin D may be associated with prostate cancer, and darker skin reduces the body's ability to generate vitamin D from sunshine. The impact of sunshine on racial disparities in prostate cancer incidence and mortality is unknown. METHODS: Using the Surveillance, Epidemiology, and End Results program database, the authors calculated age-adjusted prostate cancer incidence rates among black and white men aged ≥ 45 years by race and county between 2000 and 2009 (N = 906,381 men). Similarly, county-level prostate cancer mortality rates were calculated from the National Vital Statistics System (N = 288,874). These data were linked with the average monthly solar ultraviolet (UV) radiation index by county and data regarding health, wellness, and demographics. Multivariable regression analysis was used to assess whether

increases in the UV index (in deciles) moderated the association between black race and the incidence and mortality of prostate cancer. RESULTS: Compared with counties in the lowest UV index decile, prostate cancer incidence rates for white and black men were lower in counties with a higher UV index (all P s \leq .0.051). Incidence rates were higher for black men versus white men, but the difference by race was less for counties in the fourth to fifth UV index deciles versus those in the first decile (P s \leq 0.02). Mortality rates also were found to decrease with increasing UV index for white men (P s \leq 0.003), but increase for black men, and an unexplained increase in racial differences in mortality rates was observed with an increasing UV index. CONCLUSIONS: Racial disparities in the incidence of prostate cancer were larger in some areas with less sunshine. Additional research should confirm the findings of the current study and assess whether optimizing vitamin D levels among black men can reduce disparities. Cancer 2013 © 2013 American Cancer Society.

TÍTULO / TITLE: - Interaction of CCN1 with alphavbeta3 integrin induces P-glycoprotein and confers vinblastine resistance in renal cell carcinoma cells.

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

REVISTA / JOURNAL: - Anticancer Drugs. 2013 Sep;24(8):810-7. doi: 10.1097/CAD.0b013e328363046d.

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

[1097/CAD.0b013e328363046d](#)

AUTORES / AUTHORS: - Long QZ; Zhou M; Liu XG; Du YF; Fan JH; Li X; He DL

INSTITUCIÓN / INSTITUTION: - aDepartment of Urology, the First Affiliated Hospital bDepartment of Dermatology, the Second Affiliated Hospital, School of Medicine cThe Key Laboratory of Biomedical Information Engineering, Ministry of Education, School of Life Science and Technology, Xi'an Jiaotong University, Xi'an Shaanxi, People's Republic of China.

RESUMEN / SUMMARY: - Renal cell carcinoma (RCC) ranks among the most chemoresistant tumors, and P-glycoprotein (P-gp) predominates multidrug resistance mechanisms by reducing the accumulation of intracellular chemotherapy drugs such as vinblastine (VBL), which is considered the most effective chemotherapeutic agent for this neoplasia. Unfortunately, the mechanism by which the expression of P-gp is regulated and the ways to inhibit the function of P-gp are poorly understood. Our study was carried out to determine the possible role of CCN1 in P-gp-mediated drug resistance on the basis of the validated function of CCN1, an extracellular matrix protein, in promoting chemoresistance. As expected, CCN1 was overexpressed in VBL-resistant cell lines (ACHN/VBL, A498/VBL, Caki-1/VBL, and Caki-2/VBL) as measured by enzyme-linked immunosorbent assay. We then transfected non-VBL-resistant cell lines with Ad-CCN1 and observed that the IC50 of VBL increased by about 3-5 times. Furthermore, both CCN1 antibody neutralization and alphavbeta3 integrin antibody blockade decreased the IC50 of VBL, which

showed that CCN1 and alphavbeta3 are associated with resistance to VBL in RCC. Simultaneously, the enhanced expression of CCN1 triggered the intracellular PI3K/Akt pathway by binding alphavbeta3 integrin, as shown by western blot. P-gp expression was augmented in response to activation of the PI3K/Akt pathway, which could be modified by PI3K inhibitor LY294002 or multidrug resistance siRNA transfection. Therefore, targeted restraint of CCN1 or alphavbeta3 integrin in combination with the administration of VBL may be beneficial in the treatment of primary and metastatic RCC.

[2]

TÍTULO / TITLE: - Effect of soy protein isolate supplementation on biochemical recurrence of prostate cancer after radical prostatectomy: a randomized trial.

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

REVISTA / JOURNAL: - JAMA. 2013 Jul 10;310(2):170-8. doi: 10.1001/jama.2013.7842.

●● Enlace al texto completo (gratis o de pago) 1001/jama.2013.7842

AUTORES / AUTHORS: - Bosland MC; Kato I; Zeleniuch-Jacquotte A; Schmoll J; Enk Rueter E; Melamed J; Kong MX; Macias V; Kajdacsy-Balla A; Lumey LH; Xie H; Gao W; Walden P; Lepor H; Taneja SS; Randolph C; Schlicht MJ; Meserve-Watanabe H; Deaton RJ; Davies JA

INSTITUCIÓN / INSTITUTION: - Department of Pathology, College of Medicine, University of Illinois at Chicago, Chicago, IL 60612, USA. boslandm@uic.edu

RESUMEN / SUMMARY: - IMPORTANCE: Soy consumption has been suggested to reduce risk or recurrence of prostate cancer, but this has not been tested in a randomized trial with prostate cancer as the end point. OBJECTIVE: To determine whether daily consumption of a soy protein isolate supplement for 2 years reduces the rate of biochemical recurrence of prostate cancer after radical prostatectomy or delays such recurrence. DESIGN, SETTING, AND PARTICIPANTS: Randomized, double-blind trial conducted from July 1997 to May 2010 at 7 US centers comparing daily consumption of a soy protein supplement vs placebo in 177 men at high risk of recurrence after radical prostatectomy for prostate cancer. Supplement intervention was started within 4 months after surgery and continued for up to 2 years, with prostate-specific antigen (PSA) measurements made at 2-month intervals in the first year and every 3 months thereafter. INTERVENTION: Participants were randomized to receive a daily serving of a beverage powder containing 20 g of protein in the form of either soy protein isolate (n=87) or, as placebo, calcium caseinate (n=90). MAIN OUTCOMES AND MEASURES: Biochemical recurrence rate of prostate cancer (defined as development of a PSA level of ≥ 0.07 ng/mL) over the first 2 years following randomization and time to recurrence. RESULTS: The trial was stopped early for lack of treatment effects at a planned interim analysis with 81 evaluable participants in the intervention group and 78 in the placebo group. Overall, 28.3% of participants developed biochemical

recurrence within 2 years of entering the trial (close to the a priori predicted recurrence rate of 30%). Among these, 22 (27.2%) occurred in the intervention group and 23 (29.5%) in the placebo group. The resulting hazard ratio for active treatment was 0.96 (95% CI, 0.53-1.72; log-rank P = .89). Adherence was greater than 90% and there were no apparent adverse events related to supplementation. CONCLUSION AND RELEVANCE: Daily consumption of a beverage powder supplement containing soy protein isolate for 2 years following radical prostatectomy did not reduce biochemical recurrence of prostate cancer in men at high risk of PSA failure. TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00765479.

[3]

TÍTULO / TITLE: - Survival in dialysis patients is different between patients with diabetes as primary renal disease and patients with diabetes as a co-morbid condition.

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

REVISTA / JOURNAL: - Diabetologia. 2013 Sep;56(9):1949-57. doi: 10.1007/s00125-013-2966-1. Epub 2013 Jun 15.

●● Enlace al texto completo (gratis o de pago) [1007/s00125-013-2966-](#)

[1](#)

AUTORES / AUTHORS: - Schroijen MA; van de Luitgaarden MW; Noordzij M; Ravani P; Jarraya F; Collart F; Prutz KG; Fogarty DG; Leivestad T; Prischl FC; Wanner C; Dekker FW; Jager KJ; Dekkers OM

INSTITUCIÓN / INSTITUTION: - Department of Clinical Epidemiology, C7, Leiden University Medical Center, Albinusdreef 2, 2333, Leiden, the Netherlands, M.A.Schroijen@lumc.nl.

RESUMEN / SUMMARY: - AIMS/HYPOTHESIS: A previous study in Dutch dialysis patients showed no survival difference between patients with diabetes as primary renal disease and those with diabetes as a co-morbid condition. As this was not in line with our hypothesis, we aimed to verify these results in a larger international cohort of dialysis patients. METHODS: For the present prospective study, we used data from the European Renal Association-European Dialysis and Transplant Association (ERA-EDTA) Registry. Incident dialysis patients with data on co-morbidities (n = 15,419) were monitored until kidney transplantation, death or end of the study period (5 years). Cox regression was performed to compare survival for patients with diabetes as primary renal disease, patients with diabetes as a co-morbid condition and non-diabetic patients. RESULTS: Of the study population, 3,624 patients (24%) had diabetes as primary renal disease and 1,193 (11%) had diabetes as a co-morbid condition whereas the majority had no diabetes (n = 10,602). During follow-up, 7,584 (49%) patients died. In both groups of diabetic patients mortality was higher compared with the non-diabetic patients. Mortality was higher in patients with diabetes as primary renal disease than in patients with diabetes as a co-

morbid condition, adjusted for age, sex, country and malignancy (HR 1.20, 95% CI 1.10, 1.30). An analysis stratified by dialysis modality yielded similar results. CONCLUSIONS/INTERPRETATION: Overall mortality was significantly higher in patients with diabetes as primary renal disease compared with those with diabetes as a co-morbid condition. This suggests that survival in diabetic dialysis patients is affected by the extent to which diabetes has induced organ damage.

[4]

TÍTULO / TITLE: - Androgen deprivation therapy and risk of acute kidney injury in patients with prostate cancer.

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

REVISTA / JOURNAL: - JAMA. 2013 Jul 17;310(3):289-96. doi: 10.1001/jama.2013.8638.

●● Enlace al texto completo (gratis o de pago) [1001/jama.2013.8638](#)

AUTORES / AUTHORS: - Lapi F; Azoulay L; Niazi MT; Yin H; Benayoun S; Suissa S

INSTITUCIÓN / INSTITUTION: - Centre for Clinical Epidemiology, Lady Davis Institute, Jewish General Hospital, Montreal, Quebec, Canada.

RESUMEN / SUMMARY: - IMPORTANCE: The use of androgen deprivation therapy (ADT) in the treatment of advanced prostate cancer has been shown to delay the clinical progression of the disease. However, the testosterone suppression associated with this therapy may lead to a hypogonadal condition that can have detrimental effects on renal function, thus raising the hypothesis that ADT-induced hypogonadism could potentially lead to acute kidney injury (AKI). OBJECTIVE: To determine whether the use of ADT is associated with an increased risk of AKI in patients newly diagnosed with prostate cancer. DESIGN AND SETTING: A nested case-control analysis using medical information extracted from the UK Clinical Practice Research Datalink linked to the Hospital Episodes Statistics database. PARTICIPANTS: Men newly diagnosed with nonmetastatic prostate cancer between January 1, 1997, and December 31, 2008, were selected and followed up until December 31, 2009. Cases were patients with incident AKI during follow-up who were randomly matched with up to 20 controls on age, calendar year of prostate cancer diagnosis, and duration of follow-up. MAIN OUTCOMES AND MEASURES: Conditional logistic regression was used to estimate odds ratios (ORs) with 95% CIs of AKI associated with the use of ADT. ADT was categorized into 1 of 6 mutually exclusive groups: gonadotropin-releasing hormone agonists, oral antiandrogens, combined androgen blockade, bilateral orchiectomy, estrogens, and combination of the above. RESULTS A total of 10,250 patients met the study inclusion criteria. During a mean follow-up of 4.1 (SD, 2.9) years, 232 incident cases of AKI were identified (rate, 5.5/1000 person-years). Overall, current use of any ADT was associated with an increased risk of AKI when

compared with never use (OR, 2.48 [95% CI, 1.61-3.82]), generating a rate difference of 4.43/1000 persons per year (95% CI, 1.54-7.33). This association was mainly driven by a combined androgen blockade consisting of gonadotropin-releasing hormone agonists with oral antiandrogens (OR, 4.50 [95% CI, 2.61-7.78]), estrogens (OR, 4.00 [95% CI, 1.06-15.03]), other combination therapies (OR, 4.04 [95% CI, 1.88-8.69]), and gonadotropin-releasing hormone agonists (OR, 1.93 [95% CI, 1.20-3.10]). CONCLUSIONS AND RELEVANCE: In a cohort of patients with newly diagnosed nonmetastatic prostate cancer, the use of ADT was significantly associated with an increased risk of AKI. These findings require replication in other well-designed studies as well as further investigation of their clinical importance.

[5]

TÍTULO / TITLE: - Association of Symptoms and Cytokines in Prostate Cancer Patients Receiving Radiation Treatment.

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

REVISTA / JOURNAL: - Biol Res Nurs. 2013 May 30.

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

[1177/1099800413490228](#)

AUTORES / AUTHORS: - Dirksen SR; Kirschner KF; Belyea MJ

INSTITUCIÓN / INSTITUTION: - College of Nursing and Health Innovation, Arizona State University, Phoenix, AZ, USA.

RESUMEN / SUMMARY: - Introduction: Men with prostate cancer undergoing radiation treatment frequently report fatigue, insomnia, depression, anxiety and urinary, bowel, sexual, and hormonal symptoms. Plasma concentrations of cytokines may be related to these symptoms, but few studies have examined these relationships. The study purpose was to explore the association between prostate cancer symptoms and cytokine levels at pretreatment and posttreatment. Method: In this longitudinal, correlational study, 29 men with nonmetastatic prostate cancer completed symptom questionnaires at preradiation and postradiation treatment. Blood drawn at these same time points was used to determine levels of tumor necrosis factor-alpha (TNF-alpha) and interleukins-1beta, 6, 10, and 4 (IL-1beta, IL-6, IL-10, and IL-4). Results: Men reported symptom severity at pretreatment and posttreatment as low to moderate. There were significant differences from pretreatment to posttreatment in fatigue, insomnia, urinary irritative and incontinence, bowel, sexual, and hormonal problems. There were no significant differences in TNF-alpha, IL-6, IL-10, or IL-4. At pretreatment, TNF-alpha was associated with depression, anxiety, urinary irritative, and bowel problems, and IL-4 was related to urinary irritative symptoms. At posttreatment, IL-4 was associated with urinary irritative symptoms. Findings suggest that, in men with prostate cancer, there is no strong association between symptom reporting and cytokine levels. Ongoing research focused on neuroendocrine and genetic markers and their

associations with symptoms is promising and may result in the provision of better markers for quantifying the symptom experience in patients with cancer.

TÍTULO / TITLE: - Impact of cabazitaxel on 2-year survival and palliation of tumour-related pain in men with metastatic castration-resistant prostate cancer treated in the TROPIC trial.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 May 30.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt194](#)

AUTORES / AUTHORS: - Bahl A; Oudard S; Tombal B; Ozguroglu M; Hansen S; Kocak I; Gravis G; Devin J; Shen L; de Bono JS; Sartor AO

INSTITUCIÓN / INSTITUTION: - Bristol Haematology and Oncology Centre, University Hospitals Bristol NHS Foundation Trust, Bristol, UK.

RESUMEN / SUMMARY: - BACKGROUND: Cabazitaxel significantly improves overall survival (OS) versus mitoxantrone in patients with metastatic castration-resistant prostate cancer after docetaxel failure. We examined patient survival at 2 years and tumour-related pain with cabazitaxel versus mitoxantrone. METHODS: Updated TROPIC data (cut-off 10 March 2010) were used to compare 2-year survival between treatment groups and assess patient demographics and disease characteristics. Factors prognostic for survival ≥ 2 years were assessed. Pain and Eastern Cooperative Oncology Group performance status were evaluated in the overall patient population. RESULTS: Median follow-up was 25.5 months. After 2 years, more patients remained alive following cabazitaxel than mitoxantrone [odds ratio 2.11; 95% confidence interval (CI) 1.33-3.33]. Treatment with cabazitaxel was prognostic for survival ≥ 2 years. Demographics/baseline characteristics were balanced between treatment arms irrespective of survival. Pain at baseline and pain response were comparable between treatment groups. Average daily pain performance index was lower for cabazitaxel versus mitoxantrone (all cycles; 95% CI -0.27 to -0.01; P = 0.035) and analgesic scores were similar. Grade ≥ 3 peripheral neuropathies were uncommon and comparable between treatment groups. CONCLUSIONS: Cabazitaxel prolongs OS at 2 years versus mitoxantrone and has low rates of peripheral neuropathy. Palliation benefits of cabazitaxel were comparable to those of mitoxantrone. The study was registered with www.ClinicalTrials.gov (NCT00417079).

[6]

TÍTULO / TITLE: - Alpha emitter radium-223 and survival in metastatic prostate cancer.

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

REVISTA / JOURNAL: - N Engl J Med. 2013 Jul 18;369(3):213-23. doi: 10.1056/NEJMoa1213755.

●● Enlace al texto completo (gratis o de pago) [1056/NEJMoa1213755](https://doi.org/10.1093/NEJMoa1213755)

AUTORES / AUTHORS: - Parker C; Nilsson S; Heinrich D; Helle SI; O'Sullivan JM; Fossa SD; Chodacki A; Wiechno P; Logue J; Seke M; Widmark A; Johannessen DC; Hoskin P; Bottomley D; James ND; Solberg A; Syndikus I; Klimant J; Wedel S; Boehmer S; Dall'Oglio M; Franzen L; Coleman R; Vogelzang NJ; O'Bryan-Tear CG; Staudacher K; Garcia-Vargas J; Shan M; Bruland OS; Sartor O

INSTITUCIÓN / INSTITUTION: - Royal Marsden National Health Service Foundation Trust and Institute of Cancer Research, Sutton, United Kingdom.

RESUMEN / SUMMARY: - BACKGROUND: Radium-223 dichloride (radium-223), an alpha emitter, selectively targets bone metastases with alpha particles. We assessed the efficacy and safety of radium-223 as compared with placebo, in addition to the best standard of care, in men with castration-resistant prostate cancer and bone metastases. METHODS: In our phase 3, randomized, double-blind, placebo-controlled study, we randomly assigned 921 patients who had received, were not eligible to receive, or declined docetaxel, in a 2:1 ratio, to receive six injections of radium-223 (at a dose of 50 kBq per kilogram of body weight intravenously) or matching placebo; one injection was administered every 4 weeks. In addition, all patients received the best standard of care. The primary end point was overall survival. The main secondary efficacy end points included time to the first symptomatic skeletal event and various biochemical end points. A prespecified interim analysis, conducted when 314 deaths had occurred, assessed the effect of radium-223 versus placebo on survival. An updated analysis, when 528 deaths had occurred, was performed before crossover from placebo to radium-223. RESULTS: At the interim analysis, which involved 809 patients, radium-223, as compared with placebo, significantly improved overall survival (median, 14.0 months vs. 11.2 months; hazard ratio, 0.70; 95% confidence interval [CI], 0.55 to 0.88; two-sided P=0.002). The updated analysis involving 921 patients confirmed the radium-223 survival benefit (median, 14.9 months vs. 11.3 months; hazard ratio, 0.70; 95% CI, 0.58 to 0.83; P<0.001). Assessments of all main secondary efficacy end points also showed a benefit of radium-223 as compared with placebo. Radium-223 was associated with low myelosuppression rates and fewer adverse events. CONCLUSIONS: In this study, which was terminated for efficacy at the prespecified interim analysis, radium-223 improved overall survival. (Funded by Algeta and Bayer HealthCare Pharmaceuticals; ALSYMPCA ClinicalTrials.gov number, NCT00699751.).

[7]

TÍTULO / TITLE: - Necrosis predicts benefit from hypoxia-modifying therapy in patients with high risk bladder cancer enrolled in a phase III randomised trial.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jun 14. pii: S0167-8140(13)00232-6. doi: 10.1016/j.radonc.2013.05.017.

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

[1016/j.radonc.2013.05.017](http://dx.doi.org/10.1016/j.radonc.2013.05.017)

AUTORES / AUTHORS: - Eustace A; Irlam JJ; Taylor J; Denley H; Agrawal S; Choudhury A; Ryder D; Ord JJ; Harris AL; Rojas AM; Hoskin PJ; West CM

INSTITUCIÓN / INSTITUTION: - Translational Radiobiology Group, Institute of Cancer Sciences, The University of Manchester, Manchester Academic Health Centre, Christie Hospital, Manchester.

RESUMEN / SUMMARY: - **BACKGROUND AND PURPOSE:** Addition of carbogen and nicotinamide (hypoxia-modifying agents) to radiotherapy improves the survival of patients with high risk bladder cancer. The study investigated whether histopathological tumour features and putative hypoxia markers predicted benefit from hypoxia modification. **MATERIALS AND METHODS:** Samples were available from 231 patients with high grade and invasive bladder carcinoma from the BCON phase III trial of radiotherapy (RT) alone or with carbogen and nicotinamide (RT+CON). Histopathological tumour features examined were: necrosis, growth pattern, growing margin, and tumour/stroma ratio. Hypoxia markers carbonic anhydrase-IX and glucose transporter-1 were examined using tissue microarrays. **RESULTS:** Necrosis was the only independent prognostic indicator (P=0.04). Necrosis also predicted benefit from hypoxia modification. Five-year overall survival was 48% (RT) versus 39% (RT+CON) (P=0.32) in patients without necrosis and 34% (RT) versus 56% (RT+CON) (P=0.004) in patients with necrosis. There was a significant treatment by necrosis strata interaction (P=0.001 adjusted). Necrosis was an independent predictor of benefit from RT+CON versus RT (hazard ratio [HR]: 0.43, 95% CI 0.25-0.73, P=0.002). This trend was not observed when there was no necrosis (HR: 1.64, 95% CI 0.95-2.85, P=0.08). **CONCLUSIONS:** Necrosis predicts benefit from hypoxia modification in patients with high risk bladder cancer and should be used to select patients; it is simple to identify and easy to incorporate into routine histopathological examination.

[8]

TÍTULO / TITLE: - A co-clinical approach identifies mechanisms and potential therapies for androgen deprivation resistance in prostate cancer.

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

REVISTA / JOURNAL: - Nat Genet. 2013 Jul;45(7):747-55. doi: 10.1038/ng.2650. Epub 2013 Jun 2.

●● Enlace al texto completo (gratis o de pago) [1038/ng.2650](http://dx.doi.org/10.1038/ng.2650)

AUTORES / AUTHORS: - Lunardi A; Ala U; Epping MT; Salmena L; Clohessy JG; Webster KA; Wang G; Mazzucchelli R; Bianconi M; Stack EC; Lis R; Patnaik A; Cantley LC; Buble G; Cordon-Cardo C; Gerald WL; Montironi R; Signoretti S; Loda M; Nardella C; Pandolfi PP

INSTITUCIÓN / INSTITUTION: - Cancer Genetics Program, Beth Israel Deaconess Cancer Center, Department of Medicine and Pathology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts, USA.

RESUMEN / SUMMARY: - Here we report an integrated analysis that leverages data from treatment of genetic mouse models of prostate cancer along with clinical data from patients to elucidate new mechanisms of castration resistance. We show that castration counteracts tumor progression in a Pten loss-driven mouse model of prostate cancer through the induction of apoptosis and proliferation block. Conversely, this response is bypassed with deletion of either Trp53 or Zbtb7a together with Pten, leading to the development of castration-resistant prostate cancer (CRPC). Mechanistically, the integrated acquisition of data from mouse models and patients identifies the expression patterns of XAF1, XIAP and SRD5A1 as a predictive and actionable signature for CRPC. Notably, we show that combined inhibition of XIAP, SRD5A1 and AR pathways overcomes castration resistance. Thus, our co-clinical approach facilitates the stratification of patients and the development of tailored and innovative therapeutic treatments.

[9]

TÍTULO / TITLE: - Comprehensive molecular characterization of clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - Nature. 2013 Jul 4;499(7456):43-9. doi: 10.1038/nature12222. Epub 2013 Jun 23.

●● Enlace al texto completo (gratis o de pago) [1038/nature12222](#)

RESUMEN / SUMMARY: - Genetic changes underlying clear cell renal cell carcinoma (ccRCC) include alterations in genes controlling cellular oxygen sensing (for example, VHL) and the maintenance of chromatin states (for example, PBRM1). We surveyed more than 400 tumours using different genomic platforms and identified 19 significantly mutated genes. The PI(3)K/AKT pathway was recurrently mutated, suggesting this pathway as a potential therapeutic target. Widespread DNA hypomethylation was associated with mutation of the H3K36 methyltransferase SETD2, and integrative analysis suggested that mutations involving the SWI/SNF chromatin remodelling complex (PBRM1, ARID1A, SMARCA4) could have far-reaching effects on other pathways. Aggressive cancers demonstrated evidence of a metabolic shift, involving downregulation of genes involved in the TCA cycle, decreased AMPK and PTEN protein levels, upregulation of the pentose phosphate pathway and the glutamine transporter genes, increased acetyl-CoA carboxylase protein, and altered promoter methylation of miR-21 (also known as MIR21) and GRB10. Remodelling cellular metabolism thus constitutes a recurrent pattern in ccRCC that correlates with tumour stage and severity and offers new views on the opportunities for disease treatment.

[10]

TÍTULO / TITLE: - Serum Androgens As Prognostic Biomarkers in Castration-Resistant Prostate Cancer: Results From an Analysis of a Randomized Phase III Trial.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Aug 1;31(22):2791-8. doi: 10.1200/JCO.2012.45.4595. Epub 2013 Jul 1.

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

[1200/JCO.2012.45.4595](#)

AUTORES / AUTHORS: - Ryan CJ; Molina A; Li J; Kheoh T; Small EJ; Haqq CM; Grant RP; de Bono JS; Scher HI

INSTITUCIÓN / INSTITUTION: - University of California, San Francisco, Helen Diller Family Comprehensive Cancer Center, 1600 Divisadero St, San Francisco, CA 94115; ryanc@medicine.ucsf.edu.

RESUMEN / SUMMARY: - **PURPOSE** In the phase III study COU-AA-301, abiraterone acetate (AA) plus prednisone (P) prolonged overall survival (OS) in patients with metastatic castration-resistant prostate cancer (mCRPC) after docetaxel administration. In this article, we investigate the relationship between baseline serum androgen (SA) levels and OS. **PATIENTS AND METHODS** COU-AA-301 is a randomized, double-blind study of AA (1,000 mg every day) plus P (5 mg by mouth twice daily; n = 797) versus P alone (n = 398). Randomization was stratified by Eastern Cooperative Oncology Group performance status (0 to 1 v 2), pain (Brief Pain Inventory-Short Form over past 24 hours: 4 to 10, present; v 0 to 3, absent), prior chemotherapy (1 v 2), and progression (prostate-specific antigen v radiographic). Association of baseline SA (testosterone, androstenedione, dehydroepiandrosterone sulfate), was measured by ultrasensitive liquid-liquid extraction or protein precipitation and two-dimensional liquid chromatography coupled to mass spectrometry, with OS determined by bivariate and multivariable Cox models. OS was examined with SA as greater than median and less than or equal to the median. Results Median survival increased with each quartile increase in testosterone level regardless of treatment arm. SA levels at baseline strongly associated with survival (P < .0001) in bivariate and multivariable analyses. Longer survival was observed for patients with SA above median compared with below median in both the AA and P arms (eg, testosterone, AA; hazard ratio, 0.64; 95% CI, 0.53 to 0.77; P < .0001). Treatment with AA led to longer survival versus P alone in the above- or below-median group for all androgens. **CONCLUSION** SA, measured with a novel ultrasensitive assay in COU-AA-301, is prognostic for OS and may be useful for risk stratification in mCRPC clinical trials.

[11]

TÍTULO / TITLE: - Use of advanced treatment technologies among men at low risk of dying from prostate cancer.

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

REVISTA / JOURNAL: - JAMA. 2013 Jun 26;309(24):2587-95. doi: 10.1001/jama.2013.6882.

●● [Enlace al texto completo \(gratis o de pago\) 1001/jama.2013.6882](#)

AUTORES / AUTHORS: - Jacobs BL; Zhang Y; Schroeck FR; Skolarus TA; Wei JT; Montie JE; Gilbert SM; Strobe SA; Dunn RL; Miller DC; Hollenbeck BK

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Michigan, Ann Arbor, MI 48109-2800, USA.

RESUMEN / SUMMARY: - **IMPORTANCE:** The use of advanced treatment technologies (ie, intensity-modulated radiotherapy [IMRT] and robotic prostatectomy) for prostate cancer is increasing. The extent to which these advanced treatment technologies have disseminated among patients at low risk of dying from prostate cancer is uncertain. **OBJECTIVE:** To assess the use of advanced treatment technologies, compared with prior standards (ie, traditional external beam radiation treatment [EBRT] and open radical prostatectomy) and observation, among men with a low risk of dying from prostate cancer. **DESIGN, SETTING, AND PATIENTS:** Using Surveillance, Epidemiology, and End Results (SEER)-Medicare data, we identified a retrospective cohort of men diagnosed with prostate cancer between 2004 and 2009 who underwent IMRT (n = 23,633), EBRT (n = 3926), robotic prostatectomy (n = 5881), open radical prostatectomy (n = 6123), or observation (n = 16,384). Follow-up data were available through December 31, 2010. **MAIN OUTCOMES AND MEASURES:** The use of advanced treatment technologies among men unlikely to die from prostate cancer, as assessed by low-risk disease (clinical stage \leq T2a, biopsy Gleason score \leq 6, and prostate-specific antigen level \leq 10 ng/mL), high risk of noncancer mortality (based on the predicted probability of death within 10 years in the absence of a cancer diagnosis), or both. **RESULTS:** In our cohort, the use of advanced treatment technologies increased from 32% (95% CI, 30%-33%) to 44% (95% CI, 43%-46%) among men with low-risk disease (P < .001) and from 36% (95% CI, 35%-38%) to 57% (95% CI, 55%-59%) among men with high risk of noncancer mortality (P < .001). The use of these advanced treatment technologies among men with both low-risk disease and high risk of noncancer mortality increased from 25% (95% CI, 23%-28%) to 34% (95% CI, 31%-37%) (P < .001). Among all patients diagnosed in SEER, the use of advanced treatment technologies for men unlikely to die from prostate cancer increased from 13% (95% CI, 12%-14%), or 129.2 per 1000 patients diagnosed with prostate cancer, to 24% (95% CI, 24%-25%), or 244.2 per 1000 patients diagnosed with prostate cancer (P < .001). **CONCLUSION AND RELEVANCE:** Among men diagnosed with prostate cancer between 2004 and 2009 who had low-risk disease, high risk of noncancer mortality, or both, the use of advanced treatment technologies has increased.

[12]

TÍTULO / TITLE: - Cancer. Prostate cancer takes nerve.

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

REVISTA / JOURNAL: - Science. 2013 Jul 12;341(6142):134-5. doi: 10.1126/science.1241776.

●● Enlace al texto completo (gratis o de pago) [1126/science.1241776](https://doi.org/10.1126/science.1241776)

AUTORES / AUTHORS: - Isaacs JT

INSTITUCIÓN / INSTITUTION: - Sidney Kimmel Comprehensive Cancer Research Center, Johns Hopkins Medical Institutions, 1650 Orleans Street, Baltimore, MD 21231-1001, USA. isaacjo@jhmi.edu

[13]

TÍTULO / TITLE: - Autonomic nerve development contributes to prostate cancer progression.

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

REVISTA / JOURNAL: - Science. 2013 Jul 12;341(6142):1236361. doi: 10.1126/science.1236361.

●● Enlace al texto completo (gratis o de pago) [1126/science.1236361](https://doi.org/10.1126/science.1236361)

AUTORES / AUTHORS: - Magnon C; Hall SJ; Lin J; Xue X; Gerber L; Freedland SJ; Frenette PS

INSTITUCIÓN / INSTITUTION: - Ruth L. and David S. Gottesman Institute for Stem Cell and Regenerative Medicine Research, Albert Einstein College of Medicine, Bronx, NY 10461, USA. clairemagnon@free.fr

RESUMEN / SUMMARY: - Nerves are a common feature of the microenvironment, but their role in tumor growth and progression remains unclear. We found that the formation of autonomic nerve fibers in the prostate gland regulates prostate cancer development and dissemination in mouse models. The early phases of tumor development were prevented by chemical or surgical sympathectomy and by genetic deletion of stromal beta2- and beta3-adrenergic receptors. Tumors were also infiltrated by parasympathetic cholinergic fibers that promoted cancer dissemination. Cholinergic-induced tumor invasion and metastasis were inhibited by pharmacological blockade or genetic disruption of the stromal type 1 muscarinic receptor, leading to improved survival of the mice. A retrospective blinded analysis of prostate adenocarcinoma specimens from 43 patients revealed that the densities of sympathetic and parasympathetic nerve fibers in tumor and surrounding normal tissue, respectively, were associated with poor clinical outcomes. These findings may lead to novel therapeutic approaches for prostate cancer.

[14]

TÍTULO / TITLE: - ETS factors reprogram the androgen receptor cistrome and prime prostate tumorigenesis in response to PTEN loss.

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

REVISTA / JOURNAL: - Nat Med. 2013 Aug;19(8):1023-9. doi: 10.1038/nm.3216. Epub 2013 Jun 30.

●● Enlace al texto completo (gratis o de pago) [1038/nm.3216](#)

AUTORES / AUTHORS: - Chen Y; Chi P; Rockowitz S; Iaquina PJ; Shamu T; Shukla S; Gao D; Sirota I; Carver BS; Wongvipat J; Scher HI; Zheng D; Sawyers CL

INSTITUCIÓN / INSTITUTION: - [1] Department of Medicine, Memorial Sloan-Kettering Cancer Center (MSKCC), New York, New York, USA. [2] Human Oncology and Pathogenesis Program, MSKCC, New York, New York, USA. [3].

RESUMEN / SUMMARY: - Studies of ETS-mediated prostate oncogenesis have been hampered by a lack of suitable experimental systems. Here we describe a new conditional mouse model that shows robust, homogenous ERG expression throughout the prostate. When combined with homozygous Pten loss, the mice developed accelerated, highly penetrant invasive prostate cancer. In mouse prostate tissue, ERG markedly increased androgen receptor (AR) binding. Robust ERG-mediated transcriptional changes, observed only in the setting of Pten loss, included the restoration of AR transcriptional output and upregulation of genes involved in cell death, migration, inflammation and angiogenesis. Similarly, ETS variant 1 (ETV1) positively regulated the AR cistrome and transcriptional output in ETV1-translocated, PTEN-deficient human prostate cancer cells. In two large clinical cohorts, expression of ERG and ETV1 correlated with higher AR transcriptional output in PTEN-deficient prostate cancer specimens. We propose that ETS factors cause prostate-specific transformation by altering the AR cistrome, priming the prostate epithelium to respond to aberrant upstream signals such as PTEN loss.

[15]

TÍTULO / TITLE: - Plasma Phospholipid Fatty Acids and Prostate Cancer Risk in the SELECT Trial.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Aug 7;105(15):1132-1141. Epub 2013 Jul 10.

●● Enlace al texto completo (gratis o de pago) [1093/jnci/djt174](#)

AUTORES / AUTHORS: - Brasky TM; Darke AK; Song X; Tangen CM; Goodman PJ; Thompson IM; Meyskens FL Jr; Goodman GE; Minasian LM; Parnes HL; Klein EA; Kristal AR

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: Department of Internal Medicine, Division of Cancer Prevention and Control, The Ohio State University College of Medicine, Columbus, OH (TMB); Cancer Prevention Program (TMB, XS, GEG, ARK) and SWOG Statistical Center (AKD, CMT, PJG), Fred

Hutchinson Cancer Research Center, Seattle, WA; Department of Urology, University of Texas-San Antonio Health Science Center, San Antonio, TX (IMT); Chao Family Comprehensive Cancer Center, University of California Irvine, Irvine, CA (FLM); Department of Environmental Health (GEG) and Department of Epidemiology (ARK), University of Washington, Seattle, WA; Division of Cancer Prevention, National Cancer Institute, National Institutes of Health, Bethesda, MD (LMM, HLP); Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, OH (EAK).

RESUMEN / SUMMARY: - BACKGROUND: Studies of dietary omega-3 fatty acid intake and prostate cancer risk are inconsistent; however, recent large prospective studies have found increased risk of prostate cancer among men with high blood concentrations of long-chain omega-3 polyunsaturated fatty acids ([LComega-3PUFA] 20:5omega3; 22:5omega3; 22:6omega3). This case-cohort study examines associations between plasma phospholipid fatty acids and prostate cancer risk among participants in the Selenium and Vitamin E Cancer Prevention Trial. METHODS: Case subjects were 834 men diagnosed with prostate cancer, of which 156 had high-grade cancer. The subcohort consisted of 1393 men selected randomly at baseline and from within strata frequency matched to case subjects on age and race. Proportional hazards models estimated hazard ratios (HR) and 95% confidence intervals (CI) for associations between fatty acids and prostate cancer risk overall and by grade. All statistical tests were two-sided. RESULTS: Compared with men in the lowest quartiles of LComega-3PUFA, men in the highest quartile had increased risks for low-grade (HR = 1.44, 95% CI = 1.08 to 1.93), high-grade (HR = 1.71, 95% CI = 1.00 to 2.94), and total prostate cancer (HR = 1.43, 95% CI = 1.09 to 1.88). Associations were similar for individual long-chain omega-3 fatty acids. Higher linoleic acid (omega-6) was associated with reduced risks of low-grade (HR = 0.75, 95% CI = 0.56 to 0.99) and total prostate cancer (HR = 0.77, 95% CI = 0.59 to 1.01); however, there was no dose response. CONCLUSIONS: This study confirms previous reports of increased prostate cancer risk among men with high blood concentrations of LComega-3PUFA. The consistency of these findings suggests that these fatty acids are involved in prostate tumorigenesis. Recommendations to increase LComega-3PUFA intake should consider its potential risks.

[16]

TÍTULO / TITLE: - Defining the optimal approach to the patient with postradiation prostate-specific antigen recurrence using outcome data from a prospective randomized trial.

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

REVISTA / JOURNAL: - Cancer. 2013 Jun 24. doi: 10.1002/cncr.28202.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28202](#)

AUTORES / AUTHORS: - Kim MB; Chen MH; de Castro M; Loffredo M; Kantoff PW; D'Amico AV

INSTITUCIÓN / INSTITUTION: - Harvard Radiation Oncology Program, Harvard Medical School, Boston, Massachusetts.

RESUMEN / SUMMARY: - **BACKGROUND:** Optimal management remains unknown following prostate-specific antigen (PSA) failure when considering comorbidity and PSA kinetics at recurrence. In order to define randomized controlled trials (RCTs) that can address this issue, this study examined factors associated with the risk of death following PSA failure. **METHODS:** Of 206 men randomized to RT with or without 6 months of androgen suppression therapy (AST), 108 sustained PSA failure and began AST when PSA approached 10 ng/mL and formed the study cohort. Cox regression multivariable analysis was used to determine factors associated with death following PSA failure. **RESULTS:** After a median follow-up of 10.3 years of 108 men with PSA failure, 64 (59%) died, with 22 (34%) dying of prostate cancer (PC). Increasing PSA velocity at recurrence was associated with a significant increase in the risk of death (adjusted hazard ratio, 1.21; 95% confidence interval, 1.02-1.45; P = .03). Among men with no/minimal versus moderate/severe comorbidity, PC comprised 42% (20 of 48) versus 12.5% (2 of 16) of all deaths, respectively. Estimates of PC-specific and all-cause death were significantly higher when PSA velocity was greater than as compared with the median or less in men with no/minimal (P < .008) but not moderate/severe comorbidity (P > .15). **CONCLUSIONS:** Despite unfavorable PSA kinetics at recurrence, unhealthy men may not benefit from AST; RCTs examining intermittent AST versus surveillance are needed. For healthy men with unfavorable PSA kinetics at recurrence, PC death rates are high despite AST, which warrants RCTs to evaluate the impact on death when adding agents that prolong survival in men with metastatic castration-resistant PC to AST. Cancer 2013. Esta es una cita bibliográfica que va por delante de la publicación en papel. La fecha indicada en la cita provista, NO corresponde con la fecha o la cita bibliográfica de la publicación en papel. La cita bibliográfica definitiva (con el volumen y su paginación) saldrá en 1 ó 2 meses a partir de la fecha de la emisión electrónica-online. *** This is a bibliographic record ahead of the paper publication. The given date in the bibliographic record does not correspond to the date or the bibliographic citation on the paper publication. The publisher will provide the final bibliographic citation (with the volume, and pagination) within 1 or 2 months from the date the record was published online. © 2013 American Cancer Society.

[17]

TÍTULO / TITLE: - Integrated molecular analysis of clear-cell renal cell carcinoma.

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

REVISTA / JOURNAL: - Nat Genet. 2013 Aug;45(8):860-7. doi: 10.1038/ng.2699. Epub 2013 Jun 24.

●● Enlace al texto completo (gratis o de pago) [1038/ng.2699](https://doi.org/10.1038/ng.2699)

AUTORES / AUTHORS: - Sato Y; Yoshizato T; Shiraishi Y; Maekawa S; Okuno Y; Kamura T; Shimamura T; Sato-Otsubo A; Nagae G; Suzuki H; Nagata Y; Yoshida K; Kon A; Suzuki Y; Chiba K; Tanaka H; Niida A; Fujimoto A; Tsunoda T; Morikawa T; Maeda D; Kume H; Sugano S; Fukayama M; Aburatani H; Sanada M; Miyano S; Homma Y; Ogawa S

INSTITUCIÓN / INSTITUTION: - [1] Cancer Genomics Project, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan. [2] Department of Urology, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan. [3].

RESUMEN / SUMMARY: - Clear-cell renal cell carcinoma (ccRCC) is the most prevalent kidney cancer and its molecular pathogenesis is incompletely understood. Here we report an integrated molecular study of ccRCC in which ≥ 100 ccRCC cases were fully analyzed by whole-genome and/or whole-exome and RNA sequencing as well as by array-based gene expression, copy number and/or methylation analyses. We identified a full spectrum of genetic lesions and analyzed gene expression and DNA methylation signatures and determined their impact on tumor behavior. Defective VHL-mediated proteolysis was a common feature of ccRCC, which was caused not only by VHL inactivation but also by new hotspot TCEB1 mutations, which abolished Elongin C-VHL binding, leading to HIF accumulation. Other newly identified pathways and components recurrently mutated in ccRCC included PI3K-AKT-mTOR signaling, the KEAP1-NRF2-CUL3 apparatus, DNA methylation, p53-related pathways and mRNA processing. This integrated molecular analysis unmasked new correlations between DNA methylation, gene mutation and/or gene expression and copy number profiles, enabling the stratification of clinical risks for patients with ccRCC.

[18]

TÍTULO / TITLE: - Zbtb7a suppresses prostate cancer through repression of a Sox9-dependent pathway for cellular senescence bypass and tumor invasion.

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

REVISTA / JOURNAL: - Nat Genet. 2013 Jun 2;45(7):739-746. doi: 10.1038/ng.2654. Epub 2013 Jun 2.

●● Enlace al texto completo (gratis o de pago) [1038/ng.2654](https://doi.org/10.1038/ng.2654)

AUTORES / AUTHORS: - Wang G; Lunardi A; Zhang J; Chen Z; Ala U; Webster KA; Tay Y; Gonzalez-Billalabeitia E; Egia A; Shaffer DR; Carver B; Liu XS; Taulli R; Kuo WP; Nardella C; Signoretti S; Cordon-Cardo C; Gerald WL; Pandolfi PP

INSTITUCIÓN / INSTITUTION: - [1] Cancer Genetics Program, Beth Israel Deaconess Cancer Center, Harvard Medical School, Boston, Massachusetts, USA. [2] Departments of Medicine and Pathology, Beth Israel Deaconess

Medical Center, Harvard Medical School, Boston, Massachusetts, USA. [3] Biochemistry, Cell & Molecular Biology Program, Weill Graduate School of Medical Sciences, Cornell University, New York, New York, USA. [4] Cancer Biology and Genetics Program, Sloan Kettering Institute, Memorial Sloan-Kettering Cancer Center, New York, New York, USA. [5] Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York, New York, USA. [6].

RESUMEN / SUMMARY: - Zbtb7a has previously been described as a powerful proto-oncogene. Here we unexpectedly demonstrate that Zbtb7a has a critical oncosuppressive role in the prostate. Prostate-specific inactivation of Zbtb7a leads to a marked acceleration of Pten loss-driven prostate tumorigenesis through bypass of Pten loss-induced cellular senescence (PICS). We show that ZBTB7A physically interacts with SOX9 and functionally antagonizes its transcriptional activity on key target genes such as MIA, which is involved in tumor cell invasion, and H19, a long noncoding RNA precursor for an RB-targeting microRNA. Inactivation of Zbtb7a in vivo leads to Rb downregulation, PICS bypass and invasive prostate cancer. Notably, we found that ZBTB7A is genetically lost, as well as downregulated at both the mRNA and protein levels, in a subset of human advanced prostate cancers. Thus, we identify ZBTB7A as a context-dependent cancer gene that can act as an oncogene in some contexts but also has oncosuppressive-like activity in PTEN-null tumors.

[19]

TÍTULO / TITLE: - Transurethral surgery and twice-daily radiation plus paclitaxel-cisplatin or fluorouracil-cisplatin with selective bladder preservation and adjuvant chemotherapy for patients with muscle invasive bladder cancer (RTOG 0233): a randomised multicentre phase 2 trial.

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

REVISTA / JOURNAL: - Lancet Oncol. 2013 Aug;14(9):863-72. doi: 10.1016/S1470-2045(13)70255-9. Epub 2013 Jul 1.

●● Enlace al texto completo (gratis o de pago) [1016/S1470-2045\(13\)70255-9](#)

AUTORES / AUTHORS: - Mitin T; Hunt D; Shipley WU; Kaufman DS; Uzzo R; Wu CL; Buyyounouski MK; Sandler H; Zietman AL

INSTITUCIÓN / INSTITUTION: - Harvard Medical School, Massachusetts General Hospital, Boston, MA, USA. Electronic address: tmitin@partners.org.

RESUMEN / SUMMARY: - BACKGROUND: We assessed effectiveness, safety, and tolerability of paclitaxel or fluorouracil when added to radiation plus cisplatin followed by adjuvant chemotherapy in a programme of selected bladder preservation for patients with muscle invasive bladder cancer. METHODS: In our randomised phase 2 trial, we enrolled patients with T2-4^a transitional cell carcinoma of the bladder at 24 medical centres in the USA. We randomly allocated patients to receive paclitaxel plus cisplatin (paclitaxel

group) or fluorouracil plus cisplatin (fluorouracil group) with twice-daily radiation in random block sizes per site on the basis of clinical T-stage (T2 vs T3-4). Patients and physicians were aware of treatment assignment. All patients had transurethral resection of bladder tumour and twice-daily radiotherapy to 40.3 Gy, along with allocated chemotherapy, followed by cystoscopic and biopsy assessment of response. Patients who had a tumour response with downstaging to T0, Tcis, or Ta received consolidation chemoradiotherapy to 64.3 Gy, with the same chemotherapy regimen as in the induction phase. Patients received adjuvant cisplatin-gemcitabine-paclitaxel after the end of chemoradiotherapy. If, after induction, persistent disease was graded as T1 or worse, we recommended patients undergo cystectomy and adjuvant chemotherapy. We assessed the primary endpoints of rates of treatment completion and toxic effects in all randomly allocated patients. This study is registered with ClinicalTrials.gov, number NCT00055601. FINDINGS: Between Dec 13, 2002, and Jan 11, 2008, we enrolled 97 patients, of whom 93 were eligible for analysis. Median follow-up was 5.0 years (IQR 5.0-6.2). Of 46 patients in the paclitaxel group, 45 (98%) completed induction (16 [35%] with grade 3-4 toxicity), 39 (85%) completed induction and consolidation (11 [24%] with grade 3-4 toxicity due to consolidation), and 31 (67%) completed the entire protocol with adjuvant chemotherapy. 34 (85%) of 40 assessable patients in the paclitaxel group had grade 3-4 toxicity during adjuvant chemotherapy. Of 47 patients in the fluorouracil group, 45 (96%) completed induction (nine [19%] with grade 3-4 toxicity), 39 (83%) completed induction and consolidation (12 [26%] had grade 3-4 toxicity due to consolidation), and 25 (53%) completed the entire protocol with adjuvant chemotherapy. 31 (76%) of 41 assessable patients in the fluorouracil group had grade 3-4 toxicity during adjuvant chemotherapy. Five (11%) patients treated with the paclitaxel regimen and three (6%) patients treated with the fluorouracil regimen developed late grade 3-4 radiotherapy toxicities. 11 (24%) patients treated with the paclitaxel regimen and 16 (34%) patients treated with the fluorouracil regimen developed late grade 3-4 toxicities unrelated to radiotherapy. One patient (in the fluorouracil group) died during follow-up. Six (13%) patients in the paclitaxel group and in three (6%) patients in the fluorouracil group discontinued due to treatment-related toxicity. INTERPRETATION: In the absence of phase 3 data, our findings could inform selection of a bladder-sparing trimodality chemotherapy regimen for patients with muscle invasive bladder cancer. FUNDING: US National Cancer Institute.

[20]

TÍTULO / TITLE: - A clear picture of renal cell carcinoma.

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

REVISTA / JOURNAL: - Nat Genet. 2013 Aug;45(8):849-50. doi: 10.1038/ng.2708.

●● Enlace al texto completo (gratis o de pago) [1038/ng.2708](#)

AUTORES / AUTHORS: - Hakimi AA; Pham CG; Hsieh JJ

INSTITUCIÓN / INSTITUTION: - Human Oncology and Pathogenesis Program, Memorial Sloan-Kettering Cancer Center, New York, New York, USA.

RESUMEN / SUMMARY: - Two recent studies describe the largest molecular profiling analyses to date of clear-cell renal cell carcinoma (ccRCC) and report remarkably similar findings. The recurrent pathway alterations identified in these studies open new avenues for therapeutic advances in this chemotherapy- and radiation-resistant disease.

[21]

TÍTULO / TITLE: - A genome-wide association study identifies susceptibility loci for Wilms tumor.

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

REVISTA / JOURNAL: - Nat Genet. 2013 Aug;45(8):962. doi: 10.1038/ng0813-962^a.

●● Enlace al texto completo (gratis o de pago) [1038/ng0813-962a](#)

AUTORES / AUTHORS: - Turnbull C; Perdeaux ER; Pernet D; Naranjo A; Renwick A; Seal S; Munoz-Xicola RM; Hanks S; Slade I; Zachariou A; Warren-Perry M; Ruark E; Gerrard M; Hale J; Hewitt M; Kohler J; Lane S; Levitt G; Madi M; Morland B; Neefjes V; Nicholson J; Picton S; Pizer B; Ronghe M; Stevens M; Traunecker H; Stiller CA; Pritchard-Jones K; Dome J; Grundy P; Rahman N

[22]

TÍTULO / TITLE: - Usefulness of bone turnover markers as predictors of mortality risk, disease progression and skeletal-related events appearance in patients with prostate cancer with bone metastases following treatment with zoledronic acid: TUGAMO study.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jun 25;108(12):2565-72. doi: 10.1038/bjc.2013.270. Epub 2013 May 30.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.270](#)

AUTORES / AUTHORS: - de la Piedra C; Alcaraz A; Bellmunt J; Meseguer C; Gomez-Caamano A; Ribal MJ; Vazquez F; Anido U; Samper P; Esteban E; Alvarez-Ossorio JL; Lara PC; San Jose LA; Contreras JA; Del Alba AG; Gonzalez-Gragera B; Tabernero AJ; Gonzalez-Enguita C; Fernandez JM; Garcia-Escudero A; Gomez-Veiga F; Mendez MJ; Segarra J; Virizuela JA; Carles J; Lassa A; Calderero V; Constela M; Delgado D; Manas A; Murias A; Reynes G; Rodriguez B; Rubio G; Sanchez E; Unda M; Solsona E; Martinez-Javaloyas JM; Comet-Batlle J; Quicios C; Martin-Fernandez M; Mahillo-Fernandez I; Morote J

INSTITUCIÓN / INSTITUTION: - Bioquímica Investigación, Instituto de Investigación Sanitaria Fundación Jiménez Díaz, Madrid, España.

RESUMEN / SUMMARY: - Background:Owing to the limited validity of clinical data on the treatment of prostate cancer (PCa) and bone metastases, biochemical markers are a promising tool for predicting survival, disease progression and skeletal-related events (SREs) in these patients. The aim of this study was to evaluate the predictive capacity of biochemical markers of bone turnover for mortality risk, disease progression and SREs in patients with PCa and bone metastases undergoing treatment with zoledronic acid (ZA).Methods:This was an observational, prospective and multicenter study in which ninety-eight patients were included. Patients were treated with ZA (4 mg every 4 weeks for 18 months). Data were collected at baseline and 3, 6, 9, 12, 15 and 18 months after the beginning of treatment. Serum levels of bone alkaline phosphatase (BALP), aminoterminal propeptide of procollagen type I (P1NP) and beta-isomer of carboxiterminal telopeptide of collagen I (beta-CTX) were analysed at all points in the study. Data on disease progression, SREs development and survival were recorded.Results:Cox regression models with clinical data and bone markers showed that the levels of the three markers studied were predictive of survival time, with beta-CTX being especially powerful, in which a lack of normalisation in visit 1 (3 months after the beginning of treatment) showed a 6.3-times more risk for death than in normalised patients. Levels of these markers were also predictive for SREs, although in this case BALP and P1NP proved to be better predictors. We did not find any relationship between bone markers and disease progression.Conclusion:In patients with PCa and bone metastases treated with ZA, beta-CTX and P1NP can be considered suitable predictors for mortality risk, while BALP and P1NP are appropriate for SREs. The levels of these biomarkers 3 months after the beginning of treatment are especially important.

[23]

TÍTULO / TITLE: - Outcomes of patients with metastatic clear-cell renal cell carcinoma treated with pazopanib after disease progression with other targeted therapies.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Jun 26. pii: S0959-8049(13)00463-2. doi: 10.1016/j.ejca.2013.06.003.

●● Enlace al texto completo (gratis o de pago) 1016/j.ejca.2013.06.003

AUTORES / AUTHORS: - Matrana MR; Duran C; Shetty A; Xiao L; Atkinson BJ; Corn P; Pagliaro LC; Millikan RE; Charnsangave C; Jonasch E; Tannir NM

INSTITUCIÓN / INSTITUTION: - Hematology and Medical Oncology Fellowship Program, The University of Texas MD Anderson Cancer Center, Houston, TX, USA.

RESUMEN / SUMMARY: - AIM: The multi-tyrosine kinase inhibitor pazopanib prolongs progression-free survival (PFS) versus placebo in treatment-naive and cytokine-refractory metastatic clear-cell renal cell carcinoma (ccRCC).

Outcomes and safety data with pazopanib after targeted therapy (TT) are limited. METHODS: We retrospectively evaluated records of consecutive patients with metastatic ccRCC who had progressive disease (PD) after TT and received pazopanib from November 2009 through November 2011. Tumour response was assessed by a blinded radiologist using Response Evaluation Criteria In Solid Tumours (RECIST). PFS and overall survival (OS) were estimated by Kaplan-Meier methods. RESULTS: Ninety-three patients were identified. Median number of prior TTs was 2 (range, 1-5). There were 68 events (PD or death). Among 85 evaluable patients, 13 (15%) had a partial response. Median PFS was 6.5 months (95% CI: 4.5-9.7); median OS was 18.1 months (95% CI: 10.26-NA). Common adverse events (AEs) included fatigue (44%), elevated transaminases (35%), diarrhoea (30%), hypothyroidism (18%), nausea/vomiting (17%), anorexia (14%) and hypertension exacerbation (14%); 91% of AEs were grade \leq 2. Eleven patients (12%) discontinued therapy due to AEs. There were no treatment-related deaths. CONCLUDING STATEMENT: Pazopanib demonstrated efficacy in patients with metastatic ccRCC after PD with other TTs. Toxicity overall was mild/moderate and manageable.

[24]

TÍTULO / TITLE: - Vaccination of castration-resistant prostate cancer patients with TroVax (MVA-5T4) in combination with docetaxel: a randomized phase II trial.

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

REVISTA / JOURNAL: - Cancer Immunol Immunother. 2013 Jul 23.

●● Enlace al texto completo (gratis o de pago) 1007/s00262-013-1457-z

Z

AUTORES / AUTHORS: - Harrop R; Chu F; Gabrail N; Srinivas S; Blount D; Ferrari A

INSTITUCIÓN / INSTITUTION: - Oxford BioMedica (UK) Ltd., The Medawar Centre, Oxford Science Park, Oxford, OX4 4GA, UK, r.harrop@oxfordbiomedica.co.uk.

RESUMEN / SUMMARY: - The attenuated vaccinia virus, modified vaccinia Ankara, has been engineered to deliver the tumor antigen 5T4 (TroVax®). Here, we report results from a randomized open-label phase II trial in castration-resistant prostate cancer patients in which TroVax was administered in combination with docetaxel and compared against docetaxel alone. The aim was to recruit 80 patients (40 per arm), but the study was terminated early due to recruitment challenges. Therefore, this paper reports the comparative safety and immunological and clinical efficacy in 25 patients, 12 of whom were treated with TroVax plus docetaxel and 13 with docetaxel alone. 5T4-specific immune responses were monitored throughout the study. Clinical responses were assessed by measuring changes in tumor burden by CT and bone scan and by quantifying PSA concentrations. TroVax was well tolerated in all patients. Of 10 immunologically evaluable patients, 6 mounted 5T4-specific antibody

responses. Patients treated with TroVax plus docetaxel showed a greater median progression-free survival of 9.67 months compared with 5.10 months for patients on the docetaxel alone arm ($P = 0.097$; $HR = 0.31$; 95 % CI 0.08-1.24). Importantly, a pre-treatment biomarker previously demonstrated to predict 5T4 immune response and treatment benefit showed a strong association with 5T4 antibody response and a statistically significant association with progression-free survival in patients treated with TroVax plus docetaxel, but not docetaxel alone.

[25]

TÍTULO / TITLE: - Preservation of the smooth muscular internal (vesical) sphincter and of the proximal urethra for the early recovery of urinary continence after retropubic radical prostatectomy: A prospective case-control study.

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

REVISTA / JOURNAL: - Int J Urol. 2013 Jun 26. doi: 10.1111/iju.12206.

●● Enlace al texto completo (gratis o de pago) 1111/iju.12206

AUTORES / AUTHORS: - Brunocilla E; Schiavina R; Pultrone CV; Borghesi M; Rossi M; Cevenini M; Martorana G

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Bologna, S. Orsola-Malpighi Hospital, Bologna, Italy.

RESUMEN / SUMMARY: - **OBJECTIVES:** To evaluate the influence of preservation of the muscular internal sphincter and proximal urethra on continence recovery after radical prostatectomy. **METHODS:** This was a prospective single-center, case-control study. A total of 40 consecutive patients with organ-confined prostate cancer were submitted to radical prostatectomy with the preservation of the muscular internal sphincter and the proximal urethra (group 1), and their outcomes were compared with those of 40 patients submitted to a standard procedure (group 2). Continence rates were assessed using a self-administrated questionnaire at 3, 7 and 30 days, and 3 and 12 months after removal of the catheter. **RESULTS:** Group 1 had a faster recovery of early continence than group 2 at day 3 (45% vs 22%; $P = 0.029$) and at day 7 (75% vs 50%; $P = 0.018$). Considering the number of pads, group 1 had a faster recovery of continence at 3, 7 and 30 days, and also had less incidence of severe incontinence. There was no statistically significant difference in terms of continence at 3 and 12 months among the two groups. Multivariate logistic regression analysis showed that surgical technique and young age were significantly associated with earlier time to continence at 3 and 7 days. The two groups had no significant differences in terms of surgical margins. **CONCLUSIONS:** Our modified technique of radical retropubic prostatectomy with preservation of the smooth muscular internal sphincter, as well as of the proximal urethra during bladder neck dissection, results in a significantly increased urinary continence at 3, 7 and 30 days after catheter removal, with a

minor incidence of severe incontinence. The technique is also oncologically safe, and it does not increase the operative duration of the procedure.

TÍTULO / TITLE: - Tumour-associated macrophages might represent a favourable prognostic indicator in patients with papillary renal cell carcinoma.

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

REVISTA / JOURNAL: - Histopathology. 2013 Apr 17. doi: 10.1111/his.12163.

●● Enlace al texto completo (gratis o de pago) [1111/his.12163](#)

AUTORES / AUTHORS: - Hutterer GC; Pichler M; Chromecki TF; Strini KA; Klatte T; Pummer K; Remzi M; Mannweiler S; Zigeuner R

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

RESUMEN / SUMMARY: - AIMS: Tumour-associated macrophages (TAM) have been reported to be regulators of progression in various human cancers. We evaluated the prognostic relevance of TAM in a large series of patients with papillary renal cell carcinoma (PRCC). METHODS AND RESULTS: The impact of TAM on cancer-specific survival (CSS) in 177 patients with PRCC was assessed using the Kaplan-Meier method and log-rank test. A multivariate Cox regression analysis was performed with respect to CSS. The presence of TAM was noted in 112 of 177 (63%) tumours and was associated statistically significantly with favourable pathological parameters, including low pathological T stage, node-negative tumours, low tumour grade, absence of vascular invasion and papillary subtype (all $P < 0.05$), respectively. Five-year CSS probabilities for patients with TAM-positive tumours were 93.5%, compared with 72.5% in patients with TAM-negative tumours, respectively ($P < 0.001$). Multivariate analysis revealed node-positive tumours, distant metastases and UICC stage (I versus II-IV) as independent predictors of death from PRCC, whereas the presence of TAM was associated independently with favourable outcome (hazard ratio = 0.45, 95% confidence interval 0.24-0.84, $P = 0.012$). CONCLUSIONS: The presence of TAM was shown independently to reduce the risk of death from cancer by 55%. The presence of TAM should therefore become part of routine pathology reporting in PRCC.

[26]

TÍTULO / TITLE: - Re: Prostate Cancer Diagnosis Among Men with Isolated High-Grade Intraepithelial Neoplasia Enrolled onto a 3-Year Prospective Phase III Clinical Trial of Oral Toremifene.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):536. doi: 10.1016/j.juro.2013.04.117. Epub 2013 May 2.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.117](#)

AUTORES / AUTHORS: - Taneja SS

[27]

TÍTULO / TITLE: - Association of IL-6, IL-10, and TNF-alpha Gene Polymorphism with Malnutrition Inflammation Syndrome and Survival Among End Stage Renal Disease Patients.

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

REVISTA / JOURNAL: - J Interferon Cytokine Res. 2013 Jul;33(7):384-91. doi: 10.1089/jir.2012.0109. Epub 2013 Jun 18.

●● Enlace al texto completo (gratis o de pago) [1089/jir.2012.0109](#)

AUTORES / AUTHORS: - Sharma R; Agrawal S; Saxena A; Sharma RK

INSTITUCIÓN / INSTITUTION: - 1 Department of Nephrology, Sanjay Gandhi Post Graduate Institute of Medical Sciences , Lucknow, India .

RESUMEN / SUMMARY: - During end stage renal disease (ESRD) inflammatory pathways are activated which may lead to malnutrition inflammation syndrome (MIS). In the present study, 257 ESRD patients and 200 controls were included. Cytokine levels and genotyping was done by polymerase chain reaction-restriction fragment length polymorphism and enzyme-linked immunosorbent assay (ELISA). Risk was estimated through binary logistic regression. Cox proportional hazards regression and Kaplan-Meier were used for survival analysis. Tumor necrosis factor TNF-alpha-308 AA conferred 3.6-fold higher susceptibility (P=0.001) and higher TNF-alpha levels (P=0.05). TNF-alpha-238 AA was associated with 3.3-fold higher susceptibility to ESRD (P=0.002). IL-6-174 CC genotype conferred 3-fold risk to disease (P=0.001) along with higher IL-6 levels (P=0.001). IL-10-1082 GG genotype exhibited 2.2-fold higher susceptibility to disease (P=0.013). IL-10-592 AA/-819 TT genotypes were associated with high C reactive protein (P=0.02) and low IL-10 (P=0.03) levels. TNF-alpha-308 A allele was significantly associated with 2.3-fold higher risk of malnutrition. TNF-alpha-GAC, AGC and IL-6-CC were risk haplotypes associated with higher disease susceptibility. Combined analysis revealed 1.6-fold higher susceptibility to disease (P=0.02), there was 2-fold higher susceptibility to malnutrition (P=0.02) in high inflammation group. TNF-alpha-238 AA genotype was associated with 2.5-fold higher death hazard risk (P=0.02). Our study suggests that TNF-alpha and its genetic variants are major contributors to susceptibility to MIS in ESRD patients.

[28]

TÍTULO / TITLE: - An IKKalpha-E2F1-BMI1 cascade activated by infiltrating B cells controls prostate regeneration and tumor recurrence.

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

REVISTA / JOURNAL: - Genes Dev. 2013 Jul 1;27(13):1435-40. doi: 10.1101/gad.220202.113. Epub 2013 Jun 24.

●● Enlace al texto completo (gratis o de pago) [1101/gad.220202.113](#)

AUTORES / AUTHORS: - Ammirante M; Kuraishy AI; Shalpour S; Strasner A; Ramirez-Sanchez C; Zhang W; Shabaik A; Karin M

INSTITUCIÓN / INSTITUTION: - Laboratory of Gene Regulation and Signal Transduction, Department of Pharmacology.

RESUMEN / SUMMARY: - Androgen-deprived prostate cancer (PCa) is infiltrated by B lymphocytes that produce cytokines that activate I κ B kinase alpha (IKK α) to accelerate the emergence of castration-resistant tumors. We now demonstrate that infiltrating B lymphocytes and IKK α are also required for androgen-dependent expansion of epithelial progenitors responsible for prostate regeneration. In these cells and in PCa cells, IKK α phosphorylates transcription factor E2F1 on a site that promotes its nuclear translocation, association with the coactivator CBP, and recruitment to critical genomic targets that include Bmi1, a key regulator of normal and cancerous prostate stem cell renewal. The IKK α -BMI1 pathway is also activated in human PCa.

[29]

TÍTULO / TITLE: - SABRE 1 (Surgery Against Brachytherapy - a Randomised Evaluation): feasibility randomised controlled trial (RCT) of brachytherapy vs radical prostatectomy in low-intermediate risk clinically localised prostate cancer.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(3):330-7. doi: 10.1111/bju.12127.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12127

AUTORES / AUTHORS: - Eccles BK; Cross W; Rosario DJ; Doble A; Parker C; Logue J; Little L; Stanton L; Bottomley D

INSTITUCIÓN / INSTITUTION: - University of Southampton Clinical Trials Unit, Southampton.

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine the feasibility of a phase III randomised controlled trial of brachytherapy vs radical prostatectomy (RP) in men with low-intermediate risk localised prostate cancer. **PATIENTS AND METHODS:** This parallel, two-group, multicentre, randomised controlled feasibility trial enrolled men with histologically confirmed localised, low-risk prostate cancer and good performance status from five UK hospitals. Participants were randomly allocated (1:1) by remote computer allocation to receive a decision aid (DA) DVD or standard information (control group), followed by a second randomisation (1:1) to brachytherapy or RP. There was no 'blinding' of staff or patients. Primary outcome was feasibility: a recruitment rate of six patients per centre over the last 6 months of recruitment would deem a phase III trial feasible. **RESULTS:** Between May 2009 and May 2011, 30 patients were randomised (15 in the DA group and 15 in the control group), and four continued to the second treatment randomisation (one from the DA group and three from the control group). One patient was allocated and received brachytherapy and three RP. SABRE 1 closed early due to poor recruitment. All

patients were analysed. Screening logbook analysis showed that the main reasons for declining trial entry were a wish to choose treatment or opting for active monitoring. Results from the DA questionnaire (completed by 10 men) showed that four of the men 'felt surgery and radiotherapy had been proven in a high quality trial' and seven felt 'they should make their treatment decision while knowing their doctors opinion'. CONCLUSION: Recruitment to a RP vs brachytherapy trial in localised prostate cancer was not feasible by the use of this two-step randomisation using a DA and previous trials in early prostate cancer have had similar difficulties in recruitment, with only a few achieving their accrual target. The best treatment method for treating low-risk prostate cancer is still unproven in a head-to-head trial and the increasing number of options will make choices correspondingly more difficult without good quality comparative research. More sophisticated techniques for recruitment may be more successful in future trials in this patient population.

[30]

TÍTULO / TITLE: - Copy number aberrations using multicolour fluorescence in situ hybridization (FISH) for prognostication in non-muscle-invasive bladder cancer (NMIBC).

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

REVISTA / JOURNAL: - BJU Int. 2013 May 14. doi: 10.1111/bju.12232.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12232](#)

AUTORES / AUTHORS: - Matsuyama H; Ikemoto K; Eguchi S; Oga A; Kawauchi S; Yamamoto Y; Kawai Y; Matsumoto H; Hara T; Nagao K; Sakano S; Sasaki K

INSTITUCIÓN / INSTITUTION: - Department of Urology, Yamaguchi University Graduate School of Medicine, Ube, Yamaguchi-ken, Japan.

RESUMEN / SUMMARY: - OBJECTIVE: To investigate if detection of copy number aberrations of chromosomes 3, 7, 9p21, and 17 using multicolour fluorescence in situ hybridization (FISH) predicts patient outcome in non-muscle-invasive bladder cancer (NMIBC). PATIENTS AND METHODS: In all, 118 bladder wash samples were prospectively collected from patients who underwent transurethral resection of bladder tumour (median age 50.5 years, male/female: 91/27, tumour grade 1/2/3: 18/52/42, stage pTis/Ta/T1: 8/62/42) from 2007 to 2010. The 118 samples were analysed using the UroVysion® kit to detect the copy numbers of chromosomes 3, 7, 9p21, and 17. The variant fraction (VF; the sum of the non-modal copy number fraction of each chromosome) was defined as abnormal when the percentage was $\geq 16\%$. The percentage deletion of 9p21 (fraction of null or one copy number of the 9p21 locus) was defined as abnormal when the percentage was $\geq 12\%$. Maffezzini risk criteria were also analysed in our cohorts. RESULTS: There was recurrence in 57 (48.3%) patients and disease progression in 12 (10.1%), with a median follow-up of 35.7 months. Multivariate analysis showed that the percentage 9p21 loss ($>12\%$) was an independent prognostic factor for recurrence ($P < 0.001$, odds ratio [OR]

3.24, 95% confidence interval [CI] 1.85-5.62). For disease progression, tumour grade, positive urine cytology, concurrent carcinoma in situ, and a mean VF of >16% were significant prognostic factors in univariate analysis. In multivariate analysis, a mean VF of >16% was a prognostic factor for disease progression (P = 0.048, OR 6.07, 95% CI 1.02-57.45). CONCLUSIONS: Multicolour-FISH analysis using a commercially available kit could be a powerful tool not only for diagnosis, but also for prognostication in patients with NMIBC.

TÍTULO / TITLE: - Deregulation of PAX2 expression in renal cell tumours: mechanisms and potential use in differential diagnosis.

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

REVISTA / JOURNAL: - J Cell Mol Med. 2013 Jul 26. doi: 10.1111/jcmm.12090.

●● Enlace al texto completo (gratis o de pago) [1111/jcmm.12090](#)

AUTORES / AUTHORS: - Patricio P; Ramalho-Carvalho J; Costa-Pinheiro P; Almeida M; Barros-Silva JD; Vieira J; Dias PC; Lobo F; Oliveira J; Teixeira MR; Henrique R; Jeronimo C

INSTITUCIÓN / INSTITUTION: - Cancer Epigenetics Group, Research Center of the Portuguese Oncology Institute - Porto, Porto, Portugal; Department of Genetics, Portuguese Oncology Institute - Porto, Porto, Portugal.

RESUMEN / SUMMARY: - Expression of PAX2 (Paired-box 2) is suppressed through promoter methylation at the later stages of embryonic development, but eventually reactivated during carcinogenesis. Pax-2 is commonly expressed in the most prevalent renal cell tumour (RCT) subtypes-clear cell RCC (ccRCC), papillary RCC (pRCC) and oncocytoma-but not in chromophobe RCC (chrRCC), which frequently displays chromosome 10 loss (to which PAX2 is mapped). Herein, we assessed the epigenetic and/or genetic alterations affecting PAX2 expression in RCTs and evaluated its potential as biomarker. We tested 120 RCTs (30 of each main subtype) and four normal kidney tissues. Pax-2 expression was assessed by immunohistochemistry and PAX2 mRNA expression levels were determined by quantitative RT-PCR. PAX2 promoter methylation status was assessed by methylation-specific PCR and bisulfite sequencing. Chromosome 10 and PAX2 copy number alterations were determined by FISH. Pax-2 immunoexpression was significantly lower in chrRCC compared to other RCT subtypes. Using a 10% immunoexpression cut-off, Pax-2 immunoreactivity discriminated chrRCC from oncocytoma with 67% sensitivity and 90% specificity. PAX2 mRNA expression was significantly lower in chrRCC, compared to ccRCC, pRCC and oncocytoma, and transcript levels correlated with immunoexpression. Whereas no promoter methylation was found in RCTs or normal kidney, 69% of chrRCC displayed chromosome 10 monosomy, correlating with Pax-2 immunoexpression. We concluded that Pax-2 expression might be used as an ancillary tool to discriminate chrRCC from oncocytomas with overlapping morphological features. The biological

rationale lies on the causal relation between Pax-2 expression and chromosome 10 monosomy, but not PAX2 promoter methylation, in chrRCC.

[31]

TÍTULO / TITLE: - An androgen receptor N-terminal domain antagonist for treating prostate cancer.

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

REVISTA / JOURNAL: - J Clin Invest. 2013 Jul 1;123(7):2948-60. doi: 10.1172/JCI66398. Epub 2013 Jun 3.

●● Enlace al texto completo (gratis o de pago) [1172/JCI66398](#)

AUTORES / AUTHORS: - Myung JK; Banuelos CA; Fernandez JG; Mawji NR; Wang J; Tien AH; Yang YC; Tavakoli I; Haile S; Watt K; McEwan IJ; Plymate S; Andersen RJ; Sadar MD

RESUMEN / SUMMARY: - Hormone therapies for advanced prostate cancer target the androgen receptor (AR) ligand-binding domain (LBD), but these ultimately fail and the disease progresses to lethal castration-resistant prostate cancer (CRPC). The mechanisms that drive CRPC are incompletely understood, but may involve constitutively active AR splice variants that lack the LBD. The AR N-terminal domain (NTD) is essential for AR activity, but targeting this domain with small-molecule inhibitors is complicated by its intrinsic disorder. Here we investigated EPI-001, a small-molecule antagonist of AR NTD that inhibits protein-protein interactions necessary for AR transcriptional activity. We found that EPI analogs covalently bound the NTD to block transcriptional activity of AR and its splice variants and reduced the growth of CRPC xenografts. These findings suggest that the development of small-molecule inhibitors that bind covalently to intrinsically disordered proteins is a promising strategy for development of specific and effective anticancer agents.

[32]

TÍTULO / TITLE: - The association between C-reactive protein (CRP) level and biochemical failure-free survival in patients after radiation therapy for nonmetastatic adenocarcinoma of the prostate.

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

REVISTA / JOURNAL: - Cancer. 2013 Jul 1. doi: 10.1002/cncr.28185.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28185](#)

AUTORES / AUTHORS: - Hall WA; Nickleach DC; Master VA; Prabhu RS; Rossi PJ; Godette K; Cooper S; Jani AB

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology and Winship Cancer Institute, Emory University, Atlanta, Georgia.

RESUMEN / SUMMARY: - BACKGROUND: C-reactive protein (CRP) has been associated with outcomes in patients with metastatic adenocarcinoma of the prostate. Associations between prostate adenocarcinoma-specific endpoints

and CRP in patients who are treated for localized disease remain unknown. METHODS: In total, 206 patients who received radiation therapy for adenocarcinoma of the prostate had at least 1 CRP measured in follow-up and were analyzed. The primary outcome was biochemical failure-free survival. In addition, associations were examined between CRP and prostate-specific antigen (PSA). RESULTS: On univariate analysis, higher CRP levels were associated significantly with shorter biochemical failure-free survival for patients who received radiation therapy after undergoing radical prostatectomy. For patients who were managed with definitive radiation therapy alone, higher CRP levels also were associated significantly with shorter biochemical failure-free survival on univariate and multivariable analyses (hazard ratio, 2.03; 95% confidence interval, 1.19-3.47; P = .009). In addition, CRP levels were associated significantly with PSA after radical prostatectomy for patients who had Gleason scores ≥ 8 (P = .037), for high-risk patients (P = .008), and for those with pretreatment PSA levels >20 ng/mL (P = .05). In patients who received definitive radiation therapy, CRP levels also were associated with PSA both for those with pretreatment PSA levels >20 ng/mL (P < .001), and for the intermediate-risk (P = .029) and high-risk (P = .009) subgroups. CONCLUSIONS: A higher CRP level was associated with shorter biochemical failure-free survival on univariate and multivariable analyses in patients who received definitive radiation therapy. CRP was also associated with PSA in exploratory subgroups. These findings warrant further exploration in a prospectively enrolled patient cohort. Cancer 2013. Esta es una cita bibliográfica que va por delante de la publicación en papel. La fecha indicada en la cita provista, NO corresponde con la fecha o la cita bibliográfica de la publicación en papel. La cita bibliográfica definitiva (con el volumen y su paginación) saldrá en 1 ó 2 meses a partir de la fecha de la emisión electrónica-online. *** This is a bibliographic record ahead of the paper publication. The given date in the bibliographic record does not correspond to the date or the bibliographic citation on the paper publication. The publisher will provide the final bibliographic citation (with the volume, and pagination) within 1 or 2 months from the date the record was published online. © 2013 American Cancer Society.

[33]

TÍTULO / TITLE: - The role of aberrant VHL/HIF pathway elements in predicting clinical outcome to pazopanib therapy in patients with metastatic clear-cell renal cell carcinoma.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Jul 23.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-0491](#)

AUTORES / AUTHORS: - Choueiri TK; Fay A; Gagnon R; Lin Y; Bahamon B; Brown VE; Rosenberg J; Hutson TE; Baker-Neblett K; Carpenter C; Liu Y; Pandite L; Signoretti S

INSTITUCIÓN / INSTITUTION: - Medical Oncology, Dana-Farber Cancer Institute.

RESUMEN / SUMMARY: - **PURPOSE:** Inactivation of von Hippel-Lindau (VHL) gene in clear-cell renal cell carcinoma (RCC) leads to increased levels of hypoxia-inducible factors (HIFs) and overexpression of HIF target genes, such as vascular endothelial growth factor (VEGF) and others. VEGF-targeted agents are standard in advanced clear-cell RCC but biomarkers of activity are lacking. **EXPERIMENTAL DESIGN:** We analyzed tumor tissue samples from metastatic clear-cell RCC patients who received pazopanib as part of clinical trial VEG102616. We evaluated several components of the VHL/HIF pathway: VHL gene inactivation (mutation and/or methylation), HIF1alpha and HIF2alpha immunohistochemistry staining, and HIF1alpha transcriptional signature. We evaluated the association of these biomarkers with best overall response rate and progression-free survival to pazopanib, a standard first-line VEGF-targeted agent. **RESULTS:** The VEG102616 trial enrolled 225 patients, from whom 78 samples were available for tumor DNA extraction. Of these, 70 patients had VHL mutation or methylation. VHL gene status did not correlate with overall response rate or progression-free survival. Similarly, HIF1alpha (65 samples) and HIF2alpha (66 samples) protein levels (high vs. low) did not correlate with overall response rate or progression-free survival to pazopanib. The HIF1alpha transcriptional signature (46 samples) was enriched in tumors expressing high HIF1alpha levels. However, the HIF1alpha gene expression signature was not associated with clinical outcome to pazopanib. **CONCLUSIONS:** In patients with advanced clear-cell RCC, several potential biomarkers along the VHL/HIF1alpha/HIF2alpha axis were not found to be predictive for pazopanib activity. Additional efforts must continue to identify biomarkers associated with clinical outcome to VEGF-targeted agents in metastatic RCC.

[34]

TÍTULO / TITLE: - Clinical outcomes of endoscopic submucosal dissection for early gastric cancer in patients with chronic kidney disease.

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

REVISTA / JOURNAL: - J Gastroenterol Hepatol. 2013 Jun 28. doi: 10.1111/jgh.12320.

●● Enlace al texto completo (gratis o de pago) [1111/jgh.12320](#)

AUTORES / AUTHORS: - Numata N; Oka S; Tanaka S; Higashimaya M; Sanomura Y; Yoshida S; Arihiro K; Chayama K

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology and Metabolism, Graduate School of Biomedical Sciences, Hiroshima University, Hiroshima, Japan.

RESUMEN / SUMMARY: - BACKGROUND: Endoscopic submucosal dissection (ESD) is a widely accepted treatment for early gastric cancer (EGC), and the number of ESD performed for EGC in patients with chronic kidney disease (CKD) is increasing. Although patients undergoing hemodialysis tend to bleed and are at high risk for cardiovascular disease, the effectiveness and safety of ESD for EGC in patients with CKD in particular have not been established. OBJECTIVE: The aim of this study was to evaluate the effectiveness and potential adverse effects of ESD for EGC in patients with CKD undergoing hemodialysis. PATIENTS: Sixty-three consecutive CKD patients in whom 79 EGCs were treated by ESD between October 2004 and January 2012; 15 of the 63 patients were hemodialysis patients. MAIN OUTCOME MEASUREMENTS: Complete en bloc resection rate and ESD-related complications in hemodialysis patients versus non-hemodialysis patients. RESULTS: The complete en bloc resection rate was 100% (15/15) in the hemodialysis patients and 87.5% (56/64) in the non-hemodialysis patients, respectively. The post-ESD bleeding rate was 33% (5/15) and 9% (6/64), respectively (P<0.05). Perforation occurred only in non-hemodialysis patients; the incidence was 5% (3/64). Two ESD-related deaths occurred among hemodialysis patients (13%, 2/15); femoral artery infarction triggered post-ESD bleeding in one of these 2 patients, and alveolar hemorrhage occurred in the other. CONCLUSION: Hemodialysis poses a risk of post-ESD bleeding. We must understand this risk and provide countermeasures for post-ESD bleeding in hemodialysis patients.

[35]

TÍTULO / TITLE: - Biochemical markers of bone turnover and clinical outcome in patients with renal cell and bladder carcinoma with bone metastases following treatment with zoledronic acid: The TUGAMO study.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 9;109(1):121-30. doi: 10.1038/bjc.2013.272. Epub 2013 Jun 25.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.272](#)

AUTORES / AUTHORS: - Alcaraz A; Gonzalez-Lopez R; Morote J; de la Piedra C; Meseguer C; Esteban E; Climent M; Gonzalez-Gragera B; Alvarez-Ossorio JL; Chirivella I; Mellado B; Lara PC; Vazquez F; Contreras JA; Carles J; Murias A; Calderero V; Comet-Batlle J; Gonzalez-Del Alba A; Leon-Mateos L; Manas A; Segarra J; Lassa A; Gonzalez-Enguita C; Mendez MJ; Samper P; Unda M; Mahillo-Fernandez I; Bellmunt J

INSTITUCIÓN / INSTITUTION: - Hospital Clinic i Provincial de Barcelona, Carrer Villarroel, no. 170, 08036 Barcelona, España.

RESUMEN / SUMMARY: - Background: Levels of bone turnover markers (BTM) might be correlated with outcome in terms of skeletal-related events (SRE), disease progression, and death in patients with bladder cancer (BC) and renal cell carcinoma (RCC) with bone metastases (BM). We try to evaluate this

possible correlation in patients who receive treatment with zoledronic acid (ZOL).Methods:This observational, prospective, and multicenter study analysed BTM and clinical outcome in these patients. Serum levels of bone alkaline phosphatase (BALP), procollagen type I amino-terminal propeptide (PINP), and beta-isomer of carboxy-terminal telopeptide of type I collagen (beta-CTX) were analysed.Results:Patients with RCC who died or progressed had higher baseline beta-CTX levels and those who experienced SRE during follow-up showed high baseline BALP levels. In BC, a poor rate of survival was related with high baseline beta-CTX and BALP levels, and new SRE with increased PINP levels. Cox univariate analysis showed that beta-CTX levels were associated with higher mortality and disease progression in RCC and higher mortality in BC. Bone alkaline phosphatase was associated with increased risk of premature SRE appearance in RCC and death in BC.Conclusion:Beta-isomer of carboxy-terminal telopeptide of type I collagen and BALP can be considered a complementary tool for prediction of clinical outcomes in patients with BC and RCC with BM treated with ZOL.

[36]

TÍTULO / TITLE: - Skeletal muscle density predicts prognosis in patients with metastatic renal cell carcinoma treated with targeted therapies.

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

REVISTA / JOURNAL: - Cancer. 2013 Jun 25. doi: 10.1002/cncr.28218.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28218](#)

AUTORES / AUTHORS: - Antoun S; Lanoy E; Iacovelli R; Albiges-Sauvin L; Lorient Y; Merad-Taoufik M; Fizazi K; di Palma M; Baracos VE; Escudier B

INSTITUCIÓN / INSTITUTION: - Department of Ambulatory Care, Institut Gustave-Roussy, Villejuif, France.

RESUMEN / SUMMARY: - BACKGROUND: Studies have shown that skeletal muscle and adipose tissue are linked to overall survival (OS) and progression-free survival (PFS). Because targeted therapies have improved the outcome in patients with metastatic renal cell carcinoma (mRCC), new prognostic parameters are required. The objective of the current study was to analyze whether body composition parameters play a prognostic role in patients with mRCC. METHODS: Adipose tissue, skeletal muscle, and skeletal muscle density (SMD) were assessed with computed tomography imaging by measuring cross-sectional areas of the tissues and mean muscle Hounsfield units (HU). A high level of mean HU indicates a high SMD and high quality of muscle. OS and PFS were estimated using the Kaplan-Meier method and compared with the log-rank test. The multivariable Cox proportional hazards model was adjusted for Heng risk score and treatment. RESULTS: In the 149 patients studied, the median OS was 21.4 months and was strongly associated with SMD; the median OS in patients with low SMD was approximately one-half that of patients with high SMD (14 months vs 29 months; P = .001). After

adjustment for Heng risk score and treatment, high SMD was associated with longer OS (hazards ratio, 1.85; P = .004) and longer PFS (hazards ratio, 1.81; P = .002). Adding SMD will separate the intermediate-risk and favorable-risk groups into 3 groups, with different median OS periods ranging from 8 months (95% confidence interval [95% CI], 6 months-12 months) for an intermediate-risk Heng score/low SMD to 22 months (95% CI, 14 months-27 months) for an intermediate-risk Heng score/high SMD and a favorable-risk Heng score/low SMD to 35 months (95% CI, 24 months-43 months) for a favorable-risk Heng score/high SMD. CONCLUSIONS: High muscle density appears to be independently associated with improved outcome and could be integrated into the prognostic scores thereby enhancing the management of patients with mRCC. Cancer 2013. Esta es una cita bibliográfica que va por delante de la publicación en papel. La fecha indicada en la cita provista, NO corresponde con la fecha o la cita bibliográfica de la publicación en papel. La cita bibliográfica definitiva (con el volumen y su paginación) saldrá en 1 ó 2 meses a partir de la fecha de la emisión electrónica-online. *** This is a bibliographic record ahead of the paper publication. The given date in the bibliographic record does not correspond to the date or the bibliographic citation on the paper publication. The publisher will provide the final bibliographic citation (with the volume, and pagination) within 1 or 2 months from the date the record was published online. © 2013 American Cancer Society.

[37]

TÍTULO / TITLE: - Risk of infections in renal cell carcinoma (RCC) and non-RCC patients treated with mammalian target of rapamycin inhibitors.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jun 25;108(12):2478-84. doi: 10.1038/bjc.2013.278. Epub 2013 Jun 4.

●● Enlace al texto completo (gratis o de pago) 1038/bjc.2013.278

AUTORES / AUTHORS: - Kaymakcalan MD; Je Y; Sonpavde G; Galsky M; Nguyen PL; Heng DY; Richards CJ; Choueiri TK

INSTITUCIÓN / INSTITUTION: - Department of Pharmacy, Dana-Farber Cancer Institute, 450 Brookline Avenue, Boston, MA 02215, USA.

RESUMEN / SUMMARY: - Background:Mammalian target of rapamycin (mTOR) inhibitors are used in a variety of malignancies. Infections have been reported with these drugs. We performed an up-to-date meta-analysis to further characterise the risk of infections in cancer patients treated with these agents.Methods:Pubmed and oncology conferences' proceedings were searched for studies from January 1966 to June 2012. Studies were limited to phase II and III randomised controlled trials (RCTs) of everolimus or temsirolimus reporting on cancer patients with adequate safety profiles. Summary incidences, relative risks (RRs), and 95% confidence intervals (CIs) were calculated.Results:A total of 3180 patients were included. The incidence of

all-grade and high-grade infections due to mTOR inhibitors was 33.1% (95% CI, 24.5-43.0%) and 5.6% (95% CI, 3.8-8.3%), respectively. Compared with controls, the RR of all-grade and high-grade infections due to mTOR inhibitors was 2.00 (95% CI, 1.76-2.28, P<0.001) and 2.60 (95% CI, 1.54-4.41, P<0.001), respectively. Subgroup analysis found no difference in incidences or risks between everolimus and temsirolimus or between different tumour types (renal cell carcinoma (RCC) vs non-RCC). Infections included respiratory tract (61.7%), genitourinary (29.4%), skin/soft tissue (4.2%), and others (4.9%). Conclusion: Treatment with mTOR inhibitors is associated with a significant increase in risk of infections. Close monitoring for any signs of infections is warranted.

[38]

TÍTULO / TITLE: - The Chronic Kidney Disease Epidemiology Collaboration Cystatin-C (CKD-EPI-CysC) Equation Has an Independent Prognostic Value for Overall Survival in Newly-Diagnosed Patients with Symptomatic Multiple Myeloma; Is It Time to Change from MDRD to CKD-EPI-CysC equations?

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

REVISTA / JOURNAL: - Eur J Haematol. 2013 Jul 5. doi: 10.1111/ejh.12164.

●● Enlace al texto completo (gratis o de pago) [1111/ejh.12164](#)

AUTORES / AUTHORS: - Terpos E; Christoulas D; Kastiris E; Katodritou E; Pouli A; Michalis E; Papassotiriou I; Dimopoulos MA

INSTITUCIÓN / INSTITUTION: - Department of Clinical Therapeutics, University of Athens School of Medicine, Athens, Greece.

RESUMEN / SUMMARY: - **OBJECTIVES:** The estimation of glomerular filtration rate (eGFR) in multiple myeloma (MM) is based on equations that use serum creatinine (sCr), such as the Modification of Diet in Renal Disease (MDRD) equation. However, the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) group has suggested that eGFR based on both sCr and cystatin-C (CKD-EPI-sCr-CysC) is more accurate than other formulae for the estimation of kidney dysfunction. The aim of this study was to prospectively evaluate, for the first time in the literature, the CKD-EPI-sCr-CysC formula in newly-diagnosed patients with symptomatic MM. **METHODS:** We studied 220 newly-diagnosed, previously untreated, symptomatic myeloma patients and calculated eGFR using the MDRD, the CKD-EPI-sCr, the CKD-EPI-CysC and the CKD-EPI-sCr-CysC equations. **RESULTS:** CKD-EPI-sCr-CysC equation detected more myeloma patients with stage 3-5 renal impairment than the MDRD, CKD-EPI or CKD-EPI-CysC equations: 45% versus 39.5%, 42.2%, and 43.1%, respectively (p<0.01). This was also observed in the elderly patients (>70 years), while in patients <70 years the CKD-EPI-CysC equation managed to identify higher number of patients with stage 3-5 RI than the other equations. Furthermore, 63 (28.6%) patients with eGFR values by the MDRD formula were re-classified to higher CKD-stages according to CKD-EPI-CysC equation. The median overall

survival for all patients was 52 months. In the multivariate analysis, that included ISS stage, LDH ≥ 300 U/l and eGFR for each different equation (as a continuous variable) only eGFR that included CysC but not sCr had independent prognostic value ($p=0.013$) along with high LDH ($p=0.029$). CONCLUSIONS: Our results suggest that equations based on CysC reveal higher number of MM patients with RI compared to equations based only in sCr. Furthermore, the CKD-EPI-CysC formula independently predicted for survival. Based on these data we suggest that CKD-EPI equations based on CysC should substitute MDRD, as it has been suggested for patients with several other renal disorders. This article is protected by copyright. All rights reserved.

[39]

TÍTULO / TITLE: - A study of caloric restriction versus standard diet in overweight men with newly diagnosed prostate cancer: A randomized controlled trial.

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

REVISTA / JOURNAL: - Prostate. 2013 Sep;73(12):1345-51. doi: 10.1002/pros.22682. Epub 2013 Jun 15.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22682](#)

AUTORES / AUTHORS: - Wright JL; Plymate S; D'Oria-Cameron A; Bain C; Haug K; Xiao L; Lin DW; Stanford JL; McTiernan A

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Washington School of Medicine, Seattle, Washington; Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, Washington; Urology Section, VA Puget Sound Health Care System, Seattle, Washington.

RESUMEN / SUMMARY: - INTRODUCTION: Obese men have an increased risk of prostate cancer (PCa)-specific mortality. Potential mechanisms include insulin and related proteins. We investigate whether a short-term caloric restriction diet in overweight/obese men with newly diagnosed PCa can lead to measurable changes in patient anthropometrics and insulin-related proteins. METHODS: Overweight and obese PCa patients choosing active surveillance or radical prostatectomy were randomized to a 6-week, caloric-restricted diet or to continue their current diet. Changes from baseline to end of study in anthropometrics, dietary constituents and serum proteins (insulin, c-peptide, IGF-1, adiponectin, IGF-BP3) were compared between the intervention and control groups using a Generalized Estimating Equation model. RESULTS: Nineteen patients were randomized to the intervention (N = 10) or control (N = 9) group. Men in the intervention group had a 1.7% (3.7 lbs) mean decline in weight versus 1.0% (2.0 lbs) in controls ($P < 0.05$), and a reduced intake of calories, total and saturated fat, protein and starch (all $P < 0.1$ compared to controls). There was a significant difference ($P = 0.002$) in mean serum IGF-BP-3 between the intervention (+2.8%) and control group (-6.9%). Other biomarkers changed with the diet intervention to a degree similar to previous

weight loss studies but were not statistically significant compared with controls. CONCLUSION: In this small pilot study, a 6-week caloric restricted diet in men with newly diagnosed PCa produced changes in weight, diet and serum proteins possibly related to prognosis. These results support larger-scale trials testing longer-term weight loss effects on potential PCa progression biomarkers. Prostate 73: 1345-1351, 2013. © 2013 Wiley Periodicals, Inc.

[40]

TÍTULO / TITLE: - Epithelial Membrane Protein 2 Is a Prognostic Indicator for Patients with Urothelial Carcinoma of the Upper Urinary Tract.

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

REVISTA / JOURNAL: - Am J Pathol. 2013 Jul 6. pii: S0002-9440(13)00401-X. doi: 10.1016/j.ajpath.2013.05.015.

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

1016/j.ajpath.2013.05.015

AUTORES / AUTHORS: - Wang YW; Li WM; Wu WJ; Chai CY; Chang TY; Sun Y; Cheng CJ; Shiue YL; Su SJ; Cheng HL; Liu HS; Chow NH

INSTITUCIÓN / INSTITUTION: - Institute of Basic Medical Sciences, College of Medicine, National Cheng Kung University, Tainan, Taiwan.

RESUMEN / SUMMARY: - Upper urinary tract urothelial carcinoma is a relatively uncommon disease and is diagnosed more frequently at advanced stages. The prognosis of these patients mainly has been related to tumor stage and grade. As a result, the definition of prognostic indicators enabling precise patient selection is mandatory for neoadjuvant or adjuvant therapies. The epithelial membrane protein (EMP2) was identified as one of the up-regulated genes by isoflavones. EMP2 overexpression suppressed foci formation, anchorage-independent growth in vitro, and tumorigenicity in severe combined immunodeficiency mice (all $P < 0.05$). In addition, a cross-talk between EMP2 and integrins αV and $\beta 3$ was shown in the regulation of cell adhesion and migration. Higher EMP2 expression was associated with a better progression-free survival ($P = 0.008$) and cancer-related death ($P < 0.001$). EMP2 was identified as a tumor-suppressor gene in urinary tract urothelial carcinoma and may be an innovative co-targeting candidate for designing integrin-based cancer therapy.

[41]

TÍTULO / TITLE: - Progressive improvement of patient and renal survival and reduction of morbidity over time in patients with lupus nephritis (LN) followed for 20 years.

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

REVISTA / JOURNAL: - Lupus. 2013;22(8):810-8. doi: 10.1177/0961203313492576. Epub 2013 Jun 13.

- Enlace al texto completo (gratuito o de pago)

[1177/0961203313492576](https://doi.org/10.1177/0961203313492576)

AUTORES / AUTHORS: - Moroni G; Quaglini S; Gallelli B; Banfi G; Messa P; Ponticelli C

INSTITUCIÓN / INSTITUTION: - Unita' Operativa di Nefrologia e Dialisi, Fondazione Ospedale Maggiore Policlinico, Mangiagalli, Regina Elena IRCCS, Italy, Dipartimento di Informatica e Sistemistica, Universita' degli Studi di Pavia, Italy, Divisione di Nefrologia e Dialisi, Azienda Ospedaliera Sant'Anna, Italy, and Divisione di Nefrologia, IRCCS Istituto Humanitas, Italy.

RESUMEN / SUMMARY: - Whether the long-term patient and renal survival of those diagnosed with lupus nephritis (LN) has improved over the decades is still debated. Eighty-nine patients diagnosed between 1968 and 1990 entered this study and their outcome was evaluated after 20 years. At presentation 54% of patients had class IV LN, 39.3% had renal insufficiency and 59.5% had nephrotic syndrome. Patients were divided into two groups: Group 1 consisted of 30 patients diagnosed between 1968 and 1980; Group 2 consisted of 59 patients diagnosed between 1981 and 1990. In Group 1 patient survival at 20 years was 84% versus 95% in Group 2 ($p = 0.05$). Survivals without end-stage renal failure were respectively 75% and 84% at 20 years ($p = 0.05$). Survivals without severe infection at 20 years were 44% in Group 1 and 66.5% in Group 2 ($p = 0.02$). Survivals without cardiovascular events at 20 years were: 53% in Group 1 and 90% in Group 2 ($p = 0.005$). At presentation, patients in Group 1 had higher serum creatinine (1.96 vs 1.15 mg/dl, $p = 0.01$), higher activity index (8 vs 5.5, $p = 0.01$), lower hematocrit (31% vs 36%, $p = 0.008$) and lower serum C4 levels ($p = 0.04$) than Group 2 patients. Patients in Group 1 also received less frequent methylprednisolone pulses (43% vs 81%, $p = 0.0006$). In Italian patients with LN, long-term life expectancy and renal survival progressively improved over the decades, while morbidity progressively declined. An earlier referral and refinement of therapy achieved this goal.

[42]

TÍTULO / TITLE: - Does the microenvironment influence the cell types of origin for prostate cancer?

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

REVISTA / JOURNAL: - Genes Dev. 2013 Jul 15;27(14):1539-44. doi: 10.1101/gad.222380.113.

- Enlace al texto completo (gratuito o de pago) [1101/gad.222380.113](https://doi.org/10.1101/gad.222380.113)

AUTORES / AUTHORS: - Goldstein AS; Witte ON

INSTITUCIÓN / INSTITUTION: - Department of Molecular and Medical Pharmacology.

RESUMEN / SUMMARY: - Despite several recent studies addressing the cells of origin for prostate cancer, there is still considerable discussion in the field regarding the most relevant target populations for transformation. Tissue

regeneration studies have pointed to a basal cell origin for mouse and human prostate cancer. In contrast, genetically engineered mouse models demonstrate that cells within both the basal and luminal layers can initiate murine prostate cancer. Based on differences between these two approaches, we propose that further work should address the requirement for microenvironmental components such as immune or mesenchymal cells on epithelial cell types of origin for prostate cancer.

[43]

TÍTULO / TITLE: - Population-based validation of a policy change to use long-term androgen deprivation therapy for cT3-4 prostate cancer: Impact of the EORTC22863 and RTOG 85-31 and 92-02 trials.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 May 29. pii: S0167-8140(13)00215-6. doi: 10.1016/j.radonc.2013.05.003.

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

[1016/j.radonc.2013.05.003](#)

AUTORES / AUTHORS: - Tran E; Paquette M; Pickles T; Jay J; Hamm J; Liu M; Lim J; Keyes M; Kwan W; Tyldesley S

INSTITUCIÓN / INSTITUTION: - Radiation Therapy Program, BC Cancer Agency and University of BC, Vancouver, Canada.

RESUMEN / SUMMARY: - **PURPOSE:** After publication of EORTC-22863 trial, prolonged androgen deprivation therapy (ADT) combined with radiation therapy (RT) became standard policy for high-risk prostate cancer patients in British Columbia (BC) in 1997. We evaluated whether population-based survival improved after this policy change. **PATIENTS AND METHODS:** Two cohorts comprising all patients with T3-T4 prostate cancer treated with curative-intent RT in BC were reviewed. The Early cohort (n=730) was all patients treated between 1993 and 1995, and the Late cohort (n=584) was all patients treated between 1999 and 2001. The BC Cancer Registry, which collects data on survival, was linked to RT and pharmacy databases. Duration of ADT, age, stage, grade, presenting PSA, and Charlson comorbidity index (CCI; none=0, minor=1, major=2+), were abstracted from charts. **RESULTS:** Usage of 6months and 18months of neoadjuvant and adjuvant ADT increased from 14% and 1% to 97% and 59% (p<0.0001). Baseline characteristics were similar, except for lower Gleason score (G2-6: 45% vs. 20%, G7: 35% vs. 48%, G8-10: 19% vs. 32%; p<0.0001), higher T-stage (T4: 9% vs. 5%, p=0.004) and higher comorbidity (CCI 0: 62% vs. 71%, CCI 1: 26% vs. 20%, CCI 2+: 11% vs. 9%, p=0.002) in the Early cohort. Disease-specific survival adjusted for competing risks from other causes mortality was improved (90% vs. 86%, p=0.042). On multivariate analysis, the Late cohort was independently associated with improved 8-year overall survival (76% vs. 64%, p=0.0002). **CONCLUSIONS:** This population-based study demonstrated improved overall survival following a

policy change to use of prolonged ADT with curative RT for patients with T3-T4 prostate cancer.

[44]

TÍTULO / TITLE: - A multinational phase II trial of bevacizumab with low-dose interferon-alpha2a as first-line treatment of metastatic renal cell carcinoma: BEVLiN.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Jun 26.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt228](#)

AUTORES / AUTHORS: - Melichar B; Bracarda S; Matveev V; Alekseev B; Ivanov S; Zyryanov A; Janciauskiene R; Fernebro E; Mulders P; Osborne S; Jethwa S; Mickisch G; Gore M; van Moorselaar RJ; Staehler M; Magne N; Bellmunt J

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Palacky University Medical School and Teaching Hospital, Olomouc, Czech Republic.

RESUMEN / SUMMARY: - BACKGROUND: Avastin and Roferon in Renal Cell Carcinoma (AVOREN) demonstrated efficacy for bevacizumab plus interferon-alpha2a (IFN; 9 MIU tiw) in first-line metastatic renal cell carcinoma (mRCC). We evaluated bevacizumab with low-dose IFN in mRCC to determine whether clinical benefit could be maintained with reduced toxicity. METHODS: BEVLiN was an open-label, single-arm, multinational, phase II trial. Nephrectomized patients with treatment-naive, clear cell mRCC and favourable/intermediate Memorial Sloan-Kettering Cancer Center scores received bevacizumab (10 mg/kg every 2 weeks) and IFN (3 MIU thrice weekly) until disease progression. Descriptive comparisons with AVOREN patients having favourable/intermediate MSKCC scores treated with bevacizumab plus IFN (9 MIU) were made. Primary end points were grade ≥ 3 IFN-associated adverse events (AEs) and progression-free survival (PFS). All grade ≥ 3 AEs and bevacizumab/IFN-related grade 1-2 AEs occurring from first administration until 28 days after last treatment were reported. RESULTS: A total of 146 patients were treated; the median follow-up was 29.4 months. Any-grade and grade ≥ 3 IFN-associated AEs occurred in 53.4% and 10.3% of patients, respectively. The median PFS and overall survival were 15.3 [95% confidence interval (CI): 11.7-18.0] and 30.7 months (95% CI: 25.7-not reached), respectively. The ORR was 28.8%. CONCLUSIONS: Compared with a historical control AVOREN subgroup, low-dose IFN with bevacizumab resulted in a reduction in incidence rates of IFN-related AEs, without compromising efficacy [NCT00796757].

[45]

TÍTULO / TITLE: - Manganese superoxide dismutase Ile58Thr, catalase C-262T and myeloperoxidase G-463^a gene polymorphisms in patients with prostate cancer: relation to advanced and metastatic disease.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(4):E406-14. doi: 10.1111/bju.12176. Epub 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12176

AUTORES / AUTHORS: - Tefik T; Kucukgergin C; Sanli O; Oktar T; Seckin S; Ozsoy C

INSTITUCIÓN / INSTITUTION: - Department of Urology, Istanbul University, Istanbul, Turkey.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the relationship between manganese superoxide dismutase (MnSOD) Ile58Thr, catalase (CAT) C-262T and myeloperoxidase (MPO) G-463^a gene polymorphisms and the susceptibility and clinicopathological characteristics of prostate cancer. PATIENTS AND METHODS: In all, 155 patients diagnosed with prostate cancer and 195 controls with negative digital rectal examinations and PSA levels of <4 ng/dL were enrolled in this study. MnSOD, CAT and MPO gene polymorphisms were identified by polymerase chain reaction restriction-fragment length polymorphism methods. RESULTS: The TT genotype in MnSOD Ile58Thr polymorphism, CC genotype in the CAT C-262T polymorphism and the GG genotype in the MPO G-463^a polymorphism were the predominant genotypes amongst this Turkish male population. There was no association between MnSOD Ile58Thr polymorphism and prostate cancer. For the CAT C-262T polymorphism, the TT genotype had significantly increased prostate cancer risk compared with the CC genotype. Similarly, the TT genotype had a 1.94- and 3.83-fold increased risk for high-stage disease and metastasis, respectively, when compared with the CC genotype. For the MPO G-463^a polymorphism, the GG genotype had 1.78-fold increased risk of prostate cancer compared with the AA genotype. However, no association was found regarding Gleason score, advanced and metastatic prostate cancer risk. CONCLUSIONS: It seems that there is no association of prostate cancer with MnSOD Ile58Thr polymorphism, whereas the TT genotype in the CAT C-262T polymorphism and the GG genotype in the MPO G-463^a polymorphism may be associated with increased prostate cancer risk. The TT genotype in the CAT C-262T gene polymorphism may also be a risk factor in tumour progression and metastasis among Turkish men.

[46]

TÍTULO / TITLE: - Phase 1 trial of neoadjuvant radiation therapy before prostatectomy for high-risk prostate cancer.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 1;87(1):88-93. doi: 10.1016/j.ijrobp.2013.05.014. Epub 2013 Jun 19.

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

1016/j.ijrobp.2013.05.014

AUTORES / AUTHORS: - Koontz BF; Quaranta BP; Pura JA; Lee WR; Vujaskovic Z; Gerber L; Haake M; Anscher MS; Robertson CN; Polascik TJ; Moul JW

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Duke Cancer Institute, Durham, North Carolina; Duke Prostate Center, Duke Cancer Institute, Durham, North Carolina. Electronic address: Bridget.Koontz@duke.edu.

RESUMEN / SUMMARY: - **PURPOSE:** To evaluate, in a phase 1 study, the safety of neoadjuvant whole-pelvis radiation therapy (RT) administered immediately before radical prostatectomy in men with high-risk prostate cancer. **METHODS AND MATERIALS:** Twelve men enrolled and completed a phase 1 single-institution trial between 2006 and 2010. Eligibility required a previously untreated diagnosis of localized but high-risk prostate cancer. Median follow-up was 46 months (range, 14-74 months). Radiation therapy was dose-escalated in a 3 x 3 design with dose levels of 39.6, 45, 50.4, and 54 Gy. The pelvic lymph nodes were treated up to 45 Gy with any additional dose given to the prostate and seminal vesicles. Radical prostatectomy was performed 4-8 weeks after RT completion. Primary outcome measure was intraoperative and postoperative day-30 morbidity. Secondary measures included late morbidity and oncologic outcomes. **RESULTS:** No intraoperative morbidity was seen. Chronic urinary grade 2+ toxicity occurred in 42%; 2 patients (17%) developed a symptomatic urethral stricture requiring dilation. Two-year actuarial biochemical recurrence-free survival was 67% (95% confidence interval 34%-86%). Patients with pT3 or positive surgical margin treated with neoadjuvant RT had a trend for improved biochemical recurrence-free survival compared with a historical cohort with similar adverse factors. **CONCLUSIONS:** Neoadjuvant RT is feasible with moderate urinary morbidity. However, oncologic outcomes do not seem to be substantially different from those with selective postoperative RT. If this multimodal approach is further evaluated in a phase 2 setting, 54 Gy should be used in combination with neoadjuvant androgen deprivation therapy to improve biochemical outcomes.

[47]

TÍTULO / TITLE: - VEGF-A polymorphisms predict progression-free survival among advanced castration-resistant prostate cancer patients treated with metronomic cyclophosphamide.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 16. doi: 10.1038/bjc.2013.398.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.398](https://doi.org/10.1038/bjc.2013.398)

AUTORES / AUTHORS: - Orlandi P; Fontana A; Fioravanti A; Di Desidero T; Galli L; Derosa L; Canu B; Marconcini R; Biasco E; Solini A; Francia G; Danesi R; Falcone A; Bocci G

INSTITUCIÓN / INSTITUTION: - 1] Division of Pharmacology, Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy [2] Istituto Toscano Tumori (ITT), Florence, Italy.

RESUMEN / SUMMARY: - Background: No data are available on the pharmacogenetics of metronomic chemotherapy in prostate cancer. The aim of this study was to evaluate the association between VEGF-A sequence variants and prostate-specific antigen (PSA) progression, progression-free survival (PFS) and overall survival (OS), in advanced castration-resistant prostate cancer patients treated with metronomic cyclophosphamide (CTX), celecoxib and dexamethasone. Methods: Forty-three patients were enrolled, and genomic DNA was extracted. VEGF-A gene SNPs (-2578^a/C, -634C/G, +936C/T) were analysed using TaqMan PCR assays. Hardy-Weinberg equilibrium was tested for each SNP, and genetic effects were evaluated by Fisher's exact test. PFS and OS were analysed with GraphPad Prism software, using the product limit method of Kaplan and Meier, and comparing survival curves using both the log-rank test and the Gehan-Wilcoxon test. We used Bonferroni correction to account for multiple testing, and a two-tailed P-value of <0.017 was considered statistically significant. Results: Overall, 20 patients (46%) experienced a reduction in PSA levels from baseline and, among them, 14 (32%) showed a confirmed PSA \geq 50% decrease. In non-responders, the -2578CC genotype was more frequent (18.60% vs 2.33% in responders; P=0.0212) whereas the -634CC genotype frequency was 22.73% vs 0% in responders (P=0.0485). With regard to PFS, patients harbouring the -634CC genotype had a median PFS of 2.2 months whereas patients with the genotype -634CG/GG had a median PFS of 6.25 months (P=0.0042). Conclusion: The -634CC genotype is significantly associated with a shorter PFS in patients treated with a metronomic CTX schedule. British Journal of Cancer advance online publication 16 July 2013; doi:10.1038/bjc.2013.398 www.bjcancer.com.

[48]

TÍTULO / TITLE: - A Randomized Trial Comparing Diode Laser Enucleation of the Prostate with Plasmakinetic Enucleation and Resection of the Prostate for the Treatment of Benign Prostatic Hyperplasia.

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

REVISTA / JOURNAL: - J Endourol. 2013 Jul 23.

●● Enlace al texto completo (gratis o de pago) 1089/end.2013.0107

AUTORES / AUTHORS: - Xu A; Zou Y; Li B; Liu C; Zheng S; Li H; Xu Y; Chen B; Xu K; Shen H

INSTITUCIÓN / INSTITUTION: - Institution of Urology, Department of Urology, Zhujiang Hospital, Southern Medical University, Guangzhou, Guangdong, China ; lc96xab@163.com.

RESUMEN / SUMMARY: - Objectives We compared the safety and efficacy of diode laser enucleation of the prostate (DiLEP) with plasmakinetic enucleation and

resection of the prostate (PKERP). Methods A total of 80 patients with bladder outflow obstruction (BOO) due to Benign Prostatic Hyperplasia (BPH) were randomly assigned to either DiLEP or PKERP prospectively. All patients were assessed preoperatively and followed up at 3, 6, 12 months postoperatively. Baseline characteristics of the patients, perioperative data, and postoperative outcomes were compared. The operative data, peri- and post-operative complications were also recorded. Results The preoperative data were comparable between the two groups. The DiLEP group had significantly shorter operative time, postoperative irrigation time and catheterization time than PKERP group ($p=0.000$, $p=0.000$ and $p=0.000$). The drop in hemoglobin was statistically significantly less in the DiLEP group ($p=0.002$). There were no statistical differences in complications between the two groups except irritative symptoms ($p=0.018$). At the 3, 6, 12-month follow-up, no statistically significant differences were observed between the 2 groups in IPSS, Qmax, QOL, PVR, PV and PSA ($p>0.05$). Conclusions The efficacy of DiLEP and PKERP were similar for relieving obstruction and low urinary tract symptoms. DiLEP provides less risk of hemorrhage, reduced bladder irrigation and catheter times. Downward morcellation technique is more efficient than the resection technique. Future well designed randomized trials with extended follow-up and larger sample sizes may be needed to better verified the advantage of DiLEP in treating patients with symptomatic BPH.

[49]

TÍTULO / TITLE: - Highly Potent and Selective Nonsteroidal Dual Inhibitors of CYP17/CYP11B2 for the Treatment of Prostate Cancer To Reduce Risks of Cardiovascular Diseases.

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

REVISTA / JOURNAL: - J Med Chem. 2013 Aug 8;56(15):6101-7. doi: 10.1021/jm400484p. Epub 2013 Jul 29.

●● Enlace al texto completo (gratis o de pago) [1021/jm400484p](#)

AUTORES / AUTHORS: - Pinto-Bazurco Mendieta MA; Hu Q; Engel M; Hartmann RW

INSTITUCIÓN / INSTITUTION: - Pharmaceutical and Medicinal Chemistry, Saarland University & Helmholtz Institute for Pharmaceutical Research Saarland (HIPS) , Campus C2-3, D-66123 Saarbrücken, Germany.

RESUMEN / SUMMARY: - Dual CYP17/CYP11B2 inhibitors are proposed as a novel strategy for the treatment of prostate cancer to reduce risks of cardiovascular diseases. Via a combination of ligand- and structure-based approaches, a series of dual inhibitors were designed leading to the 2-(3-pyridyl)naphthalenes 10 and 11 with strong inhibition of both enzymes (IC50 values around 20 nM) and excellent selectivities over CYP11B1, CYP19, and CYP3A4. These compounds are considered as promising candidates for further in vivo evaluation.

[50]

TÍTULO / TITLE: - Trends in the use of postprostatectomy therapies for patients with prostate cancer: A Surveillance, Epidemiology, and End Results Medicare analysis.

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

REVISTA / JOURNAL: - Cancer. 2013 Jul 10. doi: 10.1002/cncr.28222.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28222](#)

AUTORES / AUTHORS: - Sheets NC; Hendrix LH; Allen IM; Chen RC

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina.

RESUMEN / SUMMARY: - BACKGROUND: For patients with adverse pathologic factors (positive surgical margins, extracapsular extension, or seminal vesicle invasion) on prostatectomy pathology, the use and timing of postsurgical treatments are controversial. The goal of the current study was to examine patterns of care in patients with a pathologic indication for postprostatectomy radiotherapy (RT) using the Surveillance, Epidemiology, and End Results (SEER)-Medicare-linked database. METHODS: A total of 3460 men treated with radical prostatectomy for localized prostate cancer between 2000 and 2006 with at least 1 adverse pathologic factor and at least 3 years of claims data after surgery were included. Medicare claims through December 31, 2009 were examined. Rates of postprostatectomy hormonal therapy, RT, or both were examined. Logistic regression analysis examined potential factors associated with the receipt and timing of RT. RESULTS: Within 3 years after surgery, 1076 patients (31%) received some form of further therapy, including 850 (25%) who received RT. Receipt of RT was < 35% in all subgroups including every year of study. Fewer than one-half of patients who received RT (43%) did so within 6 months of surgery. On multivariate analysis, pathologic T classification and tumor grade were associated with receipt of RT within 6 months or 3 years of surgery, as were younger age, geographic region, and population density. CONCLUSIONS: Rates of postprostatectomy RT remain low and the timing of RT has not appreciably changed since the publication of the randomized trials supporting the use of adjuvant RT. The use of hormone therapy is almost as common as RT, despite a relative lack of evidence supporting its use in this setting. Cancer 2013. © 2013 American Cancer Society.

[51]

TÍTULO / TITLE: - Afibercept versus placebo in combination with docetaxel and prednisone for treatment of men with metastatic castration-resistant prostate cancer (VENICE): a phase 3, double-blind randomised trial.

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

REVISTA / JOURNAL: - Lancet Oncol. 2013 Jul;14(8):760-8. doi: 10.1016/S1470-2045(13)70184-0. Epub 2013 Jun 4.

●● Enlace al texto completo (gratis o de pago) [1016/S1470-2045\(13\)70184-0](https://doi.org/10.1016/S1470-2045(13)70184-0)

AUTORES / AUTHORS: - Tannock IF; Fizazi K; Ivanov S; Karlsson CT; Flechon A; Skoneczna I; Orlandi F; Gravis G; Matveev V; Bavbek S; Gil T; Viana L; Aren O; Karyakin O; Elliott T; Birtle A; Magherini E; Hatteville L; Petrylak D; Tombal B; Rosenthal M

INSTITUCIÓN / INSTITUTION: - Princess Margaret Cancer Centre, Toronto, Canada. Electronic address: ian.tannock@uhn.ca.

RESUMEN / SUMMARY: - BACKGROUND: Docetaxel plus prednisone is standard first-line chemotherapy for men with metastatic castrate-resistant prostate cancer. Aflibercept is a recombinant human fusion protein that binds A and B isoforms of VEGF and placental growth factor, thereby inhibiting angiogenesis. We assessed whether the addition of aflibercept to docetaxel and prednisone would improve overall survival in men with metastatic castrate-resistant prostate cancer compared with the addition of placebo to docetaxel and prednisone. METHODS: VENICE was a phase 3, multicentre, randomised double-blind placebo-controlled parallel group study done in 31 countries (187 sites). Men with metastatic castrate-resistant prostate cancer, adequate organ function, and no prior chemotherapy were treated with docetaxel (75 mg/m² intravenously every 3 weeks) and oral prednisone (5 mg twice daily) and randomly allocated (1:1) to receive aflibercept (6 mg/kg) or placebo, intravenously, every 3 weeks. Treatment allocation was done centrally via an interactive voice response system, using a computer-generated sequence with a permuted-block size of four and stratified according Eastern Co-operative Group performance status (0-1 vs 2). Patients, investigators, and other individuals responsible for study conduct and data analysis were masked to treatment assignment. Aflibercept or placebo vials were supplied in identical boxes. The primary endpoint was overall survival using intention-to-treat analysis. This is the primary analysis of the completed trial. The study is registered with ClinicalTrials.gov, number NCT00519285 FINDINGS: Between Aug 17, 2007, and Feb 11, 2010, 1224 men were randomly allocated to treatment: 612 to each group. At final analysis, median follow-up was 35 months (IQR 29-41) and 873 men had died. Median overall survival was 22.1 months (95.6% CI 20.3-24.1) in the aflibercept group and 21.2 months (19.6-23.8) in the placebo group (stratified hazard ratio 0.94, 95.6% CI 0.82-1.08; p=0.38). We recorded a higher incidence of grade 3-4 gastrointestinal disorders (182 [30%] vs 48 [8.0%]), haemorrhagic events (32 [5.2%] vs ten [1.7%]), hypertension (81 [13%] vs 20 [3.3%]), fatigue (97 [16%] vs 46 [7.7%]), infections (123 [20%] vs 60 [10%]) and treatment-related fatal adverse events (21 [3.4%] vs nine [1.5%]) in the aflibercept group than in the placebo group. INTERPRETATION: Aflibercept in combination with docetaxel and prednisone given as first-line chemotherapy for men with metastatic castrate-resistant prostate cancer resulted in no improvement in overall survival

and added toxicity compared with placebo. Docetaxel plus prednisone remains the standard treatment for such men who need first-line chemotherapy.

FUNDING: Sanofi and Regeneron Pharmaceuticals Inc.

[52]

TÍTULO / TITLE: - Randomized Controlled Trial of a Behavior Change Intervention to Increase Physical Activity and Quality of Life in Prostate Cancer Survivors.

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

REVISTA / JOURNAL: - Ann Behav Med. 2013 Jun 20.

●● Enlace al texto completo (gratis o de pago) [1007/s12160-013-9519-](http://1007/s12160-013-9519-1)

[1](#)

AUTORES / AUTHORS: - McGowan EL; North S; Courneya KS

INSTITUCIÓN / INSTITUTION: - School of Human Kinetics and Recreation, Memorial University of Newfoundland, Physical Education Building (PE 2022B), A1C 5S7, St. John's, NL, Canada, emcgowan@mun.ca.

RESUMEN / SUMMARY: - BACKGROUND: Physical activity improves health in prostate cancer survivors; however, participation rates are low. PURPOSE: This study aims to determine the effects of an implementation intention intervention on physical activity and quality of life in prostate cancer survivors. METHODS: Prostate cancer survivors (N = 423) were randomly assigned to a standard physical activity recommendation, a self-administered implementation intention, or a telephone-assisted implementation intention. Physical activity and quality of life were assessed at baseline, 1, and 3 months. RESULTS: Analyses of covariance using multiple imputation showed that physical activity at 1 month increased by 86 min/week in the standard physical activity recommendation group compared with 168 min/week in the self-administered implementation intention group (P = 0.023) and 105 min/week in the telephone-assisted implementation intention group (P = 0.35). CONCLUSIONS: A self-administered implementation intention intervention resulted in a meaningful short-term increase in physical activity. Supplementation with additional intervention strategies and more frequent intervention may improve longer-term exercise. (ClinicalTrials.gov number NCT01410656).

[53]

TÍTULO / TITLE: - Cancer-specific Survival After Metastasis Following Primary Radical Prostatectomy Compared with Radiation Therapy in Prostate Cancer Patients: Results of a Population-based, Propensity Score-Matched Analysis.

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

REVISTA / JOURNAL: - Eur Urol. 2013 May 21. pii: S0302-2838(13)00489-2. doi: 10.1016/j.eururo.2013.05.023.

- Enlace al texto completo (gratis o de pago)

[1016/j.eururo.2013.05.023](https://doi.org/10.1016/j.eururo.2013.05.023)

AUTORES / AUTHORS: - Shao YH; Kim S; Moore DF; Shih W; Lin Y; Stein M; Kim IY; Lu-Yao GL

INSTITUCIÓN / INSTITUTION: - Graduate Institute of Clinical Medicine, Taipei Medical University, Taipei, Taiwan.

RESUMEN / SUMMARY: - **BACKGROUND:** Data regarding the difference in the clinical course from metastasis to prostate cancer-specific mortality (PCSM) following radical prostatectomy (RP) compared with radiation therapy (RT) are lacking. **OBJECTIVE:** To examine the association between primary treatment modality and prostate cancer-specific survival (PCSS) after metastasis. **DESIGN, SETTING, AND PARTICIPANTS:** We used the Surveillance Epidemiology and End Results-Medicare linked database from 1994 to 2007 for patients diagnosed with localized prostate cancer (PCa). We used cancer stage and Gleason score to stratify patients into low and intermediate-high risks. **INTERVENTION:** Radical prostatectomy or radiation therapy. **OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS:** Our outcome is time from onset of metastases to PCSM. Propensity score matching and Cox regression were used to analyze the PCSM hazard for the RP group compared with the RT group. **RESULTS AND LIMITATIONS:** Our study consisted of 66 492 men diagnosed with PCa, 51 337 men receiving RT, and 15 155 men undergoing RP within 1 yr of cancer diagnosis. During the study period, 2802 men were diagnosed as having metastatic disease. A total of 916 men with metastases were included in the propensity-matched cohort; of these men, 186 died from PCa. During the follow-up, for the low-risk patients, the adjusted PCSS after metastasis was 86.2% and 79.3% in the RP and RT groups, respectively; for the intermediate-high-risk patients, the PCSS after metastasis was 76.3% and 63.3% in the RP and RT groups, respectively. The hazard ratios estimating the risk of PCSM between the RP and RT groups were 0.64 (95% confidence interval [CI], 0.36-1.16) and 0.55 (95% CI, 0.39-0.77) for the low- and intermediate-high-risk groups, respectively. Because of the nature of observational studies, the results may be affected by residual confounders and treatment indication. **CONCLUSIONS:** Following the development of metastases, men who received primary RP have a longer PCSS than men who received primary RT. Our results may have implications for the timing and nature of local PCa treatment.

[54]

TÍTULO / TITLE: - Prevalence of the metabolic syndrome and cardiovascular disease risk in chemotherapy-treated testicular germ cell tumour survivors.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 9;109(1):295-6. doi: 10.1038/bjc.2013.358.

- Enlace al texto completo (gratis o de pago) [1038/bjc.2013.358](https://doi.org/10.1038/bjc.2013.358)

AUTORES / AUTHORS: - Willemse PM; Burggraaf J; Hamdy NA; Weijl NI; Vossen CY; van Wulften L; van Steijn-van Tol AQ; Rosendaal FR; Osanto S

[55]

TÍTULO / TITLE: - Biochemical outcomes for patients with intermediate risk prostate cancer treated with I-125 interstitial brachytherapy monotherapy.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jul 9. pii: S0167-8140(13)00271-5. doi: 10.1016/j.radonc.2013.05.030.

- Enlace al texto completo (gratis o de pago)

[1016/j.radonc.2013.05.030](https://doi.org/10.1016/j.radonc.2013.05.030)

AUTORES / AUTHORS: - Tran AT; Mandall P; Swindell R; Hoskin PJ; Bottomley DM; Logue JP; Wylie JP

INSTITUCIÓN / INSTITUTION: - The Christie NHS Foundation Trust, Manchester, UK. Electronic address: anna.tran@christie.nhs.uk.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Routine use of I-125 interstitial brachytherapy (BT) alone in intermediate risk (IR) prostate cancer is controversial. It is often combined with external beam radiotherapy (EBRT). The biochemical outcome of a large cohort of only IR disease treated with BT monotherapy is reported. MATERIALS AND METHODS: Between 2003 and 2007, 615 patients with Memorial Sloan-Kettering Cancer Centre (MSKCC) defined IR disease (one risk factor only-T2b, or Gleason score (GS) 7, or raised initial PSA (iPSA) 10.1-20ng/ml) were treated with BT monotherapy. ASTRO (3 consecutive rises) and Phoenix (nadir plus 2) criteria defined biochemical failure. Potential prognostic factors (pre- and post-implant dosimetric indices, GS 3+4 versus 4+3, androgen deprivation therapy (ADT)) were analysed. RESULTS: Median follow-up was 5.0years. Forty-three patients had stage T2b, 180 had raised iPSA, 392 had GS 7 disease. ADT was received by 108 patients. The 5-year biochemical no evidence of disease (bNED) rates are 87.3% (by ASTRO), 88.6% (by Phoenix). Stratification by risk factor (T2b, GS7, raised iPSA) demonstrated raised iPSA to have poorer outcome only by Phoenix criteria (p=0.0002). Other potential prognostic variables were non-significant. CONCLUSION: Good rates of biochemical control can be achieved in the medium term with BT monotherapy in IR disease. Raised iPSA correlated with a poorer outcome.

[56]

TÍTULO / TITLE: - Involvement of Th17 cells in patients of urothelial carcinoma of bladder: Role of Th17 cells in urinary bladder cancer.

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

REVISTA / JOURNAL: - Hum Immunol. 2013 Jul 1. pii: S0198-8859(13)00196-1. doi: 10.1016/j.humimm.2013.06.032.

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

[1016/j.humimm.2013.06.032](http://dx.doi.org/10.1016/j.humimm.2013.06.032)

AUTORES / AUTHORS: - Chugh S; Anand V; Swaroop L; Seth A; Sharma A

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry, All India Institute of Medical Sciences, New Delhi, India.

RESUMEN / SUMMARY: - Bladder cancer is the second most common urologic malignancy after prostate with urothelial carcinoma accounting for 90% of all bladder cancers. Th17 cells representing novel subset of CD4+ cells have well described roles in autoimmune diseases and inflammation. Recent studies suggest a potential impact of Th17 cells in tumor immunology. The implication of Th17 cells in bladder cancer can be judged by the expression of their related cytokines and a key transcription factor, ROR γ which helps in the development of Th17 cells. Therefore, we aim to assess expression of Th17 related cytokines, ROR γ and distribution of Th17 cells to understand its involvement in bladder cancer. In our study, frequency of Th17 cells was significantly higher (p-value <0.001) in patients than controls. Circulating levels of pro-inflammatory cytokines IL-17^a, IL-23 and IL-6 were also significantly elevated in patients. Relative mRNA expression of IL-17^a and ROR γ in PBMCs and fold change in gene expression in tissues was found to be significantly elevated. These findings indicate the possible involvement of Th17 cells in urothelial carcinoma of bladder. Further the data can be validated to better understand the role of Th17 cells in this disease which might help in formulating targeted therapeutic strategy in future.

[57]

TÍTULO / TITLE: - Quality of care indicators and their related outcomes: A population-based study in prostate cancer patients treated with radiotherapy.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 May 27. pii: S0167-8140(13)00192-8. doi: 10.1016/j.radonc.2013.04.017.

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

[1016/j.radonc.2013.04.017](http://dx.doi.org/10.1016/j.radonc.2013.04.017)

AUTORES / AUTHORS: - Webber C; Brundage MD; Siemens DR; Groome PA

INSTITUCIÓN / INSTITUTION: - Division of Cancer Care and Epidemiology, Queen's Cancer Research Institute, Queen's University, Kingston, Canada; Department of Community Health and Epidemiology, Queen's University, Kingston, Canada.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: We describe variations across the regional cancer centres in Ontario, Canada for five prostate cancer radiotherapy (RT) quality indicators: incomplete pre-treatment assessment, follow-up care, leg immobilization, bladder filling, and portal film

target localization. Along with cancer centre volume, we examined each indicator's association with relevant outcomes: long-term cause-specific survival, urinary incontinence, and gastrointestinal and genitourinary late morbidities. MATERIALS AND METHODS: We conducted a population-based retrospective cohort study of 924 prostate cancer patients diagnosed between 1990 and 1998 who received RT within 9 months of diagnosis. Data sources included treating charts and registry and administrative data. The associations between indicators and outcomes were analysed using regression techniques to control for potential confounders. RESULTS: Practice patterns varied across the regional cancer centres for all indicators ($p < 0.0001$). Incomplete pre-treatment assessment was associated with worse cause-specific survival although this result was not significant when adjusted for confounding (adjusted RR=1.78, 95% CI=0.79-3.98). Treatment without leg immobilization (adjusted RR=1.72, 95% CI=1.16-2.56) and with an empty bladder (adjusted RR=1.98, 95% CI=1.08-3.63) was associated with genitourinary late morbidities. Treatment without leg immobilization was also associated with urinary incontinence (adjusted RR=2.18, 95% CI=1.23-3.87). CONCLUSIONS: We documented wide variations in practice patterns. We demonstrated that measures of quality of care can be shown to be associated with clinically relevant outcomes in a population-based sample of prostate cancer patients.

[58]

TÍTULO / TITLE: - The Role of MDR1 C3435T Gene Polymorphism on Gingival Hyperplasia in Turkish Renal Transplant Patients Treated With Cyclosporine in the Absence of Calcium Channel Blockers.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 Jun 8. pii: S0041-1345(12)01334-6. doi: 10.1016/j.transproceed.2012.12.007.

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

[1016/j.transproceed.2012.12.007](#)

AUTORES / AUTHORS: - Kazancioglu HO; Ak G; Turkmen A; Ozbek U; Tuncer FN; Karabulut A

INSTITUCIÓN / INSTITUTION: - Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Bezmialem Vakif University, Istanbul, Turkey. Electronic address: dt_oguz@yahoo.com.

RESUMEN / SUMMARY: - OBJECTIVE: To investigate the occurrence of MDR1 C3435T gene polymorphisms in the Turkish renal transplant patients treated with cyclosporine (CsA), and correlate these findings with prevalence and degree of gingival hyperplasia (GH). METHODS: Before to renal transplantation, dental treatment and oral hygiene education of 300 renal disease patients was completed. Peripheral blood samples were collected from 154 renal transplant recipients on CsA treatment without calcium channel blockers. MDR1 C3435T gene polymorphism and GH were analyzed at

posttransplant month 6. RESULTS: No difference was detected among groups for age, posttransplant period, creatine levels, serum concentration of CsA, or plaque and bleeding indices ($P > .05$). Out of all transplanted patients, 42.8% were found to have the heterozygote genotype. This was reduced to 37.5% when individuals with GH were taken into account. However, when degree of GH was analyzed, those with severe GH were found to have the heterozygote genotype significantly more often ($P < .05$). CONCLUSIONS: The MDR1 gene polymorphism is not associated with GH frequency, but may be associated with GH severity.

[59]

TÍTULO / TITLE: - Incidence of Prostate Cancer After Termination of Screening in a Population-based Randomised Screening Trial.

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

REVISTA / JOURNAL: - Eur Urol. 2013 May 17. pii: S0302-2838(13)00490-9. doi: 10.1016/j.eururo.2013.05.024.

- Enlace al texto completo (gratis o de pago)

1016/j.eururo.2013.05.024

AUTORES / AUTHORS: - Grenabo Bergdahl A; Holmberg E; Moss S; Hugosson J

INSTITUCIÓN / INSTITUTION: - Department of Urology, Institute of Clinical Sciences, Sahlgrenska Academy at the Sahlgrenska University Hospital, Goteborg, Sweden. Electronic address: anna.grenabo@vgregion.se.

RESUMEN / SUMMARY: - BACKGROUND: In a previous publication from the Goteborg randomised screening trial from 2010, biennial prostate-specific antigen (PSA) screening for men ≤ 69 yr of age was shown to lower prostate cancer (PCa) mortality by 44%. The evidence of the optimal age to stop screening, however, is limited. OBJECTIVE: To examine the risk of PCa after the discontinuation of screening. DESIGN, SETTING, AND PARTICIPANTS: In December 1994, 20 000 men in Goteborg, Sweden, between the ages of 50 and 65 yr were randomised to a screening arm (invited biennially to PSA testing) and a control arm (not invited). At the upper age limit (average: 69 yr), a total of 13 423 men (6449 and 6974 in the screening and control arms, respectively) were still alive without PCa. The incidence of PCa hereafter was established by matching with the Western Swedish Cancer Register. Participants were followed until a diagnosis of PCa, death, or final follow-up on June 30, 2012, or for a maximum of 12 yr after the last invitation. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Incidence rates and disease-free survival were calculated with life table models and Kaplan-Meier estimates. A competing risk model was also applied. RESULTS AND LIMITATIONS: Postscreening, 173 cases of PCa were diagnosed in the screening arm (median follow-up: 4.8 yr) and 371 in the control arm (median follow-up: 4.9 yr). Up to 9 yr postscreening, all risk groups were more commonly diagnosed in the control arm, but after 9 yr the rates in the screening arm

caught up, other than those for the low-risk group. PCa mortality also caught up after 9 yr. CONCLUSIONS: Nine years after the termination of PSA testing, the incidence of potentially lethal cancers equals that of nonscreened men. Considering the high PCa mortality rate in men >80 yr of age, a general age of 70 yr to discontinue screening might be too low. Instead, a flexible age to discontinue based on individual risk stratification should be recommended.

[60]

TÍTULO / TITLE: - Association Between Metformin Use and Risk of Prostate Cancer and Its Grade.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Aug 7;105(15):1123-1131. Epub 2013 Jul 13.

●● Enlace al texto completo (gratis o de pago) [1093/jnci/djt170](#)

AUTORES / AUTHORS: - Margel D; Urbach D; Lipscombe LL; Bell CM; Kulkarni G; Austin PC; Fleshner N

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: Division of Urology, Department of Surgical Oncology, Princess Margaret Hospital, University Health Network, Toronto, ON, Canada (DM, GK, NF); Departments of Surgery and Health Policy Management and Evaluation, University of Toronto, Toronto, ON, Canada (DU); Division of Clinical Decision Making and Health Care, Toronto General Hospital Research Institute, Toronto, ON, Canada (DU); Institute for Clinical Evaluative Sciences, Toronto, ON, Canada (DM, DU, LLL, CMB, GK, PCA); Cancer Care Ontario, Toronto, ON, Canada (DU); Institute for Health Policy Management and Evaluation, University of Toronto, Toronto, ON, Canada (DM, DU, LLL, CMB, PCA); Department of Medicine and Keenan Research Centre in the Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, ON, Canada (CMB); Department of Medicine, Women's College Hospital and Research Institute, University of Toronto, Toronto, ON, Canada (LLL).

RESUMEN / SUMMARY: - BACKGROUND: Metformin is commonly prescribed to treat type 2 diabetes. Recent evidence suggests that it may possess antitumoral properties. The aim of this study was to test the association between metformin use and risk of prostate cancer and its grade among men with diabetes. METHODS: Data were obtained from population-based health-care administrative databases in Ontario, Canada. This retrospective cohort study used a nested case-control approach to examine the relationship between metformin exposure and the risk of prostate cancer within a cohort of incident diabetic men aged 66 years or older. We conducted four case-control analyses, defining case subjects as 1) any prostate cancer, 2) high-grade, 3) low-grade, and 4) biopsy-diagnosed. In each analysis, case subjects were matched to five control subjects on age and cohort entry date. Metformin exposure was determined based on prescriptions before cancer diagnosis, and adjusted odds

ratios (aOR) were estimated using conditional logistic regression. All statistical tests were two-sided. RESULTS: Within our cohort of 119 315 men with diabetes, there were 5306 case subjects with prostate cancer and 26 530 matched control subjects. Within the cancer case subjects, 1104 had high-grade cancer, 1719 had low-grade cancer, and 3524 had biopsy-diagnosed cancer. There was no association between metformin use and risk of any prostate cancer (aOR = 1.03, 95% confidence interval [CI] = 0.96 to 1.1), high-grade cancer (aOR = 1.13, 95% CI = 0.96 to 1.32), low-grade cancer (aOR = 0.94, 95% CI = 0.82 to 1.06), or biopsy-diagnosed cancer (aOR = 0.98, 95% CI = 0.84 to 1.02). CONCLUSIONS: This large study did not find an association between metformin use and risk of prostate cancer among older men with diabetes, regardless of cancer grade or method of diagnosis.

[61]

TÍTULO / TITLE: - Advanced Prostate Cancer Risk in Relation to Toenail Selenium Levels.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Jul 22.

●● [Enlace al texto completo \(gratis o de pago\) 1093/jnci/djt186](#)

AUTORES / AUTHORS: - Geybels MS; Verhage BA; van Schooten FJ; Goldbohm RA; van den Brandt PA

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: Department of Epidemiology, GROW School for Oncology and Developmental Biology, (MSG, BAJV, PAvdB) and Department of Toxicology, NUTRIM School for Nutrition, Toxicology, and Metabolism (FJvS), Maastricht University, Maastricht, the Netherlands; TNO, Leiden, the Netherlands (RAG).

RESUMEN / SUMMARY: - BACKGROUND: Selenium may prevent advanced prostate cancer (PCa), but most studies on this topic were conducted in populations with moderate to high selenium status. We investigated the association of toenail selenium, reflecting long-term selenium exposure, and advanced PCa risk in a population from the Netherlands where low selenium status is widespread. METHODS: The analysis was conducted in the prospective Netherlands Cohort Study, which included 58 279 men aged 55 to 69 years at baseline in 1986. All cohort members completed a baseline questionnaire, and approximately 79% of participants provided toenail clippings, which were used for toenail selenium measurements using instrumental neutron activation analysis. Incident advanced PCa case subjects from the entire cohort were identified during 17.3 years of follow-up. The study employed a case-cohort design for which a random subcohort was sampled at baseline. Hazard ratios and 95% confidence intervals (CIs) were estimated using Cox proportional hazards regression models. All tests were two-sided. RESULTS: Complete toenail selenium data were available for 898 advanced (International Union Against Cancer stage III/IV) PCa case subjects and 1176 subcohort

members. The average toenail selenium concentration of subcohort members was 0.550 microg/g. Toenail selenium was associated with a reduced risk of advanced PCa; adjusted hazard ratio for the highest vs lowest quintile was 0.37 (95% CI = 0.27 to 0.51; P trend < .001). For stage IV PCa, men in the highest vs lowest quintile of toenail selenium had an adjusted hazard ratio of 0.30 (95% CI = 0.21 to 0.45; P trend < .001). CONCLUSIONS: Toenail selenium was associated with a substantial decrease in risk of advanced PCa.

[62]

TÍTULO / TITLE: - Regulatory T cells, dendritic cells and neutrophils in patients with renal cell carcinoma.

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

REVISTA / JOURNAL: - Immunol Lett. 2013 May;152(2):144-50. doi: 10.1016/j.imlet.2013.05.010. Epub 2013 May 27.

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

[1016/j.imlet.2013.05.010](#)

AUTORES / AUTHORS: - Minarik I; Lastovicka J; Budinsky V; Kayserova J; Spisek R; Jarolim L; Fialova A; Babjuk M; Bartunkova J

INSTITUCIÓN / INSTITUTION: - Department of Urology, 2nd Faculty of Medicine, Charles University and University Hospital Motol, V Uvalu 84, 150 06 Prague, Czech Republic. Electronic address: ivo.minarik@lfmotol.cuni.cz.

RESUMEN / SUMMARY: - We evaluated dendritic cells (DC), regulatory T lymphocytes (Treg) and neutrophils in 37 patients with newly diagnosed renal cell carcinoma (RCC) in the tumor and peripheral blood (PB) and correlated these parameters with tumor staging (early-T1, 2, late-T3, 4 and metastatic disease). The number of myeloid and plasmacytoid DC in blood of RCC patients was higher than in healthy controls. The percentage of myeloid dendritic cells (mDC) from CD45+ cells in tumors was higher in comparison with peripheral blood irrespective of disease stage. Higher percentage of these cells expressed a maturation marker in the periphery in the early stage (CD83 expressing cells). The number of plasmacytoid dendritic cells (pDC) in PB was similar in both early and late stage groups, but the early group displayed a significantly higher percentage of pDC in tumor cell suspension. Neutrophil counts in the peripheral blood of RCC patients were higher than in healthy controls, but the counts in both tumor stage groups were similar. The proportion of neutrophils from CD45+ cells was higher in late stage tumors. Higher percentage of Treg from CD4+ cells was detected in renal carcinoma tissue in comparison to PB with no difference between stages of the disease. Our results reflect the complex interplay between various cells of the immune system and the tumor microenvironment. Activation of dendritic cell subpopulations at early stages of the disease course is counterbalanced by the early appearance of T regulatory cells both in the periphery and tumor tissue. Later stages are characterized by the accumulation of neutrophils in the tumor. Appropriate

timing of anticancer strategies, especially immunotherapy, should take these dynamics of the immune response in RCC patients into account.

[63]

TÍTULO / TITLE: - Regulation of E2F1 by the von Hippel-Lindau tumour suppressor protein predicts survival in renal cell cancer patients.

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

REVISTA / JOURNAL: - J Pathol. 2013 Sep;231(1):117-29. doi: 10.1002/path.4219.

●● Enlace al texto completo (gratis o de pago) [1002/path.4219](#)

AUTORES / AUTHORS: - Mans DA; Vermaat JS; Weijts BG; van Rooijen E; van Rieuwijk J; Boldt K; Daenen LG; van der Groep P; Rowland BD; Jans JJ; Roepman R; Voest EE; van Diest PJ; Verhaar MC; de Bruin A; Giles RH

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, University Medical Centre Utrecht, The Netherlands; Department of Human Genetics, Radboud University Nijmegen Medical Centre, The Netherlands; Nijmegen Centre for Molecular Life Sciences, Radboud University Nijmegen Medical Centre, The Netherlands.

RESUMEN / SUMMARY: - Biallelic mutations of the von Hippel-Lindau (VHL) gene are the most common cause of sporadic and inherited renal cell carcinoma (RCC). Loss of VHL has been reported to affect cell proliferation by deregulating cell cycle-associated proteins. We report that the VHL gene product (pVHL) inhibits E2F1 expression at both mRNA and protein level in zebrafish and human RCC cells, while loss of VHL increases E2F1 expression in patient kidney tumour tissue and RCC cells, resulting in a delay of cell cycle progression. RCCs from von Hippel-Lindau patients with known germline VHL mutations express significantly more E2F1 compared to sporadic RCCs with either clear-cell (cc) or non-cc histology. Analysis of 138 primary RCCs reveals that E2F1 expression is significantly higher in tumours with a diameter ≤ 7 cm and with a favourable American Joint Committee on Cancer (AJCC) stage. The expression of E2F1 in RCC significantly correlates with p27 expression, suggesting that increased expression of E2F1 in RCC induces tumour cell senescence via p27. Cox regression analysis shows significant prediction of E2F1 expression for disease-free survival and overall survival, implying that E2F1 expression in kidney tumour is a novel prognostic factor for patients with RCC. Copyright © 2013 Pathological Society of Great Britain and Ireland. Published by John Wiley & Sons, Ltd.

[64]

TÍTULO / TITLE: - ERG Protein Expression and Gene Rearrangements Are Present at Lower Rates in Metastatic and Locally Advanced Castration-resistant Prostate Cancer Compared to Localized Disease.

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):394-9. doi: 10.1016/j.urology.2013.03.029. Epub 2013 Jun 6.

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

[1016/j.urology.2013.03.029](#)

AUTORES / AUTHORS: - Teng LH; Wang C; Begin LR; Dolph M; Yilmaz A; Trpkov K; Donnelly B; Bismar TA

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, University of Calgary and Calgary Laboratory Services, Calgary, Alberta, Canada.

RESUMEN / SUMMARY: - **OBJECTIVE:** To compare ERG expression and gene rearrangements rates in metastatic and castration-resistant prostate cancer (CRPC) to localized disease as ERG is the most common genetic event in early prostate cancer (PCa) with potential prognostic and therapeutic implications. **METHODS:** We evaluated ERG protein expression in 344 patients with PCa in 3 cohorts including localized, metastatic, and castration-resistant disease using immunohistochemistry (IHC) and fluorescence in situ hybridization (FISH). **RESULTS:** ERG protein expression was detected exclusively in the neoplastic epithelium and was found in 6.8% and 46.3% of high-grade prostatic intraepithelial neoplasia (HGPIN) and localized PCa, respectively. In metastatic and locally advanced CRPC, ERG expression was significantly lower, occurring at 36.1% and 37.2%, respectively. In PCa with foamy gland morphology, ERG protein expression was detected in only 18.6% compared with reported rates of about 42%-48% in acinar PCa. Moreover, ERG protein expression and gene rearrangements showed an overall consistency rate of 90.6% ($P < .0001$). The consistency rate was 100% both in benign glands and HGPIN, and 96.1% in localized PCa. However, it was significantly lower at 76.9% and 85% in node metastatic and CRPC, respectively ($P < .0001$). **CONCLUSION:** ERG protein expression is restricted to neoplastic prostatic epithelium and is present at lower rates in metastatic and CRPC compared to localized PCa. IHC and FISH concordance rates were significantly lower in node metastatic and CRPC compared to localized PCa, which may suggest different biological and therapeutic implications. The lower rate of ERG protein expression in foamy gland PCa may suggest potential differences for this pattern of PCa at the molecular level.

[65]

TÍTULO / TITLE: - Automated generation of IMRT treatment plans for prostate cancer patients with metal hip prostheses: Comparison of different planning strategies.

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

REVISTA / JOURNAL: - Med Phys. 2013 Jul;40(7):071704. doi: 10.1118/1.4808117.

●● Enlace al texto completo (gratis o de pago) [1118/1.4808117](https://doi.org/10.1118/1.4808117)

AUTORES / AUTHORS: - Voet PW; Dirkx ML; Breedveld S; Heijmen BJ

INSTITUCIÓN / INSTITUTION: - Erasmus MC - Daniel den Hoed Cancer Center, Department of Radiation Oncology, Groene Hilledijk 301, 3075EA Rotterdam, The Netherlands.

RESUMEN / SUMMARY: - Purpose: To compare IMRT planning strategies for prostate cancer patients with metal hip prostheses. Methods: All plans were generated fully automatically (i.e., no human trial-and-error interactions) using iCycle, the authors' in-house developed algorithm for multicriterial selection of beam angles and optimization of fluence profiles, allowing objective comparison of planning strategies. For 18 prostate cancer patients (eight with bilateral hip prostheses, ten with a right-sided unilateral prosthesis), two planning strategies were evaluated: (i) full exclusion of beams containing beamlets that would deliver dose to the target after passing a prosthesis (IMRTremove) and (ii) exclusion of those beamlets only (IMRTcut). Plans with optimized coplanar and noncoplanar beam arrangements were generated. Differences in PTV coverage and sparing of organs at risk (OARs) were quantified. The impact of beam number on plan quality was evaluated. Results: Especially for patients with bilateral hip prostheses, IMRTcut significantly improved rectum and bladder sparing compared to IMRTremove. For 9-beam coplanar plans, rectum V60Gy reduced by 17.5% +/- 15.0% (maximum 37.4%, p = 0.036) and rectum Dmean by 9.4% +/- 7.8% (maximum 19.8%, p = 0.036). Further improvements in OAR sparing were achievable by using noncoplanar beam setups, reducing rectum V60Gy by another 4.6% +/- 4.9% (p = 0.012) for noncoplanar 9-beam IMRTcut plans. Large reductions in rectum dose delivery were also observed when increasing the number of beam directions in the plans. For bilateral implants, the rectum V60Gy was 37.3% +/- 12.1% for coplanar 7-beam plans and reduced on average by 13.5% (maximum 30.1%, p = 0.012) for 15 directions. Conclusions: iCycle was able to automatically generate high quality plans for prostate cancer patients with prostheses. Excluding only beamlets that passed through the prostheses (IMRTcut strategy) significantly improved OAR sparing. Noncoplanar beam arrangements and, to a larger extent, increasing the number of treatment beams further improved plan quality.

[66]

TÍTULO / TITLE: - Assessing the most accurate formula to predict the risk of lymph node metastases from prostate cancer in contemporary patients treated with radical prostatectomy and extended pelvic lymph node dissection.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jun 30. pii: S0167-8140(13)00270-3. doi: 10.1016/j.radonc.2013.05.029.

- Enlace al texto completo (gratis o de pago)

1016/j.radonc.2013.05.029

AUTORES / AUTHORS: - Abdollah F; Cozzarini C; Sun M; Suardi N; Gallina A; Passoni NM; Bianchi M; Tutolo M; Fossati N; Nini A; Dell'oglio P; Salonia A; Karakiewicz P; Montorsi F; Briganti A

INSTITUCIÓN / INSTITUTION: - Department of Urology, Vita Salute San Raffaele University, Milan, Italy.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: The aim of this study was to perform a head-to-head comparison of the Roach formula vs. two other newly developed prediction tools for lymph node invasion (LNI) in prostate cancer, namely the Nguyen and the Yu formulas. MATERIAL AND METHODS: We included 3115 patients treated with radical prostatectomy and extended pelvic lymph node dissection (ePLND), between 2000 and 2010 at a single center. The predictive accuracy of the three formulas was assessed and compared using the area-under-curve (AUC) and calibration methods. Moreover, decision curve analysis compared the net-benefit of the three formulas in a head-to-head fashion. RESULTS: Overall, 10.8% of patients had LNI. The LNI-predicted risk was >15% in 25.5%, 3.4%, and 10.2% of patients according to the Roach, Nguyen and Yu formula, respectively. The AUC was 80.5%, 80.5% and 79%, respectively (all p>0.05). However, the Roach formula demonstrated more favorable calibration and generated the highest net-benefit relative to the other examined formulas in decision curve analysis. CONCLUSIONS: All formulas demonstrated high and comparable discrimination accuracy in predicting LNI, when externally validated on ePLND treated patients. However, the Roach formula showed the most favorable characteristics. Therefore, its use should be preferred over the two other tools.

[67]

TÍTULO / TITLE: - Early biomarkers related to secondary primary cancer risk in radiotherapy treated prostate cancer patients: IMRT versus IMAT.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jun 19. pii: S0167-8140(13)00228-4. doi: 10.1016/j.radonc.2013.05.014.

- Enlace al texto completo (gratis o de pago)

1016/j.radonc.2013.05.014

AUTORES / AUTHORS: - Werbrouck J; Ost P; Fonteyne V; De Meerleer G; De Neve W; Bogaert E; Beels L; Bacher K; Vral A; Thierens H

INSTITUCIÓN / INSTITUTION: - Department of Basic Medical Sciences, Ghent University, Ghent, Belgium.

RESUMEN / SUMMARY: - PURPOSE: To investigate whether rotational techniques (Volumetric Modulated Arc Therapy - VMAT) are associated with a higher risk for secondary primary malignancies compared to step-and-shoot Intensity Modulated Radiation Therapy (ss-IMRT). To this end, radiation therapy

(RT) induced DNA double-strand-breaks and the resulting chromosomal damage were assessed in peripheral blood T-lymphocytes of prostate cancer (PCa) patients applying gammaH2AX foci and G0 micronucleus (MN) assays. METHODS AND MATERIALS: The study comprised 33PCa patients. A blood sample was taken before start of therapy and after the 1st and 3rd RT fraction to determine respectively the RT-induced gammaH2AX foci and MN. The equivalent total body dose (DETB) was calculated based on treatment planning data. RESULTS: A linear dose response was obtained for gammaH2AX foci yields versus DETB while MN showed a linear-quadratic dose response. Patients treated with large volume (LV) VMAT show a significantly higher level of induced gammaH2AX foci and MN compared to IMRT and small volume (SV) VMAT ($p < 0.01$). Assuming a linear-quadratic relationship, a satisfactory correlation was found between both endpoints ($R^2 0.86$). CONCLUSIONS: Biomarker responses were governed by dose and irradiated volume of normal tissues. No significant differences between IMRT and rotational therapy inherent to the technique itself were observed.

[68]

TÍTULO / TITLE: - Gleason pattern 5 is the strongest pathologic predictor of recurrence, metastasis, and prostate cancer-specific death in patients receiving salvage radiation therapy following radical prostatectomy.

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

REVISTA / JOURNAL: - Cancer. 2013 Jul 2. doi: 10.1002/cncr.28215.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28215](#)

AUTORES / AUTHORS: - Jackson W; Hamstra DA; Johnson S; Zhou J; Foster B; Foster C; Li D; Song Y; Palapattu GS; Kunju LP; Mehra R; Feng FY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Michigan, Ann Arbor, Michigan.

RESUMEN / SUMMARY: - BACKGROUND: The presence of Gleason pattern 5 (GP5) at radical prostatectomy (RP) has been associated with worse clinical outcome; however, this pathologic variable has not been assessed in patients receiving salvage radiation therapy (SRT) after a rising prostate-specific antigen level. METHODS: A total of 575 patients who underwent primary RP for localized prostate cancer and subsequently received SRT at a tertiary medical institution were reviewed retrospectively. Primary outcomes of interest were biochemical failure (BF), distant metastasis (DM), and prostate cancer-specific mortality (PCSM), which were assessed via univariate analysis and Fine and Grays competing risks multivariate models. RESULTS: On pathologic evaluation, 563 (98%) patients had a documented Gleason score (GS). The median follow-up post-SRT was 56.7 months. A total of 60 (10.7%) patients had primary, secondary, or tertiary GP5. On univariate analysis, the presence of GP5 was prognostic for BF (hazard ratio [HR] 3.3; $P < .0001$), DM (HR:11.1, $P < .0001$), and PCSM (HR:8.8, $P < .0001$). Restratification of the Gleason score

to include GP5 as a distinct entity resulted in improved prognostic capability. Patients with GP5 had clinically worse outcomes than patients with GS8(4+4). On multivariate analysis, the presence of GP5 was the most adverse pathologic predictor of BF (HR 2.9; $P < .0001$), DM (HR 14.8; $P < .0001$), and PCSM (HR 5.7; $P < .0001$). CONCLUSION: In the setting of SRT for prostate cancer, the presence of GP5 is a critical pathologic predictor of BF, DM, and PCSM. Traditional GS risk stratification fails to fully utilize the prognostic capabilities of individual Gleason patterns among men receiving SRT post-RP. Cancer 2013. © 2013 American Cancer Society.

[69]

TÍTULO / TITLE: - Quality of Life After Sipuleucel-T Therapy: Results From a Randomized, Double-blind Study in Patients With Androgen-dependent Prostate Cancer.

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):410-5. doi: 10.1016/j.urology.2013.04.049.

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

[1016/j.urology.2013.04.049](#)

AUTORES / AUTHORS: - Beer TM; Schellhammer PF; Corman JM; Glode LM; Hall SJ; Whitmore JB; Frohlich MW; Penson DF

INSTITUCIÓN / INSTITUTION: - Division of Hematology & Medical Oncology, OHSU Knight Cancer Institute, Oregon Health and Science University, Portland, OR. Electronic address: beert@ohsu.edu.

RESUMEN / SUMMARY: - OBJECTIVE: To collect and analyze quality-of-life (QOL) data from PROvenge Treatment and Early Cancer Treatment trial (PROTECT, NCT00779402), a phase III, randomized controlled trial of sipuleucel-T in patients with asymptomatic androgen-dependent prostate cancer. METHODS: Patients experiencing prostate-specific antigen relapse after radical prostatectomy entered a 3- to 4-month run-in phase of androgen-deprivation therapy (ADT), followed by 2:1 randomization to sipuleucel-T or control. QOL was assessed throughout the run-in and 26-week post-randomization phases using the Brief Fatigue Inventory (BFI), Linear Analog Self-Assessment (LASA) scale, Global Rating of Change (GRoC) scale, and an elicited symptoms list. RESULTS: One hundred seventy-six patients were randomized into 2 groups, the sipuleucel-T group ($n = 117$) or the control group ($n = 59$). The sample provided 80% power to detect a difference in fatigue interference score between treatment arms of 0.9 points. QOL declined predictably during ADT. At week 26, 26.2% of sipuleucel-T-treated patients and 21.6% of control-treated patients ($P = .68$) reported fatigue in the previous week, and the mean score for fatigue interference in the past 24 hours was 0.9 for both arms ($P = .88$). Results were comparable for usual fatigue ($P = .91$) and worst fatigue ($P > .99$). Mean LASA scores decreased in both groups ($P = .26$).

The proportion of patients reporting better overall QOL on GRoC was similar (P = .62). CONCLUSION: There is no clinically significant negative impact on QOL after sipuleucel-T treatment compared with control after a period of ADT in patients with asymptomatic androgen-dependent prostate cancer.

[70]

TÍTULO / TITLE: - Prostate radiotherapy clinical trial quality assurance: How real should real time review be? (A TROG-OCOG Intergroup Project).

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jun 7. pii: S0167-8140(13)00230-2. doi: 10.1016/j.radonc.2013.05.015.

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

[1016/j.radonc.2013.05.015](#)

AUTORES / AUTHORS: - Martin J; Frantzis J; Chung P; Langah I; Crain M; Cornes D; Plank A; Finch T; Jones M; Khoo E; Catton C

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Calvary Mater Hospital, Newcastle, Australia. Electronic address:

Jarad.martin@calvarymater.org.au.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Review of plans early in treatment offers the potential to reduce the chance of sub-optimal treatment delivery. We compare the use of real time reviews (RTR) either before randomization (pre-rand 3D RTR) or following randomization (post-rand 2D RTR). MATERIALS AND METHODS: PROFIT is an international randomised trial for men with prostate cancer which had credentialing via multiple dummy runs. In Australia, but not Canada, all plans were submitted for pre-rand 3D RTR using 3D software, and resubmission was requested if significant protocol deviations (PD) were seen. All plans from Canada and Australia then underwent post-rand 2D RTR using a 2D assessment. RESULTS: For 147 Australian patients, pre-rand 3D RTR was fast (median 1day, 95% range 0-4days). 51 minor and 5 major PD were observed and 15 of the 147 cases (10%) required resubmission. Of the 5 major PD, 4 were remedied on resubmission and 1 was withdrawn from study. For the post-rand 2D RTR, reports from 147 Australian cases and 193 Canadian cases were reviewed. No major PD were reported from Australian cases, but 3 were seen in Canadian cases (0% versus 1.5%; p=0.26). There was also no difference in the rate of minor PD (14.3% versus 15.3%; p=NS). CONCLUSIONS: In a study using relatively simple treatment volumes after comprehensive credentialing, pre-rand 3D RTR offers only modest benefits compared with post-rand 2D RTR. In the future the intensity of RTR may need to vary according to protocol and site specific factors.

[71]

TÍTULO / TITLE: - High nuclear karyopherin alpha 2 expression is a strong and independent predictor of biochemical recurrence in prostate cancer patients treated by radical prostatectomy.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jul 26. doi: 10.1038/modpathol.2013.127.

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

[1038/modpathol.2013.127](#)

AUTORES / AUTHORS: - Grupp K; Habermann M; Sirma H; Simon R; Steurer S; Hube-Magg C; Prien K; Burkhardt L; Jedrzejewska K; Salomon G; Heinzer H; Wilczak W; Kluth M; Izbicki JR; Sauter G; Minner S; Schlomm T; Tsourlakis MC

INSTITUCIÓN / INSTITUTION: - [1] General, Visceral and Thoracic Surgery Department and Clinic, Hamburg, Germany [2] Institute of Pathology, Hamburg, Germany.

RESUMEN / SUMMARY: - Increased levels of karyopherin alpha2 (KPNA2) expression have been described to be linked to poor prognosis in a variety of malignancies. This study was undertaken to evaluate the clinical impact of KPNA2 expression and its association with key genomic alterations in prostate cancers. A tissue microarray containing samples from 11 152 prostate cancers was analyzed for KPNA2 expression by immunohistochemistry. Results were compared with oncological follow-up data and genomic alterations such as TMPRSS2-ERG fusions and deletions of PTEN, 5q21, 6q15 or 3p13. KPNA2 expression was absent or weak in benign prostatic glands and was found to be in weak, moderate or strong intensities in 68.4% of 7964 interpretable prostate cancers. KPNA2 positivity was significantly linked to the presence of ERG rearrangement ($P < 0.0001$). In ERG-negative and -positive prostate cancers, KPNA2 immunostaining was significantly associated with advanced pathological tumor stage (pT3b/pT4), high Gleason grade and early biochemical recurrence ($P < 0.0001$ each). Multivariate analysis including all established prognostic criteria available after surgery revealed that the prognostic role of KPNA2 ($P = 0.001$) was independent of high Gleason grade, advanced pathological tumor stage, high preoperative prostate-specific antigen level and positive surgical margin status ($P < 0.0001$ each). The comparison of KPNA2 expression with deletions of PTEN, 5q21, 6q15 and 3p13 in ERG-positive and -negative cancers revealed a strong link to PTEN deletions in both subgroups ($P < 0.0001$). In conclusion, the strong independent prognostic impact of KPNA2 expression raises the possibility that measurement of KPNA2 expression alone or in combination with other molecular parameters might possibly result in clinically useful information. The data also emphasize a critical role of the functionality of the nuclear import machinery for prostate cancer biology. Modern Pathology advance online publication, 26 July 2013; doi:10.1038/modpathol.2013.127.

TÍTULO / TITLE: - Re: impact of complete bladder neck preservation on urinary continence, quality of life and surgical margins after radical prostatectomy: a randomized, controlled, single blind trial.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug;64(2):338-9. doi: 10.1016/j.eururo.2013.05.011.

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

[1016/j.eururo.2013.05.011](#)

AUTORES / AUTHORS: - Brunocilla E; Borghesi M; Schiavina R; Pultrone CV; Martorana G

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Bologna, Bologna, Italy.

[73]

TÍTULO / TITLE: - Development and validation of a prognostic model in patients with metastatic renal cell carcinoma treated with sunitinib: a European collaboration.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 23;109(2):332-41. doi: 10.1038/bjc.2013.341. Epub 2013 Jun 27.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.341](#)

AUTORES / AUTHORS: - Bamias A; Tzannis K; Beuselinck B; Oudard S; Escudier B; Diosynopoulos D; Papazisis K; Lang H; Wolter P; de Guillebon E; Stravodimos K; Chrisofos M; Fountzilas G; Elaidi RT; Dimopoulos MA; Bamia C

INSTITUCIÓN / INSTITUTION: - Department of Clinical Therapeutics, University of Athens, Athens, Greece.

RESUMEN / SUMMARY: - Background: Accurate prediction of outcome for metastatic renal cell carcinoma (mRCC) patients receiving targeted therapy is essential. Most of the available models have been developed in patients treated with cytokines, while most of them are fairly complex, including at least five factors. We developed and externally validated a simple model for overall survival (OS) in mRCC. We also studied the recently validated International Database Consortium (IDC) model in our data sets. Methods: The development cohort included 170 mRCC patients treated with sunitinib. The final prognostic model was selected by uni- and multivariate Cox regression analyses. Risk groups were defined by the number of risk factors and by the 25th and 75th percentiles of the model's prognostic index distribution. The model was validated using an independent data set of 266 mRCC patients (validation cohort) treated with the same agent. Results: Eastern Co-operative Oncology Group (ECOG) performance status (PS), time from diagnosis of RCC and number of metastatic sites were included in the final model. Median OS of patients with 1, 2 and 3 risk factors were: 24.7, 12.8 and 5.9 months, respectively, whereas median OS was not reached for patients with 0 risk

factors. Concordance © index for internal validation was 0.712, whereas C-index for external validation was 0.634, due to differences in survival especially in poor-risk populations between the two cohorts. Predictive performance of the model was improved after recalibration. Application of the mRCC International Database Consortium (IDC) model resulted in a C-index of 0.574 in the development and 0.576 in the validation cohorts (lower than those recently reported for this model). Predictive ability was also improved after recalibration in this analysis. Risk stratification according to IDC model showed more similar outcomes across the development and validation cohorts compared with our model. Conclusion: Our model provides a simple prognostic tool in mRCC patients treated with a targeted agent. It had similar performance with the IDC model, which, however, produced more consistent survival results across the development and validation cohorts. The predictive ability of both models was lower than that suggested by internal validation (our model) or recent published data (IDC model), due to differences between observed and predicted survival among intermediate and poor-risk patients. Our results highlight the importance of external validation and the need for further refinement of existing prognostic models.

[74]

- CASTELLANO -

TÍTULO / TITLE: Tratamiento exitoso de una tiroiditis aguda por *Aspergillus* spp. en el contexto de aspergilosis invasiva diseminada en trasplantado renal.

TÍTULO / TITLE: - Successful treatment of acute thyroiditis due to *Aspergillus* spp. in the context of disseminated invasive aspergillosis in a kidney transplant patient.

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

REVISTA / JOURNAL: - Nefrologia. 2013 Jul 19;33(4):618-619. doi: 10.3265/Nefrologia.pre2013.Apr.11935.

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

[3265/Nefrologia.pre2013.Apr.11935](#)

AUTORES / AUTHORS: - Cicora F; Mos F; Paz M; Roberti J

[75]

TÍTULO / TITLE: - Dietary fat intake and risk of pancreatic cancer in the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial.

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

REVISTA / JOURNAL: - Ann Epidemiol. 2013 Jul 23. pii: S1047-2797(13)00169-5. doi: 10.1016/j.annepidem.2013.06.006.

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

[1016/j.annepidem.2013.06.006](#)

AUTORES / AUTHORS: - Arem H; Mayne ST; Sampson J; Risch H; Stolzenberg-Solomon RZ

INSTITUCIÓN / INSTITUTION: - Department of Chronic Disease Epidemiology, Yale University School of Public Health, New Haven, CT; Nutritional Epidemiology Branch, Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD. Electronic address: aremhe2@mail.nih.gov.

RESUMEN / SUMMARY: - **PURPOSE:** Epidemiologic and experimental studies suggest that dietary fat intake may affect risk of pancreatic cancer, but published results are inconsistent. **METHODS:** We examined risk associations for specific types of dietary fat intakes and related food sources among 111,416 participants in the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial. We used Cox proportional hazards regression to examine associations between fat intake and pancreatic cancer risk. **RESULTS:** Over a mean 8.4 years of follow-up, 411 pancreatic cancer cases were identified. We observed an inverse association between saturated fat intake and pancreatic cancer risk (hazard ratio [HR], 0.64 comparing extreme quintiles; 95% confidence interval [CI], 0.46-0.88), but the association became weaker and nonsignificant when individuals with fewer than 4 years of follow-up were excluded to avoid possible reverse causation (HR, 0.88; 95% CI, 0.58-1.33). Total fat intake showed a similar pattern of association, whereas intakes of monounsaturated and polyunsaturated fats and fats from animal or plant sources showed no associations with risk. **CONCLUSIONS:** These results do not support the hypothesis of increased pancreatic cancer risk with higher fat consumption overall or by specific fat type or source. Dietary changes owing to undetected disease may explain the observed inverse association with saturated fat.

[76]

TÍTULO / TITLE: - Prostate Cancer Imaging Trends After a Nationwide Effort to Discourage Inappropriate Prostate Cancer Imaging.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Jul 13.

- [Enlace al texto completo \(gratis o de pago\) 1093/jnci/djt175](#)

AUTORES / AUTHORS: - Makarov DV; Loeb S; Ulmert D; Drevin L; Lambe M; Stattin P

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: US Department of Veterans Affairs (DM, SL); Departments of Urology and Population Health and Cancer Institute, New York University, New York, NY (DM, SL); Regional Cancer Centre, Uppsala University Hospital, Uppsala, Sweden (LD, ML); Department of Surgery, Urology Service, Memorial Sloan-Kettering Cancer Center, New York, NY (DU, PS); Department of Surgical and Perioperative Sciences, Urology and Andrology, Umea University, Umea, Sweden (PS); Department of

Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden (ML).

RESUMEN / SUMMARY: - BACKGROUND: Reducing inappropriate use of imaging to stage incident prostate cancer is a challenging problem highlighted recently as a Physician Quality Reporting System quality measure and by the American Society of Clinical Oncology and the American Urological Association in the Choosing Wisely campaign. Since 2000, the National Prostate Cancer Register (NPCR) of Sweden has led an effort to decrease national rates of inappropriate prostate cancer imaging by disseminating utilization data along with the latest imaging guidelines to urologists in Sweden. We sought to determine the temporal and regional effects of this effort on prostate cancer imaging rates. METHODS: We performed a retrospective cohort study among men diagnosed with prostate cancer from the NPCR from 1998 to 2009 (n = 99 879). We analyzed imaging use over time stratified by clinical risk category (low, intermediate, high) and geographic region. Generalized linear models with a logit link were used to test for time trend. RESULTS: Thirty-six percent of men underwent imaging within 6 months of prostate cancer diagnosis. Overall, imaging use decreased over time, particularly in the low-risk category, among whom the imaging rate decreased from 45% to 3% (P < .001), but also in the high-risk category, among whom the rate decreased from 63% to 47% (P < .001). Despite substantial regional variation, all regions experienced clinically and statistically (P < .001) significant decreases in prostate cancer imaging. CONCLUSIONS: A Swedish effort to provide data on prostate cancer imaging use and imaging guidelines to clinicians was associated with a reduction in inappropriate imaging over a 10-year period, as well as slightly decreased appropriate imaging in high-risk patients. These results may inform current efforts to promote guideline-concordant imaging in the United States and internationally.

[77]

TÍTULO / TITLE: - How can the R.E.N.A.L. nephrometry scoring system aid management of a solid renal mass?

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

REVISTA / JOURNAL: - Hong Kong Med J. 2013 Jul 22. doi: 10.12809/hkmj133920.

●● Enlace al texto completo (gratis o de pago) [12809/hkmj133920](#)

AUTORES / AUTHORS: - Wong MH; Cho KY; Ho KL; Wong KW; Lai CT; Man CM; Yiu MK

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery, The University of Hong Kong, Queen Mary Hospital, Pokfulam, Hong Kong.

RESUMEN / SUMMARY: - OBJECTIVES. To investigate use of the R.E.N.A.L. nephrometry score in relation to the choice of treatment and postoperative complications for renal masses. DESIGN. Case series. SETTING. A tertiary

referral hospital in Hong Kong. PATIENTS. Data of patients undergoing nephrectomy were collected retrospectively from a clinical database and analysed. A R.E.N.A.L. nephrometry score was allocated to each renal tumour by a blinded qualified radiologist, utilising computerised imaging systems. Patient demographics, choice of surgery (radical vs partial), and approaches (open vs minimally invasive) were analysed with respect to their R.E.N.A.L. score. RESULTS. In all, 74 patients were included during the study period, of which 38 underwent partial nephrectomy and 36 underwent radical nephrectomy. No differences between the groups were found with respect to patient demographics. There were significant differences between the partial and radical nephrectomy groups in terms of their mean nephrometry score (6.9 vs 9.3, $P < 0.001$). The mean nephrometry sum was also significantly different in the open approach versus the minimally invasive approach in patients having partial nephrectomy (7.8 vs 6.0, $P = 0.001$). There was no difference in the postoperative 90-day morbidity and mortality in the partial nephrectomy and radical nephrectomy groups. CONCLUSIONS. The R.E.N.A.L. nephrometry score of a renal mass correlated significantly with our choice of surgery (partial vs radical) and our approach to surgery (open vs minimally invasive surgery), particularly in the partial nephrectomy group. It does not, however, correlate with postoperative complications. The nephrometry score provides a useful tool for objectively describing renal mass characteristics and enhancing better communication for the operative planning directed at renal masses.

TÍTULO / TITLE: - Infiltrating macrophages promote prostate tumorigenesis via modulating androgen receptor-mediated CCL4-STAT3 signaling.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Jul 22.

- Enlace al texto completo (gratis o de pago) [1158/0008-5472.CAN-12-3228](#)

AUTORES / AUTHORS: - Fang LY; Izumi K; Lai KP; Liang L; Li L; Miyamoto H; Lin WJ; Chang C

INSTITUCIÓN / INSTITUTION: - George Whipple Lab for Cancer Research, Departments of Pathology, Urology and Radiation Oncology, The Wilmot Cancer Center, University of Rochester Medical Center.

RESUMEN / SUMMARY: - Infiltrating macrophages are a key component of inflammation during tumorigenesis, but the direct evidence of such linkage remains unclear. We report here that persistent co-culturing of immortalized prostate epithelial cells with macrophages, without adding any carcinogens, induces prostate tumorigenesis, and that induction involves the alteration of signaling of macrophage androgen receptor (AR)-inflammatory chemokine CCL4-STAT3 activation as well as epithelial-to-mesenchymal transition (EMT) and down-regulation of p53/PTEN tumor suppressors. In vivo studies further showed that PTEN \pm mice lacking macrophage AR developed far fewer

prostatic intraepithelial neoplasia (PIN) lesions, supporting an in vivo role for macrophage AR during prostate tumorigenesis. CCL4 neutralizing antibody effectively blocked macrophage-induced prostate tumorigenic signaling, and targeting AR via an AR degradation enhancer, ASC-J9®, reduced CCL4 expression and xenografted tumor growth in vivo. Importantly, CCL4 upregulation was associated with increased Snail expression and down-regulation of p53/PTEN in high-grade PIN and prostate cancer. Together, our results identify the AR-CCL4-STAT3 axis as key regulators during prostate tumor initiation and highlight the important roles of infiltrating macrophages and inflammatory cytokines for the prostate tumorigenesis.

[78]

TÍTULO / TITLE: - Renal Function After Nephron-sparing Surgery Versus Radical Nephrectomy: Results from EORTC Randomized Trial 30904.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul 2. pii: S0302-2838(13)00659-3. doi: 10.1016/j.eururo.2013.06.044.

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

1016/j.eururo.2013.06.044

AUTORES / AUTHORS: - Scosyrev E; Messing EM; Sylvester R; Campbell S; Van Poppel H

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Rochester Medical Center, Rochester, NY, USA.

RESUMEN / SUMMARY: - BACKGROUND: In the European Organization for Research and Treatment of Cancer (EORTC) randomized trial 30904, nephron-sparing surgery (NSS) was associated with reduced overall survival compared with radical nephrectomy (RN) over a median follow-up of 9.3 yr (hazard ratio: 1.50; 95% confidence interval [CI], 1.03-2.16). OBJECTIVE: To examine the impact of NSS relative to RN on kidney function in EORTC 30904. DESIGN, SETTING, AND PARTICIPANTS: This phase 3 international randomized trial was conducted in patients with a small (≤ 5 cm) renal mass and normal contralateral kidney who were enrolled from March 1992 to January 2003. INTERVENTION: Patients were randomized to RN (n=273) or NSS (n=268). OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Follow-up estimated glomerular filtration rates (eGFR; milliliters per minute per 1.73 m²) were recorded for 259 subjects in the RN arm and 255 subjects in the NSS arm. Percentages of subjects developing at least moderate renal dysfunction (eGFR <60), advanced kidney disease (eGFR <30), or kidney failure (eGFR <15) were calculated for each treatment arm based on the lowest recorded follow-up eGFR (intent-to-treat analysis). RESULTS AND LIMITATIONS: With a median follow-up of 6.7 yr, eGFR <60 was reached by 85.7% with RN and 64.7% with NSS, with a difference of 21.0% (95% CI, 13.8-28.3); eGFR <30 was reached by 10.0% with RN and 6.3% with NSS, with a difference of 3.7% (95% CI, -1.0

to 8.5); and eGFR <15 was reached by 1.5% with RN and 1.6% with NSS, with a difference of -0.1% (95% CI, -2.2 to 2.1). Lack of longer follow-up for eGFR is a limitation of these analyses. CONCLUSIONS: Compared with RN, NSS substantially reduced the incidence of at least moderate renal dysfunction (eGFR <60), although with available follow-up the incidence of advanced kidney disease (eGFR <30) was relatively similar in the two treatment arms, and the incidence of kidney failure (eGFR <15) was nearly identical. The beneficial impact of NSS on eGFR did not result in improved survival in this study population. REGISTRATION: EORTC trial 30904; ClinicalTrials.gov identifier NCT00002473.

[79]

TÍTULO / TITLE: - Risk of Bladder Cancer in Diabetic Patients Treated with Rosiglitazone or Pioglitazone: A Nested Case-Control Study.

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

REVISTA / JOURNAL: - Drug Saf. 2013 Jun 25.

- Enlace al texto completo (gratis o de pago) [1007/s40264-013-0080-](#)

[4](#)

AUTORES / AUTHORS: - Hsiao FY; Hsieh PH; Huang WF; Tsai YW; Gau CS

INSTITUCIÓN / INSTITUTION: - Graduate Institute of Clinical Pharmacy, College of Medicine, National Taiwan University, 1 Jen-Ai Road, Section 1, Taipei, 10051, Taiwan, fyhsiao@ntu.edu.tw.

RESUMEN / SUMMARY: - BACKGROUND: Evidence has emerged that pioglitazone may increase the risk of bladder cancer, but the association has not been confirmed. This potential risk also has not been evaluated in users of rosiglitazone. OBJECTIVE: Using Taiwan's National Health Insurance Research Database (NHIRD), this large population-based nested case-control study was conducted to explore the relationship between the use of rosiglitazone or pioglitazone and risk of bladder cancer in diabetic patients. METHODS: We identified 3,412 cases of newly diagnosed bladder cancer and 17,060 controls (1:5 matched by age and sex) among a diabetic patient cohort from the NHIRD. We defined an index date for each case as the date of first hospitalization for bladder cancer. Each control was assigned the index date of their corresponding case. Multivariable conditional logistic regressions were used to estimate the association between exposure (timing and duration) to rosiglitazone or pioglitazone and bladder cancer. We defined rosiglitazone or pioglitazone exposure as "current" if the prescription duration covered the index date or ended at 90 days before, as "recent" if it ended 91-180 days before the index date, or as "past" if the last prescription ended more than 180 days before. Duration of rosiglitazone or pioglitazone use was defined based on the cumulative days of exposure prior to the index date: <1, 1-2 and >=2 years. RESULTS: Rosiglitazone and pioglitazone use were associated with risk of bladder cancer and the associations were stronger with a longer term of

exposure (pioglitazone <1 year odds ratio [OR] 1.45 [95 % CI 1.12-1.87, p < 0.01], 1-2 years OR 1.74 [95 % CI 1.05-2.90, p = 0.03] and >=2 years OR 2.93 [95 % CI 1.59-5.38, p < 0.01]; rosiglitazone <1 year OR 0.98 [95 % CI 0.82-1.17, p = 0.81], 1-2 years OR 1.78 [95 % CI 1.31-2.39, p < 0.01] and >=2 years OR 2.00 [95 % CI 1.37-2.92, p < 0.01]). CONCLUSIONS: Long-term exposures to pioglitazone and rosiglitazone were associated with higher odds of bladder cancer, and the highest odds were seen in users with >=2 years of exposure.

[80]

TÍTULO / TITLE: - Words of wisdom. Re: dutasteride in localised prostate cancer management: the REDEEM randomised, double-blind, placebo-controlled trial.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul;64(1):167. doi: 10.1016/j.eururo.2013.04.022.

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

[1016/j.eururo.2013.04.022](#)

AUTORES / AUTHORS: - Parsons JK

INSTITUCIÓN / INSTITUTION: - University of California, San Diego, La Jolla, CA, USA. k0parsons@ucsd.edu

[81]

TÍTULO / TITLE: - Prevalence of Prostate Cancer on Autopsy: Cross-Sectional Study on Unscreened Caucasian and Asian Men.

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

REVISTA / JOURNAL: - J Natl Cancer Inst. 2013 Jul 17;105(14):1050-1058. Epub 2013 Jul 11.

●● Enlace al texto completo (gratis o de pago) [1093/jnci/djt151](#)

AUTORES / AUTHORS: - Zlotta AR; Egawa S; Pushkar D; Govorov A; Kimura T; Kido M; Takahashi H; Kuk C; Kovylyna M; Aldaoud N; Fleshner N; Finelli A; Klotz L; Sykes J; Lockwood G; van der Kwast TH

INSTITUCIÓN / INSTITUTION: - Affiliations of authors: Department of Surgery, Division of Urology, Mount Sinai Hospital, Toronto, ON, Canada (ARZ, CK); Department of Surgical Oncology, Urology (ARZ, CK, NF, AF, GL) and Department of Radiation Oncology (JS), Princess Margaret Hospital, University Health Network, Toronto, ON, Canada; Department of Urology, Jikei University School of Medicine, Tokyo, Japan (SE, TK, MK, HT); Department of Urology, University of Moscow, Moscow, Russia (AG, MK); Department of Pathology, Toronto General Hospital, University Health Network, Toronto, ON, Canada (NA, TvdK); Division of Urology, Sunnybrook and Women's Health Science Centre, Toronto, ON, Canada (LK).

RESUMEN / SUMMARY: - BACKGROUND: Substantial geographical differences in prostate cancer (PCa) incidence and mortality exist, being lower among

Asian (ASI) men compared with Caucasian (CAU) men. We prospectively compared PCa prevalence in CAU and ASI men from specific populations with low penetrance of prostate-specific antigen screening. **METHODS:** Prostate glands were prospectively obtained during autopsy from men who died from causes other than PCa in Moscow, Russia (CAU), and Tokyo, Japan (ASI). Prostates were removed en-block and analyzed in toto. We compared across the 2 populations PCa prevalence, number and Gleason score (GS) of tumour foci, pathological stage, spatial location, and tumor volume using chi2, Mann-Whitney-Wilcoxon tests, and multiple logistic regression. All statistical tests were two-sided. **RESULTS:** Three hundred twenty prostates were collected, 220 from CAU men and 100 from ASI men. The mean age was 62.5 in CAU men and 68.5 years in ASI men ($P < .001$). PCa prevalences of 37.3% in CAU men and 35.0% in ASI men were observed ($P = .70$). Average tumor volume was 0.303cm³. In men aged greater than 60 years, PCa was observed in more than 40% of prostates, reaching nearly 60% in men aged greater than 80 years. GS 7 or greater cancers accounted for 23.1% and 51.4% of all PCa in CAU and ASI men, respectively, ($P = .003$). When adjusted for age and prostate weight, ASI men still had a greater probability of having GS 7 or greater PCa ($P = .03$). **CONCLUSIONS:** PCa is found on autopsy in a similar proportion of Russian and Japanese men. More than 50% of cancers in ASI and nearly 25% of cancers in CAU men have a GS of 7 or greater. Our results suggest that the definition of clinically insignificant PCa might be worth re-examining.

[82]

TÍTULO / TITLE: - Treatment of early-stage prostate cancer among rural and urban patients.

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

REVISTA / JOURNAL: - Cancer. 2013 Aug 15;119(16):3067-75. doi: 10.1002/cncr.28037. Epub 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28037](#)

AUTORES / AUTHORS: - Baldwin LM; Andrilla CH; Porter MP; Rosenblatt RA; Patel S; Doescher MP

INSTITUCIÓN / INSTITUTION: - WWAMI Rural Health Research Center, Department of Family Medicine, University of Washington, Seattle, Washington.

RESUMEN / SUMMARY: - BACKGROUND: Geographic barriers and limited availability of cancer specialists may influence early prostate cancer treatment options for rural men. This study compares receipt of different early prostate cancer treatments between rural and urban patients. **METHODS:** Using 2004-2006 SEER Limited-Use Data, 51,982 early prostate cancer patients were identified (T1c, T2a, T2b, T2c, T2NOS; no metastases) who were most likely to benefit from definitive treatment (< 75 years old, Gleason score < 8, PSA <= 20). Definitive treatment included radical prostatectomy, daily external beam

radiation for 5 to 8 weeks, brachytherapy, or combination external beam radiation/brachytherapy. Adjusted definitive treatment rates were calculated by rural-urban residence overall, and for different sociodemographic and cancer characteristics, and different states based on logistic regression analyses, using general estimating equation methods to account for clustering by county. RESULTS: Adjusted definitive treatment rates were lower for rural (83.7%) than urban (87.1%) patients with early-stage prostate cancer ($P \leq .01$). Rural men were more likely than urban men to receive nondefinitive surgical treatment and no initial treatment. The lowest definitive treatment rates were among rural subgroups: 70 to 74 years (73.9%), African Americans (75.6%), American Indians/Alaska Natives (77.8%), single/separated/divorced (76.8%), living in New Mexico (69.3%), and living in counties with persistent poverty (79.6%). CONCLUSIONS: Between 2004 and 2006, this adjusted analysis found that men who were living in rural areas were less likely to receive definitive treatment for their early-stage prostate cancer than those living in urban areas. Certain rural patient groups with prostate cancer need particular attention to ensure their access to appropriate treatment. Rural providers, rural health care systems, and cancer advocacy and support organizations should ensure resources are in place so that the most vulnerable rural groups (men between 60 and 74 years of age; African American men; men who are single, separated, or divorced; and men living in rural New Mexico) can make informed prostate cancer treatment choices based on their preferences. Cancer 2013;119:3067-3075. © 2013 American Cancer Society.

[83]

TÍTULO / TITLE: - Histological inflammation and risk of subsequent prostate cancer among men with initially elevated serum prostate-specific antigen (PSA) concentration in the Finnish prostate cancer screening trial.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 7. doi: 10.1111/bju.12153.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12153](#)

AUTORES / AUTHORS: - Yli-Hemminki TH; Laurila M; Auvinen A; Maattanen L; Huhtala H; Tammela TL; Kujala PM

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Fimlab Laboratories, Tampere University Hospital, Tampere; Department of Pathology, Seinajoki Central Hospital, Seinajoki.

RESUMEN / SUMMARY: - OBJECTIVE: To assess whether histological signs of inflammation are associated with an increased risk of subsequent prostate cancer (PCa) in men with elevated serum prostate-specific antigen (PSA) concentrations and benign initial biopsy. MATERIALS AND METHODS: Study subjects were men aged 54-67 years with an elevated PSA (≥ 4 ng/mL or 3-4 ng/mL and free to total PSA ratio ≤ 0.16 or positive digital rectal examination), but a benign biopsy result within the Finnish population-based randomised

screening trial for PCa, which started in 1996. A total of 293 prostate biopsies without PCa or suspicion of malignancy from the first screening round in the Tampere centre were re-evaluated by a uropathologist to assess histological inflammation. Results of the subsequent screening rounds were obtained from the trial database and PCa diagnoses made outside the screening were obtained from the Finnish Cancer Registry. The median length of follow-up was 10.5 years. Cox regression analysis was used to assess PCa risk after the initial benign biopsy. RESULTS: Histological inflammation was found in 66% of the biopsies. Subjects with inflammation at the biopsy had a slightly lower PCa risk in the second screening round (18 vs 27%, rate ratio 0.69, 95% confidence interval [CI] 0.35-1.34) relative to men without inflammation. In further follow-up, the PCa risk remained nonsignificantly lower (hazard ratio [HR] 0.71, CI 0.46-1.10; P = 0.13). The risk was not appreciably affected by adjustment for age, PSA, prostate volume and family history of PCa (HR 0.67, CI 0.42-1.07; P = 0.092). CONCLUSIONS: Histological inflammation in a prostate biopsy among men with an initial false-positive screening test was not associated with an increased risk of subsequent PCa, but instead with a decreased risk which was of borderline significance. Inflammation in prostate biopsy is not a useful risk indicator in PCa screening.

[84]

TÍTULO / TITLE: - Patients' and urologists' preferences for prostate cancer treatment: a discrete choice experiment.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Aug 6;109(3):633-40. doi: 10.1038/bjc.2013.370. Epub 2013 Jul 16.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.370](#)

AUTORES / AUTHORS: - de Bekker-Grob EW; Bliemer MC; Donkers B; Essink-Bot ML; Korfage IJ; Roobol MJ; Bangma CH; Steyerberg EW

INSTITUCIÓN / INSTITUTION: - Department of Public Health, Erasmus MC-University Medical Centre Rotterdam, PO Box 2040, Rotterdam, The Netherlands.

RESUMEN / SUMMARY: - Background: Patients' preferences are important for shared decision making. Therefore, we investigated patients' and urologists' preferences for treatment alternatives for early prostate cancer (PC). Methods: A discrete choice experiment was conducted among 150 patients who were waiting for their biopsy results, and 150 urologists. Regression analysis was used to determine patients' and urologists' stated preferences using scenarios based on PC treatment modality (radiotherapy, surgery, and active surveillance (AS)), and risks of urinary incontinence and erectile dysfunction. Results: The response rate was 110 out of 150 (73%) for patients and 50 out of 150 (33%) for urologists. Risk of urinary incontinence was an important determinant of both patients' and urologists' stated preferences for PC treatment (P<0.05).

Treatment modality also influenced patients' stated preferences ($P < 0.05$), whereas the risk of erectile dysfunction due to radiotherapy was mainly important to urologists ($P < 0.05$). Both patients and urologists preferred AS to radical treatment, with the exception of patients with anxious/depressed feelings who preferred radical treatment to AS. Conclusion: Although patients and urologists generally may prefer similar treatments for PC, they showed different trade-offs between various specific treatment aspects. This implies that urologists need to be aware of potential differences compared with the patient's perspective on treatment decisions in shared decision making on PC treatment.

[85]

TÍTULO / TITLE: - Different analyses estimate different parameters of the effect of erythropoietin stimulating agents on survival in end stage renal disease: a comparison of payment policy analysis, instrumental variables, and multiple imputation of potential outcomes.

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

REVISTA / JOURNAL: - J Clin Epidemiol. 2013 Aug;66(8 Suppl):S42-50. doi: 10.1016/j.jclinepi.2013.02.014.

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

[1016/j.jclinepi.2013.02.014](#)

AUTORES / AUTHORS: - Dore DD; Swaminathan S; Gutman R; Trivedi AN; Mor V

INSTITUCIÓN / INSTITUTION: - Department of Health Services, Policy & Practice, Brown University, Providence, RI, USA; Center for Gerontology and Health Care Research, Brown University, Providence, RI, USA. Electronic address: david_dore@brown.edu.

RESUMEN / SUMMARY: - OBJECTIVE: To compare the assumptions and estimands across three approaches to estimate the effect of erythropoietin-stimulating agents (ESAs) on mortality. STUDY DESIGN AND SETTING: Using data from the Renal Management Information System, we conducted two analyses using a change to bundled payment that, we hypothesized, mimicked random assignment to ESA (pre-post, difference-in-difference, and instrumental variable analyses). A third analysis was based on multiply imputing potential outcomes using propensity scores. RESULTS: There were 311,087 recipients of ESAs and 13,095 non-recipients. In the pre-post comparison, we identified no clear relationship between bundled payment (measured by calendar time) and the incidence of death within 6 months (risk difference -1.5%; 95% confidence interval [CI] -7.0%, 4.0%). In the instrumental variable analysis, the risk of mortality was similar among ESA recipients (risk difference -0.9%; 95% CI -2.1, 0.3). In the multiple imputation analysis, we observed a 4.2% (95% CI 3.4%, 4.9%) absolute reduction in mortality risk with the use of ESAs, but closer to the null for patients with baseline hematocrit level $>36\%$. CONCLUSION: Methods emanating from different disciplines often rely on different assumptions

but can be informative about a similar causal contrast. The implications of these distinct approaches are discussed.

[86]

TÍTULO / TITLE: - Receptor tyrosine kinase-like orphan receptor 2 (Ror2) expression creates a poised state of Wnt signaling in renal cancer.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Jul 26.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.466086](#)

AUTORES / AUTHORS: - Rasmussen NR; Wright TM; Brooks SA; Hacker KE; Debebe Z; Sendor AB; Walker MP; Major MB; Green J; Wahl GM; Rathmell WK

INSTITUCIÓN / INSTITUTION: - University of North Carolina at Chapel Hill, United States;

RESUMEN / SUMMARY: - Expression of the receptor tyrosine kinase-like orphan receptor 2 (Ror2) has been identified in an increasing array of tumor types and is known to play a role as an important mediator of Wnt signaling cascades. In this study, we aimed to clarify Ror2 interactions with the Wnt pathways within the context of renal cell carcinoma (RCC). An examination of Ror2 expression in primary human RCC tumors showed a significant correlation with several Wnt signaling genes including the classical feedback target gene, Axin2. We provide evidence that Ror2 expression results in a partially activated state for canonical Wnt signaling through an increased signaling pool of beta-catenin, leading to an enhancement of downstream target genes following Wnt3a stimulation in both renal and renal carcinoma derived cells. Additionally, inhibition of low-density lipoprotein receptor-related protein 6 (LRP6) with either siRNA or dickkopf (DKK) decreased the response to Wnt3a stimulation, but no change was seen in the increased beta-catenin pool associated with Ror2 expression, suggesting that LRP6 cofactor recruitment was necessary for Wnt3a induced signal, but does not participate in the Ror2 effect to on beta-catenin signaling. These results highlight a new role for Ror2 in conveying a tonic signal to stabilize soluble beta-catenin and create a poised state of enhanced responsiveness to Wnt3a exogenous signals in RCC.

[87]

TÍTULO / TITLE: - Tumour lysis syndrome and acute kidney injury in high-risk haematology patients in the rasburicase era. A prospective multicentre study from the Groupe de Recherche en Reanimation Respiratoire et Onco-Hematologique.

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

REVISTA / JOURNAL: - Br J Haematol. 2013 Aug;162(4):489-97. doi: 10.1111/bjh.12415. Epub 2013 Jun 15.

●● Enlace al texto completo (gratis o de pago) [1111/bjh.12415](#)

AUTORES / AUTHORS: - Darmon M; Vincent F; Camous L; Canet E; Bonmati C; Braun T; Caillot D; Cornillon J; Dimicoli S; Etienne A; Galicier L; Garnier A; Girault S; Hunault-Berger M; Marolleau JP; Moreau P; Raffoux E; Recher C; Thiebaud A; Thieblemont C; Azoulay E

INSTITUCIÓN / INSTITUTION: - Medical-Surgical ICU, Saint-Etienne University Hospital, Saint-Priest-en-Jarez, France; Jean Monnet University, Saint Etienne, France.

RESUMEN / SUMMARY: - In tumour lysis syndrome (TLS), metabolic alterations caused by the destruction of malignant cells manifest as laboratory abnormalities with (clinical TLS) or without (laboratory TLS) organ dysfunction. This prospective multicentre cohort study included 153 consecutive patients with malignancies at high risk for TLS (median age 54 years (interquartile range, 38-66). Underlying malignancies were acute leukaemia (58%), aggressive non-Hodgkin lymphoma (29.5%), and Burkitt leukaemia/lymphoma (12.5%). Laboratory TLS developed in 17 (11.1%) patients and clinical TLS with acute kidney injury (AKI) in 30 (19.6%) patients. After adjustment for confounders, admission phosphates level (odds ratio [OR] per mmol/l, 5.3; 95% confidence interval [95% CI], 1.5-18.3), lactic dehydrogenase (OR per x normal, 1.1; 95%CI, 1.005-1.25), and disseminated intravascular coagulation (OR, 4.1; 95%CI, 1.4-12.3) were associated with clinical TLS; and TLS was associated with day-90 mortality (OR, 2.45; 95%CI, 1.09-5.50; P = 0.03). In this study, TLS occurred in 30.7% of high-risk patients. One third of all patients experienced AKI, for which TLS was an independent risk factor. TLS was associated with increased mortality, indicating a need for interventional studies aimed at decreasing early TLS-related deaths in this setting.

[88]

TÍTULO / TITLE: - Incidental Detection of Leydig Cell Tumor Via Fluorine-18-Choline PET/CT in a Patient With Recurrent Prostate Cancer Disease.

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

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Sep;38(9):752-4. doi: 10.1097/RLU.0b013e31829af8a6.

- [Enlace al texto completo \(gratis o de pago\)](#)

[1097/RLU.0b013e31829af8a6](#)

AUTORES / AUTHORS: - Cimitan M; Hodolic M; Maffione AM; Borsatti E; Urso C; Colletti PM; Rubello D

INSTITUCIÓN / INSTITUTION: - From the *Nuclear Medicine Unit, National Cancer Institute (IRCCS)-CRO Aviano, Milan, Italy; daggerNuclear Medicine Department, University Medical Centre Ljubljana, Ljubljana, Slovenia; double daggerNuclear Medicine Department, Hospital S. M. della Misericordia of Rovigo, Rovigo, Italy; section signPathology Unit, Hospital S. M. Annunziata, Florence, Italy; and paragraph signDepartment of Radiology, University of Southern California, Los Angeles, CA.

RESUMEN / SUMMARY: - We report a case of a 62-year-old man with biochemical recurrence of prostate cancer disease, investigated by fluorine-18-Choline (F-FCH) PET/CT. F-FCH PET/CT demonstrated focal increased uptake of F-FCH inside the right testis, suggestive for distant recurrent disease. On testis removal, a Leydig cell tumor of 2.5 cm in diameter was unexpectedly found. F-FCH PET/CT may demonstrate tumors other than prostate cancer.

[89]

TÍTULO / TITLE: - Decreased total CD19(+) B lymphocytes and the occurrence of monoclonal proteins are frequent in ultra-long (30 to 44-year) renal transplant recipients: implications for allograft and patient survival.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1466-8. doi: 10.1016/j.transproceed.2012.11.021.

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

[1016/j.transproceed.2012.11.021](#)

AUTORES / AUTHORS: - Braun WE; Protiva DA; Schold JD

INSTITUCIÓN / INSTITUTION: - Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, Ohio, USA. braunw@ccf.org

RESUMEN / SUMMARY: - BACKGROUND: The B-cell signature of tolerance in kidney transplant patients receiving no immunosuppression includes a significant increase in total CD19(+) B cells. METHODS: We evaluated kidney transplant recipients with primary functioning allografts for 30-44 years receiving minimal immunosuppression to determine whether they have the same CD19(+) B-cell changes or unusual serologic findings. We included 44 kidney allograft recipients with a graft functioning for 30-44 years, who were treated primarily with minimal prednisone and azathioprine. Twenty-four other recipients whose allografts functioned >30 years were unable to be studied (unable to travel, lost to follow-up, deceased). RESULTS: The number and percentage of CD19(+) B cells were depressed in 70.5% (31/44) and 81.8% (36/44), respectively, of these 44 ultra-long renal transplant recipients. The other major finding was identification by immunofixation of a monoclonal protein (MP) in 45.5% (20/44) of these same recipients. Among the 26 patients with good or excellent renal function (estimated glomerular filtration rate [eGFR] \geq 45 mL/min/1.73 m²); group 1), 12 had a single MP for >1 year, 13 no MP, and 1 a double MP. Conversely, in the 18 patients with fair/failed function (eGFR <40 mL/min/1.73 m²) in 8, or end-stage renal disease after 30 years in 10; group 2), 3 had a transient single MP or free light chains only, 11 no MP, and 4 a double MP (P = .0425). CONCLUSIONS: These data reveal that about three quarters of ultra-long renal transplant recipients had low CD19(+) B cells, compared with the elevated B-cell signature reported in tolerant kidney recipients, and nearly half (45.5%) had a serum MP that was not associated with low B cells or mortality. Those with a stable single MP had better graft function.

[90]

TÍTULO / TITLE: - Re: Positron Emission Tomography/Computed Tomography Identification of Clear Cell Renal Cell Carcinoma: Results from the REDECT Trial.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):493. doi: 10.1016/j.juro.2013.04.067. Epub 2013 Apr 27.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.067](#)

AUTORES / AUTHORS: - Laguna MP

[91]

TÍTULO / TITLE: - Radical cystectomy and orthotopic urinary reconstruction in patients with bladder cancer after renal transplantation: clinical outcomes and description of technique.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1661-6. doi: 10.1016/j.transproceed.2012.10.050.

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

[1016/j.transproceed.2012.10.050](#)

AUTORES / AUTHORS: - Moses KA; Bochner BH; Prabharasuth D; Sfakianos JP; Bernstein M; Herr HW; Dalbagni G

INSTITUCIÓN / INSTITUTION: - Urology Service, Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY, USA. kmoses@gru.edu

RESUMEN / SUMMARY: - **OBJECTIVES:** Radical cystectomy (RC) with pelvic lymph node dissection and urinary diversion is the standard treatment for muscle-invasive bladder cancer. In the setting of prior renal transplantation, surgical treatment remains the mainstay but is technically challenging. We report our patient outcomes in this unique population with a description of the technique. **METHODS:** We identified five patients with a history of renal transplantation who underwent RC and orthotopic urinary diversion. Preoperative clinical and demographic features were compiled and disease-specific and functional outcomes were assessed. Intraoperative technical challenges and maneuvers for avoiding complications are highlighted. **RESULTS:** Four patients were male and one was female, with a median age of 64 years. Gross hematuria was the most common sign at presentation. Clinical staging was T2, T2 with carcinoma in situ (CIS), high-grade (HG) Ta with CIS, T2 with squamous differentiation, and HG T1, and pathologic tumor stage was pTisN1, pT3N0, pTisN0, pT3N0, and pT0N0, respectively. One patient received a Studer-type diversion and four underwent Hautmann diversion. Median follow-up after cystectomy was 12.9 months. Graft ureteral identification was aided by the use of intravenous dye in all patients. Ipsilateral pelvic lymph node

dissection was not possible in any patient. All patients are alive at follow-up, with two experiencing recurrence at 7.2 months and 66.8 months. No patient experienced a significant decrease in estimated creatinine clearance postoperatively. Postoperative daytime control was reported by all patients whereas two noted complete nighttime control. CONCLUSIONS: RC with orthotopic diversion is a technically demanding procedure in patients with a history renal transplantation. Meticulous technique and careful attention to the altered anatomy are required for successful outcomes.

[92]

TÍTULO / TITLE: - Markers of systemic inflammation predict survival in patients with advanced renal cell cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 9;109(1):147-53. doi: 10.1038/bjc.2013.300. Epub 2013 Jun 18.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.300](#)

AUTORES / AUTHORS: - Fox P; Hudson M; Brown C; Lord S; Gebiski V; De Souza P; Lee CK

INSTITUCIÓN / INSTITUTION: - Central West Cancer Service, Orange, NSW, Australia.

RESUMEN / SUMMARY: - Background:The host inflammatory response has a vital role in carcinogenesis and tumour progression. We examined the prognostic value of inflammatory markers (albumin, white-cell count and its components, and platelets) in pre-treated patients with advanced renal cell carcinoma (RCC).Methods:Using data from a randomised trial, multivariable proportional hazards models were generated to examine the impact of inflammatory markers and established prognostic factors (performance status, calcium, and haemoglobin) on overall survival (OS). We evaluated a new prognostic classification incorporating additional information from inflammatory markers.Results:Of the 416 patients, 362 were included in the analysis. Elevated neutrophil counts, elevated platelet counts, and a high neutrophil-lymphocyte ratio were significant independent predictors for shorter OS in a model with established prognostic factors. The addition of inflammatory markers improves the discriminatory value of the prognostic classification as compared with established factors alone (C-statistic 0.673 vs 0.654, P=0.002 for the difference), with 25.8% (P=0.004) of patients more appropriately classified using the new classification.Conclusion:Markers of systemic inflammation contribute significantly to prognostic classification in addition to established factors for pre-treated patients with advanced RCC. Upon validation of these data in independent studies, stratification of patients using these markers in future clinical trials is recommended.

[93]

TÍTULO / TITLE: - Therapeutic efficacy and molecular mechanisms of snake (*Walterinnesia aegyptia*) venom-loaded silica nanoparticles in the treatment of breast cancer- and prostate cancer-bearing experimental mouse models.

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

REVISTA / JOURNAL: - Free Radic Biol Med. 2013 Jun 27;65C:175-189. doi: 10.1016/j.freeradbiomed.2013.06.018.

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

1016/j.freeradbiomed.2013.06.018

AUTORES / AUTHORS: - Badr G; Al-Sadoon MK; Rabah DM

INSTITUCIÓN / INSTITUTION: - Princess Al-Johara Al-Ibrahim Center for Cancer Research, Prostate Cancer Research Chair, College of Medicine, King Saud University, Riyadh, Saudi Arabia; Zoology Department, Faculty of Science, Assiut University, 71516 Assiut, Egypt. Electronic address: badr73@yahoo.com.

RESUMEN / SUMMARY: - The treatment of drug-resistant cancer is a clinical challenge, and thus screening for novel anticancer drugs is critically important. We recently demonstrated a strong enhancement of the antitumor activity of snake (*Walterinnesia aegyptia*) venom (WEV) in vitro in breast carcinoma, prostate cancer, and multiple myeloma cell lines but not in normal cells when the venom was combined with silica nanoparticles (WEV+NP). In the present study, we investigated the in vivo therapeutic efficacy of WEV+NP in breast cancer- and prostate cancer-bearing experimental mouse models. Xenograft breast and prostate tumor mice models were randomized into 4 groups for each cancer model (10 mice per group) and were treated with vehicle (control), NP, WEV, or WEV+NP daily for 28 days post tumor inoculation. The tumor volumes were monitored throughout the experiment. On Day 28 post tumor inoculation, breast and prostate tumor cells were collected and either directly cultured for flow cytometry analysis or lysed for Western blot and ELISA analysis. Treatment with WEV+NP or WEV alone significantly reduced both breast and prostate tumor volumes compared to treatment with NP or vehicle alone. Compared to treatment with WEV alone, treatment of breast and prostate cancer cells with WEV+NP induced marked elevations in the levels of reactive oxygen species (ROS), hydroperoxides, and nitric oxide; robust reductions in the levels of the chemokines CXCL9, CXCL10, CXCL12, CXCL13, and CXCL16 and decreased surface expression of their cognate chemokine receptors CXCR3, CXCR4, CXCR5, and CXCR6; and subsequent reductions in the chemokine-dependent migration of both breast and prostate cancer cells. Furthermore, we found that WEV+NP strongly inhibited insulin-like growth factor 1 (IGF-1)- and epidermal growth factor (EGF)-mediated proliferation of breast and prostate cancer cells, respectively, and enhanced the induction of apoptosis by increasing the activity of caspase-3,-8, and -9 in both breast and prostate cancer cells. In addition, treatment of breast and prostate cancer cells with WEV+NP or WEV alone revealed that the combination of WEV with NP

robustly decreased the phosphorylation of AKT, ERK, and I κ B α ; decreased the expression of cyclin D1, surviving, and the antiapoptotic Bcl-2 family members Bcl-2, Bcl-XL, and Mcl-1; markedly increased the expression of cyclin B1 and the proapoptotic Bcl-2 family members Bak, Bax, and Bim; altered the mitochondrial membrane potential; and subsequently sensitized tumor cells to growth arrest. Our data reveal the therapeutic potential of the nanoparticle-sustained delivery of snake venom against different cancer cell types.

[94]

TÍTULO / TITLE: - Molecular circuit involving KLK4 integrates androgen and mTOR signaling in prostate cancer.

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

REVISTA / JOURNAL: - Proc Natl Acad Sci U S A. 2013 Jul 9;110(28):E2572-81. doi: 10.1073/pnas.1304318110. Epub 2013 Jun 24.

●● [Enlace al texto completo \(gratis o de pago\) 1073/pnas.1304318110](#)

AUTORES / AUTHORS: - Jin Y; Qu S; Tesikova M; Wang L; Kristian A; Maelandsmo GM; Kong H; Zhang T; Jeronimo C; Teixeira MR; Yuca E; Tekedereli I; Gorgulu K; Alpay N; Sood AK; Lopez-Berestein G; Danielsen HE; Ozpolat B; Saatcioglu F

INSTITUCIÓN / INSTITUTION: - Department of Biosciences, University of Oslo, 0316 Oslo, Norway.

RESUMEN / SUMMARY: - The androgen receptor (AR) and the phosphoinositide 3-kinase (PI3K)/protein kinase B/mammalian target of rapamycin (mTOR) signaling are two of the major proliferative pathways in a number of tissues and are the main therapeutic targets in various disorders, including prostate cancer (PCa). Previous work has shown that there is reciprocal feedback regulation of PI3K and AR signaling in PCa, suggesting that cotargeting both pathways may enhance therapeutic efficacy. Here we show that proteins encoded by two androgen-regulated genes, kallikrein related peptidase 4 (KLK4) and promyelocytic leukemia zinc finger (PLZF), integrate optimal functioning of AR and mTOR signaling in PCa cells. KLK4 interacts with PLZF and decreases its stability. PLZF in turn interacts with AR and inhibits its function as a transcription factor. PLZF also activates expression of regulated in development and DNA damage responses 1, an inhibitor of mTORC1. Thus, a unique molecular switch is generated that regulates both AR and PI3K signaling. Consistently, KLK4 knockdown results in a significant decline in PCa cell proliferation in vitro and in vivo, decreases anchorage-independent growth, induces apoptosis, and dramatically sensitizes PCa cells to apoptosis-inducing agents. Furthermore, in vivo nanoliposomal KLK4 siRNA delivery in mice bearing PCa tumors results in profound remission. These results demonstrate that the activities of AR and mTOR pathways are maintained by KLK4, which may thus be a viable target for therapy.

[95]

TÍTULO / TITLE: - Analysis of docetaxel therapy in elderly (70years) castration resistant prostate cancer patients enrolled in the Netherlands Prostate Study.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Jul 9. pii: S0959-8049(13)00483-8. doi: 10.1016/j.ejca.2013.06.008.

●● Enlace al texto completo (gratis o de pago) 1016/j.ejca.2013.06.008

AUTORES / AUTHORS: - Gerritse FL; Meulenbeld HJ; Roodhart JM; van der Velden AM; Blaisse RJ; Smilde TJ; Erjavec Z; de Wit R; Los M

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, St. Antonius Hospital, Nieuwegein, The Netherlands.

RESUMEN / SUMMARY: - BACKGROUND: Prostate cancer truly is an age-associated disease. Due to the increased life expectancy and more sensitive diagnostic techniques in the Western world, prostate cancer is diagnosed more frequently and with rapidly increasing incidence and prevalence rates. However, age above 65 or 70years has been an exclusion criterion in clinical trials for decades and the knowledge about chemotherapy tolerance in elderly is limited. METHODS: We performed a retrospective analysis of data acquired from the recently published Netherlands Prostate Study (NePro) to evaluate the influence of advanced age on docetaxel therapy in elderly men (>70years) with castration resistant prostate cancer (CRPC) and bone metastases. Statistical analyses were performed stratified for age into four categories: <70 (n=315), 70-74 (n=150), 75-79 (n=85), and 80years old (n=18). RESULTS: We analysed 568 patients (median age 68.1years, range 46-89years, 44.5% aged 70years). There was no relation between dosage and age (p=0.60). We found no significant differences between the number of dose reductions, time to progression (TTP), overall survival, chemotherapy tolerance and toxicity up to the age of 80years. However, when compared to younger men, men aged 80years or above more frequently experienced grade $\frac{3}{4}$ toxicity and were five times less likely to complete the first three treatment cycles at the intended dose (Odds ratio (OR) 5.34, p=0.0052) and showed decreased overall survival (15.3months versus 24.5months in <80years group, p=0.020). CONCLUSION: In CRPC patients up to the age of 80years, docetaxel chemotherapy is well tolerated, with toxicity levels and TTP comparable to those of younger patients. For chemotherapeutic treatment of patients above the age of 80years an individual assessment should be made.

[96]

TÍTULO / TITLE: - Docetaxel and atrasentan versus docetaxel and placebo for men with advanced castration-resistant prostate cancer (SWOG S0421): a randomised phase 3 trial.

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

REVISTA / JOURNAL: - Lancet Oncol. 2013 Aug;14(9):893-900. doi: 10.1016/S1470-2045(13)70294-8. Epub 2013 Jul 17.

●● Enlace al texto completo (gratis o de pago) [1016/S1470-2045\(13\)70294-8](#)

AUTORES / AUTHORS: - Quinn DI; Tangen CM; Hussain M; Lara PN Jr; Goldkorn A; Moinpour CM; Garzotto MG; Mack PC; Carducci MA; Monk JP; Twardowski PW; Van Veldhuizen PJ; Agarwal N; Higano CS; Vogelzang NJ; Thompson IM Jr

INSTITUCIÓN / INSTITUTION: - University of Southern California Norris Comprehensive Cancer Center, Los Angeles, CA, USA. Electronic address: diquinn@med.usc.edu.

RESUMEN / SUMMARY: - **BACKGROUND:** The endothelin pathway has a role in bone metastases, which are characteristic of advanced prostate cancer. Atrasentan, an endothelin receptor antagonist, has shown activity in prostate cancer. We therefore assessed its effect on survival in patients with castration-resistant prostate cancer with bone metastases. **METHODS:** In a double-blind phase 3 trial, men with metastatic castration-resistant prostate cancer, stratified for progression type (prostate-specific antigen or radiological), baseline pain, extraskelletal metastases, and bisphosphonate use, were randomly assigned in a 1:1 ratio to docetaxel (75 mg/m²) every 21 days, intravenously) with atrasentan (10 mg/day, orally) or placebo for up to 12 cycles and treated until disease progression or unacceptable toxicity. Patients who did not progress on treatment were permitted to continue atrasentan or placebo for up to 52 weeks. Coprimary endpoints were progression-free survival (PFS) and overall survival. Analysis was by intention to treat. This trial is registered with ClinicalTrials.gov, number NCT00134056. **FINDINGS:** 498 patients were randomly assigned to the atrasentan group and 496 to the placebo group. The trial was halted early for futility in April, 2011, after a planned interim analysis. Median PFS was 9.2 months (95% CI 8.5-9.9) in the atrasentan group and 9.1 months (8.4-10.2) in the placebo group (hazard ratio 1.02, 0.89-1.16; p=0.81). Median overall survival was 17.8 months (16.4-19.8) in the atrasentan group versus 17.6 months (16.4-20.1) in the placebo group (1.04, 0.90-1.19; p=0.64). 278 (57%) of 492 patients in the atrasentan group had grade 3 and greater toxicity compared with 294 (60%) of 486 in the placebo group (p=0.22). Three deaths in the atrasentan group and seven in the placebo group were judged to be possibly or probably due to protocol treatment. **INTERPRETATION:** Atrasentan, when added to docetaxel, does not improve overall survival or PFS in men with castration-resistant prostate cancer and bone metastases; therefore, single-agent docetaxel should remain as one of the standard treatments. **FUNDED:** National Cancer Institute, Sanofi-Aventis, and Abbott Laboratories.

[97]

TÍTULO / TITLE: - Risk of Colorectal Cancer in Chronic Kidney Disease: A Matched Cohort Study Based on Administrative Data.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Jun 27.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3065-](#)

[8](#)

AUTORES / AUTHORS: - Wu MY; Chang TC; Chao TY; Huang MT; Lin HW

INSTITUCIÓN / INSTITUTION: - Division of Nephrology, Department of Internal Medicine, Shuang Ho Hospital, Taipei Medical University, Taipei, Taiwan.

RESUMEN / SUMMARY: - BACKGROUND: The risk of colorectal cancer (CRC) in chronic kidney disease (CKD) patients relative to the general population is unknown. The aim of this population-based study was to investigate the risk of CRC in patients with CKD. METHODS: The study cohort included patients aged ≥ 18 years diagnosed with CKD between 2004 and 2005 ($n = 15,975$). The comparison cohort ($n = 79,875$) included five randomly selected age- and gender-matched controls for each patient in the study cohort. All the subjects were followed up from the date of cohort entry until they developed CRC or until the end of 2006. RESULTS: We identified 15,975 patients with a diagnosis of CKD who matched the inclusion criteria. A total of 460 patients developed CRC during the study period, of whom 116 were from the CKD cohort and 344 were from the comparison cohort. After adjusting for potential confounding factors, the CKD patients not undergoing dialysis were independently associated with a greater risk of CRC (hazard ratio, 1.79; 95 % confidence interval [CI] 1.41-2.27). The overall incidence rate of CRC was 341 per 100,000 person-years for CKD patients not undergoing dialysis, compared to 174 per 100,000 person-years. The age-matched hazard ratio of CRC after excluding dialysis patients was 1.64 (95 % CI 1.27-2.11) in patients 50 years and older, and 3.7 (95 % CI 1.83-7.49) in patients younger than 50 years. CONCLUSIONS: This population-based cohort study indicated that CKD patients not requiring dialysis have an increased risk of CRC compared to the general population, independent of comorbidities.

[98]

TÍTULO / TITLE: - Observation versus initial treatment for men with localized, low-risk prostate cancer: a cost-effectiveness analysis.

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

REVISTA / JOURNAL: - Ann Intern Med. 2013 Jun 18;158(12):853-60. doi: 10.7326/0003-4819-158-12-201306180-00002.

●● Enlace al texto completo (gratis o de pago) [7326/0003-4819-158-12-201306180-00002](#)

AUTORES / AUTHORS: - Hayes JH; Ollendorf DA; Pearson SD; Barry MJ; Kantoff PW; Lee PA; McMahon PM

RESUMEN / SUMMARY: - Chinese translation BACKGROUND: Observation is underutilized among men with localized, low-risk prostate cancer. OBJECTIVE: To assess the costs and benefits of observation versus initial treatment. DESIGN: Decision analysis simulating treatment or observation. DATA SOURCES: Medicare schedules, published literature. TARGET POPULATION: Men aged 65 and 75 years who had newly diagnosed low-risk prostate cancer (prostate-specific antigen level \leq 10 microg/L, stage \leq T2a, Gleason score \leq 3 + 3). TIME HORIZON: Lifetime. PERSPECTIVE: Societal. INTERVENTION: Treatment (brachytherapy, intensity-modulated radiation therapy, or radical prostatectomy) or observation (active surveillance [AS] or watchful waiting [WW]). OUTCOME MEASURES: Quality-adjusted life expectancy and costs. RESULTS OF BASE-CASE ANALYSIS: Observation was more effective and less costly than initial treatment. Compared with AS, WW provided 2 additional months of quality-adjusted life expectancy (9.02 vs. 8.85 years) at a savings of \$15 374 (\$24 520 vs. \$39 894) in men aged 65 years and 2 additional months (6.14 vs. 5.98 years) at a savings of \$11 746 (\$18 302 vs. \$30 048) in men aged 75 years. Brachytherapy was the most effective and least expensive initial treatment. RESULTS OF SENSITIVITY ANALYSIS: Treatment became more effective than observation when it led to more dramatic reductions in prostate cancer death (hazard ratio, 0.47 vs. WW and 0.64 vs. AS). Active surveillance became as effective as WW in men aged 65 years when the probability of progressing to treatment on AS decreased below 63% or when the quality of life with AS versus WW was 4% higher in men aged 65 years or 1% higher in men aged 75 years. Watchful waiting remained least expensive in all analyses. LIMITATION: Results depend on outcomes reported in the published literature, which is limited. CONCLUSION: Among these men, observation is more effective and costs less than initial treatment, and WW is most effective and least expensive under a wide range of clinical scenarios. PRIMARY FUNDING SOURCE: National Cancer Institute, U.S. Department of Defense, Prostate Cancer Foundation, and Institute for Clinical and Economic Review.

[99]

TÍTULO / TITLE: - Effects of prostate cancer screening on health-related quality of life: Results of the Finnish arm of the European randomized screening trial (ERSPC).

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Jun 20.

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

[3109/0284186X.2013.802837](#)

AUTORES / AUTHORS: - Vasarainen H; Malmi H; Maattanen L; Ruutu M; Tammela T; Taari K; Rannikko A; Auvinen A

INSTITUCIÓN / INSTITUTION: - Department of Urology, Helsinki University Central Hospital and University of Helsinki , Helsinki , Finland.

RESUMEN / SUMMARY: - Background. As prostate cancer (PC) mortality reduction results are not unequivocal, a special emphasis has to be put on other aspects of the prostate-specific antigen (PSA) screening, including effects on quality of life. In the present study we describe the short-term effects of various phases of PC screening on health-related quality of life (HRQL). Material and methods. The study participants were randomized into the screening arm within the Finnish component of the European Randomized Study on Screening for Prostate Cancer (ERSPC). The RAND 36-Item Health Survey on HRQL and questionnaires on sociodemographic and behavioral factors were delivered to participants at various phases of the first screening round: 1) 500 participants at invitation; 2) 500 after screening; 3) 500 after obtaining the PSA result; 4) to 300 participants after undergoing digital rectal examination (DRE) (but prior to being informed of its result); and 5) approximately 300 after prostate biopsy. At each stage, a new sample of participants was recruited. Results. Response rates were 59% at invitation, 77% after PSA blood test, 54% after PSA result and 69% after DRE. The men recruited at each stage were comparable in respect to socioeconomic variables. The HRQL scores in RAND-36 subscales showed little variation in the different phases of the screening process. Compared with the previous phase, the social function score was slightly lower after obtaining the PSA result than after blood test, the emotional role score lower after DRE than after PSA result and the pain-related score lower after DRE than after TRUS and biopsy. The screening participants were comparable to the general population as their HRQL scores were similar to an age-stratified general Finnish male population. Conclusion. Short-term HRQL effects of prostate cancer screening appear minor and transient.

[100]

TÍTULO / TITLE: - Diagnostic, therapeutic and economic consequences of a positive urinary antigen test for Legionella spp. in patients admitted with community-acquired pneumonia: a 7-year retrospective evaluation.

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

REVISTA / JOURNAL: - J Clin Pathol. 2013 Jun 17.

●● Enlace al texto completo (gratis o de pago) [1136/jclinpath-2012-201209](#)

AUTORES / AUTHORS: - Engel MF; van Manen L; Hoepelman AI; Thijsen S; Oosterheert JJ

INSTITUCIÓN / INSTITUTION: - Department of internal medicine and infectious diseases, University Medical Centre Utrecht, Utrecht, The Netherlands.

RESUMEN / SUMMARY: - AIMS: A positive urinary antigen test for Legionella spp. (Legionella urinary antigen test; LUAT) allows an early switch from empiric to targeted treatment (TT) in hospitalised, community-acquired pneumonia (CAP)

patients. We aimed to evaluate the diagnostic, therapeutic and economic consequences of this frequently used test 7 years after its implementation. METHODS: We retrospectively evaluated LUATs performed between 2005 and 2011 in two teaching hospitals. All tests performed in hospitalised CAP patients were used in the economic evaluation and positive tests were included in the treatment evaluation. Data on patient characteristics, admission and outcome were retrieved from the patients' files. The number of days gained by making a rapid aetiological diagnosis, the number of days TT could be provided and their costs were calculated. RESULTS: Of 4485 LUATs, 2504 (56%) were performed for CAP including 55 (1%) positive tests (euro1041/positive test). In 26 (60%) of the 43 included positive tests, LUAT was the only test showing Legionella spp. Subsequently, earlier TT was possible in the remaining cases during 209 cumulative admission days (euro274/TT day). LUAT led to detection of Legionella spp. 13 days earlier per case (euro203/day) as compared with culture/serology alone. CONCLUSIONS: Timely LUAT use in accordance with current guidelines allows early detection and treatment of CAP caused by Legionella spp. at considerable expense.

[101]

TÍTULO / TITLE: - JAK-STAT Blockade Inhibits Tumor Initiation and Clonogenic Recovery of Prostate Cancer Stem-like Cells.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Aug 2.

- Enlace al texto completo (gratis o de pago) [1158/0008-5472.CAN-13-0874](#)

AUTORES / AUTHORS: - Kroon P; Berry PA; Stower MJ; Rodrigues G; Mann VM; Simms M; Bhasin D; Chettiar S; Li C; Li PK; Maitland NJ; Collins AT

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Yorkshire Cancer Research Unit, Department of Biology; Hull York Medical School, University of York; Department of Urology, York Hospital NHS Trust, York; Department of Pathology, Hull Royal Infirmary, Hull; Department of Urology, Castle Hill Hospital (Hull & East Yorkshire Hospitals NHS Trust), Cottingham, United Kingdom; and Division of Medicinal Chemistry and Pharmacognosy, College of Pharmacy, The Ohio State University, Columbus, Ohio.

RESUMEN / SUMMARY: - Interleukin (IL)-6 overexpression and constitutive STAT3 activation occur in many cancers, including prostate cancer. However, their contribution to prostate stem and progenitor cells has not been explored. In this study, we show that stem-like cells from patients with prostate cancer secrete higher levels of IL-6 than their counterparts in non-neoplastic prostate. Tumor grade did not influence the levels of expression or secretion. Stem-like and progenitor cells expressed the IL-6 receptor gp80 with concomitant expression of pSTAT3. Blockade of activated STAT3, by either anti-IL-6 antibody siltuximab (CNTO 328) or LLL12, a specific pSTAT3 inhibitor,

suppressed the clonogenicity of the stem-like cells in patients with high-grade disease. In a murine xenograft model used to determine the in vivo effects of pSTAT3 suppression, LLL12 treatment effectively abolished outgrowth of a patient-derived castrate-resistant tumor. Our results indicate that the most primitive cells in prostate cancer require pSTAT3 for survival, rationalizing STAT3 as a therapeutic target to treat advanced prostate cancer. *Cancer Res*; 73(16); 1-11. ©2013 AACR.

[102]

- CASTELLANO -

TÍTULO / TITLE: Manejo de la ginecomastia en pacientes con cancer de prostata y deprivacion androgenica.

TÍTULO / TITLE: - Treatment of Gynecomastia in Patients with Prostate Cancer and Androgen Deprivation.

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

REVISTA / JOURNAL: - *Actas Urol Esp.* 2013 Jul 11. pii: S0210-4806(13)00098-3. doi: 10.1016/j.acuro.2013.02.013.

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

[1016/j.acuro.2013.02.013](#)

AUTORES / AUTHORS: - Bautista-Vidal C; Barnoiu O; Garcia-Galisteo E; Gomez-Lechuga P; Baena-Gonzalez V

INSTITUCIÓN / INSTITUTION: - Unidad de Gestion Clinica de Urologia, Hospital Regional Universitario Carlos Haya, Malaga, España. Electronic address: yenyeburu@hotmail.com.

RESUMEN / SUMMARY: - CONTEXT: Gynecomastia, defined as benign proliferation of glandular breast tissue has a prevalence of 32% to 72% in the male. In the urology setting, it is associated to patients with prostate cancer and hormone treatment with a prevalence of 15% in the case of complete hormone blockage and 75% in monotherapy. The different options of treatment in prostate cancer have changed in recent decades. Thus, we have focused on this subject to evaluate the different therapy options of hormone manipulation induced gynecomastia in prostate cancer patients. OBJECTIVE: To synthesize the available evidence on the different therapeutic options in prostate cancer patients who develop gynecomastia due to the use of nonsteroidal antiandrogens and to generate a diagnostic algorithm and treatment. ACQUISITION OF EVIDENCE: Using the PICO type structured search strategy (Patient or problem, Intervention, Comparison, Outcome or result) in the data bases of PubMed-Medline and Cochrane, identification was made of the relevant studies related to the treatment of gynecomastia in Prostate Cancer patients treated with nonsteroidal antiandrogens. SYNTHESIS OF EVIDENCE: We have found 3 possible therapeutic options for the treatment of gynecomastia and mastodynia in patients with hormone deprivation therapy for prostate

cancer. The 10Gy radiotherapy would be an option for the treatment of gynecomastia, although not all the patients need prophylactic treatment since only 50% report moderate-severe discomfort. Another option is the use of drugs such as tamoxifen 20mg/day that lead to a significant decrease in the mammary effects. CONCLUSIONS: Gynecomastia and mastodynia, given their high incidence, make the physical examination a fundamental tool for all patients before initiating treatment with antiandrogens. The use of tamoxifen 20mg/day is the best treatment and prevention option against gynecomastia and mastodynia, while in the case of long-course established gynecomastia, surgery is the gold standard.

[103]

TÍTULO / TITLE: - Oncologic outcomes after minimally invasive radical prostatectomy in patients with seminal vesicle invasion (pT3b) without adjuvant therapy.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jul 24.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1133-](#)

[0](#)

AUTORES / AUTHORS: - Forgues A; Rozet F; Audenet F; Ouzzane A; Sanchez-Salas R; Barret E; Galiano M; Prapotnich D; Cathelineau X

INSTITUCIÓN / INSTITUTION: - Department of Urology, Montsouris Institute, 42 Boulevard Jourdan, 75014, Paris, France.

RESUMEN / SUMMARY: - PURPOSE: To evaluate the long-term outcomes of patients with prostate cancer who have pathological pT3b N0-Nx, with postoperative PSA < 0.1 ng/ml and no systematic adjuvant treatment. MATERIALS AND METHODS: Using a monocentric prospectively maintained database, we identified among 2,142 men who underwent minimally invasive radical prostatectomy, 104 pT3b N0-Nx patients, with postoperative PSA < 0.1 ng/ml and at least 5 years of follow-up. Patients were considered for salvage treatment at biochemical recurrence (PSA \geq 0.2 ng/ml). RESULTS: The median time of follow-up was 83.5 months (interquartile range [IQR]: 69-99). Overall, 102 patients (98 %) had T2 clinical stage or less. Specimen Gleason score was 7 in 71 patients (68 %) and <7 in 15 (14 %). Thirty-eight patients (37 %) were upgraded for Gleason score after radical prostatectomy. The overall 5-year probability of freedom from biochemical recurrence for the entire cohort was 55.8 % (95 % CI 45.8-65.8) and 73.3 % for patients who had specimen Gleason score <7 ($p = 0.005$). In univariate analysis, specimen Gleason score and surgical margin status were significant predictors for biochemical failure after radical prostatectomy ($p = 0.05$ and 0.007 , respectively). In multivariate analysis, only specimen Gleason score >7 was significantly associated with biochemical failure ($p = 0.009$). CONCLUSION: SVI is an adverse prognostic factor, but it is not associated with a uniformly poor prognosis. Specimen

Gleason score and surgical margin status are significant predictors of recurrence after radical prostatectomy in patients with prostate cancer and SVI.

[104]

TÍTULO / TITLE: - Lin28 promotes growth of prostate cancer cells and activates the androgen receptor.

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

REVISTA / JOURNAL: - Am J Pathol. 2013 Jul;183(1):288-95. doi: 10.1016/j.ajpath.2013.03.011.

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

[1016/j.ajpath.2013.03.011](#)

AUTORES / AUTHORS: - Tummala R; Nadiminty N; Lou W; Zhu Y; Gandour-Edwards R; Chen HW; Evans CP; Gao AC

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of California at Davis, Sacramento, California.

RESUMEN / SUMMARY: - Prostate cancer (CaP) progresses to a castration-resistant state assisted by multifold molecular changes, most of which involve activation of the androgen receptor (AR). Having previously demonstrated the importance of the Lin28/let-7/Myc axis in CaP, we tested the hypothesis that Lin28 is overexpressed in CaP and that it activates AR and promotes growth of CaP cells. We analyzed human clinical CaP samples for the expression of Lin28 by quantitative real-time RT-PCR, Western blot analysis, and IHC. Growth characteristics of CaP cell lines transiently and stably expressing Lin28 were examined. The clonogenic ability of CaP cells expressing Lin28 was determined by colony formation and soft agar assays. Increase in expression of AR and subsequent increase in transcription of AR-target genes were analyzed by quantitative real-time RT-PCR, luciferase assays, and ELISA. LNCaP cells stably expressing Lin28 were injected into nude mice, and tumorigenesis was monitored. We found that Lin28 is overexpressed in clinical CaP compared to benign prostates. Overexpression of Lin28 enhanced, while down-regulation reduced, growth of CaP cells. Lin28 enhanced the ability of CaP cells to form colonies in anchorage-dependent and anchorage-independent conditions. LNCaP cells stably expressing Lin28 exhibited significantly higher tumorigenic ability in vivo. Lin28 induced expression of the AR and its target genes such as PSA and NKX3.1. Collectively, our findings demonstrate a novel role for Lin28 in CaP development and activation of the AR axis.

[105]

TÍTULO / TITLE: - First experience of active surveillance before systemic target therapy in patients with metastatic renal cell carcinoma.

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

REVISTA / JOURNAL: - Urology. 2013 Jul;82(1):118-23. doi: 10.1016/j.urology.2013.03.035.

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

1016/j.urology.2013.03.035

AUTORES / AUTHORS: - Matsubara N; Mukai H; Naito Y; Itoh K; Komai Y; Sakai Y

INSTITUCIÓN / INSTITUTION: - Division of Oncology and Hematology, National Cancer Center Hospital East, Chiba, Japan. Electronic address: nmatsuba@east.ncc.go.jp.

RESUMEN / SUMMARY: - **OBJECTIVE:** To reveal the outcomes of initial active surveillance (AS), followed by deferred systemic target therapy, in a subpopulation of patients with indolent metastatic renal cell carcinoma (mRCC). **METHODS:** We retrospectively reviewed the clinical and pathologic data of patients with mRCC, who initially were monitored by planned AS before systemic therapy because of their preference and asymptomatic or slowly progressive disease, at our institution between 2000 and 2011. The primary outcome measures were progression-free survival (PFS) and overall survival (OS). **RESULTS:** Twenty-nine patients with a metastatic lesion at start of AS were eligible for this analysis. The median age at the start of AS was 69 years. Of these patients, 65% had recurrent disease and 35% were in stage IV. All patients had undergone nephrectomy and 86% had clear-cell carcinoma. No patients were categorized into a poor risk according to Memorial Sloan-Kettering Cancer Center (MSKCC) and Heng criteria. The median follow-up period was 35.4 months. Disease progression was observed in 72% of patients, but only 14% died during the follow-up period. The median PFS time was 26.1 months. After disease progression was observed, only 58% of these patients received treatment. The median OS had not been reached, but 12, 24, and 48 months OS rates were 96.4%, 88.7%, and 83.8%, respectively. **CONCLUSION:** PFS and OS of patients who underwent AS were acceptable. AS might be a reasonable approach, particularly for patients with prolonged, indolent course of the disease. Further observational studies with a larger sample size might be needed.

[106]

TÍTULO / TITLE: - Infiltrating bone marrow mesenchymal stem cells increase prostate cancer stem cell population and metastatic ability via secreting cytokines to suppress androgen receptor signaling.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jun 24. doi: 10.1038/onc.2013.233.

●● Enlace al texto completo (gratis o de pago) 1038/onc.2013.233

AUTORES / AUTHORS: - Luo J; Ok Lee S; Liang L; Huang CK; Li L; Wen S; Chang C

INSTITUCIÓN / INSTITUTION: - George Whipple Lab for Cancer Research, Departments of Pathology, Urology, Radiation Oncology, and The Wilmot Cancer Center, University of Rochester Medical Center, Rochester, NY, USA.

RESUMEN / SUMMARY: - Although the contribution of the bone marrow mesenchymal stem cells (BM-MSCs) in cancer progression is emerging, their potential roles in prostate cancer (PCa) remain unclear. Here, we showed that PCa cells could recruit BM-MSCs and consequently the metastatic ability of PCa cells was increased. We also found that the increased metastatic ability of PCa cells could be due to the increased PCa stem cell population. Mechanism dissection studies found that the upregulation of Chemokine ligand 5 (CCL5) expression in BM-MSCs and PCa cells, after MSCs infiltrated into the PCa cells, subsequently downregulated androgen receptor (AR) signaling, which was due to inhibition of AR nuclear translocation. Interruption of such signaling led to suppression of the BM-MSCs-induced PCa stem cell population increase and thereby inhibited the metastatic ability of PCa cells. The PCa stem cell increase then led to the upregulation of matrix metalloproteinase 9, ZEB-1, CD133 and CXCR4 molecules, and enhanced the metastatic ability of PCa cells. Therefore, we conclude that the BM-MSCs-mediated increased metastatic ability of PCa cells can be due to the PCa stem cell increase via alteration of the CCL5-AR signaling pathway. Together, these results uncover the important roles of BM-MSCs as key components in the prostate tumor microenvironment to promote PCa metastasis and may provide a new potential target to suppress PCa metastasis by blocking BM-MSCs infiltration into PCa. Oncogene advance online publication, 24 June 2013; doi:10.1038/onc.2013.233.

[107]

TÍTULO / TITLE: - Rechallenge with mTOR Inhibitors in Metastatic Renal Cell Carcinoma Patients Who Progressed on Previous mTOR Inhibitor Therapy.

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

REVISTA / JOURNAL: - Oncology. 2013;85(1):8-13. doi: 10.1159/000350005. Epub 2013 Jun 21.

●● Enlace al texto completo (gratis o de pago) [1159/000350005](#)

AUTORES / AUTHORS: - Maj-Hes A; Medioni J; Scotte F; Schmidinger M; Kramer G; Combe P; Gornadha Y; Elaidi R; Oudard S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Kaiser-Franz-Josef Spital, Vienna, Austria.

RESUMEN / SUMMARY: - Objective: To determine if mammalian target of rapamycin (mTOR) inhibitor (everolimus or temsirolimus) rechallenge in the third- or fourth-line setting after sequential use of a vascular endothelial growth factor receptor (VEGF)-targeted agent and an mTOR inhibitor is a feasible and effective treatment strategy in patients with metastatic renal cell carcinoma (mRCC). Methods: Patients who received a VEGF-targeted agent, an mTOR inhibitor and rechallenge with a second mTOR inhibitor at 2 institutions (Hospital

European Georges-Pompidou and Vienna Medical School) between 30 March 2001 and 15 September 2011 were included. Analyses of radiographic images were performed according to the Response Evaluation Criteria in Solid Tumors, version 1.0, to determine the objective response rate and treatment duration (TD). Results: Twelve patients met the inclusion criteria. Following 1 or 2 VEGF receptor-tyrosine kinase inhibitors, 7 patients firstly received everolimus and 5 patients received temsirolimus. Irrespective of treatment sequence, 6 of 12 patients (50%) responded to everolimus and 4 of 12 patients (33%) responded to temsirolimus; 3 patients (25%) did not respond to either. Median TDs (95% confidence interval) for everolimus --> temsirolimus and temsirolimus --> everolimus sequences were 10.3 months (8.8-19.2 months) and 5.8 months (2.9-19.3 months), respectively. Conclusions: Despite the limited number of patients, this highlights the feasibility of utilizing mTOR rechallenge as an integral part of sequential treatment strategies in mRCC.

[108]

TÍTULO / TITLE: - Neutrophil:Lymphocyte Ratio and Intraoperative Use of Ketorolac or Diclofenac are Prognostic Factors in Different Cohorts of Patients Undergoing Breast, Lung, and Kidney Cancer Surgery.

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

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

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3136-](#)

[X](#)

AUTORES / AUTHORS: - Forget P; Machiels JP; Coulie PG; Berliere M; Poncelet AJ; Tombal B; Stainier A; Legrand C; Canon JL; Kremer Y; De Kock M

INSTITUCIÓN / INSTITUTION: - Department of Anesthesiology, Cliniques universitaires Saint-Luc, Université catholique de Louvain, Brussels, Belgium, forgetpatrice@yahoo.fr.

RESUMEN / SUMMARY: - BACKGROUND: Inflammation is associated with a worse outcome in cancer and neutrophil:lymphocyte ratio (NLR) is a strong prognostic value. In cancer, nonsteroidal anti-inflammatory drugs (NSAIDs) could be of interest. We investigated the prognostic significance of NLR and the impact of intraoperative NSAIDs in cancer surgeries. METHODS: We performed an observational study in early breast, kidney, and lung cancers (357, 227, and 255 patients) with uni- and multivariate analyses (Cox model). RESULTS: In breast cancer (Centre 1), NLR ≥ 4 is associated with a higher risk of relapse (hazards ratio (HR) = 2.41; 95 % confidence interval (CI) 1.01-5.76; P = 0.048). In breast cancer (Centre 2), NLR ≥ 3 is associated with a higher risk of relapse (HR = 4.6; 95 % CI 1.09-19.1; P = 0.04) and higher mortality (HR = 4.0; 95 % CI 1.12-14.3; P = 0.03). In kidney cancer, NLR ≥ 5 is associated with a higher risk of relapse (HR = 1.63; 95 % CI 1.00-2.66; P = 0.05) and higher mortality (HR = 1.67; 95 % CI 1.0-2.81; P = 0.05). In lung cancer, NLR ≥ 5 is associated with higher mortality (HR = 1.45; 95 % CI 1.02-

2.06; P = 0.04). The intraoperative use of NSAIDs in breast cancer patients (Centre 1) is associated with a reduced recurrence rate (HR = 0.17; 95 % CI 0.04-0.43; P = 0.0002) and a lower mortality (HR = 0.25; 95 % CI 1.08-0.75; P = 0.01). NSAIDs use at the beginning of the surgery is independently associated with a lower metastases risk after lung cancer surgery (HR = 0.16; 95 % CI 0.04-0.63; P = 0.009). Ketorolac use is independently associated with longer survival (HR = 0.55; 95 % CI 0.31-0.95; P = 0.03). CONCLUSIONS: In these cohorts, these analyses show that NLR is a strong perioperative prognosis factor for breast, lung, and kidney cancers. In this context, intraoperative NSAIDs administration could be associated with a better outcome.

[109]

TÍTULO / TITLE: - Prostate cancer progression after androgen deprivation therapy: mechanisms of castrate resistance and novel therapeutic approaches.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jun 10. doi: 10.1038/onc.2013.206.

●● [Enlace al texto completo \(gratis o de pago\) 1038/onc.2013.206](#)

AUTORES / AUTHORS: - Karantanos T; Corn PG; Thompson TC

INSTITUCIÓN / INSTITUTION: - Department of Genitourinary Medical Oncology-Research, The University of Texas MD Anderson Cancer Center, Houston, TX, USA.

RESUMEN / SUMMARY: - Prostate cancer is the second-leading cause of cancer-related mortality in men in Western societies. Androgen receptor (AR) signaling is a critical survival pathway for prostate cancer cells, and androgen-deprivation therapy (ADT) remains the principal treatment for patients with locally advanced and metastatic disease. Although a majority of patients initially respond to ADT, most will eventually develop castrate resistance, defined as disease progression despite serum testosterone levels of <20 ng/dl. The recent discovery that AR signaling persists during systemic castration via intratumoral production of androgens led to the development of novel anti-androgen therapies including abiraterone acetate and enzalutamide. Although these agents effectively palliate symptoms and prolong life, metastatic castration-resistant prostate cancer remains incurable. An increased understanding of the mechanisms that underlie the pathogenesis of castrate resistance is therefore needed to develop novel therapeutic approaches for this disease. The aim of this review is to summarize the current literature on the biology and treatment of castrate-resistant prostate cancer. Oncogene advance online publication, 10 June 2013; doi:10.1038/onc.2013.206.

[110]

TÍTULO / TITLE: - African American Men With Very Low-Risk Prostate Cancer Exhibit Adverse Oncologic Outcomes After Radical Prostatectomy: Should Active Surveillance Still Be an Option for Them?

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Jun 17.

- Enlace al texto completo (gratis o de pago)

[1200/JCO.2012.47.0302](#)

AUTORES / AUTHORS: - Sondi D; Ross AE; Humphreys EB; Han M; Partin AW; Carter HB; Schaeffer EM

INSTITUCIÓN / INSTITUTION: - All authors: Johns Hopkins University, Baltimore, MD.

RESUMEN / SUMMARY: - **PURPOSE**Active surveillance (AS) is a treatment option for men with very low-risk prostate cancer (PCa); however, favorable outcomes achieved for men in AS are based on cohorts that under-represent African American (AA) men. To explore whether race-based health disparities exist among men with very low-risk PCa, we evaluated oncologic outcomes of AA men with very low-risk PCa who were candidates for AS but elected to undergo radical prostatectomy (RP). **PATIENTS AND METHODS**We studied 1,801 men (256 AA, 1,473 white men, and 72 others) who met National Comprehensive Cancer Network criteria for very low-risk PCa and underwent RP. Presenting characteristics, pathologic data, and cancer recurrence were compared among the groups. Multivariable modeling was performed to assess the association of race with upgrading and adverse pathologic features. **Results**AA men with very low-risk PCa had more adverse pathologic features at RP and poorer oncologic outcomes. AA men were more likely to experience disease upgrading at prostatectomy (27.3% v 14.4%; $P < .001$), positive surgical margins (9.8% v 5.9%; $P = .02$), and higher Cancer of the Prostate Risk Assessment Post-Surgical scoring system (CAPRA-S) scores. On multivariable analysis, AA race was an independent predictor of adverse pathologic features (odds ratio, [OR], 3.23; $P = .03$) and pathologic upgrading (OR, 2.26; $P = .03$). **CONCLUSION**AA men with very low-risk PCa who meet criteria for AS but undergo immediate surgery experience significantly higher rates of upgrading and adverse pathology than do white men and men of other races. AA men with very low-risk PCa should be counseled about increased oncologic risk when deciding among their disease management options.

[111]

TÍTULO / TITLE: - Proteasome Inhibition by Bortezomib Increases IL-8 Expression in Androgen-Independent Prostate Cancer Cells: The Role of IKKalpha

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

REVISTA / JOURNAL: - J Immunol. 2013 Jul 26.

- Enlace al texto completo (gratis o de pago) [4049/jimmunol.1300895](#)

AUTORES / AUTHORS: - Manna S; Singha B; Phyo SA; Gatla HR; Chang TP; Sanacora S; Ramaswami S; Vancurova I

INSTITUCIÓN / INSTITUTION: - Department of Biological Sciences, St. John's University, New York, NY 11439.

RESUMEN / SUMMARY: - Expression of the proinflammatory and proangiogenic chemokine IL-8, which is regulated at the transcriptional level by NF-kappaB, is constitutively increased in androgen-independent metastatic prostate cancer and correlates with poor prognosis. Inhibition of NF-kappaB-dependent transcription was used as an anticancer strategy for the development of the first clinically approved 26S proteasome inhibitor, bortezomib (BZ). Even though BZ has shown remarkable antitumor activity in hematological malignancies, it has been less effective in prostate cancer and other solid tumors; however, the mechanisms have not been fully understood. In this article, we report that proteasome inhibition by BZ unexpectedly increases IL-8 expression in androgen-independent prostate cancer PC3 and DU145 cells, whereas expression of other NF-kappaB-regulated genes is inhibited or unchanged. The BZ-increased IL-8 expression is associated with increased in vitro p65 NF-kappaB DNA binding activity and p65 recruitment to the endogenous IL-8 promoter. In addition, proteasome inhibition induces a nuclear accumulation of IkappaB kinase (IKK)alpha, and inhibition of IKKalpha enzymatic activity significantly attenuates the BZ-induced p65 recruitment to IL-8 promoter and IL-8 expression, demonstrating that the induced IL-8 expression is mediated, at least partly, by IKKalpha. Together, these data provide the first evidence, to our knowledge, for the gene-specific increase of IL-8 expression by proteasome inhibition in prostate cancer cells and suggest that targeting both IKKalpha and the proteasome may increase BZ effectiveness in treatment of androgen-independent prostate cancer.

[112]

TÍTULO / TITLE: - Lymph node management in patients with paratesticular rhabdomyosarcoma: A Population-Based Analysis.

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

REVISTA / JOURNAL: - Cancer. 2013 Jun 6. doi: 10.1002/cncr.28198.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28198](#)

AUTORES / AUTHORS: - Dang ND; Dang PT; Samuelian J; Paulino AC

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Baylor College of Medicine, Houston, Texas.

RESUMEN / SUMMARY: - BACKGROUND: Paratesticular rhabdomyosarcoma (PTRMS) is the most common primary solid tumor arising from the mesenchymal tissue of the testis. Traditionally, retroperitoneal lymph node dissection is not recommended for children aged <10 years because of the morbidity of the procedure and low risk of retroperitoneal lymph node involvement. In the current study, the authors analyzed the patient and tumor

characteristics of PTRMS as well as survival outcomes associated with lymph node dissection status. METHODS: A total of 255 cases of PTRMS were identified from the patient data reported by the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute from 1973 through 2009. RESULTS: Among 173 patients aged ≥ 10 years, lymph node dissection was found to improve the 5-year overall survival (OS) rate from 64% to 86% ($P < 0.01$). Conversely, patients aged < 10 years fared extremely well regardless of lymph node dissection status; the 5-year OS rate was 100% and 97%, respectively, for patients who did versus those who did not undergo lymph node dissection ($P = .37$). The yield of positive lymph nodes was approximately $\geq 20\%$ when < 11 lymph nodes were removed. The incidence of lymph node involvement was also higher in older patients compared with younger patients (40% vs 8%). Radiotherapy improved the OS rate in patients with lymph node involvement (5-year OS rate: 90% with vs 36% without radiation; $P < .0001$). CONCLUSIONS: Lymph node dissection is recommended in patients aged ≥ 10 years. Radiotherapy is beneficial in patients with lymph node-positive disease. Cancer 2013. © 2013 American Cancer Society.

[113]

TÍTULO / TITLE: - The Survival Benefit of Kidney Transplantation in Obese Patients.

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

REVISTA / JOURNAL: - Am J Transplant. 2013 Jul 25. doi: 10.1111/ajt.12331.

●● Enlace al texto completo (gratis o de pago) [1111/ajt.12331](#)

AUTORES / AUTHORS: - Gill JS; Lan J; Dong J; Rose C; Hendren E; Johnston O; Gill J

INSTITUCIÓN / INSTITUTION: - Division Of Nephrology, University of British Columbia, Vancouver, British Columbia, Canada; Center for Health Evaluation and Outcomes Sciences, Vancouver, British Columbia, Canada; Tufts-New England Medical Center, Boston, MA.

RESUMEN / SUMMARY: - Obese patients have a decreased risk of death on dialysis but an increased risk of death after transplantation, and may derive a lower survival benefit from transplantation. Using data from the United States between 1995 and 2007 and multivariate non-proportional hazards analyses we determined the relative risk of death in transplant recipients grouped by body mass index (BMI) compared to wait-listed candidates with the same BMI ($n = 208\ 498$). One year after transplantation the survival benefit of transplantation varied by BMI: Standard criteria donor transplantation was associated with a 48% reduction in the risk of death in patients with BMI ≥ 40 kg/m² but a $\geq 66\%$ reduction in patients with BMI < 40 kg/m². Living donor transplantation was associated with $\geq 66\%$ reduction in the risk of death in all BMI groups. In sub-group analyses, transplantation from any donor source was associated with a survival benefit in obese patients ≥ 50 years, and diabetic patients, but a

survival benefit was not demonstrated in Black patients with BMI ≥ 40 kg/m². Although most obese patients selected for transplantation derive a survival benefit, the benefit is lower when BMI is ≥ 40 kg/m², and uncertain in Black patients with BMI ≥ 40 kg/m².

[114]

TÍTULO / TITLE: - Tumor Lesion Diameter on Diffusion Weighted Magnetic Resonance Imaging Could Help Predict Insignificant Prostate Cancer in Patients Eligible for Active Surveillance: Preliminary Analysis.

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

REVISTA / JOURNAL: - J Urol. 2013 May 28. pii: S0022-5347(13)04387-5. doi: 10.1016/j.juro.2013.03.127.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.juro.2013.03.127](#)

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

INSTITUCIÓN / INSTITUTION: - Department of Urology, Urological Science Institute, Yonsei University College of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - **PURPOSE:** We analyzed the pathological outcomes of candidates for active surveillance according to tumor lesion diameter on diffusion weighted magnetic resonance imaging. **MATERIALS AND METHODS:** We retrospectively analyzed 188 candidates for active surveillance who had undergone diffusion weighted magnetic resonance imaging before radical prostatectomy between 2006 and 2012. We measured the diameter of the suspicious tumor lesion on diffusion weighted magnetic resonance imaging and stratified the cohort into 2 groups. Group 1 included patients with normal magnetic resonance imaging or a suspicious tumor lesion smaller than 1 cm and group 2 included patients with a suspicious tumor lesion larger than 1 cm. We compared pathological outcomes including insignificant prostate cancer in each group and analyzed whether different tumor diameters resulted in a change in insignificant prostate cancer rates. **RESULTS:** Group 1 consisted of 115 (61.2%) patients and group 2 included 73 (38.8%) patients. In group 1 magnetic resonance imaging was normal in 72 patients. Mean \pm SD diameter of suspicious tumor lesions was 12.0 \pm 5.58 mm. Tumor volume was significantly different between the groups (0.73 \pm 0.86 vs 1.09 \pm 1.07, $p = 0.018$), as was the rate of insignificant prostate cancer (48.7% vs 24.7%, $p = 0.001$). The rate of insignificant prostate cancer decreased as tumor diameter increased over 1 cm. On multivariate logistic regression analysis the diameter of suspicious tumor lesions was an important predictor of insignificant prostate cancer (OR 0.319, $p = 0.014$). **CONCLUSIONS:** Our analysis demonstrates that the simple measurement of the diameter of suspicious tumor lesions on diffusion weighted magnetic resonance imaging could improve the prediction of insignificant prostate cancer in candidates for active surveillance.

[115]

TÍTULO / TITLE: - The Prognostic Value of Pathologic Prostate-specific Antigen Mass Ratio in Patients With Localized Prostate Cancer With Negative Surgical Resection Margins.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 3. pii: S0090-4295(13)00567-0. doi: 10.1016/j.urology.2013.04.040.

- Enlace al texto completo (gratis o de pago)

[1016/j.urology.2013.04.040](#)

AUTORES / AUTHORS: - Lee S; Jeong CW; Jeong SJ; Hong SK; Choi W; Byun SS; Lee SE

INSTITUCIÓN / INSTITUTION: - Department of Urology, Seoul National University Bundang Hospital, Seongnam, Republic of Korea.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate potential predictors of biochemical recurrence (BCR) in patients with localized prostate cancer with negative surgical resection margin (SRM). **MATERIALS AND METHODS:** Data from 582 consecutive patients diagnosed with localized prostate cancer with negative SRM who underwent only radical prostatectomy between November 2003 and April 2010 were reviewed. Pathologic prostate-specific antigen (PSA) mass ratio was defined as total circulating PSA protein per surgical prostate volume. Cox regression models tested the association between clinicopathologic variables and BCR-free survival. **RESULTS:** Mean age at surgery was 64.9 +/- 6.9 years and mean PSA was 8.3 +/- 4.4 ng/mL. The mean follow-up period was 40.7 +/- 7.9 months. Pathologic stage was T2a in 113 of 582 patients (19.3%), T2b in 4 of 582 (0.7%), and T2c in 465 of 582 (79.9%). Surgical Gleason score was ≤ 6 in 215 of 582 patients (37.0%), 7 in 342 of 582 (58.8%), and ≥ 8 in 25 of 582 (4.3%). Mean pathologic prostate volume and pathologic PSA mass ratio were 42.4 +/- 15.8 mL (14.6-176.0 mL) and 0.48 +/- 0.37 mug/mL (0.03-2.62 mug/mL), respectively. Five-year BCR-free survival rate was 90.9%. PSA, surgical Gleason score, and pathologic PSA mass ratio were significantly associated with BCR-free survival in univariate analysis. In multivariate analysis, surgical Gleason score (P < .001, hazards ratio = 9.804) and pathologic PSA mass ratio (P = .037, hazards ratio = 3.753) were independent predictors of BCR-free survival. **CONCLUSION:** In patients with localized prostate cancer and negative SRM after radical prostatectomy, surgical Gleason score and pathologic PSA mass ratio were significant prognostic indicators of BCR-free survival.

[116]

TÍTULO / TITLE: - 14-3-3 Proteins Modulate the ETS Transcription Factor ETV1 in Prostate Cancer.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) 1158/0008-5472.CAN-13-0578

AUTORES / AUTHORS: - Oh S; Shin S; Lightfoot SA; Janknecht R

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Departments of Cell Biology and Pathology, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma.

RESUMEN / SUMMARY: - Overexpression of the ETS-related transcription factor ETV1 can initiate neoplastic transformation of the prostate. ETV1 activity is highly regulated by phosphorylation, but the underlying mechanisms are unknown. Here we report that all 14-3-3 proteins, with the exception of the tumor suppressor 14-3-3sigma, can bind to ETV1 in a condition manner dictated by its prominent phosphorylation site S216. Non-sigma 14-3-3 proteins synergized with ETV1 to activate transcription of its target genes MMP-1 and MMP-7, which regulate extracellular matrix in the prostate tumor microenvironment. S216 mutation or 14-3-3tau downregulation was sufficient to reduce ETV1 protein levels in prostate cancer cells, indicating that non-sigma 14-3-3 proteins protect ETV1 from degradation. Notably, S216 mutation also decreased ETV1-dependent migration and invasion in benign prostate cells. Downregulation of 14-3-3tau reduced prostate cancer cell invasion and growth in the same manner as ETV1 attenuation. Finally, we showed that 14-3-3tau and 14-3-3epsilon were overexpressed in human prostate tumors. Taken together, our results showed that non-sigma 14-3-3 proteins are important modulators of ETV1 function that promote prostate tumorigenesis. Cancer Res; 73(16); 1-10. ©2013 AACR.

[117]

TÍTULO / TITLE: - The SPARC (Survival Prediction After Radical Cystectomy) Score: A Multifactorial Outcome Prediction Model for Patients Undergoing Radical Cystectomy for Bladder Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 13. pii: S0022-5347(13)04610-7. doi: 10.1016/j.juro.2013.06.022.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.022

AUTORES / AUTHORS: - Eisenberg MS; Boorjian SA; Cheville JC; Thompson RH; Thapa P; Kaushik D; Frank I

INSTITUCIÓN / INSTITUTION: - Department of Urology, Mayo Clinic, Rochester, Minnesota.

RESUMEN / SUMMARY: - PURPOSE: While multiple independent clinicopathologic variables have been associated with outcome following radical cystectomy (RC) for bladder cancer (BC), limited prediction tools exist to facilitate an individualized risk assessment. Herein, we developed a prediction model for bladder cancer specific survival (CSS) after RC. MATERIALS AND

METHODS: We evaluated 2403 patients who underwent RC without neoadjuvant therapy at our institution between 1980-2008 with pathologic re-review of all specimens. Of these, 1,776 with non-metastatic urothelial carcinoma were identified for analysis. A multivariate model was developed using stepwise selection to determine variables associated with CSS. A scoring system based on the beta-coefficients of this model was created. **RESULTS:** Median follow-up after RC for patients alive at last follow-up was 10.5 years (IQR 7.3, 15.3), during which time 610 patients died from BC. In addition to pathologic tumor stage, nodal status, multifocality, and lymphovascular invasion, patient specific factors of Charlson comorbidity index, ECOG performance status, current smoking, preoperative hydronephrosis, and receipt of adjuvant chemotherapy were significantly associated with the risk of BC death. Cumulative scores from these variables were used to stratify patients into risk groups with a 5-year CSS from the lowest to highest risk group of 95%, 80%, 60%, 38%, and 23%, respectively ($p < 0.0001$). The c-index for this model was 0.75. **CONCLUSION:** We present a model for individualizing estimation of CSS following RC. Pending external validation, these data may be used for patient counseling, specifically with regard to recommendations for adjuvant therapy and surveillance frequency, as well as in clinical trial development.

[118]

TÍTULO / TITLE: - Glutathione S-transferase M1 and T1 polymorphisms: Susceptibility and outcomes in muscle invasive bladder cancer patients.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Jun 26. pii: S0959-8049(13)00427-9. doi: 10.1016/j.ejca.2013.05.019.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.05.019](#)

AUTORES / AUTHORS: - Kang HW; Song PH; Ha YS; Kim WT; Kim YJ; Yun SJ; Lee SC; Choi YH; Moon SK; Kim WJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, College of Medicine, Chungbuk National University, Cheongju, South Korea.

RESUMEN / SUMMARY: - **BACKGROUND:** We investigated whether genetic polymorphisms in the glutathione S transferase mu (GSTM1) and theta (GSTT1) genes modulated risk, disease progression and survival in primary muscle invasive bladder cancer (MIBC). **METHODS:** GSTM1 and GSTT1 polymorphisms were analysed by multiplex polymerase chain reaction (PCR) using blood genomic DNA in 110 MIBC patients and 220 gender- and age-matched healthy controls. The influence of the genetic polymorphisms on patient survival was evaluated by Kaplan-Meier survival curves and Cox Proportional Hazard models. We also evaluated whether cigarette smoking and treatment modality modified the association between genotype and prognosis. **RESULTS:** GSTM1-null individuals exhibited increased risk for MIBC and an association with cigarette smoking. GSTT1-null subjects showed significant

disease progression and cancer-specific death. In the combined analysis, GSTT1-null genotype was an independent risk factor for disease progression and cancer specific death regardless of GSTM1 genotype. Significant differences in progression-free survival (PFS) and cancer-specific survival (CSS) were seen based on GSTT1 genotype. The survival impact of the GSTT1 genotype was only valid for smokers. The GSTT1-null genotype was an independent prognostic factor for shorter PFS in patients who received chemotherapy and those who did not undergo radical cystectomy. By multivariate Cox regression analysis, GSTT1-null genotype was a predictive factor for disease progression and cancer specific survival regardless of treatment modality. CONCLUSIONS: The GSTM1-null genotype plays an important role in genetic susceptibility to MIBC and the GSTT1-null genotype is associated with disease progression and shorter survival in MIBC.

[119]

TÍTULO / TITLE: - Leukemia associated mutant Wilms' tumor gene 1 protein promotes expansion of human hematopoietic progenitor cells.

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

REVISTA / JOURNAL: - Leuk Res. 2013 Jul 18. pii: S0145-2126(13)00204-X. doi: 10.1016/j.leukres.2013.06.018.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.leukres.2013.06.018](#)

AUTORES / AUTHORS: - Vidovic K; Ullmark T; Rosberg B; Lennartsson A; Olofsson T; Nilsson B; Gullberg U

INSTITUCIÓN / INSTITUTION: - Division of Hematology and Transfusion Medicine, Lund University, Lund, Sweden. Electronic address: karina.vidovic@med.lu.se.

RESUMEN / SUMMARY: - The transcription factor Wilms' tumor gene 1 (WT1) is highly expressed in the majority of leukemias, suggesting a role in leukemogenesis. Acquired WT1 mutations are reported as an independent predictor of poor clinical outcome, and mutations resulting in deletion of the entire DNA-binding zinc-finger domain (WT1delZ), is the most common type. The aim of this study was to study cellular effects of WT1(delZ) that may contribute to an oncogenic phenotype. We found that expression of WT1(delZ) supported proliferation of human hematopoietic CD34+ progenitor cells. Moreover, WT1(delZ) transduced cells expressed erythroid markers, including raised levels of STAT5, independently of addition of erythropoietin. At the global gene expression level, WT1(delZ) caused upregulation of genes related to cell division and genes associated with erythroid maturation, in the absence of added erythropoietin. Our results indicate that WT1(delZ) promotes cell proliferation and expansion of progenitor cells, consistent with a possible role in leukemogenesis.

[120]

TÍTULO / TITLE: - The Efficacy of Intravesical Bacillus Calmette-Guerin in the Treatment of Patients with pT1 Stage Non-muscle-invasive Bladder Cancer.

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

REVISTA / JOURNAL: - Ultrastruct Pathol. 2013 Aug;37(4):278-83. doi: 10.3109/01913123.2013.792909. Epub 2013 Jun 21.

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

[3109/01913123.2013.792909](#)

AUTORES / AUTHORS: - Ajili F; Darouiche A; Chebil M; Boubaker S

INSTITUCIÓN / INSTITUTION: - Laboratory of Human and Experimental Pathology, Pasteur Institute of Tunis , Tunis , Tunisia .

RESUMEN / SUMMARY: - Abstract Background: pT1 bladder urothelial carcinomas represent a heterogeneous group of tumors with different biologic behaviors, and identifying the subset of tumors that carries a high risk of disease recurrence and progression is therefore important. Induction and maintenance intravesical Bacillus Calmette-Guerin (BCG) has been proven to reduce tumour recurrence and progression. However, no markers are available to predict BCG response. The aim of this study is to evaluate the prognostic factors of stage in predicting recurrence after intravesical adjuvant BCG immunotherapy in patients with NMIBC. Methods: we retrospectively reviewed the clinical and pathologic data of primary NMIBC from 45 patients who were treated with transurethral resection followed by BCG-immunotherapy. Time follow-up was 30 months. The prognostic significance of clinicopathologic characteristics in determining the risk for recurrence after BCG therapy was studied with both univariate and multivariate methods of analysis. Results: univariate Cox regression analysis of clinicopathologic characteristics revealed that the rate of recurrence was statistically associated with tumor stage. Indeed, a significant concordance was noted between the EORTC s predicted risks and the actuarial recurrence rate of NMIBC at one year. On the other hand, multivariate analysis using Cox regression based on the AIC criteria and biological considerations, selected the score of recurrence as independent predictor of recurrence. Conclusion: The conventional clinicopathological factors used in EORTC model are relevant for the assessment of the outcome of pT1 stage bladder tumors treated by BCG immunotherapy. Management of pT1 bladder cancer patients remains one of the most difficult problems in urologic practice. At this time the decision to preserve the bladder or to perform a cystectomy depends on a number of clinicopathologic parameters, but none are able to sufficiently identify patients for the appropriate therapeutic modality. Additional studies using a more large scale of patients will be required to confirm our findings.

[121]

TÍTULO / TITLE: - Patient with two secondary somatic-type malignancies in a late recurrence of a testicular non-seminoma: illustration of potential and flaw of the cancer stem cell therapy concept.

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

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):153-157.

●● Enlace al texto completo (gratis o de pago) [1387/ijdb.130141jo](#)

AUTORES / AUTHORS: - Oosterhuis JW; Peeters SH; Smit VT; Stoop H; Looijenga LH; Elzevier HW; Osanto S

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Erasmus University Medical Center, Daniel den Hoed Cancer Center, Rotterdam, The Netherlands. j.w.oosterhuis@erasmusmc.nl.

RESUMEN / SUMMARY: - Here, we report the case of a patient with a non-seminoma of the left testicle, with an intestinal-type adenocarcinoma and a low grade leiomyosarcoma in a late recurrence 19 years after initial diagnosis. The history of the patient, alive with disease 21 years after initial treatment, illustrates the potential and flaw of the cancer stem cell therapy concept. In addition, it is proposed that residual mature teratoma can be regarded as normalization of cancer due to embryonic patterning, and the development of a secondary somatic-type malignancy as failure of normalization.

[122]

TÍTULO / TITLE: - Ectopic expression of the TERE1 (UBIAD1) protein inhibits growth of renal clear cell carcinoma cells: Altered metabolic phenotype associated with reactive oxygen species, nitric oxide and SXR target genes involved in cholesterol and lipid metabolism.

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

REVISTA / JOURNAL: - Int J Oncol. 2013 Aug;43(2):638-52. doi: 10.3892/ijo.2013.1985. Epub 2013 Jun 12.

●● Enlace al texto completo (gratis o de pago) [3892/ijo.2013.1985](#)

AUTORES / AUTHORS: - Fredericks WJ; Yin H; Lal P; Puthiyaveetil R; Malkowicz SB; Fredericks NJ; Tomaszewski J; Rauscher FJ 3rd; Malkowicz SB

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery, University of Pennsylvania and Veterans Affairs Medical Center Philadelphia, Philadelphia, PA 19104, USA.

RESUMEN / SUMMARY: - Current studies of the TERE1 (UBIAD1) protein emphasize its multifactorial influence on the cell, in part due to its broad sub-cellular distribution to mitochondria, endoplasmic reticulum and golgi. However, the profound effects of TERE1 relate to its prenyltransferase activity for synthesis of the bioactive quinones menaquinone and COQ10. Menaquinone (aka, vitamin K-2) serves multiple roles: as a carrier in mitochondrial electron transport, as a ligand for SXR nuclear hormone receptor activation, as a redox modulator, and as an alkylator of cellular targets. We initially described the TERE1 (UBIAD1) protein as a tumor suppressor based upon reduced

expression in urological cancer specimens and the inhibition of growth of tumor cell lines/xenografts upon ectopic expression. To extend this potential tumor suppressor role for the TERE1 protein to renal cell carcinoma (RCC), we applied TERE1 immunohistochemistry to a TMA panel of 28 RCC lesions and determined that in 57% of RCC lesions, TERE1 expression was reduced (36%) or absent (21%). Ectopic TERE1 expression caused an 80% decrease in growth of Caki-1 and Caki-2 cell lines, a significantly decreased colony formation, and increased caspase 3/7 activity in a panel of RCC cell lines. Furthermore, TERE1 expression increased mitochondrial oxygen consumption and hydrogen production, oxidative stress and NO production. Based on the elevated cholesterol and altered metabolic phenotype of RCC, we also examined the effects of TERE1 and the interacting protein TBL2 on cellular cholesterol. Ectopic TERE1 or TBL2 expression in Caki-1, Caki-2 and HEK 293 cells reduced cholesterol by up to 40%. RT-PCR analysis determined that TERE1 activated several SXR targets known to regulate lipid metabolism, consistent with predictions based on its role in menaquinone synthesis. Loss of TERE1 may contribute to the altered lipid metabolic phenotype associated with progression in RCC via an uncoupling of ROS/RNS and SXR signaling from apoptosis by elevation of cholesterol.

[123]

TÍTULO / TITLE: - The Role of 11C-Choline PET Imaging in the Early Detection of Recurrence in Surgically Treated Prostate Cancer Patients With Very Low PSA Level <0.5 ng/mL.

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

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Sep;38(9):e342-5. doi: 10.1097/RLU.0b013e31829af913.

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

[1097/RLU.0b013e31829af913](#)

AUTORES / AUTHORS: - Mamede M; Ceci F; Castellucci P; Schiavina R; Fuccio C; Nanni C; Brunocilla E; Fantini L; Costa S; Ferretti A; Colletti PM; Rubello D; Fanti S

INSTITUCIÓN / INSTITUTION: - From the *Department of Nuclear Medicine, Policlinico Sant'Orsola-Malpighi, Bologna, Italy; daggerMolecular Imaging Center, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil; double daggerUrology Unit, Policlinico Sant'Orsola-Malpighi, Bologna, Italy; section signDepartment of Nuclear Medicine, Fondazione Salvatore Maugeri, Pavia, Italy; paragraph signDepartment of Nuclear Medicine, Santa Maria della Misericordia Hospital, Rovigo, Italy; and parallelDepartment of Radiology, University of Southern California, Los Angeles, CA.

RESUMEN / SUMMARY: - PURPOSE: This study aims to evaluate the role of C-choline PET/CT in patients with biochemical relapse after radical prostatectomy (RP) showing prostate-specific antigen (PSA) values lower than 0.5 ng/mL.

METHODS: We performed C-choline PET/CT in 71 consecutive patients previously treated with RP showing PSA values lower than 0.5 ng/mL. C-Choline PET/CT was performed following standard procedure. C-Choline PET/CT-positive findings were validated by transrectal ultrasonography + biopsy, repeated C-choline PET/CT, other conventional imaging modality, and histology. **RESULTS:** C-Choline PET/CT was true positive in 15/71 (21.1%). C-Choline uptake was observed in pelvic lymph nodes (7/71; 9.9%), in the prostatic bed (7/71; 9.9%), and in bone (1/71; 1.4%). Mean PSA, PSA doubling time (PSAdt), and PSA velocity (PSAvel) values +/- SD in C-choline PET/CT-positive patients was 0.37 +/- 0.1 ng/mL, 3.4 +/- 2.1 months, and 0.05 +/- 0.1 ng/mL/yr, respectively. C-Choline PET/CT was false negative in 2 patients and false positive in 1 patient. Among all variables, only PSAdt and the ongoing hormonal treatment were statistically significant in the prediction of a positive C-choline PET/CT at multivariate analysis. **CONCLUSIONS:** C-Choline PET/CT could be used early after biochemical failure even if PSA values are very low, preferentially in hormonal resistant patients showing fast PSA kinetics. An early detection of the site of relapse could lead to a personalized and tailored treatment.

[124]

TÍTULO / TITLE: - Polypeptide N-acetylgalactosaminyl transferase 3 independently predicts high-grade tumours and poor prognosis in patients with renal cell carcinomas.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 23;109(2):472-81. doi: 10.1038/bjc.2013.331. Epub 2013 Jun 25.

●● [Enlace al texto completo \(gratis o de pago\) 1038/bjc.2013.331](#)

AUTORES / AUTHORS: - Kitada S; Yamada S; Kuma A; Ouchi S; Tasaki T; Nabeshima A; Noguchi H; Wang KY; Shimajiri S; Nakano R; Izumi H; Kohno K; Matsumoto T; Sasaguri Y

INSTITUCIÓN / INSTITUTION: - 1] Department of Pathology and Cell Biology, School of Medicine, University of Occupational and Environmental Health, Kitakyushu 807-8555, Japan [2] Department of Urology, School of Medicine, University of Occupational and Environmental Health, Kitakyushu 807-8555, Japan.

RESUMEN / SUMMARY: - Background: The polypeptide N-acetylgalactosaminyltransferases (GalNAc-Ts) family of enzymes regulates the initial steps of mucin-type O-glycosylation. N-acetylgalactosaminyltransferases might show novel patterns of GalNAc-T glycosylation on tumour-derived proteins, which could influence cancer biology, but its mechanisms are unclear. We investigated the association of GalNAc-T3 and -T6 expressions with clinicopathological features and prognoses of patients with renal cell carcinomas (RCCs). Methods: Expressions of GalNAc-T3/6 and cell-adhesion

molecules were analysed immunohistochemically in 254 paraffin-embedded tumour samples of patients with RCC. Results: Of 138 GalNAc-T3+ cases, 46 revealed significant co-expression with GalNAc-T6. N-acetylgalactosaminyltransferases-3+ expression showed a close relationship to poor clinical performance and large tumour size, or pathologically high Fuhrman's grading, and presence of vascular invasion and necrosis. The GalNAc-T3-positivity potentially suppressed adhesive effects with a significantly low beta-catenin expression. Univariate and multivariate analyses showed the GalNAc-T3+ group, but not the GalNAc-T6+ group, to have significantly worse survival rates. Conclusion: N-acetylgalactosaminyltransferases-3 expression independently predicts high-grade tumour and poor prognosis in patients with RCC, and may offer a therapeutic target against RCC.

[125]

TÍTULO / TITLE: - Cytoréductiva radiofrecuencia ablación en pacientes con carcinoma renal metastático (RCC) con tumores primarios pequeños tratados con sunitinib o interferón-alfa.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(1):32-8. doi: 10.1111/bju.12107. Epub 2013 Jun 7.

●● Enlace al texto completo (gratuito o de pago) [1111/bju.12107](#)

AUTORES / AUTHORS: - Tsimafeyeu I; Zart JS; Chung B

INSTITUCIÓN / INSTITUTION: - Kidney Cancer Research Bureau, Moscow, Russian Federation. tsimafeyeu@kidneytumor.org

RESUMEN / SUMMARY: - **OBJECTIVES:** To evaluate the role of cytoréductiva radiofrecuencia ablación (cRFA) in patients with metastatic renal cell carcinoma (RCC) with small primary tumours treated with immuno- or targeted therapy. To assess the efficacy of sunitinib in patients with metastatic RCC with unresected small primary tumours. **PATIENTS AND METHODS:** Three parallel single-arm prospective studies were conducted. Eligibility criteria were nearly identical for all trials and included: histopathologically confirmed RCC; metastatic measurable disease; size of primary tumour <5 cm; good or intermediate prognosis according to the Memorial Sloan-Kettering Cancer Center model; and no previous therapy. **Study 1:** Patients were treated with percutaneous cRFA under computed tomography guidance followed by interferon (IFN)-alpha, 9 MIU, s.c., three times per week. **Study 2:** Patients received cRFA followed by sunitinib in repeated 6-week cycles of 50 mg/day orally for 4 weeks, then 2 weeks off treatment. **Study 3:** Patients with unresected primary RCC received sunitinib alone. The primary endpoint was progression-free survival (PFS). **RESULTS:** Baseline patient characteristics (age, gender, histology, Eastern Cooperative Oncology Group performance status, metastatic sites, primary tumour size) were similar in all three studies. Efficacy data for 114 evaluable patients showed an objective response rate of 8% (95% confidence interval [CI]

4.5, 10.5) for study 1, 28.9% (95% CI 15.2, 34) for study 2, and 31.6% (95% CI 20.3, 38.9) for study 3. The median (95% CI) PFS times were 9.1 (6.9, 10.2), 13.4 (9.8, 14.4) and 12.7 (11.3, 13.5) months for studies 1, 2 and 3, respectively. Objective response rate was significantly higher and PFS significantly longer in the sunitinib trials than in study 1 ($P < 0.01$ all differences); no differences were found between studies 2 and 3 (objective response rate, $P = 0.1$; PFS, $P = 0.6$). Study 1 met its primary endpoint, showing that PFS was significantly longer than the expected 5 months ($P = 0.02$). The median (95% CI) objective survival (OS) times were greater in study 2 (cRFA/sunitinib) and study 3 (sunitinib-alone) than in study 1 (IFN-alpha) at 27.2 (22.6, 31.8) and 22.5 (20.7, 24.3) vs 19.5 (16.3, 22.7) months, respectively. Differences were significant (study 1 vs 2, hazard ratio [HR] = 0.55; $P = 0.003$; study 1 vs study 3 HR = 0.6, $P = 0.01$). OS was significantly longer in the cRFA/sunitinib group compared with the sunitinib-alone group (HR = 0.71; $P = 0.04$). There were no unexpected toxicities of medical treatment or complications of cRFA. CONCLUSIONS: cRFA is a safe and effective approach for select patients with metastatic RCC treated with immunotherapy. The cRFA technique did not improve PFS in patients treated with sunitinib; cRFA probably has impact on OS in these patients. This needs to be tested in a larger trial. Sunitinib was effective in patients with metastatic RCC with unresected small primary tumours.

[126]

TÍTULO / TITLE: - Analysis of urinary metabolites for breast cancer patients receiving chemotherapy by CE-MS coupled with on-line concentration.

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

REVISTA / JOURNAL: - Clin Biochem. 2013 Aug;46(12):1065-73. doi: 10.1016/j.clinbiochem.2013.05.049. Epub 2013 May 29.

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

1016/j.clinbiochem.2013.05.049

AUTORES / AUTHORS: - Yu L; Jiang C; Huang S; Gong X; Wang S; Shen P

INSTITUCIÓN / INSTITUTION: - The First Affiliated Hospital of College of Medicine, Zhejiang University, Hangzhou 310003, PR China.

RESUMEN / SUMMARY: - OBJECTIVE: This study aimed to explore the relationship between urinary metabolites and clinical chemotherapy response in breast cancer by CE-MS coupled with on-line concentration. DESIGN AND METHODS: Urine samples were obtained from patients with advanced or locally advanced breast cancer ($n=21$) before and after chemotherapy and healthy volunteers ($n=21$). A rapid and sensitive hexadimethrine bromide-coating CE-MS method coupled with normal stacking is developed for the determination of organic acids in human urine. Another CE-MS method coupled with pH-mediated sample stacking is used for the analysis of amino acids and organic acids. RESULTS: After receiving chemotherapy, chemotherapy-

sensitive patients showed 30% change in metabolite levels compared to healthy people, while chemotherapy-insensitive patients showed only 9% change in metabolite levels compared to healthy people showing recurrence. The extent of energy insufficiency for chemotherapy-insensitive patients was greater than that for chemotherapy-sensitive patients. CONCLUSIONS: Urinary metabolic products may be new potential predictive markers for therapy efficacy. However, more studies with a larger sample size are required to confirm these conclusions.

[127]

TÍTULO / TITLE: - Use of 5alpha-reductase inhibitors for lower urinary tract symptoms and risk of prostate cancer in Swedish men: nationwide, population based case-control study.

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

REVISTA / JOURNAL: - BMJ. 2013 Jun 18;346:f3406. doi: 10.1136/bmj.f3406.

AUTORES / AUTHORS: - Robinson D; Garmo H; Bill-Axelsson A; Mucci L; Holmberg L; Stattin P

INSTITUCIÓN / INSTITUTION: - Department of Surgery and Perioperative Sciences, Umea University, 901 85 Umea, Sweden. drobinson@telia.com

RESUMEN / SUMMARY: - OBJECTIVE: To assess the association between 5alpha-reductase inhibitor (5-ARI) use in men with lower urinary tract symptoms and prostate cancer risk. DESIGN: Nationwide, population based case-control study for men diagnosed with prostate cancer in 2007-09 within the Prostate Cancer data Base Sweden 2.0. SETTING: The National Prostate Cancer Register, National Patient Register, census, and Prescribed Drug Register in Sweden, from which we obtained data on 5-ARI use before date of prostate cancer diagnosis. PARTICIPANTS: 26,735 cases and 133,671 matched controls; five controls per case were randomly selected from matched men in the background population. 7815 men (1499 cases and 6316 controls) had been exposed to 5-ARI. 412 men had been exposed to 5-ARI before the diagnosis of a cancer with Gleason score 8-10. MAIN OUTCOME MEASURES: Risk of prostate cancer calculated as odds ratios and 95% confidence intervals by conditional logistic regression analyses. RESULTS: Risk of prostate cancer overall decreased with an increasing duration of exposure; men on 5-ARI treatment for more than three years had an odds ratio of 0.72 (95% confidence interval 0.59 to 0.89; P<0.001 for trend). The same pattern was seen for cancers with Gleason scores 2-6 and score 7 (both P<0.001 for trend). By contrast, the risk of tumours with Gleason scores 8-10 did not decrease with increasing exposure time to 5-ARI (for 0-1 year of exposure, odds ratio 0.96 (95% confidence interval 0.83 to 1.11); for 1-2 years, 1.07 (0.88 to 1.31); for 2-3 years, 0.96 (0.72 to 1.27); for >3 years, 1.23 (0.90 to 1.68); P=0.46 for trend). CONCLUSIONS: Men treated with 5-ARI for lower urinary tract symptoms had a decreased risk of cancer with Gleason scores 2-7, and showed no evidence of

an increased risk of cancer with Gleason scores 8-10 after up to four years' treatment.

[128]

TÍTULO / TITLE: - Prognostic Role of Cell Cycle and Proliferative Biomarkers in Patients with Clear Cell Renal Cell Carcinoma.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 20. pii: S0022-5347(13)04648-X. doi: 10.1016/j.juro.2013.06.037.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.037

AUTORES / AUTHORS: - Gayed BA; Youssef RF; Bagrodia A; Kapur P; Darwish OM; Krabbe LM; Sagalowsky A; Lotan Y; Margulis V

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Texas Southwestern Medical Center Dallas, TX.

RESUMEN / SUMMARY: - BACKGROUND: Cell cycle regulatory molecules are implicated in various stages of carcinogenesis. In this proof of principle study we systematically evaluate the association of aberrant expression of cell cycle regulators and proliferative markers on oncological outcomes of patients with clear cell renal carcinoma (ccRCC). MATERIALS AND METHODS: Immunohistochemistry for Cyclin D, Cyclin E, p16, p21, p27, p53, p57 and Ki67 was performed on tissue microarray constructs of 452 patients treated with extirpative therapy for ccRCC between 1997-2010. Clinical and pathologic data elements were collected. A prognostic marker score (MS) was defined as unfavorable if >4 biomarkers were altered. The relationship between MS and pathological features and oncological outcomes was evaluated. RESULTS: Median age and follow up was 57 years (range 17-85) and 24 months (range 6-150), respectively. Unfavorable MS was found in 55 (12.2%) patients and was associated with adverse pathological features. A significant correlation between unfavorable MS and DFS (HR 26.62, 95% CI 43.38-100.04, p = 0.000) and with CSS (HR 8.15, 95% CI 74.42-101.56, p = 0.004) was demonstrated in Kaplan Meier survival analysis. In a multivariate analysis, unfavorable MS was an independent predictor of DFS (HR 2.63, CI 1.08-6.38, p = 0.033). CONCLUSIONS: The cumulative number of aberrantly expressed cell cycle and proliferative biomarkers correlates with aggressive pathological features and inferior oncologic outcomes in patients with ccRCC. Our findings indicate that interrogation of cell cycle and proliferative markers is feasible and further prospective pathway-based exploration of biomarkers is needed.

[129]

TÍTULO / TITLE: - Mechanisms of the androgen receptor splicing in prostate cancer cells.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jul 15. doi: 10.1038/onc.2013.284.

●● Enlace al texto completo (gratis o de pago) [1038/onc.2013.284](https://doi.org/10.1038/onc.2013.284)

AUTORES / AUTHORS: - Liu LL; Xie N; Sun S; Plymate S; Mostaghel E; Dong X

INSTITUCIÓN / INSTITUTION: - Department of Urologic Sciences, Vancouver Prostate Centre, University of British Columbia, Vancouver, British Columbia, Canada.

RESUMEN / SUMMARY: - Prostate tumors develop resistance to androgen deprivation therapy (ADT) by multiple mechanisms, one of which is to express constitutively active androgen receptor (AR) splice variants lacking the ligand-binding domain. AR splice variant 7 (AR-V7, also termed AR3) is the most abundantly expressed variant that drives prostate tumor progression under ADT conditions. However, the molecular mechanism by which AR-V7 is generated remains unclear. In this manuscript, we demonstrated that RNA splicing of AR-V7 in response to ADT was closely associated with AR gene transcription initiation and elongation rates. Enhanced AR gene transcription by ADT provides a prerequisite condition that further increases the interactions between AR pre-mRNA and splicing factors. Under ADT conditions, recruitment of several RNA splicing factors to the 3' splicing site for AR-V7 was increased. We identified two RNA splicing enhancers and their binding proteins (U2AF65 and ASF/SF2) that had critical roles in splicing AR pre-mRNA into AR-V7. These data indicate that ADT-induced AR gene transcription rate and splicing factor recruitment to AR pre-mRNA contribute to the enhanced AR-V7 levels in prostate cancer cells. Oncogene advance online publication, 15 July 2013; doi:10.1038/onc.2013.284.

[130]

TÍTULO / TITLE: - DNA methylation of the SLC16A3 promoter regulates expression of the human lactate transporter MCT4 in renal cancer with consequences for clinical outcome.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Jul 23.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-1180](https://doi.org/10.1158/1078-0432.CCR-13-1180)

AUTORES / AUTHORS: - Fisel P; Kruck S; Winter S; Bedke J; Hennenlotter J; Nies AT; Scharpf M; Fend F; Stenzl A; Schwab M; Schaeffeler E

INSTITUCIÓN / INSTITUTION: - Dr. Margarete Fischer-Bosch Institute of Clinical Pharmacology, Dr. Margarete Fischer-Bosch Institute of Clinical Pharmacology.

RESUMEN / SUMMARY: - PURPOSE: The monocarboxylate transporter 4 (MCT4) is a metabolic target in tumor biology since it mediates lactate transport across membranes resulting in anti-apoptotic effects. Cell experiments support the importance of MCT4 in clear cell renal cell carcinoma (ccRCC). In this study, we assessed the prognostic potential of MCT4 expression in ccRCC and its epigenetic regulation by DNA methylation as novel predictive marker for patient

outcome using independent ccRCC-cohorts. EXPERIMENTAL DESIGN: MCT4 protein expression was quantified in 207 ccRCC and corresponding non-tumor tissues. Data of an independent ccRCC-cohort from The Cancer Genome Atlas (TCGA) were analysed on MCT4 mRNA (n=482) and DNA methylation (n=283) level. The findings on MCT4 expression and DNA methylation in the SLC16A3 promoter were validated in a third cohort (n=64). Promoter activity assays were performed in four RCC cell lines. RESULTS: MCT4 protein expression was upregulated (P<0.0001) in ccRCC and showed significant association with cancer-related death. Upregulation of MCT4 mRNA expression (P<0.00001) was confirmed in the TCGA-cohort. Single CpG-sites correlated inversely with mRNA expression and were associated with overall survival in Kaplan-Meier analyses (HR=0.39; 95%CI=0.24-0.64;P[log-rank]=1.23e-04). Promoter activity studies confirmed MCT4 regulation by DNA methylation. The significant correlation between MCT4 protein and gene expression or DNA methylation at single CpG-sites was validated in a third cohort. Again, higher methylation at individual CpG-sites was associated with prolonged survival (HR=0.05; 95%CI=0.01-0.40;P[log-rank]=6.91e-05). CONCLUSION: We identified SLC16A3 promoter DNA methylation as a novel epigenetic mechanism for MCT4 regulation in ccRCC with first evidence of a biological rationale for prognosis and clinical outcome.

[131]

TÍTULO / TITLE: - Regulation of the Transcriptional Coactivator FHL2 Licenses Activation of the Androgen Receptor in Castrate-Resistant Prostate Cancer.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Aug 2.

- Enlace al texto completo (gratis o de pago) [1158/0008-5472.CAN-12-4520](#)

AUTORES / AUTHORS: - McGrath MJ; Binge LC; Sriratana A; Wang H; Robinson PA; Pook D; Fedele CG; Brown S; Dyson JM; Cottle DL; Cowling BS; Niranjana B; Risbridger GP; Mitchell CA

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Departments of Biochemistry and Molecular Biology and Immunology, Prostate and Breast Cancer Research Group, Department of Anatomy and Developmental Biology, Monash University, Clayton Victoria, Australia; Department of Oncology, Southern Health, East Bentleigh, Victoria, Australia; and Melanoma Research Laboratory, Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia; and Department of Translational Medicine and Neurogenetics, Institut de Genetique et de Biologie Moleculaire et Cellulaire (IGBMC), Illkirch, Strasbourg, France.

RESUMEN / SUMMARY: - It is now clear that progression from localized prostate cancer to incurable castrate-resistant prostate cancer (CRPC) is driven by continued androgen receptor (AR), signaling independently of androgen. Thus, there remains a strong rationale to suppress AR activity as the single most

important therapeutic goal in CRPC treatment. Although the expression of ligand-independent AR splice variants confers resistance to AR-targeted therapy and progression to lethal castrate-resistant cancer, the molecular regulators of AR activity in CRPC remain unclear, in particular those pathways that potentiate the function of mutant AR in CRPC. Here, we identify FHL2 as a novel coactivator of ligand-independent AR variants that are important in CRPC. We show that the nuclear localization of FHL2 and coactivation of the AR is driven by calpain cleavage of the cytoskeletal protein filamin, a pathway that shows differential activation in prostate epithelial versus prostate cancer cell lines. We further identify a novel FHL2-AR-filamin transcription complex, revealing how deregulation of this axis promotes the constitutive, ligand-independent activation of AR variants, which are present in CRPC. Critically, the calpain-cleaved filamin fragment and FHL2 are present in the nucleus only in CRPC and not benign prostate tissue or localized prostate cancer. Thus, our work provides mechanistic insight into the enhanced AR activation, most notably of the recently identified AR variants, including AR-V7 that drives CRPC progression. Furthermore, our results identify the first disease-specific mechanism for deregulation of FHL2 nuclear localization during cancer progression. These results offer general import beyond prostate cancer, given that nuclear FHL2 is characteristic of other human cancers where oncogenic transcription factors that drive disease are activated like the AR in prostate cancer. Cancer Res; 73(16); 1-14. ©2013 AACR.

[132]

TÍTULO / TITLE: - Integrin alpha 7 Binds Tissue Inhibitor of Metalloproteinase 3 to Suppress Growth of Prostate Cancer Cells.

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

REVISTA / JOURNAL: - Am J Pathol. 2013 Jul 2. pii: S0002-9440(13)00396-9. doi: 10.1016/j.ajpath.2013.05.010.

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

1016/j.ajpath.2013.05.010

AUTORES / AUTHORS: - Tan LZ; Song Y; Nelson J; Yu YP; Luo JH

INSTITUCIÓN / INSTITUTION: - Department of Pathology, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania.

RESUMEN / SUMMARY: - Integrin alpha7 (ITGA7) is a tumor-suppressor gene that is critical for suppressing the growth of malignant tumors; however, the mechanisms allowing ITGA7 to suppress the growth of cancer cells remain unclear. Herein, we show that ITGA7 binds to tissue inhibitor of metalloproteinase 3 (TIMP3) in prostate cancer cells. The ITGA7-TIMP3 binding led to a decreased protein level of tumor necrosis factor alpha, cytoplasmic translocation of NF-kappaB, and down-regulation of cyclin D1. These changes led to an accumulation of cells in G0/G1 and a dramatic suppression of cell growth. Knocking down TIMP3 or ITGA7/TIMP3 binding interference largely

abrogated the signaling changes induced by ITGA7, whereas a mutant ITGA7 lacking TIMP3 binding activity had no tumor-suppressor activity. Interestingly, knocking down ITGA7 ligand laminin beta1 enhanced ITGA7-TIMP3 signaling and the downstream tumor-suppressor activity, suggesting the existence of a counterbalancing role between extracellular matrix and integrin signaling. As a result, this report demonstrates a novel and critical signaling mechanism of ITGA7, through the TIMP3/NF-kappaB/cyclin D1 pathway.

[133]

TÍTULO / TITLE: - Does the number of cycles of cisplatin based chemotherapy have any effect on renal function in patients with testicular germ cell tumor ?

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 10. pii: S0022-5347(13)04572-2. doi: 10.1016/j.juro.2013.06.009.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.009](#)

AUTORES / AUTHORS: - Suer E; Mermerkaya M; Gulpinar O; Afandiyev F; Baltaci S; Turkolmez K; Beduk Y

INSTITUCIÓN / INSTITUTION: - University of Ankara, Department of Urology, Ankara, Turkey.

RESUMEN / SUMMARY: - PURPOSE: To assess the effects of the number of cisplatin,etoposide and bleomycin(PEB) cycles on long-term renal function. PATIENTS AND METHODS: Between 1995 and 2013,157 patients with primary testicular GCTs were treated and 113(72%) received chemotherapy as their primary intervention.Data were retrospectively collected and glomerular filtration rates (GFR) were estimated (eGFR) using the Modification of Diet in Renal Disease formula based on pretreatment and last follow-up visit serum creatinine measurements.Patients treated without chemotherapy (group 1) were compared with those who received cisplatin based chemotherapy(group 2).Group 2 was also divided into three subgroups according to the number of chemotherapy cycles they received:two,three and four or more cycles. RESULTS: At last follow-up visit the serum creatinine and eGFR values displayed a significant difference between chemotherapy and nonchemotherapy groups.Decrease in median eGFR value was significantly larger in the chemotherapy group compared to nonchemotherapy group(<0.001).New-onset CKD stage 3 was observed in 19 patients(12,1%) and all these patients were in chemotherapy group.New-onset CKD stage 3 was seen in none,5.9%,13.8%,20.9% of the patients who received no,2,3,4 or more cycles of chemotherapy,respectively.Except the difference between nonchemotherapy group and 2 cycles of chemotherapy group,the differences between groups regarding new-onset CKD stage 3 were statistically significant. CONCLUSION: Patients with testicular tumors,who received cisplatin based chemotherapy revealed a significant decrease in eGFR and a significant increase in new-onset CKD stage 3 compared to patients who received no chemotherapy.However,in

stage I high risk NSGCT patients,choosing 2cycles of PEB chemotherapy did not have a statistically significant effect in these parameters compared to patients who received no chemotherapy.

[134]

- CASTELLANO -

TÍTULO / TITLE:Perfiles de severidad en pacientes diagnosticados de hiperplasia benigna prostática en España.

TÍTULO / TITLE: - Severity Profiles in Patients Diagnosed of Benign Prostatic Hyperplasia in España.

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

REVISTA / JOURNAL: - Actas Urol Esp. 2013 Jul 12. pii: S0210-4806(13)00157-5. doi: 10.1016/j.acuro.2013.03.003.

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

[1016/j.acuro.2013.03.003](#)

AUTORES / AUTHORS: - Minana B; Rodriguez-Antolin A; Prieto M; Pedrosa E

INSTITUCIÓN / INSTITUTION: - Servicio de Urología, Hospital Morales Meseguer, Murcia, Catedra de Urología de la Universidad Católica San Antonio de Murcia (UCAM), Murcia, España. Electronic address: bernardino.minana@gmail.com.

RESUMEN / SUMMARY: - OBJECTIVES: To analyse the severity profiles and progression criteria in patients diagnosed of benign prostatic hyperplasia (BPH) in urology clinics in España. MATERIAL AND METHODS: A multicentre observational epidemiological study conducted in España between May-November 2008. A representative sample of 392 urologist gathered socio-demographic, clinical and patient-centered data from three consecutive patients with new diagnostic of BPH in urology clinics. RESULTS: A total of 1.115 patients were evaluated. Mean age was 65.7 years old. Mean time from the onset of symptoms to diagnostic was 18,8 months. Mean IPSS score was 17.2. 63 patients (5,7%) had mild symptoms; 670 (60,1%) had moderate symptoms with a mean IPSS score of 14.6 and 382 (34.3%) had severe symptoms with a mean IPSS score of 23.7. Mean PSA was 2.6ng/ml and ultrasound measured prostatic volume was 49.2cc. A total of 713 (63,9%) patients met progression criteria (PSA >1.5ng/ml and volume>30cc). Symptoms severity was directly correlated with age, prostatic volume, PSA, presence of progression criteria and time from the onset of symptoms and inversely correlated with urine flow rate (P<.001). Progression criteria was directly correlated with age, symptoms severity and inversely with urine flow rate (P<.01). CONCLUSIONS: More than 90% of patients diagnosed of BPH in urology clinics in España had moderate to severe symptoms. Two thirds met progression criteria that correlate with age and severity of symptoms.

[135]

TÍTULO / TITLE: - Clinicopathological characteristics and prognosis of Chinese patients with sarcomatoid carcinoma of the bladder.

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

REVISTA / JOURNAL: - Histol Histopathol. 2013 Jun 27.

AUTORES / AUTHORS: - Guo AT; Huang H; Wei LX

INSTITUCIÓN / INSTITUTION: - Department of Pathology, The General Hospital of PLA, Beijing, China.

RESUMEN / SUMMARY: - **OBJECTIVES:** The purpose of this study was to retrospectively analyze the clinicopathological features and prognosis of Chinese patients diagnosed with sarcomatoid carcinoma (SC) of the bladder. **METHODS:** 13 patients admitted to the General Hospital of People's Liberation Army (PLA) between 1999 and 2010 (study group) and 74 Chinese patients diagnosed between 1994 and 2010 and reported in one of two Chinese databases (literature group). **RESULTS:** The two groups were similar in all demographic and clinical characteristics except depth of tumor invasion. SC of the bladder was most common in older males and most patients had high-grade or late-stage disease at diagnosis. The 6-month, 1-year, 2-year, and 5-years survival rates were 78.9%, 42.7%, 28.0%, and 21.0%, respectively. Analysis of the association of demographic and clinical characteristics with prognosis indicated no significant effect of sex, age, lesion location, tumor diameter, tumor type, depth of invasion, type of surgery, gross hematuria, and urinary tract infection. **CONCLUSIONS:** Our results suggest that the pathologic tumor stage was unrelated to prognosis. Early diagnosis and surgical intervention are preferred strategies for improvement of prognosis. The association between clinical stage and survival time requires further analysis.

[136]

TÍTULO / TITLE: - Cooperation and Antagonism among Cancer Genes: The Renal Cancer Paradigm.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Jul 15;73(14):4173-9. doi: 10.1158/0008-5472.CAN-13-0360. Epub 2013 Jul 5.

●● Enlace al texto completo (gratis o de pago) [1158/0008-5472.CAN-13-0360](#)

AUTORES / AUTHORS: - Pena-Llopis S; Christie A; Xie XJ; Brugarolas J

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Departments of Internal Medicine, Developmental Biology, and Simmons Comprehensive Cancer Center, University of Texas Southwestern Medical Center, Dallas, Texas.

RESUMEN / SUMMARY: - It is poorly understood how driver mutations in cancer genes work together to promote tumor development. Renal cell carcinoma (RCC) offers a unique opportunity to study complex relationships among cancer genes. The four most commonly mutated genes in RCC of clear-cell type (the

most common type) are two-hit tumor suppressor genes, and they cluster in a 43-Mb region on chromosome 3p that is deleted in approximately 90% of tumors: VHL (mutated in approximately 80%), PBRM1 (approximately 50%), BAP1 (approximately 15%), and SETD2 (approximately 15%). Meta-analyses that we conducted show that mutations in PBRM1 and SETD2 co-occur in tumors at a frequency higher than expected by chance alone, indicating that these mutations may cooperate in tumorigenesis. In contrast, consistent with our previous results, mutations in PBRM1 and BAP1 tend to be mutually exclusive. Mutation exclusivity analyses (often confounded by lack of statistical power) raise the possibility of functional redundancy. However, mutation exclusivity may indicate negative genetic interactions, as proposed herein for PBRM1 and BAP1, and mutations in these genes define RCC with different pathologic features, gene expression profiles, and outcomes. Negative genetic interactions among cancer genes point toward broader context dependencies of cancer gene action beyond tissue dependencies. An enhanced understanding of cancer gene dependencies may help to unravel vulnerabilities that can be exploited therapeutically. Cancer Res; 73(14); 4173-9. ©2013 AACR.

[137]

TÍTULO / TITLE: - A role of multifactorial evaluation of prostatic 3T MRI in patients with elevated prostatic-specific antigen levels: prospective comparison with ultrasound-guided transrectal biopsy.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Jun;33(6):2791-5.

AUTORES / AUTHORS: - Ferda J; Kastner J; Hora M; Hes O; Finek J; Topolcan O; Kreuzberg B

INSTITUCIÓN / INSTITUTION: - Clinic of Imaging Methods, Charles University Teaching Hospital Pízen, Czech Republic. ferda@fnplzen.cz

RESUMEN / SUMMARY: - AIM: To assess the role of multiparametric 3T magnetic resonance (3TMRI) of the prostate in detection of the prostatic carcinoma in a male population with elevated prostatic-specific antigen (PSA) and to compare the results with those of transrectal biopsies. MATERIALS AND METHODS: A prospectively collected cohort of 191 men underwent 3T MRI before transrectal biopsy. The evaluation consisted of the assessment of T2-weighted images, diffusion-weighted images, MR spectroscopy and the pharmacokinetic evaluation of the data obtained during the dynamic post-contrast T1 imaging. The assessment included the calculation of the blood volume and transfer constant evaluations. The diagnosis of prostate carcinoma was based on a minimum of three positive signs obtained from MR studies—hypointensive T2 lesion, diffusion restriction, elevated choline/creatine peak in spectrum and malignant type of saturation by contrast agents. All biopsies were evaluated by a specialist in uropathology. RESULTS: 164 patients underwent biopsy, in 27 the biopsy was omitted due to a lack or low probability of carcinoma: Overall, 84

carcinomas were found. Based on the comparison of biopsy results, 3T MRI reached a sensitivity of 97.6%, specificity of 85.0%, positive predictive value of 74.6% and negative predictive value of 96.3% respectively. There were only three false negative findings. In three patients with very suspicious MRI findings and PSA levels over 30 ng/ml, the biopsy did not confirm carcinoma, even though it was highly suspected. CONCLUSION: The implementation of 3T MRI in routine assessment of patients with elevated PSA should reduce the number of biopsies performed and improve the number of tumors detected due to better targeted biopsies.

[138]

TÍTULO / TITLE: - Kidney Transplantation in Type 2 Diabetic Patients: A Matched Survival Analysis.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 Jun 6. pii: S0041-1345(12)01333-4. doi: 10.1016/j.transproceed.2012.11.013.

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

1016/j.transproceed.2012.11.013

AUTORES / AUTHORS: - Rocha A; Malheiro J; Martins LS; Fonseca I; Dias L; Pedroso S; Almeida M; Henriques AC

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, Centro Hospitalar do Porto, Porto, Portugal. Electronic address: acrisbraga@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: Diabetes mellitus (DM) is the most prevalent cause of kidney failure. Some concerns have been raised about the kidney transplantation (KT) results in diabetic patients. Therefore, we compared outcomes between diabetic and non-diabetic KT patients. METHODS: We included all KT performed in type 2 diabetic patients in our center from July 1983 to December 2009 with graft survivals beyond 3 months. Nondiabetic controls were individually matched with diabetic patients with respect to gender, age, year of transplantation, number of donor HLA mismatches, and dialysis vintage. The two groups were compared concerning patient and graft survivals, delayed graft function (DGF), and prevalence of acute rejection episodes (ARE). RESULTS: The 62 diabetic and 62 nondiabetic patients had a mean follow-up after KT of 102 +/- 64 months. Diabetic patients and controls were similar for the matched variables. Death censored graft survivals of diabetics versus nondiabetics were 70% and 83% at 5 years and 54% and 71% at 10 years, respectively (P = .13). Patient survivals at 5 and 10 years were 69% and 50% for diabetic versus 96% and 84% for nondiabetic patients, respectively (P < .001). The prevalence of ARE and DGF did not differ (chi-squared test, P = .12). Multivariate Cox's proportional hazards analysis revealed DM (hazard ratio [HR] 7.72; P = .001) and viral hepatitis (HR = 4.18; P = .02) to correlate with reduced patient survival. CONCLUSION: Survival of diabetic patients after KT was reduced but death-censored graft outcomes were similar compared with

matched nondiabetic patients. Concerns about graft survival should not prevent KT for diabetic patients with kidney failure.

[139]

TÍTULO / TITLE: - Impact of Histologic Subtype on Cancer-specific Survival in Patients with Renal Cell Carcinoma and Tumor Thrombus.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul 10. pii: S0302-2838(13)00663-5. doi: 10.1016/j.eururo.2013.06.048.

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

[1016/j.eururo.2013.06.048](#)

AUTORES / AUTHORS: - Tilki D; Nguyen HG; Dall'era MA; Bertini R; Carballido JA; Chromecki T; Ciancio G; Daneshmand S; Gontero P; Gonzalez J; Haferkamp A; Hohenfellner M; Huang WC; Koppie TM; Lorentz CA; Mandel P; Martinez-Salamanca JI; Master VA; Matloob R; McKiernan JM; Mlynarczyk CM; Montorsi F; Novara G; Pahernik S; Palou J; Pruthi RS; Ramaswamy K; Rodriguez Faba O; Russo P; Shariat SF; Spahn M; Terrone C; Vergho D; Wallen EM; Xylinas E; Zigeuner R; Libertino JA; Evans CP

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of California, Davis, School of Medicine, Sacramento, CA, USA. Electronic address: derya.tilki@ucdmc.ucdavis.edu.

RESUMEN / SUMMARY: - BACKGROUND: Although different prognostic factors for patients with renal cell carcinoma (RCC) and vena cava tumor thrombus (TT) have been studied, the prognostic value of histologic subtype in these patients remains unclear. OBJECTIVE: We analyzed the impact of histologic subtype on cancer-specific survival (CSS). DESIGN, SETTINGS, AND PARTICIPANTS: We retrospectively analyzed the records of 1774 patients with RCC and TT who underwent radical nephrectomy and tumor thrombectomy from 1971 to 2012 at 22 US and European centers. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Multivariable ordered logistic and Cox regression models were used to quantify the impact of tumor histology on CSS. RESULTS AND LIMITATIONS: Overall 5-yr CSS was 53.4% (confidence interval [CI], 50.5-56.2) in the entire group. TT level (according to the Mayo classification of macroscopic venous invasion in RCC) was I in 38.5% of patients, II in 30.6%, III in 17.3%, and IV in 13.5%. Histologic subtypes were clear cell renal cell carcinoma (cRCC) in 89.9% of patients, papillary renal cell carcinoma (pRCC) in 8.5%, and chromophobe RCC in 1.6%. In univariable analysis, pRCC was associated with a significantly worse CSS ($p < 0.001$) compared with cRCC. In multivariable analysis, the presence of pRCC was independently associated with CSS (hazard ratio: 1.62; CI, 1.01-2.61; $p < 0.05$). Higher TT level, positive lymph node status, distant metastasis, and fat invasion were also independently associated with CSS. CONCLUSIONS: In our multi-institutional series, we found that patients with pRCC and vena cava TT who

underwent radical nephrectomy and tumor thrombectomy had significantly worse cancer-specific outcomes when compared with patients with other histologic subtypes of RCC. We confirmed that higher TT level and fat invasion were independently associated with reduced CSS.

[140]

TÍTULO / TITLE: - Characterisations of human prostate stem cells reveal deficiency in class I UGT enzymes as a novel mechanism for castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 23. doi: 10.1038/bjc.2013.399.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.399](#)

AUTORES / AUTHORS: - Williamson SC; Mitter R; Hepburn AC; Wilson L; Mantilla A; Leung HY; Robson CN; Heer R

INSTITUCIÓN / INSTITUTION: - Northern Institute for Cancer Research, Newcastle University, NE2 4HH, Newcastle upon Tyne United Kingdom.

RESUMEN / SUMMARY: - Background:Evidence increasingly supports that prostate cancer is initiated by the malignant transformation of stem cells (SCs). Furthermore, many SC-signalling pathways are shown to be shared in prostate cancer. Therefore, we planned transcriptome characterisation of adult prostate SCs as a strategy to consider new targets for cancer treatment.Methods:Intuitive pathway analysis was used for putative target discovery in 12 matched selections of human prostate SCs, transiently amplifying cells and terminally differentiated cells. These were pooled into three groups according to the stage of differentiation for mRNA microarray analysis. Targets identified were validated using uncultured primary tissue (n=12), functional models of prostate cancer and a tissue microarray consisting of benign (n=42) and malignant prostate (n=223).Results:A deficiency in class 1 UDP glucuronosyltransferase (UGT) enzymes (UGT1A) was identified in prostate SCs, which are involved in androgen catabolism. Class 1 UGT enzyme expression was also downregulated in cancer SCs and during progression to metastatic castration-resistant prostate cancer (CRPC). Reduction of UGT1A expression in vitro was seen to improve cell survival and increase androgen receptor (AR) activity, as shown by upregulation of prostate-specific antigen expression.Interpretation:Inactivation of intracellular androgen catabolism represents a novel mechanism to maintain AR activity during CRPC.British Journal of Cancer advance online publication, 23 July 2013; doi:10.1038/bjc.2013.399 www.bjcancer.com.

TÍTULO / TITLE: - Re: effect of erythropoietin on kidney allograft survival: early use after transplantation.

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

REVISTA / JOURNAL: - Iran J Kidney Dis. 2013 Jul;7(4):332-3.

AUTORES / AUTHORS: - Baradaran A; Nasri H

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, Division of Nephropathology, Isfahan University of Medical Sciences, Isfahan, Iran.
hamidnasri@med.mui.ac.ir.

[141]

TÍTULO / TITLE: - Targeting prostate cancer cell lines with polo-like kinase 1 inhibitors as a single agent and in combination with histone deacetylase inhibitors.

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

REVISTA / JOURNAL: - FASEB J. 2013 Jul 24.

●● Enlace al texto completo (gratis o de pago) [1096/fj.12-222893](#)

AUTORES / AUTHORS: - Wissing MD; Mendonca J; Kortenhorst MS; Kaelber NS; Gonzalez M; Kim E; Hammers H; van Diest PJ; Carducci MA; Kachhap SK

INSTITUCIÓN / INSTITUTION: - *Prostate Cancer Program of the Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins Medical Institutions, Baltimore, Maryland, USA;

RESUMEN / SUMMARY: - Combinations of anticancer therapies with high efficacy and low toxicities are highly sought after. Therefore, we studied the effect of polo-like kinase 1 (Plk1) inhibitors on prostate cancer cells as a single agent and in combination with histone deacetylase (HDAC) inhibitors valproic acid and vorinostat. IC50s of Plk1 inhibitors BI 2536 and BI 6727 were determined in prostate cancer cells by MTS assays. Morphological and molecular changes were assessed by immunoblotting, immunofluorescence, flow cytometry, real-time RT-PCR, and pull-down assays. Efficacy of combination therapy was assessed by MTS and clonogenic assays. IC50 values in DU145, LNCaP, and PC3 cells were 50, 75, and 175 nM, respectively, for BI 2536 and 2.5, 5, and 600 nM, respectively, for BI 6727. Human prostate fibroblasts and normal prostate epithelial cells were unaffected at these concentrations. While DU145 and LNCaP cells were solely arrested in mitosis on treatment, PC3 cells accumulated in G2 phase and mitosis, suggesting a weak spindle assembly checkpoint. Combining Plk1 inhibitors with HDAC inhibitors had synergistic antitumor effects in vitro. DMSO-treated prostate cancer cells were used as controls to study the effect of Plk1 and HDAC inhibition. Plk1 inhibitors decreased proliferation and clonogenic potential of prostate cancer cells. Hence, Plk1 may serve as an important molecular target for inhibiting prostate cancer. Combining HDAC inhibitors with BI 2536 or BI 6727 may be an effective treatment strategy against prostate cancer.-Wissing, M. D., Mendonca, J., Kortenhorst, M. S. Q., Kaelber, N. S., Gonzalez, M., Kim E., Hammers, H., van Diest, P. J., Carducci, M. A., Kachhap, S. K. Targeting prostate cancer cell lines with polo-like kinase 1 inhibitors as a single agent and in combination with histone deacetylase inhibitors.

[142]

TÍTULO / TITLE: - Survival of renal transplantation patients older than 60 years: a single-center experience.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1402-9. doi: 10.1016/j.transproceed.2012.10.053.

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

[1016/j.transproceed.2012.10.053](#)

AUTORES / AUTHORS: - Rodelo JR; Nieto-Rios JF; Serna-Higueta LM; Henao JE; Garcia A; Reino AC; Tobon JC; Arbelaez M

INSTITUCIÓN / INSTITUTION: - Transplant Group, Nephrology Division, Universidad de Antioquia and Hospital Pablo Tobon Uribe, Medellin, Colombia. jrodelo@une.net.co

RESUMEN / SUMMARY: - BACKGROUND: Elderly patients are the fastest growing population requiring renal replacement therapy. It has been stated that renal transplantation may be the best treatment option for these patients. However, it has been observed that older patients have a higher mortality rate than those who are younger. Yet the factors that determine post-transplantation outcomes in this population remain poorly defined. The aims of this study were to evaluate the graft and patient survival in kidney transplant recipients who are older than 60 years of age to identify relevant predictive factors. METHODS: In this population-based retrospective cohort study of 201 kidney transplantations performed in elderly patients from January 2002 throughout June 2009, we estimated the 1-,3-,and 5-year patients and graft survival rates. We also evaluated the complications and the predictors of poor outcomes. Survival times were analyzed using the Kaplan-Meier method and survival differences assessed with Mantel-Cox log rank-test. We performed a Cox proportional hazards regression models to evaluate the impact of baseline and treatment characteristics on patient and graft survival. RESULTS: Graft and patient survival rates at 1, 3, and 5 years were 76.4%, 71.3%, and 54.3%, and 78.2%, 73.8%, and 56.4%, respectively. Graft survival rates censored for patient death with a functioning graft were 93.1, 92.1, and 89%. Patient survival rates differed between diabetic and nondiabetic subjects at 1, 3 and 5 years (69.5% versus 83.6%; 59.8% versus 72.3%; 43.6% versus 65.7%; P = .008). On multivariate analysis, the factors associated with patients survival were diabetes mellitus (hazard ratio [HR] 2.058, 95% confidence interval [CI] 1.173-3.611, P = .012) and the 1-month serum creatinine value was > 1.6 mg/dL (HR 2.108 for each point increase, 95% CI 1.521-2.921, P = .000). Furthermore, there was an insignificant trend forward an association between active or past smoker and lower patient survival (HR 1.689, 95% CI 0.937-3.043, P = .08). The main causes of graft loss were patient death (79.5%), acute rejection (6.8%), and chronic allograft nephropathy (5.5%). CONCLUSION: Renal transplantation can be performed safely and with acceptable outcomes in elderly patients after

appropriate clinical evaluation. The grafts show excellent survival albeit that deaths with a functional graft continue to be an important issue.

[143]

TÍTULO / TITLE: - Long-term outcomes for men with high-risk prostate cancer treated definitively with external beam radiotherapy with or without androgen deprivation.

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

REVISTA / JOURNAL: - Cancer. 2013 Jun 24. doi: 10.1002/cncr.28213.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28213](#)

AUTORES / AUTHORS: - Nguyen QN; Levy LB; Lee AK; Choi SS; Frank SJ; Pugh TJ; McGuire S; Hoffman K; Kuban DA

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, The University of Texas MD Anderson Cancer Center, Houston, Texas.

RESUMEN / SUMMARY: - BACKGROUND: Men with high-risk prostate cancer are often thought to have very poor outcomes in terms of disease control and survival even after definitive treatment. However, results after external beam radiotherapy have improved significantly through dose escalation and the use of androgen deprivation therapy (ADT). This report describes long-term findings after low-dose (< 75.6 Gy) or high-dose (\geq 75.6 Gy) external beam radiation, with or without ADT. METHODS: This analysis included 741 men with high-risk prostate cancer (clinical classification \geq T3, Gleason score \geq 8, or prostate-specific antigen level \geq 20 ng/mL) treated with external beam radiotherapy at a single tertiary institution from 1987 through 2004. The radiation dose ranged from 60 to 79.3 Gy (median, 70 Gy); 295 men had received ADT for \geq 2 years, and the median follow-up time was 8.3 years. RESULTS: The 5- and 10-year actuarial overall survival rates were significantly better for men treated with the higher radiation dose (no ADT plus \geq 75.6 Gy, 87.3% and 72.0%, respectively; and ADT plus \geq 75.6 Gy, 92.3% and 72%, respectively) ($P = .0035$). The corresponding 5- and 10-year biochemical failure-free survival rates were significantly better for patients treated with both ADT and higher radiation dose (82% and 77%, $P < .0001$). At 5 years, men who had not received ADT and had received radiation dose < 75.6 Gy had higher clinical local failure rates than those given ADT and radiation dose \geq 75.6 Gy (24.2% versus 0%, $P < .0001$). The 10-year symptomatic local failure rate was only 2% for all patients. CONCLUSIONS: Contrary to lingering historical perceptions, treatment of high-risk prostate cancer with modern, high-dose, external beam radiotherapy and ADT can produce better biochemical, clinical, and survival outcomes over those from previous eras. Specifically, symptomatic local failure is uncommon, and few men die of prostate cancer even 10 or more years after treatment. Cancer 2013. © 2013 American Cancer Society.

[144]

TÍTULO / TITLE: - When to perform lymph node dissection in patients with renal cell carcinoma: a novel approach to the preoperative assessment of risk of lymph node invasion at surgery and of lymph node progression during follow-up.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):E59-66. doi: 10.1111/bju.12125.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12125](#)

AUTORES / AUTHORS: - Capitanio U; Abdollah F; Matloob R; Suardi N; Castiglione F; Di Trapani E; Capogrosso P; Gallina A; Dell'oglio P; Briganti A; Salonia A; Montorsi F; Bertini R

INSTITUCIÓN / INSTITUTION: - Department of Urology, San Raffaele Scientific Institute, Milan, Italy.

RESUMEN / SUMMARY: - **OBJECTIVE:** To identify preoperatively patients who might benefit from lymph node dissection (LND). **PATIENTS AND METHODS:** We assessed lymph node invasion (LNI) at final pathology and lymph node (LN) progression during the follow-up for 1983 patients with RCC, treated with either partial or radical nephrectomy. LN progression was defined as the onset of a new clinically detected lymphadenopathy (>10 mm) in the retroperitoneal lymphatic area. Logistic regression analyses were used to assess the effect of each potential clinical predictor (age, body mass index, tumour side, symptoms, performance status, clinical tumour size, clinical tumour-node-metastasis stage, and albumin, calcium, creatinine, haemoglobin and platelet levels) on the outcome of interest. The most parsimonious multivariable predictive model was developed, and discrimination, calibration and net benefit were calculated. **RESULTS:** The prevalence of LNI was 6.1% (120/1983 patients) and during the follow-up period, 82 patients (4.1%) experienced LN progression. On multivariable analyses, the most informative independent predictors were tumour stage (cT3-4 vs cT1-2, odds ratio [OR] 1.52, P = 0.05), clinical nodal status [cN1 vs cN0, OR 7.09, P < 0.001], metastases at diagnosis (OR 3.04, P < 0.001) and clinical tumour size (OR 1.14, P < 0.001). The accuracy of the multivariable model was found to be 86.9%, with excellent calibration and net benefit at decision-curve analyses. **CONCLUSIONS:** By relying on a unique approach, combining the risk of harbouring LNI and/or LN progression during the follow-up period, we have provided the first clinical presurgery model predicting the need for LND.

[145]

TÍTULO / TITLE: - Use of prostate-specific antigen testing as a disease surveillance tool following radical prostatectomy.

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

REVISTA / JOURNAL: - Cancer. 2013 Jul 24. doi: 10.1002/cncr.28238.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28238](#)

AUTORES / AUTHORS: - Trantham LC; Nielsen ME; Mobley LR; Wheeler SB; Carpenter WR; Biddle AK

INSTITUCIÓN / INSTITUTION: - Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill (UNC-CH), Chapel Hill, North Carolina.

RESUMEN / SUMMARY: - **BACKGROUND:** Prostate-specific antigen (PSA) testing is recommended every 6 to 12 months for the first 5 years following radical prostatectomy as a means to detect potential disease recurrence. Despite substantial research on factors affecting treatment decisions, recurrence, and mortality, little is known about whether men receive guideline-concordant surveillance testing or whether receipt varies by year of diagnosis, time since treatment, or other individual characteristics. **METHODS:** Surveillance testing following radical prostatectomy among elderly men was examined using Surveillance, Epidemiology, and End Results cancer registry data linked to Medicare claims. Multivariate logistic regression was used to examine the effect of demographic, tumor, and county-level characteristics on the odds of receiving surveillance testing within a given 1-year period following treatment. **RESULTS:** Overall, receipt of surveillance testing was high, with 96% of men receiving at least one test the first year after treatment and approximately 80% receiving at least one test in the fifth year after treatment. Odds of not receiving a test declined with time since treatment. Nonmarried men, men with less-advanced disease, and non-Hispanic blacks and Hispanics had higher odds of not receiving a surveillance test. Year of diagnosis did not affect the receipt of surveillance tests. **CONCLUSIONS:** Most men receive guideline-concordant surveillance PSA testing after prostatectomy, although evidence of a racial disparity between non-Hispanic whites and some minority groups exists. The decline in surveillance over time suggests the need for well-designed long-term surveillance plans following radical prostatectomy. Cancer 2013. © 2013 American Cancer Society.

[146]

TÍTULO / TITLE: - Comparison between zoledronic acid and clodronate in the treatment of prostate cancer patients with bone metastases.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Sep;30(3):657. doi: 10.1007/s12032-013-0657-x. Epub 2013 Jul 18.

●● Enlace al texto completo (gratis o de pago) [1007/s12032-013-0657-](#)

[x](#)

AUTORES / AUTHORS: - Wang F; Chen W; Chen H; Mo L; Jin H; Yu Z; Li C; Liu Q; Duan F; Weng Z

INSTITUCIÓN / INSTITUTION: - Department of Urology, First Affiliated Hospital of Wenzhou Medical College, ShangCai Village, Wenzhou, Ou Hai District, Zhejiang 325000, People's Republic of China. fengyuan-@163.com

RESUMEN / SUMMARY: - The aim of this study is to compare the efficacy and safety between zoledronic acid (ZA) and clodronate (CA) in the treatment of bone metastases for prostate cancer patients. We conducted a prospective study in recruiting 137 prostate cancer patients with bone metastases from 2008 to 2010. All men were well responding to first-line hormone therapy (PSA < 2 ng/mL); Patients were randomly assigned to receive zoledronic acid (4 mg over a 30 min infusion) every 1 month or to take 4 tablets per day of clodronate (1,600 mg) for up to 3 years. Bone mineral density (BMD) was measured by dual-energy X-ray absorptiometry at femoral neck, lumbar spine, and total hip, together with visual analog scale score were evaluated on baseline and 6, 12, 24, and 36 months, respectively. Toxicity and skeletal-related events (SREs) happened in both groups during this period were recorded down and compared. The ZA group had better bone progression-free survival (BPFS) (31 months vs 22 months, P = 0.04), but no statistical evidence of benefit was observed in terms of overall survival rate. The ZA group significantly increased lumbar spine BMD (4.5 +/- 2.3 % vs CA group 2.3 +/- 3.9 % P = 0.03), had a better response on pain-relieve effect (92 vs 76 % P = 0.002) and a rapid pain palliation (9 months vs 13 months P = 0.03). The CA group reported more gastrointestinal cases. However, the ZA group required more dose modifications. As compared to clodronate, Zoledronic acid has advantages on extending BPFS, better bone pain control and lumbar spine BMD performance for prostate cancer patients with bone metastases. The overall survival rate and SREs rate are similar.

[147]

TÍTULO / TITLE: - Vaccine-Instructed Intratumoral IFN-gamma Enables Regression of Autochthonous Mouse Prostate Cancer in Allogeneic T-Cell Transplantation.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Aug 1;73(15):4641-52. doi: 10.1158/0008-5472.CAN-12-3464. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) [1158/0008-5472.CAN-12-3464](#)

AUTORES / AUTHORS: - Hess Michelini R; Manzo T; Sturmheit T; Basso V; Rocchi M; Freschi M; Listopad J; Blankenstein T; Bellone M; Mondino A

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Lymphocyte Activation Unit, Cellular Immunology Unit, Division of Immunology, Transplantation and Infectious Disease, Department of Pathology, San Raffaele Scientific Institute; Universita Vita-Salute San Raffaele, Milan, Italy; and Max-Delbrück Center for Molecular Medicine and Institute for Immunology, Charite, Berlin, Germany.

RESUMEN / SUMMARY: - Vaccination can synergize with transplantation of allogeneic hematopoietic stem cells to cure hematologic malignancies, but the basis for this synergy is not understood to the degree where such approaches could be effective for treating solid tumors. We investigated this issue in a

transgenic mouse model of prostate cancer treated by transplantation of a nonmyeloablative MHC-matched, single Y chromosome-encoded, or multiple minor histocompatibility antigen-mismatched hematopoietic cell preparation. Here, we report that tumor-directed vaccination after allogeneic hematopoietic stem cell transplantation and donor lymphocyte infusion is essential for acute graft versus tumor responses, tumor regression, and prolonged survival. Vaccination proved essential for generation of CD8(+) IFN-gamma(+) tumor-directed effector cells in secondary lymphoid organs and also for IFN-gamma(+) upregulation at the tumor site, which in turn instructed local expression of proinflammatory chemokines and intratumoral recruitment of donor-derived T cells for disease regression. Omitting vaccination, transplanting IFN-gamma-deficient donor T cells, or depleting alloreactive T cells all compromised intratumoral IFN-gamma-driven inflammation and lymphocyte infiltration, abolishing antitumor responses and therapeutic efficacy of the combined approach. Our findings argue that posttransplant tumor-directed vaccination is critical to effectively direct donor T cells to the tumor site in cooperation with allogeneic hematopoietic cell transplantation. *Cancer Res*; 73(00); 4641-52. ©2013 AACR.

[148]

TÍTULO / TITLE: - Matching tumor risk with aggressiveness of treatment in men with multiple comorbidities and early-stage prostate cancer.

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

REVISTA / JOURNAL: - *Cancer*. 2013 Jul 16. doi: 10.1002/cncr.28226.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28226](#)

AUTORES / AUTHORS: - Daskivich TJ; Chamie K; Kwan L; Dash A; Greenfield S; Litwin MS

INSTITUCIÓN / INSTITUTION: - Department of Urology, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, California; Greater Los Angeles Veterans Affairs Medical Center, Los Angeles, Los Angeles, California.

RESUMEN / SUMMARY: - BACKGROUND: Men with multiple comorbidities are often overtreated for low-risk prostate cancer, but it is unclear whether they are undertreated for high-risk cancer, which has appreciable short-term prostate cancer-specific mortality. This study characterized the impact of comorbidity on treatment and survival in men with differing tumor risks. METHODS: The researchers sampled 1482 men with nonmetastatic prostate cancer at 2 Veterans Affairs hospitals between 1998 and 2004, using multivariate probit regression to determine probabilities of aggressive treatment among men with differing Charlson comorbidity scores within D'Amico tumor risk strata. Using competing-risks regression, a comparison was made of 8-year cancer-specific mortality for men treated aggressively and nonaggressively among Charlson score-tumor risk pairs. RESULTS: The study sample comprised 516 men

(36%) with low-risk, 475 men (33%) with intermediate-risk, and 432 men (30%) with high-risk prostate cancer. Men with high-risk disease tended to have lower probability of aggressive treatment than other risk strata, regardless of comorbidity. Among men with Charlson scores 3+, probabilities of aggressive treatment did not increase with higher tumor risk (0.48, 0.61, 0.49 for low-, intermediate-, and high-risk disease, respectively). In competing-risks analysis, aggressive treatment was not associated with cancer-specific survival benefit in men with multiple comorbidities (Charlson scores of 2 or 3+) and low- and intermediate-risk disease, but there was a strong trend toward survival advantage in such men with high-risk disease. CONCLUSIONS: Aggressiveness of treatment is poorly matched with tumor risk in men with significant comorbidity. Men with major comorbidities should consider conservative management for low- and intermediate-risk disease and aggressive treatment for high-risk disease. Cancer 2013. © 2013 American Cancer Society.

[149]

TÍTULO / TITLE: - Re-Examining Racial Disparities in Prostate Cancer Outcomes.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Jul 22.

- Enlace al texto completo (gratis o de pago)

[1200/JCO.2013.50.7723](#)

AUTORES / AUTHORS: - Cooperberg MR

INSTITUCIÓN / INSTITUTION: - Helen Diller Family Comprehensive Cancer Center, University of California, San Francisco, San Francisco, CA.

[150]

TÍTULO / TITLE: - The type of patients who would benefit from anti-androgen withdrawal therapy: could it be performed safely for aggressive prostate cancer?

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

REVISTA / JOURNAL: - Med Oncol. 2013 Sep;30(3):647. doi: 10.1007/s12032-013-0647-z. Epub 2013 Jun 25.

- Enlace al texto completo (gratis o de pago) [1007/s12032-013-0647-](#)

[z](#)

AUTORES / AUTHORS: - Matsumoto K; Tanaka N; Hayakawa N; Ezaki T; Suzuki K; Maeda T; Ninomiya A; Nakamura S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tokyo Saiseikai Central Hospital, Mita 1-4-17, Minato-ku, Tokyo, 108-0073, Japan, kazz_matsumoto@yahoo.co.jp.

RESUMEN / SUMMARY: - This study was designed to detect the factors that were significantly associated with the results of anti-androgen withdrawal (AAWD)

therapy, and to examine whether patients with aggressive prostate cancer demonstrating a short prostate-specific antigen (PSA)-doubling time (DT) could benefit from it without even greater exacerbation of the disease. We conducted a retrospective chart review study of 121 patients who received AAWD therapy due to failed combined androgen blockade (CAB) therapy. A reduction in the serum PSA level after AAWD was observed in 35 patients (28.9 %), and a greater than 50 % decrease from the baseline serum PSA level was observed in 16 patients (13.2 %). Shortening of PSA-DT after AAWD was observed in 48 patients (39.7 %). Univariate and multivariate analyses demonstrated that only a long duration of prior anti-androgen treatment was selected as a significant predictor for a good response to AAWD therapy. With respect to exacerbation after AAWD, we found that patients with a short baseline PSA-DT conversely had a low risk of subsequent shortening of PSA-DT. Using these two factors, we could stratify the patients into four groups, and patients with prior duration of anti-androgen >18 months and PSA-DT \leq 3 months demonstrated the best results with a good response rate (67.9 %) and a low risk for a worsening of the disease (14.3 %). We conclude that AAWD would be effective especially for patients whose cancer progressed rapidly (short PSA-DT) after a long stable period under CAB and should be recommended before embarking on the next therapeutic maneuver.

[151]

TÍTULO / TITLE: - Precocious Puberty and Leydig Cell Hyperplasia in Male Mice with a Gain of Function Mutation in the LH Receptor Gene.

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

REVISTA / JOURNAL: - Endocrinology. 2013 Jul 16.

●● [Enlace al texto completo \(gratis o de pago\) 1210/en.2012-2179](#)

AUTORES / AUTHORS: - McGee SR; Narayan P

INSTITUCIÓN / INSTITUTION: - Department of Physiology, Southern Illinois University School of Medicine, Carbondale, Illinois 62901.

RESUMEN / SUMMARY: - The LH receptor (LHR) is critical for steroidogenesis and gametogenesis. Its essential role is underscored by the developmental and reproductive abnormalities that occur due to genetic mutations identified in the human LHR. In males, activating mutations are associated with precocious puberty and Leydig cell hyperplasia. To generate a mouse model for the human disease, we have introduced an aspartic acid to glycine mutation in amino acid residue 582 (D582G) of the mouse LHR gene corresponding to the most common D578G mutation found in boys with familial male-limited precocious puberty (FMPP). In transfected cells, mD582G mLHR exhibited constitutive activity with a 23-fold increase in basal cAMP levels compared with the wild-type receptor. A temporal study of male mice from 7 days to 24 weeks indicated that the knock-in mice with the mutated receptor (KiLHRD582G) exhibited precocious puberty with elevated testosterone levels as early as 7 days of age

and through adulthood. Leydig cell-specific genes encoding LHR and several steroidogenic enzymes were up-regulated in KiLHRD582G testis. Leydig cell hyperplasia was detected at all ages, whereas Sertoli and germ cell development appeared normal. A novel finding from our studies, not previously reported in the FMPP cases, is that extensive hyperplasia is commonly found around the periphery of the testis. We further demonstrate that the hyperplasia is due to premature proliferation and precocious differentiation of adult Leydig cells in the KiLHRD582G testis. The KiLHRD582G mice provide a mouse model for FMPP, and we suggest that it is a useful model for studying pathologies associated with altered LHR signaling.

[152]

TÍTULO / TITLE: - Prospective study assessing hypoxia-related proteins as markers for the outcome of treatment with sunitinib in advanced clear-cell renal cell carcinoma.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Jun 20.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt219](#)

AUTORES / AUTHORS: - Garcia-Donas J; Leandro-Garcia LJ; Gonzalez Del Alba A; Morente M; Alemany I; Esteban E; Arranz JA; Climent MA; Gallardo E; Castellano DE; Bellmunt J; Mellado B; Puente J; Moreno F; Font A; Hernando S; Robledo M; Rodriguez-Antona C

INSTITUCIÓN / INSTITUTION: - Genitourinary and Gynecological Tumors and Rare Cancer Programme, Centro Integral Oncologico Clara Campal, Madrid.

RESUMEN / SUMMARY: - BACKGROUND: Previous studies suggest that expression of hypoxia markers may be associated with response to antiangiogenic drugs. Thus, we aimed to identify predictors of sunitinib outcome in clear-cell renal cell carcinoma (ccRCC). PATIENTS AND METHODS: The expression of eight key proteins related to hypoxia (CAIX, HIF1A, HIF2A, VEGFA, VEGFR1, VEGFR2, VEGFR3 and PDGFRB) and P-glycoprotein were assessed by immunohistochemistry in 67 primary ccRCC samples from prospectively recruited patients treated with first-line sunitinib. The proteins expression, VHL inactivation and EGLN3 mRNA content were compared with the patients' response to sunitinib. RESULTS: High expression of HIF2A and PDGFRB was associated with better sunitinib RECIST objective response ($P = 0.024$ and $P = 0.026$; respectively) and increased VEGFR3 expression was associated with longer progression-free survival ($P = 0.012$). VEGFR3 overexpression showed a negative correlation with VEGFR3 polymorphism rs307826 ($P = 0.002$), a sunitinib resistance predictor. With respect to overall survival (OS), high VEGFA was associated with short ($P = 0.009$) and HIF2A with long ($P = 0.048$) survival times. High EGLN3 mRNA content was associated with shorter OS ($P = 0.023$). CONCLUSIONS: We found an association between several proteins involved in hypoxia and sunitinib efficacy.

In addition, low VEGFR3 expression was associated with worse outcome and with VEGFR3 rs307826 variant allele, reinforcing VEGFR3 as a marker of sunitinib resistance.

[153]

TÍTULO / TITLE: - Circulating microRNAs predict biochemical recurrence in prostate cancer patients.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Aug 6;109(3):641-50. doi: 10.1038/bjc.2013.369. Epub 2013 Jul 11.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.369](#)

AUTORES / AUTHORS: - Selth LA; Townley SL; Bert AG; Stricker PD; Sutherland PD; Horvath LG; Goodall GJ; Butler LM; Tilley WD

INSTITUCIÓN / INSTITUTION: - Dame Roma Mitchell Cancer Research Laboratories, Adelaide Prostate Cancer Research Centre, University of Adelaide and Hanson Institute, PO Box 14, Rundle Mall, Adelaide, South Australia 5000, Australia.

RESUMEN / SUMMARY: - Background:Circulating microRNAs (miRNAs) are emerging as promising biomarkers for prostate cancer. Here, we investigated the potential of these molecules to assist in prognosis and treatment decision-making.Methods:MicroRNAs in the serum of patients who had experienced rapid biochemical recurrence (BCR) (n=8) or no recurrence (n=8) following radical prostatectomy (RP) were profiled using high-throughput qRT-PCR. Recurrence-associated miRNAs were subsequently quantitated by qRT-PCR in a validation cohort comprised of 70 patients with Gleason 7 cancers treated by RP, 31 of whom had undergone disease progression following surgery. The expression of recurrence-associated miRNAs was also examined in tumour tissue cohorts.Results:Three miRNAs - miR-141, miR-146b-3p and miR-194 - were elevated in patients who subsequently experienced BCR in the screening study. MiR-146b-3p and miR-194 were also associated with disease progression in the validation cohort, as determined by log-rank tests and Cox proportional hazards regression. Multivariate analysis revealed that miR-146b-3p possessed prognostic information beyond standard clinicopathological parameters. Analysis of tissue cohorts revealed that miR-194 was robustly expressed in the prostate, elevated in metastases, and its expression in primary tumours was associated with a poor prognosis.Conclusion:Our study suggests that circulating miRNAs, measured at the time of RP, could be combined with current prognostic tools to predict future disease progression in men with intermediate risk prostate cancers.

[154]

TÍTULO / TITLE: - DNA vaccine coding for the rhesus prostate specific antigen delivered by intradermal electroporation in patients with relapsed prostate cancer.

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

REVISTA / JOURNAL: - Vaccine. 2013 Jul 2. pii: S0264-410X(13)00855-4. doi: 10.1016/j.vaccine.2013.06.063.

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

[1016/j.vaccine.2013.06.063](#)

AUTORES / AUTHORS: - Eriksson F; Totterman T; Maltais AK; Pisa P; Yachnin J

INSTITUCIÓN / INSTITUTION: - Department of Immunology, Genetics & Pathology, Rudbeck Laboratory Uppsala University, 751 85 Uppsala, Sweden. Electronic address: fredrik.eriksson@igp.uu.se.

RESUMEN / SUMMARY: - We tested safety, clinical efficacy and immunogenicity of a DNA vaccine coding for rhesus prostate specific antigen (PSA) delivered by intradermal injection and skin electroporation. Fifteen patients with biochemical relapse of prostate cancer without macroscopic disease participated in this phase I study. Patients were started on a 1 month course of androgen deprivation therapy (ADT) prior to treatment. Vaccine doses ranged from 50 to 1600µg. Study subjects received five vaccinations at four week intervals. All patients have had at least one year of follow-up. No systemic toxicity was observed. Discomfort from electroporation did not require analgesia or topical anesthetic. No clinically significant changes in PSA kinetics were observed as all patients required antiandrogen therapy shortly after completion of the 5 months of vaccination due to rising PSA. Immunogenicity, as measured by T-cell reactivity to the modified PSA peptide and to a mix of overlapping PSA peptides representing the full length protein, was observed in some patients. All but one patient had pre-study PSA specific T-cell reactivity. ADT alone resulted in increases in T-cell reactivity in most patients. Intradermal vaccination with skin electroporation is easily performed with only minor discomfort for the patient. Patients with biochemical relapse of prostate cancer are a good model for testing immune therapies.

[155]

TÍTULO / TITLE: - The detection of disease relapse after radical treatment for prostate cancer: is anti-3-18F-FACBC PET/CT a promising option?

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

REVISTA / JOURNAL: - Nucl Med Commun. 2013 Sep;34(9):831-3. doi: 10.1097/MNM.0b013e3283636eaf.

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

[1097/MNM.0b013e3283636eaf](#)

AUTORES / AUTHORS: - Nanni C; Schiavina R; Rubello D; Ambrosini V; Brunocilla E; Martorana G; Fanti S

INSTITUCIÓN / INSTITUTION: - Departments of aNuclear Medicine bRadiology and Urology, Azienda Ospedaliero-Universitaria di Bologna, Policlinico S.Orsola-Malpighi, Bologna cDepartment of Imaging, Nuclear Medicine, Radiology, NeuroRadiology, Medical Physics, Santa Maria della Misericordia Hospital, Rovigo, Italy.

[156]

TÍTULO / TITLE: - Outcome of desensitization in human leukocyte antigen- and ABO-incompatible living donor kidney transplantation: a single-center experience in more than 100 patients.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1423-6. doi: 10.1016/j.transproceed.2013.01.081.

- [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.transproceed.2013.01.081](#)

AUTORES / AUTHORS: - Al Meshari K; Pall A; Chaballout A; El Gamal H; Al Mana H; Humaidan H; Alzayer F; Al Talhi M

INSTITUCIÓN / INSTITUTION: - Department of Kidney and Pancreas Transplantation, King Faisal Specialist Hospital and Research Centre, Riyadh, Saudi Arabia. almeshari@kfshrc.edu.sa

RESUMEN / SUMMARY: - BACKGROUND: Antibody-mediated rejection (AMR) and inferior graft outcome remain the 2 most important obstacles to successful kidney transplantation in human leukocyte antigen (HLA)- and ABO-incompatible recipients. We report a single-center experience in the outcome of desensitized living donor HLA- and ABO-incompatible kidney transplantation. METHODS: Since 2007 we included 2 groups in our desensitization program. HLA-incompatible living donor kidney transplant candidates displaying donor-specific antibodies (DSA) with or without a positive T-cell and/or B-cell flow crossmatch (FCXM). Second, those displaying DSA with positive T-cell immunoglobulin (Ig)G AHG CDC CXM with a titer of $\leq 1:8$, as well as all ABO-incompatible living donor kidney transplant candidates with an IgM isoagglutinin titer ≤ 256 . They were risk stratified for AMR and underwent individualized desensitization protocol: ABO-incompatible and HLA-incompatible candidates with either positive AHG CDC CXM or positive T and/or B IgG flow CXM with repeat HLA mismatch from a previous transplantation were deemed to be high risk and received a single dose of Rituximab, therapeutic plasma exchange and high-dose intravenous immunoglobulin (IVIG) (2 g/kg). HLA-incompatible candidates with negative CDC but positive T and/or B IgG FCXM were deemed intermediate risk, receiving rituximab and high-dose IVIG. Those with positive DSA but negative flow and CDC CXM were deemed low risk, receiving low-dose IVIG (1 g/kg). All patients received induction with thymoglobulin and were maintained on a tacrolimus-based immunosuppressive regimen. RESULTS: Among 124 incompatible recipients, 85 received HLA-incompatible and 39

ABO-incompatible living donor kidney transplantations after desensitization. Risk stratification for HLA-incompatible transplants revealed 61 high-risk, 42 intermediate-risk, and 21 low-risk cases. Ninety-nine (80%) were primary transplants. At a median follow-up of 23 (range 1-53) months, patient survival was 98% and death censored graft survival 96%. Mean serum creatinine was 84 $\mu\text{mol/L}$ (range 41-169). Acute cellular rejection was observed in 15 (12%) and AMR in 5 (4%) patients. All rejection episodes responded to treatment except 1 AMR in an ABO-incompatible transplant that led to graft failure. CONCLUSION: Our risk stratification for desensitization strategy achieved a low incidence of AMR among HLA- and ABO-incompatible kidney transplant recipients. Their 2-year data appear to be comparable to HLA- and ABO-compatible transplantations.

[157]

TÍTULO / TITLE: - A road map to comprehensive androgen receptor axis targeting for castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Aug 1;73(15):4599-605. doi: 10.1158/0008-5472.CAN-12-4414. Epub 2013 Jul 25.

●● [Enlace al texto completo \(gratis o de pago\) 1158/0008-5472.CAN-12-4414](#)

AUTORES / AUTHORS: - Mitsiades N

INSTITUCIÓN / INSTITUTION: - Author's Affiliation: Departments of Medicine, Molecular and Cellular Biology, and Center for Drug Discovery, Baylor College of Medicine, Houston, Texas.

RESUMEN / SUMMARY: - Gonadal androgen suppression (castration via orchiectomy or gonadotropin-releasing hormone analogues) suppresses circulating testosterone levels but does not achieve adequate androgen ablation within the prostate cancer microenvironment because it does not address adrenal and intratumoral steroid contributions. These residual extragonadal sources of androgens allow prostate cancer cells to survive, adapt, and evolve into castration-resistant prostate cancer (CRPC). The persistent significance of the androgen receptor (AR) axis in CRPC was recently validated by the clinical efficacy of androgen synthesis inhibitors (abiraterone) and novel, second-generation AR antagonists (enzalutamide). The appreciation that conventional therapeutic approaches achieve a suboptimal ablation of intratumoral androgens and AR axis signaling output opens transformative therapeutic opportunities. A treatment paradigm of comprehensive AR axis targeting at multiple levels (androgen synthesis, metabolism, and action) and at all relevant sites (gonadal, adrenal, intratumoral) simultaneously at the time of initiation of endocrine therapy (instead of the current approach of sequentially adding one agent at a time and only after disease progression) deserves examination in clinical trials to explore whether maximal first-line AR axis suppression via

combination therapy can achieve maximal induction of cancer cell apoptosis (before they have the chance to adapt and evolve into CRPC) and thus, improve patient outcomes. *Cancer Res*; 73(15); 4599-605. ©2013 AACR.

[158]

TÍTULO / TITLE: - Cotargeting Androgen Receptor and Clusterin Delays Castrate-Resistant Prostate Cancer Progression by Inhibiting Adaptive Stress Response and AR Stability.

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

REVISTA / JOURNAL: - *Cancer Res.* 2013 Aug 2.

- [Enlace al texto completo \(gratis o de pago\) 1158/0008-5472.CAN-13-0359](#)

AUTORES / AUTHORS: - Matsumoto H; Yamamoto Y; Shiota M; Kuruma H; Beraldi E; Matsuyama H; Zoubeidi A; Gleave M

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: The Vancouver Prostate Centre and Department of Urologic Sciences, University of British Columbia, Vancouver, British Columbia, Canada; and Department of Urology, Graduate School of Medicine, Yamaguchi University, Ube, Japan.

RESUMEN / SUMMARY: - Although androgen receptor (AR) pathway inhibitors prolong survival in castrate-resistant prostate cancer (CRPC), resistance rapidly develops and is often associated with increased stress-activated molecular chaperones like clusterin (CLU) and continued AR signaling. Because adaptive pathways activated by treatment facilitate development of acquired resistance, cotargeting the stress response, activated by AR inhibition and mediated through CLU, may create conditional lethality and improve outcomes. Here, we report that CLU is induced by AR antagonism and silencing using MDV3100 and antisense, respectively, to become highly expressed in castrate- and MDV3100-resistant tumors and cell lines. CLU, as well as AKT and mitogen-activated protein kinase (MAPK) signalosomes, increase in response to MDV3100-induced stress. Mechanistically, this stress response is coordinated by a feed-forward loop involving p90rsk (RPS6KA)-mediated phosphoactivation of YB-1 with subsequent induction of CLU. CLU inhibition repressed MDV3100-induced activation of AKT and MAPK pathways. In addition, when combined with MDV3100, CLU knockdown accelerated AR degradation and repressed AR transcriptional activity through mechanisms involving decreased YB-1-regulated expression of the AR cochaperone, FKBP52. Cotargeting the AR (with MDV3100) and CLU (with OGX-011) synergistically enhanced apoptotic rates over that seen with MDV3100 or OGX-011 monotherapy and delayed CRPC LNCaP tumor and prostate-specific antigen (PSA) progression in vivo. These data indicate that cotargeting adaptive stress pathways activated by AR pathway inhibitors, and mediated through CLU, creates conditional lethality and provides mechanistic and preclinical proof-of-principle to guide biologically

rational combinatorial clinical trial design. Cancer Res; 73(16); 1-12. ©2013 AACR.

[159]

TÍTULO / TITLE: - Tumor suppressive function of protein tyrosine phosphatase non-receptor type 23 in testicular germ cell tumors is lost upon overexpression of miR-142-3p.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Jul 10.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.478891](#)

AUTORES / AUTHORS: - Tanaka K; Kondo K; Kitajima K; Muraoka M; Nozawa A; Hara T

INSTITUCIÓN / INSTITUTION: - Tokyo Metropolitan Institute of Medical Science, Japan;

RESUMEN / SUMMARY: - Protein tyrosine phosphatase non-receptor type 23 (PTPN23) is a candidate tumor suppressor involved in the tumorigenesis of various organs. However, its physiological role(s) and detailed expression profile(s) have not yet been elucidated. We investigated the function and regulation of PTPN23 in the formation of testicular germ cell tumors (TGCTs). Expression of PTPN23 in human TGCT cell lines was significantly lower than that in spermatogonial stem cells in mice. Overexpression of PTPN23 in NEC8, a human TGCT cell line, suppressed soft agar colony formation in vitro and tumor formation in nude mice in vivo. These data indicated that PTPN23 functions as a tumor suppressor in TGCTs. Multiple computational algorithms predicted that the 3' untranslated region (UTR) of human PTPN23 is a target for miR-142-3p. A luciferase reporter assay confirmed that miR-142-3p bound directly to the 3' UTR of PTPN23. Introduction of pre-miR-142 in PTPN23 transfectant of NEC8 led to suppressed expression of PTPN23 and increased soft agar colony formation. Quantitative RT-PCR data revealed significantly higher expression of miR-142-3p in human seminomas compared with normal testes. No difference in mRNA expression between seminoma and non-seminoma samples was detected by in situ hybridization. Both qRT-PCR and immunohistochemical analyses revealed that PTPN23 expression was significantly lower in TGCTs than in normal testicular tissues. Finally, a lack of PTPN23 protein expression in human TGCTs correlated with relatively higher miR-142-3p expression. These data suggest that PTPN23 is a tumor suppressor, and repression of PTPN23 expression by miR-142-3p plays an important role in the pathogenesis of TGCTs.

[160]

TÍTULO / TITLE: - Panel-reactive antibody levels and renal transplantation rates in sensitized patients after desensitization and human leucocyte antigen amino acid residue matching.

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

REVISTA / JOURNAL: - J Int Med Res. 2013 Aug;41(4):1333-41. doi: 10.1177/0300060513485896. Epub 2013 Jun 18.

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

[1177/0300060513485896](#)

AUTORES / AUTHORS: - Shang W; Dong L; Feng G; Wang Y; Pang X; Li J; Liu L; Zhang W

INSTITUCIÓN / INSTITUTION: - Department of Renal Transplantation, First Affiliated Hospital of Zhengzhou University, Zhengzhou, China.

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine whether a new desensitization protocol (mycophenolate mofetil [MMF], plasmapheresis and antithymocyte globulin [ATG], complemented with human leucocyte antigen [HLA] amino acid residue matching) could reduce panel-reactive antibody (PRA) levels in sensitized patients, to facilitate successful renal transplantation. **METHODS:** Patients awaiting transplantation with PRA levels >10% received treatment with MMF; those with PRA levels >30% were also treated with plasmapheresis. Patients whose PRA level was <20% after desensitization were eligible for transplantation. When a donor became available, traditional HLA matching and HLA amino acid residue matching were performed. All patients received ATG induction therapy postoperatively. **RESULTS:** Thirty-two sensitized patients were enrolled. Desensitization produced a significant decrease in PRA levels; 27 patients (84.4%) became eligible for transplantation and 26 (81.2%) subsequently underwent successful transplantation. Residue matching improved the proportion with a mismatch number of 0-1 from 7.7% to 65.4%, compared with traditional HLA matching. Postoperatively, all patients showed immediate graft function. Acute rejection occurred in three patients (11.5%) and infections in seven patients (25.9%); all were treated successfully. **CONCLUSION:** The combination of a desensitization protocol (MMF, plasmapheresis and ATG) and residue matching appears to be an effective strategy for sensitized patients awaiting renal transplantation.

[161]

TÍTULO / TITLE: - Relative Importance of HLA Mismatch and Donor Age to Graft Survival in Young Kidney Transplant Recipients.

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

REVISTA / JOURNAL: - Transplantation. 2013 Jun 11.

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

[1097/TP.0b013e318298f9db](#)

AUTORES / AUTHORS: - Foster BJ; Dahhou M; Zhang X; Platt RW; Hanley JA

INSTITUCIÓN / INSTITUTION: - 1 Division of Nephrology, Department of Pediatrics, McGill University Faculty of Medicine, Montreal, Quebec, Canada. 2 Montreal Children's Hospital Research Institute, McGill University Health Centre, Montreal, Quebec, Canada. 3 Division of General Pediatrics, Department of Pediatrics, McGill University Faculty of Medicine, Montreal, Quebec, Canada. 4 Department of Epidemiology, Biostatistics and Occupational Health, McGill University, Montreal, Quebec, Canada. 5 Address correspondence to: Bethany J. Foster, M.D., Montreal Children's Hospital, 2300 Tupper St., E-222, Montreal, Quebec, Canada H3H 1P3.

RESUMEN / SUMMARY: - **BACKGROUND:** The American deceased-donor (DD) kidney allocation algorithm for children emphasizes the importance of younger donors and shorter waiting times over human leukocyte antigen (HLA) matching. We sought to compare the relative importance of donor age with that of HLA mismatching (MM) on graft survival. **METHODS:** We studied patients less than 21 years old recorded in the U.S. Renal Data System, who received a first transplant from a DD 5 years old or younger or from a living donor (LD). Using separate Cox proportional hazards models for DD and LD recipients, we estimated the adjusted 5-year probability of graft survival for each donor age-HLA MM combination and compared estimated graft survival across the different HLA MM-donor age combinations. **RESULTS:** Both donor age and HLA MM were significantly associated with DD graft survival, whereas only HLA MM had a significant association with LD graft survival. Compared with DD grafts from less than 35-year-old 4-6 MM donors, survival was not significantly different for 0-1 and 2-3 MM grafts from 35- to 44-year-old donors or for 0-1 MM grafts from donors 45 years old or older. The most poorly matched grafts from the oldest LD had survival similar to or better than any DD. **CONCLUSIONS:** Donor age and HLA MM both play important roles in determining DD graft survival. The advantages of younger donors offset the disadvantages of poorer HLA matching, and better HLA matching offsets the disadvantages of older donor age.

[162]

TÍTULO / TITLE: - Prostate volumetric assessment by magnetic resonance imaging and transrectal ultrasound: impact of variation in calculated prostate-specific antigen density on patient eligibility for active surveillance program.

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

REVISTA / JOURNAL: - J Comput Assist Tomogr. 2013 Jul-Aug;37(4):589-95. doi: 10.1097/RCT.0b013e318296af5f.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1097/RCT.0b013e318296af5f](#)

AUTORES / AUTHORS: - Dianat SS; Rancier Ruiz RM; Bonekamp D; Carter HB; Macura KJ

INSTITUCIÓN / INSTITUTION: - From the * The Russell H. Morgan Department of Radiology Radiological Science, The Johns Hopkins University, Baltimore, MD; dagger Department of Internal Medicine, Jacobi Medical Center, New York, NY; and double dagger The James Buchanan Brady Urological Institute, The Johns Hopkins University, Baltimore, MD.

RESUMEN / SUMMARY: - OBJECTIVE: The objective of this study was to investigate impact of prostate volume variations on prostate-specific antigen density (PSAD) and patient eligibility for active surveillance (AS). METHODS: Prostate volume and PSAD were calculated for 46 patients with prostate cancer in AS who underwent prostate magnetic resonance imaging and transrectal ultrasound (TRUS). Manual method and 2 semiautomated methods for prostate segmentation (3D-SLICER and OsiriX) were used for MR volumetry. RESULTS: Magnetic resonance volumetric methods showed very good agreement (intraclass correlation coefficient, 0.98). The concordance correlation coefficient was higher among MR volumetry methods (0.971-0.998) than between TRUS and MR volumetry (0.849-0.863). The variation in PSAD estimated by TRUS versus magnetic resonance imaging was higher in large prostates ($r = 0.327$, $P = 0.027$). Transrectal ultrasonography volumetry may improperly classify 20% of patients as eligible for AS with PSAD greater than 0.15 threshold. CONCLUSIONS: Although clinically used TRUS reliably estimates PSAD, it may misclassify some patients who are not eligible for AS based on PSAD criteria. Magnetic resonance-based volumetry should be considered for a more reliable PSAD calculation.

[163]

TÍTULO / TITLE: - Efficacy of oncolytic adenovirus expressing suicide genes and interleukin-12 in preclinical model of prostate cancer.

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

REVISTA / JOURNAL: - Gene Ther. 2013 Jul 11. doi: 10.1038/gt.2013.40.

●● Enlace al texto completo (gratis o de pago) [1038/gt.2013.40](#)

AUTORES / AUTHORS: - Freytag SO; Barton KN; Zhang Y

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Henry Ford Health System, Detroit, MI, USA.

RESUMEN / SUMMARY: - Oncolytic adenovirus-mediated suicide gene therapy has been shown to improve local tumor control in preclinical tumor models and in the clinic. Although local tumor control is important, for most human cancers, new therapies must also target metastatic disease if they are to have an impact on survival. Here, we test the hypothesis that adding cytokine gene therapy to our multimodal platform improves both local and metastatic tumor control in a preclinical model of prostate cancer. An oncolytic adenovirus (Ad5-yCD/mutTKSR39rep-mIL12) expressing two suicide genes and mouse interleukin-12 (IL-12) was generated. Relative to an adenovirus lacking IL-12 (Ad5-yCD/mutTKSR39rep), Ad5-yCD/mutTKSR39rep-mIL12 improved local

and metastatic tumor control in the TRAMP-C2 prostate adenocarcinoma model, resulting in a significant increase in survival. Ad5-yCD/mutTKSR39rep-mIL12 resulted in high levels of IL-12 and interferon gamma in serum and tumor, increased natural killer (NK) and cytotoxic T-lymphocyte lytic activities, and the development of tumor-specific antitumor immunity. Immune cell depletion studies indicated that both the innate and adaptive arms of immunity were required for maximal Ad5-yCD/mutTKSR39rep-mIL12 activity. The results demonstrate that the addition of IL-12 significantly improves the efficacy of oncolytic adenovirus-mediated suicide gene therapy and provide the scientific basis for future trials targeting locally aggressive cancers. Gene Therapy advance online publication, 11 July 2013; doi:10.1038/gt.2013.40.

[164]

TÍTULO / TITLE: - Levodopa therapy in Parkinson's disease: influence on liquid chromatographic tandem mass spectrometric-based measurements of plasma and urinary normetanephrine, metanephrine and methoxytyramine.

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

REVISTA / JOURNAL: - Ann Clin Biochem. 2013 Jul 19.

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

[1177/0004563213487894](#)

AUTORES / AUTHORS: - Eisenhofer G; Brown S; Peitzsch M; Pelzel D; Lattke P; Glockner S; Stell A; Prejbisz A; Fassnacht M; Beuschlein F; Januszewicz A; Siegert G; Reichmann H

INSTITUCIÓN / INSTITUTION: - Institute of Clinical Chemistry and Laboratory Medicine, University of Dresden, Dresden, Germany.

RESUMEN / SUMMARY: - BACKGROUND: Medication-related interferences with measurements of catecholamines and their metabolites represent important causes of false-positive results during diagnosis of pheochromocytomas and paragangliomas (PPGLs). Such interferences are less troublesome with measurements by liquid chromatography with tandem mass-spectrometry (LC-MS/MS) than by other methods, but can still present problems for some drugs. Levodopa, the precursor for dopamine used in the treatment of Parkinson's disease, represents one potentially interfering medication. METHODS: Plasma and urine samples, obtained from 20 Parkinsonian patients receiving levodopa, were analysed for concentrations of catecholamines and their O-methylated metabolites by LC-MS/MS. Results were compared with those from a group of 120 age-matched subjects and 18 patients with PPGLs. RESULTS: Plasma and urinary free and deconjugated (free + conjugated) methoxytyramine, as well as urinary dopamine, showed 22- to 148-fold higher ($P < 0.0001$) concentrations in patients receiving levodopa than in the reference group. In contrast, plasma normetanephrine, urinary noradrenaline and urinary free and deconjugated normetanephrine concentrations were unaffected. Plasma free metanephrine, urinary adrenaline and urinary free and deconjugated metanephrine all showed

higher ($P < 0.05$) concentrations in Parkinsonian patients than the reference group, but this was only a problem for adrenaline. Similar to normetanephrine, plasma and urinary metanephrine remained below the 97.5 percentiles of the reference group in almost all Parkinsonian patients. CONCLUSIONS: These data establish that although levodopa treatment confounds identification of PPGLs that produce dopamine, the therapy is not a problem for use of LC-MS/MS measurements of plasma and urinary normetanephrine and metanephrine to diagnose more commonly encountered PPGLs that produce noradrenaline or adrenaline.

[165]

TÍTULO / TITLE: - Characteristics of patients diagnosed with both melanoma and renal cell cancer.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Jul 30.

●● Enlace al texto completo (gratis o de pago) [1007/s10552-013-0267-](http://1007/s10552-013-0267-0)

[0](#)

AUTORES / AUTHORS: - Abern MR; Tsvian M; Coogan CL; Kaufman HL; Polascik TJ

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery, Duke Cancer Institute, Duke University Medical Center, 200 Trent Drive, DUMC Box 2804, Durham, NC, 27710, USA, michael.abern@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: Patients with renal cell carcinoma (RCC) and malignant melanoma (MM) have an increased risk of additional malignancies. We identified characteristics of MM and RCC associated with a patient developing both cancers. METHODS: A total of 147,656 cases of RCC and 225,548 of MM submitted to the Surveillance, Epidemiology, and End Results database between 1973 and 2008 were analyzed. Standardized incidence ratios (SIR) with 95 % confidence intervals (CI) were calculated for MM after RCC and vice versa. Clinical and pathological characteristics were compared between patients with RCC or MM only and with both cancers using multivariable proportional hazards and competing risks regression models. RESULTS: Overall 1,241 patients developed both cancers. The crude incidence rates of RCC in patients with a prior MM diagnosis and vice versa were 5.2 and 9.4 per 10,000 person-years, respectively. There was an excess of MM in RCC patients (SIR 1.45, CI 1.34-1.57) and of RCC in MM patients (SIR 1.34, CI 1.25-1.43). Median years from RCC to MM diagnosis was 4.3 (2.0-7.8) and from MM to RCC 4.7(2.3-9.9). Patients with a history of MM had more papillary RCC (10.2 vs. 4.8 %, $p = 0.01$) and were more likely to be female (25.9 vs. 20.5 %, $p < 0.001$). On multivariable analyses, ocular MM was independently associated with subsequent RCC (HR 1.76 CI 1.24-2.49), as were increasing age, and male sex. CONCLUSIONS: We confirmed a bidirectional association between RCC and MM. A history of MM was found to be associated with papillary RCC

and advanced RCC. Ocular MM predicted an increased risk of RCC diagnosis. Further research is warranted into the mechanisms responsible for the association between RCC and MM.

[166]

TÍTULO / TITLE: - Identification and characterization of nodal metastases in prostate cancer patients at high risk for lymph node involvement.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 Jul 23.

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

[3109/0284186X.2013.813070](#)

AUTORES / AUTHORS: - Isebaert S; Haustermans K; Van den Bergh L; Joniau S; Dirix P; Oyen R; Deroose CM; Van Poppel H; Lerut E

INSTITUCIÓN / INSTITUTION: - Radiation Oncology, University Hospitals Leuven and Department of Oncology, KU Leuven, Leuven, Belgium.

RESUMEN / SUMMARY: - Aim. To investigate whether blood-based markers could be used to identify prostate cancer (PCa) patients harboring lymph node (LN) metastases. In addition, E-cadherin expression was studied within the concept of epithelial mesenchymal plasticity. Material and methods. Seventy-five patients with clinically localized PCa who underwent a superextended lymphadenectomy followed by radical prostatectomy (RP) were included in this study. Preoperative plasma/serum levels of endoglin, transforming growth factor-beta1 (TGF-beta1), osteopontin, vascular endothelial growth factor (VEGF), vascular cell adhesion molecule-1 (VCAM-1), and E-cadherin were measured using commercially available enzyme immunoassays in 47/75 patients and correlated with clinicopathological parameters. E-cadherin expression in the diagnostic biopsies (n = 63), RP specimens (n = 75) and LN metastases (n = 106) was examined by immunohistochemical analysis. Results. Occult LN metastases were present in almost half of the patients (37/75), with a total of 106 affected LN. Preoperative levels of endoglin, TGF-beta1, osteopontin, VEGF, VCAM-1 nor E-cadherin were significantly associated with LN status. Only a positive correlation between plasma endoglin and serum prostate-specific antigen was found (Spearman's $r = 0.44$; $p = 0.002$). The majority of biopsies (91.9%) and RP specimens (79.7%) showed strong E-cadherin expression, while in the LN this was found to be much weaker (28.9%). While the staining pattern in the isolated tumor cells (ITC) and micrometastases was mainly homogenous, the macrometastases showed a much more heterogeneous pattern (χ^2 , $p < 0.0001$). Conclusion. In this study, none of the blood-based markers tested could be used for nodal staging in PCa, nor could E-cadherin expression in the tissue. However, the difference in E-cadherin expression pattern between the ITC/micrometastases and the macrometastases may point to another biological behavior. The specific staining pattern seen in the macrometastases could indicate an ongoing

mesenchymal epithelial transition, presumed to be a mechanism for metastatic colonization. As the latter is the rate-limiting step in the metastatic process, evaluation of the E-cadherin expression pattern could have potential therapeutic implications.

[167]

TÍTULO / TITLE: - Soy protein fails to prevent recurrence of prostate cancer.

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

REVISTA / JOURNAL: - BMJ. 2013 Jul 10;347:f4392. doi: 10.1136/bmj.f4392.

[168]

TÍTULO / TITLE: - Smoking, occupation, history of selected diseases and bladder cancer risk in Manisa, Turkey.

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

REVISTA / JOURNAL: - Eur J Cancer Prev. 2013 Jun 18.

- Enlace al texto completo (gratis o de pago)

[1097/CEJ.0b013e3283631dde](#)

AUTORES / AUTHORS: - Erdurak K; Dundar PE; Ozyurt BC; Negri E; La Vecchia C; Tay Z

INSTITUCIÓN / INSTITUTION: - aPublic Health Directorate, Manisa, Turkey
bDepartment of Public Health, Faculty of Medicine, Celal Bayar University, Manisa, Turkey
cDepartment of Epidemiology, IRCCS Istituto di Ricerche Farmacologiche "Mario Negri"
dDepartment of Clinical Sciences and Community Health, University of Milan, Milan, Italy.

RESUMEN / SUMMARY: - The aim of the study was to identify and quantify the reasons for the high bladder cancer rates in Turkey. We conducted a case-control study in Manisa, Turkey, in 2011. The study included 173 patients with incident, histologically confirmed bladder cancer and 282 controls who were frequency matched by age, sex and geographic area, admitted to the main hospital of Manisa for a wide range of acute diseases. Adjusted odds ratios (ORs) and the corresponding 95% confidence intervals (CIs) were derived from multiple logistic regression models. Compared with never smokers, the OR was 2.9 (95% CI 1.5-5.4) for moderate (<20 cigarettes/day) and 4.0 (95% CI 1.7-9.6) for heavy smokers. The association was stronger for unfiltered black tobacco (OR=5.4) and for longer duration of smoking (>=40 years, OR=5.3). There was a strong inverse correlation with social class indicators, with ORs of 0.2 (95% CI 0.1-0.4) for more-educated compared with less-educated individuals. There was no significant association with a group of five occupations a priori defined as being of high risk (OR=1.3), nor with farming (OR=1.2). Bladder cancer risk was directly related to the history of urinary tract infections (OR=1.9, 95% CI 1.2-3.1) but not to diabetes (OR=0.7) or kidney (OR=0.7) and prostate (OR=1.3) diseases. Tobacco is the major risk factor for bladder cancer in Manisa, being

responsible for 56% of cases; urinary tract infections account for 19% of cases, whereas the role of occupational exposure is limited in this, predominantly rural, population.

[169]

TÍTULO / TITLE: - A quality control model that uses PTV-rectal distances to predict the lowest achievable rectum dose, improves IMRT planning for patients with prostate cancer.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jul 3. pii: S0167-8140(13)00273-9. doi: 10.1016/j.radonc.2013.05.032.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.radonc.2013.05.032](#)

AUTORES / AUTHORS: - Wang Y; Zolnay A; Incrocci L; Joosten H; McNutt T; Heijmen B; Petit S

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Erasmus Medical Center-Daniel den Hoed Cancer Center, Rotterdam, The Netherlands.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: To predict the lowest achievable rectum D35 for quality assurance of IMRT plans of prostate cancer patients. MATERIALS AND METHODS: For each of 24 patients from a database of 47 previously treated patients, the anatomy was compared to the anatomies of the other 46 to predict the minimal achievable rectum D35. The 24 patients were then replanned to obtain maximally reduced rectum D35. Next, the newly derived plans were added to the database to replace the original clinical plans, and new predictions of the lowest achievable rectum D35 were made. RESULTS: After replanning, the rectum D35 reduced by 9.3Gy+/-6.1 (average+/-1 SD; p<0.001) compared to the original plan. The first predictions of the rectum D35 were 4.8Gy+/-4.2 (average+/-1 SD; p<0.001) too high when evaluated with the new plans. After updating the database, the replanned and newly predicted rectum D35 agreed within 0.1Gy+/-2.8 (average+/-1 SD; p=0.89). The doses to the bladder, anus and femoral heads did not increase compared to the original plans. CONCLUSIONS: For individual prostate patients, the lowest achievable rectum D35 in IMRT planning can be accurately predicted from dose distributions of previously treated patients by quantitative comparison of patient anatomies. These predictions can be used to quantitatively assess the quality of IMRT plans.

[170]

TÍTULO / TITLE: - Malignant Perivascular Epithelioid Cell Neoplasm (PEComa) of the Urinary Bladder With TFE3 Gene Rearrangement: Clinicopathologic, Immunohistochemical, and Molecular Features.

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

REVISTA / JOURNAL: - Am J Surg Pathol. 2013 Jun 20.

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

[1097/PAS.0b013e318293729d](https://doi.org/10.1097/PAS.0b013e318293729d)

AUTORES / AUTHORS: - Williamson SR; Bunde PJ; Montironi R; Lopez-Beltran A; Zhang S; Wang M; Maclennan GT; Cheng L

INSTITUCIÓN / INSTITUTION: - Departments of *Pathology and Laboratory Medicine paragraph signUrology, Indiana University School of Medicine, Indianapolis daggerDepartment of Urology, Indiana University Health Southern Indiana Physicians, Bloomington, IN parallelDepartment of Pathology, Case Western Reserve University, Cleveland, OH double daggerInstitute of Pathological Anatomy and Histopathology, School of Medicine, Polytechnic University of the Marche Region (Ancona), United Hospitals, Ancona, Italy section signDepartment of Pathology, Cordoba University, Cordoba, España.

RESUMEN / SUMMARY: - Recently, a small subgroup of PEComas has been recognized to harbor rearrangements involving TFE3, a gene also involved in rearrangements in translocation-associated renal cell carcinomas and alveolar soft part sarcomas. The few TFE3 rearrangement-associated PEComas reported have exhibited distinctive pathologic characteristics contrasting to PEComas in general, including predominantly epithelioid nested or alveolar morphology and underexpression of muscle markers by immunohistochemistry. In this study, we report the clinicopathologic, immunohistochemical, and molecular features of a primary urinary bladder PEComa diagnosed by transurethral resection in a 55-year-old woman that clinically mimicked urothelial carcinoma. Light microscopy demonstrated mixed spindle cell and epithelioid morphology with the epithelioid component preferentially associated with blood vessels. Immunohistochemistry revealed positive staining for HMB45, tyrosinase, MiTF, cathepsin K, smooth muscle actin, and TFE3 protein. Fluorescence in situ hybridization for the TFE3 gene revealed a split signal pattern, indicating TFE3 rearrangement. X chromosome inactivation analysis demonstrated a clonal pattern despite the heterogenous appearance of the tumor. Unfortunately, despite surgical resection and sarcoma-directed therapy, the patient died of metastatic disease 12 months after diagnosis. This report adds to the known data regarding urinary bladder PEComas and PEComas with TFE3 rearrangement, indicating that both can pursue an aggressive course. Although the few reported TFE3-rearranged PEComas have predominantly lacked a spindle cell component and expression of smooth muscle actin and MiTF by immunohistochemistry, the findings in this study indicate that these features are sometimes present in TFE3-rearranged PEComas.

[171]

TÍTULO / TITLE: - Prevalence and Co-Occurrence of Actionable Genomic Alterations in High-Grade Bladder Cancer.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Jul 29.

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

[1200/JCO.2012.46.5740](https://doi.org/10.1200/JCO.2012.46.5740)

AUTORES / AUTHORS: - Iyer G; Al-Ahmadie H; Schultz N; Hanrahan AJ; Ostrovnaya I; Balar AV; Kim PH; Lin O; Weinhold N; Sander C; Zabor EC; Janakiraman M; Garcia-Grossman IR; Heguy A; Viale A; Bochner BH; Reuter VE; Bajorin DF; Milowsky MI; Taylor BS; Solit DB

INSTITUCIÓN / INSTITUTION: - Gopa Iyer, Hikmat Al-Ahmadie, Nikolaus Schultz, Aphrothiti J. Hanrahan, Irina Ostrovnaya, Arjun V. Balar, Philip H. Kim, Oscar Lin, Nils Weinhold, Chris Sander, Emily C. Zabor, Manickam Janakiraman, Ilana R. Garcia-Grossman, Adriana Heguy, Agnes Viale, Bernard H. Bochner, Victor E. Reuter, Dean F. Bajorin, and David B. Solit, Memorial Sloan-Kettering Cancer Center; Victor E. Reuter, Dean F. Bajorin, and David B. Solit, Weill Medical College, Cornell University, New York, NY; Matthew I. Milowsky, Lineberger Comprehensive Cancer Center, University of North Carolina, Chapel Hill, NC; and Barry S. Taylor, Helen Diller Family Comprehensive Cancer Center, University of California at San Francisco, San Francisco, CA.

RESUMEN / SUMMARY: - **PURPOSE**We sought to define the prevalence and co-occurrence of actionable genomic alterations in patients with high-grade bladder cancer to serve as a platform for therapeutic drug discovery. **PATIENTS AND METHODS**An integrative analysis of 97 high-grade bladder tumors was conducted to identify actionable drug targets, which are defined as genomic alterations that have been clinically validated in another cancer type (eg, BRAF mutation) or alterations for which a selective inhibitor of the target or pathway is under clinical investigation. DNA copy number alterations (CNAs) were defined by using array comparative genomic hybridization. Mutation profiling was performed by using both mass spectroscopy-based genotyping and Sanger sequencing. **Results**Sixty-one percent of tumors harbored potentially actionable genomic alterations. A core pathway analysis of the integrated data set revealed a nonoverlapping pattern of mutations in the RTK-RAS-RAF and phosphoinositide 3-kinase/AKT/mammalian target of rapamycin pathways and regulators of G1-S cell cycle progression. Unsupervised clustering of CNAs defined two distinct classes of bladder tumors that differed in the degree of their CNA burden. Integration of mutation and copy number analyses revealed that mutations in TP53 and RB1 were significantly more common in tumors with a high CNA burden ($P < .001$ and $P < .003$, respectively). **CONCLUSION**High-grade bladder cancer possesses substantial genomic heterogeneity. The majority of tumors harbor potentially tractable genomic alterations that may predict for response to target-selective agents. Given the genomic diversity of bladder cancers, optimal development of target-specific agents will require pretreatment genomic characterization.

[172]

TÍTULO / TITLE: - Prediction of prostate cancer from prostate biopsy in Chinese men using a genetic score derived from 24 prostate cancer risk-associated SNPs.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 18. doi: 10.1002/pros.22661.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22661](#)

AUTORES / AUTHORS: - Jiang H; Liu F; Wang Z; Na R; Zhang L; Wu Y; Zheng J; Lin X; Jiang D; Sun J; Zheng SL; Ding Q; Xu J

INSTITUCIÓN / INSTITUTION: - Fudan Institute of Urology, Huashan Hospital, Fudan University, Shanghai, P.R. China.

RESUMEN / SUMMARY: - BACKGROUND: Twenty-four prostate cancer (PCa) risk-associated single nucleotide polymorphisms (SNPs) in Chinese men have been cataloged. We evaluated whether these SNPs can independently predict outcomes of prostate biopsy, and improve the predictive performance of existing clinical variables. METHODS: Three hundred eight consecutive patients that underwent prostate biopsy for detection of PCa at Huashan Hospital, Shanghai, China between April 2011 and August 2012 were recruited. Clinical variables such as serum prostate-specific antigen (PSA) levels and peripheral blood samples were collected prior to a 10-core biopsy. A genetic score based on these 24 PCa associated SNPs was calculated for each individual. RESULTS: Among 308 patients underwent prostate biopsy, 141 (45.8%) were diagnosed with PCa. Genetic score was significantly higher in patients with PCa (median = 1.30) than without (median = 0.89), $P = 3.81 \times 10^{-6}$. The difference remained significant after adjusting for age and total PSA, $P = 0.007$. The PCa detection rate increased with increasing genetic score; 26.3%, 43.2%, and 60.0% for men with lower (<0.5), average (0.5-1.5), and higher (>1.5) genetic score, respectively, P -trend = 0.0003. For patients with moderately elevated PSA levels (1.6-20 ng/ml), the PCa detection rate was 31.2% overall and was 16.7%, 31.2%, and 40.9% for men with lower (<0.5), average (0.5-1.5), and higher (>1.5) genetic score, respectively, P -trend = 0.03. For patients with PSA ≥ 20 ng/ml, however, the PCa detection rates were high (>69%) regardless of genetic score. CONCLUSION: A genetic score based on PCa risk-associated SNPs is an independent predictor of prostate biopsy outcomes in Chinese men and may be helpful to determine the need for prostate biopsy among patients within a “gray zone” of PCa risk. Prostate © 2013 Wiley Periodicals, Inc.

[173]

TÍTULO / TITLE: - A Report on Major Complications and Biochemical Recurrence After Primary and Salvage Cryosurgery for Prostate Cancer in Patients With Prior Resection for Benign Prostatic Hyperplasia: A Single-center Experience.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 4. pii: S0090-4295(13)00595-5. doi: 10.1016/j.urology.2013.04.052.

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

1016/j.urology.2013.04.052

AUTORES / AUTHORS: - Ullal AV; Korets R; Katz AE; Wenske S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Winthrop University Hospital, Mineola, NY.

RESUMEN / SUMMARY: - **OBJECTIVE:** To report on biochemical recurrence (BCR) and major complications in patients with prior prostate resection that underwent cryosurgery (CS) for prostate cancer. **METHODS:** The Columbia University Urologic Oncology database identified patients that underwent CS after resection. Patient demographics, surgical details, prostate volume, prostate-specific antigen (PSA) levels, biopsy results, major complications, and BCR were recorded. **RESULTS:** Prior resection for benign prostatic hyperplasia was identified in 32 patients who underwent CS. Median age was 70.7 years (range 54.9-83.1 years). Median prostate volume before and after resection was 40 (range 30-90) and 20 cm³ (range 9-54), respectively. Median time from resection to CS was 50.4 months (range 0-178.1 months). Twenty-one (16 full and 5 focal gland ablations) and 11 patients underwent primary and salvage CS, respectively. Median prostate-specific antigen at CS was 5.9 ng/mL (range 0.1-18.4 ng/mL), with a median nadir post-CS of 0.1 ng/mL (range 0.04-12.2 ng/mL). Median follow-up was 41.2 months (range 8.9-154.2 months). According to Stuttgart and Phoenix definitions, 11 and 10 patients, respectively, experienced BCR. Three patients underwent further CS for disease recurrence. Overall complications were rare and minor. Patients with smaller glands postresection (<20 cc³) experienced a similar incidence of BCR as those with larger glands after CS in all the settings. **CONCLUSION:** Although no patients experienced major complications after primary CS, 18% (2/11) had grade III or higher complications in the salvage setting. Postresection gland volume was not associated with BCR. Further research is needed to evaluate functional and oncological outcomes in postresection patients after CS because they are considered high-risk for major complications.

[174]

TÍTULO / TITLE: - RAMP1 Is a Direct NKX3.1 Target Gene Up-Regulated in Prostate Cancer that Promotes Tumorigenesis.

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

REVISTA / JOURNAL: - Am J Pathol. 2013 Jul 16. pii: S0002-9440(13)00407-0. doi: 10.1016/j.ajpath.2013.05.021.

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

1016/j.ajpath.2013.05.021

AUTORES / AUTHORS: - Logan M; Saab ST; Hameed O; Anderson PD; Abdulkadir SA

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry and Cancer Biology, Meharry Medical College, Nashville, Tennessee.

RESUMEN / SUMMARY: - The homeodomain-containing transcription factor, NKX3.1, plays an important role in the suppression of prostate tumorigenesis. Herein, we identify the receptor activity-modifying protein 1 (RAMP1) as a direct NKX3.1 target gene through analysis of chromatin immunoprecipitation coupled to massively parallel sequencing and gene expression data. RAMP1 is a coreceptor for certain G-protein-coupled receptors, such as the calcitonin gene-related peptide receptor, to the plasma membrane. We found that RAMP1 expression is specifically elevated in human prostate cancer relative to other tumor types. Furthermore, RAMP1 mRNA and protein levels are significantly higher in human prostate cancer compared with benign glands. We identified multiple NKX3.1 binding sites in the RAMP1 locus in human prostate cancer cells and in the normal mouse prostate. Analyses of Nkx3.1 knockout mice and human prostate cancer cell lines indicate that NKX3.1 represses RAMP1 expression. Knockdown of RAMP1 by shRNA decreased prostate cancer cell proliferation and tumorigenicity in vitro and in vivo. By using gene expression profiling and pathway analyses, we identified several cancer-related pathways that are significantly altered in RAMP1 knockdown cells, including the mitogen-activated protein kinase signaling pathway. Further experiments confirmed a reduction in MAP2KI (MEK1) expression and phosphorylated-extracellular signal-regulated kinase ½ levels in RAMP1 knockdown cells. These data provide novel insights into the role of RAMP1 in promoting prostate tumorigenesis and support the potential of RAMP1 as a novel biomarker and possible therapeutic target in prostate cancer.

[175]

TÍTULO / TITLE: - Time between First and Second Transurethral Resection of Bladder Tumors in Patients with High-Grade T1 Tumors: Is It a Risk Factor for Residual Tumor Detection?

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

REVISTA / JOURNAL: - Urol Int. 2013 Jun 6.

●● Enlace al texto completo (gratis o de pago) [1159/000350512](#)

AUTORES / AUTHORS: - Suer E; Ozcan C; Baltaci S; Gulpinar O; Burgu B; Haliloglu A; Beduk Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Ankara, Ankara, Turkey.

RESUMEN / SUMMARY: - Purpose: We evaluated the risk factors for residual tumor detection after transurethral resection of bladder tumors (TURBT) in patients with newly diagnosed high-grade T1 transitional cell carcinoma of the bladder. Patients and Methods: Overall 132 patients underwent TURBT for primary bladder tumors and were diagnosed as high-grade T1 bladder cancer. Patients with incomplete resections were excluded from the study. Clinical and

pathologic characteristics of the patients were compared and multivariate analysis was performed to determine independent prognostic factors. Results: Residual tumor was demonstrated in 57 (43.1%) of the patients. The residual tumor rate was significantly lower in patients with solitary tumors, tumors <3 cm in diameter, muscle presence in the initial TURBT pathologic sample and treated by an expert surgeon. In patients with solitary bladder tumors, tumors at the dome and posterior wall of the bladder exhibited higher rates of residual tumor ($p < 0.0001$). The time elapsed between first and second TURBT was significantly shorter in patients without residual tumor compared to patients with residual tumor at second TURBT (32.6 +/- 9.1 vs. 39.3 +/- 10.9 days, respectively, $p = 0.001$). Multivariate analysis demonstrated that time elapsed between first and second TURBT is the most important parameter for residual tumor detection. Conclusion: Our study revealed that multiple tumors, tumors >3 cm in size, absence of detrusor muscle in the initial TURBT specimen, TURBT performed by trainees and finally, as a new finding, prolonged interval between first and second TURBT are independent predictors for residual tumor detection in patients with high-grade T1 tumors.

[176]

TÍTULO / TITLE: - Investigating chromosome damage using fluorescent in situ hybridization to identify biomarkers of radiosensitivity in prostate cancer patients.

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

REVISTA / JOURNAL: - Int J Radiat Biol. 2013 Jul 15.

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

[3109/09553002.2013.825060](#)

AUTORES / AUTHORS: - Beaton LA; Marro L; Samiee S; Malone S; Grimes S; Malone K; Wilkins RC

RESUMEN / SUMMARY: - ABSTRACT Purpose: In order to evaluate fluorescent in situ hybridization (FISH) as a method for predicting radiosensitivity, this study examined the incidence of translocations, after exposure to in vitro radiation, in both normally responding patients and those exhibiting severe late effects after radiotherapy treatment. Materials and methods: Patients were selected from a randomized trial for intermediate-risk prostate cancer. Of the patients entered on trial with mature follow-up, 3% developed grade 3 late proctitis. Blood samples were taken from this radiosensitive cohort along with matched control patients with no late proctitis. Whole blood samples were exposed to 0 or 4 Gy and cultured according to the International Atomic Energy Agency (IAEA) recommended methods. Colour junctions were evaluated in the resulting metaphases and scored according to the Protocol for Aberration Identification and Nomenclature Terminology (PAINT) system. Results: Both groups were statistically similar at 0 Gy. After 4 Gy in vitro radiation, the radiosensitive group had significantly higher rates of chromosome damage in the number of colour

junctions per cell ($p = 0.002$), the number of deletions per cell ($p=0.01$) and the number of dicentrics per cell ($p=0.005$). Conclusions: These results indicate that the analysis of translocations using FISH after in vitro irradiation correlates with clinical response to radiation. This cytogenetic assay should be considered as a potential predictor of radiosensitivity.

[177]

TÍTULO / TITLE: - Aromatic hydrocarbon receptor inhibits lysophosphatidic acid-induced vascular endothelial growth factor-A expression in PC-3 prostate cancer cells.

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

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Aug 2;437(3):440-5. doi: 10.1016/j.bbrc.2013.06.098. Epub 2013 Jul 3.

●● Enlace al texto completo (gratis o de pago) 1016/j.bbrc.2013.06.098

AUTORES / AUTHORS: - Wu PY; Lin YC; Lan SY; Huang YL; Lee H

INSTITUCIÓN / INSTITUTION: - Institute of Zoology, National Taiwan University, Taipei, Taiwan.

RESUMEN / SUMMARY: - Lysophosphatidic acid (LPA) is a lipid growth factor with multiple biological functions and has been shown to stimulate cancer cell secretion of vascular endothelial growth factor-A (VEGF-A) and trigger angiogenesis. Hypoxia-inducible factor-1 (HIF-1), a heterodimer consisting of HIF-1alpha and HIF-1beta (also known as aromatic hydrocarbon receptor nuclear translocator (ARNT)) subunits, is an important regulator of angiogenesis in prostate cancer (PC) through the enhancement of VEGF-A expression. In this study, we first confirmed the ability of LPA to induce VEGF-A expression in PC-3 cells and then validated that LPA-induced VEGF-A expression was regulated by HIF-1alpha and ARNT through phosphatidylinositol 3-kinase activation. Aromatic hydrocarbon receptor (AHR), a receptor for dioxin-like compounds, functions as a transcription factor through dimerization with ARNT and was found to inhibit prostate carcinogenesis and vanadate-induced VEGF-A production. Since ARNT is a common dimerization partner of AHR and HIF-1alpha, we hypothesized that AHR might suppress LPA-induced VEGF-A expression in PC-3 cells by competing with HIF-1alpha for ARNT. Here we demonstrated that overexpression and ligand activation of AHR inhibited HIF-1-mediated VEGF-A induction by LPA treatment of PC-3 cells. In conclusion, our results suggested that AHR activation may inhibit LPA-induced VEGF-A expression in PC-3 cells by attenuating HIF-1alpha signaling, and subsequently, suppressing angiogenesis and metastasis of PC. These results suggested that AHR presents a potential therapeutic target for the prevention of PC metastasis.

[178]

TÍTULO / TITLE: - Genome damage in testicular seminoma patients seven years after radiotherapy.

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

REVISTA / JOURNAL: - Int J Radiat Biol. 2013 Aug 9.

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

[3109/09553002.2013.825057](#)

AUTORES / AUTHORS: - Fucic A; Gamulin M; Katic J; Milic M; Druzhinin V; Grgic M

INSTITUCIÓN / INSTITUTION: - Institute for Medical Research and Occupational Health , Zagreb , Croatia.

RESUMEN / SUMMARY: - Purpose: Testicular seminoma cancer incidence has significantly increased over the last few decades, and although it is successfully treated by radiotherapy, long-term health risks are still unclear. The aim of the study was to show long-term genome damage in patients with seminoma after radiotherapy. Materials and methods: Chromosome aberration (CA) and micronucleus (MN) assays seven years after radiotherapy with a total dose of 25 Gy were conducted in 10 testicular seminoma patients aged 23-49 years and results were compared with 10 healthy control subjects matched for age and smoking status. Results: Although mean CA frequency did not deviate from control values, significantly increased frequencies of dicentrics, double minutes, and ring chromosomes were detected in seminoma patients. MN frequency in binuclear lymphocytes of patients was similar to controls (4.60/1000 vs. 5.82/1000, respectively). Significantly higher MN frequency was detected in mononuclear lymphocytes of patients than in controls (2.55/1000 vs. 0.73/1000, respectively). Average percentage of centromere-positive MN was 62.6% in seminoma patients. Conclusion: This study shows the persistence of unstable CA in seminoma patients seven years after radiotherapy and the relevance of long-term follow up. MN frequency in mononuclear lymphocytes was shown to be relevant biomarker of long-term genome damage.

[179]

TÍTULO / TITLE: - Morbidity after transperineal prostate biopsy in 3000 patients undergoing 12 vs 18 vs more than 24 needle cores.

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

REVISTA / JOURNAL: - Urology. 2013 Jun;81(6):1142-6. doi: 10.1016/j.urology.2013.02.019.

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

[1016/j.urology.2013.02.019](#)

AUTORES / AUTHORS: - Pepe P; Aragona F

INSTITUCIÓN / INSTITUTION: - Urology Unit, Cannizzaro Hospital, Catania, Italy. piepepe@hotmail.com

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate clinical complications after transperineal prostate biopsy in patients undergoing 12 vs 18 vs more than 24

cores. METHODS: From February 2002 to December 2012, 3000 patients (median age, 66 years) underwent transperineal prostate biopsy after an abnormal result on a digital rectal examination, prostate-specific antigen (PSA) level >10 ng/mL, PSA values between 4.1 and 10, 2.6 and 4, and <2.5 ng/mL with free/total PSA <=25%, <=20%, and <=15%, respectively. Of these, 915 (30.5%), 1330 (48.5%), and 630 patients (21%) underwent 12, 18, and >24 needle cores under antibiotic prophylaxis. Prostate biopsy-related complications were evaluated within 15 to 20 days after the prostate biopsy. The number of patients who needed hospital admission or an emergency department visit (EDV) was recorded. RESULTS: Prostate cancer was found in 1150 (38.3%) patients. Side effects after the biopsy occurred in 40.2% of the patients, and the complications were directly correlated with the number of needle cores: 31.5% with 12 cores, 41.8% with 18 cores, and 57.4% with >24 cores (P = .001). Overall hospital admission and EDV were 1.2% and 9.1% and occurred, respectively, in 1% and 6% (12 cores) vs 1.3% and 9.6% (18 cores) vs 1.6% and 14.4% (>24 cores) of the patients. The most frequent complication that needed hospital admission vs EDV was urinary tract infection (0.7%) vs acute urinary retention (6.7%), respectively. No patients developed sepsis. CONCLUSION: Clinical complications after transperineal prostate biopsy occurred in 40.2% of the patients, but only 1.2% required hospital admission. The number of needle cores (12 vs 18 vs >24) significantly correlated with increased onset of side effects.

[180]

TÍTULO / TITLE: - Phase Ib study of tivozanib (AV-951) in combination with temsirolimus in patients with renal cell carcinoma.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Sep;49(13):2841-50. doi: 10.1016/j.ejca.2013.04.019. Epub 2013 May 28.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.04.019](#)

AUTORES / AUTHORS: - Fishman MN; Srinivas S; Hauke RJ; Amato RJ; Esteves B; Cotreau MM; Strahs AL; Slichenmyer WJ; Bhargava P; Kabbinavar FF

INSTITUCIÓN / INSTITUTION: - Department of Genitourinary Oncology, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL, USA.

RESUMEN / SUMMARY: - BACKGROUND: Tivozanib is a potent and selective tyrosine kinase inhibitor of vascular endothelial growth factor receptors (VEGFR)-1, -2 and -3, with a long half-life. Tivozanib has demonstrated clinical activity and acceptable tolerability in renal cell carcinoma (RCC). This phase Ib study determined the recommended phase II dose (RP2D) and evaluated the safety and clinical activity of tivozanib plus temsirolimus, a mammalian target of rapamycin inhibitor. PATIENTS AND METHODS: Patients with advanced RCC were administered open-label tivozanib 0.5, 1.0 or 1.5mg/d orally (3weeks on/1week off) and temsirolimus 15 or 25mg/week intravenously in a 3+3 dose-

escalation design and subsequent expansion cohort. RESULTS: Of 27 patients treated, 20 patients had received 1 prior VEGF-targeted therapy. No dose-limiting toxicities occurred; the RP2D was determined to be tivozanib 1.5mg/d plus temsirolimus 25mg/week. Combination of tivozanib plus temsirolimus demonstrated acceptable tolerability and suggested no synergistic toxicity. The most common grade 3 adverse events were fatigue and thrombocytopenia (15% each). One patient each required dose reduction of tivozanib or temsirolimus due to an adverse event. Confirmed partial responses and stable disease were achieved at 23% and 68%, respectively. Pharmacokinetic analyses may suggest lack of an interaction between tivozanib and temsirolimus. CONCLUSIONS: In this small phase Ib study, tivozanib and temsirolimus were safely combined at the fully recommended dose and schedule of both agents. The observed clinical activity and manageable toxicity profile of this combination warrant further exploration in patients with RCC.

[181]

TÍTULO / TITLE: - Time to recurrence is a significant predictor of cancer-specific survival after recurrence in patients with recurrent renal cell carcinoma - results from a comprehensive multi-centre database (CORONA/SATURN-Project).

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

REVISTA / JOURNAL: - BJU Int. 2013 May 23. doi: 10.1111/bju.12246.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12246](#)

AUTORES / AUTHORS: - Brookman-May SD; May M; Shariat SF; Novara G; Zigeuner R; Cindolo L; De Cobelli O; De Nunzio C; Pahernik S; Wirth MP; Longo N; Simonato A; Serni S; Siracusano S; Volpe A; Morgia G; Bertini R; Dalpiaz O; Stief C; Ficarra V

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ludwig-Maximilians-University Munich, Campus Grosshadern, Munich, Germany.

RESUMEN / SUMMARY: - OBJECTIVES: To assess the prognostic impact of time to recurrence (TTR) on cancer-specific survival (CSS) after recurrence in patients with renal cell carcinoma (RCC) undergoing radical nephrectomy or nephron-sparing surgery. To analyse differences in clinical and histopathological criteria between patients with early and late recurrence. PATIENTS AND METHODS: Of 13 107 patients with RCC from an international multicentre database, 1712 patients developed recurrence in the follow-up (FU), at a median (interquartile range) of 50.1 (25-106) months. In all, 1402 patients had recurrence at ≤ 5 years (Group A) and 310 patients beyond this time (Group B). Differences in clinical and histopathological variables between patients with early and late recurrence were analysed. The influence of TTR and further variables on CSS after recurrence was assessed by Cox regression analysis. RESULTS: Male gender, advanced age, tumour diameter and stage, Fuhrman grade 3-4, lymphovascular invasion (LVI), and pN + stage were significantly more frequent in patients with early recurrence, who had a

significantly reduced 3-year CSS of 30% compared with patients in Group B (41%; P = 0.001). Age, gender, tumour histology, pT stage, and continuous TTR (hazard ratio 0.99, P = 0.006; monthly interval) independently predicted CSS. By inclusion of dichotomised TTR in the multivariable model, a significant influence of this variable on CSS was present until 48 months after surgery, but not beyond this time. CONCLUSIONS: Advanced age, male gender, larger tumour diameters, LVI, Fuhrman grade 3-4, pN + stage, and advanced tumour stages are associated with early recurrence. Up to 4 years from surgery, a shorter TTR independently predicts a reduced CSS after recurrence.

[182]

TÍTULO / TITLE: - Prostate cancer metastatic to the pancreas.

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

REVISTA / JOURNAL: - J Clin Oncol. 2013 Jul 20;31(21):e367-9. doi: 10.1200/JCO.2012.45.1427. Epub 2013 Jun 10.

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

[1200/JCO.2012.45.1427](#)

AUTORES / AUTHORS: - Wang W; Stroehlein JR; Landon G; Ross WA

INSTITUCIÓN / INSTITUTION: - MBA, Department of Gastroenterology, Hepatology and Nutrition, University of Texas MD Anderson Cancer Center, 1515 Holcombe Blvd, Unit 1466, Houston, TX 77030; wross@mdanderson.org.

[183]

TÍTULO / TITLE: - Metallothionein 3: An androgen-upregulated gene enhances cell invasion and tumorigenesis of prostate carcinoma cells.

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

REVISTA / JOURNAL: - Prostate. 2013 Jun 21. doi: 10.1002/pros.22697.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22697](#)

AUTORES / AUTHORS: - Juang HH; Chung LC; Sung HC; Feng TH; Lee YH; Chang PL; Tsui KH

INSTITUCIÓN / INSTITUTION: - Department of Anatomy, College of Medicine, Chang Gung University, Kwei-Shan, Tao-Yuan, Taiwan; Bioinformation Center, Chang Gung Memorial Hospital, Kwei-Shan, Tao-Yuan, Taiwan.

RESUMEN / SUMMARY: - BACKGROUND: Metallothioneins (MT1, MT2, MT3, and MT4) are regarded as modulators regulating a number of biological processes including cell proliferation, differentiation, and invasion. We determined the effects of androgen, cadmium, and arsenic on MT1/2 and MT3 in prostate carcinoma cells, and evaluated the functional effects of MT3 on cell proliferation, invasion, and tumorigenesis. METHODS: We determined the expression of MT1/2 and MT3 in prostate carcinoma cells by immunoblotting assays or real-time reverse transcription-polymerase chain reactions. The effects of ectopic MT3 overexpression or MT3-knockdown on cell proliferation,

invasion, and tumorigenesis were determined by ³H-thymidine incorporation, matrigel invasion, and murine xenograft studies. The effects of androgen, cadmium, and arsenic on target genes were assessed using immunoblotting and reporter assays. RESULTS: Androgen, cadmium, and arsenic treatments enhanced gene expression of MT1/2 and MT3 in prostate carcinoma LNCaP cells. Results of immunohistochemical staining indicated MT3 overexpression was found predominantly in the nuclear areas of PC-3 cells overexpressing MT3. Overexpression of MT3 significantly increased cell proliferation, invasion, and tumorigenic activities in PC-3 cells in vitro and in vivo. MT3 overexpression downregulated the gene expressions of N-myc downstream regulated gene 1 (NdrG1) and maspin, and attenuated blocking effects of doxorubicin in PC-3 cells on cell proliferation. MT3-knockdown enhanced NdrG1 and maspin expressions in LNCaP cells. CONCLUSIONS: The experiments indicate that MT3 is an androgen-upregulated gene, and promotes tumorigenesis of prostate carcinoma cells. The downregulation of NdrG1 and maspin gene expressions appears to account for the enhancement of proliferative and invasive functions of MT3 in PC-3 cells. Prostate © 2013 Wiley Periodicals, Inc.

[184]

TÍTULO / TITLE: - Pleiotropy between Genetic Markers of Obesity and Risk of Prostate Cancer.

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

REVISTA / JOURNAL: - Cancer Epidemiol Biomarkers Prev. 2013 Aug 8.

●● Enlace al texto completo (gratis o de pago) [1158/1055-9965.EPI-](#)

[13-0123](#)

AUTORES / AUTHORS: - Edwards TL; Giri A; Motley S; Duong W; Fowke JH

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Division of Epidemiology, Department of Medicine, Center for Human Genetics Research, Vanderbilt University; and Vanderbilt-Ingram Cancer Center, Vanderbilt University School of Medicine, Nashville, Tennessee.

RESUMEN / SUMMARY: - BACKGROUND: To address inconsistent findings of obesity and prostate cancer risk, we analyzed the association between prostate cancer and genetic markers of obesity and metabolism. METHODS: Analyses included 176,520 single-nucleotide polymorphisms (SNP) associated with 23 metabolic traits. We examined the association between SNPs and prostate cancer in 871 cases and 906 controls, including 427 high-grade cases with Gleason ≥ 7 . Genetic risk scores (GRS) for body mass index (BMI) and waist-to-hip ratio (WHR) were also created by summing alleles associated with increasing BMI or WHR. RESULTS: Prostate cancer was associated with five loci, including cyclin M2, with P values less than 1×10^{-4} . In addition, the WHR GRS was associated with high-grade prostate cancer versus controls [OR, 1.05; 95% confidence interval (CI), 1.00-1.11; P = 0.048] and high-grade prostate cancer versus low-grade prostate cancer (OR, 1.07; 95% CI, 1.01-1.13; P =

0.03). None of these findings exceeds the threshold for significance after correction for multiple testing. CONCLUSIONS: Variants in genes known to be associated with metabolism and obesity may be associated with prostate cancer. We show evidence for pleiotropy between WHR GRS and prostate cancer grade. This finding is consistent with the function of several WHR genes and previously described relationships with cancer traits. IMPACT: Limitations in standard obesity measures suggest alternative characterizations of obesity may be needed to understand the role of metabolic dysregulation in prostate cancer. The underlying genetics of WHR or other MetaboChip SNPs, while not statistically significant beyond multiple testing thresholds within our sample size, support the metabolic hypothesis of prostate carcinogenesis and warrant further investigation in independent samples. Cancer Epidemiol Biomarkers Prev; 1-9. ©2013 AACR.

[185]

TÍTULO / TITLE: - Predicting Recurrence and Progression in Chinese Patients With Nonmuscle-invasive Bladder Cancer Using EORTC and CUETO Scoring Models.

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):387-93. doi: 10.1016/j.urology.2013.04.007. Epub 2013 Jun 10.

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

[1016/j.urology.2013.04.007](#)

AUTORES / AUTHORS: - Xu T; Zhu Z; Zhang X; Wang X; Zhong S; Zhang M; Shen Z

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ruijin Hospital, Shanghai Jiaotong University School of Medicine, Shanghai, China.

RESUMEN / SUMMARY: - OBJECTIVE: To validate the European Organization for Research and Treatment of Cancer (EORTC) model and the Spanish Urological Club for Oncological Treatment (CUETO) model in Chinese patients with nonmuscle-invasive bladder cancer (NMIBC). MATERIALS AND METHODS: A retrospective study was performed of 363 Chinese patients with NMIBC treated at our hospital from January 2003 to September 2010. Most of these patients had undergone intravesical chemotherapy after transurethral resection of the bladder tumor. The scores for recurrence and progression were calculated using the 2 models. Next, all the patients were divided into 4 risk groups according to their scores. The Kaplan-Meier method was used to estimate the probabilities of recurrence and progression according to both models. Discrimination was assessed using the concordance index. RESULTS: The EORTC model successfully stratified our patients into 4 groups with statistically significant different probabilities of recurrence. For progression, only the intermediate- and high-risk groups could be reasonably distinguished using the EORTC model. The CUETO model stratified neither the recurrence nor the

progression risks. The concordance index using the EORTC and CUETO model was 0.711 and 0.663 for recurrence and 0.768 and 0.741 for progression, respectively. CONCLUSION: Compared with the CUETO risk tables, the EORTC model showed more value in predicting recurrence and progression in Chinese patients with NMIBC, most of whom received intravesical chemotherapy after transurethral resection of the bladder tumor. Prospective multicenter studies should be performed of large cohorts to construct an ideal prognostic model for Chinese patients with NMIBC.

[186]

TÍTULO / TITLE: - The impact of smoking on pathologic response to neoadjuvant cisplatin-based chemotherapy in patients with muscle-invasive bladder cancer.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jul 11.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1128-](#)

[X](#)

AUTORES / AUTHORS: - Kim PH; Kent M; Zhao P; Sfakianos JP; Bajorin DF; Bochner BH; Dalbagni G

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Urology Service, Memorial Sloan-Kettering Cancer Center, New York, NY, USA, kimp@mskcc.org.

RESUMEN / SUMMARY: - PURPOSE: Smoking is the primary etiologic risk factor for bladder cancer and has been implicated in mechanisms of chemoresistance. We investigated smoking as a potential predictor for pathologic outcomes after neoadjuvant chemotherapy (NC) and radical cystectomy (RC) for muscle-invasive bladder cancer. METHODS: We identified 139 patients treated with neoadjuvant cisplatin-based chemotherapy followed by RC for T2-4aN0M0 bladder cancer. Logistic regression was used to evaluate associations between smoking characteristics and pathologic outcomes (pT0, complete response; pT0/pTis/pT1, any response). In a secondary analysis, multivariate Cox regression was used to assess associations between smoking and recurrence-free and cancer-specific survival. RESULTS: Our cohort consisted of 99 (71 %) males, with a median age of 65 (interquartile range 56, 71). Prevalence of never, former, and current smokers was 25, 45, and 29 %, respectively. In total, 63 patients experienced disease recurrence, 39 died of disease, and 11 died of other causes. There were no statistically significant associations between smoking characteristics and complete (p = 0.5) or any (p = 0.2) pathologic response to NC. Similarly, we did not find any association between smoking characteristics and recurrence (p = 0.6) or cancer-specific survival (p = 0.9). CONCLUSIONS: In this series, smoking characteristics were not found to be predictive of pathologic response after NC and RC, although this analysis was limited by the small study sample size. However, the harmful effects of smoking warrants continued emphasis on smoking cessation counseling in bladder cancer patients.

[187]

TÍTULO / TITLE: - Localized Post-Radiation Kaposi Sarcoma in a Renal Transplant Immunosuppressed Patient.

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

REVISTA / JOURNAL: - Am J Dermatopathol. 2013 Jun 27.

- Enlace al texto completo (gratis o de pago)

[1097/DAD.0b013e3182918f36](#)

AUTORES / AUTHORS: - Cota C; Lora V; Facchetti F; Cerroni L

INSTITUCIÓN / INSTITUTION: - *Dermatopathology Unit, and daggerDivision of Dermatology, San Gallicano Dermatological Institute, Rome, Italy; double daggerDepartment of Pathology, University of Brescia, Brescia, Italy; and section signDepartment of Dermatology, Research Unit Dermatopathology, Medical University of Graz, Graz, Austria.

RESUMEN / SUMMARY: - : Organ transplant recipients are at high risk to develop secondary cutaneous neoplasms because of immunosuppression. However, little is known about secondary neoplasms developing within a skin area exposed to radiation therapy in these patients. We report a case of a 45-year-old man with history of kidney transplantation in 2005 and rectal adenocarcinoma in 2006 for which he underwent 2 cycles of chemotherapy and a cycle of radiotherapy. In February 2010, he presented with clustered erythematous-violaceous plaques and nodules of 2-month duration, located on the left buttock in the area previously exposed to radiations. Histological examination revealed a poorly demarcated dermal and subcutaneous proliferation of spindle and partly pleomorphic cells, associated with irregularly shaped vessels that dissected through dermal collagen. Immunohistochemistry showed expression of CD31 and podoplanin. Although a moderate expression of the c-Myc protein was found by immunostaining, no amplification of c-myc gene was detected by fluorescence in situ hybridization. Human herpes virus 8 was positive both on immunohistochemistry and PCR. Based on clinicopathologic findings a diagnosis of iatrogenic Kaposi sarcoma localized in the area treated with radiotherapy was made. Clinical and histopathological features of vascular neoplasms may be overlapping, and correct diagnosis may be difficult, particularly in organ transplant recipients. Only the combination of all available information, including histopathological, immunohistochemical, fluorescence in situ hybridization, and PCR data, permit to achieve a correct diagnosis in particularly difficult setting.

[188]

- CASTELLANO -

TÍTULO / TITLE: Calidad de vida en pacientes con cistectomía y conducto ileal por cáncer de vejiga.

TÍTULO / TITLE: - Quality of Life in Patients with Ileal Conduit Cystectomy Due to Bladder Cancer.

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

REVISTA / JOURNAL: - Actas Urol Esp. 2013 Jul 10. pii: S0210-4806(13)00162-9. doi: 10.1016/j.acuro.2013.04.006.

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

1016/j.acuro.2013.04.006

AUTORES / AUTHORS: - Tejido-Sanchez A; Garcia-Gonzalez L; Jimenez-Alcaide E; Arrebola-Pajares A; Medina-Polo J; Villacampa-Auba F; Diaz-Gonzalez R

INSTITUCIÓN / INSTITUTION: - Servicio de Urología, Unidad de Urooncología, Hospital Universitario 12 de Octubre, Madrid, España. Electronic address: a.tejido@yahoo.com.

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine the variables that affect quality of life of patients treated by radical cystectomy with ileal conduit. **MATERIAL AND METHOD:** We analyzed quality of life using the EQ-5D-3L questionnaire. This questionnaire evaluates mobility, personal care, daily activities, pain/discomfort, anxiety/depression and a self-rating scale of the health condition. We compared the result with demographic variables (gender, age, work situation, studies, income, partner) and clinical variables (ASA classification, tumor stage, time since cystectomy was performed, adjuvant chemotherapy, recurrent and complications of the stoma). The statistical analysis included a descriptive study, univariate and multivariate analysis. **RESULTS:** A total of 59 patients were included in the study, with a mean age of 69 years (47-84). Mean time from cystectomy was 43 months (12-83), with 61% complications associated to the stoma. Stoma complications were related with limitations in personal care, pain/discomfort, anxiety, depression and quality of life in general. Female gender was associated with limitations in daily activities and adjuvant chemotherapy with anxiety/depression and quality of life in general. The rest of the variables were not statistically significant in the multivariate analysis. **CONCLUSIONS:** The limitations in quality of life in patients with cystectomy and ileal conduit are associated with the stoma-associated complications. Other related variables are female gender and administration of adjuvant chemotherapy.

[189]

TÍTULO / TITLE: - Age remains the major predictor of curative treatment non-receipt for localised prostate cancer: a population-based study.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 9;109(1):272-9. doi: 10.1038/bjc.2013.268. Epub 2013 May 30.

●● Enlace al texto completo (gratis o de pago) 1038/bjc.2013.268

AUTORES / AUTHORS: - de Camargo Cancela M; Comber H; Sharp L

INSTITUCIÓN / INSTITUTION: - National Cancer Registry Ireland, Building 6800, Airport Business Park, Kinsale Road, Cork, Ireland.

RESUMEN / SUMMARY: - Background:Geriatric oncology guidelines state that fit older men with prostate cancer should receive curative treatment. In a population-based study, we investigated associations between age and non-receipt of curative treatment in men with localised prostate cancer, and the effect of clinical variables on this in different age groups.Methods:Clinically localised prostate cancers (T1-T2N0M0) diagnosed from 2002 to 2008 among men aged ≥ 40 years, with hospital in-patient episode(s) within 1 year post-diagnosis, were included (n=5456). Clinical and socio-demographic variables were obtained from cancer registrations. Comorbidity was determined from hospital episode data. Logistic regression was used to investigate associations between age and non-receipt of treatment, adjusting for confounders; the outcome was non-receipt of curative treatment (radical prostatectomy or radiotherapy).Results:The percentage who did not receive curative treatment was 9.2%, 14.3%, 48.2% and 91.7% for men aged 40-59, 60-69, 70-79 and 80+ years, respectively. After adjusting for clinical and socio-demographic factors, age remained the main determinant of treatment non-receipt. Men aged 70-79 had a significant five-fold increased risk of not having curative treatment compared with men aged 60-69 (odds ratio (OR)=5.5; 95% confidence interval 4.7, 6.5). In age-stratified analyses, clinical factors had a higher weight for men aged 60-69 than in other age strata. Over time, non-receipt of curative treatment increased among men aged 40-59 and decreased among men aged 70-79.Conclusion:Age remains the dominant factor in determining non-receipt of curative treatment. There have been some changes in clinical practice over time, but whether these will impact on prostate cancer mortality remains to be established.

[190]

TÍTULO / TITLE: - A phase 2 study of intravenous panobinostat in patients with castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Jul 3.

●● Enlace al texto completo (gratis o de pago) [1007/s00280-013-2224-](#)

[8](#)

AUTORES / AUTHORS: - Rathkopf DE; Picus J; Hussain A; Ellard S; Chi KN; Nydam T; Allen-Freda E; Mishra KK; Porro MG; Scher HI; Wilding G

INSTITUCIÓN / INSTITUTION: - Memorial Sloan-Kettering Cancer Center, New York, NY, USA, rathkopf@mskcc.org.

RESUMEN / SUMMARY: - PURPOSE: Panobinostat, a pan-deacetylase inhibitor, increases acetylation of proteins associated with growth and survival of malignant cells. This phase 2 study evaluated the efficacy of intravenous (IV)

panobinostat in patients with castration-resistant prostate cancer (CRPC) who had previously received chemotherapy. The primary end point was 24-week progression-free survival. Secondary end points included safety, tolerability, and the proportion of patients with a prostate-specific antigen (PSA) decline. METHODS: IV panobinostat (20 mg/m²) was administered to patients on days 1 and 8 of a 21-day cycle. Tumor response was assessed by imaging every 12 weeks (4 cycles) according to modified response evaluation criteria in solid tumors (Scher et al. in Clin Cancer Res 11:5223-5232, 23), and PSA response was defined as a 50 % decrease from baseline maintained for ≥ 4 weeks. Safety monitoring was routinely performed and included electrocardiogram monitoring. RESULTS: Of 35 enrolled patients, four (11.4 %) were alive without progression of disease at 24 weeks. PSA was evaluated in 34 (97.1 %) patients: five (14.3 %) patients demonstrated a decrease in PSA but none ≥ 50 %; one patient (2.9 %) had carcinoembryonic antigen as a marker of his prostate cancer, which declined by 43 %. Toxicities regardless of relationship to panobinostat included fatigue (62.9 %), thrombocytopenia (45.7 %), nausea (51.4 %), and decreased appetite (37.1 %). CONCLUSIONS: Despite promising preclinical data and scientific rationale, treatment with IV panobinostat did not show a sufficient level of clinical activity to pursue further investigation as a single agent in CRPC.

[191]

TÍTULO / TITLE: - Salvage Radiation Therapy Improves Metastasis-free Survival for Clinically Aggressive and Indolent Prostate Cancer Recurrences After Radical Prostatectomy.

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

REVISTA / JOURNAL: - Am J Clin Oncol. 2013 Jul 3.

- Enlace al texto completo (gratis o de pago)

[1097/COC.0b013e31829e17db](#)

AUTORES / AUTHORS: - Jackson WC; Johnson SB; Feng FY; Hamstra DA

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Michigan, Ann Arbor, MI.

RESUMEN / SUMMARY: - OBJECTIVES:: To describe 5- and 10-year rates of metastasis-free survival (MFS) stratified by Gleason score (GS) and prostate-specific antigen doubling time (PSADT) for patients receiving salvage radiation therapy (SRT) after biochemical recurrence (BR) post-radical prostatectomy (RP). METHODS:: A total of 236 patients who underwent SRT without receiving concomitant androgen deprivation therapy at a single institution after BR post-RP were retrospectively reviewed. The Kaplan-Meier methods and log-rank analysis were used to determine the MFS rates. RESULTS:: Median follow-up post-SRT was 7.1 years. As of last follow-up, 59 men (25%) had developed metastasis. On univariate analysis, both GS and PSADT predicted MFS ($P < 0.001$). Five- and 10-year rates of MFS were calculated for patients with GS

2 to 6, 7, and 8 to 10 and for patients with PSADT < 3, 3 to 9, 9 to 15, and >15 months, who received no additional salvage therapy until the development of metastases. The 5- and 10-year MFS for GS 8 to 10 were 62% and 50%, respectively, compared with 94% at both 5 and 10 years for GS 2 to 6. The 5- and 10-year MFS for PSADT < 3 months were 70% and 61%, respectively, compared with 100% and 90% at 5 and 10 years, respectively, for PSADT >15 months. CONCLUSIONS:: After BR post-RP, SRT results in low 5- and 10-year rates of metastasis after initial BR. Importantly, a substantial proportion of patients with high-risk disease (GS 8 to 10 or PSADT < 3 mo) are free from metastasis at these same time points. Therefore, SRT should not be withheld from patients based solely on the presence of adverse disease risk factors.

[192]

TÍTULO / TITLE: - Parathyroid hormone-related protein inhibits DKK1 expression through c-Jun-mediated inhibition of beta-catenin activation of the DKK1 promoter in prostate cancer.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jun 10. doi: 10.1038/onc.2013.203.

●● Enlace al texto completo (gratis o de pago) [1038/onc.2013.203](#)

AUTORES / AUTHORS: - Zhang H; Yu C; Dai J; Keller JM; Hua A; Sottnik JL; Shelley G; Hall CL; Park SI; Yao Z; Zhang J; McCauley LK; Keller ET

INSTITUCIÓN / INSTITUTION: - Department of Urology, School of Medicine, University of Michigan, Ann Arbor, MI, USA.

RESUMEN / SUMMARY: - Prostate cancer (PCa) bone metastases are unique in that majority of them induce excessive mineralized bone matrix, through undefined mechanisms, as opposed to most other cancers that induce bone resorption. Parathyroid hormone-related protein (PTHrP) is produced by PCa cells and intermittent PTHrP exposure has bone anabolic effects, suggesting that PTHrP could contribute to the excess bone mineralization. Wnts are bone-productive factors produced by PCa cells, and the Wnt inhibitor Dickkopf-1 (DKK1) has been shown to promote PCa progression. These findings, in conjunction with the observation that PTHrP expression increases and DKK1 expression decreases as PCa progresses, led to the hypothesis that PTHrP could be a negative regulator of DKK1 expression in PCa cells and, hence, allow the osteoblastic activity of Wnts to be realized. To test this, we first demonstrated that PTHrP downregulated DKK1 mRNA and protein expression. We then found through multiple mutated DKK1 promoter assays that PTHrP, through c-Jun activation, downregulated the DKK1 promoter through a transcription factor (TCF) response element site. Furthermore, chromatin immunoprecipitation (ChIP) and re-ChIP assays revealed that PTHrP mediated this effect through inducing c-Jun to bind to a transcriptional activator complex consisting of beta-catenin, which binds the most proximal DKK1 promoter, the TCF response element. Together, these results demonstrate a novel signaling

linkage between PTHrP and Wnt signaling pathways that results in downregulation of a Wnt inhibitor allowing for Wnt activity that could contribute the osteoblastic nature of PCa. Oncogene advance online publication, 10 June 2013; doi:10.1038/onc.2013.203.

[193]

TÍTULO / TITLE: - Picking the optimal duration of hormonal therapy in men with high-risk and locally advanced prostate cancer treated with radiotherapy.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):206-14. doi: 10.1016/j.semradonc.2013.01.008.

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

[1016/j.semradonc.2013.01.008](#)

AUTORES / AUTHORS: - Denham JW; Steigler A

INSTITUCIÓN / INSTITUTION: - Prostate Cancer Trials Group, School of Medicine and Public Health, University of Newcastle, Newcastle, New South Wales, Australia. Jim.Denham@newcastle.edu.au

RESUMEN / SUMMARY: - The optimal duration of hormonal therapy when combined with radiation for men with high-risk and locally advanced prostate cancer remains under active study. Based on the results of randomized controlled trials, durations of androgen suppression therapy of at least 6 months have been shown to prolong survival in men with Gleason score 7 prostate cancer, irrespective of clinical stage. For men with locally advanced prostate cancer and 2 high-risk factors (particularly Gleason 8-10 tumors with evidence of extracapsular extension or seminal vesicle invasion on digital rectal examination) or pelvic nodal involvement, longer durations of 28-36 months appear best, although shorter durations (eg, 18 months) remain under study. Trials are also ongoing to determine whether radiation dose escalation and/or nonhormonal agents, such as zoledronic acid and docetaxel, will reduce the need for supplementary androgen suppression therapy.

[194]

TÍTULO / TITLE: - Comparison of prostate cancer diagnosis in patients receiving unrelated urological and non-urological cancer care.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):161-8. doi: 10.1111/bju.12220.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12220](#)

AUTORES / AUTHORS: - Corcoran AT; Smaldone MC; Egleston BL; Simhan J; Ginzburg S; Morgan TM; Walton J; Chen DY; Viterbo R; Greenberg RE; Uzzo RG; Kutikov A

INSTITUCIÓN / INSTITUTION: - Department of Urological Oncology, Fox Chase Cancer Center, Temple University School of Medicine, Philadelphia, PA.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate prostate cancer diagnosis rates and survival outcomes in patients receiving unrelated (non-prostate) urological care with those in patients receiving non-urological care. MATERIALS AND METHODS: We conducted a population-based study using the Surveillance Epidemiology and End Results (SEER) database to identify men who underwent surgical treatment of renal cell carcinoma (RCC; n = 18 188) and colorectal carcinoma (CRC; n = 45 093) between 1992 and 2008. Using SEER*stat software to estimate standardized incidence ratios (SIRs), we investigated rates of prostate cancer diagnosis in patients with RCC and patients with CRC. Adjusting for patient age, race and year of diagnosis on multivariate analysis, we used Cox and Fine and Gray proportional hazards regressions to evaluate overall and disease-specific survival endpoints. RESULTS: The observed incidence of prostate cancer was higher in both the patients with RCC and those with CRC: SIR = 1.36 (95% confidence interval [CI] 1.27-1.46) vs 1.06 (95% CI 1.02-1.11). Adjusted prostate cancer SIRs were 30% higher (P < 0.001) in patients with RCC. Overall (hazard ratio = 1.13, P < 0.001) and primary cancer-adjusted mortalities (sub-distribution Hazard Ratio (sHR) = 1.17, P < 0.001) were higher in patients with RCC with no significant difference in prostate cancer-specific mortality (sHR = 0.827, P = 0.391). CONCLUSION: Rates of prostate cancer diagnosis were higher in patients with RCC (a cohort with unrelated urological cancer care) than in those with CRC. Despite higher overall mortality in patients with RCC, prostate cancer-specific survival was similar in both groups. Opportunities may exist to better target prostate cancer screening in patients who receive non-prostate-related urological care. Furthermore, urologists should not feel obligated to perform prostate-specific antigen screening for all patients receiving non-prostate-related urological care.

[195]

TÍTULO / TITLE: - Prostate cancer cells differ in testosterone accumulation, dihydrotestosterone conversion, and androgen receptor signaling response to steroid 5alpha-reductase inhibitors.

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

REVISTA / JOURNAL: - Prostate. 2013 Jun 27. doi: 10.1002/pros.22694.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22694](#)

AUTORES / AUTHORS: - Wu Y; Godoy A; Azzouni F; Wilton JH; Ip C; Mohler JL
INSTITUCIÓN / INSTITUTION: - Department of Cancer Prevention and Control, Roswell Park Cancer Institute, Buffalo, New York; Department of Urology, Roswell Park Cancer Institute, Buffalo, New York.

RESUMEN / SUMMARY: - BACKGROUND: Blocking 5alpha-reductase-mediated testosterone conversion to dihydrotestosterone (DHT) with finasteride or dutasteride is the driving hypothesis behind two prostate cancer prevention trials. Factors affecting intracellular androgen levels and the androgen receptor

(AR) signaling axis need to be examined systematically in order to fully understand the outcome of interventions using these drugs. **METHODS:** The expression of three 5alpha-reductase isozymes, as determined by immunohistochemistry and qRT-PCR, was studied in five human prostate cancer cell lines. Intracellular testosterone and DHT were analyzed using mass spectrometry. A luciferase reporter assay and AR-regulated genes were used to evaluate the modulation of AR activity. **RESULTS:** Prostate cancer cells were capable of accumulating testosterone to a level 15-50 times higher than that in the medium. The profile and expression of 5alpha-reductase isozymes did not predict the capacity to convert testosterone to DHT. Finasteride and dutasteride were able to depress testosterone uptake in addition to lowering intracellular DHT. The inhibition of AR activity following drug treatment often exceeded the expected response due to reduced availability of DHT. The ability to maintain high intracellular testosterone might compensate for the shortage of DHT. **CONCLUSIONS:** The biological effect of finasteride or dutasteride appears to be complex and may depend on the interplay of several factors, which include testosterone turnover, enzymology of DHT production, ability to use testosterone and DHT interchangeably, and propensity of cells for off-target AR inhibitory effect. Prostate © 2013 Wiley Periodicals, Inc.

[196]

TÍTULO / TITLE: - Thiosulfate in urine as a facilitator in the diagnosis of prostate cancer for patients with prostate-specific antigen less or equal 10 ng/mL.

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

REVISTA / JOURNAL: - Clin Chem. %2!?[y+9?%ak

<http://www.journals.uchicago.edu/> ●● Clinical Infectious Diseases: <> Lab Med. 2013 Jul 6:1-7. doi: 10.1515/cclm-2013-0069.

●● Enlace al texto completo (gratis o de pago) [1515/cclm-2013-0069](#)

AUTORES / AUTHORS: - Chwatko G; Forma E; Wilkosz J; Glowacki R; Jozwiak P; Rozanski W; Brys M; Krzeslak A

RESUMEN / SUMMARY: - Abstract Background: The aim of this study was to examine the level of thiosulfate in the urine of prostate cancer (PCa) patients and evaluate its usefulness in the diagnosis and monitoring of prostate malignant transformation. Thiosulfate is a naturally occurring product of hydrogen sulfide (H₂S) metabolism. H₂S is involved in many physiological and pathological processes including inflammation and tumorigenesis. Methods: The determination of thiosulfate in the urine of PCa patients and healthy controls was performed by reverse-phased liquid chromatography using 2-chloro-1-methylquinolinium tetrafluoroborate as a derivatization reagent. Thiosulfate concentrations were normalized to urinary creatinine levels to compensate for variable diuresis. Results: In the urine samples of PCa patients, the mean thiosulfate level was almost 50 times higher than in the control groups and five times higher than in the benign prostatic hyperplasia group. The level

of thiosulfate did not correlate with the serum prostate-specific antigen (PSA) level or PSA density. Neither tumor stage nor tumor grade was associated with thiosulfate level. Conclusions: The results suggest that thiosulfate concentration in urine may be a good facilitator in the diagnostics of PCa. The predictive accuracy of this method is particularly valuable for the diagnosis of patients with low serum PSA level and negative digital rectal examination and transrectal ultrasound results.

[197]

TÍTULO / TITLE: - MiR-221 promotes the development of androgen independence in prostate cancer cells via downregulation of HECTD2 and RAB1A.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jun 17. doi: 10.1038/onc.2013.230.

●● [Enlace al texto completo \(gratis o de pago\) 1038/onc.2013.230](#)

AUTORES / AUTHORS: - Sun T; Wang X; He HH; Sweeney CJ; Liu SX; Brown M; Balk S; Lee GS; Kantoff PW

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA.

RESUMEN / SUMMARY: - Hormone-sensitive prostate cancer typically progresses to castration resistant prostate cancer (CRPC) after the androgen deprivation therapy. We investigated the impact of microRNAs (miRs) in the transition of prostate cancer to CRPC. MiR-221/-222 was highly expressed in bone metastatic CRPC tumor specimens. We previously demonstrated that transient overexpression of miR-221/-222 in LNCaP promoted the development of the CRPC phenotype. In current study, we show that stably overexpressing miR-221 confers androgen independent (AI) cell growth in LNCaP by rescuing LNCaP cells from growth arrest at G1 phase due to the lack of androgen. Overexpressing of miR-221 in LNCaP reduced the transcription of a subgroup of androgen-responsive genes without affecting the androgen receptor (AR) or AR-androgen integrity. By performing systematic biochemical and bioinformatical analyses, we identified two miR-221 targets, HECTD2 and RAB1A, which could mediate the development of CRPC phenotype in multiple prostate cancer cell lines. Downregulation of HECTD2 significantly affected the androgen-induced and AR-mediated transcription, and downregulation of HECTD2 or RAB1A enhances AI cell growth. As a result of the elevated expression of miR-221, expression of many cell cycle genes was altered and pathways promoting epithelial to mesenchymal transition/tumor metastasis were activated. We hypothesize that a major biological consequence of upregulation of miR-221 is reprogramming of AR signaling, which in turn may mediate the transition to the CRPC phenotype. Oncogene advance online publication, 17 June 2013; doi:10.1038/onc.2013.230.

[198]

TÍTULO / TITLE: - Androgen receptor functions in castration-resistant prostate cancer and mechanisms of resistance to new agents targeting the androgen axis.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jun 10. doi: 10.1038/onc.2013.235.

●● Enlace al texto completo (gratis o de pago) [1038/onc.2013.235](#)

AUTORES / AUTHORS: - Yuan X; Cai C; Chen S; Chen S; Yu Z; Balk SP

INSTITUCIÓN / INSTITUTION: - Hematology Oncology Division, Department of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA.

RESUMEN / SUMMARY: - The metabolic functions of androgen receptor (AR) in normal prostate are circumvented in prostate cancer (PCa) to drive tumor growth, and the AR also can acquire new growth-promoting functions during PCa development and progression through genetic and epigenetic mechanisms. Androgen deprivation therapy (ADT, surgical or medical castration) is the standard treatment for metastatic PCa, but patients invariably relapse despite castrate androgen levels (castration-resistant PCa, CRPC). Early studies from many groups had shown that AR was highly expressed and transcriptionally active in CRPC, and indicated that steroids from the adrenal glands were contributing to this AR activity. More recent studies showed that CRPC cells had increased expression of enzymes mediating androgen synthesis from adrenal steroids, and could synthesize androgens de novo from cholesterol. Phase III clinical trials showing a survival advantage in CRPC for treatment with abiraterone (inhibitor of the enzyme CYP17A1 required for androgen synthesis that markedly reduces androgens and precursor steroids) and for enzalutamide (new AR antagonist) have now confirmed that AR activity driven by residual androgens makes a major contribution to CRPC, and led to the recent Food and Drug Administration approval of both agents. Unfortunately, patients treated with these agents for advanced CRPC generally relapse within a year and AR appears to be active in the relapsed tumors, but the molecular mechanisms mediating intrinsic or acquired resistance to these AR-targeted therapies remain to be defined. This review outlines AR functions that contribute to PCa development and progression, the roles of intratumoral androgen synthesis and AR structural alterations in driving AR activity in CRPC, mechanisms of action for abiraterone and enzalutamide, and possible mechanisms of resistance to these agents. Oncogene advance online publication, 10 June 2013; doi:10.1038/onc.2013.235.

[199]

TÍTULO / TITLE: - Impact of chemotherapy and radiotherapy for testicular germ cell tumors on spermatogenesis and sperm DNA: a multicenter prospective study from the CECOS network.

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

REVISTA / JOURNAL: - Fertil Steril. 2013 Jun 8. pii: S0015-0282(13)00616-X. doi: 10.1016/j.fertnstert.2013.05.018.

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

[1016/j.fertnstert.2013.05.018](#)

AUTORES / AUTHORS: - Bujan L; Walschaerts M; Moinard N; Hennebicq S; Saias J; Brugnon F; Auger J; Berthaut I; Szymanski E; Daudin M; Rives N

INSTITUCIÓN / INSTITUTION: - Federation Francaise des Centre d'Etude et de Conservation des OEufs et du Sperme Humains (CECOS), France; Universite de Toulouse; UPS; Groupe de Recherche en Fertilité Humaine (EA 3694, Human Fertility Research Group), CECOS, Toulouse, France. Electronic address: bujan.l@chu-toulouse.fr.

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine the consequences of adjuvant testicular germ cell tumor treatment (TGCT) on sperm characteristics and sperm DNA, and to evaluate the predictors of sperm recovery. **DESIGN:** Multicenter prospective longitudinal study of patients analyzed before treatment and after 3, 6, 12, and 24 months. **SETTING:** University hospitals. **PATIENT(S):** One hundred twenty-nine volunteer TGCT patients and a control group of 257 fertile men. **INTERVENTION(S):** Routine semen analyses, sperm DNA, and chromatin assessments. **MAIN OUTCOME MEASURE(S):** Comparisons of mean sperm characteristics before and after treatment, with sperm recovery analyzed by the Kaplan-Meier method. **RESULT(S):** The quantitative and qualitative sperm characteristics decreased after treatment, with lowest values at 3 and 6 months and with variations according to treatment type. The mean total sperm count recovered to pretreatment values at 12 months after treatment after two or fewer bleomycin, etoposide, and cisplatin (BEP) cycles, but not after radiotherapy or more than two BEP cycles. Only the treatment modalities and pretreatment sperm production were related to recovery of the World Health Organization reference sperm values. An increased proportion of patients had elevated high sperm DNA stainability at 6 months after radiotherapy. **CONCLUSION(S):** Adjuvant treatments for testicular germ cell tumor have drastic effects on spermatogenesis and sperm chromatin quality. These new data on both the recovery period according to treatment modalities and the post-treatment chromatin status of sperm are useful tools for counseling patients wishing to conceive.

[200]

TÍTULO / TITLE: - The relative importance of hormonal therapy and biological effective dose in optimizing prostate brachytherapy treatment outcomes.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):E44-50. doi: 10.1111/bju.12166. Epub 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12166

AUTORES / AUTHORS: - Stock RG; Buckstein M; Liu JT; Stone NN

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Mount Sinai School of Medicine, New York, NY, USA.

RESUMEN / SUMMARY: - **OBJECTIVES:** To compare the relative importance of radiation dose escalation vs androgen deprivation therapy (ADT) in the definitive treatment of prostate adenocarcinoma. **PATIENTS AND METHODS:** In total, 2427 patients with prostate adenocarcinoma were treated with definitive brachytherapy or brachytherapy with external beam radiation with or without ADT. Over the 20-year period of the present study (median follow-up of 78 months), patients were treated with a range of doses that were converted to the biological effective dose (BED) and/or ADT as the treatment paradigms were optimized. Using univariate and multivariate analysis, the relative impact on the biochemical control and post-treatment prostate biopsy results of BED vs ADT was determined. **RESULTS:** The 10-year freedom from biochemical failure (FBF) was significantly affected by BED group: ≤ 150 Gy₂ (64%), >150 -200 Gy₂ (88%), >200 -220 Gy₂ (89%) and >220 Gy₂ (89.5%) ($P < 0.001$). When stratified into dose groups, ADT improved FPF on multivariate analysis for the BED group (<150 Gy₂, hazard ratio = 0.55; >150 -200 Gy₂, hazard ratio = 0.39) but not for the higher BED groups. Among patients receiving ADT, a significant difference in 10-year FBF was seen when stratifying BED into groups ≤ 150 Gy₂ (78%) vs >150 Gy₂ (87%) ($P = 0.01$). On logistic regression, ADT had a significant impact on obtaining a negative biopsy (hazard ratio = 0.21) with BED <200 Gy₂, although there was no difference with BED >200 Gy₂. **CONCLUSIONS:** When treated with brachytherapy with or without EBT, ADT improves FBF only in the setting of lower doses. The benefit of ADT may be primarily as an enhancer of local control, explaining why high radiation doses can compensate for its absence.

[201]

TÍTULO / TITLE: - Angiogenic and signalling proteins correlate with sensitivity to sequential treatment in renal cell cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Aug 6;109(3):686-93. doi: 10.1038/bjc.2013.360. Epub 2013 Jul 9.

●● Enlace al texto completo (gratis o de pago) 1038/bjc.2013.360

AUTORES / AUTHORS: - Rosa R; Damiano V; Nappi L; Formisano L; Massari F; Scarpa A; Martignoni G; Bianco R; Tortora G

INSTITUCIÓN / INSTITUTION: - Dipartimento di Endocrinologia ed Oncologia Molecolare e Clinica, Università di Napoli "Federico II", Naples, Italy.

RESUMEN / SUMMARY: - Background:We aimed to study key signalling proteins involved in angiogenesis and proliferation on the response to inhibitors of tyrosine kinases and mammalian target of rapamycin in first- and in second-line treatment of renal cell carcinoma (RCC).Methods:In a panel of human RCC tumours, in vitro and in nude mice, we evaluated the effect of sunitinib, sorafenib and everolimus, alone and in sequence, on tumour growth and expression of signalling proteins involved in proliferation and resistance to treatment.Results:We demonstrated that, as single agents, sunitinib, sorafenib and everolimus share similar activity in inhibiting cell proliferation, signal transduction and vascular endothelial growth factor (VEGF) secretion in different RCC models, both in vitro and in tumour xenografts. Pre-treatment with sunitinib reduced the response to subsequent sunitinib and sorafenib but not to everolimus. Inability by sunitinib to persistently inhibit HIF-1, VEGF and pMAPK anticipated treatment resistance in xenografted tumours. After first-line sunitinib, second-line treatment with everolimus was more effective than either sorafenib or rechallenge with sunitinib in interfering with signalling proteins, VEGF and interleukin-8, translating into a significant advantage in tumour growth inhibition and mice survival.Conclusion:We demonstrated that a panel of angiogenic and signalling proteins can correlate with the onset of resistance to sunitinib and the activity of everolimus in second line.

[202]

TÍTULO / TITLE: - Enzalutamide in Castration-resistant Prostate Cancer Patients Progressing After Docetaxel and Abiraterone.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul 2. pii: S0302-2838(13)00657-X. doi: 10.1016/j.eururo.2013.06.042.

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

[1016/j.eururo.2013.06.042](#)

AUTORES / AUTHORS: - Schrader AJ; Boegemann M; Ohlmann CH; Schnoeller TJ; Krabbe LM; Hajili T; Jentzmik F; Stoeckle M; Schrader M; Herrmann E; Cronauer MV

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ulm University Medical Center, Ulm, Germany. Electronic address: ajschrader@gmx.de.

RESUMEN / SUMMARY: - BACKGROUND: Abiraterone, an androgen synthesis inhibitor, has been successfully used in the treatment of castration-resistant prostate cancer (CRPC) for 2 yr. Enzalutamide is a second-generation nonsteroidal antiandrogen that has recently been approved for the same indication. OBJECTIVE: This is the first study to evaluate the effectiveness of enzalutamide after failure of abiraterone. DESIGN, SETTING, AND PARTICIPANTS: Thirty-five patients were identified as having received sequential therapy with abiraterone followed by enzalutamide. All patients had undergone prior docetaxel chemotherapy, and no patient had received

ketoconazole. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Posttreatment changes in prostate-specific antigen (PSA) were used to determine the activity of enzalutamide in patients who had received prior abiraterone. RESULTS AND LIMITATIONS: The median duration of abiraterone treatment was 9.0 mo (range: 2.0-19.0 mo). Of the 35 patients, 16 (45.7%) achieved a >50% decline in PSA, and 14 (40%) had a rising PSA as the best response. The median duration of subsequent enzalutamide treatment was 4.9 mo (Kaplan-Meier estimate; 95% confidence interval [CI], 2.4-7.4). Seven of 16 CRPC patients who were initially abiraterone-sensitive (43.8%) and 3 of 19 CRPC patients who were initially abiraterone-insensitive (15.8%) showed a >50% PSA decline while taking enzalutamide. Of the 35 patients, 17 (48.6%) were primarily enzalutamide-resistant and showed a rising PSA as the best response. Median time to progression was 4.0 mo (95% CI, 2.0-6.0) for 18 of 35 patients with at least one declining PSA value while taking enzalutamide (51.4%). Of the 17 patients who were assessable radiologically, only 1 (2.9%) attained a confirmed partial response. Small sample size was the major limitation. CONCLUSIONS: Enzalutamide treatment achieved only a modest response rate in patients progressing after abiraterone. Although cross-resistance between abiraterone and enzalutamide was a common phenomenon, it was not inevitable, and a small but significant number of patients showed significant benefit from sequential treatment.

[203]

TÍTULO / TITLE: - Peroxiredoxin-3 is overexpressed in prostate cancer and promotes cancer cell survival by protecting cells from oxidative stress.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 23. doi: 10.1038/bjc.2013.396.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.396](#)

AUTORES / AUTHORS: - Whitaker HC; Patel D; Howat WJ; Warren AY; Kay JD; Sangan T; Marioni JC; Mitchell J; Aldridge S; Luxton HJ; Massie C; Lynch AG; Neal DE

INSTITUCIÓN / INSTITUTION: - Uro-Oncology Research Group, Cambridge CB2 0RE, UK.

RESUMEN / SUMMARY: - Objective: We have previously identified peroxiredoxin-3 (PRDX-3) as a cell-surface protein that is androgen regulated in the LNCaP prostate cancer (PCa) cell line. PRDX-3 is a member of the peroxiredoxin family that are responsible for neutralising reactive oxygen species. Experimental design: PRDX-3 expression was examined in tissue from 32 patients using immunohistochemistry. Subcellular distribution was determined using confocal microscopy. PRDX-3 expression was determined in antiandrogen-resistant cell lines by western blotting and quantitative RT-PCR. The pathways of PRDX-3 overexpression and knockdown on apoptosis and response to oxidative stress were investigated using protein arrays. Results: PRDX-3 is upregulated in a

number of endocrine-regulated tumours; in particular in PCa and prostatic intraepithelial neoplasia. Although the majority of PRDX-3 is localised to the mitochondria, we have confirmed that PRDX-3 at the cell membrane is androgen regulated. In antiandrogen-resistant LNCaP cell lines, PRDX-3 is upregulated at the protein but not RNA level. Resistant cells also possess an upregulation of the tricarboxylic acid (TCA) pathway and resistance to H₂O₂-induced apoptosis through a failure to activate pro-apoptotic pathways. Knockdown of PRDX-3 restored H₂O₂ sensitivity. Conclusion: Our results suggest that PRDX-3 has an essential role in regulating oxidation-induced apoptosis in antiandrogen-resistant cells. PRDX-3 may have potential as a therapeutic target in castrate-independent PCa. British Journal of Cancer advance online publication, 23 July 2013; doi:10.1038/bjc.2013.396 www.bjcancer.com.

[204]

TÍTULO / TITLE: - A Genetic Score Can Identify Men at High Risk for Prostate Cancer Among Men With Prostate-Specific Antigen of 1-3 ng/ml.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul 19. pii: S0302-2838(13)00720-3. doi: 10.1016/j.eururo.2013.07.005.

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

1016/j.eururo.2013.07.005

AUTORES / AUTHORS: - Nordstrom T; Aly M; Eklund M; Egevad L; Gronberg H

INSTITUCIÓN / INSTITUTION: - Department of Clinical Sciences at Danderyds Hospital, Karolinska Institutet, Stockholm, Sweden; Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden.

RESUMEN / SUMMARY: - BACKGROUND: The diagnostic performance of a genetic score based on single nucleotide polymorphisms (SNPs) is unknown in the prostate-specific antigen (PSA) range of 1-3 ng/ml. A substantial proportion of men in this PSA span have prostate cancer (PCa), but biomarkers to determine who should undergo a prostate biopsy are lacking. OBJECTIVE: To evaluate whether a genetic risk score identifies men in the PSA range of 1-3 ng/ml who are at higher risk for PCa. DESIGN, SETTING, AND PARTICIPANTS: Men aged 50-69 yr with PSA 1-3 ng/ml and without a previous prostate biopsy were selected from the STHLM2 cohort. Of 2696 men, 49 SNPs were genotyped, and a polygenic risk score was calculated. Of these men, 860 were invited according to risk score, and 172 underwent biopsy. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: The risk of PCa was assessed using univariate and multivariate logistic regression analysis. RESULTS AND LIMITATIONS: PCa was diagnosed in 47 of 172 participants (27%), with Gleason sum 6 in 36 of 47 men (77%) and Gleason sum ≥ 7 in 10 of 47 men (21%); one man had intraductal cancer. The genetic score was a significant predictor of a positive biopsy ($p=0.028$), even after

adjusting for PSA, ratio of free to total PSA, prostate volume, age, and family history. There was an increase in the odds ratio of 1.60 (95% confidence interval, 1.05-2.45) with increasing genetic risk score. The absolute risk difference of positive biopsy was 19 percentage points, comparing the high and low genetic risk group (37% vs 18%). CONCLUSIONS: A risk score based on SNPs predicts biopsy outcome in previously unbiopsied men with PSA 1-3 ng/ml. Introducing a genetic-based risk stratification tool can increase the proportion of men being classified in line with their true risk of PCa.

[205]

TÍTULO / TITLE: - Prognostic utility of cell cycle progression score in men with prostate cancer after primary external beam radiation therapy.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Aug 1;86(5):848-53. doi: 10.1016/j.ijrobp.2013.04.043. Epub 2013 Jun 5.

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

[1016/j.ijrobp.2013.04.043](#)

AUTORES / AUTHORS: - Freedland SJ; Gerber L; Reid J; Welbourn W; Tikishvili E; Park J; Younus A; Gutin A; Sangale Z; Lanchbury JS; Salama JK; Stone S

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Durham VA Medical Center, Durham, North Carolina; Department of Surgery (Urology), Duke University School of Medicine, Durham, North Carolina; Department of Pathology, Duke University School of Medicine, Durham, North Carolina. Electronic address: steve.freedland@duke.edu.

RESUMEN / SUMMARY: - **PURPOSE:** To evaluate the prognostic utility of the cell cycle progression (CCP) score, a RNA signature based on the average expression level of 31 CCP genes, for predicting biochemical recurrence (BCR) in men with prostate cancer treated with external beam radiation therapy (EBRT) as their primary curative therapy. **METHODS AND MATERIALS:** The CCP score was derived retrospectively from diagnostic biopsy specimens of men diagnosed with prostate cancer from 1991 to 2006 (n=141). All patients were treated with definitive EBRT; approximately half of the cohort was African American. Outcome was time from EBRT to BCR using the Phoenix definition. Median follow-up for patients without BCR was 4.8 years. Association with outcome was evaluated by Cox proportional hazards survival analysis and likelihood ratio tests. **RESULTS:** Of 141 patients, 19 (13%) had BCR. The median CCP score for patient samples was 0.12. In univariable analysis, CCP score significantly predicted BCR (P=.0017). The hazard ratio for BCR was 2.55 for 1-unit increase in CCP score (equivalent to a doubling of gene expression). In a multivariable analysis that included Gleason score, prostate-specific antigen, percent positive cores, and androgen deprivation therapy, the hazard ratio for CCP changed only marginally and remained significant (P=.034), indicating that CCP provides prognostic information that is not provided by

standard clinical parameters. With 10-year censoring, the CCP score was associated with prostate cancer-specific mortality (P=.013). There was no evidence for interaction between CCP and any clinical variable, including ethnicity. CONCLUSIONS: Among men treated with EBRT, the CCP score significantly predicted outcome and provided greater prognostic information than was available with clinical parameters. If validated in a larger cohort, CCP score could identify high-risk men undergoing EBRT who may need more aggressive therapy.

[206]

TÍTULO / TITLE: - Adjuvant versus salvage radiotherapy for high-risk prostate cancer patients.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):215-21. doi: 10.1016/j.semradonc.2013.01.009.

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

1016/j.semradonc.2013.01.009

AUTORES / AUTHORS: - King CR

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of California, Los Angeles, CA 90095, USA. crking@mednet.ucla.edu

RESUMEN / SUMMARY: - Radiotherapy (RT) after prostatectomy may potentially eradicate any residual localized microscopic disease in the prostate bed. The current dilemma is whether to deliver adjuvant RT solely on the basis of high-risk pathology (pT3 or positive margins), but in the absence of measurable prostate-specific antigen, or whether early salvage radiotherapy (SRT) would yield equivalent outcomes. Although the results of current randomized trials answering this very question remain years away, the best evidence to date supports early SRT as the better strategy. In terms of SRT, the pooled evidence reveals that one should initiate RT at the lowest prostate-specific antigen possible to maximize results. Similarly, the pooled data suggest that there is a dose-response favoring doses >70 Gy to the prostate bed. The evidence regarding the role of androgen deprivation therapy and the use of elective pelvic nodal RT is weak, and ongoing randomized trials are underway. Several clinical scenarios are presented for discussion.

[207]

TÍTULO / TITLE: - Differential urinary specific gravity as a molecular phenotype of the bladder cancer genetic association in the urea transporter gene, SLC14A1.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jun 10. doi: 10.1002/ijc.28325.

●● Enlace al texto completo (gratis o de pago) 1002/ijc.28325

AUTORES / AUTHORS: - Koutros S; Baris D; Fischer A; Tang W; Garcia-Closas M; Karagas MR; Schwenn M; Johnson A; Figueroa J; Waddell R; Prokunina-Olsson L; Rothman N; Silverman DT

INSTITUCIÓN / INSTITUTION: - Division of Cancer Epidemiology and Genetics, Department of Health and Human Services, National Cancer Institute, National Institutes of Health, Bethesda, MD.

RESUMEN / SUMMARY: - Genome-wide association studies (GWAS) identified associations between markers within the solute carrier family 14 (urea transporter), member 1 (SLC14A1) gene and risk of bladder cancer. SLC14A1 defines the Kidd blood groups in erythrocytes and is also involved in concentration of the urine in the kidney. We evaluated the association between a representative genetic variant (rs10775480) of SLC14A1 and urine concentration, as measured by urinary specific gravity (USG), in a subset of 275 population-based controls enrolled in the New England Bladder Cancer Study. Overnight urine samples were collected, and USG was measured using refractometry. Analysis of covariance was used to estimate adjusted least square means for USG in relation to rs10775480. We also examined the mRNA expression of both urea transporters, SLC14A1 and SLC14A2, in a panel of human tissues. USG was decreased with each copy of the rs10775480 risk T allele (p-trend = 0.011) with a significant difference observed for CC vs. TT genotypes (p-value_{tuke} = 0.024). RNA-sequencing in the bladder tissue showed high expression of SLC14A1 and the absence of SLC14A2, while both transporters were expressed in the kidney. We suggest that the molecular phenotype of this GWAS finding is the genotype-specific biological activity of SLC14A1 in the bladder tissue. Our data suggest that SLC14A1 could be a unique urea transporter in the bladder that has the ability to influence urine concentration and that this mechanism might explain the increased bladder cancer susceptibility associated with rs10775480.

[208]

TÍTULO / TITLE: - Testicular invading refractory multiple myeloma during bortezomib treatment successfully treated with lenalidomide: a case report.

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

REVISTA / JOURNAL: - Ann Hematol. 2013 Jul 3.

●● Enlace al texto completo (gratis o de pago) [1007/s00277-013-1835-](#)

[9](#)

AUTORES / AUTHORS: - Miyao K; Sakemura R; Sakai T; Tsushita N; Kato T; Niimi K; Ono Y; Sawa M

INSTITUCIÓN / INSTITUTION: - Department of Hematology and Oncology, Anjo Kosei Hospital, Higashi-Hirokute 28 Anjo-Chou, Anjo City, Aichi Prefecture, Japan, koutarou380@yahoo.co.jp.

[209]

TÍTULO / TITLE: - Serum prostate-specific antigen (PSA) concentration is positively associated with rate of disease reclassification on subsequent active surveillance prostate biopsy in men with low PSA density.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 7. doi: 10.1111/bju.12131.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12131](#)

AUTORES / AUTHORS: - Umbehre MH; Platz EA; Peskoe SB; Bhavsar NA; Epstein JI; Landis P; Partin AW; Carter HB

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health; The James Buchanan Brady Urological Institute, Johns Hopkins School of Medicine; Horten Center for patient orientated research and knowledge transfer, University of Zurich; Department of Urology, University of Zurich, University Hospital, Zurich, Switzerland.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate the association between serum prostate-specific antigen (PSA) concentration at active surveillance (AS) entry and disease reclassification on subsequent AS biopsy ('biopsy reclassification') in men with low PSA density (PSAD). To investigate whether a clinically meaningful PSA threshold for AS eligibility/ineligibility for men with low PSAD can be identified based on risk of subsequent biopsy reclassification. **PATIENTS AND METHODS:** We included men enrolled in the Johns Hopkins AS Study (JHAS) who had a PSAD of <0.15 ng/mL/g (640 men). We estimated the incidence rates (IRs; per 100 person years) and hazard ratios (HR) of biopsy reclassification (Gleason score ≥ 7 , any Gleason pattern 4 or 5, ≥ 3 positive cores, or $\geq 50\%$ cancer involvement/biopsy core) for categories of serum PSA concentration at the time of entry into AS. We generated predicted IRs using Poisson regression to adjust for age and prostate volume, mean percentage free PSA (ratio of free to total PSA) and maximum percentage biopsy core involvement with cancer. **RESULTS:** The unadjusted IRs (per 100 person years) of biopsy reclassification across serum PSA concentration at entry into JHAS showed, in general, an increase; however, the pattern was not linear with higher IRs in the group ≥ 4 to <6 ng/mL (14.2, 95% confidence interval [CI] 11.8-17.2%) when compared with ≥ 6 to <8 ng/mL (8.4, 95% CI 5.7-12.3%) but almost similar IRs when compared with the group ≥ 8 to <10 ng/mL (14.8, 95% CI 8.4-26.1%). The adjusted predicted IRs of reclassification showed a similar non-linear increase in IRs, whereby the rates around 4 ng/mL were similar to the rates around 10 ng/mL. **CONCLUSION:** Risk for biopsy reclassification increased non-linearly across PSA concentration in men with low PSAD, whereby no obvious clinically meaningful threshold could be identified. This information could be incorporated into decision-making for AS. However, longer follow-up times are needed to warrant final conclusions.

[210]

TÍTULO / TITLE: - Prognostic value of complete response in patients with muscle-invasive bladder cancer undergoing concurrent chemoradiotherapy.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Jun;33(6):2605-10.

AUTORES / AUTHORS: - Wu CE; Lin YC; Hong JH; Chuang CK; Pang ST; Liaw CC

INSTITUCIÓN / INSTITUTION: - Division of Haematology-Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital at Linkou, Chang Gung University College of Medicine, Taoyuan, Taiwan, ROC.

RESUMEN / SUMMARY: - AIM: To evaluate the feasibility of concurrent chemoradiotherapy (CCRT) in very advanced bladder cancer (stage IV) and further analyze the prognostic factors in these patients. PATIENTS AND METHODS: We retrospectively reviewed the clinicopathological features and outcomes of patients with muscle-invasive bladder cancer after CCRT. Sixty-one patients with muscle-invasive bladder cancer who underwent CCRT between January 1996 and March 2011 were eligible for evaluation. Chemotherapy consisted of cisplatin (50 mg/m²) at day one, and 5-fluorouracil (500 mg/m²/day) and leucovorin (50 mg/m²/day) at days 1, 2, and 3, every three weeks, for a maximum of six cycles. The radiation dose was 44-45 Gy to the entire pelvis and 60-66 Gy to the entire bladder, with a daily fraction of 1.8-2 Gy. RESULTS: By August 2012, the estimated median progression-free survival (PFS), cancer-specific survival, and overall survival (OS) were 25.7, 64.3 and 35.8 months, respectively; the complete response (CR) rate was 68.8%. Both clinical stage and CR following CCRT, were independent prognostic factors for PFS, cancer-specific survival, and OS. Patients with stage IV disease who achieved CR had significantly better PFS (log-rank p=0.01), cancer-specific survival (log-rank p=0.01), and OS (log-rank p=0.01) than those with stage II/III disease but no CR. The absence of hydronephrosis was the only factor predictive of CR after CCRT (odd ratio, 4.21; p=0.04). CONCLUSION: CR was the most important prognostic factor in muscle-invasive bladder cancer. Selected patients with stage IV bladder cancer could benefit from CCRT if a CR is achieved.

[211]

TÍTULO / TITLE: - Androgen receptor enhances entosis, a non-apoptotic cell death, through modulation of Rho/ROCK pathway in prostate cancer cells.

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

REVISTA / JOURNAL: - Prostate. 2013 Sep;73(12):1306-15. doi: 10.1002/pros.22676. Epub 2013 Jun 15.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22676](#)

AUTORES / AUTHORS: - Wen S; Shang Z; Zhu S; Chang C; Niu Y

INSTITUCIÓN / INSTITUTION: - Chawnsiang Chang Sex Hormone Research Center, Tianjin Institute of Urology, Tianjin Medical University, Tianjin, China.

RESUMEN / SUMMARY: - BACKGROUND: Cell-in-cell phenomenon has been found for more than a century. Entosis, which is a newly found homogeneous cell-in-cell phenomenon and a non-apoptosis cell death progress, has unclear function in prostate cancer progression. Here, we dissected mechanism of AR signaling related to entosis incidence in PCa progression. METHODS: Two stable PCa cell lines, named LNCaP-ARsi and C4-2-ARsi were established with stably transfected AR-shRNA to knockdown AR mRNA expression in LNCaP and C4-2 cells, respectively. PC3-AR9 cell line was also established after stably transfecting full-length AR-cDNA into PC3 cells. All these cells were cultured in poly-HEME-coated plates to induce entosis, which is demonstrated via double staining. RESULTS: Androgen-DHT could enhance entosis in LNCaP, C4-2 and PC3-AR9 PCa cells in a dose dependent manner. Knock-down of AR in LNCaP and C4-2 significantly suppressed entosis as compared to LNCaP-ARsc and C4-2-ARsc cells at both 1 and 10 nM DHT condition ($P < 0.05$). And suppression of Rho/ROCK expression resulted in interruption of AR-mediated entosis. Human PCa samples surveys demonstrated that entosis was found only in CRPC but not in BPH and ADPC where AR was less expressed as compared to CRPC. CONCLUSIONS: These results indicated that AR might play a negative role during PCa progression via influencing entosis by modulating Rho/ROCK pathway. This newly identified AR role of enhancing entosis might help us to better understand the multiple and opposite roles of AR, which could either promote or suppress PCa cell progression via different mechanisms. Prostate 73: 1306-1315, 2013. © 2013 Wiley Periodicals, Inc.

[212]

TÍTULO / TITLE: - PTK6 activation at the membrane regulates epithelial-mesenchymal transition in prostate cancer.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Jul 15.

- [Enlace al texto completo \(gratis o de pago\) 1158/0008-5472.CAN-13-0443](#)

AUTORES / AUTHORS: - Zheng Y; Wang Z; Bie W; Brauer PM; Perez White BE; Li J; Nogueira V; Raychaudhuri P; Hay N; Tonetti DA; Macias V; Kajdacsy-Balla A; Tyner AL

INSTITUCIÓN / INSTITUTION: - MGH Cancer Center, Massachusetts General Hospital, Harvard Medical School.

RESUMEN / SUMMARY: - The intracellular tyrosine kinase PTK6 lacks a membrane-targeting SH4 domain and localizes to the nuclei of normal prostate epithelial cells. However, PTK6 translocates from the nucleus to the cytoplasm in human prostate tumor cells. Here we show that while PTK6 is located primarily within the cytoplasm, the pool of active PTK6 in prostate cancer cells localizes to membranes. Ectopic expression of membrane-targeted active PTK6 promoted epithelial-mesenchymal transition in part by enhancing activation of

AKT, thereby stimulating cancer cell migration and metastases in xenograft models of prostate cancer. Conversely, siRNA-mediated silencing of endogenous PTK6 promoted an epithelial phenotype and impaired tumor xenograft growth. In mice, PTEN deficiency caused endogenous active PTK6 to localize at membranes in association with decreased E-cadherin expression. Active PTK6 was detected at membranes in some high-grade human prostate tumors, and PTK6 and E-cadherin expression levels were inversely correlated in human prostate cancers. Additionally, high levels of PTK6 expression predicted poor prognosis in prostate cancer patients. Our findings define novel functions for PTK6 in the pathophysiology of prostate cancer, and they define this kinase as a candidate therapeutic target.

[213]

TÍTULO / TITLE: - Candidate tumor suppressor and pVHL partner Jade-1 binds and inhibits AKT in renal cell carcinoma.

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

REVISTA / JOURNAL: - Cancer Res. 2013 Jul 1.

- [Enlace al texto completo \(gratis o de pago\) 1158/0008-5472.CAN-12-4707](#)

AUTORES / AUTHORS: - Zeng L; Bai M; Mittal AK; El-Jouni W; Zhou J; Cohen DM; Zhou MI; Cohen HT

INSTITUCIÓN / INSTITUTION: - Renal Section, Boston University School of Medicine.

RESUMEN / SUMMARY: - The von Hippel-Lindau tumor suppressor pVHL (VHL) is lost in the majority of clear-cell renal cell carcinomas (RCCs). Activation of the PI3K/AKT/mTOR pathway is also common in RCC, with PTEN loss occurring in ~30% of the cases, but other mechanisms responsible for activating AKT at a wider level in this setting are undefined. Plant homeodomain protein Jade-1 (PHF17) is a candidate renal tumor suppressor stabilized by pVHL. Here using kinase arrays we identified phospho-AKT1 as an important target of Jade-1. Overexpressing or silencing Jade-1 in RCC cells increased or decreased levels of endogenous phospho-AKT/AKT1. Further, reintroducing pVHL into RCC cells increased endogenous Jade-1 and suppressed endogenous levels of phospho-AKT, which colocalized with and bound to Jade-1. The N-terminus of Jade-1 bound both the catalytic domain and the C-terminal regulatory tail of AKT, suggesting a mechanism through which Jade-1 inhibited AKT kinase activity. Intriguingly, RCC precursor cells where Jade-1 was silenced exhibited an increased capacity for AKT-dependent anchorage-independent growth, in support of a tumor suppressor function for Jade-1 in RCC. In support of this concept, an in silico expression analysis suggested that reduced Jade-1 expression is a poor prognostic factor in clear-cell RCC that is associated with activation of an AKT1 target gene signature. Taken together, our results identify two mechanisms for Jade-1 fine control of AKT/AKT1 in RCC, through loss of

pVHL, which decreases Jade-1 protein, or through attenuation in Jade-1 expression. These findings help explain the pathologic cooperativity in clear-cell RCC between PTEN inactivation and pVHL loss, which leads to decreased Jade-1 levels that superactivate AKT. Additionally, they prompt further investigation of Jade-1 as a candidate biomarker and tumor suppressor in clear-cell RCC.

[214]

TÍTULO / TITLE: - Maintaining calcineurin inhibition after the diagnosis of post-transplant lymphoproliferative disorder improves renal graft survival.

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

REVISTA / JOURNAL: - Kidney Int. 2013 Jun 26. doi: 10.1038/ki.2013.253.

●● [Enlace al texto completo \(gratis o de pago\) 1038/ki.2013.253](#)

AUTORES / AUTHORS: - Serre JE; Michonneau D; Bachy E; Noel LH; Dubois V; Suberbielle C; Kreis H; Legendre C; Mamzer-Bruneel MF; Morelon E; Thauinat O

INSTITUCIÓN / INSTITUTION: - Hospices Civils de Lyon, Hopital Edouard Herriot, Service de Transplantation, Nephrologie et Immunologie Clinique, Lyon, France.

RESUMEN / SUMMARY: - Post-transplant lymphoproliferative disorder (PTLD) is an uncontrolled proliferation of transformed lymphocytes fostered by immunosuppression. In addition to chemotherapy, treatment of PTLD includes a reduction of maintenance immunosuppression. Patients with PTLD have an increased risk of graft loss, suggesting that reduced immunosuppression strategy needs to be optimized with regard to graft outcome. Here we retrospectively reviewed 101 cases involving PTLD to identify the risks associated with graft loss. During a median follow-up of 70 months, 39 patients died and 21 lost their graft. Multivariate analysis found that an eGFR under 30 ml/min per 1.73 m² at PTLD diagnosis, a biopsy-proven acute rejection episode following reduction of immunosuppression, and the absence of calcineurin inhibition in maintenance immunosuppression are independent risk factors for allograft loss. Neither the type of PTLD nor the chemotherapy regimen was predictive of allograft failure. Histological analysis of graft biopsies showed that maintaining calcineurin inhibition after the diagnosis of PTLD reduced the risk of developing de novo anti-HLA antibodies and humoral rejection. Remarkably, calcineurin inhibitor maintenance was neither associated with higher mortality nor with worse progression-free survival. Thus, maintaining calcineurin inhibition at a reduced dose after the diagnosis of PTLD seems safe and may improve renal graft outcome, possibly through better control of the recipient's humoral immune response. *Kidney International* advance online publication, 26 June 2013; doi:10.1038/ki.2013.253.

[215]

TÍTULO / TITLE: - Using intensity-modulated radiotherapy to spare the kidney in a patient with seminoma and a solitary kidney: a case report.

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

REVISTA / JOURNAL: - Tumori. 2013 Mar-Apr;99(2):e38-42. doi: 10.1700/1283.14205.

●● Enlace al texto completo (gratis o de pago) [1700/1283.14205](#)

AUTORES / AUTHORS: - Choi M; Hayes JP; Mehta MP; Swisher A; Small W Jr; Mittal BB; MacVicar GR; Kalapurakal JA; Sejal SV

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Robert H Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL 60611, USA. mehee-choi@fsm.northwestern.edu

RESUMEN / SUMMARY: - AIMS AND BACKGROUND: Radiotherapy-related kidney injury is multifactorial and influenced by radiation dose-volume distributions, patient-related factors, and chemotherapy. Traditional radiation parameters for the kidney are based on pre-intensity-modulated radiotherapy (IMRT) data and focus on limiting the volume receiving high dose. We report a case of testicular seminoma with paraaortic adenopathy in a patient with a solitary kidney treated with radiotherapy. METHODS: A comparison was performed for IMRT and two 3D-conformal techniques. In our case, IMRT reduced the volume of kidney receiving high dose but increased the volume receiving low dose. RESULTS: Given the lack of data for suggesting that large renal volumes treated to low doses would cause excess toxicity, the consensus opinion was to proceed with IMRT. The patient tolerated treatment well without evidence of radiotherapy-related kidney injury. CONCLUSIONS: As patients are treated with increasingly complex techniques such as IMRT, understanding low dose effects and monitoring low dose parameters may become clinically important.

[216]

TÍTULO / TITLE: - Patient characteristics and outcomes in metastatic upper tract urothelial carcinoma after radical nephroureterectomy: the experience of Japanese multi-institutions.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):E28-34. doi: 10.1111/bju.12133.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12133](#)

AUTORES / AUTHORS: - Tanaka N; Kikuchi E; Kanao K; Matsumoto K; Kobayashi H; Miyazaki Y; Ide H; Obata J; Hoshino K; Shirotake S; Hayakawa N; Kosaka T; Miyajima A; Momma T; Nakagawa K; Hasegawa S; Nakajima Y; Oya M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Keio University School of Medicine, Tokyo, Japan; Department of Urology, Musashino Yowakai Hospital, Tokyo, Japan.

RESUMEN / SUMMARY: - OBJECTIVES: To investigate oncological outcomes and prognostic factors in patients with upper tract urothelial carcinoma (UTUC) who experienced disease recurrence after radical nephroureterectomy (RNU). Few studies have focused on the clinical courses of patients who experienced disease recurrence after RNU. PATIENTS AND METHODS: A total of 204 UTUC patients who experienced disease recurrence from a retrospective multi-institutional cohort were included in the present study. Associated patient outcomes were analyzed using multivariate analysis. RESULTS: The mean time from RNU to first disease recurrence was 15.0 months and approximately 90% of patients experienced disease recurrence within the first 3 years after RNU. During a median follow-up of 8.1 month after disease recurrence, 165 patients died from UTUC and five patients died from other causes. In the 204 cohorts, 1- and 3-year cancer-specific survival rates were 40.2% and 9.7%, respectively, and 1- and 3-year overall survival rates were 39.5% and 9.4%, respectively. After disease recurrence, 132 patients underwent systemic chemotherapy, and a subgroup analysis of patients who underwent systemic chemotherapy multivariate analysis showed that performance status, the presence of liver metastasis and the number of recurrence sites were independently prognostic of cancer-specific and overall survival after relapsing. According to three significant variables, 1- and 3-year cancer-specific survival rates were 72.7% and 20.8% in patients with no risk factors, 46.5% and 7.5% in patients with one risk factor, and 26.4% and 4.4% in patients with two or three risk factors, respectively (P < 0.001). CONCLUSIONS: Most patients died from UTUC within 3 years, even though systemic chemotherapies were administered after relapsing. Multivariate analysis showed that performance status, the presence of liver metastasis and the number of recurrence sites were independently related to poor survival after systemic chemotherapy.

[217]

TÍTULO / TITLE: - The wilms tumor suppressor WT1 enhances CD95L expression and promotes activation-induced-cell-death in leukemic T cells.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jul 5. doi: 10.1002/ijc.28379.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28379](#)

AUTORES / AUTHORS: - Bourkoula K; Englert C; Giaisi M; Kohler R; Krammer PH; Li-Weber M

INSTITUCIÓN / INSTITUTION: - Tumor Immunology Program (D030), German Cancer Research Center (DKFZ), Heidelberg, Germany.

RESUMEN / SUMMARY: - The role of Wilms' tumor suppressor 1 (WT1) in leukemogenesis has been investigated mostly in acute (AML) and chronic (CML) myeloid leukemias. So far, its oncogenic role has been controversially discussed because both over-expression and inactivating mutations are found. A recent study on primary samples from patients with acute T-cell leukemia (T-

ALL) revealed that most of them do not express WT1 proteins although they express WT1 mRNA. In this study, we investigated WT-1 expression in ten T-ALL cell lines established from leukemia/lymphoma patients. We show that consistent with the finding in primary T-ALL cells, most of the leukemic T-cell lines tested do not over-express WT1 proteins. We found that leukemic T-cells over-expressing WT1 protein produce higher levels of CD95L and show elevated CD95L-mediated activation-induced cell death compared to cells lacking or expressing low levels of WT1. Ectopic expression of WT1 in the WT1-non-expressing leukemic T-cell line increases CD95L expression and elevates activation-induced apoptosis, whereas silencing WT1 expression in the WT1-over-expressing leukemic T-cell line by siRNA confers reduced CD95L expression and reduction in activation-induced cell death. ChIP and Luciferase-promoter reporter analysis demonstrate that WT1 binds to and enhances CD95L promoter activity through the Egr-binding sites. Our study provides a new role of WT1 in regulation of CD95L-mediated cell death. © 2013 Wiley Periodicals, Inc.

[218]

TÍTULO / TITLE: - Expression of nucleoside transporters (NT) and deoxycytidine kinase (dCK) proteins in muscle invasive urothelial carcinoma of the bladder (UCCB): correlation with pathologic response to neoadjuvant platinum/gemcitabine combination chemotherapy (NAC).

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 9. pii: S0022-5347(13)04862-3. doi: 10.1016/j.juro.2013.07.006.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.07.006

AUTORES / AUTHORS: - North S; El-Gehani F; Santos C; Ghosh S; Lai R; Cass CE; Mackey JR

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Faculty of Medicine and Dentistry, University of Alberta, Edmonton, Canada. Electronic address: scott.north@albertahealthservices.ca.

RESUMEN / SUMMARY: - PURPOSE: In pancreatic cancer, deoxycytidine kinase (dCK) and the human equilibrative nucleoside transporter 1 (hENT1) have been validated as predictive markers for benefit from gemcitabine therapy. Gemcitabine is used in combination with cisplatin or carboplatin as neoadjuvant chemotherapy (NAC) for muscle invasive urothelial cancer of the bladder (UCCB) prior to radical cystectomy and patients rendered disease free at time of surgery tend to have better outcomes. This trial examined if NT or dCK protein abundance in pre-chemotherapy biopsy specimens relate to response to NAC. MATERIALS AND METHODS: Sixty-two consecutive patients undergoing NAC with platinum/gemcitabine at a single institution were accrued. Initial transurethral resection of bladder tumor (TURBT) specimens as well as cystectomy specimens were collected and scored for NT and dCK expression.

Pathologic response rates and survival data were collected. RESULTS: Seventeen of 62 (27%) patients achieved a complete pathologic response (pT0) to NAC. NT and dCK protein expression in TURBT specimens did not predict for pT0 status to NAC. Median overall survival has not been reached for the group achieving pT0 status and is 46 months for those with persistent cancer at time of definitive surgery (p=0.07). Median follow up for the cohort is 30 months. CONCLUSIONS: NT and dCK expression in TURBT samples do not predict for response to gemcitabine and platinum NAC. Patients should continue to be offered NAC prior to radical cystectomy based on clinical and pathological staging.

[219]

TÍTULO / TITLE: - Analyses in human urothelial cells identify methylation of miR-152, miR-200b and miR-10^a genes as candidate bladder cancer biomarkers.

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

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Jul 16. pii: S0006-291X(13)01161-3. doi: 10.1016/j.bbrc.2013.07.021.

●● Enlace al texto completo (gratis o de pago) 1016/j.bbrc.2013.07.021

AUTORES / AUTHORS: - Kohler CU; Bryk O; Meier S; Lang K; Rozynek P; Bruning T; Kafferlein HU

INSTITUCIÓN / INSTITUTION: - Institute for Prevention and Occupational Medicine of the German Social Accident Insurance, Institute of the Ruhr-University Bochum (IPA), Burkle-de-la-Camp Platz 1, 44789 Bochum, Germany. Electronic address: koehler@ipa-dguv.de.

RESUMEN / SUMMARY: - Urinary miRNAs are discussed as potential biomarkers for bladder cancer. The majority of miRNAs, however, are downregulated, making it difficult to utilize reduced miRNA signals as reliable diagnostic tools. Because the downregulation of miRNAs is frequently associated with hypermethylation of the respective regulative sequences, we studied whether DNA hypermethylation might serve as an improved diagnostic tool compared to measuring downregulated miRNAs. miRNA expression arrays and individual qPCR were used to identify and confirm miRNAs that were downregulated in malignant urothelial cells (RT4, 5637 and J82) when compared to primary, non-malignant urothelial cells (HUEPC). DNA methylation was determined by customized PCR-arrays subsequent to methylation-sensitive DNA-restriction and by mass spectrometry. miRNA expression and DNA methylation were determined in untreated cells and in cultures treated with the demethylating agent 5-Aza-2'-deoxycytidine. miR-200b, miR-152 and miR-10^a displayed differential expression and methylation among untreated cancer cell lines. In addition, reduced miRNA expression of miR-200b, miR-152, and miR-10^a was associated with increased DNA methylation in malignant cells versus HUEPC. Finally, the demethylation approach revealed a causal relationship between both parameters for miR-152 in 5637 and also suggests a causal connection of

both parameters for miR-200b in J82 and miR-10^a in 5637. In conclusion, our studies in multiple bladder cancer cell lines and primary non-malignant urothelial cells suggest that hypermethylation of miR-152, miR-10^a and miR-200b regulative DNA sequences might serve as epigenetic bladder cancer biomarkers.

[220]

TÍTULO / TITLE: - The mechanism of DAB2IP in chemo-resistance of prostate cancer cells.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Jul 9.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-0954](#)

AUTORES / AUTHORS: - Wu K; Xie D; Zou Y; Zhang T; Pong RC; Xiao G; Fazli L; Gleave ME; He D; Boothman DA; Hsieh JT

INSTITUCIÓN / INSTITUTION: - Urology, UT Southwestern Medical Center.

RESUMEN / SUMMARY: - PURPOSE: The docetaxel-based chemotherapy is the standard of care for castration resistant prostate cancer (CRPC), inevitably, patients develop resistance and decrease. Until now, the mechanism and predictive marker for chemo-resistance are poorly understood.

EXPERIMENTAL DESIGN: Immortalized normal prostate and cancer cell lines stably manipulated with different DAB2IP expression levels were used and treated with chemotherapeutic drugs commonly used in PCa therapy. Cell proliferation was measured using MTT assay; Western blot, quantitative PCR and luciferase reporter assays were used to analyze Clusterin gene regulation by DAB2IP. Immunohistochemistry analysis was performed for evaluating DAB2IP, Clusterin and Egr-1 expression in human PCa tissue. RESULTS: DAB2IP Knockdown (KD) cells exhibited resistance to several chemotherapeutic drugs, while increased DAB2IP in C4-2 cells restored the drug sensitivity. Parallel, DAB2IP KD cells exhibited higher expression of Clusterin, an anti-apoptotic factor, while elevated DAB2IP in C4-2 cells decreased Clusterin expression. Functionally, knocking down Clusterin by shRNA or antisense oligonucleotide OGX-011 decreased drug resistance, while overexpressing Clusterin in C4-2 D2 enhanced drug resistance.

Mechanistically, DAB2IP blocked the crosstalk between Wnt/beta-catenin and IGF-1 signaling leading to the suppression of Egr-1 that is responsible for Clusterin expression. Similar result was observed in the prostate of DAB2IP knockout animal. In addition, we observed a significantly inverse correlation between DAB2IP and Egr-1 or Clusterin expression from clinical tissue microarray. CONCLUSIONS: This study unveils a new regulation of Egr-1-Clusterin signaling network by DAB2IP. Loss of DAB2IP expression in CRPC cells signifies their chemo-resistance. Clusterin is a key target for developing more effective CRPC therapy.

[221]

TÍTULO / TITLE: - Donor and Recipient Size Mismatch in Adolescents Undergoing Living-Donor Renal Transplantation Affect Long-Term Graft Survival.

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

REVISTA / JOURNAL: - Transplantation. 2013 Jul 8.

- [Enlace al texto completo \(gratis o de pago\)](#)

[1097/TP.0b013e31829d672c](#)

AUTORES / AUTHORS: - Dick AA; Mercer LD; Smith JM; McDonald RA; Young B; Healey PJ

INSTITUCIÓN / INSTITUTION: - 1 Division of Pediatric Transplantation, Department of Surgery, Seattle Children's Hospital and University of Washington Medical Center, Seattle, WA. 2 Core for Biomedical Statistics, Seattle Children's Research Institute, Seattle, WA. 3 Division of Nephrology, Department of Pediatrics, Seattle Children's, Seattle, WA. 4 Division of Nephrology, VA Puget Sound Health Care System, Kidney Research Institute, University of Washington, Seattle, WA. 5 Address correspondence to: Andre A.S. Dick, M.D., M.P.H., F.A.C.S., Division of Pediatric Transplantation, Department of Surgery, Seattle Children's Hospital and University of Washington Medical Center, 4800 Sand Point Way Northeast, M/S W-7800, Seattle, WA 98105.

RESUMEN / SUMMARY: - **BACKGROUND:** Controversies exist in the adult literature regarding the use of kidneys from small donors into larger recipients. Little is known regarding this issue in pediatric kidney transplantation. To assess the impact of donor/recipient size mismatch on long-term renal graft survival in pediatric patients undergoing living-donor renal transplantation. **METHODS:** We reviewed the United Network for Organ Sharing database from 1987 to 2010 for adolescent (11-18 years old) patients who underwent primary living-donor renal transplantation. According to donor/recipient body surface area (BSA) ratio, patients were stratified into two categories: BSA ratio <0.9 and ≥ 0.9 . Graft survival rates were compared between these two groups using Kaplan-Meier survival curves and Cox proportional hazards models. **RESULTS:** Of the 1880 patients identified, 116 (6.2%) had a donor/recipient BSA ratio <0.9 and 1764 (93.8%) had a donor/recipient BSA ratio ≥ 0.9 group. BSA ratio <0.9 conferred an increased risk of graft loss (adjusted hazard ratio, 1.61; 95% confidence interval, 1.13-2.27; P=0.008). Patients with a donor/recipient BSA ratio ≥ 0.9 group had a significantly longer graft survival compared with those with a donor/recipient BSA ratio <0.9 after adjustment for donor age and gender, recipient age, gender, ethnicity, cause of renal failure, as well as clinical factors, such as cold and warm ischemia time and HLA mismatch. **CONCLUSION:** We conclude that low donor/recipient BSA ratio was associated with an increased risk of graft loss. Appropriate size matching

conferred better long-term graft survival in adolescents receiving live-donor kidney transplants.

[222]

TÍTULO / TITLE: - Midterm oncological outcome and clinicopathological characteristics of anterior prostate cancers treated by endoscopic extraperitoneal radical prostatectomy.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1114-](#)

[3](#)

AUTORES / AUTHORS: - Good DW; Stewart GD; Zakikhani P; Yuen H; Riddick AC; Bollina PR; O'Donnell M; Stolzenburg JU; McNeill SA

INSTITUCIÓN / INSTITUTION: - Edinburgh Urological Cancer Group, University of Edinburgh, Crewe Road South, Edinburgh, EH2 4XU, UK, daniel.good@ed.ac.uk.

RESUMEN / SUMMARY: - PURPOSE: The purpose of the study is to characterise the clinicopathological characteristics of anterior prostate cancer (APC) compared to posterior prostate cancer (PPC)s and to determine the midterm oncological outcomes of patients with APCs undergoing endoscopic extraperitoneal radical prostatectomy (EERPE). METHODS: A retrospective review was carried out on all EERPEs performed in 2009. Pathology reports (transrectal ultrasound biopsy and surgical specimen), specimen photographs, demographic details and oncological outcome data from a prospectively maintained database were reviewed. Unpaired t test, chi-squared test and Kaplan-Meier curves were used for the analysis. RESULTS: Of 139 patients identified, 53 were APCs (38 %) and 86 were PPCs (62 %). Significantly, greater number of repeat biopsies were required to diagnose APCs ($p = 0.02$) and they had significantly fewer positive biopsy cores ($p = 0.0005$). The APC group had a significantly higher PSA density (PSAd) with (<5 and 5-25 %) tumour involvement in positive cores compared to PPCs ($p = 0.036$ and 0.024 , respectively). APCs had higher positive surgical margin (PSM) rates ($p = ns$), the apical margin more likely positive than PPCs ($p = 0.0006$). Biochemical recurrence-free survival (BRFS) for APCs at 1, 2 and 3 years was lower than PPCs, although not statistically significant ($p = 0.16$). CONCLUSION: In our study, APCs proved more difficult to diagnose and stage, had a higher PSM rate and a trend towards a worse bRFS than PPCs. Additionally, the use of PSAd low core involvement biopsies might aid clinicians to investigate this cohort of patients more thoroughly before advising active surveillance.

[223]

TÍTULO / TITLE: - Diagnostic and Outcome Differences Between Heterosexual and Nonheterosexual Men Treated for Prostate Cancer.

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

REVISTA / JOURNAL: - Urology. 2013 Jun 14. pii: S0090-4295(13)00499-8. doi: 10.1016/j.urology.2013.04.022.

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

[1016/j.urology.2013.04.022](#)

AUTORES / AUTHORS: - Wassersug RJ; Lyons A; Duncan D; Dowsett GW; Pitts M

INSTITUCIÓN / INSTITUTION: - Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia; Department of Urologic Sciences, University of British Columbia, Vancouver, Canada. Electronic address: richard.wassersug@dal.ca.

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine if heterosexual and nonheterosexual men treated for prostate cancer differ in diagnostic and treatment outcomes and in various measures of physical health, sexual function, and well being, before and after the treatment. **METHODS:** Four hundred sixty self-identified heterosexual and 96 self-identified nonheterosexual men completed an anonymous online survey. The men in the 2 groups were then compared using logistic regressions that controlled for differences among countries. **RESULTS:** There were no significant differences in age at diagnosis for men in the 2 groups. However, Gleason scores at diagnosis were significantly lower for the nonheterosexual men ($P = .02$). There were no significant differences among men in the 2 groups in the proportion who receive different treatment modalities or in the incidence of urinary incontinence, who experience bone pain (as a marker of disease progression), who take antidepressants (as a proxy measure for mental health), or who experience erectile dysfunction after the treatment. However, nonheterosexual men rated the degree to which they were bothered by an inability to ejaculate significantly higher than did the heterosexual men ($P = .04$). **CONCLUSION:** This is the first set of findings from a survey that compares heterosexual and nonheterosexual men treated for prostate cancer. Although the groups were generally similar, nonheterosexual men might experience more intensive screening for disease, as indicated by lower Gleason scores at diagnosis. Nonheterosexual men appear more distressed by loss of ejaculation after prostatectomy.

[224]

TÍTULO / TITLE: - Efficacy and Safety of Tadalafil 5 mg Once Daily for Lower Urinary Tract Symptoms Suggestive of Benign Prostatic Hyperplasia: Subgroup Analyses of Pooled Data From 4 Multinational, Randomized, Placebo-controlled Clinical Studies.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 19. pii: S0090-4295(13)00616-X. doi: 10.1016/j.urology.2013.05.005.

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

1016/j.urology.2013.05.005

AUTORES / AUTHORS: - Porst H; Oelke M; Goldfischer ER; Cox D; Watts S; Dey D; Viktrup L

INSTITUCIÓN / INSTITUTION: - Private Practice of Urology and Andrology, Hamburg, Germany. Electronic address: Porst20354@aol.com.

RESUMEN / SUMMARY: - **OBJECTIVE:** To assess the efficacy and safety of tadalafil, a phosphodiesterase 5 (PDE5) inhibitor efficacious for erectile dysfunction and lower urinary tract symptoms suggestive of benign prostatic hyperplasia (LUTS/BPH), in population subgroups, using pooled data from 4 international, randomized, placebo-controlled studies in men with LUTS/BPH. **METHODS:** The safety database included 1500 men randomized to tadalafil 5 mg once daily or placebo for 12 weeks. Changes in total International Prostate Symptom Score (IPSS), IPSS-quality of life index, and BPH impact index were examined overall, and changes in IPSS or adverse events (AEs) were examined across subgroups of interest. Treatment-group differences were assessed using analysis of covariance. **RESULTS:** Results of pooled data confirmed that tadalafil (N = 752) resulted in significant improvements from baseline vs placebo (N = 746) in IPSS (mean difference -2.3; P <.001), and also in BPH impact index and IPSS-quality of life index (both P <.001). Subgroup analyses demonstrated that IPSS improvements were significant regardless of baseline LUTS severity (IPSS <20/>=20), age (<=65/>65 years), recent previous use of alpha-blockers or PDE5 inhibitors, total testosterone level (<300/>=300 ng/dL), or prostate-specific antigen predicted prostate volume (<=40/>40 mL). Rates of treatment emergent AEs were comparable between subgroups of baseline age (<=65/>65 years), previous PDE5 inhibitor use, and the presence or absence of pre-existing diabetes, hypertension, or cardiovascular disease (including hypertension), but somewhat higher for recent previous alpha-blocker use. **CONCLUSION:** In these pooled data analyses, tadalafil 5 mg improved LUTS/BPH across subgroups of age, LUTS severity, testosterone levels, and prostate volume. Rates of AEs were similar across the subgroups assessed.

[225]

TÍTULO / TITLE: - Dietary flavonoid intake, black tea consumption, and risk of overall and advanced stage prostate cancer.

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

REVISTA / JOURNAL: - Am J Epidemiol. 2013 Jun 15;177(12):1388-98. doi: 10.1093/aje/kws419. Epub 2013 May 30.

●● Enlace al texto completo (gratis o de pago) 1093/aje/kws419

AUTORES / AUTHORS: - Geybels MS; Verhage BA; Arts IC; van Schooten FJ; Goldbohm RA; van den Brandt PA

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology, GROW School for Oncology and Developmental Biology, Maastricht University, Maastricht, the Netherlands. milan.geybels@maastrichtuniversity.nl

RESUMEN / SUMMARY: - Flavonoids are natural antioxidants found in various foods, and a major source is black tea. Some experimental evidence indicates that flavonoids could prevent prostate cancer. We investigated the associations between flavonoid intake, black tea consumption, and prostate cancer risk in the Netherlands Cohort study, which includes 58,279 men who provided detailed baseline information on several cancer risk factors. From 1986 to 2003, 3,362 prostate cancers were identified, including 1,164 advanced (stage III/IV) cancers. Cox proportional hazards regression using the case-cohort approach was used to estimate hazard ratios and 95% confidence intervals. Intake of total catechin, epicatechin, kaempferol, and myricetin and consumption of black tea were associated with a decreased risk of stage III/IV or stage IV prostate cancer. Hazard ratios of stage III/IV and stage IV prostate cancer for the highest versus the lowest category of black tea consumption (≥ 5 versus ≤ 1 cups/day) were 0.75 (95% confidence interval: 0.59, 0.97) and 0.67 (95% confidence interval: 0.50, 0.91), respectively. No associations were observed for overall and nonadvanced prostate cancer. In conclusion, dietary flavonoid intake and black tea consumption were associated with a decreased risk of advanced stage prostate cancer.

[226]

TÍTULO / TITLE: - Can side-specific biopsy findings predict the side of nodal metastasis in clinically localized prostate cancer? Results from a multicenter prospective survey.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Jul 6. pii: S0748-7983(13)00427-7. doi: 10.1016/j.ejso.2013.06.017.

●● Enlace al texto completo (gratis o de pago) 1016/j.ejso.2013.06.017

AUTORES / AUTHORS: - Schiavina R; Gacci M; Briganti A; Imbimbo C; Simonato A; Borghesi M; Capitanio U; Brunocilla E; Martorana G; Carini M; Montorsi F; Mirone V; Carmignani G

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Bologna, S.Orsola-Malpighi Hospital, Palagi 9, 40134 Bologna, Italy. Electronic address: rschiavina@yahoo.it.

RESUMEN / SUMMARY: - BACKGROUND: To evaluate the correlation between the side of positive biopsy (Bx) and the risk of lymph-node metastases (LNMs) on each side and to quantify the risk of contralateral LNMs in patients with unilateral positive biopsy. METHODS: We analyzed the outcomes of 1599 patients with complete data regarding the sides of positive Bx and LN (lymph-

node). By dividing each prostate into two separate sides, we assessed the accuracy of the side-specific Bx details in determining the side of positive nodes; the area under the receiver-operating characteristic (ROC) (AUCs) was used. For patients with unilateral positive Bx, we assessed the risk of homolateral and contralateral LNM according to the number of total Bx taken and the preoperative risk of LN invasion. RESULTS: Considering the 3198 prostate sides, there was a strict correlation between the side of positive Bx and the side of LNMs. The ratio of positive/total Bx was more informative than the number of positive core. The AUC for ipsilateral LNM was significantly higher than that for contralateral LNM (P = 0.039). In the 805 patients with unilateral positive Bx, the percentage of contralateral LNM was >30% even considering a more meticulous biopsy scheme and increased in the patients at a higher clinical risk for LN invasion. CONCLUSION: PCa preferentially metastasizes to ipsilateral LNs but >30% of contralateral LNM are present. A unilateral LN dissection that is limited to the tumor-bearing side of the gland should not be recommended because of the substantial risk of missing contralateral metastases.

[227]

TÍTULO / TITLE: - Acoustic radiation force impulse (ARFI) in the evaluation of the renal parenchymal stiffness in paediatric patients with vesicoureteral reflux: preliminary results.

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

REVISTA / JOURNAL: - Eur Radiol. 2013 Jul 24.

●● Enlace al texto completo (gratis o de pago) [1007/s00330-013-2959-y](http://dx.doi.org/10.1007/s00330-013-2959-y)

[y](#)

AUTORES / AUTHORS: - Bruno C; Caliarì G; Zaffanello M; Brugnara M; Zuffante M; Cecchetto M; Minniti S; Pedot A; Talamini G; Pozzi-Mucelli R

INSTITUCIÓN / INSTITUTION: - Department of Radiology, University of Verona, P.le L.A. Scuro 10, 37134, Verona, Italy, costanza_bruno@libero.it.

RESUMEN / SUMMARY: - OBJECTIVES: To prospectively evaluate acoustic radiation force impulse (ARFI) imaging of the kidneys in children with and without chronic renal disease. METHODS: Twenty-eight children (age range 9-16 years) with primary or secondary vesicoureteral reflux (\geq grade III) underwent scintigraphy and ultrasound with ARFI. Kidneys were divided according to scintigraphy into "affected" and "contralateral"; the results were compared with 16 age-matched healthy subjects. An ARFI value, expressed as speed (m/s) of wave propagation through the tissue, was calculated for each kidney through the mean of the values obtained at the upper, middle and lower third. The Wilcoxon test was used; P values <0.05 were considered statistically significant. RESULTS: The mean ARFI values obtained in the "affected" kidneys (5.70 \pm 1.71 m/s) were significantly higher than those measured in both "contralateral" (4.09 \pm 0.97, P < 0.0001) and "healthy" kidneys (3.13 \pm 0.09,

$P < 0.0001$). The difference between values in the “contralateral” kidneys and “healthy” ones was significant ($P < 0.0001$). The “affected” kidneys with secondary reflux had mean ARFI values (6.59 ± 1.45) significantly higher than those with primary reflux (5.35 ± 1.72). CONCLUSIONS: ARFI values decrease from kidneys with secondary vesicoureteral reflux to kidneys with primary reflux to unaffected kidneys contralateral to reflux to normal kidneys. KEY POINTS: * Acoustic radiation force impulse (ARFI) can quantify tissue elasticity during ultrasound examinations. * Kidneys are highly heterogeneous and difficult to evaluate with ARFI. * Kidneys damaged by vesicoureteral reflux are stiffer than normal. * ARFI can identify initial damage in macroscopically normal kidneys.

[228]

TÍTULO / TITLE: - Prostate apoptosis response-4 is involved in the apoptosis response to docetaxel in MCF-7 breast cancer cells.

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

REVISTA / JOURNAL: - Int J Oncol. 2013 Aug;43(2):531-8. doi: 10.3892/ijo.2013.1983. Epub 2013 Jun 12.

●● [Enlace al texto completo \(gratis o de pago\) 3892/ijo.2013.1983](#)

AUTORES / AUTHORS: - Pereira MC; de Bessa-Garcia SA; Burikhanov R; Pavanelli AC; Antunes L; Rangnekar VM; Nagai MA

INSTITUCIÓN / INSTITUTION: - Discipline of Oncology, Department of Radiology and Oncology, Faculty of Medicine, University of Sao Paulo, CEP 01246-903, Sao Paulo, Brazil.

RESUMEN / SUMMARY: - Experimental evidence indicates that prostate apoptosis response-4 (Par-4, also known as PAWR) is a key regulator of cancer cell survival and may be a target for cancer-selective targeted therapeutics. Par-4 was first identified in prostate cancer cells undergoing apoptosis. Both intracellular and extracellular Par-4 have been implicated in apoptosis. Relatively little is known about the role of Par-4 in breast cancer cell apoptosis. In this study, we sought to investigate the effects of Par-4 expression on cell proliferation, apoptosis and drug sensitivity in breast cancer cells. MCF-7 cells were stably transfected with expression vectors for Par-4, or transiently transfected with siRNA for Par-4 knockdown. Cell proliferation assays were performed using MTT and apoptosis was evaluated using acridine orange staining, fluorescence microscopy and flow cytometry. Par-4 overexpression reduced MCF-7 proliferation rates. Conversely, Par-4 knockdown led to increased MCF-7 proliferation. Par-4 downregulation also led to increased BCL-2 and reduced BID expression. Par-4 overexpression did not affect the cell cycle profile. However, MCF-7 cells with increased Par-4 expression showed reduced ERK phosphorylation, suggesting that the inhibition of cell proliferation promoted by Par-4 may be mediated by the MAPK/ERK1/2 pathway. MCF-7 cells with increased Par-4 expression showed a marginal increase in early

apoptotic cells. Importantly, we found that Par-4 expression modulates apoptosis in response to docetaxel in MCF7 breast cancer cells. Par-4 exerts growth inhibitory effects on breast cancer cells and chemosensitizes them to docetaxel.

[229]

TÍTULO / TITLE: - Synthesis and In Vitro and In Vivo Evaluation of Hypoxia-Enhanced ¹¹¹In-Bombesin Conjugates for Prostate Cancer Imaging.

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

REVISTA / JOURNAL: - J Nucl Med. 2013 Jul 29.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[2967/jnumed.112.117986](#)

AUTORES / AUTHORS: - Zhou Z; Wagh NK; Ogbomo SM; Shi W; Jia Y; Brusnahan SK; Garrison JC

INSTITUCIÓN / INSTITUTION: - Department of Pharmaceutical Sciences, College of Pharmacy, University of Nebraska Medical Center, Nebraska Medical Center, Omaha, Nebraska.

RESUMEN / SUMMARY: - Receptor-targeted agents, such as gastrin-releasing peptide receptor (BB2r)-targeted peptides, have been investigated extensively in preclinical and clinical studies. In an attempt to increase the effectiveness of diagnostic or radiotherapeutic agents, we have begun to explore the incorporation of the hypoxia-selective prodrug 2-nitroimidazole into receptor-targeted peptides. Hypoxia is a well-known characteristic of many solid tumors, including breast, prostate, and pancreatic cancers. The aim of this approach is to use the hypoxia-trapping capability of 2-nitroimidazoles to increase the retention of the agent in hypoxic, BB2r-positive tumors. We have demonstrated that incorporation of one or more 2-nitroimidazoles into the BB2r-targeted peptide significantly increases the in vitro retention of the agent in hypoxic prostate cancer cells. The study described herein represents our first investigation of the in vivo properties of these hypoxia-enhanced BB2r-targeted agents in a PC-3 xenograft mouse model. **METHODS:** Four ¹¹¹In-labeled BB2r-targeted conjugates- ¹¹¹IN-1 , ¹¹¹IN-2 , ¹¹¹IN-3, and ¹¹¹IN-4 , composed of 2-nitroimidazole moieties of 0, 1, 2, and 3, respectively-were synthesized, labeled, and purified. The BB2r binding affinities, externalization, and protein-association properties of these radioconjugates were assessed using the BB2r-positive PC-3 human prostate cancer cell line under hypoxic and normoxic environments. The in vivo biodistribution and micro-SPECT/CT imaging of the ¹¹¹IN-1, ¹¹¹IN-2, and ¹¹¹IN-4 radioconjugates were investigated in PC-3 tumor-bearing severely combined immunodeficient mice. **RESULTS:** All conjugates and natIn-conjugates demonstrated nanomolar binding affinities. ¹¹¹IN-1 , ¹¹¹IN-2 , ¹¹¹IN-3, and ¹¹¹IN-4 demonstrated 41.4%, 60.7%, 69.1%, and 69.4% retention, correspondingly, of internalized radioactivity under hypoxic conditions relative to 34.8%, 35.3%, 33.2%, and

29.7% retention, respectively, under normoxic conditions. Protein-association studies showed significantly higher levels of association under hypoxic conditions for 2-nitroimidazole-containing BB2r-targeted radioconjugates than for controls. On the basis of the initial 1-h uptake in the PC-3 tumors, 111 IN-1, 111 IN-2, and 111 IN-4 demonstrated tumor retentions of 1.5%, 6.7%, and 21.0%, respectively, by 72 h after injection. Micro-SPECT/CT imaging studies of 111 IN-1, 111 IN-2, and 111 IN-4 radioconjugates resulted in clear delineation of the tumors. CONCLUSION: On the basis of the in vitro and in vivo studies, the BB2r-targeted agents that incorporated 2-nitroimidazole moieties demonstrated improved retention. These results indicate that further exploration into the potential of hypoxia-selective trapping agents for BB2r-targeted agents, as well as other targeted compounds, is warranted.

[230]

TÍTULO / TITLE: - Randomised pilot study of dose escalation using conformal radiotherapy in prostate cancer: long-term follow-up.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Aug 6;109(3):651-7. doi: 10.1038/bjc.2013.394. Epub 2013 Jul 23.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.394](#)

AUTORES / AUTHORS: - Creak A; Hall E; Horwich A; Eeles R; Khoo V; Huddart R; Parker C; Griffin C; Bidmead M; Warrington J; Dearnaley D

INSTITUCIÓN / INSTITUTION: - Academic Urology Unit, The Institute of Cancer Research and The Royal Marsden NHS Foundation Trust, Sutton and London, UK.

RESUMEN / SUMMARY: - Background:Radical three-dimensional conformal radiotherapy (CFRT) with initial androgen suppression (AS) is a standard management for localised prostate cancer (PC). This pilot study evaluated the role of dose escalation and appropriate target volume margin. Here, we report long-term follow-up.Methods:Eligible patients had T1b-T3b N0 M0 PC. After neoadjuvant AS, they were randomised to CFRT, giving (a) 64 Gy with either a 1.0- or 1.5-cm margin and (b) +/-10 Gy boost to the prostate alone.Results:One hundred and twenty-six men were randomised and treated. Median follow-up was 13.7 years. The median age was 66.6 years at randomisation. Median presenting prostate-specific antigen (PSA) was 14 ng ml(-1). Sixty-four out of 126 patients developed PSA failure. Forty-nine out of 126 patients restarted AS, 34 out of 126 developed metastases and 28 out of 126 developed castrate-resistant prostate cancer (CRPC). Fifty-one out of 126 patients died; 19 out of 51 died of PC. Median overall survival (OS) was 14.4 years. Although escalated dose results were favourable, no statistically significant differences were seen between the randomised groups; PSA control (hazard ratio (HR): 0.77 (95% confidence interval (CI): 0.47-1.26)), development of CRPC (HR: 0.81 (95% CI: 0.40-1.65)), PC-specific survival (HR: 0.59 (95% CI:0.23-1.49)) and OS (HR:

0.81 (95% CI: 0.47-1.40)). There was no evidence of a difference in PSA control according to margin size (HR: 1.01 (95% CI: 0.61-1.66)). Interpretation: Long-term follow-up of this small pilot study is compatible with a benefit from dose escalation, but confirmation from larger trials is required. There was no obvious detriment using the smaller radiotherapy margin.

[231]

TÍTULO / TITLE: - Application of Technetium-HYNIC(tricine/TPPTS)-Aca-Bombesin(7-14) SPECT/CT in prostate cancer patients: A first-in-man study.

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

REVISTA / JOURNAL: - Nucl Med Biol. 2013 Jul 25. pii: S0969-8051(13)00112-1. doi: 10.1016/j.nucmedbio.2013.05.009.

●● [Enlace al texto completo \(gratis o de pago\)](#)

1016/j.nucmedbio.2013.05.009

AUTORES / AUTHORS: - Ananias HJ; Yu Z; Hoving HD; Rosati S; Dierckx RA; Wang F; Yan Y; Chen X; Pruim J; Lub-de Hooge MN; Helfrich W; Elsinga PH; de Jong IJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands. Electronic address: h.j.k.ananias@umcg.nl.

RESUMEN / SUMMARY: - RATIONALE: The peptide bombesin (BBN) and its derivatives exhibit high binding affinity for the gastrin-releasing peptide receptor (GRPR), which is highly expressed in prostate cancer. We used the BBN-based radiopharmaceutical 99mTechnetium-HYNIC(tricine/TPPTS)-Aca-Bombesin(7-14) (99mTc-HABBN) to perform a first-in-man clinical pilot study to evaluate the feasibility of 99mTc-HABBN SPECT/CT for detection of prostate cancer in patients. METHODS: Eight patients with biopsy-proven prostate cancer who were scheduled for either radical prostatectomy or external beam radiotherapy underwent 99mTc-HABBN scintigraphy and SPECT/CT prior to treatment. Serial blood samples were taken to assess blood radioactivity and to determine in vivo metabolic stability. Clinical parameters were measured and reported side effects, if present, were recorded. Prostate cancer specimens of all patients were immunohistochemically stained for GRPR. RESULTS: 99mTc-HABBN was synthesized with high radiochemical yield, purity and specific activity. There were no significant changes in clinical parameters, and there were no adverse or subjective side effects. Low metabolic stability was observed, as less than 20% of 99mTc-HABBN was intact after 30min. Immunohistochemical staining for GRPR was observed in the prostate cancer specimens in all patients. 99mTc-HABBN scintigraphy and SPECT/CT did not detect prostate cancer in patients with proven disease. CONCLUSIONS: 99mTc-HABBN SPECT/CT for visualization of prostate cancer is safe but hampered by an unexpected low in vivo metabolic stability in man. The difference between the excellent in vitro

stability of ^{99m}Tc-HABBN in human serum samples determined in our previous study regarding ^{99m}Tc-HABBN and the low in vivo metabolic stability determined in this study, is striking. This issue warrants further study of peptide-based radiopharmaceuticals.

[232]

TÍTULO / TITLE: - Impact of F-fluorodeoxyglucose (FDG)-positron-emission tomography/computed tomography (PET/CT) on management of patients with carcinoma invading bladder muscle.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jun 24. doi: 10.1111/bju.12109.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12109](#)

AUTORES / AUTHORS: - Mertens LS; Fiiole-Bruining A; Vegt E; Vogel WV; van Rhijn BW; Horenblas S

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Netherlands Cancer Institute, Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the clinical impact of 18 F-fluorodeoxyglucose (FDG)-positron-emission tomography/computed tomography (PET/CT) scanning, compared with conventional staging with contrast-enhanced CT imaging (CECT). PATIENTS AND METHODS: The FDG-PET/CT results of 96 consecutive patients with bladder cancer were analysed. Patients included in this study underwent standard CECT imaging of the chest and abdomen/pelvis <4 weeks before FDG-PET/CT. Based on the original imaging reports and recorded tumour stage before and after FDG-PET/CT imaging, the preferred treatment strategies before FDG-PET/CT and after FDG-PET/CT were determined for each patient using an institutional multidisciplinary guideline. One of the following treatment strategies was chosen: (i) local curative treatment; (ii) neoadjuvant/induction chemotherapy; or (iii) palliation. The changes in management decisions before and after FDG-PET/CT were assessed. RESULTS: The median (range) interval between CECT and FDG-PET/CT was 0 (0-29) days. In 21.9% of the patients, stage on FDG-PET/CT and CECT were different. Upstaging by FDG-PET/CT was more frequent than downstaging (19.8 vs 2.1%). Clinical management changed for 13.5% of patients as a result of FDG-PET/CT upstaging. In eight patients, FDG-PET/CT detected second primary tumours. This led to changes of bladder cancer treatment in another four of 96 patients (4.2%). All the management changes were validated by tissue confirmation of the additional lesions. CONCLUSIONS: FDG-PET/CT provides important additional staging information, which influences the treatment of carcinoma invading bladder muscle in almost 20% of cases. Patient selection for neoadjuvant/induction chemotherapy was improved and futile attempts at curative treatment in patients found to have metastases were avoided.

[233]

TÍTULO / TITLE: - An integrated genomic, transcriptional and protein investigation of FGFRL1 as a putative 4p16.3 deletion target in bladder cancer.

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

REVISTA / JOURNAL: - Genes Chromosomes Cancer. 2013 Sep;52(9):860-71. doi: 10.1002/gcc.22082. Epub 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) [1002/gcc.22082](#)

AUTORES / AUTHORS: - di Martino E; Taylor CF; Roulson JA; Knowles MA

INSTITUCIÓN / INSTITUTION: - Section of Experimental Oncology, Leeds Institute of Cancer and Pathology, University of Leeds, St James's University Hospital, Leeds, LS9 7TF, UK.

RESUMEN / SUMMARY: - Loss of heterozygosity (LOH) of chromosome arm 4p is a common event in bladder and other malignancies. At least three distinct regions of deletion have been identified, but the deletion targets have so far remained elusive. In this study, we have identified a novel region of deletion mapping to 4p16.3 spanning 0-2.1 Mb, in 15% of bladder tumors and 24% of bladder cancer cell lines. FGFRL1, which maps within this region, was investigated as putative deletion target. The retained FGFRL1 allele was not mutated in cell lines and tumors with LOH, although in patients heterozygous for the rs4647930 functional polymorphism, the common allele was preferentially lost in tumor tissue. Epigenetic silencing of the retained allele was also excluded as levels of FGFRL1 mRNA and protein were similar in cell lines and tumors with and without 4p16.3 loss. However, while FGFRL1 protein was moderately expressed in all layers of the normal bladder epithelium, the majority of tumors showed areas of downregulation. Overall, average FGFRL1 protein expression was significantly lower in bladder tumors compared to normal tissue, but downregulation was independent from 4p16.3 LOH status, FGFR3 mutation, and tumor grade and stage. In conclusion, although we found no evidence supporting a "two-hit" inactivation of FGFRL1 in bladder carcinogenesis, the effect of heterozygous deletion coupled with functional polymorphisms, and the role of post-transcriptional downregulation deserves further investigation. © 2013 Wiley Periodicals, Inc.

[234]

TÍTULO / TITLE: - Association of serum B cell activating factor from the tumour necrosis factor family (BAFF) and a proliferation-inducing ligand (APRIL) with central nervous system and renal disease in systemic lupus erythematosus.

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

REVISTA / JOURNAL: - Lupus. 2013;22(9):873-84. doi: 10.1177/0961203313496302. Epub 2013 Jul 11.

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

[1177/0961203313496302](#)

AUTORES / AUTHORS: - Vincent F; Northcott M; Hoi A; Mackay F; Morand E

INSTITUCIÓN / INSTITUTION: - 1Department of Immunology, Monash University, Central Clinical School, Alfred Medical Research and Education Precinct (AMREP), Australia.

RESUMEN / SUMMARY: - Introduction The objective of this study is to determine whether serum concentrations of B cell activating factor from the tumour necrosis factor family (BAFF) and/or a proliferation-inducing ligand (APRIL) are associated with clinical manifestations of systemic lupus erythematosus (SLE). Methods BAFF and APRIL concentrations were quantified using a commercial ELISA in serum samples obtained at the time of clinical assessment in 98 patients, and on 245 samples from 75 of these patients followed prospectively. Results Serum BAFF was significantly increased, and APRIL decreased, in patients with either renal or central nervous system (CNS) lupus. In contrast, in cross-sectional analysis, there was no correlation between disease activity (SLEDAI-2k) and serum BAFF or APRIL. In longitudinal follow-up, there was no association between changes in serum BAFF or APRIL and changes in SLEDAI-2k, or between baseline serum BAFF or APRIL and subsequent changes in SLEDAI-2k. However, between-visit changes in BAFF were significantly different in patients with increases in SLEDAI-2k ≥ 4 , compared to patients whose SLEDAI-2k did not change. Conclusions Although neither serum BAFF nor APRIL correlated with disease activity in the overall population, elevated serum BAFF and reduced APRIL may be markers of renal and CNS disease in SLE patients.

[235]

TÍTULO / TITLE: - Clinical performance of serum prostate-specific antigen isoform [-2]proPSA (p2PSA) and its derivatives, %p2PSA and the prostate health index (PHI), in men with a family history of prostate cancer: results from a multicentre European study, the PROMetheuS project.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(3):313-21. doi: 10.1111/bju.12217.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12217

AUTORES / AUTHORS: - Lazzeri M; Haese A; Abrate A; de la Taille A; Redorta JP; McNicholas T; Lughezzani G; Lista G; Larcher A; Bini V; Cestari A; Buffi N; Graefen M; Bosset O; Corvoisier PL; Breda A; de la Torre P; Fowler L; Roux J; Guazzoni G

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ospedale San Raffaele Turro, San Raffaele Scientific Institute, Milan, Italy.

RESUMEN / SUMMARY: - OBJECTIVES: To test the sensitivity, specificity and accuracy of serum prostate-specific antigen isoform [-2]proPSA (p2PSA), %p2PSA and the prostate health index (PHI), in men with a family history of prostate cancer (PCa) undergoing prostate biopsy for suspected PCa. To

evaluate the potential reduction in unnecessary biopsies and the characteristics of potentially missed cases of PCa that would result from using serum p2PSA, %p2PSA and PHI. PATIENTS AND METHODS: The analysis consisted of a nested case-control study from the PRO-PSA Multicentric European Study, the PROMetheuS project. All patients had a first-degree relative (father, brother, son) with PCa. Multivariable logistic regression models were complemented by predictive accuracy analysis and decision-curve analysis. RESULTS: Of the 1026 patients included in the PROMetheuS cohort, 158 (15.4%) had a first-degree relative with PCa. p2PSA, %p2PSA and PHI values were significantly higher ($P < 0.001$), and free/total PSA (%fPSA) values significantly lower ($P < 0.001$) in the 71 patients with PCa (44.9%) than in patients without PCa. Univariable accuracy analysis showed %p2PSA (area under the receiver-operating characteristic curve [AUC]: 0.733) and PHI (AUC: 0.733) to be the most accurate predictors of PCa at biopsy, significantly outperforming total PSA ([tPSA] AUC: 0.549), free PSA ([fPSA] AUC: 0.489) and %fPSA (AUC: 0.600) ($P \leq 0.001$). For %p2PSA a threshold of 1.66 was found to have the best balance between sensitivity and specificity (70.4 and 70.1%; 95% confidence interval [CI]: 58.4-80.7 and 59.4-79.5 respectively). A PHI threshold of 40 was found to have the best balance between sensitivity and specificity (64.8 and 71.3%, respectively; 95% CI 52.5-75.8 and 60.6-80.5). At 90% sensitivity, the thresholds for %p2PSA and PHI were 1.20 and 25.5, with a specificity of 37.9 and 25.5%, respectively. At a %p2PSA threshold of 1.20, a total of 39 (24.8%) biopsies could have been avoided, but two cancers with a Gleason score (GS) of 7 would have been missed. At a PHI threshold of 25.5 a total of 27 (17.2%) biopsies could have been avoided and two (3.8%) cancers with a GS of 7 would have been missed. In multivariable logistic regression models, %p2PSA and PHI achieved independent predictor status and significantly increased the accuracy of multivariable models including PSA and prostate volume by 8.7 and 10%, respectively ($P \leq 0.001$). p2PSA, %p2PSA and PHI were directly correlated with Gleason score (ρ : 0.247, $P = 0.038$; ρ : 0.366, $P = 0.002$; ρ : 0.464, $P < 0.001$, respectively). CONCLUSIONS: %p2PSA and PHI are more accurate than tPSA, fPSA and %fPSA in predicting PCa in men with a family history of PCa. Consideration of %p2PSA and PHI results in the avoidance of several unnecessary biopsies. p2PSA, %p2PSA and PHI correlate with cancer aggressiveness.

[236]

TÍTULO / TITLE: - Cancer Risk After ABO-Incompatible Living-Donor Kidney Transplantation.

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

REVISTA / JOURNAL: - Transplantation. 2013 Jun 24.

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

[1097/TP.0b013e318299dc0e](#)

AUTORES / AUTHORS: - Hall EC; Engels EA; Montgomery RA; Segev DL
INSTITUCIÓN / INSTITUTION: - 1 Department of Surgery, Johns Hopkins School of Medicine, Baltimore, MD. 2 Division of Cancer Epidemiology and Genetics, National Cancer Institute, Rockville, MD. 3 Address correspondence to: Dorry L. Segev, M.D., Ph.D., Clinical Research and Transplant Surgery, Johns Hopkins Medical Institutions, 720 Rutland Avenue, Ross 771B, Baltimore, MD 21205.
RESUMEN / SUMMARY: - **BACKGROUND:** Recipients of ABO-incompatible (ABOi) living-donor kidney transplants often undergo more intense immunosuppression than their ABO-compatible counterparts. It is unknown if this difference leads to higher cancer risk after transplantation. Single-center studies are too small and lack adequate duration of follow-up to answer this question. **METHODS:** We identified 318 ABOi recipients in the Transplant Cancer Match Study, a national linkage between the Scientific Registry of Transplant Recipients and population-based U.S. cancer registries. Seven cancers (non-Hodgkin lymphoma, Merkel cell carcinoma, gastric adenocarcinoma, hepatocellular carcinoma, thyroid cancer, pancreatic cancer, and testicular cancer) were identified among ABOi recipients. We then matched ABOi recipients to ABO-compatible controls by age, gender, race, human leukocyte antigen mismatch, retransplantation, and transplant year. **RESULTS:** There was no demonstrable association between ABOi and cancer in unadjusted (incidence rate ratio, 0.83; 95% confidence interval, 0.33-1.71; P=0.3) or matched control (incidence rate ratio, 0.99; 95% confidence interval, 0.38-2.23; P=0.5) analyses. **CONCLUSION:** To the extent that could be determined in this registry study, current desensitization protocols are not associated with increased risk of cancer after transplantation.

[237]

TÍTULO / TITLE: - Novel therapeutic approaches for the treatment of castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - J Steroid Biochem Mol Biol. 2013 Jun 20;138C:248-256. doi: 10.1016/j.jsbmb.2013.06.002.

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

[1016/j.jsbmb.2013.06.002](#)

AUTORES / AUTHORS: - Heidegger I; Massoner P; Eder IE; Pircher A; Pichler R; Aigner F; Bektic J; Horninger W; Klocker H

INSTITUCIÓN / INSTITUTION: - Department of Urology, Innsbruck Medical University, Anichstrasse 35, 6020 Innsbruck, Austria.

RESUMEN / SUMMARY: - Prostate cancer is a leading cause of cancer death in men in developed countries. Once the tumor has achieved a castration-refractory metastatic stage, treatment options are limited with the average survival of patients ranging from two to three years only. Recently, new drugs for treatment of castration-resistant prostate cancer (CRPC) have been

approved, and others are in an advanced stage of clinical testing. In this review we provide an overview of the new therapeutic agents that arrived in the clinical praxis or are tested in clinical studies and their mode of action including hormone synthesis inhibitors, new androgen receptor blockers, bone targeting and antiangiogenic agents, endothelin receptor antagonists, growth factor inhibitors, novel radiotherapeutics and taxanes, and immunotherapeutic approaches. Results and limitations from clinical studies as well as future needs for improvement of CRPC treatments are critically discussed.

[238]

TÍTULO / TITLE: - Toward a Molecular Pathologic Classification of Urothelial Carcinoma.

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

REVISTA / JOURNAL: - Am J Pathol. 2013 Jul 1. pii: S0002-9440(13)00399-4. doi: 10.1016/j.ajpath.2013.05.013.

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

[1016/j.ajpath.2013.05.013](#)

AUTORES / AUTHORS: - Sjobahl G; Lovgren K; Lauss M; Patschan O; Gudjonsson S; Chebil G; Aine M; Eriksson P; Mansson W; Lindgren D; Ferno M; Liedberg F; Hoglund M

INSTITUCIÓN / INSTITUTION: - Department of Clinical Sciences, Division of Oncology, Skane University Hospital, Lund University, Lund, Sweden.

RESUMEN / SUMMARY: - We recently defined molecular subtypes of urothelial carcinomas according to whole genome gene expression. Herein we describe molecular pathologic characterization of the subtypes using 20 genes and IHC of 237 tumors. In addition to differences in expression levels, the subtypes show important differences in stratification of protein expression. The selected genes included biological features central to bladder cancer biology, eg, cell cycle activity, cellular architecture, cell-cell interactions, and key receptor tyrosine kinases. We show that the urobasal (Uro) A subtype shares features with normal urothelium such as keratin 5 (KRT5), P-cadherin (P-Cad), and epidermal growth factor receptor (EGFR) expression confined to basal cells, and cell cycle activity (CCNB1) restricted to the tumor-stroma interface. In contrast, the squamous cell cancer-like (SCCL) subtype uniformly expresses KRT5, P-Cad, EGFR, KRT14, and cell cycle genes throughout the tumor parenchyma. The genomically unstable subtype shows proliferation throughout the tumor parenchyma and high ERBB2 and E-Cad expression but absence of KRT5, P-Cad, and EGFR expression. UroB tumors demonstrate features shared by both UroA and SCCL subtypes. A major transition in tumor progression seems to be loss of dependency of stromal interaction for proliferation. We present a simple IHC/histology-based classifier that is easy to implement as a standard pathologic evaluation to differentiate the three major

subtypes: urobasal, genomically unstable, and SCCL. These three major subtypes exhibit important prognostic differences.

[239]

TÍTULO / TITLE: - The Crystal Structure of Six-transmembrane Epithelial Antigen of the Prostate 4 (Steap4), a Ferri/Cuprioreductase, Suggests a Novel Interdomain Flavin-binding Site.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Jul 12;288(28):20668-82. doi: 10.1074/jbc.M113.479154. Epub 2013 Jun 3.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.479154](#)

AUTORES / AUTHORS: - Gauss GH; Kleven MD; Sendamarai AK; Fleming MD; Lawrence CM

INSTITUCIÓN / INSTITUTION: - From the Department of Chemistry and Biochemistry, Montana State University, Bozeman, Montana 59717 and.

RESUMEN / SUMMARY: - Steap4 is a cell surface metalloredutase linked to obesity-associated insulin resistance. Initial characterization of its cell surface metalloredutase activity has been reported, but thorough biochemical characterization of this activity is lacking. Here, we report detailed kinetic analysis of the Steap4 cell surface metalloredutase activities. Steap4 shows physiologically relevant Km values for both Fe(3+) and Cu(2+) and retains activity at acidic pH, suggesting it may also function within intracellular organelles to reduce these metals. Flavin-dependent NADPH oxidase activity that was much greater than the equivalent Steap3 construct was observed for the isolated N-terminal oxidoreductase domain. The crystal structure of the Steap4 oxidoreductase domain was determined, providing a structural explanation for these differing activities. Structure-function work also suggested Steap4 utilizes an interdomain flavin-binding site to shuttle electrons between the oxidoreductase and transmembrane domains, and it showed that the disordered N-terminal residues do not contribute to enzymatic activity.

[240]

TÍTULO / TITLE: - Development of a Clinical Prediction Model for Assessment of Malignancy Risk in Bosniak III Renal Lesions.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 19. pii: S0090-4295(13)00627-4. doi: 10.1016/j.urology.2013.05.016.

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

[1016/j.urology.2013.05.016](#)

AUTORES / AUTHORS: - Goenka AH; Remer EM; Smith AD; Obuchowski NA; Klink J; Campbell SC

INSTITUCIÓN / INSTITUTION: - Section of Abdominal Imaging, Imaging Institute, Cleveland Clinic - Hb6, Cleveland, OH.

RESUMEN / SUMMARY: - **OBJECTIVE:** To identify independent predictors of malignancy in Bosniak III (BIII) renal lesions and to build a prediction model based on readily identifiable clinical variables. **METHODS:** In this institutional review board-approved, Health Insurance Portability and Accountability Act (HIPAA)-compliant retrospective study, radiology, and hospital information systems containing data from January 1, 1994, to August 31, 2009, were queried for adult patients (age >18 years) with surgically excised BIII lesions. Clinical variables and results of histopathology were noted. Univariate and multiple-variable logistic regression analyses were performed to identify potential predictors and to build a prediction model. Cross-validation was used to assess generalizability of the model's performance, as characterized by concordance © index. **RESULTS:** Of the 107 lesions in 101 patients, 59 were malignant and 48 benign. On univariate analyses, the strongest potential predictors of malignancy were African American race (P = .043), history of renal cell carcinoma (RCC; P = .026), coexisting BIII lesions (P = .032), coexisting Bosniak IV (BIV) lesions (P = .104), body mass index (BMI; P = .078), and lesion size (P <.001). A model with lesion size (odds ratio [OR] = 0.69; 95% confidence interval [CI] 0.58-0.82), history of RCC (9.02; CI 0.99-82.15), and BMI (OR 1.1; 95% CI 0.99-1.19) offered the best performance with a c-index after cross-validation of 0.719. Using an estimated probability of malignancy of >80%, the positive predictive value of the model is 92% (CI 78%-100%). **CONCLUSION:** Clinical risk factors offer modest but definite predictive ability for malignancy in BIII lesions. In particular, a prediction model encompassing lesion size, BMI, and history of RCC seems promising. Further refinements with possible inclusion of imaging biomarkers and validation on an independent dataset are desirable.

[241]

TÍTULO / TITLE: - Comparison of methods for estimating the effect of salvage therapy in prostate cancer when treatment is given by indication.

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

REVISTA / JOURNAL: - Stat Med. 2013 Jul 3. doi: 10.1002/sim.5890.

●● Enlace al texto completo (gratis o de pago) [1002/sim.5890](#)

AUTORES / AUTHORS: - Taylor JM; Shen J; Kennedy EH; Wang L; Schaubel DE
INSTITUCIÓN / INSTITUTION: - Department of Biostatistics, University of Michigan, Ann Arbor, MI, U.S.A.

RESUMEN / SUMMARY: - For patients who were previously treated for prostate cancer, salvage hormone therapy is frequently given when the longitudinal marker prostate-specific antigen begins to rise during follow-up. Because the treatment is given by indication, estimating the effect of the hormone therapy is challenging. In a previous paper we described two methods for estimating the

treatment effect, called two-stage and sequential stratification. The two-stage method involved modeling the longitudinal and survival data. The sequential stratification method involves contrasts within matched sets of people, where each matched set includes people who did and did not receive hormone therapy. In this paper, we evaluate the properties of these two methods and compare and contrast them with the marginal structural model methodology. The marginal structural model methodology involves a weighted survival analysis, where the weights are derived from models for the time of hormone therapy. We highlight the different conditional and marginal interpretations of the quantities being estimated by the three methods. Using simulations that mimic the prostate cancer setting, we evaluate bias, efficiency, and accuracy of estimated standard errors and robustness to modeling assumptions. The results show differences between the methods in terms of the quantities being estimated and in efficiency. We also demonstrate how the results of a randomized trial of salvage hormone therapy are strongly influenced by the design of the study and discuss how the findings from using the three methodologies can be used to infer the results of a trial. Copyright © 2013 John Wiley & Sons, Ltd.

[242]

TÍTULO / TITLE: - Surveillance of patients with bladder cancer following cystectomy: yield of CT urography.

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

REVISTA / JOURNAL: - Abdom Imaging. 2013 Jul 24.

- Enlace al texto completo (gratis o de pago) [1007/s00261-013-0024-](#)

[6](#)

AUTORES / AUTHORS: - Shinagare AB; Sadow CA; Silverman SG

INSTITUCIÓN / INSTITUTION: - Division of Abdominal Imaging and Intervention, Department of Radiology, Brigham and Women's Hospital, Harvard Medical School, 75 Francis Street, Boston, MA, 02115, USA, ashinagare@partners.org.

RESUMEN / SUMMARY: - **PURPOSE:** To determine the yield of CT urography (CTU) in the surveillance of patients with bladder cancer following cystectomy. **MATERIALS AND METHODS:** In this IRB-approved, HIPAA-compliant, retrospective study of 5,404 CT urograms performed at our institution between March 2000 and February 2011, 225 CT urograms were performed in 105 patients [79 men, 26 women; mean age 65 years (43-85)] following cystectomy for bladder cancer. Median follow-up after cystectomy was 63 months (range 1-234), median time between cystectomy and CTU was 39 months (range 0-229), median follow-up after CTU was 34 months (range 1-111). CTU examinations were reviewed by two radiologists in consensus and findings were categorized into those related to surgery, locoregional recurrence, metastases, or metachronous upper tract urothelial tumor (UTT). **FINDINGS:** Findings were present in 69 (65.7 %) of 105 patients, including findings related to surgery in 60

(57.1 %) patients, locoregional recurrence or metastatic disease in 21 (20 %) patients, and UTT in 3 (2.9 %) patients. Of surgery-related findings, hydronephrosis (23/105, 21.9 %) and parastomal hernia (17/105, 16.2 %) were the most common findings. Visceral metastases (16/105, 15.2 %) and lymph node metastases (13/105, 12.4 %) were the most common manifestations of recurrent disease. CONCLUSION: CTU findings in the surveillance of patients with bladder cancer after cystectomy are common and include those related to surgery, spread of the disease, and metachronous tumors. Our study supports current published guidelines on the use of CTU in these patients.

[243]

TÍTULO / TITLE: - Detectable Wilms' Tumor-1 Transcription at Treatment Completion Is Associated with Poor Prognosis of Acute Myeloid Leukemia: A Single Institution's Experience.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):3335-40.

AUTORES / AUTHORS: - Yamauchi T; Negoro E; Lee S; Takai M; Matsuda Y; Takagi K; Kishi S; Tai K; Hosono N; Tasaki T; Ikegaya S; Yoshida A; Urasaki Y; Iwasaki H; Ueda T

INSTITUCIÓN / INSTITUTION: - Department of Hematology and Oncology, Faculty of Medical Sciences, University of Fukui, 23 Shimoaizuki, Matsuoka, Eihei-ji Fukui, 910-1193, Japan. tyamauch@u-fukui.ac.jp.

RESUMEN / SUMMARY: - Background/Aim: The present retrospective study was conducted to measure Wilms' tumor-1 (WT1) mRNA levels in the peripheral blood of patients with acute myeloid leukemia (AML) in order to examine any association with the clinical outcomes. PATIENTS AND METHODS: A total of 58 AML patients were evaluated retrospectively in our institution. WT1 transcripts were determined by real-time reverse transcriptase-polymerase chain reaction in peripheral blood samples. RESULTS: WT1 levels at diagnosis did not vary according to response of induction treatments, and the levels were comparable between the patients with durable remission and the patients with relapse of disease. WT1 levels at the completion of the treatment were higher in the group with relapse of disease than in the group with sustained remission. Detectable WT1 transcripts after the completion of chemotherapy courses were associated with poor prognoses. CONCLUSION: WT1 mRNA levels at treatment completion may predict for prognosis of AML.

[244]

TÍTULO / TITLE: - Clinical and molecular correlates of virulence in Escherichia coli causing bloodstream infection following transrectal ultrasound-guided (TRUS) prostate biopsy.

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

REVISTA / JOURNAL: - J Antimicrob Chemother. 2013 Jul 5.

●● Enlace al texto completo (gratis o de pago) [1093/jac/dkt276](https://doi.org/10.1093/jac/dkt276)

AUTORES / AUTHORS: - Williamson DA; Freeman JT; Porter S; Roberts S; Wiles S; Paterson DL; Johnson JR

INSTITUCIÓN / INSTITUTION: - Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand.

RESUMEN / SUMMARY: - **OBJECTIVES:** Prevention and management of Escherichia coli bacteraemia following transrectal ultrasound-guided (TRUS) prostate biopsy has become increasingly complicated by antimicrobial resistance, particularly to fluoroquinolones. Moreover, the globally disseminated, multiresistant sequence type 131 (ST131) E. coli clonal group has recently been described as a major pathogen in the setting of post-biopsy sepsis. Accordingly, we sought to further explore the clinical and molecular epidemiology of post-TRUS biopsy E. coli bacteraemia by comparing the phylogenetic, resistance and virulence characteristics of post-TRUS biopsy E. coli bloodstream isolates with E. coli bloodstream isolates from male patients with spontaneous urosepsis. **METHODS:** Multiplex PCR was used to compare the phylogenetic group and virulence-associated genes between post-biopsy E. coli isolates and E. coli bloodstream isolates from males with spontaneous urosepsis. Antimicrobial resistance profiles were also compared between the two groups. In addition, we compared the clinical characteristics and outcomes of post-TRUS biopsy patients with E. coli ST131 versus non-ST131 bacteraemia. **RESULTS:** Although post-TRUS biopsy E. coli isolates were more extensively antimicrobial resistant than isolates from males with spontaneous urosepsis, they harboured significantly fewer virulence-associated genes. In addition, ST131 isolates were significantly less virulent in nature than other isolates from phylogenetic group B2. Clinical outcomes did not differ between patients with post-biopsy ST131 versus non-ST131 bacteraemia. **CONCLUSIONS:** Our data provide new insights into the molecular pathogenesis of post-TRUS biopsy E. coli bacteraemia, and suggest that antimicrobial resistance, rather than virulence genotype, is the most important bacterial trait associated with an increased risk of infection following TRUS biopsy.

[245]

TÍTULO / TITLE: - Sperm Concentration, Testicular Volume and Age Predict Risk of Carcinoma-in-situ in Contralateral Testis of Men with Testicular Germ-Cell Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 13. pii: S0022-5347(13)04611-9. doi: 10.1016/j.juro.2013.06.023.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.023](https://doi.org/10.1016/j.juro.2013.06.023)

AUTORES / AUTHORS: - Rud CN; Daugaard G; Rajpert-De Meyts E; Skakkebaek NE; Petersen JH; Jorgensen N

INSTITUCIÓN / INSTITUTION: - University Department of Growth and Reproduction, Rigshospitalet, Copenhagen, Denmark; University Department of Oncology, Rigshospitalet, Copenhagen, Denmark.

RESUMEN / SUMMARY: - **PURPOSE:** The study objective was to investigate whether semen quality or some easily attainable clinical parameters might be used to estimate the risk of contralateral carcinoma-in-situ (CIS) in patients with unilateral testicular germ-cell tumours (TGCT). **MATERIALS AND METHODS:** 264 Danish TGCT patients with or without contralateral CIS testis were retrospectively investigated. Clinical data included andrological history, physical examination, testis ultrasonography, semen quality and testis histology. Study groups were compared by univariate linear regression analysis and Chi-square test. Associations between contralateral CIS and risk factors were modeled in two stages: Bayes rule was used to assess the probability of CIS; the terms in Bayes rule were estimated using regression models. **RESULTS:** Significant characteristics of patients with contralateral CIS (N =46) were lower sperm concentration, smaller contralateral testis volume, irregular ultrasonic echo pattern of the contralateral testis and younger age. Cut-off values of sperm concentration and testicular volume were defined. However, according to these only a minority of the non-CIS patients could potentially have been spared a diagnostic testicular biopsy. Combining information on age and sperm concentration, secondly age and testis volume resulted in models of the estimated contralateral CIS risk, from which patients at particular high risk of CIS could be identified. **CONCLUSION:** The combined information on sperm concentration, age and contralateral testis volume predict the risk of contralateral CIS in patients with unilateral TGCT. The proposed models may facilitate selection of TGCT patients for contralateral testicular biopsy at the time of orchiectomy if this is not routinely done.

[246]

TÍTULO / TITLE: - Molecular cytogenetic analysis for TFE3 rearrangement in Xp11.2 renal cell carcinoma and alveolar soft part sarcoma: validation and clinical experience with 75 cases.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jul 5. doi: 10.1038/modpathol.2013.83.

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

[1038/modpathol.2013.83](#)

AUTORES / AUTHORS: - Hodge JC; Pearce KE; Wang X; Wiktor AE; Oliveira AM; Greipp PT

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

RESUMEN / SUMMARY: - Renal cell carcinoma with TFE3 rearrangement at Xp11.2 is a distinct subtype manifesting an indolent clinical course in children, with recent reports suggesting a more aggressive entity in adults. This subtype is morphologically heterogeneous and can be misclassified as clear cell or papillary renal cell carcinoma. TFE3 is also rearranged in alveolar soft part sarcoma. To aid in diagnosis, a break-apart strategy fluorescence in situ hybridization (FISH) probe set specific for TFE3 rearrangement and a reflex dual-color, single-fusion strategy probe set involving the most common TFE3 partner gene, ASPSCR1, were validated on formalin-fixed, paraffin-embedded tissues from nine alveolar soft part sarcoma, two suspected Xp11.2 renal cell carcinoma, and nine tumors in the differential diagnosis. The impact of tissue cut artifact was reduced through inclusion of a chromosome X centromere control probe. Analysis of the UOK-109 renal carcinoma cell line confirmed the break-apart TFE3 probe set can distinguish the subtle TFE3/NONO fusion-associated inversion of chromosome X. Subsequent extensive clinical experience was gained through analysis of 75 cases with an indication of Xp11.2 renal cell carcinoma (n=54), alveolar soft part sarcoma (n=13), perivascular epithelioid cell neoplasms (n=2), chordoma (n=1), or unspecified (n=5). We observed balanced and unbalanced chromosome X;17 translocations in both Xp11.2 renal cell carcinoma and alveolar soft part sarcoma, supporting a preference but not a necessity for the translocation to be balanced in the carcinoma and unbalanced in the sarcoma. We further demonstrate the unbalanced separation is atypical, with TFE3/ASPSCR1 fusion and loss of the derivative X chromosome but also an unanticipated normal X chromosome gain in both males and females. Other diverse sex chromosome copy number combinations were observed. Our TFE3 FISH assay is a useful adjunct to morphologic analysis of such challenging cases and will be applicable to assess the growing spectrum of TFE3-rearranged tumors. Modern Pathology advance online publication, 5 July 2013; doi:10.1038/modpathol.2013.83.

[247]

TÍTULO / TITLE: - Clinical value of t2-weighted imaging combined with diffusion-weighted imaging in preoperative T staging of urinary bladder cancer: a large-scale, multiobserver prospective study on 3.0-T MRI.

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

REVISTA / JOURNAL: - Acad Radiol. 2013 Aug;20(8):939-46. doi: 10.1016/j.acra.2013.02.012. Epub 2013 Jun 5.

●● Enlace al texto completo (gratis o de pago) 1016/j.acra.2013.02.012

AUTORES / AUTHORS: - Wu LM; Chen XX; Xu JR; Zhang XF; Suo ST; Yao QY; Fan Y; Hu J

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Renji Hospital, Shanghai Jiao Tong University School of Medicine, 1630 Dongfang Road, Shanghai 200127, China.

RESUMEN / SUMMARY: - RATIONALE AND OBJECTIVES: To prospectively assess the incremental value of diffusion-weighted imaging (DWI) combined with T2-weighted images (T2WI) in determining the T stage of bladder cancer by using pathologic findings as the reference standard. MATERIALS AND METHODS: This study is approved by the institutional review board; informed consent was waived. The study includes 362 patients (age range, 48-87 years; mean, 71 years) who underwent 3.0-T magnetic resonance imaging and histologic examination. Three observers with varying experience levels reviewed the T2WI data alone, DWI data alone, and combined T2WI and DWI data. Sensitivity, specificity, accuracy, and area under curve (AUC) were determined with the Z test after adjusting for data clustering. RESULTS: For differentiating Tis to T1 tumors from T2 to T4 tumors, the AUCs for T2WI and DWI (0.97 for observer 1 and 0.96 for observer 2) were greater than those for the DWI alone (0.92 for observer 1 and 0.90 for observer 2) ($P < .05$). Observer 3 had similar AUCs for T2WI and DWI compared to DWI alone. The accuracy of T2WI and DWI (observer 1, 98%; observer 2, 96%; observer 3, 92%) was greater than that of DWI alone (observer 1, 92%; observer 2, 90%; observer 3, 87%) for all observers ($P < .05$). The specificity of T2WI and DWI (observer 1, 100%; observer 2, 98%; observer 3, 93%) was greater than that of DWI alone (observer 1, 92%; observer 2, 90%; observer 3, 87%) for all observers ($P < .05$). Sensitivity was not improved even when T2WI and DWI were used. For differentiating Tis to T2 Tumors from T3 to T4 Tumors, the overall accuracy, specificity, and AUC for diagnosing T2 or higher stages were not significantly improved by combining T2WI and DWI. CONCLUSIONS: T2WI combined with DWI can be a reliable sequence for preoperative evaluation of T stage urinary bladder cancer. It is particularly more useful in differentiating T1 or lower tumors from T2 or higher tumors compared to DWI alone.

[248]

TÍTULO / TITLE: - Foxm1 expression in prostate epithelial cells is essential for prostate carcinogenesis.

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

REVISTA / JOURNAL: - J Biol Chem. 2013 Aug 2;288(31):22527-41. doi: 10.1074/jbc.M113.455089. Epub 2013 Jun 17.

●● Enlace al texto completo (gratis o de pago) [1074/jbc.M113.455089](#)

AUTORES / AUTHORS: - Cai Y; Balli D; Ustiyan V; Fulford L; Hiller A; Misetich V; Zhang Y; Paluch AM; Waltz SE; Kasper S; Kalin TV

INSTITUCIÓN / INSTITUTION: - From the Division of Pulmonary Biology, the Perinatal Institute of Cincinnati Children's Research Foundation, Cincinnati, Ohio 45229.

RESUMEN / SUMMARY: - The treatment of advanced prostate cancer (PCa) remains a challenge. Identification of new molecular mechanisms that regulate

PCa initiation and progression would provide targets for the development of new cancer treatments. The Foxm1 transcription factor is highly up-regulated in tumor cells, inflammatory cells, and cells of tumor microenvironment. However, its functions in different cell populations of PCa lesions are unknown. To determine the role of Foxm1 in tumor cells during PCa development, we generated two novel transgenic mouse models, one exhibiting Foxm1 gain-of-function and one exhibiting Foxm1 loss-of-function under control of the prostate epithelial-specific Probasin promoter. In the transgenic adenocarcinoma mouse prostate (TRAMP) model of PCa that uses SV40 large T antigen to induce PCa, loss of Foxm1 decreased tumor growth and metastasis. Decreased prostate tumorigenesis was associated with a decrease in tumor cell proliferation and the down-regulation of genes critical for cell proliferation and tumor metastasis, including Cdc25b, Cyclin B1, Plk-1, Lox, and Versican. In addition, tumor-associated angiogenesis was decreased, coinciding with reduced Vegf-A expression. The mRNA and protein levels of 11beta-Hsd2, an enzyme playing an important role in tumor cell proliferation, were down-regulated in Foxm1-deficient PCa tumors in vivo and in Foxm1-depleted TRAMP C2 cells in vitro. Foxm1 bound to, and increased transcriptional activity of, the mouse 11beta-Hsd2 promoter through the -892/-879 region, indicating that 11beta-Hsd2 was a direct transcriptional target of Foxm1. Without TRAMP, overexpression of Foxm1 either alone or in combination with inhibition of a p19(ARF) tumor suppressor caused a robust epithelial hyperplasia, but was insufficient to induce progression from hyperplasia to PCa. Foxm1 expression in prostate epithelial cells is critical for prostate carcinogenesis, suggesting that inhibition of Foxm1 is a promising therapeutic approach for prostate cancer chemotherapy.

[249]

TÍTULO / TITLE: - Enhanced prostate cancer gene transfer and therapy using a novel serotype chimera cancer terminator virus (Ad.5/3-CTV).

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

REVISTA / JOURNAL: - J Cell Physiol. 2013 Jul 19. doi: 10.1002/jcp.24408.

●● Enlace al texto completo (gratis o de pago) [1002/jcp.24408](#)

AUTORES / AUTHORS: - Azab BM; Dash R; Das SK; Bhutia SK; Sarkar S; Shen XN; Quinn BA; Dent P; Dmitriev IP; Wang XY; Curiel DT; Pellecchia M; Reed JC; Sarkar D; Fisher PB

INSTITUCIÓN / INSTITUTION: - Departments of Human and Molecular Genetics, Virginia Commonwealth University, School of Medicine, Richmond, Virginia, USA.

RESUMEN / SUMMARY: - Few options are available for treating patients with advanced prostate cancer (PC). As PC is a slow growing disease and accessible by ultrasound, gene therapy could provide a viable option for this neoplasm. Conditionally replication-competent adenoviruses (CRCAs) represent potentially useful reagents for treating prostate cancer (PC). We

previously constructed a CRCA, Cancer Terminator Virus (CTV), which showed efficacy both in vitro and in vivo for PC. The CTV was generated on a serotype 5-background (Ad.5-CTV) with infectivity depending on Coxsackie-Adenovirus Receptors (CARs). CARs are frequently reduced in many tumor types, including PCs thereby limiting effective Ad-mediated therapy. Using serotype chimerism, a novel CTV (Ad.5/3-CTV) was created by replacing the Ad.5 fiber knob with the Ad.3 fiber knob thereby facilitating infection in a CAR-independent manner. We evaluated Ad.5/3-CTV in comparison with Ad.5-CTV in low CAR human PC cells, demonstrating higher efficiency in inhibiting cell viability in vitro. Moreover, Ad.5/3-CTV potently suppressed in vivo tumor growth in a nude mouse xenograft model and in a spontaneously induced PC that develops in Hi-myc transgenic mice. Considering the significant responses in a Phase I clinical trial of a non-replicating Ad.5-mda-7 in advanced cancers, Ad.5/3-CTV may exert improved therapeutic benefit in a clinical setting. J. Cell. Physiol. © 2013 Wiley Periodicals, Inc.

[250]

TÍTULO / TITLE: - Application of RIFLE Criteria in Multiple Myeloma Patients with Acute Kidney Injury: A 15-Year retrospective , single center, cohort study.

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

REVISTA / JOURNAL: - Leuk Lymphoma. 2013 Jul 19.

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

[3109/10428194.2013.820284](#)

AUTORES / AUTHORS: - Shi H; Zhang W; Li X; Ren H; Pan X; Chen N

RESUMEN / SUMMARY: - Abstract Although there have been numerous studies of patients with multiple myeloma (MM) and acute kidney injury (AKI) , the results from these studies have varied greatly because of inconsistent definitions of AKI. The RIFLE criteria, which were designed to standardize the staging of AKI, have been extensively validated worldwide, but rarely in patients with MM. We retrospectively analyzed the natural history of 78 patients with MM and AKI between July 1995 and December 2010. RIFLE criteria solely on the basis of the serum creatinine standard were applied to stage the severity of AKI as Risk, Injury, or Failure. Among the patients at stage Risk, Injury and Failure, the chemotherapy response rate were 54.5%, 63.6%, 39.3% (p=0.26), and the renal response rate were 72.7%, 90.9%, 30.4% respectively (p<0.001). Severity of AKI predicted renal response but not chemotherapy response. Older age (OR=1.04, p=0.01), hypercalcemia (OR=2.57, p=0.01) and reversibility of renal insufficiency (OR=3.35 for No vs Yes p<0.001) were the independent prognostic factors associated with survival. Severity of AKI staged by RIFLE class (OR=2.04 Failure stages vs Risk and Injury stage p=0.06) was associated with better long-term outcome marginally. The RIFLE criteria may play a critical role in the early prevention and management of AKI in this population.

[251]

TÍTULO / TITLE: - The association between estrogen receptor alpha polymorphisms and the risk of prostate cancer in Slovak population.

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

REVISTA / JOURNAL: - Mol Cell Biochem. 2013 Sep;381(1-2):201-7. doi: 10.1007/s11010-013-1703-x. Epub 2013 Jun 5.

●● Enlace al texto completo (gratis o de pago) [1007/s11010-013-1703-](#)

[X](#)

AUTORES / AUTHORS: - Jurecekova J; Sivonova MK; Evinova A; Kliment J; Dobrota D

INSTITUCIÓN / INSTITUTION: - Department of Medical Biochemistry, Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Martin, Slovak Republic, jurecekova@jfmed.uniba.sk.

RESUMEN / SUMMARY: - The aim of our study was to evaluate the effect of two polymorphisms in the estrogen receptor alpha, PvuII and XbaI, on the development of prostate cancer within Slovak population, as well as their correlation with selected clinical characteristics. The study was performed using 311 prostate cancer patients and 256 healthy male controls. Both polymorphisms were significantly associated with higher risk of prostate cancer development. At the same time, the CC genotype of PvuII polymorphism (OR = 1.98; 95 % CI 0.94-4.21; p = 0.05) and the AG genotype of XbaI polymorphism (OR = 1.74; 95 % CI 1.0-3.02; p = 0.04) significantly contributed to the development of low-grade carcinoma, while the AG and GG genotypes of the XbaI polymorphism contributed mainly to the development of high-grade prostate cancer (OR = 1.83; 95 % CI 1.12-3.01; p = 0.01 and OR = 2.13; 95 % CI 1.06-4.19; p = 0.03, respectively). Similarly, the AG and GG genotypes of XbaI polymorphism showed significant association with prostate cancer in patients with serum PSA level ≥ 10 ng/ml. Both polymorphisms were found at the same time to be more frequent in patients diagnosed before the age of 60. We conclude on the basis of these results that PvuII and XbaI polymorphisms of estrogen receptor alpha might be associated with prostate cancer risk within Slovak population. Although this is a pilot study and, as such, more detailed investigations are needed to confirm the role of these polymorphisms in prostate cancer development and progression within said Slovak population, our results might still provide a valuable basis for further research with larger patient groups.

[252]

TÍTULO / TITLE: - A 26-Gene Hypoxia Signature Predicts Benefit from Hypoxia-Modifying Therapy in Laryngeal Cancer but Not Bladder Cancer.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-13-0542](https://doi.org/10.1158/1078-0432.CCR-13-0542)

AUTORES / AUTHORS: - Eustace A; Mani N; Span PN; Irlam JJ; Taylor J; Betts GN; Denley H; Miller CJ; Homer JJ; Rojas AM; Hoskin PJ; Buffa FM; Harris AL; Kaanders JH; West CM

INSTITUCIÓN / INSTITUTION: - Author Affiliations: Translational Radiobiology Group, Institute of Cancer Sciences, University of Manchester, Christie Hospital, Departments of Otolaryngology-Head and Neck Surgery and Pathology, Manchester Royal Infirmary, Manchester Academic Health Sciences Centre; Applied Computational Biology & Bioinformatics Group, Paterson Institute for Cancer Research, Manchester; Cancer Centre, Mount Vernon Hospital, Northwood, Middlesex; and Weatherall Institute of Molecular Medicine, University of Oxford, Oxford, United Kingdom; and Department of Radiation Oncology, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands.

RESUMEN / SUMMARY: - **PURPOSE:** Tumor hypoxia is associated with a poor prognosis, hypoxia modification improves outcome, and hypoxic status predicts benefit from treatment. Yet, there is no universal measure of clinical hypoxia. The aim of this study was to investigate whether a 26-gene hypoxia signature predicted benefit from hypoxia-modifying treatment in both cancer types. **EXPERIMENTAL DESIGN:** Samples were available from 157 T2-T4 laryngeal cancer and 185 T1-T4a bladder cancer patients enrolled on the accelerated radiotherapy with carbogen and nicotinamide (ARCON) and bladder carbogen nicotinamide (BCON) phase III randomized trials of radiotherapy alone or with carbogen and nicotinamide (CON) respectively. Customized TaqMan low density arrays (TLDA) were used to assess expression of the 26-gene signature using quantitative real-time PCR. The median expression of the 26 genes was used to derive a hypoxia score (HS). Patients were categorized as TLDA-HS low (\leq median) or TLDA-HS high ($>$ median). The primary outcome measures were regional control (RC; ARCON) and overall survival (BCON). **RESULTS:** Laryngeal tumors categorized as TLDA-HS high showed greater benefit from ARCON than TLDA-HS low tumors. Five-year RC was 81% (radiotherapy alone) versus 100% (CON) for TLDA-HS high ($P = 0.009$). For TLDA-HS low, 5-year RC was 91% (radiotherapy alone) versus 90% (CON; $P = 0.90$). TLDA-HS did not predict benefit from CON in bladder cancer. **CONCLUSION:** The 26-gene hypoxia signature predicts benefit from hypoxia-modifying treatment in laryngeal cancer. These findings will be evaluated in a prospective clinical trial. Clin Cancer Res; 1-10. ©2013 AACR.

[253]

TÍTULO / TITLE: - Natural history of skeletal-related events in patients with breast, lung, or prostate cancer and metastases to bone: a 15-year study in two large US health systems.

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

REVISTA / JOURNAL: - Support Care Cancer. 2013 Jul 25.

●● Enlace al texto completo (gratis o de pago) [1007/s00520-013-1887-](#)

[3](#)

AUTORES / AUTHORS: - Oster G; Lamerato L; Glass AG; Richert-Boe KE; Lopez A; Chung K; Richhariya A; Dodge T; Wolff GG; Balakumaran A; Edelsberg J

INSTITUCIÓN / INSTITUTION: - Policy Analysis Inc. (PAI), Four Davis Court, Brookline, MA, 02445, USA, goster@pai2.com.

RESUMEN / SUMMARY: - PURPOSE: To document the risk of skeletal complications in patients with bone metastases from breast cancer (BC), lung cancer (LC), or prostate cancer (PC) in routine clinical practice. METHODS: We used data from two large US health systems to identify patients aged ≥ 18 years with primary BC, LC, or PC and newly diagnosed bone metastases between January 1, 1995 and December 31, 2009. Beginning with the date of diagnosis of bone metastasis, we estimated the cumulative incidence of skeletal-related events (SREs) (spinal cord compression, pathologic fracture, radiation to bone, bone surgery), based on review of medical records, accounting for death as a competing risk. RESULTS: We identified a total of 621 BC, 477 LC, and 721 PC patients with newly diagnosed bone metastases. SREs were present at diagnosis of bone metastasis in 22.4, 22.4, and 10.0 % of BC, LC, and PC patients, respectively. Relatively few LC or PC patients received intravenous bisphosphonates (14.8 and 20.2 %, respectively); use was higher in patients with BC, however (55.8 %). In BC, cumulative incidence of SREs during follow-up was 38.7 % at 6 months, 45.4 % at 12 months, and 54.2 % at 24 months; in LC, it was 41.0, 45.4, and 47.7 %; and in PC, it was 21.5, 30.4, and 41.9 %. More than one half of patients with bone metastases had evidence of SREs (BC: 62.6 %; LC: 58.7 %; PC: 51.7 %), either at diagnosis of bone metastases or subsequently. CONCLUSIONS: SREs are a frequent complication in patients with solid tumors and bone metastases, and are much more common than previously recognized in women with BC.

[254]

TÍTULO / TITLE: - Charlson score as a single pertinent criterion to select candidates for active surveillance among patients with small renal masses.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jul 20.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1131-](#)

[2](#)

AUTORES / AUTHORS: - Audenet F; Audouin M; Drouin SJ; Comperat E; Mozer P; Chartier-Kastler E; Mejean A; Cussenot O; Shariat SF; Roupret M

INSTITUCIÓN / INSTITUTION: - AP-HP, Academic Urology Department, Pitié-Salpêtrière Hospital, 83 bvd de l'Hopital, 75013, Paris, France.

RESUMEN / SUMMARY: - PURPOSE: The aim of the study was to assess the outcome after nephron-sparing surgery (NSS) of patients with small renal masses (SRMs) who would have been eligible for active surveillance (AS). METHODS: Data were collected retrospectively for 758 patients who underwent NSS over a 5-year period. Outcomes were assessed in two groups of patients who were eligible for AS according to different criteria. Group 1 criteria were as follows: age >75 years, renal mass \leq 4 cm, significant comorbidities [Charlson Comorbidity Index (CCI) >2]. Group 2 criteria were as follows: any SRM \leq 4 cm regardless of age, severe comorbidities with a 10-year mortality risk >50 % (CCI > 4). The two groups were not compared statistically because some patients were included in both. RESULTS: Fifty-five patients (7.3 %) were included in Group 1 and 62 (8.2 %) in Group 2. There was a significant proportion of benign tumours in Group 1 (N = 6; 11 %) and Group 2 (N = 6; 10 %). Six (11 %) positive margins were observed in Group 1 and 8 (13 %) in Group 2. The 2- and 5-year recurrence-free survival rates were 100 and 77.4 %, respectively, in Group 1, and 88.5 and 79.6 % in Group 2. The 2- and 5-year overall survival rates were 100 and 74.7 % in Group 1, and 96.7 and 78.1 % in Group 2. CONCLUSIONS: The majority of patients with SRMs who would have been eligible for AS had no recurrence after initial tumour removal. In these patients, a CCI > 4 appeared to be a pertinent criterion to identify those patients less likely to benefit from immediate surgery.

[255]

TÍTULO / TITLE: - Re: genomic characterization of testis cancer: association of alterations with outcome of clinical stage 1 mixed germ cell nonseminomatous germ cell tumor of the testis.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):537-8. doi: 10.1016/j.juro.2013.04.061. Epub 2013 Apr 22.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.04.061

AUTORES / AUTHORS: - Richie JP

[256]

TÍTULO / TITLE: - Bicalutamide-activated oncolytic adenovirus for the adjuvant therapy of high-risk prostate cancer.

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

REVISTA / JOURNAL: - Cancer Gene Ther. 2013 Jul;20(7):394-402. doi: 10.1038/cgt.2013.34. Epub 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) 1038/cgt.2013.34

AUTORES / AUTHORS: - Johnson TJ; Hoti N; Liu C; Chowdhury WH; Li Y; Zhang Y; Lupold SE; Dewese T; Rodriguez R

INSTITUCIÓN / INSTITUTION: - James Brady Urological Institute, The Johns Hopkins University School of Medicine, Baltimore, MD, USA.

RESUMEN / SUMMARY: - Conditionally replicating adenoviruses (CRAds) utilize tissue-specific promoters to control the expression of the early genes, E1A and E1B, to preferentially replicate and lyse tumor cells (oncolysis). Previous CRAds used in prostate cancer (PCa) gene therapy require androgens to activate prostate-specific promoters and induce viral replication. Unfortunately, these CRAds have reduced activity in patients on androgen-suppressive therapy. We describe a novel prostate-specific CRAd generated by fusing the E1A gene to the androgen receptor (AR) cDNA with a point mutation in codon 685 (C685Y). The E1A-AR fusion neutralizes the previously described mutual inhibition of E1A and AR, and the C685Y point mutation alters specificity of steroid ligand binding to the AR, such that both androgens and nonsteroidal anti-androgens can activate viral replication. We demonstrate that the mutated E1A-AR retained the ability to function in regulating AR-responsive genes and E1A-responsive viral genes. In combination therapy of virus, bicalutamide (anti-androgen) and radiation, a profound impact on cell death by viral oncolysis was seen both in vitro and tumor xenografts. To our knowledge, this is the first gene therapy engineered to be enhanced by anti-androgens and a particularly attractive adjuvant strategy for intensity-modulated radiation therapy of high-risk PCas.

[257]

TÍTULO / TITLE: - Estimating Renal Survival Using the ANCA-Associated GN Classification.

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

REVISTA / JOURNAL: - J Am Soc Nephrol. 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [1681/ASN.2012090912](#)

AUTORES / AUTHORS: - Hilhorst M; Wilde B; van Breda Vriesman P; van Paassen P; Cohen Tervaert JW

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Division of Clinical and Experimental Immunology, Maastricht University Medical Centre, Maastricht, The Netherlands.

RESUMEN / SUMMARY: - A histopathological classification system for ANCA-associated vasculitis was recently published, but whether this system predicts renal outcome requires validation. Here, we analyzed data from 164 consecutive patients with biopsy-proven renal involvement of ANCA-associated vasculitis. The ANCA-associated GN (AGN) classification categorizes patients as having focal, mixed, crescentic, or sclerotic GN. Five-year renal survival rates by categories of the AGN classification scheme were 91% for focal, 69% for mixed, and 64% for crescentic (log-rank $P < 0.0001$). Only one patient was classified as sclerotic. Furthermore, the percentage of normal glomeruli found on biopsy estimated renal survival with the same precision as did the AGN

classification scheme. Patients classified as crescentic or mixed, however, had worse survival when the percentage of normal glomeruli was <25%. In conclusion, the AGN classification for renal biopsy specimens is a practical and informative scheme with which to categorize patients with ANCA-associated vasculitis, but adding the percentage of normal glomeruli to the system seems to improve its predictive value.

[258]

TÍTULO / TITLE: - Characteristics and Clinical Impacts of the Immune Environments in Colorectal and Renal Cell Carcinoma Lung Metastases: Influence of Tumor Origin.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Aug 1;19(15):4079-4091. Epub 2013 Jun 19.

●● [Enlace al texto completo \(gratis o de pago\) 1158/1078-0432.CCR-12-3847](#)

AUTORES / AUTHORS: - Remark R; Alifano M; Cremer I; Lupo A; Dieu-Nosjean MC; Riquet M; Crozet L; Ouakrim H; Goc J; Cazes A; Flejou JF; Gibault L; Verkarre V; Regnard JF; Pages ON; Oudard S; Mlecnik B; Sautes-Fridman C; Fridman WH; Damotte D

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Institut National de la Sante et de la Recherche Medicale (INSERM), U872, Centre de Recherche des Cordeliers; Universite Pierre et Marie Curie-Paris 6, UMRS 872; Universite Paris Descartes-Paris 5, UMRS 872; Universite Denis Diderot-Paris 7; Services d'anatomie-pathologique et de chirurgie thoracique, Hopital Hotel Dieu; Services d'anatomie-pathologique, oncologie et de chirurgie thoracique; Service d'Immunologie Biologique, Hopital Europeen Georges Pompidou; Service d'anatomie-pathologique, Hopital Saint-Antoine; Service d'anatomie-pathologique, Hopital Cochin; and Service d'anatomie-pathologique, Hopital Necker-Enfants Malades, AP-HP, Paris, France.

RESUMEN / SUMMARY: - **PURPOSE:** If immune cells are involved in tumor surveillance and have a prognostic impact in most primary tumors, little is known about their significance in metastases. Because patients' survival is heterogeneous, even at metastatic stages, we hypothesized that immune cells may be involved in the control of metastases. We therefore characterized the tumor immune microenvironment and its prognostic value in colorectal and renal cell carcinoma (RCC) metastases, and compared it to primary tumors. **EXPERIMENTAL DESIGN:** We analyzed by immunohistochemistry (n = 192) and qPCR (n = 32) the immune environments of colorectal carcinoma and RCC lung metastases. **RESULTS:** Metastases from colorectal carcinoma and RCC have different immune infiltrates. Higher densities of DC-LAMP+ mature dendritic cells (P < 0.0001) and lower densities of NKp46+ NK cells (P < 0.0001) were observed in colorectal carcinoma as compared to RCC

metastases, whereas densities of T cells were similar. High densities of CD8+ and DC-LAMP+ cells correlated with longer overall survival (OS) in colorectal carcinoma (P = 0.008) and shorter OS in RCC (P < 0.0001). High NK-cell densities were associated with improved survival in RCC (P = 0.002) but not in colorectal carcinoma. Densities of immune cells correlated significantly from primary to relapsing metastases for the same patient. A TH1 orientation was found in colorectal carcinoma metastases, whereas a heterogeneous immune gene expression was found in RCC metastases. CONCLUSIONS: Our results show a major prognostic value of the immune pattern (CD8+/DC-LAMP+ cell densities) in colorectal carcinoma and RCC, reproducible from primary to metastatic tumors, although with opposite clinical impacts, and highlight the role of the tumor cell in shaping its immune environment. Clin Cancer Res; 19(15); 4079-91. ©2013 AACR.

[259]

TÍTULO / TITLE: - Renal cell carcinoma: translational aspects of metabolism and therapeutic consequences.

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

REVISTA / JOURNAL: - Kidney Int. 2013 Jul 3. doi: 10.1038/ki.2013.245.

●● Enlace al texto completo (gratis o de pago) [1038/ki.2013.245](#)

AUTORES / AUTHORS: - Yang OC; Maxwell PH; Pollard PJ

INSTITUCIÓN / INSTITUTION: - Cancer Biology and Metabolism Group, Henry Wellcome Building for Molecular Physiology, University of Oxford, Oxford, UK.

RESUMEN / SUMMARY: - The heterogeneity of renal cell carcinoma (RCC) poses a challenge for designing clinically applicable diagnostic and screening investigations, predictive and prognostic biomarkers, and targeted molecular therapies. Hereditary RCC syndromes harbor specific driver gene mutations, and their discoveries have provided unequivocal insight into the pathogenomic landscape of RCCs. These observed genetic aberrations correspond to a diverse range of dysplastic metabolic processes, including mutations in genes encoding tricarboxylic acid (TCA) cycle enzymes, defects in hypoxic and antioxidant signaling, and abnormalities in nutrient-sensing phosphorylation cascades. Medical management of RCC focused on understanding and correcting these metabolic abnormalities may refine current RCC screening, diagnosis, and treatment. This review describes RCC subtypes associated with TCA and intermediary metabolic defects, outlining salient clinical features, genetic and molecular pathologies, medical management, and dynamic research areas that may affect future practice. Kidney International advance online publication, 3 July 2013; doi:10.1038/ki.2013.245.

[260]

TÍTULO / TITLE: - Incremental Value of MRI in Clinically High-risk Prostate Cancer: A Large Single-institution Experience of 922 Radical Prostatectomy.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 18. pii: S0022-5347(13)04632-6. doi: 10.1016/j.juro.2013.06.035.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.035

AUTORES / AUTHORS: - Jeong IG; Lim JH; You D; Kim MH; Choi HJ; Kim JK; Cho KS; Hong JH; Ahn H; Kim CS

INSTITUCIÓN / INSTITUTION: - Department of Urology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea.

RESUMEN / SUMMARY: - **PURPOSE:** To investigate the incremental value of magnetic resonance (MR) imaging in addition to clinical variables for the prediction of pathological outcomes and disease recurrence in clinically high-risk prostate cancer. **MATERIALS AND METHODS:** In all, 922 consecutive patients with clinically high-risk prostate cancer underwent MR imaging prior to radical prostatectomy (RP). Multivariate logistic regression and Cox proportional hazards models with clinical variables only, or in combination with MR imaging data, were created to predict pathological outcomes and biochemical recurrence. Models were compared using receiver operating characteristic (ROC) curves and Harrell's concordance index (c-index). **RESULTS:** The proportion of patients with pathological extracapsular extension (ECE), seminal vesicle invasion (SVI), and lymph node metastasis was 57.5%, 12.7% and 6.3%, respectively. The sensitivity and specificity of ECE, SVI and lymph node metastasis detection were 43% and 84.2%, 34.9% and 93.8%, and 14.0% and 96.9%, respectively. For the prediction of ECE and SVI, the area under the ROC curve of the model with clinical variables and MR imaging data was larger than that of the model with clinical variables alone (Ece: 0.734 vs. 0.697, $p=0.001$; SVI: 0.750 vs. 0.698, $p<0.001$, respectively). The 5 year biochemical recurrence-free survival rate was 56.1%. For the prediction of biochemical recurrence, the c-index of the multivariate model with clinical variables only or clinical variables with MR imaging data was 0.563 and 0.599, respectively ($p=0.003$). **CONCLUSIONS:** MR imaging findings have incremental value in addition to clinical variables in the prediction of pathological outcomes and disease recurrence.

[261]

TÍTULO / TITLE: - Holmium; YAG TUIP (transurethral incision of the prostate) vs. green light (532-nm-laser) PVP (photoselective vaporization of the prostate) for treatment of BPH (benign prostatic hyperplasia) less than 40ml; Long-term evaluation.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 8. pii: S0022-5347(13)04855-6. doi: 10.1016/j.juro.2013.06.113.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.113

AUTORES / AUTHORS: - Elshal AM; Elkoushy MA; Elmansy HM; Sampalis J; Elhilali MM

INSTITUCIÓN / INSTITUTION: - Division of Urology, department of surgery, McGill University health center, Montreal, QC, Canada; Urology and nephrology center, Mansoura University, Mansoura, Egypt.

RESUMEN / SUMMARY: - **OBJECTIVES:** To assess the perioperative, short and long term functional outcome of treating bladder outlet obstruction (BOO) secondary to small sized prostates by one of two laser techniques. **METHODOLOGY:** A retrospective review through a prospectively maintained database was performed for patients who were treated for BOO secondary to prostates <40ml. Patients who were treated by either Greenlight-PVP (photoselective vaporization of the prostate) or Hol-TUIP (Holmium laser transurethral incision of the prostate) were included. **RESULTS:** From January 2002 through December 2010, 191 cases out of 1682 laser prostate surgeries were depicted. Greenlight - PVP was done in 144 (75.4%) cases and Hol-TUIP was done in 47 (24.6%) cases. Significantly shorter mean operating time, hospital stay and catheter duration were observed in Hol-TUIP group (30.3+/-16min, 0.8+/-0.8d and 1.3+/-1.9d) than in PVP group (45.8+/-22min, 0.3+/-0.4d and 0.4+/-0.6d) respectively (P<0.05) At one and five years post PVP there were reductions in mean IPSS, QOL and PVR with improvement of mean Qmax of (57.7%, 62.8%); (58.3%, 57.2%); (65.4, 73%) and (127.6%, 167.1%) respectively. At one and five years post Hol-TUIP there were reductions in mean IPSS, QOL and PVR with improvement of mean Qmax of (55.3%, 52.8%); (49.2%, 49%); (45%, 78.1%) and (67.4%, 35.4%) respectively. Subjective and objective urine flow parameters were comparable at different follow-up points. There was no significant difference between the two groups as regard early and late complications (P>0.05). Reoperation rate was 10.4% and 6.4% in PVP and Hol-TUIP groups respectively (P>0.05). The mean estimated cost per Hol-TUIP procedure was significantly lower than per PVP procedure (509.34CAD vs. 1765.92CAD) (P=0.002). **CONCLUSION:** Hol-TUIP and Greenlight PVP seem to be equally effective, safe and durable surgical treatment options for small prostates even in high-risk patients.

[262]

TÍTULO / TITLE: - Prostate Cancer Localization Using Multiparametric MR Imaging: Comparison of Prostate Imaging Reporting and Data System (PI-RADS) and Likert Scales.

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

REVISTA / JOURNAL: - Radiology. 2013 Jun 20.

●● Enlace al texto completo (gratis o de pago) 1148/radiol.13122233

AUTORES / AUTHORS: - Rosenkrantz AB; Kim S; Lim RP; Hindman N; Deng FM; Babb JS; Taneja SS

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Department of Pathology, and Division of Urologic Oncology, Department of Urology, Langone Medical Center, NYU School of Medicine, 560 First Ave, TCH-HW202, New York, NY 10016.

RESUMEN / SUMMARY: - Purpose: To compare the recently proposed Prostate Imaging Reporting and Data System (PI-RADS) scale that incorporates fixed criteria and a standard Likert scale based on overall impression in prostate cancer localization using multiparametric magnetic resonance (MR) imaging. Materials and Methods: This retrospective study was HIPAA compliant and institutional review board approved. Seventy patients who underwent 3-T pelvic MR imaging, including T2-weighted imaging, diffusion-weighted imaging, and dynamic contrast material-enhanced imaging, with a pelvic phased-array coil before radical prostatectomy were included. Three radiologists, each with 6 years of experience, independently scored 18 regions (12 peripheral zone [PZ], six transition zone [TZ]) using PI-RADS (range, scores 3-15) and Likert (range, scores 1-5) scales. Logistic regression for correlated data was used to compare scales for detection of tumors larger than 3 mm in maximal diameter at prostatectomy. Results: Maximal accuracy was achieved with score thresholds of 8 and higher and of 3 and higher for PI-RADS and Likert scales, respectively. At these thresholds, in the PZ, similar accuracy was achieved with the PI-RADS scale and the Likert scale for radiologist 1 (89.0% vs 88.2%, $P = .223$) and radiologist 3 (88.5% vs 88.2%, $P = .739$) and greater accuracy was achieved with the PI-RADS scale than the Likert scale for radiologist 2 (89.6% vs 87.1%, $P = .008$). In the TZ, accuracy was lower with the PI-RADS scale than with the Likert scale for radiologist 1 (70.0% vs 87.1%, $P < .001$), radiologist 2 (87.6% vs 92.6%, $P = .002$), and radiologist 3 (82.9% vs 91.2%, $P < .001$). For tumors with Gleason score of at least 7, sensitivity was higher with the PI-RADS scale than with the Likert scale for radiologist 1 (88.6% vs 82.6%, $P = .032$), and sensitivity was similar for radiologist 2 (78.0% vs 76.5, $P = .467$) and radiologist 3 (77.3% vs 81.1%, $P = .125$). Conclusion: Radiologists performed well with both PI-RADS and Likert scales for tumor localization, although, in the TZ, performance was better with the Likert scale than the PI-RADS scale. © RSNA, 2013 Supplemental material: <http://radiology.rsna.org/lookup/suppl/doi:10.1148/radiol.13122233/-/DC1>.

[263]

TÍTULO / TITLE: - Targeted therapy aimed at cancer stem cells: Wilms' tumor as an example.

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

REVISTA / JOURNAL: - *Pediatr Nephrol*. 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [1007/s00467-013-2501-](http://dx.doi.org/10.1007/s00467-013-2501-0)

[0](#)

AUTORES / AUTHORS: - Shukrun R; Pode Shakked N; Dekel B

INSTITUCIÓN / INSTITUTION: - Pediatric Stem Cell Research Institute, Edmond and Lily Safra Children's Hospital, Sheba Medical Center, Ramat-Gan, Tel Hashomer, 52621, Israel.

RESUMEN / SUMMARY: - Wilms' tumor (WT), a common renal pediatric solid tumor, serves as a model for a malignancy formed by renal precursor cells that have failed to differentiate properly. Here we review recent evidence showing that the tumors' heterogeneous cell population contains a small fraction of cancer stem cells (CSC) identified by two markers: Neural Cell Adhesion Molecule 1 (NCAM1) expression and Aldehyde dehydrogenase 1 (ALDH1) enzymatic activity. In vivo studies show these CSCs to both self-renew and differentiate to give rise to all tumor components. Similar to other malignancies, the identification of a specific CSC fraction has allowed the examination of a novel targeted therapy, aimed at eradicating the CSC population. The loss of CSCs abolishes the tumor's ability to sustain and propagate, hence, causing tumor degradation with minimal damage to normal tissue.

[264]

TÍTULO / TITLE: - Metabolic glycoengineering of Staphylococcus aureus reduces its adherence to human T24 bladder carcinoma cells.

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

REVISTA / JOURNAL: - Chem Commun (Camb). 2013 Jul 23;49(66):7301-3. doi: 10.1039/c3cc43424a.

●● Enlace al texto completo (gratis o de pago) [1039/c3cc43424a](#)

AUTORES / AUTHORS: - Memmel E; Homann A; Oelschlaeger TA; Seibel J

INSTITUCIÓN / INSTITUTION: - Institute of Organic Chemistry, Julius-Maximilians-University Wurzburg, Am Hubland, 97074 Wurzburg, Germany.

seibel@chemie.uni-wuerzburg.de.

RESUMEN / SUMMARY: - The Gram-positive bacterium Staphylococcus aureus is a human pathogen increasingly causing severe infections, especially in hospital environments. Moreover, strains which are resistant against various types of antibiotics are developing and spreading widely as in the case of the community-acquired MRSA (methicillin resistant S. aureus). In this study metabolic glycoengineering with N-azidoacetyl-glucosamine (GlcNAz) has been successfully applied to S. aureus for the first time. The following bioorthogonal Mendal-Sharpless-Huisgen click reaction between the azido-functionalized S. aureus cells and alkyne dyes enabled staining of these bacteria and reduced their adherence to human T24 bladder carcinoma cells by 48%. The results are of urgent interest to study S. aureus infections.

[265]

TÍTULO / TITLE: - Spatial distribution of positive cores improves the selection of patients with low-risk prostate cancer as candidates for active surveillance.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(4):E234-42. doi: 10.1111/bju.12152. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12152](#)

AUTORES / AUTHORS: - Abdollah F; Suardi N; Capitanio U; Gallina A; Sun M; Villa L; Scattoni V; Bianchi M; Tutolo M; Fossati N; Karakiewicz P; Rigatti P; Montorsi F; Briganti A

INSTITUCIÓN / INSTITUTION: - Department of Urology, Vita-Salute San Raffaele University, Milan, Italy.

RESUMEN / SUMMARY: - **OBJECTIVE:** To test the hypothesis that spatial distribution of positive cores at biopsy is a predictor of unfavourable prostate cancer characteristics at radical prostatectomy (RP) in active surveillance (AS) candidates. **PATIENTS AND METHODS:** We examined the data of 524 patients treated with RP, between 2000 and 2012. All fulfilled at least one of four commonly used AS criteria. Regression models tested the relationship between positive cores spatial distribution, defined as the number of positive zones at biopsy (PBxZ) and tumour laterality at biopsy and two endpoints: (i) unfavourable prostate cancer at RP (Gleason score $\geq 4 + 3$, and/or pT3 disease), and (ii) clinically significant prostate cancer (tumour volume ≥ 2.5 mL). **RESULTS:** Unfavourable prostate cancer and clinically significant prostate cancer rates were 8 and 25%, respectively. Patients with more than one PBxZ had a 3.2-fold higher risk of harbouring unfavourable prostate cancer, and a 2.3-fold higher risk of harbouring clinically significant prostate cancer compared with their counterparts with one PBxZ (both $P = 0.01$). Patients with bilateral tumour at biopsy had a 3.3-fold higher risk of harbouring unfavourable prostate cancer and a 1.7-fold higher risk of harbouring clinically significant prostate cancer compared with their counterparts with unilateral tumour at biopsy (both $P \leq 0.04$). Some of these results did not reach a statistically significant level, when the analyses were restricted to patients that fulfilled the most stringent AS criteria. **CONCLUSIONS:** Positive cores spatial distribution at biopsy should be considered, when advising patients about AS. The addition of this predictor to AS inclusion criteria can help identifying patients at a higher risk of progression, and reduce the rate of inappropriate surveillance of aggressive tumours. However, the most stringent AS criteria (namely John-Hopkins criteria and Prostate Cancer Research International: Active Surveillance criteria) might not benefit from the addition of this predictor. This point warrants further investigation in future studies.

[266]

TÍTULO / TITLE: - Pazopanib after sunitinib failure in patients with metastatic renal cell carcinoma.

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

REVISTA / JOURNAL: - Acta Oncol. 2013 May 30.

- Enlace al texto completo (gratis o de pago)

[3109/0284186X.2013.794957](#)

AUTORES / AUTHORS: - Rautiola J; Utraiainen T; Peltola K; Joensuu H; Bono P

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Helsinki University Central Hospital, Helsinki, Finland.

RESUMEN / SUMMARY: - Background. Sunitinib is a standard agent for the treatment of metastatic renal cell carcinoma (mRCC). The objective of the study was to evaluate efficacy and safety of pazopanib in the treatment of patients whose mRCC either progressed on sunitinib or who discontinued sunitinib due to adverse effects. Material and methods. Thirty-one consecutive mRCC patients who received pazopanib after sunitinib failure were included in this retrospective single center study. Pazopanib was continued until disease progression or intolerance. Treatment response was evaluated every 8-12 weeks according to the RECIST criteria. Adverse events were recorded according to the Common Terminology Criteria for Adverse Events. Results. Six patients (19%, 95% CI 12-26%) achieved partial response with pazopanib, 18 (58%) had stable disease, and seven (23%) progressive disease as their best response. Of the 14 patients who received pazopanib as their second-line therapy, six (43%) responded as compared with no responses among 17 patients treated in a later line ($p = 0.004$). The median progression-free survival time was 7.4 months after starting pazopanib (range, 0.9-15.6 months). Patients who received pazopanib as second-line treatment had median progression-free survival of 11.0 months as compared with 3.8 months among those who received pazopanib in a later line ($p = 0.031$). Only one (3%) patient discontinued pazopanib due to an adverse event. The most commonly recorded adverse events were anemia, thrombocytopenia, diarrhea, fatigue, and elevation of serum creatinine concentration. Six (19%) patients had one or more grade 3 or 4 adverse events recorded. Conclusion. Pazopanib has clinical activity in mRCC as second-line agent after sunitinib failure suggesting lack of complete cross-resistance. Pazopanib was associated with acceptable toxicity, and may be considered as an option after sunitinib failure.

[267]

TÍTULO / TITLE: - Minimally invasive surgery for patients with bulky bladder stones and large benign prostatic hyperplasia simultaneously: a novel design.

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

REVISTA / JOURNAL: - Urol Int. 2013;91(1):31-7. doi: 10.1159/000350235. Epub 2013 Jun 5.

- Enlace al texto completo (gratis o de pago) [1159/000350235](#)

AUTORES / AUTHORS: - Zhao J; Shi L; Gao Z; Liu Q; Wang K; Zhang P

INSTITUCIÓN / INSTITUTION: - Department of Urology, Yantai Yuhuangding Hospital, Yantai, PR China.

RESUMEN / SUMMARY: - Objective: To determine the efficacy and safety of a novel minimally invasive design for treating bulky vesical calculi and large benign prostatic hyperplasia (BPH) simultaneously. Methods: 76 patients with large bladder stones (>4 cm) and large BPH (>=50 cm(3)) were treated from August 2008 to January 2011. 38 patients (group 1) underwent transurethral cystolithotripsy followed by transurethral resection of the prostate (TURP), 38 patients (group 2) received percutaneous cystolithotripsy within a laparoscopic entrapment bag and TURP by two surgeons simultaneously. 72 patients were followed up for 1 year. Patient demographics, perioperative parameters and follow-up data were compared. Results: Patient baseline characteristics were comparable in the two groups. In group 1, 3 patients converted to open surgery and received blood transfusion, 4 patients had postoperative fever, 2 had residual stones and 1 developed urethral stricture postoperatively. In group 2, the mean total operative and the operative times for stone management were 71.6 and 30.1 min, respectively, the mean hemoglobin decrease was 0.80 g/dl, no patients received blood transfusion and no complications occurred, significantly superior to group 1. Conclusions: Percutaneous cystolithotripsy using a laparoscopic entrapment bag associated with TURP by two surgeons simultaneously is a highly effective, safe and minimally invasive method for managing large vesical calculi and large BPH.

[268]

TÍTULO / TITLE: - Tumor necrosis factor alpha increases aerobic glycolysis and reduces oxidative metabolism in prostate epithelial cells.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 1. doi: 10.1002/pros.22703.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22703](#)

AUTORES / AUTHORS: - Vaughan RA; Garcia-Smith R; Trujillo KA; Bisoffi M

INSTITUCIÓN / INSTITUTION: - Department of Health, Exercise and Sports Science, University of New Mexico, Albuquerque, New Mexico; Department of Biochemistry and Molecular Biology, School of Medicine, University of New Mexico Health Sciences Center, Albuquerque, New Mexico; Department of Individual, Family, and Community Education Nutrition, University of New Mexico, Albuquerque, New Mexico.

RESUMEN / SUMMARY: - BACKGROUND: Chronic inflammation promotes prostate cancer formation and progression. Furthermore, alterations in energy metabolism are a hallmark of prostate cancer cells. However, the actions of inflammatory factors on the energy metabolism of prostate epithelial cells have not been previously investigated. This is the first study to report on the effect of the inflammatory cytokine tumor necrosis factor alpha (TNFalpha) on the glycolytic and oxidative metabolism, and the mitochondrial function of widely used prostate epithelial cells. METHODS: Pre-malignant RWPE-1 and cancerous LNCaP and PC-3 cells were treated with low-dose TNFalpha.

Glycolytic and oxidative metabolism was quantified by measuring extracellular acidification and oxygen consumption rates, respectively. ATP content and lactate export were measured by luminescence and fluorescence, respectively. Mitochondrial content and the expression of glucose transporter 1 (GLUT1), peroxisome proliferator-activated receptor co-activator 1 alpha (PGC-1alpha), and Cytochrome C were measured by flow cytometry. RESULTS: Our data suggest that TNFalpha increases glycolysis, ATP production, and lactate export, while it reduces oxidative metabolism and mitochondrial function in prostate epithelial cells. The highly aggressive PC-3 cells tend to be less responsive to the actions of TNFalpha than the pre-malignant RWPE-1 and the non-aggressive LNCaP cells. CONCLUSIONS: Cellular energetics, that is, glycolytic and oxidative metabolism is significantly influenced by low-level inflammation in prostate epithelial cells. In widely used prostate epithelial cell models, the micro-environmental inflammatory cytokine TNFalpha induces aerobic glycolysis while inhibiting oxidative metabolism. This supports the hypothesis that low-level inflammation can induce Warburg metabolism in prostate epithelial cells, which may promote cancer formation and progression. Prostate. © 2013 Wiley Periodicals, Inc.

[269]

TÍTULO / TITLE: - Impact of early graft function on 10-year graft survival in recipients of kidneys from standard- or expanded-criteria donors.

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

REVISTA / JOURNAL: - Transplantation. 2013 Jul 27;96(2):176-81. doi: 10.1097/TP.0b013e318297443b.

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

[1097/TP.0b013e318297443b](#)

AUTORES / AUTHORS: - Smail N; Tchervenkov J; Paraskevas S; Baran D; Mucsi I; Hassanain M; Chaudhury P; Cantarovich M

INSTITUCIÓN / INSTITUTION: - 1 Department of Medicine, McGill University Health Center, Montreal, Quebec, Canada. 2 Department of Surgery, McGill University Health Center, Montreal, Quebec, Canada. 3 Department of Surgery, College of Medicine, King Saud University, Riyadh, Saudi Arabia. 4 Address correspondence to: Marcelo Cantarovich, M.D., Multi-Organ Transplant Program, Department of Medicine, McGill University Health Center, 687 Pine Avenue West (R2.58), Montreal, Quebec, Canada H3A 1^a1.

RESUMEN / SUMMARY: - BACKGROUND: The use of kidneys from expanded-criteria donors (ECD) is regarded with caution. METHODS: We compared 279 kidney transplant recipients (KTxR) from standard-criteria donors (SCD) and 237 from ECD, transplanted between January 1990 and December 2006. We evaluated the impact of immediate graft function (IGF), slow graft function (SGF), and delayed graft function (DGF) and the drop in estimated glomerular filtration rate (DeltaeGFR) $\leq 30\%$ or $> 30\%$ during the first year after

transplantation on long-term patient and death-censored graft survival (DCGS). RESULTS: Ten-year patient survival was similar in SCD- or ECD-KTxR (P=0.38). DCGS was better in SCD-KTxR versus ECD-KTxR (77.3% vs. 67.3%; P=0.01). DCGS did not differ in either group experiencing IGF (P=0.17) or DGF (P=0.12). However, DCGS was worse in ECD-KTxR experiencing SGF (84.9% vs. 73.7%; P=0.04). Predictors of DCGS were 1-year serum creatinine (hazard ratio, 1.03; P<0.0001) and DeltaeGFR >30% between 1 and 12 months (Delta1-12eGFR) after transplantation (hazard ratio, 2.2; P=0.02). In ECD-KTxR with IGF and more than 1-year follow-up, 10-year DCGS was better in those with Delta1-12eGFR <=30% versus those with Delta1-12eGFR >30% (83.8% vs. 53.6%; P=0.01). CONCLUSION: Recipients of SCD or ECD kidneys with IGF or DGF had similar 10-year patient survival and DCGS. SGF had a worse impact on DCGS in ECD-KTxR. In addition to 1-year serum creatinine, Delta1-12eGFR >30% is a negative predictor of DCGS. Larger studies should confirm if increasing the use of ECD, avoiding factors that contribute to SGF or DGF, and/or a decline in eGFR during the first year after transplantation may expand the donor pool and result in acceptable long-term outcomes.

[270]

TÍTULO / TITLE: - Function of mutant and wild-type plexinb1 in prostate cancer cells.

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

REVISTA / JOURNAL: - Prostate. 2013 Sep;73(12):1326-35. doi: 10.1002/pros.22678. Epub 2013 Jun 15.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22678](#)

AUTORES / AUTHORS: - Damola A; Legendre A; Ball S; Masters JR; Williamson M

INSTITUCIÓN / INSTITUTION: - Prostate Cancer Research Centre, University College London, London, UK.

RESUMEN / SUMMARY: - BACKGROUND: Semaphorins act as chemotactic cues for cell movement via their transmembrane receptors, plexins. Somatic missense mutations in the plexinB1 gene coupled with overexpression of the protein frequently occur in prostate tumors, indicating a role for plexinB1 in the pathogenesis of prostate cancer. However, the effect of semaphorin/plexin signaling is highly context dependent and whether plexinB1 acts as an inducer or inhibitor of prostate tumor progression in this context is not known.

METHODS: The response of prostate cancer cell lines to plexinB1 activation was assessed in migration, invasion, proliferation and protein phosphorylation assays. Expression was assessed by quantitative RTPCR and immunoblotting. RESULTS: Different prostate cancer cell lines respond to Sema4D (the ligand for plexinB1) in diverse ways. Activation of endogenous plexinB1 enhances migration, invasion and anchorage-independent growth of LNCaP prostate cancer cells via activation of ErbB2 and Akt. In contrast, Sema4D-stimulation

decreased the motility and proliferative capacity of PC3 cells. LNCaP has a missense mutation (Thr1697Ala) in the plexinB1 gene while LNCaP-LN3, a derivative of LNCaP, expresses high levels of wild-type plexinB1 only. Sema4D stimulation increases the motility and anchorage independent growth of both cell lines, showing that these responses are not dependent on the presence of the Thr1697Ala form of plexinB1. ErbB2 and plexinB1 are expressed in primary prostate epithelial cells. CONCLUSIONS: PlexinB1 signals via ErbB2 to increase the invasive phenotype of prostate cancer cells. Both wild-type and mutant forms of plexinB1 are potential targets for anti-cancer therapy in prostate tumors that express ErbB2. Prostate 73: 1326-1335, 2013. © 2013 Wiley Periodicals, Inc.

[271]

TÍTULO / TITLE: - The antitumor lignan Nortrachelogenin sensitizes prostate cancer cells to TRAIL-induced cell death by inhibition of the Akt pathway and growth factor signaling.

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

REVISTA / JOURNAL: - Biochem Pharmacol. 2013 Jun 6. pii: S0006-2952(13)00352-3. doi: 10.1016/j.bcp.2013.05.026.

●● Enlace al texto completo (gratis o de pago) 1016/j.bcp.2013.05.026

AUTORES / AUTHORS: - Peuhu E; Paul P; Remes M; Holmbom T; Eklund P; Sjöholm R; Eriksson JE

INSTITUCIÓN / INSTITUTION: - Turku Centre for Biotechnology, University of Turku and Abo Akademi University, Biocity, POB 123, FI-20521 Turku, Finland.

RESUMEN / SUMMARY: - Prostate cancer cells frequently develop resistance toward androgen-deprivation and chemotherapy. To identify new approaches to treat androgen-dependent prostate cancer, we have performed a structure-activity analysis of lignan polyphenols for cancer cell specific sensitization to tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), a death ligand that has ability to induce tumor-specific cell death. In this study, we report that the lignan nortrachelogenin (NTG) is the most efficient of the 27 tested lignan compounds in sensitizing prostate cancer cells to TRAIL-induced apoptosis. Importantly, pretreatment with NTG does not sensitize a non-malignant prostate cell line to TRAIL-induced cell death. The structural comparison of lignans reveals that the dibenzylbutyrolactone skeleton is required for the apoptosis-sensitizing activity, while substitutions at the aromatic rings do not seem to play a critical role in this lignan function. Our study also characterizes the cellular effects and molecular mechanisms involved in NTG anticancer activity. We previously reported that specific lignans inhibit the Akt survival-signaling pathway in concert with TRAIL sensitization. While NTG is also shown to be an effective inhibitor of Akt signaling, in this study we further demonstrate that NTG potently inhibits tyrosine kinase (RTK) activation in response to growth factors, such as insulin and insulin-like growth factor I (IGF-I). Our results identify NTG

as a novel agent for prostate cancer therapy with ability to inhibit Akt membrane localization and activity as well as the activation of growth factor receptors (GFRs), thereby efficiently synergizing with TRAIL exposure.

[272]

TÍTULO / TITLE: - A Fully Automated Method for CT-on-Rails-Guided Online Adaptive Planning for Prostate Cancer Intensity Modulated Radiation Therapy.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Aug 1;86(5):835-41. doi: 10.1016/j.ijrobp.2013.04.014. Epub 2013 May 29.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.ijrobp.2013.04.014](#)

AUTORES / AUTHORS: - Li X; Quan EM; Li Y; Pan X; Zhou Y; Wang X; Du W; Kudchadker RJ; Johnson JL; Kuban DA; Lee AK; Zhang X

INSTITUCIÓN / INSTITUTION: - Department of Radiation Physics, University of Texas MD Anderson Cancer Center, Houston, Texas.

RESUMEN / SUMMARY: - PURPOSE: This study was designed to validate a fully automated adaptive planning (AAP) method which integrates automated recontouring and automated replanning to account for interfractional anatomical changes in prostate cancer patients receiving adaptive intensity modulated radiation therapy (IMRT) based on daily repeated computed tomography (CT)-on-rails images. METHODS AND MATERIALS: Nine prostate cancer patients treated at our institution were randomly selected. For the AAP method, contours on each repeat CT image were automatically generated by mapping the contours from the simulation CT image using deformable image registration. An in-house automated planning tool incorporated into the Pinnacle treatment planning system was used to generate the original and the adapted IMRT plans. The cumulative dose-volume histograms (DVHs) of the target and critical structures were calculated based on the manual contours for all plans and compared with those of plans generated by the conventional method, that is, shifting the isocenters by aligning the images based on the center of the volume (COV) of prostate (prostate COV-aligned). RESULTS: The target coverage from our AAP method for every patient was acceptable, while 1 of the 9 patients showed target underdosing from prostate COV-aligned plans. The normalized volume receiving at least 70 Gy (V70), and the mean dose of the rectum and bladder were reduced by 8.9%, 6.4 Gy and 4.3%, 5.3 Gy, respectively, for the AAP method compared with the values obtained from prostate COV-aligned plans. CONCLUSIONS: The AAP method, which is fully automated, is effective for online replanning to compensate for target dose deficits and critical organ overdosing caused by interfractional anatomical changes in prostate cancer.

[273]

TÍTULO / TITLE: - Significant decrease of extracellular matrix in prostatic urethra of patients with benign prostatic hyperplasia.

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

REVISTA / JOURNAL: - Histol Histopathol. 2013 Jun 21.

AUTORES / AUTHORS: - Babinski MA; Manaia JH; Cardoso GP; Costa WS; Sampaio FJ

INSTITUCIÓN / INSTITUTION: - Urogenital Research Unit, Department of anatomy - State University of Rio de Janeiro - Rio de Janeiro, and Experimental Morphology and Morphometry Unit, Department of Morphology, Fluminense Federal University - Niteroi, Brazil. mababinski@gmail.com.

RESUMEN / SUMMARY: - Background: Benign prostatic hyperplasia (BPH) nodules increase urethral resistance, resulting in “pressure” of tissue expansion to the urethra and leads to an increase in outflow resistance, accompanied by characteristic lengthening of the prostatic urethra. The goal of this investigation was to analyze and quantify changes of the histological components in the prostatic urethra of patients with BPH and compare with a control group. Methods: Prostatic urethra tissue samples were obtained from ten patients (age range 63 to 79 years, mean 66) with clinical symptoms of bladder outlet obstruction who had undergone open prostatectomy. The ten control group samples (urethral tissue samples from the transitional zone) were collected from prostates obtained during autopsy of accidental death adults of less than 25 years. The Volumetric density (Vv) of the histological components was determined with stereological methods from 25 random fields per sample using the point-count method with a M-42 grid test system. The quantitative data were analyzed using the Kolmogorov-Smirnov and Mann-Whitney U tests. Results: The Vv (mean+/-SD) in the control and BPH groups respectively were: 20.3+/-0.3 and 17.12+/-1.1 in the elastic fiber system ($p < 0.007$); and 29.7+/-1.9 and 25.1+/-2.4 in the collagen compartment ($p < 0.03$). Smooth muscle cell volume was increased in BPH cases, 49.9+/-0.4 and 52.3+/-2.3 (not statistically significant). Conclusions: BPH nodules caused a significant decrease of elastic system fibers and collagen in prostatic urethra.

[274]

TÍTULO / TITLE: - Enhanced therapeutic effect of cisplatin on the prostate cancer in tumor-bearing mice by transfecting the attenuated Salmonella carrying a plasmid co-expressing p53 gene and mdm2 siRNA.

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

REVISTA / JOURNAL: - Cancer Lett. 2013 Aug 28;337(1):133-42. doi: 10.1016/j.canlet.2013.05.028. Epub 2013 May 29.

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

1016/j.canlet.2013.05.028

AUTORES / AUTHORS: - Jiang T; Zhou C; Gu J; Liu Y; Zhao L; Li W; Wang G; Li Y; Cai L

INSTITUCIÓN / INSTITUTION: - Cancer Center at the First Hospital of Jilin University, Changchun 130021, China; Department of Blood and Division of Rheumatology, Jilin Province People's Hospital, Changchun 130021, China.

RESUMEN / SUMMARY: - Prostate cancer urgently needs an efficient therapy. Here we demonstrated that cisplatin combined with gene therapy by transfecting the attenuated Salmonella that carry a plasmid containing p53 gene and MDM2 siRNA provided a super-synergistic effect on the inhibition of prostate cancer growth in vivo. This synergistic therapy was associated with the induction of apoptotic cell death with a decreased Bcl2 to Bax expression ratio and increased expression of cleaved caspase 3 and caspase 9 in the prostate cancer xenograft. These results indicate that cisplatin-chemotherapy in combination with targeting the MDM2/p53 axis is an attractive strategy to treat prostate cancer.

[275]

TÍTULO / TITLE: - TMEFF2 and SARDH cooperate to modulate one-carbon metabolism and invasion of prostate cancer cells.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 3. doi: 10.1002/pros.22706.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22706](#)

AUTORES / AUTHORS: - Green T; Chen X; Ryan S; Asch AS; Ruiz-Echevarria MJ
INSTITUCIÓN / INSTITUTION: - Department of Oncology, Brody School of Medicine at East Carolina University, Greenville, North Carolina.

RESUMEN / SUMMARY: - BACKGROUND: The transmembrane protein with epidermal growth factor and two follistatin motifs, TMEFF2, has been implicated in prostate cancer but its role in this disease is unclear. We recently demonstrated that the tumor suppressor role of TMEFF2 correlates, in part, with its ability to interact with sarcosine dehydrogenase (SARDH) and modulate sarcosine level. TMEFF2 overexpression inhibits sarcosine-induced invasion. Here, we further characterize the functional interaction between TMEFF2 and SARDH and their link with one-carbon (1-C) metabolism and invasion. METHODS: RNA interference was used to study the effect of SARDH and/or TMEFF2 knockdown (KD) in invasion, evaluated using Boyden chambers. The dependence of invasion on 1-C metabolism was determined by examining sensitivity to methotrexate. Real-time PCR and Western blot of subcellular fractions were used to study the effect of SARDH KD or TMEFF2 KD on expression of enzymes involved in one-carbon (1-C) metabolism and on TMEFF2 expression and localization. Protein interactions were analyzed by mass spectrometry. Cell viability and proliferation were measured by cell counting and MTT analysis. RESULTS: While knocking down SARDH affects TMEFF2 subcellular localization, this effect is not responsible for the increased

invasion observed in SARDH KD cells. Importantly, SARDH and/or TMEFF2 KD promote increased cellular invasion, sensitize the cell to methotrexate, render the cell resistant to invasion induced by sarcosine, a metabolite from the folate-mediated 1-C metabolism pathway, and affect the expression level of enzymes involved in that pathway. CONCLUSIONS: Our findings define a role for TMEFF2 and the folate-mediated 1-C metabolism pathway in modulating cellular invasion. Prostate © 2013 Wiley Periodicals, Inc.

[276]

TÍTULO / TITLE: - Mutual Regulation between Raf/MEK/ERK Signaling and Y-Box-Binding Protein-1 Promotes Prostate Cancer Progression.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Aug 7.

- [Enlace al texto completo \(gratis o de pago\) 1158/1078-0432.CCR-12-3705](#)

AUTORES / AUTHORS: - Imada K; Shiota M; Kohashi K; Kuroiwa K; Song Y; Sugimoto M; Naito S; Oda Y

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Departments of Anatomic Pathology and of Urology, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan.

RESUMEN / SUMMARY: - PURPOSE: Y-box-binding protein-1 (YB-1) is known to conduct various functions related to cell proliferation, anti-apoptosis, epithelial-mesenchymal transition, and castration resistance in prostate cancer. However, it is still unknown how YB-1 affects cancer biology, especially its correlations with the mitogen-activated protein kinase (MAPK) signaling pathway. Therefore, we aimed to examine the interaction between YB-1 and the MAPK pathway in prostate cancer. EXPERIMENTAL DESIGN: Quantitative real-time PCR, Western blotting, and co-immunoprecipitation assay were conducted in prostate cancer cells. YB-1, phosphorylated YB-1 (p-YB-1), and ERK2 protein expressions in 165 clinical specimens of prostate cancer were investigated by immunohistochemistry. YB-1, p-YB-1, and ERK2 nuclear expressions were compared with clinicopathologic characteristics and patient prognoses. RESULTS: EGF upregulated p-YB-1, whereas MEK inhibitor (U0126, PD98059) decreased p-YB-1. Inversely, silencing of YB-1 using siRNA decreased the expression of ERK2 and phosphorylated MEK, ERK1/2, and RSK. Furthermore, YB-1 interacted with ERK2 and Raf-1 and regulated their expressions, through the proteasomal pathway. Immunohistochemical staining showed a significant correlation among the nuclear expressions of YB-1, p-YB-1, and ERK2. The Cox proportional hazards model revealed that high ERK2 expression was an independent prognostic factor [HR, 7.947; 95% confidence interval (CI), 3.527-20.508; P < 0.0001]. CONCLUSION: We revealed the functional relationship between YB-1 and MAPK signaling and its biochemical relevance to the progression of prostate cancer. In addition, ERK2 expression

was an independent prognostic factor. These findings suggest that both the ERK pathway and YB-1 may be promising molecular targets for prostate cancer diagnosis and therapeutics. Clin Cancer Res; 1-13. ©2013 AACR.

[277]

TÍTULO / TITLE: - Arterial aneurysm with distal ischemia in a renal allografted patient: beware of angiosarcoma.

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

REVISTA / JOURNAL: - Eur J Dermatol. 2013 Jun 19.

●● Enlace al texto completo (gratis o de pago) [1684/ejd.2013.2020](#)

AUTORES / AUTHORS: - Baroudjian B; Battistella M; Mourah S; Hickman G; Pages C; Moulouguet I; Koskas F; Gaudric J; Le Maignan C; Dantal J; Bagot M; Petit A; Lebbe C

INSTITUCIÓN / INSTITUTION: - Department of Dermatology.

[278]

TÍTULO / TITLE: - Carbon anhydrase IX specific immune responses in patients with metastatic renal cell carcinoma potentially cured by interleukin-2 based immunotherapy.

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

REVISTA / JOURNAL: - Immunopharmacol Immunotoxicol. 2013 Aug;35(4):487-96. doi: 10.3109/08923973.2013.802802. Epub 2013 Jun 27.

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

[3109/08923973.2013.802802](#)

AUTORES / AUTHORS: - Rasmussen S; Donskov F; Pedersen JW; Wandall HH; Buus S; Harndahl M; Braendstrup P; Claesson MH; Pedersen AE

INSTITUCIÓN / INSTITUTION: - Department of International Health, Immunology and Microbiology, The Faculty of Health and Medical Sciences, University of Copenhagen, Denmark.

RESUMEN / SUMMARY: - Abstract The majority of clear-cell renal cell carcinomas (ccRCC) show high and homogeneous expression levels of the tumor associated antigen (TAA) carbonic anhydrase IX (CAIX), and treatment with interleukin-2 (IL-2) based immunotherapy can lead to cure in patients with metastatic renal cell carcinoma (mRCC). However, the involvement of CAIX specific CD8+ T cells and/or NK cells in the tumor eradication is unknown. We investigated T cell and antibody reactivity against overlapping 15-mer CAIX-peptides as well as HLA haplotype frequency and NK cell cytotoxicity in 11 patients with no evidence of disease (NED) following treatment with IL-2 based immunotherapy, and thus potentially cured. Immune reactivity in these patients was compared with samples from patients with dramatic tumor response obtained immediately at the cessation of therapy, samples from patients that experienced progressive disease during treatment and samples from healthy

controls. We observed more focused but only weak and not consistent CAIX specific T-cells in the late observation and early observation response groups compared with the healthy control group. An increased frequency of the class II alleles HLA-DRB4 01:01, HLA-DPB 01:01 and HLA-DPB 03:01 was noted in the NED patients. In contrast, NK cytotoxicity was low even in the late observation response group as compared with controls. In particular, a HLA-B*40:01 restricted CD8+ T cell response recognizing the CAIX- derived peptide SEEEGSLKL was identified. This may have interest in future cancer vaccines, but more studies are needed to elucidate the immunological mechanisms of action in potentially cured patients treated with an immunotherapeutic agent.

[279]

TÍTULO / TITLE: - Cathepsin L inhibition by the small molecule KGP94 suppresses tumor microenvironment enhanced metastasis associated cell functions of prostate and breast cancer cells.

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

REVISTA / JOURNAL: - Clin Exp Metastasis. 2013 Jun 9.

●● Enlace al texto completo (gratis o de pago) [1007/s10585-013-9590-](#)

[9](#)

AUTORES / AUTHORS: - Sudhan DR; Siemann DW

INSTITUCIÓN / INSTITUTION: - Department of Pharmacology and Therapeutics, Cancer and Genetics Research Complex, College of Medicine, University of Florida, Room 485E, Gainesville, FL, 32610, USA, dhivyasudhan@ufl.edu.

RESUMEN / SUMMARY: - Metastasis remains the major cause of therapeutic failure, poor prognosis and high mortality in breast and prostate cancer patients. Aberrant microenvironments including hypoxia and acidic pH are common features of most solid tumors that have been long associated with enhanced metastasis and poor patient outcomes. Novel approaches to reduce metastatic incidences and improve overall survival of cancer patients clearly are needed. The crucial role of Cathepsin L (CTSL) in the dissemination of tumor cells has led to the development of novel cathepsin L inhibition strategies. The present study evaluated the ability of KGP94, a small molecule inhibitor of CTSL, to impair the metastatic phenotype of prostate (PC-3ML) and breast (MDA-MB-231) cancer cells both under normal and aberrant microenvironmental conditions. To assess the role of CTSL in hypoxia and acidosis triggered metastasis associated cell functions, secreted CTSL levels were determined under conditions pertinent to the tumor microenvironment. Acute exposures to hypoxic or acidic conditions significantly elevated secreted CTSL levels either through an increase in intracellular CTSL levels or through activation of lysosomal exocytosis or both, depending on the tumor type. Increases in CTSL secretion closely paralleled enhanced tumor cell migration and invasion suggesting that CTSL could be an essential factor in tumor microenvironment triggered metastasis. Importantly, KGP94 treatment led to marked attenuation

of tumor cell invasion and migration under both normal and aberrant microenvironmental conditions suggesting that it may have significant utility as an anti-metastatic agent.

[280]

TÍTULO / TITLE: - Effect of Chelators on the Pharmacokinetics of (99m)Tc-Labeled Imaging Agents for the Prostate-Specific Membrane Antigen (PSMA).

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

REVISTA / JOURNAL: - J Med Chem. 2013 Aug 8;56(15):6108-21. doi: 10.1021/jm400823w. Epub 2013 Jul 22.

●● Enlace al texto completo (gratis o de pago) [1021/jm400823w](#)

AUTORES / AUTHORS: - Ray Banerjee S; Pullambhatla M; Foss CA; Falk A; Byun Y; Nimmagadda S; Mease RC; Pomper MG

INSTITUCIÓN / INSTITUTION: - Russell H. Morgan Department of Radiology and Radiological Science, Johns Hopkins University, School of Medicine, Baltimore, Maryland 21287, United States.

RESUMEN / SUMMARY: - Technetium-99m, the most commonly used radionuclide in nuclear medicine, can be attached to biologically important molecules through a variety of chelating agents, the choice of which depends upon the imaging application. The prostate-specific membrane antigen (PSMA) is increasingly recognized as an important target for imaging and therapy of prostate cancer (PCa). Three different (99m)Tc-labeling methods were employed to investigate the effect of the chelator on the biodistribution and PCa tumor uptake profiles of 12 new urea-based PSMA-targeted radiotracers. This series includes hydrophilic ligands for radiolabeling with the [(99m)Tc(CO)3](+) core (L8-L10), traditional NxSy-based chelating agents with varying charge and polarity for the (99m)Tc-oxo core (L11-L18), and a (99m)Tc-organohydrazine-labeled radioligand (L19). (99m)Tc(I)-Tricarbonyl-labeled [(99m)Tc]L8 produced the highest PSMA+ PC3 PIP to PSMA- PC3 flu tumor ratios and demonstrated the lowest retention in normal tissues including kidney after 2 h. These results suggest that choice of chelator is an important pharmacokinetic consideration in the development of (99m)Tc-labeled radiopharmaceuticals targeting PSMA.

[281]

TÍTULO / TITLE: - SNAI1 Protein Expression is an Independent Negative Prognosticator in Muscle-Invasive Bladder Cancer.

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

REVISTA / JOURNAL: - Ann Surg Oncol. 2013 Jun 27.

●● Enlace al texto completo (gratis o de pago) [1245/s10434-013-3075-](#)

[6](#)

AUTORES / AUTHORS: - Keck B; Wach S; Goebell PJ; Kunath F; Bertz S; Lehmann J; Stockle M; Taubert H; Wullich B; Hartmann A

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Hospital Erlangen, Erlangen, Germany, bastian.keck@uk-erlangen.de.

RESUMEN / SUMMARY: - BACKGROUND: The prognosis of muscle-invasive bladder cancer is poor. Molecular prognosticators have gained increasing attention for individualized therapeutic options because they can identify patients with different prognoses. METHODS: Tissue microarrays of formalin-fixed and paraffin-embedded tumor samples from 206 bladder cancer patients treated with cystectomy and chemotherapy were studied for SNAI1 protein expression by immunohistochemistry. SNAI1 expression was evaluated using an immunoreactive score (IRS). For statistical analysis, the patients were separated into two groups: those with tumor specimens negative for SNAI1 expression (IRS = 0), and the other positive for SNAI1 expression (IRS \geq 1). RESULTS: Tumor samples from 42 patients showed negative SNAI1 expression, whereas the nuclei of tumor cells from 164 patients showed detectable nuclear staining of SNAI1. A Kaplan-Meier analysis of the bladder cancer patients with negative SNAI1 expression showed significantly reduced disease-specific survival (DSS) and progression-free survival (PFS) compared to the patients with positive expression ($p = 0.010$ and 0.013). A multivariate Cox regression analysis (adjusted for gender, age, tumor stage, tumor grade, lymph node metastasis, chemotherapy, and histologic subtype) again showed a significant correlation between patients lacking SNAI1 expression and DSS ($p = 0.005$; relative risk 2.31; 95 % confidence interval 1.28-4.17) or PFS ($p = 0.004$; relative risk 2.20; 95 % confidence interval 1.29-3.78) compared to patients with positive SNAI1 staining. CONCLUSIONS: Loss of SNAI1 protein expression is an independent prognosticator for PFS and DSS in bladder cancer patients treated by radical cystectomy and adjuvant chemotherapy. Its prognostic value for neoadjuvant or adjuvant chemotherapy must be evaluated in further prospective randomized controlled trials.

[282]

TÍTULO / TITLE: - Substitution of anti-androgens and tegafur-uracil combination therapy for castration-resistant prostate cancer: Results of a multi-center randomized phase II study.

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

REVISTA / JOURNAL: - Int J Oncol. 2013 Sep;43(3):713-20. doi: 10.3892/ijo.2013.1997. Epub 2013 Jun 28.

●● Enlace al texto completo (gratis o de pago) [3892/ijo.2013.1997](http://dx.doi.org/10.3892/ijo.2013.1997)

AUTORES / AUTHORS: - Takahashi M; Kawabata R; Kawano A; Murakami Y; Sutou Y; Inai T; Akazawa S; Hamao T; Hayashi H; Fukawa T; Takemura M; Yamamoto Y; Yamaguchi K; Izaki H; Fukumori T; Kanayama H

INSTITUCIÓN / INSTITUTION: - Department of Urology, Institute of Health Biosciences, The University of Tokushima Graduate School, Tokushima 770-8503, Japan.

RESUMEN / SUMMARY: - We conducted this study to determine whether substitution with anti-androgen (SOA) and tegafur-uracil (a prodrug of 5-FU) combination therapy is more effective than SOA alone after relapse from initial hormonal therapy. Patients who were histologically confirmed and relapsed after initial hormonal therapy were included. All patients were randomly allocated into two groups: SOA alone (group A) or SOA combined with tegafur-uracil (group B). The mRNA expression of four enzymes, including thymidylate synthase (TS), dihydropyrimidine dehydrogenase (DPD), orotate phosphoribosyltransferase (OPRT) and thymidine phosphorylase (TP), in prostate cancer cells was analyzed by quantitative reverse-transcription polymerase chain reaction. Fifty-two patients were enrolled in this study. The median age was 77 (range: 47-92) years. The PSA response rate in group B (61.5%) tended to be higher compared to that in group A (34.6%) ($p=0.095$). Group B (median: 15.9 months) had a significantly longer time to PSA progression (TTP) compared to group A (6.4 months) ($p=0.014$). In patients with a lower TS expression or a higher OPRT expression, group B demonstrated a higher PSA response rate compared to group A ($p=0.019$ and $p=0.041$, respectively). In addition, in the patients with a lower TS expression, group B demonstrated a significantly longer TTP compared to group A ($p=0.018$). There were no severe adverse events in either treatment group. After relapse from initial hormonal therapy, SOA combined with tegafur-uracil is effective and well tolerated. The TS mRNA expression level may be a predictive factor for this combination therapy.

[283]

TÍTULO / TITLE: - Proteomic analysis of bladder cancer by iTRAQ after Bifidobacterium infantis-mediated HSV-TK/GCV suicide gene treatment.

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

REVISTA / JOURNAL: - Biol Chem. 2013 Jul 23. pii: /j/bchm.just-accepted/hsz-2013-0201/hsz-2013-0201.xml. doi: 10.1515/hsz-2013-0201.

●● Enlace al texto completo (gratis o de pago) [1515/hsz-2013-0201](#)

AUTORES / AUTHORS: - Jiang L; Ren J; Xiao X; Tang YY; Weng HQ; Yang Q; Wu MJ; Tang W

RESUMEN / SUMMARY: - Abstract In our previous studies, we constructed the bifidobacterium infantis-thymidine kinase/nucleoside analog ganciclovir (BI-TK/GCV) system, which were proved to have a sustainable anti-tumor activity in a bladder cancer rodent model in vivo. In this paper, a proteomic approach of isobaric tags for relative and absolute quantification (iTRAQ), followed by liquid chromatography-tandem mass spectrometry (LC-MS/MS) was employed to understand the molecular mechanisms of this system. iTRAQ identified 192 down-regulated and 210 up-regulated proteins after treatment with BI-TK/GCV in Sprague-Dawley rats. Down-regulations of cell nuclear antigen (PCNA), Pyruvate kinase isozymes M2 (PKM2), Hexokinase-1 (HXK-1), 6-

phosphofructokinase (PFK-B) and Cell surface glycoprotein (CD146) in bladder cancer after treatment were confirmed by Western blot analysis and then, validated by immunohistochemistry. Furthermore, the networks of cancer proliferation associated with PCNA, glycolysis associated with PKM2, HXK-1 and PFK-B and invasion associated with CD146 were illustrated by Ingenuity Pathway Analysis (IPA). This study represents the successful application of iTRAQ technology to reveal the molecular mechanisms of BI-TK/GCV treatment system, and provides the theoretical support for the effectiveness of our successful treatment system.

[284]

TÍTULO / TITLE: - Enrichment of putative prostate cancer stem cells after androgen deprivation: Upregulation of pluripotency transactivators concurs with resistance to androgen deprivation in LNCaP cell lines.

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

REVISTA / JOURNAL: - Prostate. 2013 May 31. doi: 10.1002/pros.22685.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22685](#)

AUTORES / AUTHORS: - Seiler D; Zheng J; Liu G; Wang S; Yamashiro J; Reiter RE; Huang J; Zeng G

INSTITUCIÓN / INSTITUTION: - Department of Urology, David Geffen School of Medicine at UCLA, Los Angeles, California.

RESUMEN / SUMMARY: - **BACKGROUND:** Prostate cancer stem cells (PCSC) offer theoretical explanations to many clinical and biological behaviors of the disease in human. In contrast to approaches of using side populations and cell-surface markers to isolate and characterize the putative PCSC, we hypothesize that androgen deprivation leads to functional enrichment of putative PCSC. **METHODS AND RESULTS:** Human prostate cancer lines LNCaP, LAPC4 and LAPC9 were depleted of androgen in cell cultures and in castrated SCID mice. The resultant androgen deprivation-resistant or castration-resistant populations, in particular in LNCaP and its derivative cell lines, displayed increased expression of pluripotency transactivators and significantly higher tumorigenicity. Individual tumor cell clones were isolated from castration-resistant bulk cultures of LNCaP (CR-LNCaP) and tested for tumorigenicity in male SCID mice under limiting dilution conditions. As few as 200 cells were able to form spheres in vitro, and generate tumors with similar growth kinetics as 106 LNCaP or 104 CR-LNCaP cells in vivo. These putative PCSC were CD44+ /CD24- and lack the expression of prostate lineage proteins. When transplanted into the prostate of an intact male SCID mouse, these putative PCSC seemed to show limited differentiation into Ck5+ , Ck8+ , Ck5+ /Ck8+ , and AR+ cells. On the other hand, stable transduction of LNCaP with retrovirus encoding Sox2 led to androgen-deprivation resistant growth and down-regulation of major prostate lineage gene products in vitro. **CONCLUSION:** Concurrence of overexpression of pluripotency transactivators and resistance to androgen

deprivation supported the role of putative PCSC in the emergence of prostate cancer resistant to androgen deprivation. Prostate © 2013 Wiley Periodicals, Inc.

[285]

TÍTULO / TITLE: - Knockdown of lipocalin-2 suppresses the growth and invasion of prostate cancer cells.

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

REVISTA / JOURNAL: - Prostate. 2013 Sep;73(12):1281-90. doi: 10.1002/pros.22670. Epub 2013 Jun 15.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22670](#)

AUTORES / AUTHORS: - Tung MC; Hsieh SC; Yang SF; Cheng CW; Tsai RT; Wang SC; Huang MH; Hsieh YH

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Tungs' Taichung Metro Harbor Hospital, Taichung, Taiwan.

RESUMEN / SUMMARY: - BACKGROUND: Lipocalin-2 (LCN2) is a member of the lipocalin superfamily, and it has an important role in the regulation of cellular oncogenesis and apoptosis. However, the role for LCN2 in prostate cancer remains unclear. METHOD: LCN2 expression has been determined by Western blotting, qRT-PCR, and immunohistochemistry in the human prostate cell lines PC3, DU145, LNCaP, and 22Rv, and in human prostate tissue array. In this study, we identified shRNA-LCN2 to determine the role of LCN2 in prostate-cancer cell proliferation, migration, and invasion. Cell proliferative ability was measured by MTT, colony-formation, and cell-cycle analysis. The role of LCN2 in prostate-cancer cell migration and invasion was analyzed by cell-migration assay and Matrigel invasion assay. The effect of LCN2 knockdown on prostate tumor growth was assessed in a subcutaneous xenograft model. RESULTS: LCN2 protein and mRNA expression are higher in PC3 and DU145 cells than in LNCaP and 22Rv cells, and prostate cancer tissue correlated significantly with tumor differentiation ($P < 0.017$) and Gleason's grade ($P < 0.02$). LCN2 knockdown in PC3 and DU145 cells decreased cell proliferation, colony formation, cell cycle arrest, migration, and invasion. Conversely, LCN2 overexpression in 22Rv cells produced the opposite effect. Subcutaneous xenografts in mice models showed decreased tumor growth in the LCN2-knockdown mice. CONCLUSIONS: Our results suggest that LCN2 might play an important role in regulation of proliferation and invasion of human prostate cancer, and that it can be a valuable marker of prostate cancer progression. Prostate 73: 1281-1290, 2013. © 2013 Wiley Periodicals, Inc.

[286]

TÍTULO / TITLE: - Targeting Stromal Androgen Receptor Suppresses Prolactin-Driven Benign Prostatic Hyperplasia (BPH).

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

REVISTA / JOURNAL: - Mol Endocrinol. 2013 Jul 26.

●● Enlace al texto completo (gratis o de pago) [1210/me.2013-1207](#)

AUTORES / AUTHORS: - Lai KP; Huang CK; Fang LY; Izumi K; Lo CW; Wood R; Kindblom J; Yeh S; Chang C

INSTITUCIÓN / INSTITUTION: - George Whipple Lab for Cancer Research (K.-P.L., C.-K.H., L.-Y.F., K.I., C.-W.L., R.W., S.Y., C.C.), Departments of Pathology, Urology, and Radiation Oncology, and the Wilmot Cancer Center, University of Rochester Medical Center, Rochester, New York 14642; Sex Hormone Research Center (C.C.), China Medical University/Hospital, Taichung 404, Taiwan; and Department of Oncology (J.K.), Institute of Clinical Sciences, Sahlgrenska Academy at the University of Gothenburg, S-413 45 Goteborg, Sweden.

RESUMEN / SUMMARY: - Stromal-epithelial interaction plays a pivotal role to mediate the normal prostate growth, the pathogenesis of benign prostatic hyperplasia (BPH), and prostate cancer development. Until now, the stromal androgen receptor (AR) functions in the BPH development, and the underlying mechanisms remain largely unknown. Here we used a genetic knockout approach to ablate stromal fibromuscular (fibroblasts and smooth muscle cells) AR in a probasin promoter-driven prolactin transgenic mouse model (Pb-PRL tg mice) that could spontaneously develop prostate hyperplasia to partially mimic human BPH development. We found Pb-PRL tg mice lacking stromal fibromuscular AR developed smaller prostates, with more marked changes in the dorsolateral prostate lobes with less proliferation index. Mechanistically, prolactin mediated hyperplastic prostate growth involved epithelial-stromal interaction through epithelial prolactin/prolactin receptor signals to regulate granulocyte macrophage-colony stimulating factor expression to facilitate stromal cell growth via sustaining signal transducer and activator of transcription-3 activity. Importantly, the stromal fibromuscular AR could modulate such epithelial-stromal interacting signals. Targeting stromal fibromuscular AR with the AR degradation enhancer, ASC-J9, led to the reduction of prostate size, which could be used in future therapy.

[287]

TÍTULO / TITLE: - Hypofractionated proton therapy for prostate cancer: Dose delivery uncertainty due to interfractional motion.

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

REVISTA / JOURNAL: - Med Phys. 2013 Jul;40(7):071714. doi: 10.1118/1.4811101.

●● Enlace al texto completo (gratis o de pago) [1118/1.4811101](#)

AUTORES / AUTHORS: - Wang Y; Efstathiou JA; Lu HM; Sharp GC; Trofimov A

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Massachusetts General Hospital, Harvard Medical School, 55 Fruit Street, Boston, Massachusetts 02114.

RESUMEN / SUMMARY: - Purpose: The alpha-to-beta (alphabeta) ratio for prostate tumor is likely lower than that for the surrounding normal organs, such as rectum and bladder (approximately 3 Gy). As a result, hypofractionation is expected to improve the therapeutic ratio in prostate radiation therapy. However, with the use of fewer, larger fractions, the accuracy of treatment dose delivery becomes more influenced by the physical uncertainties resulting from motion and radiobiological uncertainties in the alphabeta ratio of the prostate tumor. The purpose of this study is to evaluate the impact of interfractional motion on treatment dose delivery within the likely range of the tumor alphabeta ratio. Methods: Serial CT images acquired at simulation and daily treatment for three prostate patients were studied retrospectively. A conventional 3D-conformal proton plan was created for each patient, delivering 25 fractions of 2 Gy to ITV1 (internal target volume, expanded from the prostate and clinically involved seminal vesicles) followed by 14 fractions to ITV2 (expanded from the prostate). The plans were renormalized for a series of hypofractionated protocols of between five and 28 fractions. The fractional doses were computed on daily CT and were mapped onto simulation CT using deformable registration. In each course, the doses from the fractions with the lowest D97% of the ITV2 were summed to approximate the lower limit (worst case) of target coverage. The uncertainty in dose and coverage was estimated as the deviation of the worst case from the nominal plan. Results: For treatments in 28 to five fractions, the uncertainty arising from interfractional motion ranged from approximately 1% to 4% for V100% and approximately 2% to 6% for D100% of the ITV2. The uncertainties in V95% and D95% were both minimal (<1%) for all protocols. For tumors with a low alphabeta of 1.0 Gy, the treatment in five fractions could deliver an additional 21.0 and 17.4 GyEQD2 to 95% and 100% of the ITV2, respectively, compared to that in 28 fractions. This advantage disappeared for tumors with alphabeta > 2.5 Gy, assuming the worst case for interfractional motion. Conclusions: In hypofractionated proton therapy for prostate cancer, the dosimetric uncertainties due to interfractional motion were minimal for the ITV2 coverage at 95% isodose level and the dose received by 95% of the ITV2. Although hypofractionation could yield an increase in equivalent dose to the target for tumors with low alphabeta, the gain was cancelled out by the uncertainty due to interfractional motion for tumors with alphabeta > 2.5 Gy.

[288]

TÍTULO / TITLE: - Metastatic Prostate Cancer Proven by 18F-FCH PET/CT Staging Scan in Patient With Normal PSA but High PSA Doubling Time.

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

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Sep;38(9):739-40. doi: 10.1097/RLU.0b013e31829b9d6b.

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

[1097/RLU.0b013e31829b9d6b](https://doi.org/10.1097/RLU.0b013e31829b9d6b)

AUTORES / AUTHORS: - Hodolic M; Maffione AM; Fettich J; Gubina B; Cimitan M; Rubello D

INSTITUCIÓN / INSTITUTION: - From the *Department of Nuclear Medicine, University Medical Centre Ljubljana, Ljubljana, Slovenia; daggerDepartment of Nuclear Medicine, PET/CT Centre, Santa Maria della Misericordia Hospital Rovigo, Rovigo, Italy; double daggerDepartment of Urology, University Medical Centre Ljubljana, Ljubljana, Slovenia; and section signDepartment of Nuclear Medicine, National Cancer Institute CRO IRCCS, Aviano, Italy.

RESUMEN / SUMMARY: - A 59-year-old man presented with frequent urination. Six months ago, his prostate-specific antigen (PSA) was 1.56 ng/mL; currently it is 3.5 ng/mL (PSA doubling time = 6 months; PSA velocity = 0.19 ng/mL/mo). Biopsy revealed aggressive prostate cancer (Gleason score 5 + 5). Staging with F-fluorocholine PET/CT (F-FCH PET/CT) demonstrated lymph node metastasis. After 6 months of hormonal therapy with goserelin, PSA decreased to 0.38 ng/mL. A F-FCH PET/CT restaging scan demonstrated a global reduction of F-FCH lesion uptake with disappearance of some mediastinal and iliac pelvic lymph node activity.

[289]

TÍTULO / TITLE: - Androgen receptor (AR) differential roles in hormone-related tumors including prostate, bladder, kidney, lung, breast and liver.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jul 22. doi: 10.1038/onc.2013.274.

●● Enlace al texto completo (gratis o de pago) [1038/onc.2013.274](https://doi.org/10.1038/onc.2013.274)

AUTORES / AUTHORS: - Chang C; Lee SO; Yeh S; Chang TM

INSTITUCIÓN / INSTITUTION: - 1] George Whipple Lab for Cancer Research, Departments of Pathology, Urology, Radiation Oncology, and the Wilmot Cancer Center, University of Rochester Medical Center, Rochester, NY, USA
[2] Sex Hormone Research Center, China Medical University/Hospital, Taichung, Taiwan.

RESUMEN / SUMMARY: - The androgen receptor (AR) is expressed in many cell types and the androgen/AR signaling has been found to have important roles in modulating tumorigenesis and metastasis in several cancers including prostate, bladder, kidney, lung, breast and liver. However, whether AR has differential roles in the individual cells within these tumors that contain a variety of cell types remains unclear. Generation of AR knockout (ARKO) mouse models with deletion of AR in selective cells within tumors indeed have uncovered many unique AR roles in the individual cell types during cancer development and progression. This review will discuss the results obtained from various ARKO

mice and different human cell lines with special attention to the cell type- and tissue-specific ARKO models. The understanding of various results showing the AR indeed has distinct and contrasting roles in each cell type within many hormone-related tumors (as stimulator in bladder, kidney and lung metastases vs as suppressor in prostate and liver metastases) may eventually help us to develop better therapeutic approaches by targeting the AR or its downstream signaling in individual cell types to better battle these hormone-related tumors in different stages. *Oncogene* advance online publication, 22 July 2013; doi:10.1038/onc.2013.274.

[290]

TÍTULO / TITLE: - Prediagnostic circulating markers of inflammation and risk of prostate cancer.

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

REVISTA / JOURNAL: - *Int J Cancer*. 2013 Jun 10. doi: 10.1002/ijc.28313.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28313](#)

AUTORES / AUTHORS: - Toriola AT; Laukkanen JA; Kurl S; Nyssonen K; Ronkainen K; Kauhanen J

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Division of Public Health Sciences, Washington, University School of Medicine, St Louis, MO; Siteman Cancer Center, Washington, University School of Medicine, St Louis, MO.

RESUMEN / SUMMARY: - Accruing evidence suggests that inflammation plays a role in prostate carcinogenesis. However, studies evaluating this association using C-reactive protein (CRP) and interleukin-6 as markers of inflammation have reported conflicting results. We investigated the associations of three common markers of inflammation (CRP, fibrinogen and leukocyte count) with the risk of prostate cancer in a prospective cohort of 2,571 men from Finland. During an average follow-up period of 24 years (21-26 years), 203 men from the cohort who developed prostate cancer were identified via linkage to the nationwide Finnish Cancer Registry. We investigated the associations between the markers and the risk of prostate cancer using Cox proportional hazards model, adjusting for potential confounders. Elevated prediagnostic leukocyte count was associated with an increased risk of prostate cancer. In multivariable adjusted model, the relative risk of prostate cancer among men in the highest tertile of leukocyte count compared to men in the lowest tertile was 1.60 (95% confidence interval [CI] = 1.10-2.29, p-trend = 0.01). Circulating CRP and fibrinogen were not associated with increased risk. The corresponding relative risks for elevated CRP and fibrinogen concentrations were 1.08 (95% CI: 0.74-1.60, p-trend = 0.56) and 1.25 (95% CI: 0.87-1.81, p-trend = 0.14), respectively. Men with elevated leukocyte counts had a 2.57-fold (95% CI: 0.99-6.79) increased risk of prostate cancer mortality. The increased risk associated with elevated leukocyte counts warrants confirmation in other studies. Larger studies should consider combining at least two markers or using an

inflammation score derived from many inflammatory markers to evaluate prostate cancer risk.

[291]

TÍTULO / TITLE: - Predictors of pathological progression among men with localized prostate cancer undergoing active surveillance - a sub-analysis of the REDEEM (REduction by Dutasteride of clinical progression Events in Expectant Management of prostate cancer) study.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 29. pii: S0022-5347(13)04668-5. doi: 10.1016/j.juro.2013.06.051.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.juro.2013.06.051](#)

AUTORES / AUTHORS: - Margel D; Nandy I; Wilson TH; Castro R; Fleshner N

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgical Oncology, Princess Margaret Hospital, University Health Network, Toronto, Ontario, Canada. Electronic address: sdmargel@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: To identify risk factors for pathological progression among men on active surveillance (AS) in REDEEM. MATERIALS AND METHODS: REDEEM was a 3-year, randomized, double-blind study of patients in 65 North American academic centers. Eligible men were 48-82 years old; with low-risk prostate cancer (T1c-T2a), Gleason score ≤ 6 , ≤ 3 cores positive, tumor $< 50\%$ of any one core; serum prostate-specific antigen (PSA) ≤ 11 ng/mL; life expectancy > 5 years; undergoing AS. Entry biopsies (≥ 10 cores) were required. The analysis included 276 patients with ≥ 1 biopsy after the start of study treatment. Patients received dutasteride 0.5 mg/day or placebo for 3 years. Time to pathological progression (volume [≥ 4 cores positive or $\geq 50\%$ of one core] or grade progression [Gleason score ≥ 7]) in a post-baseline biopsy (not preceded by therapeutic intervention), and baseline variables were analyzed using a Cox proportional hazard model. RESULTS: In total, 94/276 patients with a post-baseline biopsy (34.1%) progressed pathologically; 54 (19.6%) had volume progression only, 19 (6.9%) had grade progression only and 21 (7.6%) had both. Older age (HR: 1.05, 95% CI 1.01-1.08, P=0.009) and higher PSA density (HR: 1.06, 95% CI 1.04-1.09, P<0.001) were associated with pathological progression. Post-baseline PSA identified grade, but not volume progression in placebo- and dutasteride-treated patients. CONCLUSIONS: Older age and higher PSA density were independent predictors for pathological progression. Post-baseline measurements as predictors of pathological progression could not be established. Further studies are needed to evaluate the role of dutasteride and establish better markers of pathological progression in AS.

[292]

TÍTULO / TITLE: - Re: de novo kidney graft tumors: results from a multicentric retrospective national study.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):592-3. doi: 10.1016/j.juro.2013.04.065. Epub 2013 Apr 27.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.065](#)

AUTORES / AUTHORS: - Goldfarb DA

[293]

TÍTULO / TITLE: - Novel parameter predicting grade 2 rectal bleeding after iodine-125 prostate brachytherapy combined with external beam radiation therapy.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 1;87(1):182-7. doi: 10.1016/j.ijrobp.2013.04.047. Epub 2013 Jun 6.

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

[1016/j.ijrobp.2013.04.047](#)

AUTORES / AUTHORS: - Shiraishi Y; Hanada T; Ohashi T; Yorozu A; Toya K; Saito S; Shigematsu N

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Keio University School of Medicine, Tokyo, Japan. Electronic address: shiraishi@rad.med.keio.ac.jp.

RESUMEN / SUMMARY: - **PURPOSE:** To propose a novel parameter predicting rectal bleeding on the basis of generalized equivalent uniform doses (gEUD) after (125)I prostate brachytherapy combined with external beam radiation therapy and to assess the predictive value of this parameter. **METHODS AND MATERIALS:** To account for differences among radiation treatment modalities and fractionation schedules, rectal dose-volume histograms (DVHs) of 369 patients with localized prostate cancer undergoing combined therapy retrieved from corresponding treatment planning systems were converted to equivalent dose-based DVHs. The gEUDs for the rectum were calculated from these converted DVHs. The total gEUD (gEUDsum) was determined by a summation of the brachytherapy and external-beam radiation therapy components. **RESULTS:** Thirty-eight patients (10.3%) developed grade 2+ rectal bleeding. The grade 2+ rectal bleeding rate increased as the gEUDsum increased: 2.0% (2 of 102 patients) for <70 Gy, 10.3% (15 of 145 patients) for 70-80 Gy, 15.8% (12 of 76 patients) for 80-90 Gy, and 19.6% (9 of 46 patients) for >90 Gy (P=.002). Multivariate analysis identified age (P=.024) and gEUDsum (P=.000) as risk factors for grade 2+ rectal bleeding. **CONCLUSIONS:** Our results demonstrate gEUD to be a potential predictive factor for grade 2+ late rectal bleeding after combined therapy for prostate cancer.

[294]

TÍTULO / TITLE: - Prostate-sparing radical cystectomy for selected patients with bladder cancer.

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

REVISTA / JOURNAL: - Urol Int. 2013;91(1):89-96. doi: 10.1159/000348332. Epub 2013 May 28.

●● Enlace al texto completo (gratis o de pago) [1159/000348332](#)

AUTORES / AUTHORS: - Macek P; Sanchez-Salas R; Rozet F; Barret E; Galiano M; Hanus T; Cathelineau X

INSTITUCIÓN / INSTITUTION: - Department of Urology, Institut Montsouris, Paris, France.

RESUMEN / SUMMARY: - Objectives: To review the current literature about prostate-sparing radical cystectomy (PSRC) and its potential for management of a selected population of patients with bladder cancer. Materials and Methods: The PubMed, EMBASE and Scopus databases were searched for the key words 'prostate', 'sparing' and 'cystectomy' between 1984 and 2012. Articles in English, French and German were considered relevant for review. Institutional experience with this procedure was also included. Results: PSRC remains a controversial procedure for the treatment of patients harboring bladder carcinoma, mainly due to insufficient knowledge of clear indications and/or contraindications. Experience with PSRC is still limited to very few referral centers and there is a lack of large series with long-term outcomes. The potential for excellent functional outcomes must be carefully balanced against inconsistent oncological results. Conclusions: PSRC may become an option for carefully selected and extensively informed patients. Suggestions for possible indications and contraindications are presented.

[295]

TÍTULO / TITLE: - Utilization of surveillance imaging following treatment of small renal masses.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 10. pii: S0022-5347(13)04573-4. doi: 10.1016/j.juro.2013.05.109.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.05.109](#)

AUTORES / AUTHORS: - Kowalczyk KJ; Harbin AC; Choueiri TK; Hevelone ND; Lipsitz SR; Trinh QD; Tina Shih YC; Hu JC

INSTITUCIÓN / INSTITUTION: - Department of Urology, Georgetown University Hospital, Washington, DC, USA. Electronic address: keith.kowalczyk@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: With increasing incidence of small renal masses (SRM), there is greater use of ablation, nephron-sparing surgery (NSS) and surveillance compared to radical nephrectomy. However, patterns of care in the utilization of post-treatment imaging remain uncharacterized. The purpose of this study is to determine the rate of post-treatment imaging after various

treatments for SRM. MATERIALS AND METHODS: Using SEER-Medicare data during 2005-2009, we identified 1682 subjects diagnosed with SRM and treated with open partial nephrectomy (OPN, n=330), minimally invasive partial nephrectomy (MIPN, n=160), open radical nephrectomy (ORN, n=404), minimally invasive radical nephrectomy (MIRN, n=535), thermal ablation (TA, n=212), and surveillance (n=42). Use of imaging was compared within 24 months of treatment, and multivariable regression models were constructed to identify factors associated with increased imaging utilization. RESULTS: In adjusted analyses, TA was associated with almost eight-fold greater odds for surveillance imaging compared with ORN (Odds Ratio [OR] 7.7; 95% Confidence Interval [CI] 1.01-59.4). Specifically, TA was associated with increased CT (OR 5.28) and MRI (OR 2.19) utilization and decreased ultrasound utilization (OR 0.59). MIPN (OR 3.28) and OPN (OR 3.19) were also associated with increased CT utilization to a lesser extent. CONCLUSIONS: Subjects undergoing NSS undergo more post-treatment imaging compared to ORN. Although possibly associated with lower morbidity, TA is associated with significantly greater utilization of imaging compared to other SRM treatments. This may increase costs and radiation exposure, although further study is needed to confirm this.

[296]

TÍTULO / TITLE: - Testosterone boosts for treatment of castration resistant prostate cancer: An experimental implementation of intermittent androgen deprivation.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 19. doi: 10.1002/pros.22711.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22711](#)

AUTORES / AUTHORS: - Thelen P; Heinrich E; Bremmer F; Trojan L; Strauss A
INSTITUCIÓN / INSTITUTION: - Department of Urology, University Medical Center Gottingen, Gottingen, Germany.

RESUMEN / SUMMARY: - BACKGROUND: The primary therapeutic target for non-organ-confined prostate cancer is the androgen receptor (AR). Main strategies to ablate AR function are androgen depletion and direct receptor blockade by AR antagonists. However, incurable castration resistant prostate cancer (CRPC) develops resistance mechanisms to cope with trace amounts of androgen including AR overexpression and mutation in the AR ligand binding domain. METHODS: The CRPC cell model VCaP derivative of a prostate cancer bone metastasis was used in vitro and in nude mice in vivo to examine the effects of immediate testosterone boost on CRPC cells. In addition, a testosterone tolerant cell model was established by incremental acclimatization of VCaP cells to 1 nM testosterone. The effects of androgen withdrawal and testosterone boosts on gene expression were assessed by quantitative real-time polymerase chain reaction, ELISA, and Western blots. Tumor cell

proliferation was evaluated with a BrdU test. RESULTS: Testosterone boosts on CRPC VCaP cells eliminate tumor cells to a higher extent than androgen withdrawal in androgen tolerant cells. The pronounced decrease of tumor cell proliferation was accompanied by a marked downregulation of AR expression regarding full-length AR and splice variant AR V7. CONCLUSIONS: Acquiring castration resistance of prostate cancer cells by AR overexpression and amplification obviously sensitizes such cells to testosterone concentrations as low as physiological values. This introduces novel therapeutic means to treat CRPC with non-toxic measures and may find clinical implementation in intermittent androgen deprivation regimens. Prostate © 2013 Wiley Periodicals, Inc.

[297]

TÍTULO / TITLE: - Pazopanib and sunitinib trigger autophagic and non-autophagic death of bladder tumour cells.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 25. doi: 10.1038/bjc.2013.420.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.420](#)

AUTORES / AUTHORS: - Santoni M; Amantini C; Morelli MB; Liberati S; Farfariello V; Nabissi M; Bonfili L; Eleuteri AM; Mozzicafreddo M; Burattini L; Berardi R; Cascinu S; Santoni G

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Polytechnic University of the Marche Region, 60121 Ancona, Italy.

RESUMEN / SUMMARY: - Background: Tyrosine kinase inhibitors (TKI) such as sunitinib and pazopanib display their efficacy in a variety of solid tumours. However, their use in therapy is limited by the lack of evidence about the ability to induce cell death in cancer cells. Our aim was to evaluate cytotoxic effects induced by sunitinib and pazopanib in 5637 and J82 bladder cancer cell lines. Methods: Cell viability was tested by MTT assay. Autophagy was evaluated by western blot using anti-LC3 and anti-p62 antibodies, acridine orange staining and FACS analysis. Oxygen radical generation and necrosis were determined by FACS analysis using DCFDA and PI staining. Cathepsin B activation was evaluated by western blot and fluorogenic Z-Arg-Arg-AMC peptide. Finally, gene expression was performed using RT-PCR Profiler array. Results: We found that sunitinib treatment for 24 h triggers incomplete autophagy, impairs cathepsin B activation and stimulates a lysosomal-dependent necrosis. By contrast, treatment for 48 h with pazopanib induces cathepsin B activation and autophagic cell death, markedly reversed by CA074-Me and 3-MA, cathepsin B and autophagic inhibitors, respectively. Finally, pazopanib upregulates the alpha-glucosidase and downregulates the TP73 mRNA expression. Conclusion: Our results showing distinct cell death mechanisms activated by different TKIs, provide the biological basis for novel molecularly

targeted approaches. British Journal of Cancer advance online publication, 25 July 2013; doi:10.1038/bjc.2013.420 www.bjcancer.com.

[298]

TÍTULO / TITLE: - Curcumin induces cell cycle arrest and apoptosis of prostate cancer cells by regulating the expression of I κ B α , c-Jun and androgen receptor.

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

REVISTA / JOURNAL: - Pharmazie. 2013 Jun;68(6):431-4.

AUTORES / AUTHORS: - Guo H; Xu YM; Ye ZQ; Yu JH; Hu XY

INSTITUCIÓN / INSTITUTION: - Department of Urology, Affiliated Sixth People's Hospital, Shanghai Jiaotong University, Shanghai, China.

RESUMEN / SUMMARY: - Curcumin possesses chemopreventive properties against several types of cancer, but the molecular mechanisms by which it induces apoptosis of cancer cells and inhibits cancer cell proliferation are not clearly understood. To evaluate the antitumor activity of curcumin for prostate cancer, we used an androgen dependent LNCaP prostate cancer cell line and an androgen independent PC-3 prostate cancer cell line as experimental models. We treated these cells with curcumin and then evaluated the effects of curcumin on cell cycle profiling and apoptosis, as well as the activation of NF- κ B and c-jun in these cells. The results showed that the ratios of apoptosis in LNCaP and PC-3 cells were significantly elevated in a dose dependent manner after exposure to curcumin. In addition, curcumin induces the G2/M cell cycle arrest of LNCaP and PC-3 cells in a dose dependent manner. Mechanistically, we found that curcumin upregulated the protein level of NF- κ B inhibitor I κ B α and downregulated protein levels of c-Jun and AR. These data suggest that curcumin is a promising agent for the treatment of both androgen-dependent and androgen-independent prostate cancer.

[299]

TÍTULO / TITLE: - Comparing dosimetric, morbidity, quality of life, and cancer control outcomes after 3D conformal, intensity-modulated, and proton radiation therapy for prostate cancer.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):182-90. doi: 10.1016/j.semradonc.2013.01.004.

●● [Enlace al texto completo \(gratuito o de pago\)](#)

1016/j.semradonc.2013.01.004

AUTORES / AUTHORS: - Pearlstein KA; Chen RC

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, USA.

RESUMEN / SUMMARY: - New radiation technologies have been developed and adopted for clinical use in prostate cancer treatment in response to a need to deliver dose-escalated radiation therapy while minimizing treatment-related morbidity. The goal of this article is to examine the currently available evidence comparing dosimetric and patient outcomes of newer versus older radiation technologies in prostate cancer. Overall, although a body of dosimetry studies have demonstrated the ability of newer versus older technologies (intensity-modulated radiation therapy vs 3-dimensional conformal radiation therapy; proton vs intensity-modulated radiation therapy) to reduce radiation doses delivered to the rectum and bladder, more studies are needed to demonstrate that these dosimetric benefits translate into improved patient outcomes.

[300]

TÍTULO / TITLE: - Dietary sources of N-nitroso compounds and bladder cancer risk: Findings from the Los Angeles bladder cancer study.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jun 18. doi: 10.1002/ijc.28331.

●● [Enlace al texto completo \(gratis o de pago\) 1002/ijc.28331](#)

AUTORES / AUTHORS: - Catsburg CE; Gago-Dominguez M; Yuan JM; Castelao JE; Cortessis VK; Pike MC; Stern MC

INSTITUCIÓN / INSTITUTION: - Department of Preventive Medicine, Keck School of Medicine, Norris Comprehensive Cancer Center, University of Southern California, Los Angeles, CA.

RESUMEN / SUMMARY: - N-Nitroso compounds (NOCs) have been proposed as possible bladder carcinogens. The main sources of exogenous exposure to NOCs are cigarette smoke and diet, particularly processed (i.e., nitrite-treated) meats. Perhaps more importantly, NOCs can be formed endogenously from dietary precursors such as nitrate, nitrite and amines. Heme has been shown to increase endogenous nitrosation. We examined the role of dietary sources of NOCs and NOC precursors as potential bladder cancer risk factors using data from the Los Angeles Bladder Cancer Study, a population-based case-control study. Dietary and demographic information was collected from 1,660 bladder cancer cases and 1,586 controls via a structured questionnaire. Intake of liver and of salami/pastrami/corned beef, were both statistically significantly associated with risk of bladder cancer in this study, particularly among nonsmokers. Heme intake was also statistically significantly associated with risk of bladder cancer among nonsmokers only. When considering NOC precursors, risk was consistently higher among subjects with concurrent high intake of nitrate and high intake of the different meats (sources of amines and nitrosamines). Results of this study are consistent with a role of dietary sources of NOC precursors from processed meats in bladder cancer risk, suggesting consumption of meats with high amine and heme content such as salami and

liver as a risk factor for bladder cancer. In addition, any effect of consuming these meats may be greater when accompanied by high nitrate intake.

[301]

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: - Zinamosca 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.

[302]

TÍTULO / TITLE: - Baseline 18F-FDG PET/CT Parameters as Imaging Biomarkers of Overall Survival in Castrate-Resistant Metastatic Prostate Cancer.

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

REVISTA / JOURNAL: - J Nucl Med. 2013 Aug;54(8):1195-201. doi: 10.2967/jnumed.112.114116. Epub 2013 Jun 19.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[2967/jnumed.112.114116](#)

AUTORES / AUTHORS: - Jadvar H; Desai B; Ji L; Conti PS; Dorff TB; Groshen SG; Pinski JK; Quinn DI

INSTITUCIÓN / INSTITUTION: - Division of Nuclear Medicine, Department of Radiology, Keck School of Medicine of USC, University of Southern California, Los Angeles, California; and.

RESUMEN / SUMMARY: - The aim of this prospective investigation was to assess the association of parameters derived from baseline (18)F-FDG PET/CT with overall survival (OS) in men with castrate-resistant metastatic prostate cancer. METHODS: Eighty-seven men with castrate-resistant metastatic prostate

cancer underwent (18)F-FDG PET/CT and were followed prospectively for OS. Median follow-up in patients who were alive was 22.2 mo (range, 1.6-62.5 mo). OS was defined as the time between the PET/CT imaging or the start of chemotherapy, whichever was later, and death, with patients who were alive censored at the last follow-up date. PET parameters included maximum standardized uptake value (SUVmax) of the most active lesion, sum of SUVmax, and average SUVmax of all metabolically active lesions, after subtraction of patient-specific background-liver average SUV. Comparison of OS was based on univariate and multivariable Cox regression analyses of continuous PET parameters adjusted for standard clinical parameters (age, serum prostate-specific antigen level, alkaline phosphatase, use of pain medication, prior chemotherapy, and Gleason score at initial diagnosis). Survival curves based on Kaplan-Meier estimates are presented. RESULTS: Among the 87 patients, 61 were dead at the time of last follow-up. Median OS was 16.5 mo (95% confidence interval [CI], 12.1-23.4 mo), and the OS probability at 24 mo was 39% +/- 6%. For the univariate analysis, the hazard ratios associated with each unit increase were 1.01 (95% CI, 1.006-1.02) for sum of SUVmax (P = 0.002), 1.11 (95% CI, 1.03-1.18) for maximum SUVmax (P = 0.010), and 1.13 (95% CI, 0.99-1.30) for average SUVmax (P = 0.095). For the multivariable analysis adjusting for relevant clinical parameters, the continuous parameter sum of SUVmax remained significant (P = 0.053), with a hazard ratio of 1.01 (95% CI, 1.001-1.02). When sum of SUVmax was grouped into quartile ranges, there was poorer survival probability for the patients in the fourth-quartile range than for those in the first-quartile range, with a univariate hazard ratio of 3.8 (95% CI, 1.8-7.9). CONCLUSION: Sum of SUVmax derived from (18)F-FDG PET/CT contributes independent prognostic information on OS in men with castrate-resistant metastatic prostate cancer, and this information may be useful in assessing the comparative effectiveness of various conventional and emerging treatment strategies.

[303]

TÍTULO / TITLE: - Relationship between primary and metastatic testicular germ cell tumors: a clinicopathologic analysis of 100 cases.

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

REVISTA / JOURNAL: - Hum Pathol. 2013 Jul 12. pii: S0046-8177(13)00189-5. doi: 10.1016/j.humpath.2013.05.004.

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

[1016/j.humpath.2013.05.004](#)

AUTORES / AUTHORS: - Tarrant WP; Czerniak BA; Guo CC

INSTITUCIÓN / INSTITUTION: - Department of Pathology, The University of Texas MD Anderson Cancer Center, Houston, TX 77030-4009, USA.

RESUMEN / SUMMARY: - Testicular germ cell tumors (GCTs) commonly metastasize to the retroperitoneal lymph nodes (RPLNs). We evaluated 100

cases of RPLN dissection specimens with viable GCTs after chemotherapy and compared them with their corresponding orchiectomy specimens. The mean age of patients was 28 years (range, 15-58 years). The testicular tumors consisted of mixed GCT (n = 72), teratoma (n = 18), seminoma (n = 4), embryonal carcinoma (n = 3), yolk sac tumor (n = 1), and no viable tumor (n = 2). Somatic malignant components were found in 5 cases. The metastatic tumors in the RPLNs consisted of only teratoma (n = 77) and non-teratomatous GCT (n = 23). Twenty-one patients had only teratoma in the RPLNs but not in the testis, and 10 patients had metastatic non-teratomatous GCT components that were not observed in the testis. Six patients had somatic malignant components in the RPLNs, but only one of them had such a component in the testis. Overall, 13 patients died of disease in a mean of 42 months, and the patients with only teratoma in the RPLNs had a lower mortality rate (9%) than those with non-teratomatous components (26%) (P = .044). One patient with somatic components in the primary GCT and 3 patients with somatic components in the metastases died of disease. Our study demonstrates that there is frequent discordance of histologic composition between primary and metastatic testicular GCTs. Teratoma is the most common component in treated GCTs and is usually associated with a more favorable clinical outcome than non-teratomatous GCTs. The presence of somatic components in the RPLNs metastasis indicates a poor prognosis.

[304]

TÍTULO / TITLE: - Delivering high-quality care to prostate cancer survivors.

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

REVISTA / JOURNAL: - Cancer. 2013 Jul 24. doi: 10.1002/cncr.28236.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28236](#)

AUTORES / AUTHORS: - Anderson CB; Barocas DA

INSTITUCIÓN / INSTITUTION: - Department of Urologic Surgery, Vanderbilt University Medical Center, Nashville, Tennessee.

[305]

TÍTULO / TITLE: - Comparative survival following different treatment modalities for stage T2 bladder cancer in octogenarians.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jul 2.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1123-](#)

[2](#)

AUTORES / AUTHORS: - Trulson JJ; Sharma P; Haden T; Kheterpal E; Pokala N

INSTITUCIÓN / INSTITUTION: - Division of Urology, University of Missouri-Columbia School of Medicine, 1 Hospital Drive, Columbia, MO, 65203, USA.

RESUMEN / SUMMARY: - PURPOSE: A higher rate of comorbidities and an anticipated higher operative risk in octogenarians may influence urologists in opting for less aggressive and less effective treatment modalities for muscle-invasive bladder cancer. This study was performed to compare survival after different treatment modalities in octogenarians with stage T2 bladder cancer. METHODS: Patients that were 80 years or older with a diagnosis of transitional cell carcinoma of the bladder were identified using the Surveillance, Epidemiology, and End Results-17 registry database between 1988 and 2007. Patients were analyzed for treatment method and outcomes, including overall survival (OS) and cancer-specific survival (CSS). RESULTS: A total of 3,232 patients met inclusion criteria. Of these, 69 % (N = 2,216) underwent only transurethral resection (TURBT), 23 % (N = 733) underwent pelvic radiation therapy (RT), and 9 % (N = 283) underwent definitive surgical therapy. The 3-, 5-, and 10-year OS rates were 22.2, 15.0, and 4.4 %, respectively, for TURBT; 27.8, 18.3, and 3.5 % for RT; and 52.7, 39.1, and 17.2 % for definitive surgery. The 3-, 5-, and 10-year CSS rates were 38.3, 33.4, and 27.4 %, respectively, for TURBT; 41.6, 35.0, and 27.2 % for RT; and 66.6, 55.5, and 49.9 % for definitive surgery. Both partial and radical cystectomy had significantly longer CSS rates at 3 and 5 years when compared to RT ($p \leq 0.001$). CONCLUSIONS: Compared to other treatment modalities, surgery, either radical cystectomy or partial cystectomy, offers the best OS and CSS for men aged 80 years or older with T2 bladder cancer.

[306]

TÍTULO / TITLE: - Transition Zone Prostate Cancer: Incremental Value of Diffusion-weighted Endorectal MR Imaging in Tumor Detection and Assessment of Aggressiveness.

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

REVISTA / JOURNAL: - Radiology. 2013 Jul 22.

●● Enlace al texto completo (gratis o de pago) [1148/radiol.13130029](#)

AUTORES / AUTHORS: - Jung SI; Donati OF; Vargas HA; Goldman D; Hricak H; Akin O

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Memorial Sloan-Kettering Cancer Center, 1275 York Ave, New York, NY 10065.

RESUMEN / SUMMARY: - Purpose: To evaluate the incremental value of using diffusion-weighted magnetic resonance (MR) imaging in addition to T2-weighted imaging for the detection of prostate cancer in the transition zone and the assessment of tumor aggressiveness. Materials and Methods: This retrospective HIPAA-compliant institutional review board-approved study included 156 consecutive patients (median age, 59.2 years) who underwent MR imaging before radical prostatectomy. Two readers who were blinded to patient data independently recorded their levels of suspicion on a five-point scale of the presence of transition zone tumors on the basis of T2-weighted imaging alone

and then, 4 weeks later, diffusion-weighted imaging and T2-weighted imaging together. Apparent diffusion coefficients (ADCs) were measured in transition zone cancers and glandular and stromal benign prostatic hyperplasia. Areas under the receiver operating characteristic curves were used to evaluate detection accuracy, and generalized linear models were used to test ADC differences between benign and malignant prostate regions. Whole-mount step-section histopathologic examination was the reference standard. Results: In overall tumor detection, addition of diffusion-weighted imaging to T2-weighted imaging improved the areas under the receiver operating characteristic curves for readers 1 and 2 from 0.60 and 0.60 to 0.75 and 0.71, respectively, at the patient level ($P = .004$ for reader 1 and $P = .027$ for reader 2) and from 0.64 and 0.63 to 0.73 and 0.68, respectively, at the sextant level ($P = .001$ for reader 1 and $P = .100$ for reader 2). Least squares mean ADCs ($\times 10^{-3}$ mm²/sec) in glandular and stromal benign prostatic hyperplasia were 1.44 and 1.09, respectively. Mean ADCs were inversely associated with tumor Gleason scores (1.10, 0.98, 0.87, and 0.75 for Gleason scores of 3 + 3, 3 + 4, 4 + 3, and $\geq 4 + 4$, respectively). Conclusion: Use of diffusion-weighted imaging in addition to T2-weighted imaging improved detection of prostate cancer in the transition zone, and tumor ADCs were inversely associated with tumor Gleason scores in the transition zone. © RSNA, 2013.

[307]

TÍTULO / TITLE: - Hypoxia regulates FGFR3 expression via HIF-1alpha and miR-100 and contributes to cell survival in non-muscle invasive bladder cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 9;109(1):50-9. doi: 10.1038/bjc.2013.240. Epub 2013 Jun 18.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.240](#)

AUTORES / AUTHORS: - Blick C; Ramachandran A; Wigfield S; McCormick R; Jubb A; Buffa FM; Turley H; Knowles MA; Cranston D; Catto J; Harris AL

INSTITUCIÓN / INSTITUTION: - Molecular Oncology Laboratories, The Weatherall Institute of Molecular Medicine, The University of Oxford, John Radcliffe Hospital, OX3 9DS Oxford, UK.

RESUMEN / SUMMARY: - Background: Non-muscle invasive (NMI) bladder cancer is characterised by increased expression and activating mutations of FGFR3. We have previously investigated the role of microRNAs in bladder cancer and have shown that FGFR3 is a target of miR-100. In this study, we investigated the effects of hypoxia on miR-100 and FGFR3 expression, and the link between miR-100 and FGFR3 in hypoxia. Methods: Bladder cancer cell lines were exposed to normoxic or hypoxic conditions and examined for the expression of FGFR3 by quantitative PCR (qPCR) and western blotting, and miR-100 by qPCR. The effect of FGFR3 and miR-100 on cell viability in two-dimensional (2-D) and three-dimensional (3-D) was examined by transfecting siRNA or mimic-

100, respectively. Results: In NMI bladder cancer cell lines, FGFR3 expression was induced by hypoxia in a transcriptional and HIF-1 α -dependent manner. Increased FGFR3 was also in part dependent on miR-100 levels, which decreased in hypoxia. Knockdown of FGFR3 led to a decrease in phosphorylation of the downstream kinases mitogen-activated protein kinase (MAPK) and protein kinase B (PKB), which was more pronounced under hypoxic conditions. Furthermore, transfection of mimic-100 also decreased phosphorylation of MAPK and PKB. Finally, knocking down FGFR3 profoundly decreased 2-D and 3-D cell growth, whereas introduction of mimic-100 decreased 3-D growth of cells. Conclusion: Hypoxia, in part via suppression of miR-100, induces FGFR3 expression in bladder cancer, both of which have an important role in maintaining cell viability under conditions of stress.

[308]

TÍTULO / TITLE: - Germline single nucleotide polymorphisms associated with response of urothelial carcinoma to platinum-based therapy: the role of the host.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Jul 29.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt225](#)

AUTORES / AUTHORS: - Gallagher DJ; Vijai J; Hamilton RJ; Ostrovnaya I; Iyer G; Garcia-Grossman IR; Kim PH; Przybylo JA; Alanee S; Riches JC; Regazzi AM; Milowsky MI; Offit K; Bajorin DF

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology and Cancer Genetics, Mater Hospital and St. James's Hospital, Dublin 7, Ireland.

RESUMEN / SUMMARY: - BACKGROUND: Variations in urothelial carcinoma (UC) response to platinum chemotherapy are common and frequently attributed to genetic and epigenetic variations of somatic DNA. We hypothesized that variations in germline DNA may contribute to UC chemosensitivity. PATIENTS AND METHODS: DNA from 210 UC patients treated with platinum-based chemotherapy was genotyped for 80 single nucleotide polymorphisms (SNPs). Logistic regression was used to examine the association between SNPs and response, and a multivariable predictive model was created. Significant SNPs were combined to form a SNP score predicting response. Eleven UC cell lines were genotyped as validation. RESULTS: Six SNPs were significantly associated with 101 complete or partial responses (48%). Four SNPs retained independence association and were incorporated into a response prediction model. Each additional risk allele was associated with a nearly 50% decrease in odds of response [odds ratio (OR) = 0.51, 95% confidence interval 0.39-0.65, $P = 1.05 \times 10^{-7}$]. The bootstrap-adjusted area under the curves of this model was greater than clinical prognostic factors alone (0.78 versus 0.64). The SNP score showed a positive trend with chemosensitivity in cell lines ($P = 0.115$). CONCLUSIONS: Genetic variants associated with response of UC to platinum-based therapy were identified in germline DNA. A model using these

genetic variants may predict response to chemotherapy better than clinical factors alone.

[309]

TÍTULO / TITLE: - Pesticide Exposure and Inherited Variants in Vitamin D Pathway Genes in Relation to Prostate Cancer.

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

REVISTA / JOURNAL: - Cancer Epidemiol Biomarkers Prev. 2013 Aug 8.

●● Enlace al texto completo (gratis o de pago) [1158/1055-9965.EPI-12-1454](#)

AUTORES / AUTHORS: - Karami S; Andreotti G; Koutros S; Barry KH; Moore LE; Han S; Hoppin JA; Sandler DP; Lubin JH; Burdette LA; Yuenger J; Yeager M; Freeman LE; Blair A; Alavanja MC

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Division of Cancer Epidemiology and Genetics, National Cancer Institute, NIH, Rockville; Core Genotyping Facility, National Cancer Institute Frederick, SAIC-Frederick Inc., Frederick, Maryland; and Epidemiology Branch, National Institute of Environmental Health Sciences, NIH, Research Triangle Park, North Carolina.

RESUMEN / SUMMARY: - BACKGROUND: Vitamin D and its metabolites are believed to impede carcinogenesis by stimulating cell differentiation, inhibiting cell proliferation, and inducing apoptosis. Certain pesticides have been shown to deregulate vitamin D's anticarcinogenic properties. We hypothesize that certain pesticides may be linked to prostate cancer via an interaction with vitamin D genetic variants. METHODS: We evaluated interactions between 41 pesticides and 152 single-nucleotide polymorphisms (SNP) in nine vitamin D pathway genes among 776 prostate cancer cases and 1,444 male controls in a nested case-control study of Caucasian pesticide applicators within the Agricultural Health Study. We assessed Pinteraction values using likelihood ratio tests from unconditional logistic regression and a false discovery rate (FDR) to account for multiple comparisons. RESULTS: Five significant interactions ($P < 0.01$) displayed a monotonic increase in prostate cancer risk with individual pesticide use in one genotype and no association in the other. These interactions involved parathion and terbufos use and three vitamin D genes (VDR, RXRB, and GC). The exposure-response pattern among participants with increasing parathion use with the homozygous CC genotype for GC rs7041 compared with unexposed participants was noteworthy [low vs. no exposure: OR, 2.58, 95% confidence interval (CI), 1.07-6.25; high vs. no exposure: OR, 3.09, 95% CI, 1.10-8.68; Pinteraction = 3.8×10^{-3}]. CONCLUSIONS: In this study, genetic variations in vitamin D pathway genes, particularly GC rs7041, an SNP previously linked to lower circulating vitamin D levels, modified pesticide associations with prostate cancer risk. IMPACT: Because our study is the first to examine this relationship, additional studies are

needed to rule out chance findings. Cancer Epidemiol Biomarkers Prev; 1-10.
©2013 AACR.

[310]

TÍTULO / TITLE: - A Multicenter Phase 1 Study of EMD 525797 (DI17E6), a Novel Humanized Monoclonal Antibody Targeting α v β 3 Integrins, in Progressive Castration-resistant Prostate Cancer with Bone Metastases After Chemotherapy.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jun 6. pii: S0302-2838(13)00565-4. doi: 10.1016/j.eururo.2013.05.051.

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

[1016/j.eururo.2013.05.051](#)

AUTORES / AUTHORS: - Wirth M; Heidenreich A; Gschwend JE; Gil T; Zastrow S; Laniado M; Gerloff J; Zuhlsdorf M; Mordenti G; Uhl W; Lannert H

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Hospital Carl Gustav Carus Dresden, Dresden, Germany. Electronic address:

Manfred.Wirth@uniklinikum-dresden.de.

RESUMEN / SUMMARY: - BACKGROUND: EMD 525797 (DI17E6) is a deimmunized, humanized monoclonal immunoglobulin G2 antibody against the α v β 3 subunit of human integrins. Blocking α v β 3 integrins may be an effective strategy for inhibiting prostate cancer (PCa) metastasis. OBJECTIVE: Evaluate EMD 525797 safety/tolerability and pharmacokinetics (PK) in castration-resistant PCa patients. Secondary objectives included antitumor activity assessments. DESIGN, SETTING, AND PARTICIPANTS: A phase 1 open-label study in 26 patients (four European centers). Eligible patients (≥ 18 yr) had histologically proven PCa with bone metastases after prior chemotherapy and evidence of progressive disease (PD) based on prostate-specific antigen (PSA) values. INTERVENTION: Patients received three intravenous EMD 525797 infusions (250, 500, 1000, or 1500mg every 2 wk). OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Treatment-emergent adverse events (TEAEs) and dose-limiting toxicities (DLTs) were assessed. PK parameters were calculated according to noncompartmental standard methods. Antitumor activity measures were response after 6 wk, changes in PSA levels, and pain interference total score. Descriptive statistics were used. RESULTS AND LIMITATIONS: Patients were treated for a mean of 16.8 \pm 16.7 wk. No DLTs were reported in any of the cohorts. All patients experienced TEAEs, which were considered drug-related in 11 patients. Four deaths occurred during the trial and were considered not related to EMD 525797. EMD 525797 showed dose-dependent, nonlinear PK. Eighteen of 26 patients did not show PD for ≥ 18 wk. Two patients (500-mg cohort), treated for 42.4 and 76.3 wk, had clinically significant PSA reductions and pain relief, including one patient with confirmed partial response. This trial was not

specifically designed to assess clinical activity, and further investigations are needed in randomized controlled trials. CONCLUSIONS: No DLTs were reported in any of the evaluated cohorts. There was evidence of clinical activity. For the currently ongoing phase 2 trial, EMD 525797 doses of 750 and 1500mg every 3 wk were chosen. TRIAL REGISTRATION: NCT00958477 (EMR 62242-002).

[311]

TÍTULO / TITLE: - Karnofsky Performance Status predicts overall survival, cancer-specific survival, and progression-free survival following radical cystectomy for urothelial carcinoma.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jun 12.

- [Enlace al texto completo \(gratis o de pago\) 1007/s00345-013-1110-](#)

[7](#)

AUTORES / AUTHORS: - Evers PD; Logan JE; Sills V; Chin AI

INSTITUCIÓN / INSTITUTION: - Department of Urology, David Geffen School of Medicine at UCLA, Institute of Urologic Oncology, Broad Stem Cell Research Center, Jonsson Comprehensive Cancer Center, University of California, Los Angeles, PO Box 951738, Los Angeles, CA, 90095, USA.

RESUMEN / SUMMARY: - OBJECTIVE: Radical cystectomy (RC) can provide a survival advantage in patients with urothelial carcinoma of the bladder, but not without significant morbidity rates. Whether the ability of preoperative comorbidity or performance status metrics can stratify patients to overall survival (OS), cancer-specific survival (CSS), and progression-free survival (PFS) following RC is unclear. We analyze our RC experience from 2005 to 2010 to assess the prognostic power of American Society of Anesthesiologists (ASA) score, Charlson Comorbidity Index (CCI), and Karnofsky Performance Status (KPS) index as they relate to OS, CSS, and PFS. MATERIALS AND METHODS: A retrospective analysis was performed of 234 patients who underwent RC between January 2005 and December 2010; of these, 148 patients had sufficient data for OS, CSS, and PFS analysis. Multivariate Cox proportional hazard modeling generated hazard ratios using as independent variables patient age at surgery, gender, ethnicity, preoperative KPS, CCI, and ASA values, pathologic T-staging, the presence of nodal disease, use of radiation therapy, neoadjuvant chemotherapy, and adjuvant chemotherapy. A recursive partition analysis tree divided the population into high- and low-performance groups, and 5-year survival outcomes were evaluated. OS, CSS, and PFS were employed as Kaplan-Meier dependent variables with similar populations comprising high- and low-performance subgroups. RESULTS: Mean CSS was 46.8 months (95 % CI 43.2-50.4) with a 5-year CSS of 75 % and OS of 69 %. Patient age, pathologic T-stage, and KPS were identified as independent predictors of OS and CSS. Analysis of PFS as the continuous

dependent variable identified only KPS as a statistically significant predictor of freedom from radiologic progression. No statistically significant predictive value was identified for nodal disease, neoadjuvant chemotherapy, adjuvant chemotherapy, gender, ethnicity, CCI, or ASA in terms of OS, CCS, or PFS. Patients with a KPS \leq 80 had a shorter survival than patients with a KPS \geq 90 in terms of OS, CSS, and PFS (log-rank Mantel-Cox: $p < 0.01$). For patients with a KPS \leq 80, ~5-year CSS was 42 %, while for patients with a KPS \geq 90 the 5-year survival was 81 %. These survival curves can be further stratified based on T-stage where patients with a KPS \geq 90 and $<T2$ have a 5-year CSS of 83 %, patients with a KPS \geq 90 and $>T2$ have a 5-year CSS of 80 %, whereas patients with a KPS \leq 80 and $>T2$ have a ~5-year CSS of 43 % ($p < 0.0001$). CONCLUSIONS: Our study suggests the use of KPS to have predictive capacity in terms of OS, CSS, and PFS. This information can be used to inform patients' survival expectations prior to proceeding with radical cystectomy.

[312]

TÍTULO / TITLE: - Knockdown BMI1 expression inhibits proliferation and invasion in human bladder cancer T24 cells.

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

REVISTA / JOURNAL: - Mol Cell Biochem. 2013 Jul 3.

●● Enlace al texto completo (gratis o de pago) [1007/s11010-013-1745-](#)

[0](#)

AUTORES / AUTHORS: - Liang W; Zhu D; Cui X; Su J; Liu H; Han J; Zhao F; Xie W

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Second Affiliated Hospital of Sun Yat-sen University, No. 107 Yan-jiang West Road, Guangzhou, Guangdong Province, 510120, People's Republic of China, doctorliangwu@sina.com.

RESUMEN / SUMMARY: - B cell-specific moloney murine leukemia virus integration site 1 (BMI1) is a transcriptional repressor of polycomb repressive complex 1, which is involved in the proliferation, senescence, migration, and tumorigenesis of cancer. Experimental researchers have convincingly linked BMI1 to tumorigenesis. However, there is no study about the issue on the role of BMI1 in the proliferation, apoptosis, and migration of bladder cancer. To address this question, we examined the expression of BMI1 in bladder cancer tissues and used siRNA to knockdown BMI1 expression in bladder cancer T24 cells. Then we tested the cell proliferation by CCK8 assay and soft agar colony formation assay, apoptosis by flow cytometry assay, and cell invasiveness by transwell migration assay. Our results revealed that BMI1 promoted proliferation, migration, invasion, and progression in bladder cancer. Over-expression of BMI1 was correlated with tumor clinic-pathological features. BMI1 siRNA effectively inhibited bladder cancer cell proliferation and migration in

vitro, and it promoted bladder cancer invasion, maybe by causing epithelial-to-mesenchymal transition. Our findings suggested that BMI1 may represent a novel diagnostic marker and a therapeutic target for bladder cancer, and deserves further investigation.

[313]

TÍTULO / TITLE: - Optimizing treatment of seminoma stage IIA/B step by step.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Jul 17.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt272](#)

AUTORES / AUTHORS: - Papachristofilou A; Cathomas R; Bedke J; Souchon R; Kolb C; Gillessen S

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University Hospital Basel, Basel.

[314]

TÍTULO / TITLE: - Gene expression profiling of clear cell papillary renal cell carcinoma: comparison with clear cell renal cell carcinoma and papillary renal cell carcinoma.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jul 26. doi: 10.1038/modpathol.2013.140.

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

[1038/modpathol.2013.140](#)

AUTORES / AUTHORS: - Fisher KE; Yin-Goen Q; Alexis D; Sirintrapun JS; Harrison W; Benjamin Isett R; Rossi MR; Moreno CS; Young AN; Osunkoya AO
INSTITUCIÓN / INSTITUTION: - Department of Pathology, Emory University School of Medicine, Atlanta, GA, USA.

RESUMEN / SUMMARY: - Clear cell papillary renal cell carcinoma is a distinct variant of renal cell carcinoma that shares some overlapping histological and immunohistochemical features of clear cell renal cell carcinoma and papillary renal cell carcinoma. Although the clear cell papillary renal cell carcinoma immunohistochemical profile is well described, clear cell papillary renal cell carcinoma mRNA expression has not been well characterized. We investigated the clear cell papillary renal cell carcinoma gene expression profile using previously identified candidate genes. We selected 17 clear cell papillary renal cell carcinoma, 15 clear cell renal cell carcinoma, and 13 papillary renal cell carcinoma cases for molecular analysis following histological review. cDNA from formalin-fixed paraffin-embedded tissue was prepared. Quantitative real-time PCR targeting alpha-methylacyl coenzyme-A racemase (AMACR), BMP and activin membrane-bound inhibitor homolog (BAMBI), carbonic anhydrase IX (CA9), ceruloplasmin (CP), nicotinamide N-methyltransferase (NNMT),

schwannomin-interacting protein 1 (SCHIP1), solute carrier family 34 (sodium phosphate) member 2 (SLC34A2), and vimentin (VIM) was performed. Gene expression data were normalized relative to 28S ribosomal RNA. Clear cell papillary renal cell carcinoma expressed all eight genes at variable levels. Compared with papillary renal cell carcinoma, clear cell papillary renal cell carcinoma expressed more CA9, CP, NNMT, and VIM, less AMACR, BAMBI, and SLC34A2, and similar levels of SCHIP1. Compared with clear cell renal cell carcinoma, clear cell papillary renal cell carcinoma expressed slightly less NNMT, but similar levels of the other seven genes. Although clear cell papillary renal cell carcinoma exhibits a unique molecular signature, it expresses several genes at comparable levels to clear cell renal cell carcinoma relative to papillary renal cell carcinoma. Understanding the molecular pathogenesis of clear cell papillary renal cell carcinoma will have a key role in future sub-classifications of this unique tumor. Modern Pathology advance online publication, 26 July 2013; doi:10.1038/modpathol.2013.140.

[315]

TÍTULO / TITLE: - Atypical Adenomatous Hyperplasia of Prostate Lacks TMPRSS2-ERG Gene Fusion.

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

REVISTA / JOURNAL: - Am J Surg Pathol. 2013 Jul 24.

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

[1097/PAS.0b013e318294e9bc](#)

AUTORES / AUTHORS: - Cheng L; Davidson DD; Maclennan GT; Lopez-Beltran A; Montironi R; Wang M; Tan PH; Baldrige LA; Zhang S

INSTITUCIÓN / INSTITUTION: - Departments of *Pathology daggerUrology, Indiana University School of Medicine, Indianapolis, IN double daggerDepartment of Pathology, Case Western Reserve University, Cleveland, OH section signDepartment of Pathology, Cordoba University, Cordoba, España parallelDepartment of Pathological Anatomy and Histopathology, School of Medicine, Polytechnic University of the Marche Region (Ancona), Ancona, Italy paragraph signDepartment of Pathology, Singapore General Hospital, Singapore.

RESUMEN / SUMMARY: - Atypical adenomatous hyperplasia (AAH) is a distinct entity in prostate pathology, defined as a well-circumscribed lobule of closely packed crowded small glands or acini. Although it has been proposed as a precursor lesion to prostate cancer, the biological nature of AAH is currently uncertain. The TMPRSS2-ERG fusion gene is a common recurrent chromosomal rearrangement in prostate cancer and in its precursor lesion, prostatic intraepithelial neoplasia. The prevalence of TMPRSS2-ERG alteration in AAH is unknown. Fifty-five separate prostate specimens containing AAH were investigated by fluorescence in situ hybridization and immunohistochemistry for TMPRSS2-ERG rearrangement. TMPRSS2-ERG

rearrangements were not identified in AAH either by fluorescence in situ hybridization or by immunohistochemistry.

[316]

TÍTULO / TITLE: - Interleukin-5 enhances the migration and invasion of bladder cancer cells via ERK1/2-mediated MMP-9/NF-kappaB/AP-1 pathway: Involvement of the p21WAF1 expression.

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

REVISTA / JOURNAL: - Cell Signal. 2013 Oct;25(10):2025-38. doi: 10.1016/j.cellsig.2013.06.004. Epub 2013 Jun 11.

●● [Enlace al texto completo \(gratis o de pago\)](#)

1016/j.cellsig.2013.06.004

AUTORES / AUTHORS: - Lee EJ; Lee SJ; Kim S; Cho SC; Choi YH; Kim WJ; Moon SK

INSTITUCIÓN / INSTITUTION: - Personalized Tumor Engineering Research Center, Department of Urology, Chungbuk National University, Cheongju, Chungbuk 361-763, South Korea.

RESUMEN / SUMMARY: - Inflammatory cytokines may be a critical component of epithelial cancer progression. We examined the role of interleukin (IL)-5 in the migration of bladder cancer cells. The expression of IL-5 and its receptor IL-5Ralpha was enhanced in patients with muscle invasive bladder cancers (MIBC), and then it was detected in bladder cancer cell lines 5637 and T-24. IL-5 increased migration and MMP-9 expression via activation of transcription factors NF-kappaB and AP-1, and induced activation of ERK1/2 and Jak-Stat signaling in both cells. Treatment with ERK1/2 inhibitor U0126 significantly inhibited induction of migration, MMP-9 expression, and activation of NF-kappaB and AP-1 in IL-5-treated cells. However, none of the Jak inhibitors affected the IL-5-induced migration of bladder cancer cells. Moreover, gene knockdown for IL-5Ralpha, using siRNA transfection, suppressed migration, ERK1/2 activation, MMP-9 expression, as well as the binding activation of NF-kappaB and AP-1 in IL-5-treated bladder cancer cells. Similar results were observed in betac siRNA (si-betac) transfected cells. Unexpectedly, IL-5 treatment resulted in significant induction of p21WAF1 in both cell lines. The p21WAF1-specific small interfering RNA inhibited IL-5-induced cell migration, ERK activity, MMP-9 expression, and activation of NF-kappaB and AP-1 in bladder cancer cells. The effects of IL-5-induced cell responses were confirmed by transfection of IL-5 gene, which demonstrated that p21WAF1 participates in the induction of cell migration, leading to an increase in ERK1/2-mediated MMP-9 expression through activation of NF-kappaB and AP-1 in IL-5-treated bladder cancer cells. These unexpected results provide a theoretical basis for the therapeutic targeting of IL-5 in bladder cancer.

[317]

TÍTULO / TITLE: - Synthesis and Vaccine Evaluation of the Tumor-Associated Carbohydrate Antigen RM2 from Prostate Cancer.

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

REVISTA / JOURNAL: - J Am Chem Soc. 2013 Jul 31;135(30):11140-50. doi: 10.1021/ja403609x. Epub 2013 Jul 17.

●● Enlace al texto completo (gratis o de pago) [1021/ja403609x](#)

AUTORES / AUTHORS: - Chuang HY; Ren CT; Chao CA; Wu CY; Shivatare SS; Cheng TJ; Wu CY; Wong CH

INSTITUCIÓN / INSTITUTION: - Genomics Research Center, Academia Sinica, 128 Academia Road, Section 2, Nankang, Taipei 115, Taiwan.

RESUMEN / SUMMARY: - We have successfully developed a [1+2+3] one-pot strategy to synthesize the RM2 antigen hexasaccharide that was proposed to be a prostate tumor antigen. The structure of the synthetic product was verified by NMR analysis and antibody binding assay using a glycan microarray. In addition, the synthetic antigen was conjugated to a mutated diphtheria toxin (DT, CRM197) with different copy numbers and adjuvant combinations to form the vaccine candidates. After vaccination in mice, we used glycan microarrays to monitor their immune response, and the results indicated that, when one molecule of DT was incorporated with 4.7 molecules of RM2 on average (DT-RM4.7) and adjuvanted with the glycolipid C34, the combination exhibited the strongest anti-RM2 IgG titer. Moreover, the induced mouse antibodies mediated effective complement-dependent cytotoxicity (CDC) against the prostate cancer cell line LNCap.

[318]

TÍTULO / TITLE: - Repression of NR4A1 by a chromatin modifier promotes docetaxel resistance in PC-3 human prostate cancer cells.

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

REVISTA / JOURNAL: - FEBS Lett. 2013 Jul 2. pii: S0014-5793(13)00487-0. doi: 10.1016/j.febslet.2013.06.029.

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

[1016/j.febslet.2013.06.029](#)

AUTORES / AUTHORS: - Yu L; Su YS; Zhao J; Wang H; Li W

INSTITUCIÓN / INSTITUTION: - Department of Urology, Xijing Hospital, Fourth Military Medical University, No. 127 Changle West Road, Xi'an 710032, China; Department of Urology, 3rd Hospital of PLA, No. 45 Dongfeng Road, Bao Ji 721004, China.

RESUMEN / SUMMARY: - Epigenetic silencing mechanisms play an important role in chemoresistance of human cancer. Here we report the upregulated expression of metastasis-associated protein 1 (MTA1), a component of the nucleosome remodeling deacetylation (NuRD) complex, in chemoresistant prostate cancer (PCa). MTA1 knockdown in PC-3 cells inhibited cell

proliferation and enhanced docetaxel (DTX)-induced cell death. Conversely, overexpression of MTA1 promotes DTX chemoresistance in PC-3 cells. MTA1 acted as a potent corepressor of the nuclear receptor NR4A1 transcription by interacting with histone deacetylase 2 (HDAC2). These findings suggest that MTA1 may serve as a novel DTX-resistance promoter in PC-3 cells.

[319]

TÍTULO / TITLE: - Parity, age at first birth and risk of death from kidney cancer: a population-based cohort study in Taiwan.

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

REVISTA / JOURNAL: - Eur J Public Health. 2013 Jun 6.

●● [Enlace al texto completo \(gratis o de pago\) 1093/eurpub/ckt057](#)

AUTORES / AUTHORS: - Chiu HF; Kuo CC; Kuo HW; Lee IM; Yang CY

INSTITUCIÓN / INSTITUTION: - 1 Institute of Pharmacology, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan.

RESUMEN / SUMMARY: - BACKGROUND: This study was undertaken to examine whether there is an association between parity and age at first birth and risk of kidney cancer. METHODS: The study cohort consisted of 1 292 462 women who had a first and singleton childbirth between 1 January 1978 and 31 December 1987. We tracked each woman from the time of her first childbirth to 31 December 2009, and their vital status was ascertained by linking records with the computerized mortality database. Cox proportional hazard regression models were used to estimate the hazard ratios (HRs) of death from kidney cancer associated with parity and age at first birth. RESULTS: There were 95 kidney cancer deaths during 34 980 246 person-years of follow-up. The mortality rate of kidney cancer was 0.27 cases per 100 000 person-years. The adjusted HR was 1.88 [95% confidence interval (CI) 1.10-3.19] for women who gave birth between 24 and 26 years of age and 2.52 (95% CI 1.44-4.40) for women who gave birth after 26 years of age, when compared with women who gave birth when <23 years of age. A trend of increasing risk of kidney cancer was seen with increasing age at first birth. The adjusted HR was 0.88 (95% CI 0.49-1.59) for women who had two children and 0.89 (95% CI 0.47-1.67) for women with three or more births, when compared with women who had given birth to only one child. CONCLUSION: This study is the first to suggest that early age at first birth may confer a protective effect on the risk of kidney cancer.

[320]

TÍTULO / TITLE: - Do Nomograms Designed to Predict Biochemical Recurrence (BCR) Do a Better Job of Predicting More Clinically Relevant Prostate Cancer Outcomes than BCR? A Report from the SEARCH Database Group.

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

REVISTA / JOURNAL: - Urology. 2013 Jul;82(1):53-9. doi: 10.1016/j.urology.2012.10.090.

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

1016/j.urology.2012.10.090

AUTORES / AUTHORS: - Teeter AE; Presti JC Jr; Aronson WJ; Terris MK; Kane CJ; Amling CL; Freedland SJ

INSTITUCIÓN / INSTITUTION: - Division of Urologic Surgery and the Duke Prostate Center, Department of Surgery, Duke University Medical Center, Durham, NC; Urology Section, Department of Surgery, Veterans Affairs Medical Centers, Durham, NC.

RESUMEN / SUMMARY: - **OBJECTIVE:** To examine the ability of various postoperative nomograms to predict prostate cancer-specific mortality (PCSM) and to validate that they could predict aggressive biochemical recurrence (BCR). Prostate-specific antigen (PSA), grade, and stage are the classic triad used to predict BCR after radical prostatectomy (RP). Multiple nomograms use these to predict risk of BCR. A previous study showed that several nomograms could predict aggressive BCR (prostate-specific antigen doubling time [PSADT] <9 months) more accurately than BCR. However, it remains unknown if they can predict more definitive endpoints, such as PCSM. **METHODS:** We performed Cox analyses to examine the ability of 4 postoperative nomograms, the Duke Prostate Center (DPC) nomogram, the Kattan postoperative nomogram, the Johns Hopkins Hospital (JHH) nomogram, and the joint Center for Prostate Disease Research (CPDR)/Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE) nomogram to predict BCR and PCSM among 1778 men in the Shared Equal Access Regional Cancer Hospital (SEARCH) database who underwent RP between 1990 and 2009. We also compared their ability to predict BCR and aggressive BCR in a subset of men. We calculated the c-index for each nomogram to determine its predictive accuracy for estimating actual outcomes. **RESULTS:** We found that each nomogram could predict aggressive BCR and PCSM in a statistically significant manner and that they all predicted PCSM more accurately than they predicted BCR (ie, with higher c-index values). **CONCLUSION:** Currently available nomograms used to predict BCR accurately predict PCSM and other more clinically relevant endpoints. Moreover, not only do they significantly predict PCSM, but do so with generally greater accuracy than BCR.

[321]

TÍTULO / TITLE: - Prognostic factors for newly diagnosed prostate cancer and their role in treatment selection.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):165-72. doi: 10.1016/j.semradonc.2013.01.002.

- Enlace al texto completo (gratis o de pago)

1016/j.semradonc.2013.01.002

AUTORES / AUTHORS: - Crook J; Ots AF

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, British Columbia Cancer Agency, Center for the Southern Interior, Kelowna, British Columbia, Canada. jcrook@bccancer.bc.ca

RESUMEN / SUMMARY: - Adenocarcinoma of the prostate is extremely heterogeneous, ranging from an indolent chronic illness to an aggressive rapidly fatal systemic malignancy. The classic prognostic factors of tumor stage, prostate specific antigen level, and Gleason score have been used for over a decade to categorize patients at the time of diagnosis into broad risk groups that help to determine appropriate management. Although the grouping of patients into favorable, intermediate, and high-risk categories has become standard, and the categories continue to define distinct prognostic subgroups, considerable heterogeneity exists within each risk group. As a range of management options are available, additional prognostic factors can be considered when determining the treatment approach for an individual patient. We review these additional prognostic variables under the headings of patient-related, tumor-related, and treatment-related. The influence of each of these factors may vary depending on treatment factors such as dose, the radiation modality, or the use of concomitant androgen ablation.

[322]

TÍTULO / TITLE: - Quantification of a Proteotypic Peptide from Protein C Inhibitor by Liquid Chromatography-Free SISCAPA-MALDI Mass Spectrometry: Application to Identification of Recurrence of Prostate Cancer.

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

REVISTA / JOURNAL: - Clin Chem. 2013 Jul 15.

- Enlace al texto completo (gratis o de pago)

1373/clinchem.2012.199786

AUTORES / AUTHORS: - Razavi M; Johnson LD; Lum JJ; Kruppa G; Anderson NL; Pearson TW

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry and Microbiology, University of Victoria, Victoria, British Columbia, Canada;

RESUMEN / SUMMARY: - BACKGROUND: Biomarker validation remains one of the most challenging constraints to the development of new diagnostic assays. To facilitate biomarker validation, we previously developed a chromatography-free stable isotope standards and capture by antipeptide antibodies (SISCAPA)-MALDI assay allowing rapid, high-throughput quantification of protein analytes in large sample sets. Here we applied this assay to the measurement of a surrogate proteotypic peptide from protein C inhibitor (PCI) in sera from patients with prostate cancer. METHODS: A 2-plex SISCAPA-MALDI assay for quantification of proteotypic peptides from PCI and soluble transferrin receptor

(sTfR) was used to measure these peptides in 159 trypsin-digested sera collected from 51 patients with prostate cancer. These patients had been treated with radiation with or without neoadjuvant androgen deprivation. RESULTS: Patients who experienced biochemical recurrence of prostate cancer showed decreased serum concentrations of the PCI peptide analyte within 18 months of treatment. The PCI peptide concentrations remained increased in the sera of patients who did not experience cancer recurrence. Prostate-specific antigen concentrations had no predictive value during the same time period. CONCLUSIONS: The high-throughput, liquid chromatography-free SISCAPA-MALDI assay is capable of rapid quantification of proteotypic PCI and sTfR peptide analytes in complex serum samples. Decreased serum concentrations of the PCI peptide were found to be related to recurrence of prostate cancer in patients treated with radiation with or without hormone therapy. However, a larger cohort of patients will be required for unequivocal validation of the PCI peptide as a biomarker for clinical use.

[323]

TÍTULO / TITLE: - Long Noncoding RNA MALAT-1 is a New Potential Therapeutic Target for Castration-Resistant Prostate Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 8. pii: S0022-5347(13)04856-8. doi: 10.1016/j.juro.2013.07.001.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.07.001

AUTORES / AUTHORS: - Ren S; Liu Y; Xu W; Sun Y; Lu J; Wang F; Wei M; Shen J; Hou J; Gao X; Xu C; Huang J; Zhao Y; Sun Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Shanghai Changhai Hospital, Second Military Medical University, Shanghai, 200433, China. Electronic address: renshancheng@gmail.com.

RESUMEN / SUMMARY: - OBJECTIVE: To understand the role of MALAT-1 in prostate cancer, we evaluated its expression in prostate cancer tissues and cell lines and studied the therapeutic effects of MALAT-1 silencing on Castration-Resistant Prostate Cancer (CRPC) cells in vitro and in vivo. MATERIALS AND METHODS: Quantitative RT-PCR was used to detect the expression of MALAT-1 in prostate cancer tissues and cell lines. Small interference RNA (siRNA) against MALAT-1 was designed and the silencing effect was examined by quantitative RT-PCR. The biological effects of MALAT-1-siRNA on cells were investigated by examining the cell proliferation by Cell Counting Kit-8 assay and cell colony assay, cell migration by in vitro scratch assay, cell invasion by transwell invasion assay, cell cycle by flow cytometric assay. We further investigated the effect of therapeutic siRNA targeting MALAT-1 on CRPC in vivo. RESULTS: MALAT-1 was up-regulated in human prostate cancer tissues and cell lines. Higher MALAT-1 expression is correlated with high Gleason Score, PSA, tumor stage and CRPC. Downregulation of MALAT-1 by siRNA

inhibited the growth, invasion and migration of prostate cancer cells, induced cell cycle arrest in G0/G1 phases in CRPC cells. Importantly, intratumoral delivery of therapeutic siRNA targeting MALAT-1 can elicit delayed tumor growth and reduced metastasis of prostate cancer xenografts in castrated male nude mice, followed by a concomitant prolongation of survival of tumor-bearing animals. CONCLUSIONS: Our study indicates that MALAT-1 may be necessary to maintain prostate tumorigenicity and is involved in prostate cancer progression. Thus, MALAT-1 may serve as a potential therapeutic target for CRPC.

[324]

TÍTULO / TITLE: - Micellar Delivery of Flutamide Via Milk Protein Nanovehicles Enhances its Anti-Tumor Efficacy in Androgen-Dependent Prostate Cancer Rat Model.

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

REVISTA / JOURNAL: - Pharm Res. 2013 Jun 6.

- Enlace al texto completo (gratis o de pago) [1007/s11095-013-1091-](#)

[7](#)

AUTORES / AUTHORS: - Elzoghby AO; Helmy MW; Samy WM; Elgindy NA

INSTITUCIÓN / INSTITUTION: - Department of Industrial Pharmacy, Faculty of Pharmacy, Alexandria University, Alexandria, Egypt,
dr_ahmedelzoghby@yahoo.com.

RESUMEN / SUMMARY: - PURPOSE: This article describes the preparation, physicochemical characterization and in vivo assessment of parenteral colloidal formulation of flutamide (FLT) based on biocompatible casein (CAS) self-assembled micelles in order to control drug release, enhance its antitumor efficacy and reduce its hepatotoxicity. METHODS: Spray-drying technique was successfully utilized to obtain solidified redispersible drug-loaded micelles. RESULTS: Spherical core-shell micelles were obtained with a particle size below 100 nm and a negative zeta potential above -30 mV exhibiting a sustained drug release up to 5 days. After intravenous administration into prostate cancer bearing rats for 28 days, FLT-loaded CAS micelles showed a higher antitumor efficacy as revealed by significantly higher reduction in PSA serum level (65.95%) compared to free FLT (55.43%). Moreover, micellar FLT demonstrated a marked decrease in relative weights of both prostate tumor and seminal vesicle (34.62 and 24.59%) compared to free FLT (11.86 and 17.74%), respectively. These antitumor responses were associated with notable reduction of cell proliferation, intratumoral angiogenesis and marked increase of tumor apoptosis. A significantly lower risk of hepatotoxicity was observed by micellar FLT as evidenced by lower alanine aminotransferase (ALT) serum level compared to free FLT. CONCLUSIONS: Overall this approach suggested that CAS micelles might be an ideal candidate for intravenous delivery of hydrophobic anticancer drugs.

[325]

TÍTULO / TITLE: - Hypoxia Enhances the Expression of Prostate-Specific Antigen by Modifying the Quantity and Catalytic Activity of Jumonji C Domain-Containing Histone Demethylases.

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

REVISTA / JOURNAL: - Carcinogenesis. 2013 Jul 24.

●● [Enlace al texto completo \(gratis o de pago\) 1093/carcin/bgt256](#)

AUTORES / AUTHORS: - Lee HY; Yang EG; Park H

INSTITUCIÓN / INSTITUTION: - Department of Life Science, University of Seoul, Siripdae-gil 13, Dongdaemun-gu, Seoul 130-743, Korea.

RESUMEN / SUMMARY: - Oxygen concentration in prostate cancer tissue is significantly low, approximately 0.3% O₂. This study showed that pathological hypoxia (below 0.5% O₂) increased the expression of androgen receptor target genes such as prostate-specific antigen (PSA) and kallikrein-related peptidase 2 in LNCaP human prostate cancer cells by modifying the quantity and activity of related Jumonji C domain-containing histone demethylases (JMJDs). Under pathological hypoxia, the catalytic activities of JMJD2A, 2C and JARID1B were blocked due to the lack of their substrate, i.e., oxygen. Chromatin immunoprecipitation analyses showed that hypoxia increased the appearance of H3K9me₃ and H3K4me₃ in the PSA enhancer, which are substrates of JMJD2s and JARID1B, respectively. In contrast, JMJD1A, which demethylates both H3K9me₂ and H3K9me₁, maintained its catalytic activity even under severe hypoxia. Furthermore, hypoxia increased the expression of JMJD1A. Hypoxia and androgen additively increased the recruitment of JMJD1A and p300 on the enhancer region of PSA through interaction with the Hypoxia-Inducible Factor-1α, as well as AR, both of which bind the PSA enhancer. Thus, hypoxia enhanced demethylation of H3K9me₂ and H3K9me₁, leading to provide unmethylated H3K9 residues which is a substrate for histone acetyltransferase, p300. Consequently, hypoxia increased the acetylation of histones of the PSA enhancer which facilitates its transcription.

[326]

TÍTULO / TITLE: - Renal outcomes associated with invasive versus conservative management of acute coronary syndrome: propensity matched cohort study.

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

REVISTA / JOURNAL: - BMJ. 2013 Jul 5;347:f4151. doi: 10.1136/bmj.f4151.

AUTORES / AUTHORS: - James MT; Tonelli M; Ghali WA; Knudtson ML; Faris P; Manns BJ; Pannu N; Galbraith PD; Hemmelgarn BR

INSTITUCIÓN / INSTITUTION: - Department of Medicine, University of Calgary, Foothills Medical Centre, 1403 29th St NW, Calgary, Alberta, T2N 2T9, Canada.

RESUMEN / SUMMARY: - OBJECTIVES: To examine the association of early invasive management of acute coronary syndrome with adverse renal outcomes and survival, and to determine whether the risks or benefits of early invasive management differ in people with pre-existing chronic kidney disease. DESIGN: Propensity score matched cohort study. SETTING: Acute care hospitals in Alberta, Canada, 2004-09. PARTICIPANTS: 10 516 adults with non-ST elevation acute coronary syndrome. INTERVENTIONS: Participants were stratified by baseline estimated glomerular filtration rate and matched 1:1 on their propensity score for early invasive management (coronary catheterisation within two days of hospital admission). MAIN OUTCOME MEASURES: Risks of acute kidney injury, kidney injury requiring dialysis, progression to end stage renal disease, and all cause mortality were compared between those who received early invasive treatment versus conservative treatment. RESULTS: Of 10 516 included participants, 4276 (40.7%) received early invasive management. After using propensity score methods to assemble a matched cohort of conservative management participants with characteristics similar to those who received early invasive management (n=6768), early invasive management was associated with an increased risk of acute kidney injury (10.3% v 8.7%, risk ratio 1.18, 95% confidence interval 1.03 to 1.36; P=0.019), but no difference in the risk of acute kidney injury requiring dialysis (0.4% v 0.3%, 1.20, 0.52 to 2.78; P=0.670). Over a median follow-up of 2.5 years, the risk of progression to end stage renal disease did not differ between the groups (0.3 v 0.4 events per 100 person years, hazard ratio 0.91, 95% confidence interval 0.55 to 1.49; P=0.712); however, early invasive management was associated with reduced long term mortality (2.4 v 3.4 events per 100 person years, 0.69, 0.58 to 0.82; P<0.001). These associations were consistent among people with pre-existing reduced estimated glomerular filtration rate and with alternate definitions for early invasive management. CONCLUSIONS: Compared with conservative management, early invasive management of acute coronary syndrome is associated with a small increase in risk of acute kidney injury but not dialysis or long term progression to end stage renal disease.

[327]

TÍTULO / TITLE: - Accuracy of multiparametric magnetic resonance imaging in confirming eligibility for active surveillance for men with prostate cancer.

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

REVISTA / JOURNAL: - Cancer. 2013 Jul 2. doi: 10.1002/cncr.28216.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28216](#)

AUTORES / AUTHORS: - Stamatakis L; Siddiqui MM; Nix JW; Logan J; Rais-Bahrami S; Walton-Diaz A; Hoang AN; Vourganti S; Truong H; Shuch B; Parnes HL; Turkbey B; Choyke PL; Wood BJ; Simon RM; Pinto PA

INSTITUCIÓN / INSTITUTION: - Urologic Oncology Branch, National Cancer Institute, National Institutes of Health, Bethesda, Maryland.

RESUMEN / SUMMARY: - **BACKGROUND:** Active surveillance (AS) is an attempt to avoid overtreatment of clinically insignificant prostate cancer (PCa); however, patient selection remains controversial. Multiparametric prostate magnetic resonance imaging (MP-MRI) may help better select AS candidates. **METHODS:** We reviewed a cohort of men who underwent MP-MRI with MRI/Ultrasound fusion-guided prostate biopsy and selected potential AS patients at entry using Johns Hopkins criteria. MP-MRI findings were assessed, including number of lesions, dominant lesion diameter, total lesion volume, prostate volume, and lesion density (calculated as total lesion volume/prostate volume). Lesions were assigned a suspicion score for cancer by MRI. AS criteria were reapplied based on the confirmatory biopsy, and accuracy of MP-MRI in predicting AS candidacy was assessed. Logistic regression modeling and chi-square statistics were used to assess associations between MP-MRI interpretation and biopsy results. **RESULTS:** Eighty-five patients qualified for AS with a mean age of 60.2 years and mean prostate-specific antigen level of 4.8 ng/mL. Of these, 25 patients (29%) were reclassified as not meeting AS criteria based on confirmatory biopsy. Number of lesions, lesion density, and highest MRI lesion suspicion were significantly associated with confirmatory biopsy AS reclassification. These MRI-based factors were combined to create a nomogram that generates a probability for confirmed AS candidacy. **CONCLUSION:** As clinicians counsel patients with PCa, MP-MRI may contribute to the decision-making process when considering AS. Three MRI-based factors (number of lesions, lesion suspicion, and lesion density) were associated with confirmatory biopsy outcome and reclassification. A nomogram using these factors has promising predictive accuracy for which future validation is necessary. Cancer 2013. Published 2013. This article is a U.S. Government work and is in the public domain in the USA.

[328]

TÍTULO / TITLE: - Germline Missense Variants in the BTNL2 Gene Are Associated with Prostate Cancer Susceptibility.

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

REVISTA / JOURNAL: - Cancer Epidemiol Biomarkers Prev. 2013 Jul 5.

- Enlace al texto completo (gratis o de pago) [1158/1055-9965.EPI-13-0345](#)

AUTORES / AUTHORS: - Fitzgerald LM; Kumar A; Boyle EA; Zhang Y; McIntosh LM; Kolb S; Stott-Miller M; Smith T; Karyadi D; Ostrander EA; Hsu L; Shendure J; Stanford JL

INSTITUCIÓN / INSTITUTION: - Program in Prostate Cancer Research, Fred Hutchinson Cancer Research Center.

RESUMEN / SUMMARY: - Background: Rare, inherited mutations account for 5%-10% of all prostate cancer (PCa) cases. However, to date, few causative mutations have been identified. Methods: To identify rare mutations for PCa, we performed whole-exome sequencing (WES) in multiple kindreds (n = 91) from 19 hereditary prostate cancer (HPC) families characterized by aggressive or early onset phenotypes. Candidate variants (n = 130) identified through family- and bioinformatics-based filtering of WES data were then genotyped in an independent set of 270 HPC families (n = 819 PCa cases; n = 496 unaffected relatives) for replication. Two variants with supportive evidence were subsequently genotyped in a population-based case-control study (n = 1,155 incident PCa cases; n = 1,060 age-matched controls) for further confirmation. All participants were men of European ancestry. Results: The strongest evidence was for two germline missense variants in the butyrophilin-like 2 (BTNL2) gene (rs41441651, p.Asp336Asn and rs28362675, p.Gly454Cys) that segregated with affection status in two of the WES families. In the independent set of 270 HPC families, 1.5% (rs41441651; P = 0.0032) and 1.2% (rs28362675; P = 0.0070) of affected men, but no unaffected men, carried a variant. Both variants were associated with elevated PCa risk in the population-based study (rs41441651: OR = 2.7; 95% CI, 1.27-5.87; P = 0.010; rs28362675: OR = 2.5; 95% CI, 1.16-5.46; P = 0.019). Conclusions: Results indicate that rare BTNL2 variants play a role in susceptibility to both familial and sporadic prostate cancer. Impact: Results implicate BTNL2 as a novel PCa susceptibility gene.

[329]

TÍTULO / TITLE: - Advanced urothelial carcinoma: next-generation sequencing reveals diverse genomic alterations and targets of therapy.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jul 26. doi: 10.1038/modpathol.2013.135.

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

[1038/modpathol.2013.135](#)

AUTORES / AUTHORS: - Ross JS; Wang K; Al-Rohil RN; Nazeer T; Sheehan CE; Otto GA; He J; Palmer G; Yelensky R; Lipson D; Ali S; Balasubramanian S; Curran JA; Garcia L; Mahoney K; Downing SR; Hawryluk M; Miller VA; Stephens PJ

INSTITUCIÓN / INSTITUTION: - 1] Department of Pathology and Laboratory Medicine, Albany Medical College, Albany, NY, USA [2] Foundation Medicine, Cambridge, MA, USA.

RESUMEN / SUMMARY: - Although urothelial carcinoma (UC) of the urinary bladder generally portends a favorable prognosis, metastatic tumors often follow an aggressive clinical course. DNA was extracted from 40 μm of formalin-fixed, paraffin-embedded (FFPE) sections from 35 stage IV UCs that

had relapsed and progressed after primary surgery and conventional chemotherapy. Next-generation sequencing (NGS) was performed on hybridization-captured, adaptor ligation-based libraries for 3320 exons of 182 cancer-related genes plus 37 introns from 14 genes frequently rearranged in cancer to at an average sequencing depth of 1164 x and evaluated for all classes of genomic alterations (GAs). Actionable GAs were defined as those impacting the selection of targeted anticancer therapies on the market or in registered clinical trials. A total of 139 GAs were identified, with an average of 4.0 GAs per tumor (range 0-10), of which 78 (56%) were considered actionable, with an average of 2.2 per tumor (range 0-7). Twenty-nine (83%) cases harbored at least one actionable GA including: PIK3CA (9 cases; 26%); CDKN2A/B (8 cases; 23%); CCND1 (5 cases; 14%); FGFR1 (5 cases; 14%); CCND3 (4 cases; 11%); FGFR3 (4 cases; 11%); MCL1 (4 cases; 11%); MDM2 (4 cases; 11%); EGFR (2 cases, 6%); ERBB2 (HER2/neu) (2 cases, 6%); NF1 (2 cases, 6%) and TSC1 (2 cases, 6%). Notable additional alterations included TP53 (19 cases, 54%) and RB1 (6 cases; 17%). Genes involved in chromatin modification were altered by nonsense mutation, splice site mutation or frameshift indel in a mutually exclusive manner in nearly half of all cases including KDM6A (10 cases; 29%) and ARID1A (7 cases; 20%). Comprehensive NGS of 35 UCs of the bladder revealed a diverse spectrum of actionable GAs in 83% of cases, which has the potential to inform treatment decisions for patients with relapsed and metastatic disease. Modern Pathology advance online publication, 26 July 2013; doi:10.1038/modpathol.2013.135.

[330]

- CASTELLANO -

TÍTULO / TITLE: Diagnostico y tratamiento de la masa renal pequena: papel de la biologia molecular.

TÍTULO / TITLE: - Diagnosis and treatment of small renal masses: The role for molecular biology.

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

REVISTA / JOURNAL: - Arch Esp Urol. 2013 Jun;66(5):505-516.

AUTORES / AUTHORS: - Kurban G; Gedye C; Morales C; Yousef GM; Almatar A; Jewett MA

INSTITUCIÓN / INSTITUTION: - Ontario Cancer Institute .Departments of Surgery and Surgical Oncology. Princess Margaret Cancer Centre. University Health Network . Department of Pathology. St. Michaels' Hospital and the University of Toronto. Toronto. On. Canada. .

RESUMEN / SUMMARY: - Renal cell carcinoma (RCC), the most common type of kidney cancer, is increasing in incidence and is the most lethal genitourinary cancer. Due to the increasing use of abdominal imaging, incidentally detected, asymptomatic small renal masses (SRMs), most of which are RCC, have

become the most common presentation of kidney cancer. Most RCC SRMs initially grow slowly or not at all, but others progress to advanced and metastatic cancer. Several diagnostic and prognostic genomic, transcriptomic and proteomic studies have been completed in RCC, however signatures for SRM progression have not been identified. In the absence of useful factors to distinguish those tumors requiring treatment for progression from those that can be managed by active surveillance alone, most SRMs are treated as RCC with surgery. Currently, the only prognostic factor at diagnosis is tumor size. Tumor growth rate also appears to identify potential progressive tumours. Identifying signatures for progression and the utilization of needle biopsies will be important for SRM patients and will guide therapy.

[331]

TÍTULO / TITLE: - Outcomes and survival analysis of old-to-old simultaneous pancreas and kidney transplantation.

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

REVISTA / JOURNAL: - Transpl Int. 2013 Jun 15. doi: 10.1111/tri.12142.

●● Enlace al texto completo (gratis o de pago) [1111/tri.12142](#)

AUTORES / AUTHORS: - Kayler LK; Wen X; Zachariah M; Casey M; Schold J; Magliocca J

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Montefiore Medical Center, Bronx, NY, USA.

RESUMEN / SUMMARY: - Outcomes of old-donor simultaneous pancreas-kidney transplantation (SPKT) have not been thoroughly studied. Scientific Registry of Transplant Recipients data reported for SPKT candidates receiving dialysis wait-listed between 1993 and 2008 (n = 7937) were analyzed for outcomes among those who remained listed (n = 3301) and of SPKT recipients (n = 4636) using multivariable time-dependent regression models. Recipients were stratified by donor/recipient age (cutoff 40 years) into: young-to-young (n = 2099), young-to-old (n = 1873), old-to-young (n = 293), and old-to-old (n = 371). The overall mortality was 12%, 14%, 20%, and 24%, respectively, for those transplanted, and 50% for those remaining on the waiting list. On multivariable analysis, old-donor SPKT was associated with significantly higher overall risks of patient death, death-censored pancreas, and kidney graft failure in both young (73%, 53%, and 63% increased risk, respectively) and old (91%, 124%, and 85% increased risk, respectively) recipients. The adjusted relative mortality risk was similar for recipients of old-donor SPKT compared with wait-listed patients including those who subsequently received young-donor transplants (aHR 0.95; 95% CI 0.78, 1.12) except for candidates in OPOs with waiting times ≥ 604 days (aHR 0.65, 95% CI 0.45-0.94). Old-donor SPKT results in significantly worse graft survival and patient mortality without any waiting-time benefit as compared to young-donor SPKT, except for candidates with expected long waiting times.

[332]

TÍTULO / TITLE: - Dickkopf-related protein 3 promotes pathogenic stromal remodeling in benign prostatic hyperplasia and prostate cancer.

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

REVISTA / JOURNAL: - Prostate. 2013 Jun 14. doi: 10.1002/pros.22691.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22691](#)

AUTORES / AUTHORS: - Zenzmaier C; Sampson N; Plas E; Berger P

INSTITUCIÓN / INSTITUTION: - Institute for Biomedical Aging Research, University of Innsbruck, Innsbruck, Austria; Department of Internal Medicine, Innsbruck Medical University, Innsbruck, Austria.

RESUMEN / SUMMARY: - **BACKGROUND:** Compartment-specific epithelial and stromal expression of the secreted glycoprotein Dickkopf-related protein (Dkk)-3 is altered in age-related proliferative disorders of the human prostate. This study aimed to determine the effect of Dkk-3 on prostate stromal remodeling that is stromal proliferation, fibroblast-to-myofibroblast differentiation and expression of angiogenic factors in vitro. **METHODS:** Lentiviral-delivered overexpression and shRNA-mediated knockdown of DKK3 were applied to primary human prostatic stromal cells (PrSCs). Cellular proliferation was analyzed by BrdU incorporation ELISA. Expression of Dkk-3, apoptosis-related genes, cyclin-dependent kinase inhibitors and angiogenic factors were analyzed by qPCR, Western blot analysis or ELISA. Fibroblast-to-myofibroblast differentiation was monitored by smooth muscle cell actin and insulin-like growth factor binding protein 3 mRNA and protein levels. The relevance of Wnt/beta-catenin and PI3K/AKT signaling pathways was assessed by cytoplasmic/nuclear beta-catenin levels and phosphorylation of AKT. **RESULTS:** Knockdown of DKK3 significantly attenuated PrSC proliferation as well as fibroblast-to-myofibroblast differentiation and increased the expression of the vessel stabilizing factor angiopoietin-1. DKK3 knockdown did not affect subcellular localization or levels of beta-catenin but attenuated AKT phosphorylation in PrSCs. Consistently the PI3K/AKT inhibitor LY294002 mimicked the effects of DKK3 knockdown. **CONCLUSIONS:** Dkk-3 promotes fibroblast proliferation and myofibroblast differentiation and regulates expression of angiopoietin-1 in prostatic stroma potentially via enhancing PI3K/AKT signaling. Thus, elevated Dkk-3 in the stroma of the diseased prostate presumably regulates stromal remodeling by enhancing proliferation and differentiation of stromal cells and contributing to the angiogenic switch observed in BPH and PCa. Therefore, Dkk-3 represents a potential therapeutic target for stromal remodeling in BPH and PCa. Prostate 9999:1-12, 2013. © 2013 The Authors. Prostate published by Wiley-Blackwell. This is an open access article under the terms of the Creative Commons Attribution-Non-Commercial-NoDerivs Licence, which permits use and distribution in any

medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

[333]

TÍTULO / TITLE: - Monitoring the clinical outcomes in advanced prostate cancer: what imaging modalities and other markers are reliable?

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

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):375-92. doi: 10.1053/j.seminoncol.2013.04.008.

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

[1053/j.seminoncol.2013.04.008](#)

AUTORES / AUTHORS: - Morris MJ; Autio KA; Basch EM; Danila DC; Larson S; Scher HI

INSTITUCIÓN / INSTITUTION: - Genitourinary Oncology Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY; Department of Medicine, Weill Cornell Medical College, New York, NY. Electronic address: morrism@mskcc.org.

RESUMEN / SUMMARY: - Effective patient care and efficient drug development require accurate tools to assess treatment effects. For metastatic castration-resistant prostate cancer (mCRPC), response biomarkers have historically been poorly reproducible, inaccurate, inconsistently applied, or only loosely associated with tangible clinical benefits such as survival. However, the field of response assessments for prostate cancer is maturing, in compliance with a rigorous process defined by analytic validation, clinical validation, and clinical qualification. For example, bone imaging with technetium-99m scintigraphy has historically been poorly used in prostate cancer clinical trials and routine patient care, and frequently has led to poor decision-making. However, contemporary clinical trial consensus criteria (Prostate Cancer Working Group 2 [PCWG2]) have standardized the definition of progression on bone scintigraphy and the clinical trials endpoint of radiographic progression-free survival (rPFS). A validated bone scan interpretation form captures the relevant data elements. rPFS and the forms have been undergoing prospective testing in multiple phase III studies. The first of these trials demonstrated a high degree of reproducibility and correlation with overall survival, and rPFS was used by the US Food and Drug Administration (FDA) for approval of abiraterone in chemotherapy-naïve mCRPC. Circulating tumor cells (CTC) are another class of assays with significant promise as response-indicator biomarkers. CTC enumeration has undergone analytic validation and has been FDA-cleared for monitoring patients with prostate cancer in conjunction with other clinical methods. It is not yet a surrogate for survival. Patient-reported outcomes (PROs) are direct indicators of patient benefit. The assays to measure PROs must undergo each of the steps of biomarker development, and are increasingly being standardized and used as clinical trial endpoints. In this review, we

critically assess each of these classes of novel biomarkers-imaging, CTC, and PROs-in regard to the quality of data supporting their use to monitor clinical outcomes in advanced prostate cancer.

[334]

TÍTULO / TITLE: - Practice-based collaboration to improve the use of immediate intravesical therapy after resection for non-muscle-invasive bladder cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 17. pii: S0022-5347(13)04620-X. doi: 10.1016/j.juro.2013.06.025.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.025

AUTORES / AUTHORS: - Barocas DA; Liu A; Burks FN; Suh RS; Schuster TG; Bradford T; Moylan DA; Knapp PM; Murtagh DS; Morris D; Dunn RL; Montie JE; Miller DC

INSTITUCIÓN / INSTITUTION: - Department of Urologic Surgery, Vanderbilt University, Nashville, TN.

RESUMEN / SUMMARY: - **PURPOSE:** Perioperative instillation of intravesical chemotherapy (IVC) after bladder tumor resection is supported by level I evidence showing a 30% decrease in tumor recurrence. Yet studies of administrative datasets show poor utilization in practice. **MATERIALS AND METHODS:** We prospectively evaluated use of perioperative IVC in a multi-practice quality improvement collaborative. Cases were categorized as ideal for use of IVC (1-2 papillary tumors, cTa/cT1, completely resected) and non-ideal. The reasons for not administering IVC in ideal cases were classified as appropriate or modifiable. Before and after comparative feedback and educational interventions, we calculated 'judicious use,' of IVC (non-use in non-ideal cases + use in ideal cases + appropriate non-use in ideal cases) and 'quality improvement potential,' (QIP, use in non-ideal cases + non-use in ideal cases attributable to modifiable factors.) **RESULTS:** We accrued 2,794 cases in 5 sites over 22 months. Use in ideal cases was 38% before intervention and 34.8% after ($p=0.36$), while use in non-ideal cases decreased from 15% to 12% ($p=0.08$). Overall, IVC was used judiciously in 83.0-85.7% of cases, while the remaining 14.3-17.0% represented QIP. **CONCLUSIONS:** Judicious use of perioperative IVC is relatively high in routine practice. Most instances of non-use represent appropriate clinical judgment. Utilization did not change after QI interventions, suggesting that there may be a 'ceiling effect,' wherein it is difficult to improve care that is high quality at baseline. Moreover, reducing unnecessary use of an intervention may be easier than encouraging appropriate use of potentially toxic therapy.

[335]

TÍTULO / TITLE: - Is Penile Preservation of Distal Corporal Invasive Penile Cancer Sufficient Treatment?

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 7. pii: S0022-5347(13)04568-0. doi: 10.1016/j.juro.2013.06.006.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.006

AUTORES / AUTHORS: - Horenblas S; Haas GP

INSTITUCIÓN / INSTITUTION: - Urologic Oncology and Department of Urology, The Netherlands Cancer Institute, Amsterdam, The Netherlands.

[336]

TÍTULO / TITLE: - IGF-IEc expression is associated with advanced clinical and pathological stage of prostate cancer.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Jun;33(6):2441-5.

AUTORES / AUTHORS: - Savvani A; Petraki C; Msaouel P; Diamanti E; Xoxakos I; Koutsilieris M

INSTITUCIÓN / INSTITUTION: - Department of Physiology, Medical School, National and Kapodistian University of Athens, Athens, Greece.

RESUMEN / SUMMARY: - BACKGROUND: Recent evidence suggests a role for the insulin-like growth factor-1Ec (IGF-IEc) transcript variant in cancer biology. The aim of the present study was to investigate whether IGF-IEc expression is associated with prostate cancer stage. MATERIALS AND METHODS: Formalin-fixed and paraffin-embedded prostate cancer surgical specimens from 83 patients were assessed by immunohistochemistry for IGF-IEc expression. RESULTS: Normal prostate epithelium was negative or demonstrated mild IGF-IEc cytoplasmic expression whereas prostate cancer exhibited mild to strong cytoplasmic immunoreexpression. The mean IGF-1Ec expression, was significantly lower ($p=0.004$) in localized (stage \leq IIb) prostate cancer, compared to locally advanced tumors (stage \geq III). Only one out of 83 (1.2%) prostate cancer samples was completely negative for IGF-IEc. A weak-positive correlation was also observed between IGF-IEc expression levels and Gleason score ($r=0.247$; $p=0.024$). CONCLUSION: The present data demonstrate that the expression of IGF-IEc is positively-associated with more advanced stage and higher Gleason score of prostate carcinomas.

[337]

TÍTULO / TITLE: - CCR1/CCL5 interaction promotes invasion of taxane-resistant PC3 prostate cancer cells by increasing secretion of MMPs 2/9 and by activating ERK and Rac signaling.

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

REVISTA / JOURNAL: - Cytokine. 2013 Jul 19. pii: S1043-4666(13)00587-5. doi: 10.1016/j.cyto.2013.06.313.

●● Enlace al texto completo (gratis o de pago) 1016/j.cyto.2013.06.313

AUTORES / AUTHORS: - Kato T; Fujita Y; Nakane K; Mizutani K; Terazawa R; Ehara H; Kanimoto Y; Kojima T; Nozawa Y; Deguchi T; Ito M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Gifu University Graduate School of Medicine, 1-1 Yanagido, Gifu, Gifu 501-1193, Japan.

RESUMEN / SUMMARY: - Castration-refractory prostate cancer (CRPC) is treated with taxane-based chemotherapy, but eventually becomes drug resistant. It is thus essential to identify novel therapeutic targets for taxane resistance in CRPC patients. We investigated the role of the chemokine (C-C motif) receptor 1 (CCR1) and its ligand, chemokine (C-C motif) ligand 5 (CCL5), in taxane-resistant CRPC using paclitaxel-resistant prostate cancer cells (PC3PR) established from PC3 cells. We found that the expression levels of CCR1 mRNA and protein were up-regulated in PC3PR cells compared to PC3 cells. In order to investigate the role of increased CCR1 in PC3PR cells, we stimulated cells with CCL5, one of the chemokine ligands of CCR1. In CCL5-stimulated PC3PR cells, siRNA-mediated knockdown of CCR1 expression reduced phosphorylation of ERK1/2 and Rac1/cdc42. Furthermore, CCR1 knockdown and MEK1/2 inhibition decreased CCL5-stimulated secretion of MMPs 2 and 9, which play important roles in cancer cell invasion and metastasis. In the Matrigel invasion assay, knockdown of CCR1 and inhibition of the ERK and Rac signaling pathways significantly decreased the number of invading cells. Finally, the serum CCL5 protein level as measured by ELISA was not different among the three groups of patients: those with negative prostate biopsy, those at initial diagnosis of prostate cancer, and those with taxane-resistant prostate cancer. These results demonstrated for the first time that the interaction of CCR1 with CCL5 caused by increased expression of CCR1 promotes invasion of PC3PR cells by increasing secretion of MMPs 2 and 9 and by activating ERK and Rac signaling. Our findings suggest that CCR1 could be a novel therapeutic target for taxane-resistant CRPC.

[338]

TÍTULO / TITLE: - Cytogenomics and gene expression in a case of metachronous bilateral renal cell carcinomas with drop metastasis: Resolving a diagnostic dilemma with molecular technologies.

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

REVISTA / JOURNAL: - Pathol Int. 2013 Jun;63(6):326-32. doi: 10.1111/pin.12068.

●● Enlace al texto completo (gratis o de pago) 1111/pin.12068

AUTORES / AUTHORS: - Takei H; Barrios R; Monzon FA

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Genomic Medicine, The Methodist Hospital.

RESUMEN / SUMMARY: - Metachronous bilateral renal cell carcinomas (RCCs) are rare but well known. We present a case of metachronous bilateral RCCs with a ureter orifice metastasis, for which the pathological diagnosis was confirmed with single nucleotide polymorphism microarray (SNP-M) and gene expression assay (GEA). A 53-year-old man presented with a right ureteral obstruction. A cystoscopy showed a large pedunculated tumor emanating from the right ureteral orifice, consistent with a drop metastasis, which was biopsied. He had a history of a clear cell RCC (ccRCC) 1.5 years prior and a right renal pelvic mass found 8 months later. Histologically, the biopsied right ureteral tumor demonstrated sheets of poorly differentiated cancer cells composed of a mixture of spindled and focal clear cell components. The main differential diagnosis was metastatic RCC versus urothelial carcinoma, but the immunohistochemical profile was not contributory. SNP-M revealed a genomic profile consistent with a metastatic ccRCC with loss of chromosome 3p. GEA showed a gene expression pattern consistent with kidney origin. The cytogenomic array also identified chromosome copy number patterns that were shared between both kidney tumors. This finding suggests that both tumors had a common origin, and thus, the metachronous ccRCC in the contralateral kidney represents a metastasis.

[339]

TÍTULO / TITLE: - Words of wisdom. Re: final results of an EORTC-GU cancers group randomized study of maintenance bacillus Calmette-Guerin in intermediate- and high-risk Ta, T1 papillary carcinoma of the urinary bladder: one-third dose versus full dose and 1 year versus 3 years of maintenance.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul;64(1):171-2. doi: 10.1016/j.eururo.2013.04.027.

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

1016/j.eururo.2013.04.027

AUTORES / AUTHORS: - Inman BA

INSTITUCIÓN / INSTITUTION: - Duke University Medical Center, Durham, NC, USA. brant.inman@duke.edu

[340]

TÍTULO / TITLE: - Recurrent deletion of 3p13 targets multiple tumour suppressor genes and defines a distinct subgroup of aggressive ERG fusion-positive prostate cancers.

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

REVISTA / JOURNAL: - J Pathol. 2013 Sep;231(1):130-41. doi: 10.1002/path.4223.

●● Enlace al texto completo (gratis o de pago) 1002/path.4223

AUTORES / AUTHORS: - Krohn A; Seidel A; Burkhardt L; Bachmann F; Mader M; Grupp K; Eichenauer T; Becker A; Adam M; Graefen M; Huland H; Kurtz S; Steurer S; Tsourlakis MC; Minner S; Michl U; Schlomm T; Sauter G; Simon R; Sirma H

INSTITUCIÓN / INSTITUTION: - Institute of Pathology, University Medical Centre Hamburg-Eppendorf, Hamburg, Germany.

RESUMEN / SUMMARY: - Deletion of 3p13 has been reported from about 20% of prostate cancers. The clinical significance of this alteration and the tumour suppressor gene(s) driving the deletion remain to be identified. We have mapped the 3p13 deletion locus using SNP array analysis and performed fluorescence in situ hybridization (FISH) analysis to search for associations between 3p13 deletion, prostate cancer phenotype and patient prognosis in a tissue microarray containing more than 3200 prostate cancers. SNP array analysis of 72 prostate cancers revealed a small deletion at 3p13 in 14 (19%) of the tumours, including the putative tumour suppressors FOXP1, RYBP and SHQ1. FISH analysis using FOXP1-specific probes revealed deletions in 16.5% and translocations in 1.2% of 1828 interpretable cancers. 3p13 deletions were linked to adverse features of prostate cancer, including advanced stage ($p < 0.0001$), high Gleason grade ($p = 0.0125$), and early PSA recurrence ($p = 0.0015$). In addition, 3p13 deletions were linked to ERG(+) cancers and to PTEN deletions ($p < 0.0001$ each). A subset analysis of ERG(+) tumours revealed that 3p13 deletions occurred independently from PTEN deletions ($p = 0.3126$), identifying tumours with 3p13 deletion as a distinct molecular subset of ERG(+) cancers. mRNA expression analysis confirmed that all 3p13 genes were down regulated by the deletion. Ectopic over-expression of FOXP1, RYBP and SHQ1 resulted in decreased colony-formation capabilities, corroborating a tumour suppressor function for all three genes. In summary, our data show that deletion of 3p13 defines a distinct and aggressive molecular subset of ERG(+) prostate cancers, which is possibly driven by inactivation of multiple tumour suppressors. Copyright © 2013 Pathological Society of Great Britain and Ireland. Published by John Wiley & Sons, Ltd.

[341]

TÍTULO / TITLE: - Re: clinical and pathologic impact of select chromatin-modulating tumor suppressors in clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):493-4. doi: 10.1016/j.juro.2013.04.068. Epub 2013 Apr 30.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.04.068

AUTORES / AUTHORS: - Laguna MP

[342]

TÍTULO / TITLE: - Re: long-term results of two prospective bladder-sparing trimodality approaches for invasive bladder cancer: neoadjuvant chemotherapy and concurrent radio-chemotherapy.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):495. doi: 10.1016/j.juro.2013.04.064. Epub 2013 Apr 24.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.064](#)

AUTORES / AUTHORS: - Wood DP

[343]

TÍTULO / TITLE: - Enzalutamide, an androgen receptor signaling inhibitor, induces tumor regression in a mouse model of castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Prostate. 2013 Sep;73(12):1291-305. doi: 10.1002/pros.22674. Epub 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22674](#)

AUTORES / AUTHORS: - Guerrero J; Alfaro IE; Gomez F; Protter AA; Bernales S

INSTITUCIÓN / INSTITUTION: - Fundacion Ciencia & Vida, Santiago, Chile.

RESUMEN / SUMMARY: - BACKGROUND: Enzalutamide (formerly MDV3100 and available commercially as Xtandi®), a novel androgen receptor (AR) signaling inhibitor, blocks the growth of castration-resistant prostate cancer (CRPC) in cellular model systems and was shown in a clinical study to increase survival in patients with metastatic CRPC. Enzalutamide inhibits multiple steps of AR signaling: binding of androgens to AR, AR nuclear translocation, and association of AR with DNA. Here, we investigate the effects of enzalutamide on AR signaling, AR-dependent gene expression and cell apoptosis. METHODS: The expression of AR target gene prostate-specific antigen (PSA) was measured in LNCaP and C4-2 cells. AR nuclear translocation was assessed in HEK-293 cells stably transfected with AR-yellow fluorescent protein. The in vivo effects of enzalutamide were determined in a mouse xenograft model of CRPC. Differential gene expression in LNCaP cells was measured using Affymetrix human genome microarray technology. RESULTS: We found that unlike bicalutamide, enzalutamide lacked AR agonistic activity at effective doses and did not induce PSA expression or AR nuclear translocation. Additionally, it is more effective than bicalutamide at inhibiting agonist-induced AR nuclear translocation. Enzalutamide induced the regression of tumor volume in a CRPC xenograft model and apoptosis in AR-over-expressing prostate cancer cells. Finally, gene expression profiling in LNCaP cells indicated that enzalutamide opposes agonist-induced changes in genes involved in processes such as cell adhesion, angiogenesis, and apoptosis. CONCLUSIONS: These results indicate that enzalutamide efficiently inhibits AR signaling, and we

suggest that its lack of AR agonist activity may be important for these effects. Prostate 73: 1291-1305, 2013. © 2013 Wiley Periodicals, Inc.

[344]

TÍTULO / TITLE: - Androgen-responsive genes in prostate cancer. Regulation, function and clinical applications.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):3523.

[345]

TÍTULO / TITLE: - A personalised approach to prostate cancer screening based on genotyping of risk founder alleles.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jun 25;108(12):2601-9. doi: 10.1038/bjc.2013.261. Epub 2013 May 30.

●● Enlace al texto completo (gratis o de pago) 1038/bjc.2013.261

AUTORES / AUTHORS: - Cybulski C; Wokolorczyk D; Kluzniak W; Kashyap A; Golab A; Slojewski M; Sikorski A; Puszyński M; Soczawa M; Borkowski T; Borkowski A; Antczak A; Przybyła J; Sosnowski M; Malkiewicz B; Zdrojowy R; Domagała P; Piotrowski K; Menkiszak J; Krzystolik K; Gronwald J; Jakubowska A; Gorski B; Debniak T; Masojc B; Huzarski T; Muir KR; Lophatananon A; Lubinski J; Narod SA

INSTITUCIÓN / INSTITUTION: - Department of Genetics and Pathology, International Hereditary Cancer Center, Pomeranian Medical University, Szczecin, Poland.

RESUMEN / SUMMARY: - Background: To evaluate whether genotyping for 18 prostate cancer founder variants is helpful in identifying high-risk individuals and for determining optimal screening regimens. Methods: A serum PSA level was measured and a digital rectal examination (DRE) was performed on 2907 unaffected men aged 40-90. Three hundred and twenty-three men with an elevated PSA (≥ 4 ng ml⁻¹) or an abnormal DRE underwent a prostate biopsy. All men were genotyped for three founder alleles in BRCA1 (5382insC, 4153delA and C61G), for four alleles in CHEK2 (1100delC, IVS2+1G>A, del5395 and I157T), for one allele in NBS1 (657del5), for one allele in HOXB13 (G84E), and for nine low-risk single-nucleotide polymorphisms (SNPs). Results: On the basis of an elevated PSA or an abnormal DRE, prostate cancer was diagnosed in 135 of 2907 men (4.6%). In men with a CHEK2 missense mutation I157T, the cancer detection rate among men with an elevated PSA or an abnormal DRE was much higher (10.2%, $P=0.0008$). The cancer detection rate rose with the number of SNP risk genotypes observed from 1.2% for men with no variant to 8.6% for men who carried six or more variants ($P=0.04$). No single variant was helpful on its own in predicting the

presence of prostate cancer, however, the combination of all rare mutations and SNPs improved predictive power (area under the curve=0.59; P=0.03). Conclusion: These results suggest that testing for germline CHEK2 mutations improves the ability to predict the presence of prostate cancer in screened men, however, the clinical utility of incorporating DNA variants in the screening process is marginal.

[346]

TÍTULO / TITLE: - Pigmentation-related phenotypes and risk of prostate cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Aug 6;109(3):747-50. doi: 10.1038/bjc.2013.385. Epub 2013 Jul 16.

●● [Enlace al texto completo \(gratis o de pago\) 1038/bjc.2013.385](#)

AUTORES / AUTHORS: - Weinstein SJ; Virtamo J; Albanes D

INSTITUCIÓN / INSTITUTION: - Nutritional Epidemiology Branch, Division of Cancer Epidemiology and Genetics, National Cancer Institute, 9609 Medical Center Drive, Bethesda, MD 20892, USA.

RESUMEN / SUMMARY: - Background: Solar ultraviolet radiation exposure has been inversely related to prostate cancer incidence and mortality, possibly mediated through vitamin D status. Pigmentation-related traits influence endogenous vitamin D synthesis and may alter risk of prostate cancer. Methods: We examined prostate cancer in relation to hair and eye colour, and skin phototype in the Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study cohort. Incident cancer was diagnosed in 1982 out of 20 863 men. Multivariable hazard ratios (HRs) and 95% confidence intervals (CIs) were estimated from Cox proportional hazards models. Results: Prostate cancer risk did not differ by eye colour or skin phototype. Men with naturally red hair were significantly less likely to develop prostate cancer (HR=0.46, 95% CI 0.24-0.89) than men with light brown hair (reference). Conclusion: The red hair phenotype, which results from polymorphisms in the melanocortin-1-receptor (MC1R) gene, is associated with lower risk of prostate cancer. This pigmentation-related trait may influence prostate cancer development either directly, through genetic effects or regulatory mechanisms related to MC1R, another nearby gene, or other pigmentation genes, or indirectly, through associations with other exposures such as sunlight or vitamin D status.

[347]

TÍTULO / TITLE: - A novel precision-engineered microfiltration device for capture and characterisation of bladder cancer cells in urine.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Jul 9. pii: S0959-8049(13)00481-4. doi: 10.1016/j.ejca.2013.04.033.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.04.033](https://doi.org/10.1016/j.ejca.2013.04.033)

AUTORES / AUTHORS: - Birkhahn M; Mitra AP; Williams AJ; Barr NJ; Skinner EC; Stein JP; Skinner DG; Tai YC; Datar RH; Cote RJ

INSTITUCIÓN / INSTITUTION: - Urologie am Ring, Kaiser Wilhelm Ring 36, Cologne, Germany.

RESUMEN / SUMMARY: - BACKGROUND: Sensitivity of standard urine cytology for detecting urothelial carcinoma of the bladder (UCB) is low, attributable largely to its inability to process entire samples, paucicellularity and presence of background cells. OBJECTIVE: Evaluate performance and practical applicability of a novel portable microfiltration device for capture, enumeration and characterisation of exfoliated tumour cells in urine, and compare it with standard urine cytology for UCB detection. METHODS: A total of 54 urine and bladder wash samples from patients undergoing surveillance for UCB were prospectively evaluated by standard and microfilter-based urine cytology. Head-to-head comparison of quality and performance metrics, and cost effectiveness was conducted for both methodologies. RESULTS: Five samples were paucicellular by standard cytology; no samples processed by microfilter cytology were paucicellular. Standard cytology had 33.3% more samples with background cells that limited evaluation ($p < 0.001$). Microfilter cytology was more concordant ($\kappa = 50.4\%$) than standard cytology ($\kappa = 33.5\%$) with true UCB diagnosis. Sensitivity, specificity and accuracy were higher for microfilter cytology compared to standard cytology (53.3%/100%/79.2% versus 40%/95.8%/69.9%, respectively). Microfilter-captured cells were amenable to downstream on-chip molecular analyses. A 40ml sample was processed in under 4min by microfilter cytology compared to 5.5min by standard cytology. Median microfilter cytology processing and set-up costs were approximately 63% cheaper and 80 times lower than standard cytology, respectively. CONCLUSIONS: The microfiltration device represents a novel non-invasive UCB detection system that is economical, rapid, versatile and has potentially better quality and performance metrics than routine urine cytology, the current standard-of-care.

[348]

TÍTULO / TITLE: - Profiling of the calcitonin-calcitonin receptor axis in primary prostate cancer: clinical implications and molecular correlates.

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

REVISTA / JOURNAL: - Oncol Rep. 2013 Jul 2. doi: 10.3892/or.2013.2583.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2583](https://doi.org/10.3892/or.2013.2583)

AUTORES / AUTHORS: - Thakkar A; Bijnsdorp IV; Geldof AA; Shah GV

INSTITUCIÓN / INSTITUTION: - Department of Pharmacology, University of Louisiana, College of Pharmacy, Monroe, LA 71291, USA.

RESUMEN / SUMMARY: - Expression of the neuroendocrine peptide calcitonin (CT) and its receptor (CTR) is frequently elevated in prostate cancers (PCs),

and activation of the CT-CTR axis in non-invasive PC cells induces an invasive phenotype. We aimed to link CT/CTR expression in prostate specimens to clinicopathological parameters of PC. We analyzed CT and CTR expression in cohorts of benign prostates and primary PCs with/without metastatic disease by immunohistochemistry. Furthermore, we correlated CT/CTR expression with several clinicopathological parameters. CT/CTR immunostaining in benign prostate acini was predominantly localized to basal epithelium. However, this spatial specificity was lost in malignant prostates. PC sections displayed a remarkable increase in cell populations expressing CT/CTR and their staining intensity. Tumors with higher CT/CTR expression consistently displayed metastatic disease and poor clinical outcome. High CT/CTR expression in primary prostate tumors may serve as a prognostic indicator of disease aggressiveness and poor clinical outcome.

[349]

TÍTULO / TITLE: - Image-based Feasibility of Renal Sparing Surgery for Very Low Risk Unilateral Wilms Tumors.

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

REVISTA / JOURNAL: - J Urol. 2013 May 30. pii: S0022-5347(13)04513-8. doi: 10.1016/j.juro.2013.05.060.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.05.060

AUTORES / AUTHORS: - Ferrer FA; Rosen N; Herbst K; Fernandez CV; Khanna G; Dome JS; Mullen E; Gow KW; Barnhart DC; Shamberger RC; Ritchey M; Ehrlich P

RESUMEN / SUMMARY: - BACKGROUND: Nephrectomy with lymph node sampling is the recommended treatment for unilateral Wilms tumors under Childrens Oncology Group Protocols. Using radiologic assessment we sought to determine the feasibility of performing partial nephrectomy in a select very low risk group of patients with unilateral Wilms. MATERIALS AND METHODS: Imaging studies of 60 very low risk unilateral Wilms patients (age <2, wt. <550grms) were reviewed to assess image-based feasibility of partial nephrectomy. The percentage of salvagable parenchyma, tumor location and anatomic features, preventing a nephron sparing approach were evaluated. RESULTS: A linear relationship exists between tumor weights and CT estimated tumor volume. Mean tumor weight in the study population was 315 grams. Partial nephrectomy was deemed feasible in only 5 of 60 patients (9%) CONCLUSIONS: Even when considering a select population with very low risk unilateral Wilms tumor (lower volume tumors) only a small percentage of untreated patients are candidates for nephron sparing surgery.

[350]

TÍTULO / TITLE: - Target protein for Xklp2 (TPX2), a microtubule-related protein, contributes to malignant phenotype in bladder carcinoma.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jul 20.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1000-](#)

[Z](#)

AUTORES / AUTHORS: - Yan L; Li S; Xu C; Zhao X; Hao B; Li H; Qiao B

INSTITUCIÓN / INSTITUTION: - Department of Urology, The First Affiliated Hospital of Zhengzhou University, No.1 Jianshe East Road, Zhengzhou, Henan, 450052, China.

RESUMEN / SUMMARY: - Increasing evidence demonstrated that TPX2 was highly expressed and tightly associated with human tumor development and progression. However, its precise role in bladder carcinoma remains to be delineated. In the present study, we revealed the high expression of TPX2 at both mRNA and protein levels in bladder carcinoma tissues and cells, and TPX2 levels in pN1-3 and pT2-4 status were significantly higher than those in pN0 and pTa-T1 status, respectively. Additionally, high TPX2 level was strongly associated with pT status ($P = 0.001$), higher histological grade ($P = 0.001$), lymph node metastasis ($P = 0.022$), and shorter survival time ($P = 0.0279$). Further investigation showed that TPX2 level in T24 cells was markedly higher than those in 5637, J82 and RT4 cells, in which RT4, a well-differentiated cell line derived from bladder carcinoma with low-grade non-invasive T0, displayed the lowest TPX2 mRNA and protein levels. Besides, TPX2 overexpression promoted proliferation and tumorigenicity, shortened cell cycle in G0/G1 phase, and suppressed cell apoptosis in T24 cells; conversely, TPX2 depletion exhibited opposite effects. Furthermore, TPX2 overexpression evoked the elevation of cyclin D1 and cdk2 levels as well as reduction of p21 level and caspase-3 activity, whereas reversed effects were observed in TPX2-depleted T24 cells. Taken altogether, TPX2 may play a central role in the development and progression of bladder carcinoma, and thus inhibition of TPX2 level may be a novel strategy for therapy of the patients with bladder carcinoma.

[351]

TÍTULO / TITLE: - Rejection is a strong graft survival predictor in live donor pediatric renal transplantation using cyclosporine, mycophenolate mofetil, and steroids: 5-year outcomes in a single Mexican center.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1442-4. doi: 10.1016/j.transproceed.2013.02.044.

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

[1016/j.transproceed.2013.02.044](#)

AUTORES / AUTHORS: - Martinez-Mier G; Enriquez-De Los Santos H; Mendez-Lopez MT; Avila-Pardo SF; Budar-Fernandez LF; Gonzalez-Velazquez F

INSTITUCIÓN / INSTITUTION: - Organ Transplantation, Instituto Mexicano del Seguro Social, Unidad Medica de Alta Especialidad 189 ARC Veracruz, Nefrologia y Trasplantes de Veracruz, Veracruz, Mexico.

gmtzmier@hotmail.com

RESUMEN / SUMMARY: - Long-term graft function and survival are of particular importance in children assuming that they have a longer transplantation life span than most adults. Because acute rejection episodes (ARE) continue to have a serious impact on graft loss, we analyzed the effects of ARE on 5-year survival and function in our population. Fifty-seven living donor kidney transplant recipients (34 males) younger than 18 years of age (13.5 +/- 2.6 years; range, 5-17) were follow up for at least 12 months using cyclosporine, mycophenolate mofetil, and steroid therapy with or without induction treatment between February 2003 and December 2010. ARE incidence during the first 12 months following transplantation was 14%. One-, 3- and 5-year serum creatinine values were 1.24 +/- 0.39, 2.16 +/- 2.39, and 1.76 +/- 0.9 mg/dL, respectively. Mean calculated creatinine clearances (Schwartz) at 1, 3, and 5 years were 82.5 +/- 24.8, 64.7 +/- 24.1, and 67 +/- 27.5 mL/min*1.73 m(2), respectively. Patient/graft survival rates were 96/85%, 90/72%, and 88/65% at 1, 3, and 5 years, respectively. Patients who experienced an ARE within 12 months following transplantation displayed a reduced 5-year graft survival rate (37.5%) versus those who did not (78%; P = .005). Patients who did not have an ARE during 60 months had a higher graft survival rate (76%) than those who had ARE (33%; P = .001). Patient without basiliximab induction showed a lower 5-year graft survival rate (61% vs 100%; P = not significant [NS]). ARE is an important risk factor for graft loss in the pediatric kidney transplant population.

[352]

TÍTULO / TITLE: - Survival Impact of Followup Care after Radical Cystectomy for Bladder Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 May 29. pii: S0022-5347(13)04416-9. doi: 10.1016/j.juro.2013.05.051.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.05.051

AUTORES / AUTHORS: - Strobe SA; Chang SH; Chen L; Sandhu G; Piccirillo JF; Schootman M

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery, Washington University, St. Louis, Missouri. Electronic address:

stropes@wudosis.wustl.edu.

RESUMEN / SUMMARY: - PURPOSE: Due to substantial variation in patient followup after radical cystectomy for bladder cancer, we sought to understand the effect of urine and laboratory tests, physician visits and imaging on overall survival. MATERIALS AND METHODS: We analyzed a cohort of patients treated in the fee for service Medicare population from 1992 through 2007 using

Surveillance Epidemiology and End Results (SEER)-Medicare data. Using propensity score analysis, we assessed the relationship between time and geography standardized expenditures on followup care and overall survival during 3 postoperative periods, including perioperative (0 to 3 months), early followup (4 to 6 months) and later followup (7 to 24 months). Using instrumental variable analysis, we assessed the overall survival impact of the quantity of followup care by category, including physician visits, imaging, and laboratory and urine tests. RESULTS: We found no improvement in survival due to followup care in the perioperative and early followup periods. Receiving followup care during later followup was associated with improved survival in the low, middle and high expenditure tertiles (HR 0.23, 95% CI 0.15-0.35, HR 0.27, 95% CI 0.18-0.40 and HR 0.47, 95% CI 0.31-0.71, respectively). Instrumental variable analysis suggested that only physician visits and urine testing improved survival (HR 0.96, 0.93-0.99 and 0.95, 0.91-0.99, respectively). CONCLUSIONS: Followup care after radical cystectomy in the later followup period was associated with improved survival. Physician visits and urine tests were associated with this improved survival. Our results suggest that aspects of followup care significantly improve patient outcomes but imaging could be done more judiciously after cystectomy.

[353]

- CASTELLANO -

TÍTULO / TITLE: Nuevas alternativas en el tratamiento del riñón del mieloma.

TÍTULO / TITLE: - New alternatives in the treatment of myeloma kidney.

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

REVISTA / JOURNAL: - Nefrología. 2013 Jul 19;33(4):443-447. doi: 10.3265/Nefrologia.pre2013.Jun.12138.

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

[3265/Nefrologia.pre2013.Jun.12138](#)

AUTORES / AUTHORS: - Alvarez-Lara MA; Martín-Malo A; Aljama-García P

[354]

TÍTULO / TITLE: - From AR to c-Met: Androgen deprivation leads to a signaling pathway switch in prostate cancer cells.

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

REVISTA / JOURNAL: - Int J Oncol. 2013 Jul 18. doi: 10.3892/ijo.2013.2020.

●● Enlace al texto completo (gratuito o de pago) [3892/ijo.2013.2020](#)

AUTORES / AUTHORS: - Liu T; Mendes DE; Berkman CE

INSTITUCIÓN / INSTITUTION: - Department of Chemistry, Washington State University, Pullman, WA 99164, USA.

RESUMEN / SUMMARY: - Elucidating the role of androgen deprivation in the transition from androgen-dependence to independence may enable the development of more specific therapeutic strategies against prostate cancer. Our previous in vitro model was employed to further assess the effects of continuous androgendeprivation on prostate cancer cells (LNCaP) with respect to both androgen receptor (AR) and c-Met expression. The results indicated that long-term androgen deprivation resulted in a signaling pathway switch from AR to c-Met in androgen-sensitive cells, which was confirmed by immunofluorescence imaging and western blot analysis. This signaling pathway switch may be predictive of a more aggressive disease state following androgen deprivation therapy.

[355]

- CASTELLANO -

TÍTULO / TITLE: Biología Molecular de la castración-resistencia en cáncer de próstata: bases moleculares para nuevas dianas terapéuticas.

TÍTULO / TITLE: - Molecular biology of castration-resistant prostate cancer: basis for the novel therapeutic targets.

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

REVISTA / JOURNAL: - Arch Esp Urol. 2013 Jun;66(5):453-462.

AUTORES / AUTHORS: - Mellado B; Marin Aguilera M; Pereira MV

INSTITUCIÓN / INSTITUTION: - Medical Oncology Department. ICMHO. Laboratory of Translational Oncology. IDIBAPS. Hospital Clinic. Barcelona. Spain.

RESUMEN / SUMMARY: - Prostate cancer cells express the androgen receptor (AR) and need the presence of androgens to survive. Androgen suppression is the gold standard first-line therapy for metastatic disease. Almost all prostate cancer patients initially respond to hormonal therapy, but most of them gradually develop castration-resistant progression. Recent evidence has shown that progression at the castration resistant prostate cancer (CRPC) stage is often mediated by AR signalling. Importantly, subsequent AR androgen inhibition, by abiraterone acetate or enzalutamide, has shown to improve patients' survival. Several mechanisms that enhance AR signalling in an androgen-depleted environment have been elucidated: (1) AR mutations that allow activation by low androgen levels or by other endogenous steroids, (2) AR amplification and/or overexpression, (3) increased local intracrine synthesis of androgens, (4) changes in AR cofactors and (5) cross-talk with cytokines and growth factors. Today, there are under development a number of novel agents targeting the AR signaling pathway. This article reviews the postulated mechanisms of AR-driven resistance to androgen suppression that have contributed to the development of new hormonal therapeutic strategies in prostate cancer.

[356]

TÍTULO / TITLE: - Loss of caveolin-1 in prostate cancer stroma correlates with reduced relapse-free survival and is functionally relevant to tumour progression.

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

REVISTA / JOURNAL: - J Pathol. 2013 Sep;231(1):77-87. doi: 10.1002/path.4217. Epub 2013 Jul 8.

●● [Enlace al texto completo \(gratis o de pago\) 1002/path.4217](#)

AUTORES / AUTHORS: - Ayala G; Morello M; Frolov A; You S; Li R; Rosati F; Bartolucci G; Danza G; Adam RM; Thompson TC; Lisanti MP; Freeman MR; Di Vizio D

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Baylor College of Medicine, Houston, TX, USA.

RESUMEN / SUMMARY: - Levels of caveolin-1 (Cav-1) in tumour epithelial cells increase during prostate cancer progression. Conversely, Cav-1 expression in the stroma can decline in advanced and metastatic prostate cancer. In a large cohort of 724 prostate cancers, we observed significantly decreased levels of stromal Cav-1 in concordance with increased Gleason score ($p = 0.012$). Importantly, reduced expression of Cav-1 in the stroma correlated with reduced relapse-free survival ($p = 0.009$), suggesting a role for stromal Cav-1 in inhibiting advanced disease. Silencing of Cav-1 by shRNA in WPMY-1 prostate fibroblasts resulted in up-regulation of Akt phosphorylation, and significantly altered expression of genes involved in angiogenesis, invasion, and metastasis, including a > 2.5-fold increase in TGF-beta1 and gamma-synuclein (SNCG) gene expression. Moreover, silencing of Cav-1 induced migration of prostate cancer cells when stromal cells were used as attractants. Pharmacological inhibition of Akt caused down-regulation of TGF-beta1 and SNCG, suggesting that loss of Cav-1 in the stroma can influence Akt-mediated signalling in the tumour microenvironment. Cav-1-depleted stromal cells exhibited increased levels of intracellular cholesterol, a precursor for androgen biosynthesis, steroidogenic enzymes, and testosterone. These findings suggest that loss of Cav-1 in the tumour microenvironment contributes to the metastatic behaviour of tumour cells by a mechanism that involves up-regulation of TGF-beta1 and SNCG through Akt activation. They also suggest that intracrine production of androgens, a process relevant to castration resistance, may occur in the stroma. Copyright © 2013 Pathological Society of Great Britain and Ireland. Published by John Wiley & Sons, Ltd.

[357]

TÍTULO / TITLE: - Increase in proteinuria after acute kidney graft rejection is associated with decreased graft function and survival.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1453-7. doi: 10.1016/j.transproceed.2013.02.106.

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

1016/j.transproceed.2013.02.106

AUTORES / AUTHORS: - Oblak M; Kandus A; Mlinsek G; Buturovic-Ponikvar J; Arnol M

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, University Medical Centre Ljubljana, Ljubljana, Slovenia.

RESUMEN / SUMMARY: - BACKGROUND: There are limited data on the relationship between acute kidney graft rejection, proteinuria, and outcome. We hypothesized that an increase in proteinuria after an acute rejection episode is associated with decreased graft function and survival. METHODS: We tested our hypothesis in a national historic cohort study of 506 recipients of deceased donor kidney transplantations between January 2000 and December 2010. The selection criterion was a biopsy-confirmed first acute rejection episode. Proteinuria was measured using urine protein/creatinine ratios (UPCR) at baseline (lowest serum creatinine before biopsy), time of biopsy, and 3 months thereafter. We examined the effects on outcomes of a change in UPCR (DeltaUPCR = UPCR at 3 months after biopsy - baseline UPCR). RESULTS: In the observed period, 86 patients experienced a biopsy-confirmed acute rejection episode. Three patients with primary graft nonfunction were excluded. Among the remaining 83 patients the median time to acute rejection was 6 (interquartile range, 2-39) months, and median follow-up was 60 (interquartile range, 35-124) months. Receiver operator characteristic analysis demonstrated that DeltaUPCR cutoff value of 20 mg/mmol showed the best discriminatory ability to predict graft loss or patient death (sensitivity, 84%; specificity, 73%). There were 41 patients with DeltaUPCR \geq 20 mg/mmol, whereas 42 patients had DeltaUPCR $<$ 20 mg/mmol. Patients with DeltaUPCR \geq 20 mg/mmol had worse graft function at 3 months after the biopsy with mean (\pm -SD) estimated glomerular-filtration rate (eGFR) of 35 \pm 19 versus 47 \pm 14 mL/min/1.73 m² (P = .002), as well as a higher rate of composite graft loss and patient death (37% vs 10%; P = .004). Cox regression analyses revealed DeltaUPCR \geq 20 mg/mmol, delayed graft function, and antibody-mediated rejection to be significant factors associated with the composite outcome (hazard ratios, 4.3, 2.5, and 3.4, respectively; P < .05). CONCLUSION: Increased proteinuria after an acute kidney graft rejection episode was associated with decreased graft function and survival, serving as a surrogate marker for poor outcomes.

[358]

TÍTULO / TITLE: - Stabilization of Snail through AKT/GSK-3 β signaling pathway is required for TNF- α -induced epithelial-mesenchymal transition in prostate cancer PC3 cells.

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

REVISTA / JOURNAL: - Eur J Pharmacol. 2013 Jun 11;714(1-3):48-55. doi: 10.1016/j.ejphar.2013.05.046.

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

1016/j.ejphar.2013.05.046

AUTORES / AUTHORS: - Wang H; Fang R; Wang XF; Zhang F; Chen DY; Zhou B; Wang HS; Cai SH; Du J

INSTITUCIÓN / INSTITUTION: - Department of Microbial and Biochemical Pharmacy, School of Pharmaceutical Sciences, Sun Yat-sen University, Guangzhou 510006, PR China.

RESUMEN / SUMMARY: - Metastasis induced by chronic inflammation has been considered as a major challenge during cancer therapy. Epithelial-mesenchymal transition (EMT) is associated with cancer invasion and metastasis promoted by pro-inflammatory cytokine TNFalpha. However, the mechanisms underlying TNFalpha-induced EMT in prostate cancer cells is not entirely clear. Here we showed that EMT induced by longstanding stimulation with TNFalpha in prostate cancer PC3 cells is mediated by up-regulation of the transcriptional repressor Snail. TNFalpha-mediated EMT was characterized by acquiring mesenchymal fusiform morphology, increasing the expression of Vimentin and decreasing the expression of E-cadherin. Exposure to TNFalpha increased the expression of transcription factor Snail via post-transcriptional regulation process and induced Snail nuclear localization in PC3 cells. Moreover, overexpressed Snail in PC3 cells induced EMT. Conversely, suppressing Snail expression abrogated TNFalpha-induced EMT, suggesting that Snail plays a crucial role in TNFalpha-induced EMT in prostate cancer cells. Finally, we showed that TNFalpha time-dependently activated NF-kappaB, AKT, ERK, p38 MAPK signaling pathways, and elevated Snail stability by activating AKT pathway that subsequently inhibited GSK-3beta activity. Taken together, these results reveal that stabilization of Snail via AKT/GSK-3beta signaling pathway is required for TNFalpha-induced EMT in prostate cancer cells. This study offers a better understanding of TNFalpha-induced metastasis and provides an effective therapeutic strategy for prostate cancer treatment.

[359]

TÍTULO / TITLE: - Cyclic AMP and c-KIT Signaling in Familial Testicular Germ Cell Tumor Predisposition.

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

REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Aug;98(8):E1393-400. doi: 10.1210/jc.2012-2838. Epub 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) 1210/jc.2012-2838

AUTORES / AUTHORS: - Azevedo MF; Horvath A; Bornstein ER; Almeida MQ; Xekouki P; Faucz FR; Gourgari E; Nadella K; Remmers EF; Quezado M; de Alexandre RB; Kratz CP; Nesterova M; Greene MH; Stratakis CA

INSTITUCIÓN / INSTITUTION: - MD, D(med)Sci, Section on Endocrinology and Genetics, Program on Developmental Endocrinology and Genetics, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Building 10, CRC, Room 1-3330, 10 Center Drive, MSC1103, Bethesda, Maryland 20892. stratakc@mail.nih.gov.

RESUMEN / SUMMARY: - Background: Familial testicular germ cell tumors (FTGCTs) are hypothesized to result from the combined interaction of multiple low-penetrance genes. We reported inactivating germline mutations of the cAMP-binding phosphodiesterase 11^a (PDE11A) as modifiers of FTGCT risk. Recent genome-wide association studies have identified single-nucleotide polymorphisms in the KITLG gene, the ligand for the cKIT tyrosine kinase receptor, as strong modifiers of susceptibility to both familial and sporadic testicular germ cell tumors. Design: We studied 94 patients with FTGCTs and 50 at-risk male relatives from 63 unrelated kindreds, in whom the PDE11A gene had been sequenced by investigating the association between KITLG genome-wide association study single-nucleotide polymorphisms rs3782179 and rs4474514 and FTGCT risk in these patients and in 692 controls. We also examined cAMP and c-KIT signaling in testicular tissues and cell lines and extended the studies to 2 sporadic cases, one with a PDE11A defect and one without, as a comparison. Results: We found a higher frequency of the KITLG risk alleles in FTGCT patients who also had a PDE11A sequence variant, compared with those with a wild-type PDE11A sequence. In NTERA-2 and Tcam-2 cells transfected with the mutated forms of PDE11A (R52T, F258Y, Y727C, R804H, V820M, R867G, and M878V), cAMP levels were significantly higher, and the relative phosphodiesterase activity was lower than in the wild-type cells. KITLG expression was consistently increased in the presence of PDE11A-inactivating defects, both at the RNA and protein levels, in familial testicular germ cell tumors. The 2 sporadic cases that were studied, one with a PDE11A defect and another without, agreed with the data in FTGCT and in the cell lines. Conclusions: Patients with FTGCT and PDE11A defects also carry KITLG risk alleles more frequently. There may be an interaction between cAMP and c-KIT signaling in predisposition to testicular germ cell tumors.

[360]

TÍTULO / TITLE: - Performing radical cystectomy and urinary diversion in regional anesthesia: potential risk reduction in the treatment of bladder cancer.

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

REVISTA / JOURNAL: - Urol Int. 2013;91(1):103-8. doi: 10.1159/000348542. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) [1159/000348542](#)

AUTORES / AUTHORS: - Friedrich-Freksa M; Schulz E; Nitzke T; Wenzel O; Popken G

INSTITUCIÓN / INSTITUTION: - Department of Urology, HELIOS Klinikum GmbH Berlin, Berlin, Germany.

RESUMEN / SUMMARY: - Objective: To assess the feasibility and performance of radical cystectomy with urinary diversion using exclusively regional anesthesia (i.e. combined spinal thoracic epidural anesthesia, CSTEА), avoiding the adverse effects of general anesthesia. Materials and Methods: In our hospital, radical cystectomy with extended pelvic and iliac lymphadenectomy and urinary diversion was performed on 28 patients using CSTEА without applying general anesthesia, in 2011 and 2012. Under maintained spontaneous breathing, the patients were awake and responsive during the entire procedure. Outcome measurements included operative time, blood loss, start of oral nutrition, start of mobilization, postoperative pain levels using numerical and visual analog scales (NAS/VAS), postoperative complications according to the Clavien-Dindo classification and length of hospital stay. Results: All surgical procedures were performed without any complications and caused no anesthesiologically or surgically untoward effects. We observed no more severe complications than grade 1 according to the Clavien-Dindo classification. Conclusions: Our data show that CSTEА is an effective and safe technique for radical cystectomy, whereby spontaneous breathing and reduced interference with the cardiopulmonary system potentially lower the perioperative risks, especially for high-risk patients. We recommend practice of CSTEА for radical cystectomy to further evaluate and monitor the safety, efficacy, outcomes and complications of CSTEА.

[361]

TÍTULO / TITLE: - Polymorphism of inflammatory genes and arsenic methylation capacity are associated with urothelial carcinoma.

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

REVISTA / JOURNAL: - Toxicol Appl Pharmacol. 2013 May 31. pii: S0041-008X(13)00236-6. doi: 10.1016/j.taap.2013.05.019.

●● Enlace al texto completo (gratis o de pago) [1016/j.taap.2013.05.019](#)

AUTORES / AUTHORS: - Wu CC; Huang YK; Chung CJ; Huang CY; Pu YS; Shiue HS; Lai LA; Lin YC; Su CT; Hsueh YM

INSTITUCIÓN / INSTITUTION: - School of Public Health, College of Public Health and Nutrition, Taipei Medical University, Taipei, Taiwan; Department of Urology, Taipei Medical University-Shuang Ho Hospital, Taipei, Taiwan.

RESUMEN / SUMMARY: - Chronic exposure to arsenic can generate reactive oxidative species, which can induce certain proinflammatory cytokines such as tumor necrosis factor-alpha (TNF-alpha), interleukin-6 (IL-6) and interleukin-8 (IL-8). TNF-alpha, IL-6 and IL-8 have been shown to be involved in the development and progression of various cancers, including bladder cancer. This study aimed to investigate the joint effect of the polymorphism of TNF-alpha -308 G/A, IL-6 -174 G/C, IL-8 -251 T/A and urinary arsenic profiles on urothelial

carcinoma (UC) risk. This study evaluated 300 pathologically-confirmed cases of UC and 594 cancer-free controls. Urinary arsenic species were detected using high-performance liquid chromatography-linked hydride generator and atomic absorption spectrometry. The polymorphism of TNF-alpha -308 G/A, IL-6 -174 G/C and IL-8 -251 T/A was determined using polymerase chain reaction-restriction fragment length polymorphism. The joint effects on UC risk were estimated by odds ratios and 95% confidence intervals using unconditional logistic regression. We found that the TNF-alpha -308 A/A and IL-8 -251 T/T polymorphisms were significantly associated with UC. Moreover, significant dose-response joint effect of TNF-alpha -308 A/A or IL-8 -251 T/T genotypes and arsenic methylation indices were seen to affect UC risk. The present results also showed a significant increase in UC risk in subjects with the IL-8 -251 T/T genotype for each SD increase in urinary total arsenic and MMA%. In contrast, a significant decrease in UC risk was found in subjects who carried the IL-8 -251 T/T genotype for each SD increase in DMA%.

[362]

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 \(gratis o de pago\) 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-6^a, 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.

[363]

TÍTULO / TITLE: - Association between ERCC1 and XPA expression and polymorphisms and the response to cisplatin in testicular germ cell tumours.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 9;109(1):68-75. doi: 10.1038/bjc.2013.303. Epub 2013 Jun 27.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.303](#)

AUTORES / AUTHORS: - Mendoza J; Martinez J; Hernandez C; Perez-Montiel D; Castro C; Fabian-Morales E; Santibanez M; Gonzalez-Barrios R; Diaz-Chavez J; Andonegui MA; Reynoso N; Onate LF; Jimenez MA; Nunez M; Dyer R; Herrera LA

INSTITUCIÓN / INSTITUTION: - Unidad de Investigacion Biomedica en Cancer, Instituto Nacional de Cancerologia (INCan)-Instituto de Investigaciones Biomedicas, Universidad Nacional Autonoma de Mexico (UNAM), Avenida San Fernando 22, Mexico D.F. 14080, Mexico.

RESUMEN / SUMMARY: - Background:Cisplatin cures over 80% of testicular germ cell tumours (TGCTs), and nucleotide-excision repair (NER) modifies the sensitivity to cisplatin. We explored the association between NER proteins and their polymorphisms with cisplatin sensitivity (CPS) and overall survival (OS) of patients with non-seminomatous (ns)-TGCTs.Methods:The expression of ERCC1 and XPA and the presence of gammaH2AX were evaluated in cancer cell lines and in fresh ns-TGCTs. The ERCC1 protein was also determined in ns-TGCTs. The differences between CPS and non-CPS cell lines and patients were analysed by Student's t- or chi(2)-tests. The differences in OS were analysed using the log-rank test, and the hazard ratios (HRs) were calculated using the Cox model.Results:High ERCC1 expression was observed in the non-CPS cells, and both ERCC1 and gammaH2AX expressions were augmented after cisplatin treatment. Increased ERCC1 expression was also identified in non-CPS patients. Neither polymorphism was associated with either CPS or OS. The presence of ERCC1 was associated with non-CPS (P=0.05) and adjusted in the prognosis groups. The HR in ERCC1-negative and non-CPS patients was >14.43, and in ERCC1-positive and non-CPS patients the HR was >11.86 (P<0.001).Conclusions:High levels of ERCC1 were associated with non-CPS, suggesting that ERCC1 could be used as a potential indicator of the response to cisplatin and prognosis in ns-TGCTs.

[364]

TÍTULO / TITLE: - Cancer-associated fibroblasts and M2-polarized macrophages synergize during prostate carcinoma progression.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jun 3. doi: 10.1038/onc.2013.191.

●● Enlace al texto completo (gratis o de pago) [1038/onc.2013.191](#)

AUTORES / AUTHORS: - Comito G; Giannoni E; Segura CP; Barcellos-de-Souza P; Raspollini MR; Baroni G; Lanciotti M; Serni S; Chiarugi P

INSTITUCIÓN / INSTITUTION: - Department of Experimental and Clinical Biomedical Sciences, University of Florence, Florence, Italy.

RESUMEN / SUMMARY: - Inflammation is now acknowledged as an hallmark of cancer. Cancer-associated fibroblasts (CAFs) force a malignant cross talk with cancer cells, culminating in their epithelial-mesenchymal transition and achievement of stemness traits. Herein, we demonstrate that stromal tumor-associated cells cooperate to favor malignancy of prostate carcinoma (PCa). Indeed, prostate CAFs are active factors of monocyte recruitment toward tumor cells, mainly acting through stromal-derived growth factor-1 delivery and promote their trans-differentiation toward the M2 macrophage phenotype. The relationship between M2 macrophages and CAFs is reciprocal, as M2 macrophages are able to affect mesenchymal-mesenchymal transition of fibroblasts, leading to their enhanced reactivity. On the other side, PCa cells themselves participate in this cross talk through secretion of monocyte chemotactic protein-1, facilitating monocyte recruitment and again macrophage differentiation and M2 polarization. Finally, this complex interplay among cancer cells, CAFs and M2 macrophages, cooperates in increasing tumor cell motility, ultimately fostering cancer cells escaping from primary tumor and metastatic spread, as well as in activation of endothelial cells and their bone marrow-derived precursors to drive de novo angiogenesis. In keeping with our data obtained in vitro, the analysis of patients affected by prostate cancers at different clinical stages revealed a clear increase in the M2/M1 ratio in correlation with clinical values. These data, coupled with the role of CAFs in carcinoma malignancy to elicit expression of stem-like traits, should focus great interest for innovative strategies aimed at the co-targeting of inflammatory cells and fibroblasts to improve therapeutic efficacy. Oncogene advance online publication, 3 June 2013; doi:10.1038/onc.2013.191.

[365]

TÍTULO / TITLE: - V-ets erythroblastosis virus E26 oncogene homolog (avian)/Trefoil factor 3/high-molecular-weight cytokeratin triple immunostain: a novel tissue-based biomarker in prostate cancer with potential clinical application.

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

REVISTA / JOURNAL: - Hum Pathol. 2013 Jul 12. pii: S0046-8177(13)00199-8. doi: 10.1016/j.humpath.2013.05.010.

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

[1016/j.humpath.2013.05.010](#)

AUTORES / AUTHORS: - Park K; Chiu YL; Rubin MA; Demichelis F; Mosquera JM
INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, Weill Medical College of Cornell University, New York, NY 10065, USA.

RESUMEN / SUMMARY: - Trefoil factor 3 (TFF3) is associated with various cancers and overexpressed in a subset of prostate cancers. Functional studies

suggest that v-ets erythroblastosis virus E26 oncogene homolog (avian) (ERG) down-regulates TFF3 expression in hormone-naive prostate cancer. To characterize this inverse relationship, we developed a triple immunostain encompassing ERG, TFF3, and high-molecular-weight cytokeratin. Triple stain was performed on 96 tumors and 52 benign cases represented in tissue microarrays. Distinct ERG and TFF3 protein was expressed in 45% (43/96) and 36% (35/96) of prostate cancers, respectively. Coexpression was observed in 5% (5/96) of tumor cases, and 24% (23/96) did not express ERG or TFF3. The inverse expression of ERG and TFF3 was significant ($P < .0001$), with 57% (30/53) of ERG-negative tumors demonstrating TFF3 expression. Sensitivity and specificity of combined ERG and TFF3 expression in detecting prostate cancer were 76% and 96%, respectively. The feasibility of triple immunostain protocol was validated in a set of 76 needle biopsies. The application of this multiplex in situ biomarker for molecular characterization of prostate cancer and as a supplemental diagnostic and prognostic tool in prostate needle biopsies should be further explored.

[366]

TÍTULO / TITLE: - Prostate specific antigen enhances the innate defence of prostatic epithelium against Escherichia coli infection.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 1. doi: 10.1002/pros.22700.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22700](#)

AUTORES / AUTHORS: - Townes CL; Ali A; Gross N; Pal D; Williamson S; Heer R; Robson CN; Pickard RS; Hall J

INSTITUCIÓN / INSTITUTION: - Institute for Cell and Molecular Biosciences, Newcastle University, Newcastle upon Tyne, UK.

RESUMEN / SUMMARY: - BACKGROUND: This study investigated whether the increase in serum prostate specific antigen (PSA) typically seen during male urinary tract infection (UTI) is incidental or reflects an innate defence mechanism of the prostate. The protective roles of the whey-acid-motif-4-disulphide core (WFDC) proteins, secretory leukoprotease inhibitor (SLPI) and WFDC2, in the prostate were also examined. METHODS: UTI recurrence was assessed retrospectively in men following initial UTI by patient interview. PSA, SLPI, and WFDC2 gene expression were assessed using biopsy samples. LNCaP and DU145 in vitro prostate cell models were utilized to assess the effects of an Escherichia coli challenge on PSA and WFDC gene expression, and bacterial invasion of the prostate epithelium. The effects of PSA on WFDC antimicrobial properties were studied using recombinant peptides and time-kill assays. RESULTS: Men presenting with PSA >4 ng/ml at initial UTI were less likely to have recurrent UTI than those with PSA <4 ng/ml [2/15 (13%) vs. 7/10 (70%), $P < 0.01$]. Genes encoding PSA, SLPI and WFDC2, were expressed in prostatic epithelium, and the PSA and SLPI proteins co-localized

in vivo. Challenging LNCaP (PSA-positive) cells with E. coli increased PSA, SLPI, and WFDC2 gene expression ($P < 0.05$), and PSA synthesis ($P < 0.05$), and reduced bacterial invasion. Pre-incubation of DU145 (PSA-negative) cells with PSA also decreased bacterial invasion. In vitro incubation of recombinant SLPI and WFDC2 with PSA resulted in peptide proteolysis and increased E. coli killing. CONCLUSIONS: Increased PSA during UTI appears protective against rUTI and in vitro is linked to proteolysis of WFDC proteins supporting enhanced prostate innate defences. Prostate. © 2013 Wiley Periodicals, Inc.

[367]

TÍTULO / TITLE: - Radiation Exposure in Urology - A Genitourinary Catalogue for diagnostic imaging.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 10. pii: S0022-5347(13)04583-7. doi: 10.1016/j.juro.2013.06.013.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.013](#)

AUTORES / AUTHORS: - Neisius A; Wang AJ; Wang C; Nguyen G; Tsivian M; Kuntz NJ; Astroza GM; Lowry C; Toncheva G; Yoshizumi TT; Preminger GM; Ferrandino MN; Lipkin ME

INSTITUCIÓN / INSTITUTION: - Duke University Medical Center, Division of Urologic Surgery, DUMC 3167, Durham, NC 27710; Universitätsmedizin Mainz, Department of Urology, Langenbeckstrasse 1, 55131 Mainz, Germany.

RESUMEN / SUMMARY: - PURPOSE: Computed tomography (CT) utilization over the last three decades has increased exponentially. CT is commonly used to evaluate many urologic conditions. Ionizing radiation exposure from medical imaging has been linked to the risk of developing malignancy. We measured the organ doses (OD) and calculated effective doses (ED) of different studies and determined if the dose length product (DLP) method is an accurate estimation of radiation exposure. MATERIAL AND METHODS: An anthropomorphic male phantom that has been validated for human organ dosimetry measurements was used to determine radiation doses. High sensitivity MOSFET dosimeters were placed at 20 organ locations to measure specific OD. For each study, the phantom was scanned three times using our institutional protocols. ODs were measured and the ED was calculated (EDMOSFET). The EDMOSFET were compared to calculated EDs (EDcal) derived from the DLP. RESULTS: The EDMOSFET for stone protocol CT, chest CT, CT abdomen and pelvis, CT urogram and renal cell carcinoma (RCC) protocol CT were 3.04 +/- 0.34, 4.34 +/- 0.27, 5.19 +/- 0.64, 9.73 +/- 0.71 and 11.42 +/- 0.24 milliSievert (mSv), respectively. The EDcal for these studies were 3.33, 2.92, 5.84, 9.64 and 10.06 mSv, $p=0.8478$. CONCLUSIONS: Effective doses in different urologic CT studies vary considerably. Renal stone protocol CT is accompanied by the lowest dose while CT urogram and RCC protocol accumulate the highest EDs.

EDcal derived from the DLP is a reasonable estimate of patient radiation exposure.

[368]

TÍTULO / TITLE: - Case-Control Study of Arsenic in Drinking Water and Kidney Cancer in Uniquely Exposed Northern Chile.

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

REVISTA / JOURNAL: - Am J Epidemiol. 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [1093/aje/kwt059](#)

AUTORES / AUTHORS: - Ferreccio C; Smith AH; Duran V; Barlaro T; Benitez H; Valdes R; Aguirre JJ; Moore LE; Acevedo J; Vasquez MI; Perez L; Yuan Y; Liaw J; Cantor KP; Steinmaus C

RESUMEN / SUMMARY: - Millions of people worldwide are exposed to arsenic in drinking water. The International Agency for Research on Cancer has concluded that ingested arsenic causes lung, bladder, and skin cancer. However, a similar conclusion was not made for kidney cancer because of a lack of research with individual data on exposure and dose-response. With its unusual geology, high exposures, and good information on past arsenic water concentrations, northern Chile is one of the best places in the world to investigate the carcinogenicity of arsenic. We performed a case-control study in 2007-2010 of 122 kidney cancer cases and 640 population-based controls with individual data on exposure and potential confounders. Cases included 76 renal cell, 24 transitional cell renal pelvis and ureter, and 22 other kidney cancers. For renal pelvis and ureter cancers, the adjusted odds ratios by average arsenic intakes of <400, 400-1,000, and >1,000 microg/day (median water concentrations of 60, 300, and 860 microg/L) were 1.00, 5.71 (95% confidence interval: 1.65, 19.82), and 11.09 (95% confidence interval: 3.60, 34.16) (P_{trend} < 0.001), respectively. Odds ratios were not elevated for renal cell cancer. With these new findings, including evidence of dose-response, we believe there is now sufficient evidence in humans that drinking-water arsenic causes renal pelvis and ureter cancer.

[369]

TÍTULO / TITLE: - Diallyl Trisulfide Is More Cytotoxic to Prostate Cancer Cells PC-3 than to Noncancerous Epithelial Cell Line PNT1A: A Possible Role of p66Shc signaling Axis.

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

REVISTA / JOURNAL: - Nutr Cancer. 2013 Jul;65(5):711-7. doi: 10.1080/01635581.2013.789115.

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

[1080/01635581.2013.789115](#)

AUTORES / AUTHORS: - Borkowska A; Knap N; Antosiewicz J

INSTITUCIÓN / INSTITUTION: - a Department of Bioenergetics and Physiology of Exercise , Medical University of Gdansk , Poland.

RESUMEN / SUMMARY: - Diallyl trisulfide (DATS) is an organosulfur compound isolated from garlic, and has been shown to have anticancer activity both in vitro and in vivo. The aim of this study was to compare cytotoxic effects of DATS on prostate cancer cells PC-3 and noncancerous human prostate epithelial cells PNT1A. PC-3 prostate cancer and noncancerous human prostate epithelial cells PNT1A were used in the study. We observed that PNT1A cells had higher resistance to DATS-induced cell death than PC-3 cells. Investigating signaling pathways involved in the cell death we observed that p66Shc phosphorylation at serine 36 and extracellular signal-regulated kinase 1/2 activation induced by DATS, were significantly attenuated in PNT1A cells as compared to PC-3 cells. Moreover, DATS-induced Akt inactivation was also significantly reduced in PNT1A cells. In addition to that, DATS-induced reactive oxygen species generation was nearly completely abolished in PNT1A cells. Interestingly, DATS induced only slight decrease in the level of ferritin H, whereas ferritin L was elevated. These data suggest that cytotoxicity of DATS toward PNT1A cells is strongly reduced as opposed to PC-3 cancer cells, which corresponds to the lower activation of prodeath signaling pathway mediated by the adaptor protein p66Shc in the noncancerous PNT1A cells.

[370]

TÍTULO / TITLE: - Impact of MMP-3 and TIMP-3 gene polymorphisms on prostate cancer susceptibility in North Indian cohort.

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

REVISTA / JOURNAL: - Gene. 2013 Jul 17. pii: S0378-1119(13)00859-7. doi: 10.1016/j.gene.2013.06.087.

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

[1016/j.gene.2013.06.087](#)

AUTORES / AUTHORS: - Srivastava P; Kapoor R; Mittal RD

INSTITUCIÓN / INSTITUTION: - Department of Urology and Renal Transplantation, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Raebareli Road, Lucknow-226014, Uttar Pradesh, India.

RESUMEN / SUMMARY: - **PURPOSE:** Matrix metalloproteinases (MMPs) have been implicated in progression and metastases of different tumors. The balance between the MMPs and their natural inhibitors (tissue inhibitors of matrix metalloproteinases; TIMP) seem to be an important factor related to its role. The purpose of this study was to evaluate polymorphisms in the MMP-3 and TIMP-3 genes for their associations with prostate cancer (PCa) risk in North Indians. **MATERIALS AND METHODS:** Genotypes were determined by PCR-RFLP (Polymerase Chain Reaction Restriction Fragment Length Polymorphism) method in 150 PCa patients and 200 age matched controls of similar ethnicity. **RESULTS:** We found significant association in the MMP-3(1171)5^a/6^a and

TIMP-3 (1298) C/T polymorphism with PCa risk. Variant genotype (5^a/5^a) of MMP-3(1171)5^a/6^a polymorphism had a high PCa risk (p=0.037, OR=3.52, 95%CI=1.08-11.5). Individuals with TIMP-3 (1298) CT genotype as well as T allele showed reduced risk of PCa (p<0.001; OR=0.31; 95%CI=0.18-0.52, and p=0.001; OR=0.49; 95%CI=0.32-0.75). This effect was even more evident in case of T allele carrier (CT+TT) (p<0.001; OR=0.36; 95%CI=0.22-0.59). Overall no significant association was observed statistically in MMP-3 and TIMP-3 with any of the grading stages and smoking habits in PCa. Haplotype analysis of MMP-3 showed that A-5^a-A was associated with three folds (OR=3.06; 95%CI=1.71-5.47; p<0.001) increased risk in PCa patients. CONCLUSION: This is the first reported association between polymorphisms in the MMP-3 and TIMP-3 gene and PCa risk and supports the hypothesis that the protease/antiprotease balance has an important role. Due to the small sample size further investigations need to be done to prove a statistical significant correlation between the MMP/TIMP expression and clinicopathological parameters.

[371]

TÍTULO / TITLE: - Differential expression of estrogen receptor beta isoforms in prostate cancer through interplay between transcriptional and translational regulation.

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

REVISTA / JOURNAL: - Mol Cell Endocrinol. 2013 Aug 25;376(1-2):125-35. doi: 10.1016/j.mce.2013.06.023. Epub 2013 Jun 24.

●● Enlace al texto completo (gratis o de pago) [1016/j.mce.2013.06.023](#)

AUTORES / AUTHORS: - Lee MT; Ouyang B; Ho SM; Leung YK

INSTITUCIÓN / INSTITUTION: - Division of Environmental Genetics and Molecular Toxicology, Department of Environmental Health, Cincinnati, OH, United States.

RESUMEN / SUMMARY: - Estrogen receptor beta (ERbeta) and its isoforms have different putative functions and expression patterns in prostate cancer. Current studies on 5'-most exons, 0K and 0N, show that their respective promoters are actively involved in transcription. These data, however, do not explain why ERbeta isoforms are differentially expressed in normal and cancerous tissues, since 0K and 0N transcripts are detectable in clinical specimens. Various combinations of 5' untranslated exons, termed exon 0Xs, associate with promoter 0K only and exon 0Xs accommodate upstream open reading frames (uORFs) reducing protein expression. Moreover, ERbeta1, 2, and 5 are transcriptionally linked to promoter 0K; exon 0Xs are spliced only into ERbeta2 and ERbeta5 transcripts, suggesting that their expressions are regulated post-transcriptionally by exon 0Xs. This study reveals that expression of ERbeta1 is regulated primarily at the transcriptional level, whereas that of ERbeta2 and ERbeta5 is controlled by the interplay between transcriptional and post-transcriptional regulation.

[372]

TÍTULO / TITLE: - Aberrant Expression of p63 in Adenocarcinoma of The Prostate: A Radical Prostatectomy Study.

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

REVISTA / JOURNAL: - Am J Surg Pathol. 2013 Jun 14.

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

[1097/PAS.0b013e31828d5c32](#)

AUTORES / AUTHORS: - Giannico GA; Ross HM; Lotan T; Epstein JI

INSTITUCIÓN / INSTITUTION: - *Department of Pathology, Microbiology and Immunology, Vanderbilt University Medical Center, Nashville, TN Departments of Pathology, Urology section, Sign Oncology, The Johns Hopkins Medical Institutions, Baltimore, MD.

RESUMEN / SUMMARY: - Prostatic adenocarcinoma with aberrant diffuse expression of p63 (p63-PCa) is a recently described variant of prostatic adenocarcinoma. The aim of this study was to investigate the clinical and pathologic features of p63-PCa at radical prostatectomy (RP). We reviewed 21 cases of p63-PCa diagnosed on needle biopsy at subsequent RP. Immunohistochemical analysis for PIN4 and Ki-67 was performed in all RP cases. p63-PCa showed a distinctive morphology consisting of atrophic, poorly formed glands, with multilayered and often spindled nuclei. Gleason grading was 3+3=6 in 28.5%, 3+5=8 in 38%, 3+4=7 in 14.3%, and 4+3=7, 5+3=8, and 5+4=9 in 9.5%. Usual-type acinar carcinoma coexisted in 85.7% with only p63-PCa present in the remaining cases. The usual-type carcinoma was Gleason grade 3+2=5 in 4.7%, 3+3=6 in 57%, 3+4=7 in 19%, and 4+3=7 in 4.3%. Overall, p63-PCa represented 65% of the total cancer volume (median 80%). The tumor was organ-confined in 16 cases (76.2%). In the remaining 5 cases, 2 had p63-PCa extending to the margin in areas of intraprostatic incisions, 2 had usual-type acinar adenocarcinoma extending to the margin and extraprostatic tissue, respectively, and 1 had p63-PCa with an unusual cribriform morphology involving the bladder neck. Ki-67 was low, <5% in all cases of p63-PCa, with similar expression in the coexisting acinar-type carcinoma. In summary, it is recommended that these tumors not be assigned a Gleason score and their favorable findings at RP be noted.

[373]

TÍTULO / TITLE: - 99mTc-Labeled Small-Molecule Inhibitors of Prostate-Specific Membrane Antigen for Molecular Imaging of Prostate Cancer.

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

REVISTA / JOURNAL: - J Nucl Med. 2013 Aug;54(8):1369-76. doi: 10.2967/jnumed.112.116624. Epub 2013 Jun 3.

- Enlace al texto completo (gratis o de pago)

[2967/jnumed.112.116624](https://doi.org/10.1166/2967/jnumed.112.116624)

AUTORES / AUTHORS: - Hillier SM; Maresca KP; Lu G; Merkin RD; Marquis JC; Zimmerman CN; Eckelman WC; Joyal JL; Babich JW

INSTITUCIÓN / INSTITUTION: - Molecular Insight Pharmaceuticals, Cambridge, Massachusetts.

RESUMEN / SUMMARY: - Prostate-specific membrane antigen (PSMA) is highly expressed in prostate cancer, and small-molecule radiopharmaceuticals targeting PSMA rapidly detect the location and extent of disease. Here we evaluated preclinically 4 novel (99m)Tc-labeled small-molecule inhibitors of PSMA with the potential for clinical translation for molecular imaging of prostate cancer in humans. **METHODS:** Four PSMA inhibitors derived from the glutamate-urea-glutamate or glutamate-urea-lysine pharmacophores conjugated to CIM or TIM chelators were radiolabeled with (99m)Tc and evaluated in vitro and in vivo. **RESULTS:** High-affinity, saturable binding to PSMA on LNCaP cells was observed with K_d values of 0.64 +/- 0.46 nM for (99m)Tc-MIP-1427, 1.07 +/- 0.89 nM for (99m)Tc-MIP-1404, 1.75 +/- 0.32 nM for (99m)Tc-MIP-1428, and 4.35 +/- 0.35 nM for (99m)Tc-MIP-1405. (99m)Tc-labeled PSMA inhibitors did not bind human prostate cancer PC3 cells, which lack PSMA, demonstrating specificity, and binding was abolished with 2-(phosphonomethyl)pentanedioic acid (PMPA), a structurally unrelated PSMA inhibitor. (99m)Tc-labeled PSMA inhibitors were shown to internalize at 37 degrees C. Uptake in LNCaP xenografts ranged from 9.3% to 12.4% injected dose per gram at 1 h after injection and from 7.2% to 11.0% at 4 h, with tumor-to-blood ratios ranging from 29:1 to 550:1 and tumor-to-skeletal muscle ratios ranging from 31:1 to 157:1 at 4 h. (99m)Tc-MIP-1404 exhibited the best combination of high tumor uptake and rapid clearance from kidney and nontarget tissues. (99m)Tc-MIP-1404 specifically bound to PSMA in vivo as demonstrated by the absence of uptake in PC3 xenografts and by competition with PMPA. SPECT/CT imaging corroborated the tissue distribution results, demonstrating uptake only in PSMA-expressing kidney and tumor tissue and clearance through the urinary bladder. **CONCLUSION:** These (99m)Tc-labeled radiopharmaceuticals targeting PSMA may provide a SPECT molecular imaging option to assist in the initial diagnosis of prostate cancer and the management of patient care by monitoring disease progression.

[374]

TÍTULO / TITLE: - Quality of life impact of treatments for localized prostate cancer: Cohort study with a 5year follow-up.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jul 9. pii: S0167-8140(13)00295-8. doi: 10.1016/j.radonc.2013.05.038.

- Enlace al texto completo (gratuito o de pago)

[1016/j.radonc.2013.05.038](https://doi.org/10.1016/j.radonc.2013.05.038)

AUTORES / AUTHORS: - Ferrer M; Guedea F; Suarez JF; de Paula B; Macias V; Marino A; Hervas A; Herruzo I; Ortiz MJ; Ponce de Leon J; Sancho G; Boladeras A; Ayala A; Craven-Bratle J; Avila M; Cunillera O; Pardo Y; Alonso J; Aguilo F

INSTITUCIÓN / INSTITUTION: - Health Services Research Unit, IMIM (Hospital del Mar Research Institute), Barcelona, , España; CIBER en Epidemiología y Salud Publica, CIBERESP, España; Universitat Autònoma de Barcelona, Bellaterra, España. Electronic address: mferrer@imim.es.

RESUMEN / SUMMARY: - **PURPOSE:** To assess long-term quality of life (QoL) impact of treatments in localized prostate cancer patients treated with radical prostatectomy, external beam radiotherapy or brachytherapy. **MATERIAL AND METHODS:** Observational, prospective cohort study with pre-treatment QoL evaluation and follow-up until five years after treatment. 704 patients with low or intermediate risk localized prostate cancer were consecutively recruited in 2003-2005. QoL was measured by the EPIC questionnaire, with urinary irritative-obstructive, incontinence, bowel, sexual, and hormonal scores (ranging 0-100). **RESULTS:** Brachytherapy's QoL impact was restricted to the urinary domain, Generalized Estimating Equation models showed score changes at five years of -12.0 (95% CI=-15.0, -9.0) in incontinence and -5.3 (95% CI=-7.5, -3.1) in irritative-obstructive scales. Compared to brachytherapy, radical prostatectomy fared +3.3 (95% CI=+0.0, +6.5) points better in irritative-obstructive but -17.1 (95% CI=-22.7, -11.5) worse in incontinence. Sexual deterioration was observed in radical prostatectomy (-19.1; 95% CI=-25.1, -13.1) and external radiotherapy groups (-7.5; 95% CI=-12.5, -2.5). **CONCLUSIONS:** Brachytherapy is the treatment causing the least impact on QoL except for moderate urinary irritative-obstructive symptoms. Our study provides novel long-term valuable information for clinical decision making, supporting brachytherapy as a possible alternative to radical prostatectomy for patients seeking an attempted curative treatment, while limiting the risk for urinary incontinence and sexual impact on QoL.

[375]

TÍTULO / TITLE: - A dosage-dependent pleiotropic role of Dicer in prostate cancer growth and metastasis.

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

REVISTA / JOURNAL: - Oncogene. 2013 Jul 15. doi: 10.1038/onc.2013.281.

- Enlace al texto completo (gratuito o de pago) [1038/onc.2013.281](https://doi.org/10.1038/onc.2013.281)

AUTORES / AUTHORS: - Zhang B; Chen H; Zhang L; Dakhova O; Zhang Y; Lewis MT; Creighton CJ; Ittmann MM; Xin L

INSTITUCIÓN / INSTITUTION: - Department of Molecular and Cellular Biology, Baylor College of Medicine, Houston, TX, USA.

RESUMEN / SUMMARY: - Dicer is an RNase III enzyme essential for the maturation of the majority of microRNAs. Recent studies have revealed downregulation or hemizygous loss of Dicer in many tumor models and demonstrated that suppressing Dicer activity enhances tumorigenic activities of lung and breast cancer cells, which support Dicer as a haploinsufficient tumor suppressor in these cancer models. Surprisingly, we found that knocking down Dicer expression suppresses the growth and tumorigenic capacity of human prostate cancer cell lines, but enhances migratory capacities of some prostate cancer cell lines. Dicer is upregulated in human prostate cancer specimens, but lower Dicer expression portends a shorter time to recurrence. Complete ablation of Dicer activity in a Pten null mouse model for prostate cancer significantly halts tumor growth and progression, demonstrating that microRNAs have a critical role in maintaining cancer cell fitness. In comparison, hemizygous loss of Dicer in the same model also reduces primary tumor burden, but induces a more locally invasive phenotype and causes seminal vesicle obstruction at high penetrance. Disrupting Dicer activity leads to an increase in apoptosis and senescence in these models, presumably through upregulation of P16/INK4a and P27/Kip1. Collectively, these results highlight a pleiotropic role of Dicer in tumorigenesis that is not only dosage-dependent but also tissue context-dependent. Oncogene advance online publication, 15 July 2013; doi:10.1038/onc.2013.281.

[376]

TÍTULO / TITLE: - A short peptide derived from the gN helix domain of FGF8b suppresses the growth of human prostate cancer cells.

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

REVISTA / JOURNAL: - Cancer Lett. 2013 Jun 14. pii: S0304-3835(13)00451-5. doi: 10.1016/j.canlet.2013.06.001.

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

1016/j.canlet.2013.06.001

AUTORES / AUTHORS: - Li T; Luo W; He D; Wang R; Huang Y; Zeng X; Wang W; Chen X; Gao S; Yu Y; Li X; Wu X

INSTITUCIÓN / INSTITUTION: - Institute of Tissue Transplantation and Immunology, Jinan University, Guangzhou 510632, China.

RESUMEN / SUMMARY: - Previous studies have demonstrated that fibroblast growth factor 8b (FGF8b) is up-regulated in a large proportion of prostate cancer patients and that it plays a key role in prostate carcinogenesis. In this study, we designed and synthesized a gN helix domain derived short peptide (termed 8b-13) based on the analysis of the FGF8b-FGFR structure. The synthetic peptides inhibited the proliferation of prostate cancer cell lines, including PC-3 and DU-145 cells. Further investigations indicated that 8b-13 arrested the cell cycle at the G0/G1 phase, reduced the activation of the Erk1/2, P38, and Akt cascades, and down-regulated the expression of G1/S-specific

cyclinD1. The suppression of DNA synthesis and the G1 to S phase transition due to the expression of proteins related to proliferation and cell cycle progression may contribute to the inhibitory effect of 8b-13 peptides on cellular proliferation. Our results not only suggest that 8b-13 exerts an antitumor effect in prostate cancer but also confirm the essential role of the gN helix domain in mediating the activity of FGF8b.

[377]

- CASTELLANO -

TÍTULO / TITLE: Preservacion vesical electiva en tumor vesical musculo invasivo.

TÍTULO / TITLE: - Elective Bladder-Sparing Treatment for Muscle Invasive Bladder Cancer.

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

REVISTA / JOURNAL: - Actas Urol Esp. 2013 Jun 19. pii: S0210-4806(13)00158-7. doi: 10.1016/j.acuro.2013.03.004.

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

1016/j.acuro.2013.03.004

AUTORES / AUTHORS: - Lendinez-Cano G; Rico-Lopez J; Moreno S; Fernandez Parra E; Gonzalez-Almeida C; Camacho Martinez E

INSTITUCIÓN / INSTITUTION: - Servicio de Urología, Hospital Universitario Nuestra Señora de Valme, Sevilla, España. Electronic address: glendinez@gmail.com.

RESUMEN / SUMMARY: - **OBJETIVES:** Radical cystectomy is the standard treatment for localised muscle invasive bladder cancer (MIBC). We offer a bladder-sparing treatment with TURB +/- Chemotherapy+Radiotherapy to selected patients as an alternative. **MATERIAL AND METHODS:** We analyze, retrospectively, 30 patients diagnosed with MIBC from March 1991 to October 2010. The mean age was 62.7 years (51-74). All patients were candidates for a curative treatment, and underwent strict selection criteria: T2 stage, primary tumor, solitary lesion smaller than 5cm with a macroscopic disease-free status after TURB, negative random biopsy without hydronephrosis. Staging CT evaluation was normal. Restaging TURB or tumor bed biopsy showed a disease-free status or microscopic muscle invasion. 14 patients underwent TURB alone, 13 TURB+Chemotherapy and 3 TURB+Chemotherapy+Radiotherapy. **RESULTS:** The mean follow up was 88.7 months (19-220). 14 patients remained disease free (46.6%), 10 had recurrent non-muscle invasive bladder cancer (33%). 81.3% complete clinical response. 71% bladder preserved at 5-years. Overall, 5-years survival rate was 79% and 85% cancer-specific survival rate. **CONCLUSIONS:** Although radical cystectomy is the standard treatment for localised MIBC, in strictly selected cases, bladder-sparing treatment offers an alternative with good long term results.

[378]

TÍTULO / TITLE: - RE: Effect of finasteride on serum levels of androstenedione, testosterone and their 5alpha-reduced metabolites in men at risk for prostate cancer.

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

REVISTA / JOURNAL: - J Steroid Biochem Mol Biol. 2013 Jul 9. pii: S0960-0760(13)00128-3. doi: 10.1016/j.jsbmb.2013.06.013.

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

[1016/j.jsbmb.2013.06.013](#)

AUTORES / AUTHORS: - Traish AM; Morgentaler A

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry, Boston University School of Medicine, Boston, MA, USA; Department of Urology, Boston University School of Medicine, Boston, MA, USA. Electronic address: atraish@bu.edu.

[379]

TÍTULO / TITLE: - Re: prostate cancer risk inflation as a consequence of image-targeted biopsy of the prostate: a computer simulation study.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):535. doi: 10.1016/j.juro.2013.04.115. Epub 2013 May 1.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.115](#)

AUTORES / AUTHORS: - Taneja SS

[380]

TÍTULO / TITLE: - L-Leucine and L-isoleucine enhance growth of BBN-induced urothelial tumors in the rat bladder by modulating expression of amino acid transporters and tumorigenesis-associated genes.

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

REVISTA / JOURNAL: - Food Chem Toxicol. 2013 Jun 5;59C:137-144. doi: 10.1016/j.fct.2013.05.044.

●● Enlace al texto completo (gratis o de pago) [1016/j.fct.2013.05.044](#)

AUTORES / AUTHORS: - Xie XL; Kakehashi A; Wei M; Yamano S; Takeshita M; Yunoki T; Wanibuchi H

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Osaka City University Graduate School of Medicine, Asahi-machi 1-4-3, Abeno-ku, 545-8585 Osaka, Japan.

RESUMEN / SUMMARY: - We investigated the underlying mechanisms of L-leucine and L-isoleucine mediated promotion of bladder carcinogenesis using an initiation-promotion model. Rats were administered N-butyl-N-(4-hydroxybutyl) nitrosamine for 4 weeks and then fed AIN-93G basal diet or diet supplemented

with l-leucine or l-isoleucine for 8 weeks followed by the basal diet for another 8 weeks. At the end of the experiment, week 20, there was a significant elevation of papillary and nodular (PN) hyperplasia multiplicity in the amino acid groups. l-Leucine and l-isoleucine transporters were up-regulated in PN hyperplasias and/or bladder tumors compared with concomitant normal-appearing bladder urothelium at weeks 12 and/or 20 in all groups. In addition, in normal-appearing bladder urothelium, significantly increased mRNA levels of γ -LAT1, LAT2, LAT4, and 4F2hc were observed in the amino acid groups compared with the BBN control group at both weeks 12 and 20, and increased mRNA levels of LAT1 were observed at week 20. Furthermore, up-regulation of TNF- α , c-fos, beta-catenin, p53, p21Cip1/WAF1, cdk4, cyclin D1 and caspase 3 in the amino acid groups was detected in normal-appearing bladder urothelium. Overall, our results indicate that supplementation with l-leucine or l-isoleucine enhanced growth of bladder urothelial tumors by triggering expression of amino acid transporters and tumorigenesis-associated genes.

[381]

TÍTULO / TITLE: - Clinical and pathological features of primary neuroectodermal tumor/ewing sarcoma of the kidney.

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):382-6. doi: 10.1016/j.urology.2013.04.015. Epub 2013 Jun 22.

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

1016/j.urology.2013.04.015

AUTORES / AUTHORS: - Risi E; Iacovelli R; Altavilla A; Alesini D; Palazzo A; Mosillo C; Trenta P; Cortesi E

INSTITUCIÓN / INSTITUTION: - Departments of Radiology, Oncology, and Human Pathology, Oncology Unit B, Sapienza University of Rome, Viale Regina Elena, Rome, Italy. Electronic address: emanuela.risi@libero.it.

RESUMEN / SUMMARY: - **OBJECTIVE:** To collect and analyze clinical and pathological features of primitive neuroectodermal tumor (PNET)/Ewing sarcoma (EWS), a rare tumor occurring most commonly in bone and soft tissues of young people, which rarely occurs as a primary renal neoplasm and exhibits highly aggressive biological behavior. **METHODS:** All cases of PNET/EWS published from 1975 to February 2012 were collected. When available, clinical and pathological data were extracted for each case. Survivals were estimated with the Kaplan-Meier method and compared with the log-rank test with 95% confidence interval (CI). **RESULTS:** A total of 116 cases were found. All patients had clinical symptoms as first presentation of disease such as pain (54%), hematuria (29%), and bulky renal mass (28%). Sixty-six percent of patients had stage IV disease at diagnosis. Median disease-free survival (DFS) was 5.0 months (95% CI 2.4-7.6). The probability to be alive at 18 months was 60% and 85% for patients with metastatic disease (M1) or not (M0)

at diagnosis, respectively. Median overall survival (OS) was 24 months (95% CI 4.5-15.1) in patients with M1 disease, whereas it was not reached in patients with M0 disease (P <.001). In patients with M0 disease, 50% received neoadjuvant chemotherapy and the 12-month OS was 93% compared to 75% of untreated patients (P = .092). In patients with M1 disease who underwent treatment, the median progression-free survival (PFS) was 22.0 months (95% CI 17.9-26.1) with a clinical benefit in 74% of cases. CONCLUSION: Our findings suggest that PNET/EWS is a rare aggressive tumor affecting principally young people, with a poor prognosis for patients with M1 disease; chemotherapy is an effective strategy in M1 disease and probably also in M0 disease.

[382]

TÍTULO / TITLE: - Expression of CHD1L in bladder cancer and its influence on prognosis and survival.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 27.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0951-](#)

[4](#)

AUTORES / AUTHORS: - Tian F; Xu F; Zhang ZY; Ge JP; Wei ZF; Xu XF; Cheng W

INSTITUCIÓN / INSTITUTION: - Department of Urology, Jinling Hospital, No. 305, Zhongshandong Road, Nanjing, 210002, China.

RESUMEN / SUMMARY: - Chromodomain helicase/ATPase DNA-binding protein 1-like (CHD1L) is overexpressed and highly associated with poor prognosis in many malignancies. However, the role of CHD1L in bladder cancer (BC) has not been thoroughly elucidated. The aim of this study is to investigate the relationship of CHD1L expression with clinicopathological parameters and prognosis in BC. Immunohistochemistry was carried out to investigate the protein expression of CHD1L in 153 BC tissues and 87 adjacent noncancerous tissues. Our data found that CHD1L protein expression was significantly higher in BC tissues than in adjacent noncancerous tissues (P < 0.001). CHD1L overexpression was significantly correlated with histologic grade (P = 0.005) and tumor stage (P = 0.009). The Kaplan-Meier survival analysis revealed that survival time of patients with high CHD1L expression was significantly shorter than that with low CHD1L expression. Multivariate analysis further demonstrated that CHD1L was an independent prognostic factor for patients with BC. In conclusion, CHD1L is likely to be a valuable marker for carcinogenesis and progression of BC. It might be used as an important diagnostic and prognostic marker for BC patients.

[383]

TÍTULO / TITLE: - Re: the quantitative Gleason score improves prostate cancer risk assessment.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):535-6. doi: 10.1016/j.juro.2013.04.116. Epub 2013 May 2.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.04.116

AUTORES / AUTHORS: - Taneja SS

[384]

TÍTULO / TITLE: - A computational bioinformatics analysis of gene expression identifies candidate agents for prostate cancer.

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

REVISTA / JOURNAL: - Andrologia. 2013 Jun 24. doi: 10.1111/and.12127.

●● Enlace al texto completo (gratis o de pago) 1111/and.12127

AUTORES / AUTHORS: - Wen DY; Geng J; Li W; Guo CC; Zheng JH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Shanghai Tenth People's Hospital, Shanghai, China.

RESUMEN / SUMMARY: - Prostate cancer is the second most frequently diagnosed cancer and the sixth leading cause of cancer death in males worldwide. Although great progress has been made, the molecular mechanisms of prostate cancer are far from being fully understood and treatment of this disease remains palliative. In this study, we sought to explore the molecular mechanism of prostate cancer and then identify biologically active small molecules capable of targeting prostate cancer using a computational bioinformatics analysis of gene expression. A total of 3068 genes, involved in cell communication, development, localisation and cell proliferation, were differentially expressed in prostate cancer samples compared with normal controls. Pathways associated with signal transduction, immune response and tumorigenesis were dysfunctional. Further, we identified a group of small molecules capable of reversing prostate cancer. These candidate agents may provide the groundwork for a combination therapy approach for prostate cancer. However, further evaluation for their potential use in the treatment of prostate cancer is still needed.

[385]

TÍTULO / TITLE: - Re: transperineal magnetic resonance image targeted prostate biopsy versus transperineal template prostate biopsy in the detection of clinically significant prostate cancer.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug;64(2):337. doi: 10.1016/j.eururo.2013.05.009.

- Enlace al texto completo (gratuito o de pago)

[1016/j.eururo.2013.05.009](#)

AUTORES / AUTHORS: - Ravery V

INSTITUCIÓN / INSTITUTION: - Hopital Bichat-Claude Bernard, 46 Rue Henri Huchard, 75877 Paris Cedex 18, France. Electronic address:

sec.ravery@bch.aphp.fr.

[386]

TÍTULO / TITLE: - Sarcosine and other metabolites along the choline oxidation pathway in relation to prostate cancer-A large nested case-control study within the JANUS cohort in Norway.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jun 25. doi: 10.1002/ijc.28347.

- Enlace al texto completo (gratuito o de pago) [1002/ijc.28347](#)

AUTORES / AUTHORS: - de Vogel S; Ulvik A; Meyer K; Ueland PM; Nygard O; Vollset SE; Tell GS; Gregory JF 3rd; Tretli S; Bjorge T

INSTITUCIÓN / INSTITUTION: - Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway.

RESUMEN / SUMMARY: - Methyl group donors and intermediates of one-carbon metabolism affect DNA synthesis and DNA methylation, and may thereby affect prostate carcinogenesis. Choline, the precursor of betaine, and the one-carbon metabolite sarcosine have been associated with increased prostate cancer risk. Within JANUS, a prospective cohort in Norway (n = 317,000) with baseline serum samples, we conducted a nested case-control study among 3,000 prostate cancer cases and 3,000 controls. Using conditional logistic regression, odds ratios (ORs) and 95% confidence intervals (CIs) for prostate cancer risk were estimated according to quintiles of circulating betaine, dimethylglycine (DMG), sarcosine, glycine and serine. High sarcosine and glycine concentrations were associated with reduced prostate cancer risk of borderline significance (sarcosine: highest vs. lowest quintile OR = 0.86, CI = 0.72-1.01, ptrend = 0.03; glycine: OR = 0.83, CI = 0.70-1.00, ptrend = 0.07). Serum betaine, DMG and serine were not associated with prostate cancer risk. However, individuals with a high glycine/serine ratio were at decreased prostate cancer risk (OR = 0.74, CI = 0.69-0.85, ptrend < 0.001). This population-based study suggested that men with high serum sarcosine or glycine concentrations have modestly reduced prostate cancer risk. Ratios of metabolites reflecting one-carbon balance may be associated with prostate cancer risk, as demonstrated for the glycine/serine ratio, and should be explored in future studies.

[387]

TÍTULO / TITLE: - A 3-plex methylation assay combined with the FGFR3 mutation assay sensitively detects recurrent bladder cancer in voided urine.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Jul 10.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-12-3276](#)

AUTORES / AUTHORS: - Kandimalla R; Masius R; Beukers W; Bangma CH; Orntoft TF; Dyrskjot L; Leeuwen NV; Lingsma HF; van Tilborg AA; Zwarthoff EC

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Erasmus MC.

RESUMEN / SUMMARY: - PURPOSE: DNA methylation is associated with BC and these modifications could serve as useful biomarkers. FGFR3 mutations are present in 60-70 % of NMIBC. Low-grade bladder cancer recurs in over 50% of patients. The aim of this study is to determine the sensitivity and specificity of a urine assay for the diagnosis of recurrences in patients with a previous primary NMIBC G1/G2 by using cystoscopy as the reference standard.

EXPERIMENTAL DESIGN: We selected eight CGIs methylated in BC from our earlier genome-wide study. Sensitivity of the CGIs for recurrences detection was investigated on a test set of 101 preTUR urines. Specificity was determined on 70 urines from healthy males >50 years. A 3-plex assay for the best combination was developed and validated on an independent set of 95 preTUR, recurrence free and non-malignant urines (n=130). RESULTS: The 3-plex assay identified recurrent BC in voided urine with a sensitivity of 74% in the validation set. In combination with the FGFR3 mutation assay a sensitivity of 79% was reached (specificity of 77%). Sensitivity of FGFR3 and cytology was 52% and 57% respectively. CONCLUSIONS: The combination of methylation and FGFR3 assays efficiently detects recurrent BC without the need for stratification of patients regarding methylation/mutation status of the primary tumor. We conclude that the sensitivity of this combination is in the same range as cystoscopy and paves the way for a subsequent study that investigates a modified surveillance protocol consisting of the urine test followed by cystoscopy only when the urine test is positive.

[388]

TÍTULO / TITLE: - Clinical and virologic courses of hepatitis B surface antigen-negative and hepatitis B core or hepatitis B surface antibody-positive renal transplant recipients.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1600-2. doi: 10.1016/j.transproceed.2013.01.093.

●● Enlace al texto completo (gratis o de pago) [1016/j.transproceed.2013.01.093](#)

AUTORES / AUTHORS: - Nishimura K; Kishikawa H; Yoshida Y; Ueda N; Nakazawa S; Yamanaka K; Hirai T; Ichikawa Y

INSTITUCIÓN / INSTITUTION: - Department of Kidney Transplantation Center, Hyogo Prefectural Nishinomiya Hospital, Nishinomiya, Hyogo, Japan.
nkennishi3753@nifty.com

RESUMEN / SUMMARY: - Recent findings suggest that reactivation of hepatitis B (HB) virus (HBV) in renal transplantation recipients with a past HBV infection is an important cause of morbidity and mortality. In the present study, we reviewed the clinical and virologic courses of past HBV infections in recipients following renal transplantation. We retrospectively analyzed pretransplant HB surface antigen (HBsAg), HB core antibody (HBcAb), HB surface antibody (HBsAb), and HBV deoxyribonucleic acid (DNA) levels in 147 patients who underwent renal transplantation at our institution between September 2000 and November 2011. Thirty-four (23.1%) of the patients were diagnosed with a past HBV infection. The mean age of patients with a past HBV infection was significantly older than that of those without (48.4 vs 41.1 years, $P = .002$), while the duration of hemodialysis (HD) was significantly longer (138 vs 79.5 months, $P = .027$) and ratio of cadaveric transplantation procedures was higher (41.2% vs 21.2%, $P = .035$). During the follow-up period after renal transplantation, HBsAg was negative, HBV DNA was undetectable, and serum alanine aminotransferase level was normal in all patients. There were no statistically differences for graft and patient survival, and serum creatinine level between patients with and without a past HBV infection. Our results indicate that a past HBV infection is significantly associated with older age, longer duration of HD, and cadaveric transplantation. However, no HBV reactivation occurred in our previously infected patients, and the presence of HBcAb or HBsAb positivity did not influence graft or patient survival or renal function following renal transplantation.

[389]

TÍTULO / TITLE: - Can high-spatial resolution T2-weighted endorectal MRI rule out clinically significant prostate cancer?

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

REVISTA / JOURNAL: - World J Urol. 2013 Jun 11.

- [Enlace al texto completo \(gratis o de pago\) 1007/s00345-013-1106-](#)

[3](#)

AUTORES / AUTHORS: - Roethke MC; Kniess M; Kaufmann S; Lichy MP; Schlemmer HP; Stenzl A; Schilling D

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Comprehensive Cancer Center (CCC) Tuebingen, Eberhard-Karls-University, Tuebingen, Germany.

RESUMEN / SUMMARY: - **PURPOSE:** To evaluate whether clinically significant prostate cancer (PCa) can be ruled out by high-spatial resolution T2-weighted endorectal MRI (eMRI) in a cohort of patients with biopsy-proven PCa. **PATIENTS AND METHODS:** A retrospective analysis was carried out for consecutive patients who underwent 1.5 Tesla eMRI for local staging before

open radical prostatectomy. The cohort was dichotomized into patients with apparent or inapparent tumour on eMRI. The results were compared with final histopathology, and an analysis for presence of clinically significant PCa was performed. RESULTS: A total of 385 patients were included in the study; in 85 patients (22 %), no apparent lesion suspicious for PCa was detected on eMRI, still final pathology revealed clinically significant PCa in 61 of these patients (72 %). In contrast, 256 (85 %) of the 300 patients with apparent tumour in eMRI harboured clinically significant PCa. eMRI could not differentiate clinically significant from insignificant PCa in neither of the groups ($p > 0.6$). CONCLUSIONS: Presence of clinically significant cancer cannot be excluded by high-resolution 1.5 Tesla T2-weighted eMRI. The results of the study suggest that the role of T2-weighted eMRI for selecting patients suitable for AS is limited.

[390]

TÍTULO / TITLE: - Re: Lineage Analysis of Basal Epithelial Cells Reveals Their Unexpected Plasticity and Supports a Cell-of-origin Model for Prostate Cancer Heterogeneity.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug;64(2):340-1. doi: 10.1016/j.eururo.2013.05.013.

- Enlace al texto completo (gratis o de pago)

[1016/j.eururo.2013.05.013](#)

AUTORES / AUTHORS: - Sievert KD; Stenzl A

INSTITUCIÓN / INSTITUTION: - Department of Urology, Eberhard-Karls-University Tübingen, Tübingen, Germany. Electronic address: karl.sievert@med.uni-tuebingen.de.

[391]

TÍTULO / TITLE: - Paraneoplastic hormones: parathyroid hormone-related protein (PTHrP) and erythropoietin (EPO) are related to vascular endothelial growth factor (VEGF) expression in clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 19.

- Enlace al texto completo (gratis o de pago) [1007/s13277-013-0924-](#)

[7](#)

AUTORES / AUTHORS: - Feng CC; Ding GX; Song NH; Li X; Wu Z; Jiang HW; Ding Q

INSTITUCIÓN / INSTITUTION: - Department of Urology, Huashan Hospital, Fudan University, Shanghai, China.

RESUMEN / SUMMARY: - To investigate the correlation between parathyroid hormone-related protein (PTHrP), erythropoietin (EPO), and vascular

endothelial growth factor (VEGF) expression in clear cell renal cell carcinoma (ccRCC). Immunohistochemical studies on PTHrP, EPO and VEGF were performed in 249 patients with ccRCC. Serum calcium level and haematocrit were analyzed. The expression of the factors and clinicopathological parameters were studied statistically for possible correlations. The incidence for hypercalcaemia and polycythaemia were 15.3 % and 2.0 % respectively. Expression of PTHrP, EPO, and VEGF were respectively related to advanced stage ($P < 0.0001$ respectively). PTHrP was not related to tumour grade. Expressions of EPO and VEGF were correlated to tumour grade significantly. All factors were expressed higher in hypercalcaemic patients. PTHrP, EPO, and VEGF were positively correlated with each other in non-hypercalcaemic patients yet not in hypercalcaemic ones. PTHrP and EPO are related to VEGF expression and to the progression of ccRCC. This finding offers us new insight on the behaviour of ccRCC and offers possible targets in RCC treatment.

[392]

TÍTULO / TITLE: - Interaction between docetaxel resistance and castration resistance in prostate cancer: Implications of Twist1, YB-1, and androgen receptor.

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

REVISTA / JOURNAL: - Prostate. 2013 Sep;73(12):1336-44. doi: 10.1002/pros.22681. Epub 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22681](#)

AUTORES / AUTHORS: - Shiota M; Kashiwagi E; Yokomizo A; Takeuchi A; Dejima T; Song Y; Tatsugami K; Inokuchi J; Uchiumi T; Naito S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan.

RESUMEN / SUMMARY: - BACKGROUND: Taxanes, including docetaxel, are currently the only cytotoxic chemotherapeutic agents proven to confer survival benefit in patients with castration-resistant prostate cancer (CRPC). However, the merits of taxanes remain modest, and efforts are needed to improve their therapeutic efficacy. METHODS: We evaluated the sensitivity of prostate cancer cells to various agents using cytotoxicity assays. Gene and protein expression levels were evaluated by quantitative real-time polymerase chain reaction and Western blotting analysis, respectively. RESULTS: Hydrogen peroxide-resistant and castration-resistant cells that overexpressed Twist1 and Y-box binding protein-1 (YB-1) were cross-resistant to cytotoxic agents, including docetaxel. Twist1 regulated YB-1 expression in prostate cancer cells, supported by the induction of Twist1 and YB-1 by transforming-growth factor-beta, which is critical for taxane resistance. Twist1 and/or YB-1 were activated in docetaxel-resistant prostate cancer cells, and YB-1 was activated by docetaxel treatment. Conversely, Twist1 and YB-1 knockdown sensitized prostate cancer cells to cytotoxic agents, including docetaxel. In addition, androgen receptor (AR)

knockdown increased cellular sensitivity to docetaxel, though AR expression in docetaxel-resistant LNCaP cells was paradoxically lower than in parental cells. Intriguingly, androgen deprivation treatment was more effective in docetaxel-resistant LNCaP cells compared with parental cells. CONCLUSIONS: Twist1/YB-1 and AR signaling promote docetaxel resistance in CRPC cells. However, docetaxel-resistant cells were collaterally sensitive to androgen deprivation because of down-regulation of AR expression, suggesting that the therapeutic effect of initial taxane treatment in hormone-naive prostate cancer may be superior to that of salvage taxane treatment in CRPC. Prostate 73: 1336-1344, 2013. © 2013 Wiley Periodicals, Inc.

[393]

TÍTULO / TITLE: - Validation of RiskCheck Bladder Cancer ©, Version 5.0 for Risk-Adapted Screening of Bladder Cancer.

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

REVISTA / JOURNAL: - Urol Int. 2013 Jul 16.

●● Enlace al texto completo (gratis o de pago) [1159/000351036](#)

AUTORES / AUTHORS: - Martini T; Mayr R; Lodde M; Seitz C; Trenti E; Compoj E; Palermo S; Pycha A; Mian C; Zywicka M; Weidner W; Ludecke G

INSTITUCIÓN / INSTITUTION: - Department of Urology, General Hospital of Bolzano, Bolzano, Italy.

RESUMEN / SUMMARY: - Introduction: The aim of the study was to assess the strength of the online tool RiskCheck Bladder Cancer©, version 5.0 (RCBC) for early detection of bladder cancer (BC). Materials and Methods: RCBC was evaluated retrospectively based on the data of 241 patients, of which 141 were suffering from BC. Statistical analysis was performed by descriptive statistics, nonparametric group comparison, classification tree analysis and ROC analysis. Results: ROC analysis of the risk classification showed a sensitivity of 71.6%, a specificity of 56.5%, a positive predictive value of 67.8%, a negative predictive value of 52% and an accuracy of 63.5%. BC risk factors ranked by importance are time of smoking ($p < 0.0001$), gender (within the nonsmoking group: $p < 0.009$), occupational toxin exposure (within the group <35 years of smoking: $p < 0.048$) and amount of consumed cigarettes resulting in a 95% association with BC (within the group >35 years of smoking: $p < 0.0001$). Conclusions: The high predictive power of RCBC for the identification of asymptomatic patients living under risk could be demonstrated.

[394]

TÍTULO / TITLE: - Diagnostic utility of androgen receptor expression in discriminating poorly differentiated urothelial and prostate carcinoma.

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

REVISTA / JOURNAL: - J Clin Pathol. 2013 Jun 17.

●● Enlace al texto completo (gratis o de pago) 1136/jclinpath-2013-201586

AUTORES / AUTHORS: - Downes MR; Torlakovic EE; Aldaoud N; Zlotta AR; Evans AJ; van der Kwast TH

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, University Health Network, Toronto, Ontario, Canada.

RESUMEN / SUMMARY: - AIMS: Pathological separation of poorly differentiated urothelial and prostate carcinoma is difficult, but imperative because of the impact on patient management. Tumour morphology, in conjunction with a panel of immunohistochemistry (IHC), such as prostate-specific antigen (PSA), prostatic acid phosphatase (PSAP), CK7, CK20, p63 and high molecular weight keratins (HMWks) are usually employed to resolve this issue. Androgen receptor (AR) expression is maintained in high-grade, undifferentiated prostate carcinoma, and thus, could be considered as a potentially useful adjunct to the conventional panel of markers. METHODS: We performed an institutional review of all cases from 2006 to 2012 in which AR IHC had been performed to determine its diagnostic utility in discriminating between poorly differentiated urothelial and prostate carcinoma. Of the eligible cases (n=40), there were 9 high-grade urothelial carcinomas, 27 prostate carcinomas and 4 with both prostate and bladder tumours. All diagnoses were made by integrating the clinical, radiological, morphological and IHC results. RESULTS: In all the prostate carcinomas, there was diffuse, intense nuclear staining for AR. The urothelial tumours were either negative, had cytoplasmic staining or showed occasionally weak nuclear staining. The difference was highly significant with $p < 0.0001$ (Mann-Whitney U test). CONCLUSIONS: We conclude that AR is an important marker as it is best able to distinguish between poorly differentiated urothelial and prostate carcinoma. AR appears superior to PSA and PSAP, which are not consistently expressed in high-grade prostate carcinoma. Also, high-grade urothelial carcinoma may be negative for CK20, p63/HMWK and occasionally CK7. We advocate the inclusion of AR in the panel of markers to differentiate these tumours.

[395]

TÍTULO / TITLE: - Proteomic-based identification of multiple pathways underlying n-butylidenephthalide-induced apoptosis in LNCaP human prostate cancer cells.

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

REVISTA / JOURNAL: - Food Chem Toxicol. 2013 Jun 12;59C:281-288. doi: 10.1016/j.fct.2013.05.045.

●● Enlace al texto completo (gratis o de pago) 1016/j.fct.2013.05.045

AUTORES / AUTHORS: - Pang CY; Chiu SC; Harn HJ; Zhai WJ; Lin SZ; Yang HH

INSTITUCIÓN / INSTITUTION: - Department of Medical Research, Buddhist Tzu Chi General Hospital, Hualien 970, Taiwan; Institute of Medical Sciences, Tzu Chi University, Hualien 970, Taiwan.

RESUMEN / SUMMARY: - Although numerous studies have shown the cancer-preventive properties of butylidenephthalide (BP), there is little report of BP affecting human prostate cancer cells. In the present study, proteomic-based approaches were used to elucidate the anticancer mechanism of BP in LNCaP human prostate cancer cells. BP treatment decreased the viability of LNCaP human prostate cancer cells in a concentration- and time-dependent manner, which was correlated with G0/G1 phase cell cycle arrest. Increased cell cycle arrest was associated with a decrease in the level of CCND1, CDK2, and PCNA proteins and an increase in the level of CDKN2A, CDKN1A, and SFN proteins. Proteomic studies revealed that among 48 differentially expressed proteins, 25 proteins were down-regulated and 23 proteins were up-regulated and these proteins fall into one large protein-protein interaction network. Among these proteins, FAS, AIFM1, BIK, CYCS, SFN, PPP2R1A, CALR, HSPA5, DDIT3, and ERN1 are apoptosis and endoplasmic reticulum (ER) stress associated proteins. Proteomic data suggested that multiple signaling pathways including FAS-dependent pathway, mitochondrial pathway, and ER stress pathway are involved in the apoptosis induced by BP.

[396]

TÍTULO / TITLE: - Metabolic syndrome in heart transplantation: impact on survival and renal function.

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

REVISTA / JOURNAL: - Transpl Int. 2013 Jul 8. doi: 10.1111/tri.12149.

●● [Enlace al texto completo \(gratis o de pago\) 1111/tri.12149](#)

AUTORES / AUTHORS: - Martinez-Dolz L; Sanchez-Lazaro IJ; Almenar-Bonet L; Portoles M; Rivera M; Salvador A; Montero JA

INSTITUCIÓN / INSTITUTION: - Heart Failure and Transplant Unit, Department of Cardiology, La Fe University Hospital, Valencia, España.

RESUMEN / SUMMARY: - The aim of our study was to analyze the early presence of metabolic syndrome (MS) in heart transplant (HTx) patients, and to assess its long-term impact on survival and renal function. From January 2000 to October 2011, 253 consecutive HTx patients who survived more than 90 days were included. MS was diagnosed if patients met revised NCEP-ATP III criteria at HTx or within 3 months post-HTx. The prevalence of MS was 41.9%. Patients with MS had greater overall mortality after a mean follow-up of 1700 +/- 979 days (log-rank test, P = 0.020). In the multivariate analysis, and subject to a minimum survival of 90 days, the only independent predictor variables of long-term mortality were the presence of MS (OR, odds ratio 2.087, P = 0.032), and rejection episodes (OR 1.833, P = 0.001). Patients with MS had worse renal function at baseline both in plasma creatinine (1.19 +/- 0.44 vs. 1.03 +/- 0.29

mg/dl, $P = 0.002$) and glomerular filtration rate estimated by modified diet in renal disease (73.60 ± 26.76 vs. 87.30 ± 43.55 ml/min/1.73m², $P = 0.005$), whereas progressive impairment of renal function was of equal magnitude in both groups. The presence of MS prior to transplant or its development within the first 3 months identified a subgroup at greater risk of mortality and long-term renal dysfunction.

[397]

TÍTULO / TITLE: - Effects of bisphosphonates in combination with ionizing radiation and antioxidants on the growth of prostate and melanoma cells lines.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):3217-24.

AUTORES / AUTHORS: - Alcaraz M; Olivares A; Achel DG; Alcaraz-Saura M

INSTITUCIÓN / INSTITUTION: - Radiology and Physical Medicine Department, Faculty of Medicine/Dentistry, University of Murcia, 30100-Espinardo (Murcia), España. mab@um.es.

RESUMEN / SUMMARY: - BACKGROUND: Bisphosphonates are used in cancer-related hypercalcaemia, in complications of bone metastasis and in postmenopausal osteoporosis, and have often been associated with adverse complications. Aim: To determine the protective effect of apigenin against growth inhibition of normal epithelial human prostatic (PNT2), transgenic adenocarcinoma of mouse prostate (TRAMP-C1) and metastatic melanoma cells (B16F10) in combined treatments with bisphosphonates and ionizing radiation (IR). MATERIALS AND METHODS: The growth inhibition on PNT2, TRAMP-C1 and B16F10 cells in the combined treatments with bisphosphonates (zoledronic acid, ibandronate and pamidronate) and IR in the presence and absence of apigenin was studied using a cell viability test. RESULTS: Zoledronic acid had a cytotoxic effect on PNT2, TRAMP-C1 and B16F10 cells ($p < 0.001$). However, ibandronate and pamidronate had a cytotoxic effect only on PNT2 cells ($p < 0.001$). The administration of apigenin in combined treatment with bisphosphonates and IR showed: a decrease in the cytotoxic effect on TRAMP-C1 and B16F10 cells in the treatment with ibandronate; a protective effect on normal PNT2 and melanoma cells, but not on TRAMP-C1 cells in the treatment with zoledronic acid; and provided protection only to PNT2 cells in the treatment with pamidronate. CONCLUSION: The use of the antioxidant produced a greater decrease in the cytotoxic effect on the non-tumor than in tumor cells when treated with bisphosphonates-alone and could be used in non-tumor pathologies. However, in a combined treatment with IR, it can also provide protection to tumor cells, thus reducing the intended effect of the IR.

[398]

TÍTULO / TITLE: - Expression differences between African American and Caucasian prostate cancer tissue reveals that stroma is the site of aggressive changes.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jun 10. doi: 10.1002/ijc.28326.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28326](#)

AUTORES / AUTHORS: - Kinseth MA; Jia Z; Rahmatpanah F; Sawyers A; Sutton M; Wang-Rodriguez J; Mercola D; McGuire KL

INSTITUCIÓN / INSTITUTION: - Department of Biology, San Diego State University, San Diego, CA.

RESUMEN / SUMMARY: - In prostate cancer, race/ethnicity is the highest risk factor after adjusting for age. African Americans have more aggressive tumors at every clinical stage of the disease, resulting in poorer prognosis and increased mortality. A major barrier to identifying crucial gene activity differences is heterogeneity, including tissue composition variation intrinsic to the histology of prostate cancer. We hypothesized that differences in gene expression in specific tissue types would reveal mechanisms involved in the racial disparities of prostate cancer. We examined 17 pairs of arrays for AAs and Caucasians that were formed by closely matching the samples based on the known tissue type composition of the tumors. Using pair-wise t-test we found significantly altered gene expression between AAs and CAs. Independently, we performed multiple linear regression analyses to associate gene expression with race considering variation in percent tumor and stroma tissue. The majority of differentially expressed genes were associated with tumor-adjacent stroma rather than tumor tissue. Extracellular matrix, integrin family and signaling mediators of the epithelial-to-mesenchymal transition (EMT) pathways were all downregulated in stroma of AAs. Using MetaCore (GeneGo) analysis, we observed that 35% of significant ($p < 10^{-3}$) pathways identified EMT and 25% identified immune response pathways especially for interleukins-2, -4, -5, -6, -7, -10, -13, -15 and -22 as the major changes. Our studies reveal that altered immune and EMT processes in tumor-adjacent stroma may be responsible for the aggressive nature of prostate cancer in AAs.

PTPTPTP - JOURNAL ARTICLE ----- [399]

TÍTULO / TITLE: - Multiplex Protein Signature for the Detection of Bladder Cancer in Voided Urine Samples.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 10. pii: S0022-5347(13)04581-3. doi: 10.1016/j.juro.2013.06.011.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.011](#)

AUTORES / AUTHORS: - Rosser CJ; Ross S; Chang M; Dai Y; Mengual L; Zhang G; Kim J; Urquidi V; Alcaraz A; Goodison S

INSTITUCIÓN / INSTITUTION: - Cancer Research Institute, MD Anderson Cancer Center, Orlando, FL USA; Section of Urologic Oncology, MD Anderson Cancer

Center, Orlando, FL USA; Nonagen Bioscience Corp, Orlando, FL USA.
Electronic address: deacdoc@aol.com.

RESUMEN / SUMMARY: - PURPOSE: Accurate urinary assays for bladder cancer (BCa) detection would benefit both patients and healthcare systems. Through extensive genomic and proteomic profiling of urinary components, we have previously identified a panel of eight biomarkers that can facilitate the detection of BCa in voided urine samples. Herein we set out to confirm this diagnostic molecular signature in a diverse multicenter cohort. MATERIALS AND METHODS: We performed a case-control phase II study in which voided urines from 308 subjects (102 BCa subjects and 206 subjects with varying urologic disorders) were analyzed. The urinary concentrations of eight biomarkers (IL-8, MMP-9, MMP-10, PAI-1, VEGF, ANG, CA9 and APOE) were assessed by ELISA assay. Diagnostic performance for the panel of tested biomarkers was assessed using receiver operator curves (ROC) and descriptive statistical values (e.g., sensitivity and specificity). RESULTS: Of the eight urinary biomarkers, seven were elevated in subjects with BCa relative to subjects without BCa and were assessed in a new model. With the 7-biomarker model, the area under the ROC was noted to be 0.88 [95% CI: 0.84-0.93] with a sensitivity of 74% and specificity of 90%. By comparison, the sensitivity of voided urinary cytology (VUC) and UroVysion in this cohort was 39% and 54%, respectively. Limitations of the study include analysis performed on banked urines and lack of VUC and UroVysion data on controls. CONCLUSIONS: The study provides further evidence that the reported panel of diagnostic biomarkers can reliably achieve the non-invasive detection of BCa with higher sensitivity than currently available urine-based assays.

[400]

TÍTULO / TITLE: - Tissue metabolite profiling identifies differentiating and prognostic biomarkers for prostate carcinoma.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jun 4. doi: 10.1002/ijc.28303.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28303](#)

AUTORES / AUTHORS: - Jung K; Reszka R; Kamlage B; Bethan B; Stephan C; Lein M; Kristiansen G

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Hospital Charite, Schumannstrass 20/21, 10117 Berlin, Germany; Berlin Institute for Urologic Research, Schumannstrasse 20/21, 10117 Berlin, Germany.

RESUMEN / SUMMARY: - Metabolomic research offers a deeper insight into biochemical changes in cancer metabolism and is a promising tool for identifying novel biomarkers. We aimed to evaluate the diagnostic and prognostic potential of metabolites in prostate cancer (PCa) tissue after radical prostatectomy. In matched malignant and nonmalignant prostatectomy samples from 95 PCa patients, amino adipic acid, cerebronic acid, gluconic acid,

glycerophosphoethanolamine, 2-hydroxybehenic acid, isopentenyl pyrophosphate, maltotriose, 7-methylguanine and tricosanoic acid were determined within a global metabolite profiling study using gas chromatography/liquid chromatography-mass spectrometry. The data were related to clinicopathological variables like prostate volume, tumor stage, Gleason score, preoperative prostate-specific antigen and disease recurrence in the follow-up. All nine metabolites showed higher concentrations in malignant than in nonmalignant samples except for gluconic acid and maltotriose, which had lower levels in tumors. Receiver -operating characteristics analysis demonstrated a significant discrimination for all metabolites between malignant and nonmalignant tissue with a maximal area under the curve of 0.86 for tricosanoic acid, whereas no correlation was observed between the metabolite levels and the Gleason score or tumor stage except for gluconic acid. Univariate Cox regression and Kaplan-Meier analyses showed that levels of amino adipic acid, gluconic acid and maltotriose were associated with the biochemical tumor recurrence (prostate-specific antigen > 0.2 ng/mL). In multivariate Cox regression analyses, amino adipic acid together with tumor stage and Gleason score remained in a model as independent marker for prediction of biochemical recurrence. This study proved that metabolites in PCa tissue can be used, in combination with traditional clinicopathological factors, as promising diagnostic and prognostic tools.

[401]

TÍTULO / TITLE: - Management of Biochemical Recurrence After Primary Treatment of Prostate Cancer: A Systematic Review of the Literature.

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

REVISTA / JOURNAL: - Eur Urol. 2013 May 16. pii: S0302-2838(13)00491-0. doi: 10.1016/j.eururo.2013.05.025.

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

[1016/j.eururo.2013.05.025](#)

AUTORES / AUTHORS: - Punnen S; Cooperberg MR; D'Amico AV; Karakiewicz PI; Moul JW; Scher HI; Schlomm T; Freedland SJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, UCSF Helen Diller Family Comprehensive Cancer Center, University of California, San Francisco, San Francisco, CA, USA.

RESUMEN / SUMMARY: - CONTEXT: Despite excellent cancer control with the treatment of localized prostate cancer (PCa), some men will experience a recurrence of disease. The optimal management of recurrent disease remains uncertain. OBJECTIVE: To systematically review recent literature regarding management of biochemical recurrence after primary treatment for localized PCa. EVIDENCE ACQUISITION: A comprehensive systematic review of the literature was performed from 2000 to 2012 to identify articles pertaining to management after recurrent PCa. Search terms included prostate cancer

recurrence, salvage therapy, radiorecurrent prostate cancer, post HIFU, post cryoablation, postradiation, and postprostatectomy salvage. Studies were selected according to Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines and required to provide a comprehensive description of primary and secondary treatments along with outcomes.

EVIDENCE SYNTHESIS: The data from 32 original publications were reviewed. The most common option for local salvage therapy after radical prostatectomy (RP) was radiation. Options for local salvage therapy after primary radiation included RP, brachytherapy, and cryotherapy. Different definitions of recurrence and risk profiles among patients make comparative assessment among salvage treatment modalities difficult. Triggers for intervention and factors predicting response to salvage therapy vary. **CONCLUSIONS:** Radiation therapy (RT) after RP can provide durable prostate-specific antigen (PSA) responses in a sizeable percentage of men, especially when given early (ie, PSA <1 ng/ml). Though a few studies suggest improvements in mortality, prospective randomized trials are needed and underway. The role of salvage treatment after RT is less clear.

[402]

TÍTULO / TITLE: - Erratum to: Multidrug resistance protein 4 (MRP4) expression in prostate cancer is associated with androgen signaling and decreases with tumor progression.

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

REVISTA / JOURNAL: - Virchows Arch. 2013 Jul;463(1):99. doi: 10.1007/s00428-013-1429-x.

●● Enlace al texto completo (gratis o de pago) [1007/s00428-013-1429-x](#)

[X](#)

AUTORES / AUTHORS: - Montani M; Hermanns T; Muntener M; Wild P; Sulser T; Kristiansen G

INSTITUCIÓN / INSTITUTION: - Division of Clinical Pathology, Institute of Pathology, University of Bern, Bern, Switzerland.

[403]

TÍTULO / TITLE: - Correlation analysis of nuclear morphology, cytokeratin and Ki-67 expression of urothelial carcinoma cells.

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

REVISTA / JOURNAL: - Pathol Int. 2013 Jun;63(6):311-7. doi: 10.1111/pin.12066.

●● Enlace al texto completo (gratis o de pago) [1111/pin.12066](#)

AUTORES / AUTHORS: - Shuto M; Warigaya K; Watanabe H; Shimizu M; Fukuda T; Murata S

INSTITUCIÓN / INSTITUTION: - School of Medical Technology and Health, Faculty of Health and Medical Care; Department of Histopathology and Cytopathology, Graduate School of Health Sciences, Gunma University, Maebashi.

RESUMEN / SUMMARY: - We aimed to delineate the morphogenesis of aberrant nuclear features of urothelial carcinoma (UC) cells in association with cytokeratin (CK) expression patterns and cell proliferation activity. Correlation analysis of the nuclear area by morphometry and the expression patterns of CK5, CK20 and Ki-67 by triple immunofluorescence analysis was applied to 1699 cells from five low-grade and seven high-grade cases of UC. The majority of UC cells showed aberrant cellular differentiation represented by abnormal CK expression patterns of CK5(+)/CK20(+) (40.5%) or CK5(-)/CK20(+) (56.0%). CK5(+)/CK20(-) cells, a phenotype of cancer stem/progenitor cells, represented a very small population (1.9%) and showed a low proliferation activity. Ki-67(+) cells showed a significantly different CK expression pattern compared with that of Ki-67(-) cells. The nuclear areas of CK5(-)/CK20(+) cells ($71.3 \pm 25.9 \mu\text{m}^2$) were significantly larger than those of CK5(+)/CK20(+) cells ($66.6 \pm 25.5 \mu\text{m}^2$). Negativity for CK5 was related to the grade of UC and an increased number of CK5(-)/CK20(+)/Ki-67(+) cells was related to a higher malignant potential. We conclude the nuclear morphology is related to cell differentiation represented by CK expression and cell proliferative activity.

[404]

TÍTULO / TITLE: - Re: the natural history of penile length after radical prostatectomy: a long-term prospective study.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):592. doi: 10.1016/j.juro.2013.04.091. Epub 2013 May 1.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.04.091

AUTORES / AUTHORS: - Morey AF

[405]

TÍTULO / TITLE: - In vitro antioxidant and antiproliferative effects of ellagic acid and its colonic metabolite, urolithins, on human bladder cancer T24 cells.

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

REVISTA / JOURNAL: - Food Chem Toxicol. 2013 Jun 26;59C:428-437. doi: 10.1016/j.fct.2013.06.025.

●● Enlace al texto completo (gratis o de pago) 1016/j.fct.2013.06.025

AUTORES / AUTHORS: - Qiu Z; Zhou B; Jin L; Yu H; Liu L; Liu Y; Qin C; Xie S; Zhu F

INSTITUCIÓN / INSTITUTION: - Department of Medical Microbiology, School of Medicine, Wuhan University, No. 185 Donghu Road, Wuhan 430071, People's Republic of China.

RESUMEN / SUMMARY: - Urolithins were the metabolites of ellagic acid by intestinal flora in gastrointestinal tract. In previous research, it was found that urolithins could mainly inhibit prostate cancer and colon cancer cell growth. However, there is no report about bladder cancer therapy of urolithins. In this paper, three urolithin-type compounds (urolithin A, urolithin B, 8-OMe-urolithin A) and ellagic acid were evaluated for antiproliferative activity in vitro against human bladder cancer cell lines T24. The IC50 values for T24 cell inhibition were 43.9, 35.2, 46.3 and 33.7µM for urolithin A, urolithin B, 8-OMe-urolithin A and ellagic acid, respectively. After the administration of urolithins and ellagic acid, we found these compounds could increase mRNA and protein expression of Phospho-p38 MAPK, and decrease mRNA and protein expression of MEKK1 and Phospho-c-Jun in T24 cells. Caspase-3 was also activated and PPAR-gamma protein expression increased in drug-induced apoptosis. And what's more, the antioxidant assay afforded by three urolithins and EA treatments were associated with decreases in the intracellular ROS and MDA levels, and increased SOD activity in H2O2-treated T24 cells. The results suggested that these compounds could inhibit cell proliferation by p38-MAPK and/or c-Jun mediated caspase-3 activation and reduce the oxidative stress status in bladder cancer.

[406]

TÍTULO / TITLE: - Phase I study of intraprostatic vaccine administration in men with locally recurrent or progressive prostate cancer.

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

REVISTA / JOURNAL: - Cancer Immunol Immunother. 2013 Jul 9.

●● Enlace al texto completo (gratis o de pago) [1007/s00262-013-1448-](#)

[0](#)

AUTORES / AUTHORS: - Gulley JL; Heery CR; Madan RA; Walter BA; Merino MJ; Dahut WL; Tsang KY; Schlom J; Pinto PA

INSTITUCIÓN / INSTITUTION: - Laboratory of Tumor Immunology and Biology, Center for Cancer Research, National Cancer Institute, National Institutes of Health, 10 Center Dr., 8B09 MSC 1750, Bethesda, MD, 20892, USA, gulleyj@mail.nih.gov.

RESUMEN / SUMMARY: - The primary end point of this study was to determine the safety and feasibility of intraprostatic administration of PSA-TRICOM vaccine [encoding transgenes for prostate-specific antigen (PSA) and 3 costimulatory molecules] in patients with locally recurrent or progressive prostate cancer. This trial was a standard 3 + 3 dose escalation with 6 patients each in cohorts 4 and 5 to gather more immunologic data. Nineteen of 21 patients enrolled had locally recurrent prostate cancer after definitive radiation therapy, and 2 had no local therapy. All cohorts received initial subcutaneous vaccination with recombinant vaccinia (rV)-PSA-TRICOM and intraprostatic booster vaccinations with recombinant fowlpox (rF)-PSA-TRICOM. Cohorts 3-5

also received intraprostatic rF-GM-CSF. Cohort 5 received additional subcutaneous boosters with rF-PSA-TRICOM and rF-GM-CSF. Patients had pre- and post-treatment prostate biopsies, and analyses of peripheral and intraprostatic immune cells were performed. There were no dose-limiting toxicities, and the maximum tolerated dose was not reached. The most common grade 2 adverse events were fever (38 %) and subcutaneous injection site reactions (33 %); the single grade 3 toxicity was transient fever. Overall, 19 of 21 patients on trial had stable (10) or improved (9) PSA values. There was a marked increase in CD4+ ($p = 0.0002$) and CD8+ ($p = 0.0002$) tumor infiltrates in post- versus pre-treatment tumor biopsies. Four of 9 patients evaluated had peripheral immune responses to PSA or NGEF. Intraprostatic administration of PSA-TRICOM is safe and feasible and can generate a significant immunologic response. Improved serum PSA kinetics and intense post-vaccination inflammatory infiltrates were seen in the majority of patients. Clinical trials examining clinical end points are warranted.

[407]

TÍTULO / TITLE: - 18F-FDG-PET/CT in potentially advanced renal cell carcinoma: a role in treatment decisions and prognosis estimation.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Jun;33(6):2665-72.

AUTORES / AUTHORS: - Ferda J; Ferdova E; Hora M; Hes O; Finek J; Topolcan O; Kreuzberg B

INSTITUCIÓN / INSTITUTION: - Clinic of Imaging Methods, Charles University Teaching Hospital in Plzen, Plzen, Czech Republic. ferda@fnplzen.cz

RESUMEN / SUMMARY: - AIM: to assess the influence of positron emission tomography/computed tomography with (18)F-fluorodeoxyglucose ((18)F-FDG-PET/CT) on the treatment decision in renal cell carcinoma and to assess the prognostic value of the (18)F-FDG accumulation assessments. PATIENTS AND METHODS: Data from 60 patients were included. The cohort consisted of 43 males, 17 females, mean age 66.2 years (range=49-86 years). All patients underwent (18)F-FDG-PET/CT including two-phase CT-angiography of the kidneys. Locally advanced or generalized renal cell carcinoma was suspected in all patients. The level of the (18)F-FDG accumulation within the tumor was compared with the histological grading and the development of the disease was assessed 12 months after (18)F-FDG-PET/CT. RESULTS: Overall mortality reached 46.7%, the highest (18)F-FDG accumulation showed tumor of grade 4 (mean SUV(max)=10.7, range=5-23), the highest mortality was found for tumors exceeding SUV(max) value of 10 (mortality 62.5%). New information was brought by (18)F-FDG-PET/CT in 85% of cases. CONCLUSION: (18)F-FDG-PET/CT has the potential to estimate the patient's survival according to the (18)F-FDG accumulation measured in SUV(max). Depiction of occult metastatic disease has an emerging role in decision making regarding surgery.

[408]

TÍTULO / TITLE: - Reduced Risk of Incident Kidney Cancer from Walking and Running.

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

REVISTA / JOURNAL: - Med Sci Sports Exerc. 2013 Jul 16.

- Enlace al texto completo (gratis o de pago)

[1249/MSS.0b013e3182a4e89c](#)

AUTORES / AUTHORS: - Williams PT

INSTITUCIÓN / INSTITUTION: - Donner Laboratory, Life Sciences Division, Ernest Orlando Lawrence Berkeley National Laboratory, Berkeley, CA.

RESUMEN / SUMMARY: - **PURPOSE:** Test whether incident kidney cancer risk is associated with exercise energy expenditure (i.e., metabolic equivalents, 1 MET) when calculated from distance walked or run. **METHODS:** Hazard ratios (HR) and 95% confidence intervals (95%CI) from Cox proportional hazard analyses of self-reported physician-diagnosed incident kidney cancer vs. MET-hours/wk in 91,820 subjects recruited between 1991 and 1993 (7.7 yr follow-up of 42,833 subjects) and between 1998 and 1999 (6.4 yr follow-up of 33,053 subjects) as part of the National Runners' Health Study and between 1998 and 1999 as part of the National Walkers' Health Study (5.7 yr follow-up of 15,934 subjects). **RESULTS:** Fifty-two incident cancers were reported. Age- and sex-adjusted risk declined 1.9% per MET-hour/wk run or walked (HR: 0.981; 95%CI: 0.964 to 0.997, P=0.02). Compared to walking or running below guidelines levels (<7.5 MET-hours/wk), the risk for incident kidney cancer was 61% lower for meeting the guidelines (HR: 0.39, 95%CI: 0.11 to 1.08, P=0.07 for 7.5 to 12.5 MET-hours/wk), 67% lower for exercising one to two-times the recommended level (HR: 0.33; 95%CI: 0.15 to 0.72, P=0.005 for 12.6 to 25.1 MET-hours/wk), and 76.3% lower for exercising \geq 2-times the recommended level (HR: 0.24; 95%CI: 0.11 to 0.52, P=0.0005 for \geq 25.2 MET-hours/wk). Incident kidney cancer risk also increased in association with baseline BMI (P=0.002), smoking (P=0.02), and hypertensive (P=0.007) and diabetes medication use (P=0.01), however, exercise-associated reductions in kidney cancer risk persisted for 12.6 to 25.1 MET-hours/wk (HR: 0.35, P=0.01), and \geq 25.2 MET-hours/wk (HR: 0.29, P=0.004) vis-a-vis <7.5 MET-hours/wk when also adjusted for BMI, hypertension, diabetes, and pack-years smoked. **CONCLUSION:** Running and walking may reduce incident kidney cancer risk independent of its other known risk factors.

[409]

TÍTULO / TITLE: - SPINK1 expression is tightly linked to 6q15- and 5q21-deleted ERG-fusion negative prostate cancers but unrelated to PSA recurrence.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 10. doi: 10.1002/pros.22707.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22707](https://doi.org/10.1002/pros.22707)

AUTORES / AUTHORS: - Grupp K; Diebel F; Sirma H; Simon R; Breitmeyer K; Steurer S; Hube-Magg C; Prien K; Pham T; Weigand P; Michl U; Heinzer H; Kluth M; Minner S; Tsourlakis MC; Izbicki JR; Sauter G; Schlomm T; Wilczak W

INSTITUCIÓN / INSTITUTION: - General, Visceral and Thoracic Surgery Department and Clinic, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; Institute of Pathology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany.

RESUMEN / SUMMARY: - **BACKGROUND:** The serine peptidase inhibitor, Kazal type 1 (SPINK1) has been suggested to define an aggressive molecular subtype of ERG-fusion negative prostate cancer. It was the aim of this study to further study the clinical relevance of SPINK1 expression and its relationship with other key genomic alterations of prostate cancer. **METHODS:** A tissue microarray containing more than 10,000 prostate cancers with clinical follow-up was used for immunohistochemical SPINK1 analysis. Data on ERG status as well as PTEN, 6q, 5q, and 3p deletions were available for comparison. **RESULTS:** SPINK1 expression was absent in benign prostate glands and detectable in 5.9% of 9,503 interpretable prostate cancers. Presence of SPINK1 expression was markedly more frequent in ERG negative (10.4%) than in ERG positive cancers (0.3%; $P < 0.0001$). However, SPINK1 expression was unrelated to tumor phenotype and biochemical recurrence in all cancers and in the subgroup of ERG negative cancers. Further subgroup analyses revealed, however, that within ERG negative cancers-SPINK1 expression was significantly linked to deletions at 6q15 ($P < 0.0001$) and 5q21 ($P = 0.0042$). **CONCLUSIONS:** Our results exclude SPINK1 as a relevant prognostic prostate cancer biomarker. However, the data demonstrate that SPINK1 overexpression is tightly linked to the small subsets of 6q15- and 5q21-deleted ERG negative prostate cancers. These findings support the concept of molecularly defined subtypes of prostate cancers. Prostate © 2013 Wiley Periodicals, Inc.

[410]

TÍTULO / TITLE: - The Role of Focal Therapy in the Management of Localised Prostate Cancer: A Systematic Review.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jun 6. pii: S0302-2838(13)00557-5. doi: 10.1016/j.eururo.2013.05.048.

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

[1016/j.eururo.2013.05.048](https://doi.org/10.1016/j.eururo.2013.05.048)

AUTORES / AUTHORS: - Valerio M; Ahmed HU; Emberton M; Lawrentschuk N; Lazzeri M; Montironi R; Nguyen PL; Trachtenberg J; Polascik TJ

INSTITUCIÓN / INSTITUTION: - Division of Surgery and Interventional Science, University College London, London, UK; Department of Urology, University

College Hospitals NHS Foundation Trust, London, UK; Department of Urology, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland. Electronic address: massimo.valerio@chuv.ch.

RESUMEN / SUMMARY: - CONTEXT: The incidence of localised prostate cancer is increasing worldwide. In light of recent evidence, current, radical, whole-gland treatments for organ-confined disease have been questioned with respect to their side effects, cancer control, and cost. Focal therapy may be an effective alternative strategy. OBJECTIVE: To systematically review the existing literature on baseline characteristics of the target population; preoperative evaluation to localise disease; and perioperative, functional, and disease control outcomes following focal therapy. EVIDENCE ACQUISITION: Medline (through PubMed), Embase, Web of Science, and Cochrane Review databases were searched from inception to 31 October 2012. In addition, registered but not yet published trials were retrieved. Studies evaluating tissue-preserving therapies in men with biopsy-proven prostate cancer in the primary or salvage setting were included. EVIDENCE SYNTHESIS: A total of 2350 cases were treated to date across 30 studies. Most studies were retrospective with variable standards of reporting, although there was an increasing number of prospective registered trials. Focal therapy was mainly delivered to men with low and intermediate disease, although some high-risk cases were treated that had known, unilateral, significant cancer. In most of the cases, biopsy findings were correlated to specific preoperative imaging, such as multiparametric magnetic resonance imaging or Doppler ultrasound to determine eligibility. Follow-up varied between 0 and 11.1 yr. In treatment-naïve prostates, pad-free continence ranged from 95% to 100%, erectile function ranged from 54% to 100%, and absence of clinically significant cancer ranged from 83% to 100%. In focal salvage cases for radiotherapy failure, the same outcomes were achieved in 87.2-100%, 29-40%, and 92% of cases, respectively. Biochemical disease-free survival was reported using a number of definitions that were not validated in the focal-therapy setting. CONCLUSIONS: Our systematic review highlights that, when focal therapy is delivered with intention to treat, the perioperative, functional, and disease control outcomes are encouraging within a short- to medium-term follow-up. Focal therapy is a strategy by which the overtreatment burden of the current prostate cancer pathway could be reduced, but robust comparative effectiveness studies are now required.

[411]

TÍTULO / TITLE: - CCND1/CyclinD1 status in metastasizing bladder cancer: a prognosticator and predictor of chemotherapeutic response.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jul 26. doi: 10.1038/modpathol.2013.125.

- Enlace al texto completo (gratis o de pago)

[1038/modpathol.2013.125](https://doi.org/10.1038/modpathol.2013.125)

AUTORES / AUTHORS: - Seiler R; Thalmann GN; Rotzer D; Perren A; Fleischmann A

INSTITUCIÓN / INSTITUTION: - 1] Institute of Pathology, University of Bern, Bern, Switzerland [2] Department of Urology, University of Bern, Bern, Switzerland.

RESUMEN / SUMMARY: - The CCND1 gene encodes the protein CyclinD1, which is an important promoter of the cell cycle and a prognostic and predictive factor in different cancers. CCND1 is amplified to a substantial proportion in various tumors, and this may contribute to CyclinD1 overexpression. In bladder cancer, information about the clinical relevance of CCND1/CyclinD1 alterations is limited. In the present study, amplification status of CCND1 and expression of CyclinD1 were evaluated by fluorescence in situ hybridization and immunohistochemistry on tissue microarrays from 152 lymph node-positive urothelial bladder cancers (one sample each from the center and invasion front of the primary tumors, two samples per corresponding lymph node metastasis) treated by cystectomy and lymphadenectomy. CCND1 amplification status and the percentage of immunostained cancer cells were correlated with histopathological tumor characteristics, cancer-specific survival and response to adjuvant chemotherapy. CCND1 amplification in primary tumors was homogeneous in 15% and heterogeneous in 6% (metastases: 22 and 2%). Median nuclear CyclinD1 expression in amplified samples was similar in all tumor compartments (60-70% immunostained tumor nuclei) and significantly higher than in non-amplified samples (5-20% immunostained tumor nuclei; $P < 0.05$). CCND1 status and CyclinD1 expression were not associated with primary tumor stage or lymph node tumor burden. CCND1 amplification in primary tumors ($P = 0.001$) and metastases ($P = 0.02$) and high nuclear CyclinD1 in metastases ($P = 0.01$) predicted early cancer-related death independently. Subgroup analyses showed that chemotherapy was particularly beneficial in patients with high nuclear CyclinD1 expression in the metastases, whereas expression in primary tumors and CCND1 status did not predict chemotherapeutic response. In conclusion, CCND1 amplification status and CyclinD1 expression are independent risk factors in metastasizing bladder cancer. High nuclear CyclinD1 expression in lymph node metastases predicts favorable response to chemotherapy. This information may help to personalize prognostication and administration of adjuvant chemotherapy. Modern Pathology advance online publication, 26 July 2013; doi:10.1038/modpathol.2013.125.

[412]

TÍTULO / TITLE: - Utility of ⁶⁷Ga Scintigraphy in Disseminated Infection After BCG Instillation for Treatment of Bladder Carcinoma.

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

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Aug;38(8):658-60. doi: 10.1097/RLU.0b013e3182952c8b.

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

[1097/RLU.0b013e3182952c8b](https://doi.org/10.1097/RLU.0b013e3182952c8b)

AUTORES / AUTHORS: - Dominguez ML; Ortiz A; Rayo JI; Serrano J; Infante JR; Garcia L; Duran C

INSTITUCIÓN / INSTITUTION: - From the *Departments of Nuclear Medicine and daggerInternal Medicine, Hospital Universitario Infanta Cristina, Badajoz, España.

RESUMEN / SUMMARY: - Intravesical instillations of bacille Calmette-Guerin (BCG), an attenuated live strain of Mycobacterium bovis, is the treatment of choice for superficial bladder cancer. Local side effects are frequent, although adverse systemic reactions are uncommon, but more serious. We present 2 patients who developed disseminated M. bovis infection with multiorgan involvement after intravesical BCG therapy. Ga scintigraphy was very helpful for the diagnosis as the only imaging tool with pathological findings.

[413]

TÍTULO / TITLE: - Recurrence of high-risk bladder cancer: A population-based analysis.

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

REVISTA / JOURNAL: - Cancer. 2013 Jun 4. doi: 10.1002/cncr.28147.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28147](https://doi.org/10.1002/cncr.28147)

AUTORES / AUTHORS: - Chamie K; Litwin MS; Bassett JC; Daskivich TJ; Lai J; Hanley JM; Konety BR; Saigal CS

INSTITUCIÓN / INSTITUTION: - Department of Urology, Health Services Research Group, David Geffen School of Medicine at University of California Los Angeles (UCLA), Los Angeles, California; Jonsson Comprehensive Cancer Center, David Geffen School of Medicine at UCLA, Los Angeles, California.

RESUMEN / SUMMARY: - BACKGROUND: Patients with bladder cancer are apt to develop multiple recurrences that require intervention. The recurrence, progression, and bladder cancer-related mortality rates were examined in a cohort of individuals with high-grade non-muscle-invasive bladder cancer. METHODS: Using linked Surveillance, Epidemiology, and End Results (SEER)-Medicare data, subjects were identified who had a diagnosis of high-grade, non-muscle-invasive disease in 1992 to 2002 and who were followed until 2007. Multivariate competing-risks regression analyses were then used to examine recurrence, progression, and bladder cancer-related mortality rates. RESULTS: Of 7410 subjects, 2897 (39.1%) experienced a recurrence without progression, 2449 (33.0%) experienced disease progression, of whom 981 succumbed to bladder cancer. Using competing-risks regression analysis, the 10-year recurrence, progression, and bladder cancer-related mortality rates were found to be 74.3%, 33.3%, and 12.3%, respectively. Stage T1 was the only variable

associated with a higher rate of recurrence. Women, black race, undifferentiated grade, and stage Tis and T1 were associated with a higher risk of progression and mortality. Advanced age (≥ 70) was associated with a higher risk of bladder cancer-related mortality. CONCLUSIONS: Nearly three-fourths of patients diagnosed with high-risk bladder cancer will recur, progress, or die within 10 years of their diagnosis. Even though most patients do not die of bladder cancer, the vast majority endures the morbidity of recurrence and progression of their cancer. Increasing efforts should be made to offer patients intravesical therapy with the goal of minimizing the incidence of recurrences. Furthermore, the high recurrence rate seen during the first 2 years of diagnosis warrants an intense surveillance schedule. Cancer 2013. © 2013 American Cancer Society.

[414]

TÍTULO / TITLE: - A M-MLV reverse transcriptase with reduced RNaseH activity allows greater sensitivity of gene expression detection in formalin fixed and paraffin embedded prostate cancer samples.

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

REVISTA / JOURNAL: - Exp Mol Pathol. 2013 Aug;95(1):98-104. doi: 10.1016/j.yexmp.2013.05.008. Epub 2013 Jun 2.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.yexmp.2013.05.008](#)

AUTORES / AUTHORS: - Hagen RM; Rhodes A; Oxley J; Ladomery MR

INSTITUCIÓN / INSTITUTION: - Faculty of Health and Life Sciences, University of the West of England, Bristol BS16 1QY, UK. Electronic address:

Rachel.Hagen@uwe.ac.uk.

RESUMEN / SUMMARY: - Formalin fixed and paraffin embedded (FFPE) human tissue collections are an invaluable resource for retrospective gene expression studies. However formalin fixation results in chemical modification of RNA and increased RNA degradation. This can affect RNA yield and quality. A critical step when analysing gene expression is the conversion of RNA to complementary DNA (cDNA) using a reverse transcriptase (RT) enzyme. FFPE derived RNA may affect the performance and efficiency of the RT enzyme and cDNA synthesis. We directly compared three commonly used FFPE RNA isolation methods and measured RNA yield, purity and integrity. We also assessed the effectiveness of three commercially available Moloney Murine Leukemia Virus (M-MLV) RTs on cDNA synthesis and gene expression sensitivity when using FFPE RNA as a template. Our results show that gene detection sensitivity is dependent on the isolation method, RT and length of the PCR amplicon (<200bp) when using FFPE RNA. The use of an M-MLV RT enzyme with reduced RNaseH activity gave significantly increased qRT-PCR sensitivity when using FFPE RNA derived from prostate tissue. The choice of RT can also affect perceived changes in target gene expression and thus the

same RT should be used when attempting to reproduce results from different studies. This study highlights the need to optimise and evaluate RNA isolation methods and RTs when using FFPE RNA as a template in order to maximise a successful outcome in PCR applications.

[415]

TÍTULO / TITLE: - Characterization of Ciprofloxacin-resistant Escherichia coli Isolates among Men undergoing Evaluation for Transrectal Ultrasound-guided Prostate Biopsy: Prevalence, Clonality, and Mechanisms of Antimicrobial Resistance.

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

REVISTA / JOURNAL: - J Urol. 2013 May 30. pii: S0022-5347(13)04424-8. doi: 10.1016/j.juro.2013.05.059.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.05.059

AUTORES / AUTHORS: - Qi C; Malczynski M; Schaeffer AJ; Barajas G; Nadler RB; Scheetz MH; Zembower TR

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Northwestern University Feinberg School of Medicine; Clinical Microbiology Laboratory, Northwestern Memorial Hospital. Electronic address: cqi451@northwestern.edu.

RESUMEN / SUMMARY: - PURPOSE: Determine the prevalence of ciprofloxacin-resistant gram negative bacilli in patients scheduled for transrectal ultrasound-guided prostate biopsy; characterize the E. coli strains recovered from this patient population; characterize the mechanisms responsible for beta-lactam and ciprofloxacin resistance. MATERIALS AND METHODS: Rectal swabs from 991 patients were cultured for ciprofloxacin-resistant gram negative bacilli with a selective medium. Recovered E. coli isolates were further analyzed with susceptibility testing, PFGE, plasmid isolation, and sequencing. RESULTS: One hundred ninety three ciprofloxacin-resistant gram negative bacilli were recovered and 167 (87%) of these isolates were Escherichia coli. Prevalence of ciprofloxacin-resistant E. coli in the study population was 17%. Only 38 (26%) of the 149 E. coli isolates that received susceptibility testing were susceptible to ampicillin and ampicillin-sulbactam. In select isolates, transferrable plasmids carrying beta-lactamase were responsible for the resistance to the beta-lactam agents and other non-beta -lactam antimicrobials. Diverse combinations of gyrA and parC mutations associated with fluoroquinolone (FQ)-resistance were identified. Strain typing and plasmid typing indicated that the E. coli isolates did not share a common origin. CONCLUSION: Seventeen percent of patients in our study carried ciprofloxacin-resistant E. coli. Analysis of resistance mechanisms and plasmid analysis along with strain typing demonstrated that this patient population harbored organisms with heterogeneous phenotypic susceptibility, indicating universal prophylaxis would not provide optimal coverage for patients receiving TRUSP.

[416]

TÍTULO / TITLE: - Role of GLI-1 in epidermal growth factor-induced invasiveness of ARCaPE prostate cancer cells.

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

REVISTA / JOURNAL: - Oncol Rep. 2013 Aug;30(2):904-10. doi: 10.3892/or.2013.2534. Epub 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2534](#)

AUTORES / AUTHORS: - Zhu G; Zhou J; Song W; Wu D; Dang Q; Zhang L; Li L; Wang X; He D

INSTITUCIÓN / INSTITUTION: - Department of Urology, The First Affiliated Hospital of the Medical College of Xi'an Jiaotong University, Xi'an 710061, P.R. China.

RESUMEN / SUMMARY: - Epidermal growth factor (EGF) signaling and Hedgehog (HH) signaling are both involved in prostate cancer (PCa) progression, yet the mechanisms through which these two pathways are synergistically linked require elucidation. In the present study, we aimed to ascertain how EGF and the HH signaling transcription factor GLI-1 are linked in prostate cancer invasiveness. ARCaP human prostate cancer cells, which included ARCaPE and ARCaPM cells, were used as a model in the present study. The expression of EGF receptor (EGFR) and the HH signaling transcriptional factor GLI-1 were detected in ARCaPE cells by immunofluorescence, and the ARCaPE cells were treated with human recombinant EGF protein (hrEGF) for 4 consecutive days in vitro. Transwell invasion assays were performed in the ARCaPE cells following treatment with DMSO (vehicle control), hrEGF, GANT61 (GLI-1-specific inhibitor), hrEGF plus GANT61 and in the ARCaPM cells. The expression of phosphorylated extracellular signal regulated kinase (p-ERK), total ERK and GLI-1 was detected by western blotting in ARCaPE cells at different time-points following treatment with hrEGF. The expression of EGFR and GLI-1 was detected in ARCaPE cells, which exhibited a cobblestone-like morphology, while after treatment with hrEGF, the cell morphology was altered to a spindle-shaped mesenchymal cell morphology. Transwell invasion assays demonstrated that hrEGF dramatically enhanced the invasive capability of the ARCaPE cells ($p < 0.05$). Additionally, western blot assay demonstrated that the expression levels of p-ERK and GLI-1 in ARCaPE cells increased in a time-dependent manner after treatment with hrEGF ($p < 0.05$); however, the expression levels of total ERK in the cells remained relatively unchanged. It also demonstrated that the GLI-1 inhibitor GANT61 could reverse the enhanced invasive effect induced by EGF in ARCaPE cells ($p < 0.05$). Our preliminary in vitro study showed that EGF signaling may increase the invasive capability of ARCaPE human prostate cancer cells via upregulation of p-ERK and the HH signaling transcriptional factor GLI-1. Additionally, this enhanced cell invasive effect was reversed by a GLI-1-specific inhibitor in vitro. Consequently, it indicates that both EGF and HH signaling are synergistically involved in the progression of human prostate cancer ARCaP cells, and GII-1 may be one of

the important effectors, which is activated by EGF downstream signaling, to promote the invasiveness of ARCaPE prostate cancer cells.

[417]

TÍTULO / TITLE: - Association between NAD(P)H:quinone oxidoreductase 1 rs1800566 polymorphism and risk of bladder cancer.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jul 20.

- Enlace al texto completo (gratis o de pago) [1007/s13277-013-0909-](#)

[6](#)

AUTORES / AUTHORS: - Zhang H; Wen X; Lu X; Zhang H

INSTITUCIÓN / INSTITUTION: - Department of Urology, Central Hospital of Zhumadian City, Zhumadian City, Henan Province, 463000, China, zhangurology@live.cn.

RESUMEN / SUMMARY: - NAD(P)H:quinone oxidoreductase 1 (NQO1) rs1800566 (Pro187Ser) is a functional polymorphism which leads to a proline-to-serine amino acid substitution at codon 187 in the NQO1 protein and enzyme activity changes. NQO1 rs1800566 polymorphism was implicated to be associated with a risk of bladder cancer, but published studies showed inconclusive results. We performed a meta-analysis of nine publications with a total of 2,661 cases and 2,738 controls on the association between NQO1 rs1800566 polymorphism and risk of bladder cancer. Data were extracted from those included studies, and the pooled odds ratio (OR) with the corresponding 95 % confidence interval (95 % CI) was calculated to assess the association. We found that there was no association between NQO1 rs1800566 polymorphism and risk of bladder cancer under all four genetic models (Ser vs. Pro, OR = 1.06, 95 % CI = 0.97-1.16, P = 0.21, I² = 31 %; SerSer vs. ProPro, OR = 1.12, 95 % CI = 0.89-1.42, P = 0.33, I² = 44 %; SerSer/ProSer vs. ProPro, OR = 1.08, 95 % CI = 0.96-1.21, P = 0.20, I² = 27 %; SerSer vs. ProPro/ProSer, OR = 1.06, 95 % CI = 0.85-1.32, P = 0.59, I² = 36 %). Meta-analysis of those eight studies from Europeans also showed that there was no association between NQO1 rs1800566 polymorphism and risk of bladder cancer under all four genetic models (Ser vs. Pro, OR = 1.02, 95 % CI = 0.93-1.13, P = 0.66, I² = 20 %; SerSer vs. ProPro, OR = 0.99, 95 % CI = 0.75-1.30, P = 0.93, I² = 38 %; SerSer/ProSer vs. ProPro, OR = 1.04, 95 % CI = 0.92-1.17, P = 0.55, I² = 6 %; SerSer vs. ProPro/ProSer, OR = 0.98, 95 % CI = 0.75-1.28, P = 0.87, I² = 39 %). This meta-analysis suggests that the NQO1 rs1800566 polymorphism is not associated with a risk of bladder cancer. Further studies with larger samples are needed, especially for studies in Asians and Africans.

[418]

- CASTELLANO -

TÍTULO / TITLE: Marcadores moleculares de respuesta terapeutica en cancer vesical”.

TÍTULO / TITLE: - Biomarkers for assesing therapeutic response in bladder cancer.

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

REVISTA / JOURNAL: - Arch Esp Urol. 2013 Jun;66(5):495-504.

AUTORES / AUTHORS: - Mertens LS; Neuzillet Y; Horenblas S; van Rhijn BW

INSTITUCIÓN / INSTITUTION: - Urology Department. The Netherlands Cancer Institute. Antoni van Leeuwenhoek Hospital. The Netherlands. Amsterdam. Department of Urology. Foch Hospital Universite de Versailles. Saint-Quentin en Yvelines. Suresnes. France.

RESUMEN / SUMMARY: - Reliable markers for assessing therapeutic response are needed to select the most effective treatment strategy for bladder cancer patients. We analyzed the role of biomarkers predicting response of non-muscle invasive bladder cancer (NMIBC) on BCG induction, and of non-organ confined muscle invasive bladder cancer (MIBC) on neoadjuvant chemotherapy. A critical, non-structured review of the literature was conducted. For assessing BCG therapy outcome, measurement of urinary IL-2 levels seems to be the most potent marker of all the clinical parameters reviewed. Measurements of urinary interleukins IL-8, IL-18, and tumour necrosis factor apoptosis-inducing ligand levels seem promising as well. Immunohistochemical markers (ie, TP53, Ki-67, and Rb) display contradictory results and seem unsuitable. Gene polymorphisms need to be studied more thoroughly before their clinical relevance can be determined. Regarding assessing and predicting response of MIBC to neoadjuvant chemotherapy, a set of potent markers has been studied. However, no conclusive evidence is yet available on their additional value over the established clinicopathological variables. Prospective trials are needed to validate the clinical benefit of molecular markers to predict response to BCG (NMIBC) and neoadjuvant chemotherapy (MIBC) before predictive biomarkers can become part of clinical practice.

[419]

TÍTULO / TITLE: - Extracts from Epilobium sp. herbs induce apoptosis in human hormone-dependent prostate cancer cells by activating the mitochondrial pathway.

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

REVISTA / JOURNAL: - J Pharm Pharmacol. 2013 Jul;65(7):1044-54. doi: 10.1111/jphp.12063. Epub 2013 Apr 21.

●● Enlace al texto completo (gratis o de pago) 1111/jphp.12063

AUTORES / AUTHORS: - Stolarczyk M; Naruszewicz M; Kiss AK

INSTITUCIÓN / INSTITUTION: - Department of Pharmacognosy and Molecular Basis of Phytotherapy, Faculty of Pharmacy, Medical University of Warsaw, Warsaw, Poland.

RESUMEN / SUMMARY: - OBJECTIVES: The aim of this work was to determine the effect of standardized aqueous extracts from *Epilobium angustifolium* L., *E. parviflorum* Schreb. and *E. hirsutum* L. herbs on the apoptosis of hormone-dependent prostate cancer cells (LNCaP). METHODS: The extracts were characterized using high-performance liquid chromatography-diode array detector coupled with mass spectrometry (HPLC-DAD-MS/MS). Apoptosis in the cells was analysed using Annexin V-fluorescein isothiocyanate, and mitochondrial potential, Deltapsim, using JC-1 by flow cytometry. Caspase-3 activity was determined by enzyme-linked immunosorbent assay. KEY FINDINGS: Using the HPLC-DAD-MS/MS method, 38 constituents were characterized. Extracts contained significant amounts of oenothien B as well as flavonoids and phenolic acids. Exposure of LNCaP cells to the extracts (20, 50 and 70 µg/ml) resulted in a significant increase in the level apoptotic cells, from 2.86 +/- 0.5% (for untreated cells) up to 86.6 +/- 1.0%. All extracts significantly decreased the mitochondrial potential, Deltapsim, resulting in an increase in the activity of caspase-3 from 0.3 +/- 0.07 ng/mg of protein (for untreated cells) up to 1.26 +/- 0.32 ng/mg of protein. CONCLUSIONS: This study demonstrated that *Epilobium* extracts are active against LNCaP prostate cancer cells and that their apoptotic activity is related to activation of the mitochondrial pathway. The high oenothien B content may influence the biological activity of these plant materials.

[420]

TÍTULO / TITLE: - Prostate cancer metastases alter bone mineral and matrix composition independent of effects on bone architecture in mice - A quantitative study using microCT and Raman spectroscopy.

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

REVISTA / JOURNAL: - Bone. 2013 Jul 15. pii: S8756-3282(13)00266-4. doi: 10.1016/j.bone.2013.07.006.

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

[1016/j.bone.2013.07.006](#)

AUTORES / AUTHORS: - Bi X; Sterling JA; Merkel AR; Perrien DS; Nyman J; Mahadevan-Jansen A

INSTITUCIÓN / INSTITUTION: - Department of Biomedical Engineering, Vanderbilt University, VU Station B#351631, 2301 Vanderbilt Place, Nashville, TN 37235, USA. Electronic address: Xiaohong.bi@uth.tmc.edu.

RESUMEN / SUMMARY: - Prostate cancer is the most common primary tumor and the second leading cause of cancer-related deaths in men in the United States. Prostate cancer bone metastases are characterized by abnormal bone remodeling processes and result in a variety of skeletal morbidities. Prevention of skeletal complications is a crucial element in prostate cancer management. This study investigated prostate cancer-induced alterations in the molecular composition and morphological structure of metastasis-bearing bones in a

mouse model of prostate cancer using Raman spectroscopy and micro-computed tomography (microCT). LNCaP C4-2B prostate cancer cells were injected into the right tibiae of 5-week old male SCID mice. Upon sacrifice at 8 weeks post tumor inoculation, two out of the ten tumor-bearing tibiae showed only osteoblastic lesions in the radiographs, 4 osteolytic lesions only and 4 mixed with osteoblastic and osteolytic lesions. Carbonate substitution was significantly increased while there was a marked reduction in the level of collagen mineralization, mineral crystallinity, and carbonate:matrix ratio in the cortex of the intact tumor-bearing tibiae compared to contralateral controls. MicroCT analysis revealed a significant reduction in bone volume/total volume, trabecular number and trabecular thickness, as well as significant increase in bone surface/volume ratio in tibiae with osteolytic lesions, suggesting active bone remodeling and bone loss. None of the changes in bone compositional properties were correlated with lesion area from radiographs or the changes in bone architecture from microCT. This study indicates that LNCaP C4-2B prostate cancer metastases alter bone tissue composition independent of changes in architecture, and altered bone quality may be an important contributor to fracture risk in these patients. Raman spectroscopy may provide a new avenue of investigation into interactions between tumor and bone microenvironment.

[421]

TÍTULO / TITLE: - Detection of prostate cancer in peripheral zone: comparison of MR diffusion tensor imaging, quantitative dynamic contrast-enhanced MRI, and the two techniques combined at 3.0 T.

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

REVISTA / JOURNAL: - Acta Radiol. 2013 Jul 26.

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

[1177/0284185113494978](#)

AUTORES / AUTHORS: - Li C; Chen M; Li S; Zhao X; Zhang C; Luo X; Zhou C

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Beijing Hospital of the Ministry of Health, Beijing, China.

RESUMEN / SUMMARY: - BACKGROUND: Previous studies have shown that the diagnostic accuracy for prostate cancer improved with diffusion tensor imaging (DTI) or quantitative dynamic contrast-enhanced magnetic resonance imaging (DCE-MRI) only. However, the efficacy of combined DTI and quantitative DCE-MRI in detecting prostate cancer at 3.0 T is still indeterminate. PURPOSE: To investigate the utility of diffusion tensor imaging (DTI), quantitative DCE-MRI, and the two techniques combined at 3.0 T in detecting prostate cancer of the peripheral zone (PZ). Material and Methods: DTI and DCE-MRI of 33 patients was acquired prior to prostate biopsy. Regions of interest (ROIs) were drawn according to biopsy zones which were apex, mid-gland, and base on each side of the PZ. Apparent diffusion coefficient (ADC), fractional anisotropy (FA),

volume transfer constant (Ktrans), and rate constant (kep) values of cancerous sextants and non-cancerous sextants in PZ were calculated. Logistic regression models were generated for DTI, DCE-MRI, and DTI + DCE-MRI. Receiver-operating characteristic (ROC) curves were used to compare the ability of these models to differentiate cancerous sextants from non-cancerous sextants of PZ. RESULTS: There were significant differences in the ADC, FA, Ktrans, and kep values between cancerous sextants and non-cancerous sextants in PZ ($P < 0.0001$, $P < 0.0001$, $P < 0.0001$, and $P < 0.0001$, respectively). The area under curve (AUC) for DTI + DCE-MRI was significantly greater than that for either DTI (0.93 vs. 0.86, $P = 0.0017$) or DCE-MRI (0.93 vs. 0.84, $P = 0.0034$) alone. CONCLUSION: The combination of DTI and quantitative DCE-MRI has better diagnostic performance in detecting prostate cancer of the PZ than either technique alone.

[422]

TÍTULO / TITLE: - Penile cancer. Diagnosis and treatment.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):3522.

[423]

TÍTULO / TITLE: - Lycopene modulates growth and survival associated genes in prostate cancer.

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

REVISTA / JOURNAL: - J Nutr Biochem. 2013 Jun 5. pii: S0955-2863(13)00072-7. doi: 10.1016/j.jnutbio.2013.03.001.

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

1016/j.jnutbio.2013.03.001

AUTORES / AUTHORS: - Rafi MM; Kanakasabai S; Reyes MD; Bright JJ

INSTITUCIÓN / INSTITUTION: - Department of Food Science, School of Environmental and Biological Sciences, Rutgers, The State University of New Jersey, New Brunswick, NJ08901, USA.

RESUMEN / SUMMARY: - Lycopene is a fat soluble red-orange carotenoid pigment present in tomato that reduces the risk for prostate cancer, a common malignancy among men. However, the mechanism by which lycopene attenuates prostate cancer is not fully defined. In this study we examined the effect of lycopene on proliferation, survival, and biomarker gene expression in prostate cancer (PC-3) cells in culture. WST-1 assay showed that lycopene induces a biphasic effect on PC-3 cells with a modest increase in proliferation at 1-5 μM , no change at 10-25 μM and a decrease at 50-100 μM doses in culture. Interestingly, combination treatment with lycopene induced anti-proliferative effect of Temozolomide on PC-3 cells. Lycopene also augmented the anti-proliferative effect of peroxisome proliferator-activated receptor gamma

(PPARgamma) agonists, but not Doxorubicin or Taxol, in prostate cancer. Flow cytometry analyses showed that lycopene, in combination with chemotherapeutic agents and PPARgamma agonists, induced modest cell cycle arrest with significant increase in cell death by apoptosis and necrosis on prostate cancer. Gene array and quantitative reverse transcription polymerase chain reaction analyses showed that lycopene alters the expression of growth and apoptosis associated biomarkers in PC-3 cells. These findings highlight that lycopene attenuates prostate cancer by modulating the expression of growth and survival associated genes.

[424]

- CASTELLANO -

TÍTULO / TITLE: Celulas madre en cancer de prostata.

TÍTULO / TITLE: - Stem cells in prostate cancer.

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

REVISTA / JOURNAL: - Arch Esp Urol. 2013 Jun;66(5):475-486.

AUTORES / AUTHORS: - Mateo F; Fernandez PL; Thomson TM

INSTITUCIÓN / INSTITUTION: - Laboratory of Cell Signaling and Cancer. Department of Cell Biology. Barcelona Institute for Molecular Biology. CSIC. Department of Pathology. Hospital Clinic. University of Barcelona. Barcelona. Spain.

RESUMEN / SUMMARY: - Tumors constitute complex ecosystems with multiple interactions among neoplastic cells displaying various phenotypes and functions and where the tumoral niche is built with an active participation of the host environment that also impacts the malignant progression of the tumor cells. Irrespective of the cell of origin of prostate adenocarcinoma, mounting evidences support the existence of a hierarchy within neoplastic prostate cells that contributes to the heterogeneity of these tumors. At the origin of this hierarchy are small populations of tumor cells with high self-renewal potential and also capable of generating progeny tumor cells that lose self-renewal properties as they acquire more differentiated phenotypes. These cancer stem cells (CSC) depend on active gene networks that confer them with their self-renewal capacity through symmetrical divisions whereas they can also undergo asymmetrical division and differentiation either as stochastic events or in response to environmental cues. Although new experimental evidences indicate that this is can be a reversible process, thus blurring the distinction between CSCs and non-CSCs, the former are considered as the drivers of tumor growth and evolution, and thus a prime target for therapeutic intervention. Of particular importance in prostate cancer, CSCs may constitute the repository population of androgen-insensitive and chemotherapy-resistant tumor cells responsible for castration-resistant and chemotherapy-insensitive tumors, thus

their identification and quantification in primary and metastatic neoplasms could play important roles in the management of this disease.

[425]

TÍTULO / TITLE: - Hypoxia regulates the sperm associated antigen 4 (SPAG4) via HIF, which is expressed in renal clear cell carcinoma and promotes migration and invasion in vitro.

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

REVISTA / JOURNAL: - Mol Carcinog. 2013 Jul 2. doi: 10.1002/mc.22065.

●● [Enlace al texto completo \(gratis o de pago\) 1002/mc.22065](#)

AUTORES / AUTHORS: - Knaup KX; Monti J; Hackenbeck T; Jobst-Schwan T; Klanke B; Schietke RE; Wacker I; Behrens J; Amann K; Eckardt KU; Warnecke C; Wiesener MS

INSTITUCIÓN / INSTITUTION: - Department of Nephrology and Hypertension, University of Erlangen-Nuremberg, Erlangen, Germany; Nikolaus Fiebiger Center, University of Erlangen-Nuremberg, Erlangen, Germany.

RESUMEN / SUMMARY: - Hypoxia leads to the upregulation of a variety of genes mediated largely via the hypoxia inducible transcription factor (HIF). Prominent HIF-regulated target genes such as the vascular endothelial growth factor (VEGF), the glucose transporter 1 (Glut-1), or erythropoietin (EPO) help to assure survival of cells and organisms in a low oxygenated environment. Here, we are the first to report the hypoxic regulation of the sperm associated antigen 4 (SPAG4). SPAG4 is a member of the cancer testis (CT) gene family and to date little is known about its physiological function or its involvement in tumor biology. A number of CT family candidate genes are therefore currently being investigated as potential cancer markers, due to their predominant testicular expression pattern. We analyzed RNA and protein expression by RNase protection assay, immunofluorescent as well as immunohistological stainings. To evaluate the influence of SPAG4 on migration and invasion capabilities, siRNA knockdown as well as transient overexpression was performed prior to scratch or invasion assay analysis. The hypoxic regulation of SPAG4 is clearly mediated in a HIF-1 and VHL dependent manner. We furthermore show upregulation of SPAG4 expression in human renal clear cell carcinoma (RCC) and co-localization within the nucleolus in physiological human testis tissue. SPAG4 knockdown reduces the invasion capability of RCC cells in vitro and overexpression leads to enhancement of tumor cell migration. Together, SPAG4 could possibly play a role in the invasion capability and growth of renal tumors and could represent an interesting target for clinical intervention. © 2013 Wiley Periodicals, Inc.

[426]

TÍTULO / TITLE: - Genomic Heterogeneity of Translocation Renal Cell Carcinoma.

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

REVISTA / JOURNAL: - Clin Cancer Res. 2013 Aug 6.

●● Enlace al texto completo (gratis o de pago) [1158/1078-0432.CCR-12-3825](#)

AUTORES / AUTHORS: - Malouf GG; Monzon FA; Couturier J; Molinie V; Escudier B; Camparo P; Su X; Yao H; Tamboli P; Lopez-Terrada D; Picken M; Garcia M; Multani AS; Pathak S; Wood CG; Tannir NM

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: Departments of Leukemia, Bioinformatics, Pathology, Genetics, Urology, and Genitourinary Medical Oncology, The University of Texas MD Anderson Cancer Center; Departments of Pathology & Immunology and Molecular & Human Genetics, Baylor College of Medicine; Department of Pathology, Texas Children's Hospital, Houston, Texas; Department of Genetics, Institut National de la Sante et de la Recherche Medicale (INSERM) U830, Institut Curie; Department of Pathology, Hopital Saint Joseph, Paris; Department of Medical Oncology, Institut Gustave Roussy, Villejuif; Department of Pathology, Hopital Foch, Suresnes, France; Department of Pathology, Loyola University Hospital, Chicago, Illinois; and Departments of Medicine and Pathology, University of Colorado School of Medicine, Aurora, Colorado.

RESUMEN / SUMMARY: - **PURPOSE:** Translocation renal cell carcinoma (tRCC) is a rare subtype of kidney cancer involving the TFE3/TFEB genes. We aimed to investigate the genomic and epigenetic features of this entity. **EXPERIMENTAL DESIGN:** Cytogenomic analysis was conducted with 250K single-nucleotide polymorphism microarrays on 16 tumor specimens and four cell lines. LINE-1 methylation, a surrogate marker of DNA methylation, was conducted on 27 cases using pyrosequencing. **RESULTS:** tRCC showed cytogenomic heterogeneity, with 31.2% and 18.7% of cases presenting similarities with clear-cell and papillary RCC profiles, respectively. The most common alteration was a 17q gain in seven tumors (44%), followed by a 9p loss in six cases (37%). Less frequent were losses of 3p and 17p in five cases (31%) each. Patients with 17q gain were older ($P = 0.0006$), displayed more genetic alterations ($P < 0.003$), and had a worse outcome ($P = 0.002$) than patients without it. Analysis comparing gene-expression profiling of a subset of tumors bearing 17q gain and those without suggest large-scale dosage effects and TP53 haploinsufficiency without any somatic TP53 mutation identified. Cell line-based cytogenetic studies revealed that 17q gain can be related to isochromosome 17 and/or to multiple translocations occurring around 17q breakpoints. Finally, LINE-1 methylation was lower in tRCC tumors from adults compared with tumors from young patients (71.1% vs. 76.7%; $P = 0.02$). **CONCLUSIONS:** Our results reveal genomic heterogeneity of tRCC with similarities to other renal tumor subtypes and raise important questions about

the role of TFEB/TFE3 translocations and other chromosomal imbalances in tRCC biology. Clin Cancer Res; 1-12. ©2013 AACR.

[427]

TÍTULO / TITLE: - Epigenetic features of testicular germ cell tumours in relation to epigenetic characteristics of foetal germ cells.

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

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):309-317.

●● Enlace al texto completo (gratis o de pago) [1387/ijdb.130142ka](#)

AUTORES / AUTHORS: - Kristensen DG; Skakkebaek NE; Rajpert-De Meyts E; Almstrup K

INSTITUCIÓN / INSTITUTION: - Department of Growth and Reproduction, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark.

kristian@almstrup.net.

RESUMEN / SUMMARY: - Foetal development of germ cells is a unique biological process orchestrated by cellular specification, migration and niche development in concert with extensive epigenetic and transcriptional programs. Many of these processes take place early in foetal life and are hence very difficult to study in humans. However, the common precursor of testicular cancers the carcinoma in situ (CIS) cell is thought to be an arrested foetal germ cell. Therefore studies of CIS cells may leverage information on human foetal germ cell development and, in particular, when neoplastic transformation is initiated. In this review, we will focus on current knowledge of the epigenetics of CIS cells and relate it to the epigenetic changes occurring in early developing germ cells of mice during specification, migration and colonization. We will focus on DNA methylation and some of the best studied histone modifications like H3K9me2, H3K27me3 and H3K9ac. We also show that CIS cells contain high levels of H3K27ac, which is known to mark active enhancers. Proper epigenetic reprogramming seems to be a pre-requisite of normal foetal germ cell development and we propose that alterations in these programs may be a pathogenic event in the initiation of testicular germ cell cancer. Even though only sparse information is available on epigenetic cues in human foetal germ cells, these indicate that the developmental patterns differ from the findings in mice and emphasize the need for further studies of foetal germ cell development in humans.

[428]

TÍTULO / TITLE: - A Population-based Case-Control Study of Urinary Arsenic Species and Squamous Cell Carcinoma in New Hampshire, USA.

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

REVISTA / JOURNAL: - Environ Health Perspect. 2013 Jul 19.

●● Enlace al texto completo (gratis o de pago) [1289/ehp.1206178](#)

AUTORES / AUTHORS: - Gilbert-Diamond D; Li Z; Perry AE; Spencer SK; Gandolfi AJ; Karagas MR

INSTITUCIÓN / INSTITUTION: - Section of Biostatistics and Epidemiology, Department of Community and Family Medicine, Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, USA.

RESUMEN / SUMMARY: - BACKGROUND: Chronic high arsenic exposure is associated with squamous cell carcinoma (SCC), and inorganic arsenic metabolites may play an important role in this association. However, little is known about the carcinogenicity of arsenic at levels commonly observed in the U.S. OBJECTIVE: To estimate associations between total urinary arsenic and arsenic species and SCC in a U.S. population. METHODS: We conducted a population-based case-control SCC study (n = 470 cases, 447 controls) in a U.S. region with moderate arsenic exposure through private well water and diet. We measured urinary inorganic arsenic (iAs), monomethylarsonic acid (MMA), dimethylarsinic acid (DMA), and summed these arsenic species (sAs). Participants who reported seafood consumption for 2 days before urine collection were excluded from analyses, as seafood contains arsenolipids and arsenosugars that metabolize into DMA through alternate pathways. RESULTS: In adjusted logistic regression analyses (n = 323 cases, 319 controls), the SCC odds ratio (OR) was 1.37 for each unit increase in ln(sAs (µg/L)) (95% CI: 1.04, 1.80). Urinary ln(MMA) and ln(DMA) also were positively associated with SCC (OR = 1.34; 95% CI: 1.04, 1.71 and OR = 1.34; 95% CI: 1.03, 1.74, respectively). A similar trend was observed for ln(iAs) (OR = 1.20; 95% CI: 0.97, 1.49). Percent iAs, MMA, and DMA were not associated with SCC. CONCLUSIONS: These results suggest that arsenic exposure at levels common in the U.S. relates to SCC and that arsenic metabolism ability does not modify the association.

[429]

TÍTULO / TITLE: - PAX8 expression in sporadic hemangioblastoma of the kidney supports a primary renal cell lineage: implications for differential diagnosis.

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

REVISTA / JOURNAL: - Hum Pathol. 2013 Jul 9. pii: S0046-8177(13)00194-9. doi: 10.1016/j.humpath.2013.05.007.

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

1016/j.humpath.2013.05.007

AUTORES / AUTHORS: - Zhao M; Williamson SR; Yu J; Xia W; Li C; Zheng J; Zhu Y; Sun K; Wang Z; Cheng L

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Ningbo Yinzhou Second Hospital, Ningbo, Zhejiang 315100, China.

RESUMEN / SUMMARY: - Hemangioblastoma is a benign, morphologically distinctive neoplasm of disputed histogenesis that typically occurs in the central nervous system either in the setting of von Hippel-Lindau disease or more often

sporadically. Extraneural hemangioblastoma is exceptional and raises a challenging differential diagnosis. Herein, we report a primary renal hemangioblastoma occurring in 51-year-old woman without stigmata of von Hippel-Lindau disease. Histologically, the tumor was composed of sheets of polygonal epithelioid stromal cells with ample pale or eosinophilic, vacuolated cytoplasm in an arborizing capillary network. Tumor cells showed variable nuclear pleomorphism, intranuclear cytoplasmic invaginations, scattered hyaline globules, and psammoma-like calcifications. Some areas showed branching hemangiopericytoma-like vessels with tumor cells radiating from the wall, while other areas were edematous and hyalinized with sparse stromal cells and abundant reticular vessels. Immunohistochemically, the tumor cells reacted strongly and diffusely with antibodies to PAX8, CD10, alpha-inhibin, S100 protein, neuron-specific enolase, and vimentin, and they showed focal positivity with antibodies to epithelial membrane antigen and AE1/AE3. Tumor cells were negative for CK7, CK8/18, RCC antigen, synaptophysin, chromogranin, c-kit, D2-40, HMB45, melan-A, cathepsin K, SMA, desmin, CD31, CD34, and estrogen and progesterone receptors. Positive immunoreactivity for PAX8 is unexpected and contrasts to central nervous system (CNS) hemangioblastomas, which are essentially always negative for PAX8. This novel finding adds support to the hypothesis that the immunoprofile of extraneural hemangioblastoma varies with site of origin, perhaps as a result of tumor cell lineage and retention of organ-specific markers or acquisition of site-specific antigens due to local factors.

[430]

TÍTULO / TITLE: - Preoperative risk factors related to bladder cancer rehabilitation: a registry study.

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

REVISTA / JOURNAL: - Eur J Clin Nutr. 2013 Jul 10. doi: 10.1038/ejcn.2013.120.

●● [Enlace al texto completo \(gratis o de pago\) 1038/ejcn.2013.120](#)

AUTORES / AUTHORS: - Jensen BT; Laustsen S; Petersen AK; Borre M; Soendergaard I; Ernst-Jensen KM; Lash TL; Borre M

INSTITUCIÓN / INSTITUTION: - [1] Department of Urology, Aarhus University Hospital, Aarhus, Denmark [2] Department of Clinical Medicine, Centre of Research in Rehabilitation, Aarhus University, Aarhus, Denmark.

RESUMEN / SUMMARY: - INTRODUCTION:Patients diagnosed with (muscle-) invasive bladder cancer (IBC) are more likely to harbour comorbidities due to their advanced age at diagnosis. Under-nutrition is a predictor for postoperative morbidity and mortality in cancer patients, but under-reported in urology. Understanding the IBC patient profile before major surgery could facilitate and optimise outcome of the surgical patient.BACKGROUND/OBJECTIVES:To identify preoperative risk factors for early rehabilitation before radical cystectomy (RC).SUBJECTS/METHODS:A historical registry-based study of 76

patients referred for RC at Aarhus University Hospital, Denmark (DK) in 2009. Early rehabilitation was defined by length of stay (LOS) postoperatively with a cutoff ≤ 11 days. High comorbidity was expressed by the Charlson comorbidity index score (CCI) ≥ 3 . LOS was calculated by linking the unique Civil Registration Number with the National Patient Registry. Preoperative nutritional risk was identified using the screening tool, nutritional risk score 2002 (NRS) of the European Society of Clinical Nutrition and Metabolism. Multivariate analysis was used to identify risk factors for early rehabilitation. RESULTS: The proportion of patients at preoperative nutritional risk was 26% (95% confidence interval (CI): (95% CI: 17; 37) and 43% of patients held a high CCI (95% CI: 33; 55). Prolonged LOS was independently associated with female gender ($P=0.02$) and age ≥ 70 years ($P=0.04$). NRS and CCI were not associated with LOS. CONCLUSIONS: Attention should be focused on women and elderly patients undergoing RC to optimise early rehabilitation and reduce LOS. It is still unknown whether preoperative nutritional risk and comorbidity are obstacles in early rehabilitation of RC patients. European Journal of Clinical Nutrition advance online publication, 10 July 2013; doi:10.1038/ejcn.2013.120.

[431]

TÍTULO / TITLE: - Primary treatment of the prostate improves local palliation in men who ultimately develop castrate-resistant prostate cancer.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(4):E250-5. doi: 10.1111/bju.12169.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12169](#)

AUTORES / AUTHORS: - Won AC; Gurney H; Marx G; De Souza P; Patel MI

INSTITUCIÓN / INSTITUTION: - Urological Cancer Outcomes Centre, Sydney Medical School, Sydney, NSW, Australia.

RESUMEN / SUMMARY: - OBJECTIVES: To determine whether local treatment of primary prostate cancer gives palliative benefit to men who later develop castrate-resistant prostate cancer (CRPC). Local treatments of primary prostate cancer are defined as radical retropubic prostatectomy (RRP) or external beam radiation therapy (EBRT). PATIENTS AND METHODS: Patient records were reviewed in five different hospitals in Sydney, Australia, and 263 men with CRPC were identified. Eligible patients comprised men who had progressive disease during androgen deprivation therapy with castrate levels of testosterone. Clinical and pathological data were reviewed and evaluated using the chi-squared test and relative risk analysis to determine the relationship between previous local prostate treatment and complications secondary to local disease. The end-point was complications and morbidity attributed to cancer progression locally (i.e. from the prostate). RESULTS: Primary treatment of the prostate by either RRP or EBRT significantly reduces the incidence of local complications compared to no primary treatment (32.6% vs 54.6%; $P = 0.001$).

RRP showed a significantly lower level of local complications compared to EBRT (20.0% vs 46.7%; P = 0.007). The most common local complications were bladder outlet obstruction (35.0%) and ureteric obstruction (15.2%). CONCLUSIONS: The present retrospective analysis supports the hypothesis that primary local prostatic treatment gives palliative benefit to men who later develop CRPC. RRP was associated with the lowest local complication rate experienced at the stage of metastatic disease.

[432]

TÍTULO / TITLE: - Repetitively dosed docetaxel and samarium-EDTMP as an antitumor strategy for metastatic castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Cancer. 2013 Jun 13. doi: 10.1002/cncr.28103.

●● Enlace al texto completo (gratis o de pago) [1002/cncr.28103](#)

AUTORES / AUTHORS: - Autio KA; Pandit-Taskar N; Carrasquillo JA; Stephenson RD; Slovin SF; Rathkopf DE; Hong C; Heller G; Scher HI; Larson SM; Morris MJ

INSTITUCIÓN / INSTITUTION: - Genitourinary Oncology Service, Sidney Kimmel Center for Prostate and Urologic Cancers, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, New York.

RESUMEN / SUMMARY: - BACKGROUND: beta-emitting bone-seeking radiopharmaceuticals have historically been administered for pain palliation whereas docetaxel prolongs life in patients with metastatic castration-resistant prostate cancer (mCRPC). In combination, these agents simultaneously target the bone stroma and cancer cell to optimize antitumor effects. The toxicity and efficacy when each agent is combined at full, recommended doses, in a repetitive fashion is not well established. METHODS: Patients with progressive mCRPC and ≥ 3 bone lesions received 153 Sm-EDTMP (samarium-153 ethylene diamine tetramethylene phosphonate) at a dose of 1.0 mCi/kg every 9 weeks and docetaxel at a dose of 75 mg/m² every 3 weeks. In the absence of unacceptable toxicity, patients were allowed to continue additional cycles, defined by 9 weeks of treatment, until intolerance or biochemical/radiographic disease progression. RESULTS: Of the 30 patients treated, approximately 50% were considered to be taxane-naïve, 36.7% were taxane-refractory, and 13.3% had previously been exposed to taxanes but were not considered refractory. Patients received on average 2.5 cycles of treatment (6.5 doses of docetaxel and 2.5 doses of 153 Sm-EDTMP). Twelve patients (40%) demonstrated a decline in their prostate-specific antigen level of $\geq 50\%$. The median progression-free survival (biochemical or radiographic) was 7.0 months and the overall survival was 14.3 months. Nine patients (30%) did not recover platelet counts >100 K/mm³ after a median of 3 cycles to allow for additional treatment, with 4 patients experiencing prolonged thrombocytopenia. The most common reasons for trial discontinuation were progressive disease and hematologic

toxicity. CONCLUSIONS: The results of the current study indicate that 153 Sm-EDTMP can be safely combined with docetaxel at full doses on an ongoing basis in patients with mCRPC. Although thrombocytopenia limited therapy for some patients, preliminary efficacy supports the strategy of combining a radiopharmaceutical with chemotherapy, which is an appealing strategy given the anticipated availability of alpha emitters that can prolong survival. Cancer 2013. © 2013 American Cancer Society.

[433]

TÍTULO / TITLE: - Compound K Induces Apoptosis of Bladder Cancer T24 Cells Via Reactive Oxygen Species-Mediated p38 MAPK Pathway.

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

REVISTA / JOURNAL: - Cancer Biother Radiopharm. 2013 Jul 30.

●● Enlace al texto completo (gratis o de pago) [1089/cbr.2012.1468](#)

AUTORES / AUTHORS: - Wang H; Jiang D; Liu J; Ye S; Xiao S; Wang W; Sun Z; Xie Y; Wang J

INSTITUCIÓN / INSTITUTION: - 1 Liaoning Key Laboratory of Food Biological Technology, School of Food Science and Technology, Dalian Polytechnic University, Dalian, China.

RESUMEN / SUMMARY: - Abstract Compound K (CK; 20-O-D-glucopyranosyl-20(S)-protopanaxadiol), a major metabolite of ginsenoside, has been shown to possess several biological activities such as potent antitumor properties. However, the effect of CK on the apoptosis of bladder cancer cells and its underlying mechanisms remain poorly understood. Therefore, we examined the effect of CK on the apoptosis of bladder cancer T 24 cells. Cell counts showed that treatment of T24 cells with CK decreased the cell number in a dose- and time-dependent manner. Flow cytometric analysis revealed that CK could significantly induce apoptosis of T24 cells in vitro. Further, cellular glutathione reduction, accumulation of reactive oxygen species (ROS) were also observed in CK-treated T24 cells. Western blot demonstrated the release of cytochrome c, activation of procaspases-3, procaspases-9, and the change of Bax/Bcl-2 proteins ratio. We also found that the phosphorylation of p38MAPK was increased by CK, while treatment with SB203580 inhibited CK-induced cell apoptosis in T24 cells. The blockage of ROS generation by N-acetylcysteine effectively prevented the apoptosis induction in T24 cells with CK treatment, accompanied by the decrease of activation of p38MAPK. These results suggested that CK induced the apoptosis of bladder cancer T24 cells, which is partially due to ROS generation and p38MAPK activation.

[434]

TÍTULO / TITLE: - Can MR-US Fusion Biopsy Improve Cancer Detection in Enlarged Prostates?

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 17. pii: S0022-5347(13)04619-3. doi: 10.1016/j.juro.2013.05.118.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.05.118](#)

AUTORES / AUTHORS: - Walton-Diaz A; Hoang AN; Turkbey B; Hong CW; Truong H; Sterling T; Rais-Bahrami S; Siddiqui MM; Stamatakis L; Vourganti S; Nix J; Logan J; Harris C; Weintraub M; Chua C; Merino MJ; Choyke P; Wood BJ; Pinto PA

INSTITUCIÓN / INSTITUTION: - Urologic Oncology Branch, National Cancer Institute, National Institutes of Health, Bethesda, MD.

RESUMEN / SUMMARY: - **PURPOSE:** Patients with enlarged prostates and suspicion of prostate cancer (PCa) pose a diagnostic dilemma. PCa detection rate of systematic 12-core TRUS-guided biopsy ranges between 30-40%. For prostates >40cc this decreases to = 30%. MR-US fusion biopsy has demonstrated superior PCa detection rates. Herein, we define the detection rate of MR-US fusion biopsy in men with enlarged prostate glands. **MATERIALS AND METHODS:** Patients who underwent multiparametric prostate MRI (MP-MRI) followed by MR-US fusion biopsy at our institution were analyzed. Whole prostate (WP) volumes were calculated using reconstructions of the MRI. Detection rates were analyzed with respect to age, PSA, and WP volumes. Multivariable logistic regression was used to assess these as independent predictors of PCa detection. **RESULTS:** A total of 649 patients (mean age 61.8+/- 7.9 years) with a median PSA of 6.65ng/ml (IQR 4.35 - 11.0ng/ml) were analyzed. Mean WP volume was 58.7+/- 34.3 cc. Overall detection rate of the MR-US fusion platform was 55%. For prostates <40cc the detection rate was 71.1% compared to 57.5%, 46.9%, 46.9% 33.3%, 36.4% and 30.4% for glands between 40-54.9cc, 55-69.9cc, 70-84.9cc, 85-99.9cc, 100-114.9cc and =115cc respectively (p<0.0001). Multivariable logistic regression showed significant inverse association of MRI volume with PCa detection controlling for age and PSA. **CONCLUSIONS:** TRUS-guided and fusion biopsy cancer detection rates decrease with increasing prostate volume. However, MR-US fusion biopsy has higher PCa detection rate when compared to TRUS-guided biopsy reported in the literature. MR-US fusion biopsy represents a promising solution for patients with suspicion of PCa and enlarged prostates.

[435]

TÍTULO / TITLE: - Role of oxidative stress in cytotoxicity of grape seed extract in human bladder cancer cells.

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

REVISTA / JOURNAL: - Food Chem Toxicol. 2013 Jul 3. pii: S0278-6915(13)00418-3. doi: 10.1016/j.fct.2013.06.039.

●● Enlace al texto completo (gratis o de pago) [1016/j.fct.2013.06.039](#)

AUTORES / AUTHORS: - Raina K; Tyagi A; Kumar D; Agarwal R; Agarwal C

INSTITUCIÓN / INSTITUTION: - Department of Pharmaceutical Sciences, Skaggs School of Pharmacy, Aurora, CO, USA.

RESUMEN / SUMMARY: - In present study, we evaluated grape seed extract (GSE) efficacy against bladder cancer and associated mechanism in two different bladder cancer cell lines T24 and HTB9. A significant inhibitory effect of GSE on cancer cell viability was observed, which was due to apoptotic cell death. Cell death events were preceded by vacuolar appearance in cytoplasm, which under electron microscopy was confirmed as swollen mitochondrial organelle and autophagosomes. Through detailed in vitro studies, we established that GSE generated oxidative stress that initiated an apoptotic response as indicated by the reversal of GSE-mediated apoptosis when the cells were pre-treated with antioxidants prior to GSE. However, parallel to a strong apoptotic cell death event, GSE also caused a pro-survival autophagic event as evidenced by tracking the dynamics of LC3-II within the cells. Since the pro-death apoptotic response was stronger than the pro-survival autophagy induction within the cells, cell eventually succumbed to cellular death after GSE exposure. Together, the findings in the present study are both novel and highly significant in establishing, for the first time, that GSE-mediated oxidative stress causes a strong programmed cell death in human bladder cancer cells, suggesting and advocating the effectiveness of this non-toxic agent against this deadly malignancy.

[436]

TÍTULO / TITLE: - Mass spectrometric study of stone matrix proteins of human bladder stones.

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):295-300. doi: 10.1016/j.urology.2013.04.011.

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

1016/j.urology.2013.04.011

AUTORES / AUTHORS: - Jou YC; Tsai YS; Fang CY; Chen SY; Chen FH; Huang CH; Li YH; Shen CH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Chiayi Christian Hospital, Chia-Yi, Taiwan.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the mechanisms of bladder uric acid stone (BUAS) formation by analyzing BUAS stone matrix proteins, with mass spectrometry (MS). MATERIALS AND METHODS: Stone matrix proteins were extracted from 5 pure BUASs. The obtained proteins were analyzed with reverse phase liquid chromatography-tandem MS. The acquired data were investigated against a Swiss Prot human protein database, using Matrix Science Mascot. The identified proteins were submitted to UniProtKB website for gene ontology analysis to define their correlation. They were also submitted to Metacore platform and Kyoto Encyclopedia of Genes and Genomes website

for pathway analysis. MS-determined protein expressions were validated by immunoblot. RESULTS: The liquid chromatography-tandem MS analysis identified 58-226 proteins in the 5 BUASs (450 proteins). Metacore software analysis suggests that inflammation might play an important role for BUAS formation. The analysis of endogenous metabolic pathways revealed that these proteins were categorized into glycerophospholipid or glycosphingolipid biosynthesis. Four of 5 identified proteins selected for validation, including uromodulin, S100P, Histone 4, and nucleophosmin, can be validated in the immunoblot data. CONCLUSION: Our results suggest that inflammatory process and lipid metabolism might play a role in the formation of BUAS. Whether these inflammatory responses are the etiology of stone formation or whether they result from local damage by stone irritation is uncertain.

[437]

TÍTULO / TITLE: - Re: Prognostic Value of Blood mRNA Expression Signatures in Castration-resistant Prostate Cancer: A Prospective, Two-stage Study.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug;64(2):341-2. doi: 10.1016/j.eururo.2013.05.014.

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

1016/j.eururo.2013.05.014

AUTORES / AUTHORS: - Maitland NJ

INSTITUCIÓN / INSTITUTION: - YCR Cancer Research Unit, Department of Biology, University of York, York, UK. Electronic address:

n.j.maitland@york.ac.uk.

[438]

TÍTULO / TITLE: - Regional deep hyperthermia for salvage treatment of children and adolescents with refractory or recurrent non-testicular malignant germ-cell tumours: an open-label, non-randomised, single-institution, phase 2 study.

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

REVISTA / JOURNAL: - Lancet Oncol. 2013 Aug;14(9):843-52. doi: 10.1016/S1470-2045(13)70271-7. Epub 2013 Jul 1.

●● Enlace al texto completo (gratis o de pago) [1016/S1470-](http://1016/S1470-2045(13)70271-7)

[2045\(13\)70271-7](http://2045(13)70271-7)

AUTORES / AUTHORS: - Wessalowski R; Schneider DT; Mils O; Friemann V; Kyrilopoulou O; Schaper J; Matuschek C; Rothe K; Leuschner I; Willers R; Schonberger S; Gobel U; Calaminus G

INSTITUCIÓN / INSTITUTION: - Paediatric Oncology Clinic, Haematology and Immunology, Centre for Child and Adolescent Health, Medical Faculty, Heinrich-Heine-University Dusseldorf, Dusseldorf, Germany. Electronic address:

wessalowski@med.uni-duesseldorf.de.

RESUMEN / SUMMARY: - BACKGROUND: Although the survival of children and adolescents with malignant germ-cell tumours has improved greatly in recent years, the outcome remains poor for those with refractory or recurrent malignant germ-cell tumours. We aimed to determine whether objective tumour response could be achieved in patients with refractory or recurrent malignant germ-cell tumours with PEI-regional deep hyperthermia as salvage treatment. METHODS: Patients with refractory or recurrent non-testicular malignant germ-cell tumours after standard cisplatin-based chemotherapy were treated prospectively with PEI chemotherapy (cisplatin 40 mg/m²), delivered intravenously on days 1 and 4; etoposide 100 mg/m², intravenously on days 1-4; and ifosfamide 1800 mg/m², intravenously on days 1-4 plus simultaneous 1-h regional deep hyperthermia (41-43 degrees C) on days 1 and 4. Patients received three to four treatment courses at 21-day intervals until residual tumour resection was possible; they subsequently received one or two additional courses of PEI-regional deep hyperthermia. Local radiotherapy was given for incompletely resected tumours. Chemotherapy and hyperthermia toxic effects were assessed using WHO grading. The primary endpoint was the proportion of patients who had an objective response as assessed with Response Evaluation Criteria in Solid Tumors version 1.0 guidelines. Secondary endpoints were the event-free survival and overall survival after 5 years. This ongoing PEI-regional deep hyperthermia study (Hyper-PEI protocol) is registered at the German Cancer Society, number 50-2732. FINDINGS: 44 patients aged 7 months to 21 years (median 2 years 7 months) with refractory or recurrent malignant germ-cell tumours (nine patients with poor response, 23 patients with first relapse, 12 patients with multiple relapses) were included in this study. We identified 34 yolk sac tumours, eight embryonal carcinomas, one choriocarcinoma, and one dysgerminoma by histology analysis. Of the 35 patients who had sufficient clinical and radiographical data available for response assessment, 30 (86%) had an objective response to treatment (16 patients had complete remission and 14 had partial remission). 5-year event-free survival was 62% (95% CI 45-75), and 5-year overall survival was 72% (95% CI 55-83). The median follow-up of surviving patients was 82 months (range 9-195). WHO grade 3-4 neutropenia and thrombocytopenia occurred in all 181 chemotherapy cycles. Granulocytopenic fever, which required intercurrent hospital admission, was noted in 29 (66%) of 44 patients after 53 (29%) of 181 courses. Five patients experienced treatment-related grade-3 acute renal toxic effects. INTERPRETATION: A multimodal strategy integrating PEI-regional deep hyperthermia and tumour resection with or without radiation can successfully treat children and adolescents with refractory or recurrent malignant non-testicular germ-cell tumours. The long-term prognosis of patients with poor response or after first relapse was almost similar to those receiving first-line treatment. This strategy merits further investigation. FUNDING: Deutsche Krebshilfe eV, Bonn, Elterninitiative Kinderkrebsklinik Dusseldorf eV, the Barbara and Hubertus-Trettnerstiftung, and the Marie Quendt Fund.

[439]

TÍTULO / TITLE: - Identification of a Novel Proteoform of Prostate Specific Antigen (SNP-L132I) in Clinical Samples by Multiple Reaction Monitoring.

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

REVISTA / JOURNAL: - Mol Cell Proteomics. 2013 Jul 10.

●● Enlace al texto completo (gratis o de pago) [1074/mcp.M113.028365](#)

AUTORES / AUTHORS: - Vegvari A; Sjodin K; Rezeli M; Malm J; Lilja H; Laurell T; Marko-Varga G

INSTITUCIÓN / INSTITUTION: - Lund University, Sweden;

RESUMEN / SUMMARY: - Prostate specific antigen (PSA) is a well-established tumor marker, which is frequently employed as model biomarker to develop and evaluate emerging quantitative proteomics techniques, partially due to wide access to commercialized immunoassays serving as “gold standard”. We designed a multiple reaction monitoring (MRM) assay to detect PSA proteoforms in clinical samples (n=72), utilizing specificity and sensitivity of the method. We report for the first time, a PSA proteoform, coded by SNP-L132I (rs2003783), observed in 9 samples in both heterozygous (n=7) and homozygous (n=2) expression profiles. Other isoforms of PSA, derived from protein databases, were not identified by four unique proteotypic tryptic peptides. We have also utilized our MRM assay for precise quantitative analysis of PSA concentrations in both seminal and blood plasma samples. The analytical performance was evaluated, providing close agreement between each quantitation based on three selected peptides (LSEPAELTDAVK, IVGGWECEK and SVILLGR) and a routinely used commercialized immunoassay. Additionally, we have disclosed that the peptide IVGGWECEK is shared with kallikrein-related peptidase 2 and therefore not unique for PSA. Hence, we propose to use another tryptic sequence (SVILLGR) for accurate MRM-quantification of PSA in clinical samples.

[440]

TÍTULO / TITLE: - Overexpression of Rab25 contributes to metastasis of bladder cancer through induction of epithelial-mesenchymal transition and activation of Akt/GSK-3beta/Snail signaling.

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

REVISTA / JOURNAL: - Carcinogenesis. 2013 Jul 2.

●● Enlace al texto completo (gratis o de pago) [1093/carcin/bqt187](#)

AUTORES / AUTHORS: - Zhang J; Wei J; Lu J; Tong Z; Liao B; Yu B; Zheng F; Huang X; Chen Z; Fang Y; Li B; Chen W; Xie D; Luo J

INSTITUCIÓN / INSTITUTION: - Department of Urology and.

RESUMEN / SUMMARY: - Rab25, an epithelial-specific member of the Rab family of small guanosine triphosphatases, is associated with several human cancers.

The goal of this study was to determine its function in bladder cancer (BC). We examined the Rab25 expression pattern in two different cohorts of BC patients treated with radical cystectomy by quantitative PCR, western blotting and immunohistochemical staining. A series of in vitro and in vivo assays were performed to elucidate the function of Rab25 in BC and its underlying mechanisms. Rab25 expression was significantly elevated at both the messenger RNA and protein levels in BCs compared with normal bladder tissues. High Rab25 expression was closely associated with lymph node (LN) metastasis and was an independent predictor for poor disease-free survival in BC patients. Downregulation of Rab25 in BC cells markedly inhibited invasive motility in vitro and metastatic potential in vivo. In addition, downregulation of Rab25 in BC EJ and T24 cells increased the expression levels of epithelial markers (E-cadherin and alpha-catenin) and decreased the levels of mechamechy markers (vimentin and fibronectin). Simultaneously, downregulation of Rab25 in EJ and T24 cells resulted in the inactivation of downstream phosphorylated protein kinase B (p-Akt), phosphorylated glycogen synthase kinase-beta (p-GSK-3beta) and snail signaling. This study demonstrates that Rab25 can promote BC metastasis through induction of epithelial-mesenchymal transition process and activation of Akt/GSK-3beta/Snail signaling pathway; Rab25 expression level can predict LN metastasis and inferior clinical outcome in BC patients.

[441]

TÍTULO / TITLE: - Utility of Multiparametric MRI Suspicion Levels in Detecting Prostate Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 May 29. pii: S0022-5347(13)04417-0. doi: 10.1016/j.juro.2013.05.052.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.05.052

AUTORES / AUTHORS: - Rais-Bahrami S; Siddiqui MM; Turkbey B; Stamatakis L; Logan J; Hoang AN; Walton-Diaz A; Vourganti S; Truong H; Kruecker J; Merino MJ; Wood BJ; Choyke PL; Pinto PA

INSTITUCIÓN / INSTITUTION: - Urologic Oncology Branch, National Cancer Institute, National Institutes of Health.

RESUMEN / SUMMARY: - PURPOSE: To determine the utility of multiparametric-MRI (MP-MRI) in detecting prostate cancer (PCa), with specific focus on detecting higher-grade PCa. MATERIALS AND METHODS: Prospectively, 583 patients who underwent MP-MRI and subsequent prostate biopsy at a single institution were evaluated. On MP-MRI, lesions were identified and scored as low, moderate, or high suspicion for PCa based upon a validated scoring system. MR/US fusion-guided biopsies of MRI lesions in addition to systematic 12-core biopsies were performed. Correlations between the highest assigned MP-MRI suspicion score and presence of cancer and biopsy Gleason Score

(bGS) on the first fusion biopsy session were assessed using univariate and multivariable logistic regression models. Sensitivity, specificity, NPV, and PPV were calculated and ROC curves were developed to assess the discriminative ability of MP-MRI as a diagnostic tool for various bGS cohorts. RESULTS: Significant correlations were found between age, PSA, prostate volume, and MP-MRI suspicion score and the presence of PCa ($p < 0.0001$). On multivariable analyses controlling for age, PSA, and prostate volume, increasing MP-MRI suspicion was an independent prognosticator of PCa detection (OR=2.2, $p < 0.0001$). Also, incremental increases in MP-MRI suspicion score demonstrated stronger associations with cancer detection in patients with Gleason ≥ 7 (OR=3.3, $p < 0.001$) and Gleason ≥ 8 (OR=4.2, $p < 0.0001$) PCa. Assessing MP-MRI as a diagnostic tool for all PCa, bGS ≥ 7 , and bGS ≥ 8 separately via ROC analyses demonstrated increasing accuracy of MP-MRI for higher-grade disease (AUC=0.64, 0.69, and 0.72, respectively). CONCLUSIONS: MP-MRI is a clinically useful modality to detect and characterize PCa, particularly in men with higher-grade disease.

[442]

TÍTULO / TITLE: - Re: dynamic contrast-enhanced subtraction MRI for characterizing intratesticular mass lesions.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):538. doi: 10.1016/j.juro.2013.04.062. Epub 2013 Apr 24.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.04.062

AUTORES / AUTHORS: - Siegel C

[443]

TÍTULO / TITLE: - Patterns of management and surveillance imaging amongst medical oncologists in Australia for stage I testicular cancer.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):E35-43. doi: 10.1111/bju.12221.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12221

AUTORES / AUTHORS: - Grimison P; Houghton B; Chatfield M; Toner GC; Davis ID; Martin J; Hovey E; Stockler MR

INSTITUCIÓN / INSTITUTION: - Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group Ltd, Sydney, NSW, Australia; Sydney Cancer Centre and University of Sydney, Sydney, NSW, Australia.

RESUMEN / SUMMARY: - OBJECTIVE: To determine the patterns of management and surveillance imaging amongst medical oncologists in Australia for stage I testicular cancer during 2010. METHODS: We conducted a survey comprising 14 questions about the management strategy and surveillance imaging for all patients with stage I testicular cancer treated over the previous 12 months.

RESULTS: A total of 52 medical oncologists documented the management for an estimated 470 patients. For seminoma, management was in the form of surveillance in 33%, radiotherapy in 5% and adjuvant carboplatin in 62% of patients. For non-seminoma, management was surveillance in 73%, adjuvant chemotherapy in 23% and retroperitoneal lymph node dissection in 4% of patients. The frequency of surveillance imaging was highly variable, and ≥ 10 computed tomography (CT) scans were used by 38% of clinicians for seminoma and 46% of clinicians for non-seminoma. CONCLUSION: We found considerable variation in management patterns. The infrequent use of surveillance and frequent use of carboplatin for seminoma differs from international guidelines. Radiation exposure from CT imaging should be reduced through standardized follow-up protocols, and possibly by alternate imaging methods if validated in appropriate studies.

[444]

TÍTULO / TITLE: - Classification, epidemiology and therapies for testicular germ cell tumours.

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

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):133-139.

●● Enlace al texto completo (gratis o de pago) [1387/ijdb.130031nv](http://dx.doi.org/10.1387/ijdb.130031nv)

AUTORES / AUTHORS: - Vasdev N; Moon A; Thorpe AC

INSTITUCIÓN / INSTITUTION: - Department of Urology, Freeman Hospital, Newcastle upon Tyne, United Kingdom. nikhilvasdev@doctors.org.uk.

RESUMEN / SUMMARY: - Testicular germ cell tumours (TGCT) account for between 1% and 1.5% of male neoplasms and 5% of urological tumours in general. They are classified broadly into Seminoma, which resemble primordial germ cells (PGCs), and Non-Seminoma, which are either undifferentiated (embryonal carcinoma) or differentiated (exhibiting a degree of embryonic (teratoma) or extra-embryonic (yolk sac choriocarcinoma) patterning). We present the current details of the latest classification, epidemiology and treatment aspects of TGCT in the UK in our review.

[445]

TÍTULO / TITLE: - PSA-responsive and PSMA-mediated multifunctional liposomes for targeted therapy of prostate cancer.

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

REVISTA / JOURNAL: - Biomaterials. 2013 Sep;34(28):6976-91. doi: 10.1016/j.biomaterials.2013.05.055. Epub 2013 Jun 15.

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

[1016/j.biomaterials.2013.05.055](http://dx.doi.org/10.1016/j.biomaterials.2013.05.055)

AUTORES / AUTHORS: - Xiang B; Dong DW; Shi NQ; Gao W; Yang ZZ; Cui Y; Cao DY; Qi XR

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Natural and Biomimetic Drugs, School of Pharmaceutical Sciences, Peking University, 38 Xueyuan Road, Haidian District, Beijing 100191, PR China; Department of Pharmaceutics, School of Pharmaceutical Sciences, Hebei Medical University, 361 Zhongshan East Road, Shijiazhuang 050017, PR China.

RESUMEN / SUMMARY: - In the hormone-refractory stage of prostate cancer (PC), the expression of prostate-specific antigen (PSA) and prostate-specific membrane antigen (PSMA) often remains highly active. Accumulating studies have demonstrated that these two proteins are attractive targets for specific delivery of functional molecules to advanced PC, not merely as potential sensitive markers for PC detection. In this study, we constructed a dual-modified liposome that incorporated PSA-responsive and PSMA-mediated liposomes and potentially offers double selectivity for PC. The folate moiety binds quickly to PSMA-positive tumors, and the PSA-responsive moiety is cleaved by PSA that was enriched in tumor tissues. The activated liposomes (folate and cell-penetrating peptides dual-modifications) are subsequently taken up by the tumor cells via polyarginine's penetrating effects and receptor-mediated endocytosis. To corroborate these assumptions, a series of experiments were conducted, including PSA-responsive peptide hydrolysis kinetics, cellular uptake, internalization mechanism and escape from endosomes in PC-3 and/or 22Rv1 cells, biodistribution and antitumor activity of siRNA-loaded liposomes after systemic administration, gene silencing and cell apoptosis in vitro and in vivo. The results reveal that multivalent interactions play a key role in enhancing PC cell recognition and uptake while reducing nonspecific uptake. The dual-modified liposomes carrying small interfering RNA (siRNA) have significant advantages over the control liposomes, including single-modified (folate, CPP, PSA-responsive only) and non-modified liposomes. The dual-modified liposomes elevated cellular uptake, downregulated expression of polo-like kinase 1 (PLK-1) and augmented cell apoptosis in prostate tumor cells. The entry of the dual-modified liposomes into 22Rv1 cells occurred via multiple endocytic pathways, including clathrin-mediated endocytosis and macropinocytosis, followed by an effective endosomal escape of the entrapped siRNA into the cytoplasm. In vivo studies conducted on a 22Rv1 xenograft murine model demonstrated that the dual-modified liposomes demonstrated the maximized accumulation, retention and knockdown of PLK-1 in tumor cells, as well as the strongest inhibition of tumor growth and induction of tumor cell apoptosis. In terms of targeting capacity and therapeutic potency, the combination of a PSA-responsive and PSMA-mediated liposome presents a promising platform for therapy and diagnosis of PSMA/PSA-positive PC.

[446]

TÍTULO / TITLE: - Chemotherapy and targeted therapies: are we making progress in castrate-resistant prostate cancer?

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

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):361-74. doi: 10.1053/j.seminoncol.2013.04.015.

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

[1053/j.seminoncol.2013.04.015](#)

AUTORES / AUTHORS: - Hoffman-Censits J; Fu M

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Thomas Jefferson University Hospital, Philadelphia, PA. Electronic address: jean.hoffman-censits@jefferson.edu.

RESUMEN / SUMMARY: - First-line therapy for men with metastatic or recurrent prostate cancer following definitive local therapy is medical or surgical castration. Though effective initially in most patients, the majority of tumors develop castration resistance, necessitating the addition of further therapy. The historic treatment paradigm of second-line androgen manipulation, followed by cytotoxic salvage chemotherapy, has changed in recent years with better understanding of mechanisms that lead to castration resistance. This review will outline the data supporting the use of targeted and chemotherapeutic agents for prostate cancer, review data leading to US Food and Drug Administration (FDA) approval of the newest agents abiraterone, enzalutamide, and cabazitaxel, as well as review ongoing studies of novel agents.

[447]

TÍTULO / TITLE: - Macrophage migratory inhibitory factor promotes bladder cancer progression via increasing proliferation and angiogenesis.

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

REVISTA / JOURNAL: - Carcinogenesis. 2013 Aug 2.

●● Enlace al texto completo (gratis o de pago) [1093/carcin/bgt239](#)

AUTORES / AUTHORS: - Choudhary S; Hegde P; Pruitt JR; Sielecki TM; Choudhary D; Scarpato K; Degraff DJ; Pilbeam CC; Taylor JA 3rd

INSTITUCIÓN / INSTITUTION: - Division of Urology.

RESUMEN / SUMMARY: - Macrophage migratory inhibitory factor (MIF) is a proinflammatory cytokine shown to promote tumorigenesis. Using the N-butyl-N-(4-hydroxybutyl)-nitrosamine (BBN) model of bladder cancer, we previously showed that MIF knockout mice display decreased angiogenesis and invasion compared with wild-type. This study examines the role of MIF in bladder cancer via use of oral inhibitors of MIF. In vitro, high-grade bladder cancer cells were treated with recombinant human MIF +/- (rhMIF+/-) inhibitor. Measurements included cell counts, proliferation by 3H-thymidine incorporation (TdR), extracellular signal-regulated kinase (ERK) phosphorylation by western blot analysis, messenger RNA (mRNA) expression by quantitative PCR and protein secretion by enzyme-linked immunosorbent assay. Treatment with rhMIF

increased ERK phosphorylation, cell counts, TdR and mRNA expression and protein secretion of vascular endothelial growth factor, which were blocked by specific inhibitors of ERK and MIF. In vivo, 3-month-old male C57Bl/6 mice were given BBN for 22 and 16 weeks in study 1 and study 2, respectively. Mice (n = 8-10 per group) were gavaged with vehicle or doses of MIF inhibitors daily from weeks 16-22 in both studies. Average bladder weights, reflecting tumor mass, tumor stage/burden, mitotic rate and proliferation indices, and microvessel densities were reduced in inhibitor groups versus controls. In summary, MIF promotes bladder cancer via increasing cell proliferation and angiogenesis and oral inhibitors of MIF may prove useful in treatment of this disease.

[448]

TÍTULO / TITLE: - Acceptability of HPV vaccines and perceptions related to genital warts and penile/anal cancers among men who have sex with men in Hong Kong.

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

REVISTA / JOURNAL: - Vaccine. 2013 Jul 8. pii: S0264-410X(13)00900-6. doi: 10.1016/j.vaccine.2013.06.090.

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

[1016/j.vaccine.2013.06.090](#)

AUTORES / AUTHORS: - Wang Z; Mo PK; Lau JT; Lau M; Lai CH

INSTITUCIÓN / INSTITUTION: - Centre for Health Behaviours Research, The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong.

RESUMEN / SUMMARY: - Men who have sex with men (MSM) are at high risk of contracting HIV and developing genital warts and penile/anal cancers. HPV vaccines are efficacious in preventing such HPV-related diseases among males and WHO recommends its use to young MSM. In a cross-sectional survey, 542 MSM were interviewed. After being briefed about the vaccines' efficacies and the market price, the prevalence of acceptability of HPV vaccination was 29.2%. Adjusted by significant background variables, perceived high/very high chances of contracting genital warts [adjusted odds ratio (AOR)=2.04, 95%CI=1.11-3.72] and penile/anal cancers (AOR=1.89, 95%CI=1.09-3.29) among local MSM, perceived moderately high mortality rate of penile/anal cancers (AOR=1.78, 95%CI=1.13-2.81), fear toward penile/anal cancers (moderate: AOR=1.75, 95%CI=1.07-2.86; high/very high: AOR=1.82, 95%CI=1.13-2.92) and disagreement with the statement "MSM in general are not willing to take HPV vaccines" (AOR=1.82, 95%CI=1.24-2.68) were associated with the conditional acceptability. Acceptability of this new measure is reasonably high and there are rooms for improvement. Implementation trials to promote HPV vaccination by changing cognitions such as HPV-related risk perceptions, norms and perceptions toward anal/penile cancer are greatly warranted.

[449]

TÍTULO / TITLE: - miR-381, a novel intrinsic WEE1 inhibitor, sensitizes renal cancer cells to 5-FU by up-regulation of Cdc2 activities in 786-O.

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

REVISTA / JOURNAL: - J Chemother. 2013;25(4):229-38. doi: 10.1179/1973947813Y.0000000092. Epub 2013 May 7.

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

[1179/1973947813Y.0000000092](#)

AUTORES / AUTHORS: - Chen B; Duan L; Yin G; Tan J; Jiang X

INSTITUCIÓN / INSTITUTION: - Department of Urology, Third Xiang-Ya Hospital of Central South University, Changsha, China.

RESUMEN / SUMMARY: - BACKGROUND: Few researches on increase of chemotherapy sensitivity by microRNA (miRNA) were reported. We aim to investigate exact role of miR-381 in chemotherapy sensitivity of 5-fluorouracil (5-FU) in renal cancer cells. METHODS: We investigated the cell survival, cell-cycle and apoptosis of 786-O and HK-2 cells treated with miR-381 and 5-FU. IC50 of 5-FU was calculated. To study apoptosis and G2/M arrest, we determined pHH3, mitotic index and caspase-3/7 activity. RESULTS: We showed that miR-381 combined with 5-FU inhibited proliferation and potentiated the anti-tumour efficacies of 5-FU at tolerated concentration in vitro. miR-381 combined with 5-FU led to Cdc2 activation, mitotic catastrophe, and cell apoptosis through inhibitory WEE1. WEE1 was also validated as the direct target of miR-381. IC50 of 5-FU decreased significantly in the presence of miR-381. CONCLUSION: miR-381 increases sensitivity of 786-O cells to 5-FU by inhibitory WEE1 and increase of Cdc2 activity.

[450]

TÍTULO / TITLE: - A new age for vaccine therapy in renal cell carcinoma.

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

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):365-70. doi: 10.1097/PPO.0b013e31829d74b4.

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

[1097/PPO.0b013e31829d74b4](#)

AUTORES / AUTHORS: - Pal SK; Hu A; Figlin RA

INSTITUCIÓN / INSTITUTION: - From the *Department of Medical Oncology and Experimental Therapeutics, City of Hope Comprehensive Cancer Center, Duarte, CA; and daggerSamuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Medical Center, Los Angeles, CA.

RESUMEN / SUMMARY: - Over the past several years, the dominant paradigm in drug development for metastatic renal cell carcinoma (mRCC) has been to more selectively and potently target moieties such as the vascular endothelial

growth factor receptor. The effectiveness of this strategy appears to be nearing a plateau, however, underscoring the need for novel approaches. Vaccine-based therapies represent one such approach. Several distinct vaccines are currently being examined in mRCC, each using a distinct mechanism of action. For instance, the autologous dendritic cell vaccine AGS-003 uses patient-specific antigens derived from primary tumor tissue. In contrast, the poxvirus vaccine TG4010 produces an antigenic response to MUC1, a cell surface glycoprotein that reduces cell-cell interactions and thereby precludes contact inhibition. Other vaccines elicit a response to a broader spectrum of antigens-for instance, the vaccine IMA901 is based on 9 tumor-associated peptides identified from a novel biotechnology platform combining mass spectroscopy, microarray analysis of RNA expression, and immunogenicity assays. Herein, the current status of vaccine-based therapies for mRCC is described in detail. Furthermore, challenges to clinical implementation (eg, cost, optimal pairing with targeted agents, appropriate sequencing) are presented.

[451]

TÍTULO / TITLE: - Response to fish specific reproductive hormones and endocrine disrupting chemicals of a Sertoli cell line expressing endogenous receptors from an endemic cyprinid *Gnathopogon caerulescens*.

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

REVISTA / JOURNAL: - Gen Comp Endocrinol. 2013 Jun 13;191C:65-73. doi: 10.1016/j.ygcen.2013.06.002.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.ygcen.2013.06.002](#)

AUTORES / AUTHORS: - Higaki S; Koyama Y; Shimada M; Ono Y; Tooyama I; Fujioka Y; Sakai N; Ikeuchi T; Takada T

INSTITUCIÓN / INSTITUTION: - Ritsumeikan Global Innovation Research Organization, Ritsumeikan University, Kusatsu, Shiga 525-8577, Japan.

RESUMEN / SUMMARY: - Fish Sertoli cells play a critical role in spermatogenesis by mediating androgen and progesterone signaling. Their hormonal response, however, considerably differ among species. Therefore it would be ideal to use Sertoli cells originated from the fish of interest to investigate the effects of hormones as well as endocrine disrupting chemicals (EDCs). The aim of this study was to investigate the responses to reproductive hormones and EDCs of a Sertoli cell line that we established from an endemic cyprinid *Gnathopogon caerulescens*. As the Sertoli cell line expressed endogenous androgen and progesterone receptors, we were able to detect hormone responses by transfecting only a reporter vector (pGL4.36) expressing luciferase under the control of the mouse mammary tumor virus-long terminal repeat (MMTV-LTR) promoter into the cell line. Unlike previous reporter gene assays using fish steroid hormone receptors expressed in mammalian cell lines, luciferase activities were induced by the fish specific androgen (11-ketotestosterone) and

progesterone (17alpha,20beta-dihydroxy-4-pregnen-3-one), but not by testosterone and progesterone, at physiologically relevant concentrations. Furthermore, we found 4-nonylphenol (NP) but not bisphenol A showed strong anti-androgenic effects, implying that NP may have direct anti-androgenic effects on fish Sertoli cells in vivo. This is the first evidence, to the best of our knowledge, of anti-androgenic effects of NP in a fish Sertoli cell line. In addition, neither NP nor BPA showed anti-progesterogenic effects. These results suggest that the Sertoli cell line established from the fish of interest can be a useful in vitro tool for investigating the mechanisms of reproductive hormones and EDCs in the specific fish.

[452]

TÍTULO / TITLE: - Should Modest Elevations in Prostate-Specific Antigen, International Prostate Symptom Score, or Their Rates of Increase Over Time be Used as Surrogate Measures of Incident Benign Prostatic Hyperplasia?

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

REVISTA / JOURNAL: - Am J Epidemiol. 2013 Jun 28.

●● [Enlace al texto completo \(gratis o de pago\) 1093/aje/kwt044](#)

AUTORES / AUTHORS: - Schenk JM; Hunter-Merrill R; Zheng Y; Etzioni R; Gulati R; Tangen C; Thompson IM; Kristal AR

RESUMEN / SUMMARY: - Although surrogate measures of benign prostatic hyperplasia (BPH) are often used in epidemiologic studies, their performance characteristics are unknown. Using data from the Prostate Cancer Prevention Trial (n = 5,986), we evaluated prostate-specific antigen (PSA), International Prostate Symptom Score (IPSS), and their rates of change as predictors of incident BPH. BPH (n = 842 cases) was defined as medical or surgical treatment or at least 2 IPSS of 15 or higher. Proportional hazards models were used to measure the associations of baseline PSA, IPSS, and their velocities over 2 years with BPH risk, and time-dependent receiver-operating characteristic curves were used to measure their discriminatory performance. Unit increases in PSA, IPSS, and IPSS velocity were associated with 34%, 35%, and 29% (all P < 0.001) increases in BPH risk, respectively. The areas under the receiver-operating characteristic curves were significantly greater than 0.5 for PSA (0.58, 95% confidence interval (CI): 0.56, 0.60), IPSS (0.77, 95% CI: 0.75, 0.78), and IPSS velocity (0.63, 95% CI: 0.61, 0.65); however there were no cut points at which sensitivity and specificity were both above 75%. We concluded that moderate elevations in PSA, IPSS, or their rates of change should not be used as surrogate measures of incident BPH.

[453]

TÍTULO / TITLE: - HSV-NIS, an oncolytic herpes simplex virus type 1 encoding human sodium iodide symporter for preclinical prostate cancer radiovirotherapy.

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

REVISTA / JOURNAL: - Cancer Gene Ther. 2013 Jul 19. doi: 10.1038/cgt.2013.43.

●● Enlace al texto completo (gratis o de pago) [1038/cgt.2013.43](#)

AUTORES / AUTHORS: - Li H; Nakashima H; Decklever TD; Nace RA; Russell SJ

INSTITUCIÓN / INSTITUTION: - Department of Molecular Medicine, Mayo Clinic, Rochester, MN, USA.

RESUMEN / SUMMARY: - Several clinical trials have shown that oncolytic herpes simplex virus type 1 (oHSV-1) can be safely administered to patients. However, virus replication in tumor tissue has generally not been monitored in these oHSV clinical trials, and the data suggest that its oncolytic potency needs to be improved. To facilitate noninvasive monitoring of the in vivo spread of an oHSV and to increase its antitumor efficacy, the gene coding for human sodium iodide symporter (NIS) was incorporated into a recombinant oHSV genome and the corresponding virus (oHSV-NIS) rescued in our laboratory. Our data demonstrate that a human prostate cancer cell line, LNCap, efficiently concentrates radioactive iodine after the cells have been infected in vitro or in vivo. In vivo replication of oHSV-NIS in tumors was noninvasively monitored by computed tomography/single-photon emission computed tomography imaging of the biodistribution of pertechnetate and was confirmed. LNCap xenografts in nude mice were eradicated by intratumoral administration of oHSV-NIS. Systemic administration of oHSV-NIS prolonged the survival of tumor-bearing mice, and the therapeutic effect was further enhanced by administration of 131I after the intratumoral spread of the virus had peaked. oHSV-NIS has the potential to substantially enhance the outcomes of standard therapy for patients with prostate cancer. Cancer Gene Therapy advance online publication, 19 July 2013; doi:10.1038/cgt.2013.43.

[454]

TÍTULO / TITLE: - Knockdown of the cochaperone SGTA results in the suppression of androgen and PI3K/Akt signaling and inhibition of prostate cancer cell proliferation.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jun 6. doi: 10.1002/ijc.28310.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28310](#)

AUTORES / AUTHORS: - Trotta AP; Need EF; Selth LA; Chopra S; Pinnock CB; Leach DA; Coetzee GA; Butler LM; Tilley WD; Buchanan G

INSTITUCIÓN / INSTITUTION: - Cancer Biology Group, Freemasons Foundation Centre for Men's Health, Basil Hetzel Institute for Translational Health Research, Department of Medicine, University of Adelaide, Adelaide, Australia.

RESUMEN / SUMMARY: - Solid tumors have an increased reliance on Hsp70/Hsp90 molecular chaperones for proliferation, survival and maintenance of intracellular signaling systems. An underinvestigated component of the chaperone system is the tetratricopeptide repeat (TPR)-containing cochaperone, which coordinates Hsp70/Hsp90 involvement on client proteins as well as having diverse individual actions. A potentially important cochaperone in prostate cancer (PCa) is small glutamine-rich TPR-containing protein alpha (SGTA), which interacts with the androgen receptor (AR) and other critical cancer-related client proteins. In this study, the authors used small interfering RNA coupled with genome-wide expression profiling to investigate the biological significance of SGTA in PCa and its influence on AR signaling. Knockdown of SGTA for 72 hr in PCa C4-2B cells significantly altered expression of >1,900 genes (58% decreased) and reduced cell proliferation ($p < 0.05$). The regulation of 35% of 5alpha-dihydrotestosterone (DHT) target genes was affected by SGTA knockdown, with gene-specific effects on basal or DHT-induced expression or both. Pathway analysis revealed a role for SGTA in p53, generic PCa and phosphoinositol kinase (PI3K) signaling pathways; the latter evident by a reduction in PI3K subunit p100beta levels and decreased phosphorylated Akt. Immunohistochemical analysis of 64 primary advanced PCa samples showed a significant increase in the AR:SGTA ratio in cancerous lesions compared to patient-matched benign prostatic hyperplasia tissue ($p < 0.02$). This study not only provides insight into the biological actions of SGTA and its effect on genome-wide AR transcriptional activity and other therapeutically targeted intracellular signaling pathways but also provides evidence for PCa-specific alterations in SGTA expression.

[455]

TÍTULO / TITLE: - Hypofractionation for clinically localized prostate cancer.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):191-7. doi: 10.1016/j.semradonc.2013.01.005.

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

1016/j.semradonc.2013.01.005

AUTORES / AUTHORS: - Cabrera AR; Lee WR

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Duke Cancer Institute, Durham, NC 27710, USA. alvin.cabrera@duke.edu

RESUMEN / SUMMARY: - This manuscript reviews the clinical evidence for hypofractionation in prostate cancer, focusing on data from prospective trials. For the purposes of this manuscript, we categorize hypofractionation as moderate (2.4-4 Gy per fraction) or extreme (6.5-10 Gy per fraction). Five randomized controlled trials have evaluated moderate hypofractionation in >1500 men, with most followed for >4-5 years. The results of these randomized trials are inconsistent. No randomized trials or other rigorous comparisons of

extreme hypofractionation with conventional fractionation have been reported. Prospective single-arm studies of extreme hypofractionation appear favorable, but small sample sizes preclude precise estimates of efficacy and short follow-up prevents complication estimates beyond 3-5 years. Over the next several years, the results of 3 large noninferiority trials of moderate hypofractionation and 2 randomized trials of extreme hypofractionation should help clarify the role of hypofractionation in prostate cancer therapy.

[456]

TÍTULO / TITLE: - Deregulation of FoxO3a Accelerates Prostate Cancer Progression in TRAMP Mice.

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

REVISTA / JOURNAL: - Prostate. 2013 Jun 13. doi: 10.1002/pros.22698.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22698](#)

AUTORES / AUTHORS: - Shukla S; Bhaskaran N; Maclennan GT; Gupta S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Case Western Reserve University & The Urology Institute, University Hospitals Case Medical Center, Cleveland, Ohio.

RESUMEN / SUMMARY: - BACKGROUND: Forkhead box, class "O" (FoxO) transcription factors are involved in multiple signaling pathways and possess tumor suppressor functions. Loss of PTEN and activation of PI3K/Akt is frequently observed in prostate cancer, which may potentially inactivate FoxO activity. We therefore investigated the role of FoxO transcription factors in prostate cancer progression, in particular FoxO3a, in transgenic adenocarcinoma of the mouse prostate (TRAMP) mice, which mimics progressive forms of human disease. METHODS: Prostate cancer progression in TRAMP mice was followed from 8 to 28 weeks. Expression patterns of Akt, FoxO1a, FoxO3a, FoxO4, and their phosphorylated form, DNA binding activity and downstream signaling molecules during different stages of disease progression were examined by immunoblotting, immunoprecipitation, enzyme-linked immunoabsorbant assay (ELISA), and immunohistochemistry. Inhibition of FoxO3a activity was attained by using FoxO3a peptide treatment to TRAMP mice. RESULTS: In TRAMP mice, FoxO3a activity is negatively regulated by Akt/PKB through post-translational modification. Progressive increase in Akt activation during prostate cancer progression led to increase phosphorylation of FoxO3a and binding with 14-3-3, which potentially affected its transcriptional activity in age-specific manner. Furthermore, blocking FoxO3a activity resulted in accelerated prostate cancer progression in these mice, which was associated with the loss of cell cycle control and increased proliferation and survival markers. CONCLUSIONS: Restoration of FoxO3a activity represents an attractive therapeutic target in the chemoprevention and possibly in inhibition of progression of prostate cancer. Prostate 9999: XX-XX, 2013. © 2013 Wiley Periodicals, Inc.

[457]

TÍTULO / TITLE: - Sex steroid receptor expression and localization in benign prostatic hyperplasia varies with tissue compartment.

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

REVISTA / JOURNAL: - Differentiation. 2013 Apr-Jun;85(4-5):140-9. doi: 10.1016/j.diff.2013.02.006. Epub 2013 Jun 20.

●● Enlace al texto completo (gratis o de pago) 1016/j.diff.2013.02.006

AUTORES / AUTHORS: - Nicholson TM; Sehgal PD; Drew SA; Huang W; Ricke WA

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Wisconsin, Madison, WI, USA; Medical Scientist Training Program and Department of Pathology and Laboratory Medicine, University of Rochester School of Medicine & Dentistry, Rochester, NY, USA.

RESUMEN / SUMMARY: - Androgens and estrogens, acting via their respective receptors, are important in benign prostatic hyperplasia (BPH). The goals of this study were to quantitatively characterize the tissue distribution and staining intensity of androgen receptor (AR) and estrogen receptor-alpha (ERalpha), and assess cells expressing both AR and ERalpha, in human BPH compared to normal prostate. A tissue microarray composed of normal prostate and BPH tissue was used and multiplexed immunohistochemistry was performed to detect AR and ERalpha. We used a multispectral imaging platform for automated scanning, tissue and cell segmentation and marker quantification. BPH specimens had an increased number of epithelial and stromal cells and increased percentage of epithelium. In both stroma and epithelium, the mean nuclear area was decreased in BPH relative to normal prostate. AR expression and staining intensity in epithelial and stromal cells was significantly increased in BPH compared to normal prostate. ERalpha expression was increased in BPH epithelium. However, stromal ERalpha expression and staining intensity was decreased in BPH compared to normal prostate. Double positive (AR and ERalpha) epithelial cells were more prevalent in BPH, and fewer double negative (AR and ERalpha) stromal and epithelial negative cells were observed in BPH. These data underscore the importance of tissue layer localization and expression of steroid hormone receptors in the prostate. Understanding the tissue-specific hormone action of androgens and estrogens will lead to a better understanding of mechanisms of pathogenesis in the prostate and may lead to better treatment for BPH.

[458]

TÍTULO / TITLE: - Validation study of a non-invasive urine test for diagnosis and prognosis assessment of bladder cancer. Evidence for improved models.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 2. pii: S0022-5347(13)04825-8. doi: 10.1016/j.juro.2013.06.083.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.083

AUTORES / AUTHORS: - Mengual L; Ribal MJ; Lozano JJ; Ingelmo-Torres M; Buset M; Fernandez PL; Alcaraz A

INSTITUCIÓN / INSTITUTION: - Laboratory and Department of Urology, Hospital Clinic. Institut d'Investigacions Biomediques August Pi i Sunyer (IDIBAPS), Universitat de Barcelona. España. Electronic address: lmengual@clinic.ub.es.

RESUMEN / SUMMARY: - **PURPOSE:** To validate the performance of our previously reported test for bladder cancer based on urine gene expression patterns, using an independent cohort, as well as to ascertain whether alternative models can achieve better accuracy. **MATERIALS AND METHODS:** Gene expression patterns of the previously reported 48 genes (including the 12+2 genes of the signature) were analyzed by TaqMan Arrays in an independent set of 207 urine samples. Afterwards, we pooled all samples analyzed to date to obtain a larger training set (n=404) and used it to search for putative improved new models. **RESULTS:** Our 12+2 gene expression signature has an overall sensitivity of 80% with 86% specificity (AUC 0.914) in discriminating between bladder cancer and control samples and 75% sensitivity and 75% specificity (AUC 0.83) in predicting tumor aggressiveness in the validation set of urines. After grouping all samples, three new signatures (containing 2, 5, and 10 genes) for diagnosis and one (containing 6 genes) for prognosis were designed. Diagnostic performance for the 2, 5, 10, and 12 gene signatures was maintained or improved in the enlarged set of samples (AUC 0.913, 0.941, 0.949, 0.944, respectively). The performance for aggressiveness prediction was also improved in the 14 and six gene signatures (AUC 0.855 and 0.906, respectively). **CONCLUSIONS:** This validation study confirms the accuracy of the 12+2 gene signature as a non-invasive tool in the assessment of bladder cancer. Improved models with a lower number of genes are presented that need to be validated in future studies.

[459]

TÍTULO / TITLE: - Sarcopenia and change in body composition following maximal androgen suppression with abiraterone in men with castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 23;109(2):325-31. doi: 10.1038/bjc.2013.340. Epub 2013 Jun 27.

●● Enlace al texto completo (gratis o de pago) 1038/bjc.2013.340

AUTORES / AUTHORS: - Pezaro C; Mukherji D; Tunariu N; Cassidy AM; Omlin A; Bianchini D; Seed G; Reid AH; Olmos D; de Bono JS; Attard G

INSTITUCIÓN / INSTITUTION: - Prostate Cancer Targeted Therapy Group and Drug Development Unit, The Royal Marsden NHS Foundation Trust and The Institute of Cancer Research, Downs Road, Sutton, Surrey, UK.

RESUMEN / SUMMARY: - Background:Standard medical castration reduces muscle mass. We sought to characterize body composition changes in men undergoing maximal androgen suppression with and without exogenous glucocorticoids.Methods:Cross-sectional areas of total fat, visceral fat and muscle were measured on serial CT scans in a post-hoc analysis of patients treated in Phase I/II trials with abiraterone followed by abiraterone and dexamethasone 0.5 mg daily. Linear mixed regression models were used to account for variations in time-on-treatment and baseline body mass index (BMI).Results:Fifty-five patients received a median of 7.5 months abiraterone followed by 5.4 months abiraterone and dexamethasone. Muscle loss was observed on single-agent abiraterone (maximal in patients with baseline BMI >30, -4.3%), but no further loss was observed after addition of dexamethasone. Loss of visceral fat was also observed on single-agent abiraterone, (baseline BMI >30 patients -19.6%). In contrast, addition of dexamethasone led to an increase in central visceral and total fat and BMI in all the patients.Interpretation:Maximal androgen suppression was associated with loss of muscle and visceral fat. Addition of low dose dexamethasone resulted in significant increases in visceral and total fat. These changes could have important quality-of-life implications for men treated with abiraterone.

[460]

TÍTULO / TITLE: - Radical Open Inguinal Lymphadenectomy for Penile Carcinoma: Surgical Technique, Early Complications, and Late Outcomes - Evaluation of 340 Procedures.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 11. pii: S0022-5347(13)04602-8. doi: 10.1016/j.juro.2013.06.016.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.016

AUTORES / AUTHORS: - Koifman L; Hampl D; Koifman N; Vides AJ; Ornellas AA

INSTITUCIÓN / INSTITUTION: - Department of Urology, Mario Kroeff Hospital; Department of Urology, Souza Aguiar Municipal Hospital.

RESUMEN / SUMMARY: - PURPOSE: We reviewed our recent experience with inguinal lymph node dissection in patients with penile cancer in order to assess the incidence and magnitude of complications caused by this procedure. PATIENTS AND METHODS: Radical bilateral inguinal lymphadenectomy were performed in 170 patients, totaling 340 procedures. Prophylactic and therapeutic radical inguinal lymphadenectomies were performed in 67 (39.4%) and 103 (60.6%) patients, respectively. Surgical time and length of hospital stay were examined. Complications were divided into minor and major, early (30 days or less after surgery) and late (greater than 30 days), and were then

analyzed. RESULTS: A total of 35 (10.3%) complications were observed; of these, 25 (71.4%) were minor and 10 (28.6%) major complications. Lymphedema occurred in 14 (4.1%) patients, seroma in 4 (1.2%), scrotal edema in 3 (0.9%), skin edge necrosis in 3 (0.9%), lymphoceles in 3 (0.9%), wound infection in 2 (0.6%), flap necrosis in 2 (0.6%), wound abscess in 2 (0.6%), and deep venous thrombosis in 2 (0.6%) patients. There was no significant difference in the complication rates between patients undergoing prophylactic dissection and those undergoing therapeutic dissection. The mean length of hospital stay was 6.4 days (range 4 to 27) and the average time for performing radical unilateral inguinal lymphadenectomy was 94 minutes. CONCLUSIONS: Our contemporary series presents a lower incidence of complications such as: wound infection, skin flap necrosis, lymphocele, and lymphedema. To our knowledge, this series presents the lowest incidence rate of complications described in the international literature.

[461]

TÍTULO / TITLE: - In Vitro Reconstruction of Mouse Seminiferous Tubules Supporting Germ Cell Differentiation.

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

REVISTA / JOURNAL: - Biol Reprod. 2013 Jun 12.

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

[1095/biolreprod.113.108613](#)

AUTORES / AUTHORS: - Yokonishi T; Sato T; Katagiri K; Komeya M; Kubota Y; Ogawa T

RESUMEN / SUMMARY: - It is known that cells of testis tissues in fetal or neonatal periods have the ability to reconstruct the testicular architecture even after dissociation into single cells. This ability, however, has not been demonstrated effectively in vitro. In our present study, we succeeded in reconstructing seminiferous tubules in vitro which supported spermatogenesis to meiotic phase. Testis cells of neonatal mice were dissociated enzymatically into single cells. The cells formed aggregates in suspension culture and were transferred to the surface of agarose gel to continue the culture with a gas-liquid interphase method, where a tubular architecture gradually developed during the following 2 weeks. Immunohistological examination confirmed Sertoli cells forming tubules and germ cells inside. With testis tissues of Acr-GFP transgenic mice, whose germ cells express GFP during meiosis, cell aggregates formed a tubular structure and showed GFP expressions in their reconstructed tissues. Meiotic figures were also confirmed by regular histology and immunohistochemistry. In addition, we mixed cell lines of spermatogonial stem cells (GS cells) into the testis cell suspension, and found the incorporation of GS cells in the tubules in reconstructed tissues. When GS cells derived from Acr-GFP transgenic mice were used, GFP expression was observed, indicating that the spermatogenesis of GS cells was proceeding up to the meiotic phase.

This in vitro reconstruction technique will be a useful method for the study of testis organogenesis and spermatogenesis.

[462]

TÍTULO / TITLE: - Prognostic impact of preoperative neutrophil-to-lymphocyte ratio in localized non-clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 2. pii: S0022-5347(13)04824-6. doi: 10.1016/j.juro.2013.06.082.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.082

AUTORES / AUTHORS: - de Martino M; Pantuck AJ; Hofbauer S; Waldert M; Shariat SF; Belldegrun AS; Klatter T

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

RESUMEN / SUMMARY: - PURPOSE: The preoperative neutrophil-to-lymphocyte ratio (NLR) has been proposed as a prognostic factor for localized clear cell renal cell carcinoma (RCC). The purpose of this study was to evaluate its role in non-clear cell RCC. METHODS: Two prospective kidney cancer databases were queried. Patients who underwent full resection of localized (T1-3 N0/+ M0) non-clear cell RCC by radical or partial nephrectomy were included. Associations of continuously coded NLR with disease-free survival (DFS) were assessed with univariable and multivariable Cox regression models. The prognostic accuracy was evaluated with Harrell's C-index. RESULTS: Our final cohort included 281 patients. The 5-year DFS rate was 88.1%. NLR was significantly associated with DFS: with each 1.0 increase in NLR, the risk of recurrence increased by 15% (HR 1.15, p=0.028). In multivariable analysis, TNM group (HR 2.84, p=0.025), Fuhrman grade (HR 3.40, p<0.001) and NLR (HR 1.17, p=0.022) were independently associated with DFS. Addition of NLR improved the accuracy of a base model for prediction of DFS from 78.8% to 80.8%. CONCLUSIONS: NLR is an independent prognostic factor for DFS following surgery with curative intent for localized non-clear cell RCC and its use significantly increases the accuracy of established prognostic factors. NLR may provide a meaningful adjunct for both patient counseling and clinical trial design.

[463]

TÍTULO / TITLE: - Re: a new experimental rat model of erectile dysfunction and lower urinary tract symptoms associated with benign prostatic hyperplasia: the testosterone-supplemented spontaneously hypertensive rat.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):807. doi: 10.1016/j.juro.2013.04.082. Epub 2013 Apr 28.

- Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.082](https://doi.org/10.1016/j.juro.2013.04.082)

AUTORES / AUTHORS: - Atala A

[464]

TÍTULO / TITLE: - Expression of FGFR3 during human testis development and in germ cell-derived tumours of young adults.

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

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):141-151.

- Enlace al texto completo (gratis o de pago) [1387/ijdb.130022er](https://doi.org/10.1387/ijdb.130022er)

AUTORES / AUTHORS: - Ewen KA; Olesen IA; Winge SB; Nielsen AR; Nielsen JE; Graem N; Juul A; Rajpert-De Meyts E

INSTITUCIÓN / INSTITUTION: - Department of Growth and Reproduction, Rigshospitalet, Faculty of Health Sciences, University of Copenhagen, Copenhagen, Denmark.

RESUMEN / SUMMARY: - Observations in patients with an activating mutation of fibroblast growth factor receptor 3 (FGFR3) suggest a role for FGFR3 signalling in promoting proliferation or survival of germ cells. In this study, we aimed to identify the FGFR3 subtype and the ontogeny of expression during human testis development and to ascertain whether FGFR3 signalling is linked to germ cell proliferation and the pathogenesis of testicular germ cell tumours (TGCTs) of young adult men. Using RT-PCR, immunohistochemistry and Western blotting, we examined 58 specimens of human testes throughout development for FGFR3 expression, and then compared expression of FGFR3 with proliferation markers (PCNA or Ki67). We also analysed for FGFR3 expression 30 TGCTs and 28 testes containing the tumour precursor cell, carcinoma in situ (CIS). Fetal and adult testes expressed exclusively the FGFR3IIIc isoform. FGFR3 protein expression was restricted to the cytoplasm/plasma membrane of spermatogonia and was most prevalent at mid-gestation, infancy and from puberty onwards. Phosphorylated (p)FGFR was detected in pre-spermatogonia at mid-gestation and in spermatogonia during puberty and in the adult testis. Throughout normal human testis development, expression of FGFR3 did not directly correlate with proliferation markers. In preinvasive CIS cells and in TGCTs, including classical seminoma and embryonal carcinoma, FGFR3IIIc was detected only in a small number of cells, with a heterogeneous expression pattern. FGFR3 is an excellent marker for human pre-/spermatogonia throughout development. Signalling through this receptor is likely associated with spermatogonial survival rather than proliferation. FGFR3 is not expressed in gonocytes and may not be essential to the aetiology of TGCTs stemming from CIS.

[465]

TÍTULO / TITLE: - Salvage focal and salvage total cryoablation for locally recurrent prostate cancer after primary radiation therapy.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(3):298-307. doi: 10.1111/bju.12151.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12151](#)

AUTORES / AUTHORS: - de Castro Abreu AL; Bahn D; Leslie S; Shoji S; Silverman P; Desai MM; Gill IS; Ukimura O

INSTITUCIÓN / INSTITUTION: - USC Institute of Urology, Hillard and Roclyn Herzog Center for Prostate Cancer Focal Therapy, Keck School of Medicine, University of Southern California, Los Angeles.

RESUMEN / SUMMARY: - **OBJECTIVES:** To present the oncological and functional outcomes of salvage focal (SFC) and salvage total (STC) cryoablation for recurrent prostate cancer (PCa) after failed primary radiotherapy. **PATIENTS AND METHODS:** From March 2003 to August 2010, 50 men with biopsy-proven unilateral (n = 25) or bilateral (n = 25) radio-recurrent PCa underwent SFC or STC, respectively. Patients were assessed after treatment by prostate-specific antigen (PSA) testing, transrectal ultrasonography, biopsy and questionnaires. Biochemical failure (BF) was defined using the Phoenix criteria (PSA nadir + 2 mg/mL). Data were prospectively collected and retrospectively analysed. **RESULTS:** The median pre-cryoablation PSA level and Gleason score were, respectively, 2.8 ng/mL and 7 for SFC, and 3.9 ng/mL and 7 for STC. The median follow-up was 31 and 53 months (P = 0.004) for SFC and STC, respectively. Oncological outcomes were as follows: no patient died; one patient who underwent STC developed bone metastases; eight patients who underwent SFC and three who underwent STC had BF and the 5-year BF-free survival rates were 54 and 86%, respectively. In those patients without BF, the mean PSA decreased by 86% for SFC and 90% for STC within the first year and remained stable. Functional outcomes were as follows: new onset urinary incontinence occurred in three (13%) patients in the STC group, whereas no patient in the SFC group developed incontinence (P = 0.10); Two of seven patients in the SFC group retained postoperative potency, but none of the four potent patients in the STC group recovered potency postoperatively (P = 0.48); one (4%) patient in the STC group developed a recto-urethral fistula, but none occurred in the SFC group (P = 0.48). **CONCLUSIONS:** SFC and STC are feasible and safe with acceptable mid-term oncological outcomes. For carefully selected patients, SFC is an option that could be associated with lower treatment-related morbidity compared with STC. Although longer follow-up and more patient numbers are needed, our initial oncological and functional outcomes of SFC and STC are encouraging.

TÍTULO / TITLE: - Smoking and prostate cancer in a multi-ethnic cohort.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 3. doi: 10.1002/pros.22699.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22699](#)

AUTORES / AUTHORS: - Murphy AB; Akereyeni F; Nyame YA; Guy MC; Martin IK; Hollowell CM; Walker K; Kittles RA; Ahaghotu C

INSTITUCIÓN / INSTITUTION: - Department of Urology, Feinberg School of Medicine, Northwestern University, Chicago, Illinois.

RESUMEN / SUMMARY: - BACKGROUND: Prostate cancer (PCa) and smoking-related morbidity disproportionately burdens African American (AA) men. Smoking is associated with high-grade PCa and incidence, but few studies have focused on AA men. This study aims to determine the effect of tobacco use on odds of PCa and of high-grade PCa in a population of predominantly AA men. METHODS: This is a cross-sectional study evaluating smoking and PCa status in men with incident PCa and screened healthy controls. Altogether, 1,085 men (527 cases and 558 controls), age ≥ 40 years were enrolled through outpatient urology clinics in two US cities from 2001 to 2012. Validated questionnaires were used to gather clinical and socioeconomic data. RESULTS: The cases and controls were predominantly AA (79.9% and 71.3%, respectively, $P = 0.01$). AA men smoked more frequently (53.4% vs. 47.9%, $P < 0.001$) and quit less frequently than European American (EA) men (31.5% vs. 40.4%, $P = 0.01$). AA heavy smokers had increased odds of PCa diagnosis (OR 2.57, 95% CI 1.09, 6.10) and high-grade cancer (OR 1.89, 95% CI 1.03, 3.48) relative to never smokers and light smokers. Among AAs, heavy smokers had lower odds of NCCN low PCa recurrence risk stratification. AA former smokers had a trend for increased odds of high-grade cancer compared to never smokers. The associations between smoking, cancer diagnosis and cancer grade did not reach statistical significance in EA men. CONCLUSION: We found ethnic differences in smoking behavior. Heavy smoking is associated with increased odds of PCa and of higher Gleason grade in AA men. Prostate © 2013 Wiley Periodicals, Inc.

[467]

TÍTULO / TITLE: - Pushing the limits of radiation therapy for prostate cancer: where do we go next?

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

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):297-307. doi: 10.1053/j.seminoncol.2013.04.005.

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

[1053/j.seminoncol.2013.04.005](#)

AUTORES / AUTHORS: - Mishra MV; Showalter TN

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Jefferson Medical College and Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, PA.

RESUMEN / SUMMARY: - There have been significant advancements in the quality and precision of radiation therapy (RT) for prostate cancer over the past two decades. The development and implementation of intensity-modulated radiation therapy has allowed for RT dose-escalation without parallel increases in treatment morbidity. Moreover, integration of androgen deprivation therapy with definitive RT has led to improvements in outcomes for certain subgroups of prostate cancer patients. In this review, we highlight several ongoing and developing technical advances that hold promise for further optimizing RT care, including proton beam therapy, inter- and intra-fractional image-guided dose-delivery, methods for improved target volume definition, and development of techniques for safely performing hypofractionation and stereotactic body radiotherapy. We also discuss the importance of investigating the potential benefit of integrating novel systemic therapies with prostate RT to further improve outcomes for patients with locally advanced prostate cancer.

[468]

TÍTULO / TITLE: - Paratesticular Rhabdomyoma: A Morphologically Distinct Sclerosing Variant.

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

REVISTA / JOURNAL: - Am J Surg Pathol. 2013 Jul 24.

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

[1097/PAS.0b013e3182967e4a](#)

AUTORES / AUTHORS: - Jo VY; Reith JD; Coindre JM; Fletcher CD

INSTITUCIÓN / INSTITUTION: - *Department of Pathology, Brigham and Women's Hospital and Harvard Medical School, Boston, MA daggerDepartment of Pathology, University of Florida College of Medicine, Gainesville, FL double daggerDepartment of Pathology, Institut Bergonie, Bordeaux, France.

RESUMEN / SUMMARY: - Extracardiac rhabdomyomas, which currently are classified into fetal, adult, and genital types, are rare. We have identified 7 cases of a distinct morphologic variant of rhabdomyoma that affects mainly young men in the paratesticular region, seen in consultation between 2001 and 2011. The 7 male patients were adults (median age 24 y) and presented with tumors in paratesticular soft tissue (4 left-sided, 3 right-sided). Grossly, the median tumor size was 4.5 cm (range, 2.0 to 12 cm), and lesions were well circumscribed with a uniform tan-white cut surface. Microscopically, these rhabdomyomas were characterized by bundles of large well-differentiated skeletal muscle cells with copious eosinophilic cytoplasm that were variably round, polygonal, and occasionally strap shaped. The tumor cells were set in a dense hyalinized collagenous stroma, often with adjacent prominent lymphoplasmacytic aggregates. Tumor cells had round, occasionally vesicular,

nuclei (sometimes binucleate or multinucleate) with small or inconspicuous nucleoli. All tumors lacked nuclear atypia and necrosis. Mitotic activity was virtually absent, although 1 tumor showed a count of 1 per 50 HPF. All tumors were diffusely positive for desmin, 4/4 were diffusely positive for fast myosin, and 1/1 examined was positive for myf-4. All patients were treated by local excision (5 with positive margins). Four patients with known follow-up data had no evidence of tumor recurrence or disease progression (median follow-up time 8.5 mo). The clinical course as determined thus far is benign, similar to other types of rhabdomyoma. However, this rare paratesticular subset of rhabdomyomas appears to be morphologically distinct from rhabdomyomas at other locations and appears to represent a separate variant.

[469]

TÍTULO / TITLE: - Flow cytometric characterization of tumor subpopulations in three sublines of the dunning R3327 rat prostate tumor model.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 12. doi: 10.1002/pros.22710.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22710](#)

AUTORES / AUTHORS: - Glowa C; Peschke P; Karger CP; Hahn EW; Huber PE; Debus J; Ehemann V

INSTITUCIÓN / INSTITUTION: - Department of Medical Physics in Radiation Oncology, German Cancer Research Center (DKFZ), Heidelberg, Germany; Department of Clinical Radiology, University of Heidelberg, Germany.

RESUMEN / SUMMARY: - BACKGROUND: Subsets of tumor cells were characterized by mapping DNA ploidy patterns in correlation with established cell surface markers in three non-treated sublines of the Dunning R3327 prostate tumor system representing different progressional stages. METHODS: Flow cytometry was used to analyze DNA-index, cell cycle distribution as well as multiparametric acquisition of single and combined cell surface markers in single cell suspensions of frozen tumor tissues. RESULTS: The three Dunning prostate tumor sublines clearly differ in their ploidy status. In addition each tumor subline displays a characteristic cell surface marker profile, which is correlated with the cell cycle phase and the amount of genomic alterations. CONCLUSIONS: In a feasibility study we have shown that cross-reacting antibodies to human cell surface markers stain discrete tumor subpopulations in three sublines of the Dunning tumor model. Although it remains presently uncertain, which cell surface markers are most suitable for cell sorting to display cancer initiating (CIC) properties following subcutaneous or orthotopic grafting, the model may be useful for mechanistic investigations of putative stem-like tumor subpopulations and their significance in response to radio- or chemotherapy. Prostate © 2013 Wiley Periodicals, Inc.

[470]

TÍTULO / TITLE: - The Influence of Prostate Volume on Outcome After High-Dose-Rate Brachytherapy Alone for Localized Prostate Cancer.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Jul 9. pii: S0360-3016(13)00554-3. doi: 10.1016/j.ijrobp.2013.05.022.

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

[1016/j.ijrobp.2013.05.022](#)

AUTORES / AUTHORS: - Le H; Rojas A; Alonzi R; Hughes R; Ostler P; Lowe G; Bryant L; Hoskin P

INSTITUCIÓN / INSTITUTION: - Mount Vernon Cancer Centre, Middlesex, UK.

Electronic address: hien.le@health.sa.gov.au.

RESUMEN / SUMMARY: - **OBJECTIVE:** To determine whether late genitourinary toxicity, biochemical control of prostate cancer, and dosimetric parameters in patients with large prostate glands is different from those variables in men with smaller glands after treatment with high-dose-rate brachytherapy alone (HDR-BT). **METHODS:** From November 2003 to July 2009, 164 patients with locally advanced prostate carcinoma were sequentially enrolled and treated with 34 or 36 Gy in 4 fractions and 31.5 Gy in 3 fractions of ¹⁹²Ir HDR-BT alone. The median follow-up time was 71 months. Gland size was not considered in the selection criteria for this study. Estimates of freedom from biochemical relapse (FFbR) and late morbidity, stratified by median clinical target volume (CTV), were obtained, and differences were compared. **RESULTS:** The median CTV volume was 60 cc (range, 15-208 cc). Dose-volume parameters D90 and V100 (ie, minimum dose to 90% of the prostate volume and volume receiving 100% of the prescribed isodose) achieved in patients with glands ≥ 60 cc were not significantly different from those with glands < 60 cc ($P \geq .2$). Nonetheless, biochemical control in patients with larger CTV was significantly higher (91% vs 78% at 6 years; $P = .004$). In univariate and multivariate analysis, CTV was a significant predictor for risk of biochemical relapse. This was not at the expense of an increase in either moderate ($P = .6$) or severe ($P = .3$) late genitourinary toxicity. The use of hormonal therapy was 17% lower in the large gland group ($P = .01$). **CONCLUSIONS:** Prostate gland size does not affect dosimetric parameters in HDR-BT assessed by D90 and V100. In patients with larger glands, a significantly higher biochemical control of disease was observed, with no difference in late toxicity. This improvement cannot be attributed to differences in dosimetry. Gland size should not be considered in the selection of patients for HDR-BT.

[471]

TÍTULO / TITLE: - Factors Associated With Improved Outcomes Following Decompressive Surgery for Prostate Cancer Metastatic to the Spine.

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

REVISTA / JOURNAL: - Neurosurgery. 2013 Jul 8.

- Enlace al texto completo (gratis o de pago)

[1227/NEU.0000000000000070](#)

AUTORES / AUTHORS: - Ju DG; Zadnik PL; Groves ML; Hwang L; Kaloostian PE; Wolinsky JP; Witham TF; Bydon A; Gokaslan ZL; Sciubba DM

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, The Johns Hopkins Medical Institutions, Baltimore, Maryland, USA.

RESUMEN / SUMMARY: - BACKGROUND:: Metastatic spinal cord compression from prostate cancer is a debilitating disease causing neurological deficits, mechanical instability, and intractable pain. Surgical management may improve quality of life. OBJECTIVE:: To define postoperative outcomes and explore associations with prolonged survival for patients with metastatic prostate cancer. METHODS:: Retrospective chart reviews were performed of all patients undergoing spinal surgery for metastatic cancer from June 1, 2002 to August 31, 2011. Patient demographics, surgical details, adjuvant therapies, outcomes, complications, and postoperative survival were reviewed. RESULTS:: Twenty-seven prostate cancer patients underwent surgery at a median age of 65 years (range 46-82 years). After surgery, 93% of patients had preserved or improved neurological status, 56% of non-ambulatory patients recovered ambulation, 43% of incontinent patients recovered continence, and 23% experienced complications. Postoperative Frankel grades were significantly improved by at least one letter grade at 1 month ($p=.03$). The median analgesic and steroid usage was significantly lower up to 3 months and 6 months postoperative, respectively ($p=.007$, $.005$). Median survival following surgery was 10.2 months, and patients with castration-resistant prostate cancer had a shorter median survival than those with hormone-naïve disease (9.8 vs. 40 months). Better preoperative performance status was an independent predictor of survival ($p=.02$). Younger age ($p=.005$) and instrumentation greater than seven spinal levels ($p=.03$) were associated with complications. CONCLUSION:: Spinal surgery for prostate metastases improves neurological function and decreases analgesic requirements. Our findings support surgical intervention for carefully selected patients, and knowledge of preoperative hormone sensitivity and performance status may help with risk stratification.

[472]

TÍTULO / TITLE: - Epigenetic alterations of Kruppel-like factor 4 and its tumor suppressor function in renal cell carcinoma.

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

REVISTA / JOURNAL: - Carcinogenesis. 2013 Jul 2.

- Enlace al texto completo (gratis o de pago) [1093/carcin/bgt189](#)

AUTORES / AUTHORS: - Li H; Wang J; Xiao W; Xia D; Lang B; Yu G; Guo X; Guan W; Wang Z; Hu Z; Liu J; Ye Z; Xu H

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430030, China.

RESUMEN / SUMMARY: - Kruppel-like factor 4 (KLF4) is a transcription factor that can have divergent functions in different malignancies. The expression and role of KLF4 in renal cell cancer remain unclear. The purpose of this study is to determine epigenetic alterations and possible roles of KLF4 in renal cell carcinoma. The KLF4 expression in primary renal cell cancer tissues and case-matched normal renal tissues was determined by protein and messenger RNA analyses. The epigenetic alterations were detected by methylation-specific PCR and Sequenom MassARRAY. Kaplan-Meier curves and the log-rank test were used for the survival analysis. The effects of KLF4 on cell growth and epithelial-to-mesenchymal transition (EMT) were determined in renal cancer cell lines after viral-based and RNA activation-mediated overexpression of KLF4. In vivo antitumor activity of KLF4 was evaluated by using stably KLF4-transfected renal cancer cells. KLF4 expression was dramatically decreased in various pathological types of renal cancer and associated with poor survival after nephrectomy. Hypermethylation of KLF4 promoter mainly contributed to its expression suppression. In vitro assays indicated that KLF4 overexpression inhibited renal cancer cell growth and survival. KLF4 overexpression also suppressed renal cancer cell migration and invasion by altering the EMT-related factors. In vivo assay showed that ectopic expression of KLF4 also inhibited tumorigenicity and metastasis of renal cancer. Our results suggest that KLF4 is a putative tumor suppressor gene epigenetically silenced in renal cell cancers by promoter CpG methylation and that it has prognostic value for renal cell progression.

[473]

TÍTULO / TITLE: - Prostate-Specific Antigen Kinetics under Androgen Deprivation Therapy and Prostate Cancer Prognosis.

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

REVISTA / JOURNAL: - Urol Int. 2013;91(1):38-48. doi: 10.1159/000345939. Epub 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago) [1159/000345939](#)

AUTORES / AUTHORS: - Zhang LM; Jiang HW; Tong SJ; Zhu HQ; Liu J; Ding Q

INSTITUCIÓN / INSTITUTION: - Department of Urology, Huashan Hospital, Fudan University, Shanghai, P.R. China.

RESUMEN / SUMMARY: - Objectives: To compare the difference in characteristics of post-treatment prostate-specific antigen (PSA) kinetics among respective patients and their influence on disease prognosis. Methods: A cohort of totally 332 eligible patients with histologically confirmed and hormonally naive prostate cancer, identified from the patients' database of Huashan Hospital, all received combined androgen deprivation therapy including bilateral orchiectomy or

luteinizing hormone-releasing hormone antagonists with the oral administration of flutamide 250 mg t.i.d. All patients had their serum PSA level tested at least every 3 months in the first 2 years and at least once a half year from the third year on. PSA nadir, time to PSA nadir (TTPN), PSA normalization (<4 ng/ml), undetectable PSA level (<0.2 ng/ml), biochemical failure, overall survival and cancer-specific survival were analyzed. Results: PSA normalization, TTPN, and reaching the undetectable PSA level perhaps were the independent risk factors for predicting the three types of prognosis. Probably the best cut-off of PSA nadir was 0.2 ng/ml (sensitivity 65.7%, specificity 80.6%) and the best cut-off of TTPN was 10 months (sensitivity 71.6%, specificity 63.9%). Conclusions: These results implied that a lower level of PSA nadir and longer TTPN can predict a better disease prognosis.

[474]

TÍTULO / TITLE: - Carcinoma in situ -from clinical observation to a paradigm shift for testicular carcinogenesis.

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

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):221-223.

●● Enlace al texto completo (gratis o de pago) 1387/ijdb.130145jt

AUTORES / AUTHORS: - Toppari J

INSTITUCIÓN / INSTITUTION: - Departments of Physiology and Paediatrics, University of Turku, Turku, Finland and Department of Growth and Reproduction, Rigshospitalet, Copenhagen, Denmark. jorma.toppari@utu.fi.

RESUMEN / SUMMARY: - Carcinoma in situ in the testis has its origin in the fetal gonad and leads to testicular cancer in young adulthood. It can be detected in a testicular biopsy and treated with irradiation, which can preserve testosterone production of the man. These are the key findings of Niels E. Skakkebaek that changed our view of testicular tumourigenesis during the last fifty years. These and other findings are discussed in this interview-based review of testicular germ cell cancer.

[475]

TÍTULO / TITLE: - Imaging after local tumor therapies: kidney and liver.

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

REVISTA / JOURNAL: - Semin Roentgenol. 2013 Jul;48(3):273-84. doi: 10.1053/j.ro.2013.03.002.

●● Enlace al texto completo (gratis o de pago) 1053/j.ro.2013.03.002

AUTORES / AUTHORS: - Kielar AZ; Hibbert RM; Maturen KE

INSTITUCIÓN / INSTITUTION: - Department of Radiology, University of Ottawa, Ottawa, Ontario, Canada.

[476]

TÍTULO / TITLE: - Long non-coding RNA metastasis associated in lung adenocarcinoma transcript 1 derived miniRNA as a novel plasma-based biomarker for diagnosing prostate cancer.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Sep;49(13):2949-59. doi: 10.1016/j.ejca.2013.04.026. Epub 2013 May 28.

●● Enlace al texto completo (gratis o de pago) 1016/j.ejca.2013.04.026

AUTORES / AUTHORS: - Ren S; Wang F; Shen J; Sun Y; Xu W; Lu J; Wei M; Xu C; Wu C; Zhang Z; Gao X; Liu Z; Hou J; Huang J; Sun Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Shanghai Changhai Hospital, Second Military Medical University, Shanghai, China. Electronic address: renshancheng@gmail.com.

RESUMEN / SUMMARY: - Examining plasma RNA is an emerging non-invasive diagnosis technique. However, whether tumour-derived long non-coding RNAs (lncRNAs) in plasma can be used as a novel approach to detect human prostate cancer (PCa) has not yet been established. The study was divided into three parts: (1) the characteristics of PCa-related lncRNA fragments were systematically studied in the plasma or serum of 25 patients; (2) the source of the circulating lncRNA fragments was explored in vitro and in vivo; and (3) the diagnostic performance of metastasis associated in lung adenocarcinoma transcript 1 (MALAT-1) derived (MD) miniRNA was validated in an independent cohort of 192 patients. The expression levels of lncRNAs were measured by quantitative real time polymerase chain reaction (qRT-PCR). The MD-miniRNA copies were calculated using a standard curve in an area under the ROC curve (AUC)-receiver operating characteristic (ROC) analysis. Genome-wide profiling revealed that MALAT-1 and prostate cancer gene 3 (PCA3) are overexpressed in PCa tissues. Plasma lncRNAs probably exist in the form of fragments in a stable form. MD-miniRNA enters cell culture medium at measurable levels, and MD-miniRNA derived from human PCa xenografts actually enters the circulation in vivo and can be measured to distinguish xenografted mice from controls. In addition, plasma MD-miniRNA levels are significantly elevated in PCa patients compared to non-PCa patients ($p < 0.001$). At a cut-off of 867.8 MD-miniRNA copies per microlitre of plasma, the sensitivity is 58.6%, 58.6% and 43.5% and the specificity is 84.8%, 84.8% and 81.6% for discriminating PCa from non-PCa, positive biopsy from negative biopsy and positive biopsy from negative biopsy, respectively. We conclude that MD-miniRNA can be used as a novel plasma-based biomarker for PCa detection and can improve diagnostic accuracy by predicting prostate biopsy outcomes. Further large-scale studies are needed to confirm our findings.

[477]

TÍTULO / TITLE: - Image-directed, tissue-preserving focal therapy of prostate cancer: a feasibility study of a novel deformable magnetic resonance-ultrasound (MR-US) registration system.

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

REVISTA / JOURNAL: - BJU Int. 2013 Sep;112(5):594-601. doi: 10.1111/bju.12223. Epub 2013 Jul 2.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12223](#)

AUTORES / AUTHORS: - Dickinson L; Hu Y; Ahmed HU; Allen C; Kirkham AP; Emberton M; Barratt D

INSTITUCIÓN / INSTITUTION: - Department of Urology, University College London Hospitals NHS Foundation Trust; Division of Surgery and Interventional Sciences, University College London, London, UK.

RESUMEN / SUMMARY: - **OBJECTIVE:** To evaluate the feasibility of using computer-assisted, deformable image registration software to enable three-dimensional (3D), multi-parametric (mp) magnetic resonance imaging (MRI)-derived information on tumour location and extent, to inform the planning and conduct of focal high-intensity focused ultrasound (HIFU) therapy. **PATIENTS AND METHODS:** A nested pilot study of 26 consecutive men with a visible discrete focus on mpMRI, correlating with positive histology on transperineal template mapping biopsy, who underwent focal HIFU (Sonablate 500®) within a prospective, Ethics Committee-approved multicentre trial ('INDEX'). Non-rigid image registration software developed in our institution was used to transfer data on the location and limits of the index lesion as defined by mpMRI. Manual contouring of the prostate capsule and histologically confirmed MR-visible lesion was performed preoperatively by a urologist and uro-radiologist. A deformable patient-specific computer model, which captures the location of the target lesion, was automatically generated for each patient and registered to a 3D transrectal ultrasonography (US) volume using a small number (10-20) of manually defined capsule points. During the focal HIFU, the urologist could add additional sonications after image-registration if it was felt that the original treatment plan did not cover the lesion sufficiently with a margin. **RESULTS:** Prostate capsule and lesion contouring was achieved in <5 min preoperatively. The mean (range) time taken to register images was 6 (3-16) min. Additional treatment sonications were added in 13 of 26 cases leading to a mean (range) additional treatment time of 45 (9-90) s. **CONCLUSION:** Non-rigid MR-US registration is feasible, efficient and can locate lesions on US. The process has potential for improved accuracy of focal treatments, and improved diagnostic sampling strategies for prostate cancer. Further work on whether deformable MR-US registration impacts on efficacy is required.

[478]

TÍTULO / TITLE: - Differentiation of Papillary Renal Cell Carcinoma Subtypes on CT and MRI.

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

REVISTA / JOURNAL: - AJR Am J Roentgenol. 2013 Aug;201(2):347-55. doi: 10.2214/AJR.12.9451.

●● Enlace al texto completo (gratis o de pago) [2214/AJR.12.9451](#)

AUTORES / AUTHORS: - Egbert ND; Caoili EM; Cohan RH; Davenport MS; Francis IR; Kunju LP; Ellis JH

INSTITUCIÓN / INSTITUTION: - 1 Department of Radiology, University of Michigan Health System, 1500 E Medical Center Dr, Ann Arbor, MI 48109.

RESUMEN / SUMMARY: - OBJECTIVE. The objective of our study was to determine the frequency of atypical papillary renal cell carcinomas (RCCs) and identify imaging differences between type 1 and type 2 papillary RCCs once atypical papillary RCC tumors have been excluded. MATERIALS AND METHODS. Eighty-two papillary RCC tumors were classified at pathology as type 1, type 2, or atypical. The CT and MRI examinations of these tumors were reviewed. Imaging features such as tumor size, margins, heterogeneity, and enhancement were assessed and the findings in type 1 and type 2 tumors were compared. RESULTS. There were 43 type 1 and 13 type 2 tumors. Atypical histologic features (i.e., tumors containing both type 1 and type 2 components, clear cells, or components with atypically high nuclear grade [in type 1 tumors] or low nuclear grade [in type 2 tumors]) were seen in 26 tumors. On CT, type 2 tumors more commonly had infiltrative margins ($p = 0.05$) and were more likely to have calcifications ($p = 0.04$) than type 1 tumors, although these features were seen in all tumor types. Type 2 tumors were also more heterogeneous than type 1 tumors ($p = 0.04$). On CT, 11 papillary RCCs showed enhancement of less than 20 HU, seven of which showed enhancement of less than 10 HU. On MRI, all tumors showed enhancement on subtraction images. CONCLUSION. Nearly one third of papillary RCCs in our patient population had atypical features at histology. On CT and MRI, there are some significant differences in imaging features between type 1 and type 2 tumors; however, substantial overlap precludes categorization on a per-patient basis. On CT, many papillary RCCs do not enhance, indicating that assessment of enhancement alone is insufficient for differentiating papillary RCCs from hyperdense cysts.

[479]

TÍTULO / TITLE: - Evaluating the expression of CARMA3 as a prognostic tumor marker in renal cell carcinoma.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 15.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0917-](#)

[6](#)

AUTORES / AUTHORS: - Wu GL; Yuan JL; Huang XD; Rong JF; Zhang LX; Liu YP; Wang FL

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, Bethune International Peace Hospital of People's Liberation Army (PLA), No. 398, Zhongshan West Rd., Shijiazhuang, 050082, Hebei Province, China, wuguangli2005@126.com.

RESUMEN / SUMMARY: - Increased expression of CARMA3 has been reported to be involved in tumorigenesis and tumor progression of several cancer types. The aim of our study is to investigate the prognostic role of CARMA3 expression in patients with renal cell carcinoma (RCC). Real-time quantitative PCR was performed to detect CARMA3 mRNA expression level in 31 paired samples of RCC and adjacent noncancerous renal tissues. Subsequently, extensive immunohistochemistry was performed to detect CARMA3 protein expression in 114 RCC cases. Clinicopathological data for these patients were evaluated. The prognostic significance was assessed using the Kaplan-Meier survival estimates and log-rank tests. CARMA3 mRNA expression was significantly higher in RCC tissues compared with adjacent noncancerous renal tissues (3.525 +/- 1.233 vs. 1.512 +/- 0.784, $P < 0.001$). In addition, high CARMA3 expression in RCC tissues was significantly associated with tumor size ($P = 0.026$), histological differentiation ($P = 0.039$), tumor stage ($P = 0.006$), and the presence of metastasis ($P < 0.001$). Moreover, Kaplan-Meier analysis showed that patients with high CARMA3 expression also had a significantly poorer prognosis than those with low CARMA3 expression (log-rank test, $P < 0.001$). Furthermore, multivariate analysis illustrated that CARMA3 overexpression might be an independent prognostic indicator for the survival of patients with RCC. In conclusion, this work shows that CARMA3 may serve as a novel and prognostic marker for RCC and play a role during the development and progression of the disease.

[480]

TÍTULO / TITLE: - Inter-reader agreement of the ESUR score for prostate MRI using in-bore MRI-guided biopsies as the reference standard.

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

REVISTA / JOURNAL: - Eur Radiol. 2013 Jun 12.

●● Enlace al texto completo (gratis o de pago) [1007/s00330-013-2922-](https://doi.org/10.1007/s00330-013-2922-y)

[y](#)

AUTORES / AUTHORS: - Schimmoller L; Quentin M; Arsov C; Lanzman RS; Hiester A; Rabenalt R; Antoch G; Albers P; Blondin D

INSTITUCIÓN / INSTITUTION: - Medical Faculty, Department of Diagnostic and Interventional Radiology, University Dusseldorf, Moorenstr. 5, 40225, Dusseldorf, Germany.

RESUMEN / SUMMARY: - **OBJECTIVES:** The recent European Society of Urogenital Radiology (ESUR) guidelines for evaluation and reporting of prostate multiparametric magnetic resonance imaging (mp-MRI) include the Prostate Imaging Reporting and Data System (PI-RADS). The aim of this study was to investigate the inter-reader agreement of this scoring system. **METHODS:** One

hundred and sixty-four lesions in 67 consecutive patients with elevated prostate-specific antigen and previously negative trans-rectal ultrasound (TRUS)-guided biopsy were scored retrospectively by three blinded readers using PI-RADS. Mp-MRI was performed at 3 T using T2-weighted, diffusion-weighted and dynamic contrast-enhanced imagings (T2WI, DWI, DCE-MRI). Histology of all lesions was obtained by in-bore MRI-guided biopsy. Cohen's kappa statistics were calculated for all readers. RESULTS: Inter-reader agreement for all lesions was good to moderate (T2WI, kappa = 0.55; DWI, kappa = 0.64; DCE-MRI, kappa = 0.65). For tumour lesions it was good (T2WI, kappa = 0.66; DWI, kappa = 0.80; DCE-MRI, kappa = 0.63) and for benign lesions moderate to good (T2WI, kappa = 0.46; DWI, kappa = 0.52; DCE-MRI, kappa = 0.67). Using an overall PI-RADS score with a threshold of ≥ 10 , we achieved a sensitivity of 85.7 %, and negative predictive value of 90.1 % for biopsied lesions. CONCLUSION: PI-RADS score shows good to moderate inter-reader agreement and enables standardised evaluation of prostate mp-MRI, with high sensitivity and negative predictive value. KEY POINTS : * The European Society of Urogenital Radiology recently published guidelines for prostate MRI. * We have evaluated inter-reader agreement of ESUR scoring for multiparametric prostate MRI. * PI-RADS shows good to moderate inter-reader agreement and is clinically applicable. * PI-RADS achieves in our series high sensitivity and negative predictive value for biopsied lesions. * PI-RADS can be used as standardised scoring system in prostate cancer detection.

[481]

TÍTULO / TITLE: - Screening for Prostate Cancer: Results of the Rotterdam Section of the European Randomized Study of Screening for Prostate Cancer.

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

REVISTA / JOURNAL: - Eur Urol. 2013 May 25. pii: S0302-2838(13)00496-X. doi: 10.1016/j.eururo.2013.05.030.

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

1016/j.eururo.2013.05.030

AUTORES / AUTHORS: - Roobol MJ; Kranse R; Bangma CH; van Leenders AG; Blijenberg BG; van Schaik RH; Kirkels WJ; Otto SJ; van der Kwast TH; de Koning HJ; Schroder FH

INSTITUCIÓN / INSTITUTION: - Erasmus University Medical Center, Department of Urology, Rotterdam, The Netherlands. Electronic address:

m.roobol@erasmusmc.nl.

RESUMEN / SUMMARY: - BACKGROUND: Evidence from randomized trials on the effects of screening for prostate cancer (PCa) on disease-specific mortality accumulates slowly with increasing follow-up. OBJECTIVE: To assess data on PCa-specific mortality in the Rotterdam section of the European Randomized Study of Screening for Prostate Cancer (ERSPC) trial. DESIGN, SETTING, AND PARTICIPANTS: A randomized controlled trial with randomization after

signed, written informed consent (efficacy trial). In the period 1993-1999, a total of 42 376 men aged 54-74 yr were randomized to a screening arm (S-arm) (n = 21 210 with screening every 4 yr, applying a total prostate-specific antigen [PSA] level cut-off ≥ 3.0 ng/ml as biopsy indication) or a control arm (C-arm) (n = 21 166; no intervention). **OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS:** Number of PCas detected per arm depicted by predefined time periods and prognostic groups. PCa-specific mortality analyses using Poisson regression in age group 55-74 yr at randomization and separately in the predefined age group of 55-69 yr. **RESULTS AND LIMITATIONS:** After a median follow-up of 12.8 yr, 19 765 men (94.2%) were screened at least once and 2674 PCas were detected (of which 561 [21.0%] were interval PCas). In the C-arm, 1430 PCas were detected, resulting in an excess incidence of 59 PCas per 1000 men randomized (61 PCas per 1000 in age group 55-69 yr). Thirty-two percent of all men randomized have died. PCa-specific mortality relative-risk (RR) reductions of 20.0% overall (age: 55-74 yr; p = 0.042) and 31.6% (age: 55-69 yr; p = 0.004) were found. A 14.1% increase was found in men aged 70-74 yr (not statistically significant). Absolute PCa mortality was 1.8 per 1000 men randomized (2.6 per 1000 men randomized in age group 55-69 yr). The number needed to invite and number needed to manage were 565 and 33, respectively, for age group 55-74 yr, and 392 and 24, respectively, for age group 65-69 yr. Given the slow natural history of the disease, follow-up might be too short. **CONCLUSIONS:** Systematic PSA-based screening reduced PCa-specific mortality by 32% in the age range of 55-69 yr. The roughly twofold higher incidence in the S-arm underlines the importance of tools to better identify those men who would benefit from screening.

[482]

TÍTULO / TITLE: - The “perirenal edema sign” as a hint towards hypertension—preliminary observations on cofindings in MRI breast cancer staging.

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

REVISTA / JOURNAL: - Eur J Radiol. 2012 Sep;81 Suppl 1:S74-5. doi: 10.1016/S0720-048X(12)70029-3.

●● Enlace al texto completo (gratis o de pago) [1016/S0720-048X\(12\)70029-3](#)

AUTORES / AUTHORS: - Kaiser CG; Reich C; Kaiser WA

INSTITUCIÓN / INSTITUTION: - Institute of Clinical Radiology and Nuclear Medicine, University Medical Centre Mannheim, Medical Faculty Mannheim-University of Heidelberg, Theodor-Kutzer-Ufer 1-3, Mannheim, Germany. clemens.kaiser@umm.de

[483]

TÍTULO / TITLE: - A dual-functional electrochemical biosensor for the detection of prostate specific antigen and telomerase activity.

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

REVISTA / JOURNAL: - Chem Commun (Camb). 2013 Jun 27;49(59):6602-4. doi: 10.1039/c3cc43532f.

●● Enlace al texto completo (gratis o de pago) [1039/c3cc43532f](#)

AUTORES / AUTHORS: - Liu J; Lu CY; Zhou H; Xu JJ; Wang ZH; Chen HY

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Analytical Chemistry for Life Science, School of Chemistry and Chemical Engineering, Nanjing University, Nanjing 210093, China. xuji@nju.edu.cn hychen@nju.edu.cn.

RESUMEN / SUMMARY: - A new dual-functional electrochemical biosensor for the detection of prostate specific antigen (PSA) and telomerase activity was successfully developed based on a sandwich immunobinding format and telomerization assisted hemin-G-quadruplex-based DNAzyme as a biolabel.

[484]

TÍTULO / TITLE: - Re: quality of life in men undergoing active surveillance for localized prostate cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):536-7. doi: 10.1016/j.juro.2013.04.118. Epub 2013 May 2.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.118](#)

AUTORES / AUTHORS: - Taneja SS

[485]

TÍTULO / TITLE: - Vitamin K4 induces tumor cytotoxicity in human prostate carcinoma PC-3 cells via the mitochondria-related apoptotic pathway.

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

REVISTA / JOURNAL: - Pharmazie. 2013 Jun;68(6):442-8.

AUTORES / AUTHORS: - Jiang Y; Yang J; Yang C; Meng F; Zhou Y; Yu B; Khan M; Yang H

INSTITUCIÓN / INSTITUTION: - School of Life Sciences, Liaoning Provincial Key Laboratory of Biotechnology and Drug Discovery, Liaoning Normal University, Dalian, PR China.

RESUMEN / SUMMARY: - Vitamin K4 (VK4) is a synthetic hydrophilic menadione compound, which is clinically used as hemostasis medicine. It has been reported that several vitamin Ks had inhibitory effects on various cancer cells. However, there is no report about VK4s anticancer activity. The goal of this study was to investigate the inhibitory effect of VK4 on human prostate PC-3 cells and the mechanisms involved. We found that VK4 dose-dependently inhibited cell proliferation in PC-3 cells with an IC50 value of about 20.94 microM. Hoechst 33258 Staining results showed that VK4 caused DNA

fragmentation in PC-3 cells. PI staining results indicated that VK4-induced PC-3 cell cycle arrest at the S phase. Further mechanistic studies revealed that VK4-mediated induction of apoptosis in PC-3 cell is associated with disruption of mitochondrial membrane potential, down-regulation of Bcl-2, and up-regulation of Bax, release of cytochrome c from mitochondria, and activation of caspase-3 and PARP. Thus, VK4 might be useful in prostate cancer chemotherapy.

[486]

TÍTULO / TITLE: - Hyper-expression of PAX2 in human metastatic prostate tumors and its role as a cancer promoter in an in vitro invasion model.

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

REVISTA / JOURNAL: - Prostate. 2013 Jun 14. doi: 10.1002/pros.22687.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22687](#)

AUTORES / AUTHORS: - Ueda T; Ito S; Shiraishi T; Kulkarni P; Ueno A; Nakagawa H; Kimura Y; Hongo F; Kamoi K; Kawauchi A; Miki T

INSTITUCIÓN / INSTITUTION: - Department of Urology, Graduate School of Medical Science, Kyoto Prefectural University of Medicine, Kyoto, Japan.

RESUMEN / SUMMARY: - **BACKGROUND:** Metastasis is a consequence of many biological events, during which cancer stem cells are shifted into a malignant state. Among these events, invasion of prostate cancer cells into host tissues is possible to be assessed by means of an in vitro invasion model, and is thought to be coupled to altered expression of membrane proteins. Dysregulated functions of the factors regulating organogenesis during embryogenesis are known to facilitate metastasis of many types of cancers. PAX2 (paired box 2) is a member of the PAX transcription factor family, which regulates prostatic ductal growth and branching in organogenesis of mammalian prostates. However, the role of PAX2 in prostate cancer development remains to be determined. **METHODS:** PAX2 expression in human prostate cancers and normal prostate epithelium were examined by quantitative RT-PCR and immunohistochemistry. Matrigel invasion assay and a gene array analysis were performed using prostate cancer cell lines transfected with either control or PAX2 siRNA. **RESULTS:** In human prostate cancers, PAX2 was hyper-expressed in metastatic cancers, but was expressed at lower levels in non-metastatic cancers. Consistent with this, PAX2 knockdown repressed cell growth and invasion in a Matrigel invasion assay. Gene ontology analysis revealed that many cell membrane proteins were downregulated after PAX2 knockdown. **CONCLUSIONS:** Our data suggested that PAX2 hyper-expression promotes the development of the metastatic state in prostate cancer cells, presumably through upregulating the expression of cell membrane proteins. Prostate 9999: 1-10, 2013. © 2013 Wiley Periodicals, Inc.

[487]

TÍTULO / TITLE: - MicroRNA-409-3p inhibits migration and invasion of bladder cancer cells via targeting c-Met.

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

REVISTA / JOURNAL: - Mol Cells. 2013 Jul;36(1):62-8. doi: 10.1007/s10059-013-0044-7. Epub 2013 May 30.

●● Enlace al texto completo (gratis o de pago) [1007/s10059-013-0044-](#)

[7](#)

AUTORES / AUTHORS: - Xu X; Chen H; Lin Y; Hu Z; Mao Y; Wu J; Xu X; Zhu Y; Li S; Zheng X; Xie L

INSTITUCIÓN / INSTITUTION: - Department of Urology, First Affiliated Hospital, Zhejiang University, Qingchun Road 79, Hangzhou, 310003, Zhejiang Province, China.

RESUMEN / SUMMARY: - There is increasing evidence suggesting that dysregulation of certain microRNAs (miRNAs) may contribute to tumor progression and metastasis. Previous studies have shown that miR-409-3p is dysregulated in some malignancies, but its role in bladder cancer is still unknown. Here, we find that miR-409-3p is down-regulated in human bladder cancer tissues and cell lines. Enforced expression of miR-409-3p in bladder cancer cells significantly reduced their migration and invasion without affecting cell viability. Bioinformatics analysis identified the pro-metastatic gene c-Met as a potential miR-409-3p target. Further studies indicated that miR-409-3p suppressed the expression of c-Met by binding to its 3'-untranslated region. Silencing of c-Met by small interfering RNAs phenocopied the effects of miR-409-3p overexpression, whereas restoration of c-Met in bladder cancer cells overexpressing miR-409-3p, partially reversed the suppressive effects of miR-409-3p. We further showed that MMP2 and MMP9 may be downstream effector proteins of miR-409-3p. These findings indicate that miR-409-3p could be a potential tumor suppressor in bladder cancer.

[488]

TÍTULO / TITLE: - Epithelial-mesenchymal transition and migration of prostate cancer stem cells is driven by cancer-associated fibroblasts in an HIF-1alpha/beta-catenin-dependent pathway.

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

REVISTA / JOURNAL: - Mol Cells. 2013 Jul 8.

●● Enlace al texto completo (gratis o de pago) [1007/s10059-013-0096-](#)

[8](#)

AUTORES / AUTHORS: - Luo Y; Lan L; Jiang YG; Zhao JH; Li MC; Wei NB; Lin YH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Affiliated Beijing Anzhen Hospital of Capital Medical University, Beijing, People's Republic of China, luoyonganzhen@163.com.

RESUMEN / SUMMARY: - Although cancer stem cells (CSCs) play a crucial role in seeding the initiation of tumor progression, they do not always possess the same potent ability as tumor metastasis. Thus, precisely how migrating CSCs occur, still remains unclear. In the present study, we first comparatively analyzed a series of prostate CSCs, which exhibited a dynamically increasing and disseminating ability in nude mice. We observed that the transcriptional activity of HIF-1alpha and beta-catenin became gradually elevated in these stem cells and their epithelial-mesenchymal transition (EMT) characteristic altered from an epithelial type to a mesenchymal type. Next, we further used cancer-associated fibroblasts (CAFs), which were cultured from surgically resected tissues of prostate cancer (PCa) to stimulate prostate CSCs. Similar results were reconfirmed and showed that the protein levels of both HIF-1alpha and beta-catenin were markedly improved. In addition, the EMT phenotype displayed a homogenous mesenchymal type, accompanied with increased aggressive potency in vitro. Most importantly, the aforementioned promoting effect of CAFs on prostate CSCs was completely repressed after “silencing” the activity of beta-catenin by transfection of stem cells with ShRNA. Taken together, our observations suggest that prostate migrating CSCs, with a mesenchymal phenotype, could be triggered by CAFs in a HIF-1alpha/beta-catenin-dependent signaling pathway.

[489]

TÍTULO / TITLE: - LEP gene variant is associated with prostate cancer but not with colorectal cancer.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0881-](#)

[1](#)

AUTORES / AUTHORS: - He J; Xu G

INSTITUCIÓN / INSTITUTION: - Department of Pharmacy, Kunming General Hospital of Chengdu Military Command, Kunming, 650032, China.

RESUMEN / SUMMARY: - The leptin (LEP) gene has been considered to be implicated in the development of cancer. However, the results have been inconsistent. In this study, we performed a meta-analysis to clarify the association of LEP rs7799039 variant with colorectal and prostate cancer risk. Published literatures from PubMed and Embase were retrieved. Pooled odds ratio (OR) with 95 % confidence interval (CI) was calculated using fixed or random effects model. A total of five studies (2,596 colorectal cancer cases and 3,240 controls) for association of LEP rs7799039 variant with colorectal cancer, and three studies (1,343 prostate cancer cases and 1,238 controls) for association with prostate cancer were included in the meta-analysis. For colorectal cancer, there was no significant association of LEP rs7799039 variant with this disease under homogeneous co-dominant model (OR = 0.88, 95 % CI

= 0.75-1.02), heterogeneous co-dominant model (OR = 1.00, 95 % CI = 0.89-1.13) and dominant model (OR = 0.97, 95 % CI = 0.87-1.08); however, there was a marginal association under recessive model (OR = 0.87, 95 % CI = 0.76-0.99). For prostate cancer, there was significant association of LEP rs7799039 variant with this disease under homogeneous co-dominant model (OR = 1.33, 95 % CI = 1.06-1.67) and recessive model (OR = 1.26, 95 % CI = 1.05-1.51), but not under heterogeneous co-dominant model (OR = 1.24, 95 % CI = 0.87-1.77) and dominant model (OR = 1.30, 95 % CI = 1.84). The present meta-analysis demonstrated that the LEP rs7799039 variant was associated with prostate cancer, but not with colorectal cancer.

[490]

TÍTULO / TITLE: - Renal angiomyolipoma, fat-poor variant-a clinicopathologic mimicker of malignancy.

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

REVISTA / JOURNAL: - Virchows Arch. 2013 Jul;463(1):41-6. doi: 10.1007/s00428-013-1432-2. Epub 2013 Jun 1.

●● Enlace al texto completo (gratis o de pago) [1007/s00428-013-1432-](#)

[2](#)

AUTORES / AUTHORS: - Mehta V; Venkataraman G; Antic T; Rubinas TC; Le Poole IC; Picken MM

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Loyola University Medical Center, Bldg. 110, Room 2242, 2160 S. First Avenue, Maywood, IL, 60153, USA.

RESUMEN / SUMMARY: - Angiomyolipomas, composed of thick-walled blood vessels, smooth muscle, and adipose tissue, belong to the perivascular epithelioid cell neoplasms (PEComas), a family of tumors believed to be derived from perivascular epithelioid cells which co-express smooth muscle and melanocytic markers. Although most angiomyolipomas are benign, a subset of PEComas has metastatic potential. The pathologic and clinical spectrum of these tumors continues to evolve. We sought to evaluate a subset of renal angiomyolipomas with a minimal amount of fat. We studied 48 renal angiomyolipomas in 41 patients (33 females and 8 males). Based on the amount of adipose tissue, the lesions were categorized as fat-poor, fat-average, and fat-rich lesions (<25, 25-75, and >75 % of fat, respectively). Stains for smooth muscle actin, calponin, HMB-45, melanocyte-associated antigen PNL2, estrogen, and progesterone receptor were examined. Four patients (all females) had more than one lesion, four had coexistent uterine leiomyomata, two had coexistent renomedullary interstitial tumor, and males had only single lesions. Except for one woman, all lesions were sporadic. Twenty-nine were fat-poor (60 %) lesions; 8, fat-average (17 %) lesions; and 11, fat-rich (23 %) lesions. The fat content did not correlate with tumor size: the largest fat-poor and smallest fat-rich lesions were >6 and <2 cm, respectively. All lesions stained with smooth

muscle actin and HMB-45; 41 % of tumors were positive for estrogen receptor (11 females and 1 male). No patient had metastases (follow-up 2-11 years). In our series, fat content in angiomyolipoma was not associated with tumor size. Fat-poor angiomyolipomas affected predominantly women and were morphologically and radiologically distinct as mimickers of malignancy. Whether they are biologically different from conventional tumors requires further studies.

[491]

TÍTULO / TITLE: - Poly (ADP-ribose) polymerase 1 protein expression in normal and neoplastic prostatic tissue.

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

REVISTA / JOURNAL: - Eur J Histochem. 2013 Apr 15;57(2):e13. doi: 10.4081/ejh.2013.e13.

●● Enlace al texto completo (gratis o de pago) [4081/ejh.2013.e13](#)

AUTORES / AUTHORS: - Salemi M; Galia A; Fraggetta F; La Corte C; Pepe P; La Vignera S; Improta G; Bosco P; Calogero AE

INSTITUCIÓN / INSTITUTION: - University of Catania. micezia@tiscali.it.

RESUMEN / SUMMARY: - A genetic background has been implicated in the development of prostate cancer. Protein microarrays have enabled the identification of proteins, some of which associated with apoptosis, that may play a role in the development of such a tumor. Inhibition of apoptosis is a co-factor that contributes to the onset and progression of prostate cancer, though the molecular mechanisms are not entirely understood. Poly (ADP-ribose) polymerase 1 (PARP-1) gene is required for translocation of the apoptosis-inducing factor (AIF) from the mitochondria to the nucleus. Hence, it is involved in programmed cell death. Different PARP-1 gene expression has been observed in various tumors such as glioblastoma, lung, ovarian, endometrial, and skin cancers. We evaluated the expression of PARP-1 protein in prostatic cancer and normal prostate tissues by immunohistochemistry in 40 men with prostate cancer and in 37 normal men. Positive nuclear PARP-1 staining was found in all samples (normal prostate and prostate cancer tissues). No cytoplasmic staining was observed in any sample. PARP-1-positive cells resulted significantly higher in patients with prostate carcinoma compared with controls ($P < 0.001$). PARP-1 over-expression in prostate cancer tissue compared with normal prostate suggests a greater activity of PARP-1 in these tumors. These findings suggest that PARP-1 expression in prostate cancer is an attempt to trigger apoptosis in this type of tumor similarly to what reported in other cancers.

[492]

TÍTULO / TITLE: - Fascia Lata Preservation During Inguinal Lymphadenectomy for Penile Cancer: Rationale and Outcome.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 19. pii: S0090-4295(13)00634-1. doi: 10.1016/j.urology.2013.05.021.

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

[1016/j.urology.2013.05.021](#)

AUTORES / AUTHORS: - Yao K; Zou ZJ; Li ZS; Zhou FJ; Qin ZK; Liu ZW; Li YH; Han H

INSTITUCIÓN / INSTITUTION: - Department of Urology, Sun Yat-sen University Cancer Center and State Key Laboratory of Oncology in Southern China, Guangzhou, People's Republic of China.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate local groin recurrence and morbidity associated with fascia lata preservation during inguinal lymphadenectomy (LAD) for penile carcinoma. **METHODS:** Between January 2002 and December 2011, 201 inguinal dissections with preservation of the fascia lata were performed in 104 patients with clinical disease staged at \leq N2. The dissection boundaries were the same as those for radical inguinal LAD. All superficial inguinal nodes were removed en bloc. The cribriform fascia near the femoral canal was divided, and the deep inguinal lymph nodes were dissected. The fascia lata was completely preserved and sutured to the subcutaneous tissue. Sartorius muscle transposition was eliminated. Survival and morbidity data were retrospectively analyzed, and survival probabilities were calculated. **RESULTS:** The median operative time for unilateral inguinal LAD was 45 minutes (range, 40-60 minutes). Median follow-up was 36 months (range, 10-130 months). A mean number of 12.5 nodes were removed per groin. One patient (1%) had a recurrence outside the borders of the fascia lata after 7 months of follow-up. The 3-year disease-free survival rate was 92.1% (100% for pN0, 91.3% for pN1, 80% for pN2, and 33.3% for pN3 disease). A total of 59 complications (29.3%) occurred, including wound infection (2.5%), skin necrosis (5.5%), lymphedema (11.8%), seroma formation (1.5%), lymphocele (5%), paresthesia (3.5%), and deep venous thrombosis (0.5%). **CONCLUSION:** Inguinal dissections with preservation of the fascia lata for penile carcinoma patients without extranodal extension is as effective as the classic dissection technique but decreases complications related to groin dissection.

[493]

TÍTULO / TITLE: - Population-Based Study of Utilization and Determinants of Active Surveillance and Watchful Waiting for Low- and Intermediate-Risk Prostate Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 May 29. pii: S0022-5347(13)04419-4. doi: 10.1016/j.juro.2013.05.054.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.05.054](#)

AUTORES / AUTHORS: - Loeb S; Berglund A; Stattin P

INSTITUCIÓN / INSTITUTION: - Department of Urology, New York University, NY, NY, USA. Electronic address: stacyloeb@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: Prior studies have reported underutilization of deferred treatment (i.e. active surveillance or watchful waiting) for low-risk prostate cancer in the United States. Our objective was to examine contemporary trends in active surveillance and watchful waiting in the nationwide Swedish prostate cancer registry. We also examined factors associated with selection of deferred management, which might provide insight into the rational diffusion of this important management strategy. MATERIALS AND METHODS: We identified 57,713 men with very low-risk (T1c, Gleason ≤ 6 , PSA < 10 ng/ml, PSA density < 0.20 ng/ml/cc, ≤ 2 positive biopsy cores or $< 25\%$ of cores positive), low-risk (T1-T2, Gleason ≤ 6 , and PSA < 10), and intermediate-risk prostate cancer (T1-T2, Gleason 7 and/or PSA 10-20) in the Prostate Cancer database Sweden (PCBaSe) from 1998-2011. Subclassification of very low-risk disease, and active surveillance versus watchful waiting was possible beginning in 2007. We examined primary treatment selection by risk group, and used logistic regression to evaluate factors associated with deferred treatment. RESULTS: Overall, 13,272 (46%) men with low-risk and 8,695 (30%) with intermediate-risk prostate cancer chose deferred treatment. Since 2007, 59%, 41%, and 16% of very low, low and intermediate-risk prostate cancer chose active surveillance. Age was by far the strongest determinant of deferred treatment. Education, marital status and comorbidity were significantly but weakly associated with deferring treatment. CONCLUSIONS: Deferred treatment for low and intermediate-risk prostate cancer was frequently utilized in Sweden. Dissociating diagnosis from treatment in men with a low risk of progression can decrease the rate of overtreatment.

[494]

TÍTULO / TITLE: - Targeted induction of endogenous NKX3-1 by small activating RNA inhibits prostate tumor growth.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 8. doi: 10.1002/pros.22709.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22709](#)

AUTORES / AUTHORS: - Ren S; Kang MR; Wang J; Huang V; Place RF; Sun Y; Li LC

INSTITUCIÓN / INSTITUTION: - Department of Urology and Helen-Diller Comprehensive Cancer Center, University of California San Francisco, San Francisco, California; Department of Urology, Shanghai Changhai Hospital, Second Military Medical University, Shanghai, China.

RESUMEN / SUMMARY: - BACKGROUND: RNA activation (RNAa) is a small RNA-mediated gene regulation mechanism by which expression of a particular gene can be induced by targeting its promoter using small double-stranded RNA also known as small activating RNA (saRNA). We used saRNA as a

molecular tool to examine NKX3-1's role as a tumor suppressor and tested in vitro and in vivo antitumor effects of NKX3-1 induction by saRNA. MATERIALS AND METHODS: NKX3-1 saRNA was transfected into human prostate cancer cells including LNCaP, CWR22R, PC-3, CWR22RV1, DuPro, LAPC4, and DU145. The transfected cells were used for analysis of gene expression by RT-PCR and immunoblotting, proliferation, apoptosis and cell cycle distribution. PC-3 xenograft models were established in immunocompromised mice and treated with NKX3-1 saRNA. RESULTS: NKX3-1 saRNA induced NKX3-1 expression in different prostate cancer cell lines, resulting in inhibited cell proliferation and survival, cell cycle arrest and apoptotic cell death. These effects were partly mediated by NKX3-1's regulation of several downstream genes including the upregulation of p21 and p27, and the inhibition of VEGFC expression. Treatment of mouse xenograft prostate tumors with intratumoral delivery of NKX3-1 saRNA formulated in lipid nanoparticles significantly inhibited tumor growth and prolonged animal survival. CONCLUSIONS: By revealing several important target genes of NKX3-1, our findings corroborated NKX3-1's role as a tumor suppressor gene through direct regulation of the cell cycle and growth/survival pathways. This study also validated the therapeutic potential of saRNA for the treatment of prostate cancer via targeted activation of tumor suppressor genes. Prostate © 2013 Wiley Periodicals, Inc.

[495]

TÍTULO / TITLE: - ERG expression in mucinous prostatic adenocarcinoma and prostatic adenocarcinoma with mucinous features: comparison with conventional prostatic adenocarcinoma.

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

REVISTA / JOURNAL: - Hum Pathol. 2013 Jul 9. pii: S0046-8177(13)00193-7. doi: 10.1016/j.humpath.2013.05.006.

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

1016/j.humpath.2013.05.006

AUTORES / AUTHORS: - Johnson H; Zhou M; Osunkoya AO

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Emory University School of Medicine, Atlanta, GA, USA.

RESUMEN / SUMMARY: - TMPRSS2-ERG is the most common gene fusion in conventional prostatic adenocarcinoma (PCa), identified in about 40% to 70% of cases. Mucinous PCa and PCa with mucinous features are rare subtypes of prostate cancer, and ERG expression in these subtypes has not been well characterized in a large series. A search was made through the surgical pathology and expert consultation files of 2 major academic institutions for cases of mucinous PCa and PCa with mucinous features. The former were obtained from radical prostatectomy cases and the latter from radical prostatectomy cases, transurethral resection of the prostate, and prostate needle core biopsies. A tissue microarray composed of additional cases of

mucinous PCa was also included in the study. Immunohistochemical stains for ERG were performed on all the cases. A total of 51 cases of mucinous PCa and PCa with mucinous features were identified. Twenty-five of 51 (47%) cases were positive for ERG expression, including 10/24 (42%) radical prostatectomy specimens, 7/14 (50%) biopsies, 2/4 (50%) transurethral resection of the prostate specimens, 6/9 (67%) from a tissue microarray. This is the largest study to date specifically characterizing ERG expression in mucinous PCa and PCa with mucinous features, with emphasis on comparison with adjacent conventional PCa. ERG is expressed in almost 50% of cases of mucinous PCa and PCa with mucinous features, similar to rates of expression in conventional PCa. This study strongly suggests that these rare subtypes of PCa are clonally related to conventional PCa.

[496]

TÍTULO / TITLE: - Plasma nitrate and prostate cancer - Letter.

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

REVISTA / JOURNAL: - Cancer Epidemiol Biomarkers Prev. 2013 Jul 5.

- Enlace al texto completo (gratis o de pago) [1158/1055-9965.EPI-13-0641](#)

AUTORES / AUTHORS: - Schooling CM

INSTITUCIÓN / INSTITUTION: - School of Public Health, The University of Hong Kong.

PTPTPTP - JOURNAL ARTICLE ----- [497]

TÍTULO / TITLE: - Dosimetric feasibility of MRI-guided external beam radiotherapy of the kidney.

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

REVISTA / JOURNAL: - Phys Med Biol. 2013 Jul 21;58(14):4933-41. doi: 10.1088/0031-9155/58/14/4933. Epub 2013 Jun 25.

- Enlace al texto completo (gratis o de pago) [1088/0031-9155/58/14/4933](#)

AUTORES / AUTHORS: - Stam MK; van Vulpen M; Barendrecht MM; Zonnenberg BA; Crijns SP; Lagendijk JJ; Raaymakers BW

INSTITUCIÓN / INSTITUTION: - Department of Radiotherapy, University Medical Center Utrecht, Heidelberglaan 100, 3584 CX, Utrecht, The Netherlands.

RESUMEN / SUMMARY: - At our institution a treatment for kidney tumours with an MRI-Linac is under development. In order to set inclusion criteria for this treatment the anatomical eligibility criteria and the influence of the motion compensation strategy on the delivered dose should be known. Twenty patients with a renal lesion underwent an MR-scan to image the kidney. Static treatment plans were made and the doses to the organs at risk were evaluated. Furthermore, to calculate the influence of remnant motion in a gated treatment, a convolution of the static dose plan with the residual motion in a gating window

was done. For ten patients (50%) a static plan within the dose constraints could be obtained. For all patients where the kidney constraint was obeyed in the static plan, the dose to the gross tumour volume (GTV) and the ipsilateral kidney remained within limits for residual motion in a gating window up to and including 12 mm. For four patients (20%) no static plan without violation of the constraint to the ipsilateral kidney could be made. One of these patients had a tumour of 73 mm in the upper pole and the other patients had a tumour of at least 30 mm in the mid pole. In 6 patients (30%), where the bowels were within the planning target volume, the maximum dose to the bowels was above the limit used. Patient specific assessment might degrade this violation. For tumours smaller than 30 mm a clinically acceptable plan could be created. For other patients the feasibility depends on the geometry of the GTV and kidney. Neither the GTV coverage nor the ipsilateral kidney dose is compromised by breathing motion for gating with a gating window up to and including 12 mm.

[498]

TÍTULO / TITLE: - Human beta-defensin 2 may inhibit internalisation of bacillus Calmette-Guerin (BCG) in bladder cancer cells.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul 2. doi: 10.1111/bju.12196.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12196](#)

AUTORES / AUTHORS: - Kim JH; Kim SJ; Lee KM; Chang IH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Chung-Ang University College of Medicine, Seoul, Republic of Korea.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate whether secretion of human beta-defensin 2 (HBD-2) is induced by bacillus Calmette-Guerin (BCG) and to determine whether HBD-2 affects BCG internalisation in bladder cancer cells. **MATERIALS AND METHODS:** Reverse transcription-polymerase chain reaction analysis was used to determine whether HBD-2 mRNA increases after incubation with BCG. HBD-2 proteins in 5637 and T24 human bladder cancer cell lines were assayed by enzyme-linked immunosorbent assay. The internalisation rate was evaluated by double immunofluorescence assay and confocal microscopy to test the optimal dose of HBD-2 for BCG internalisation. We also investigated the difference in internalisation rates and cell viability between recombinant HBD-2 protein, anti-HBD-2 antibody, and HBD-2 plus anti-HBD-2 antibody pretreatments. **RESULTS:** BCG induced HBD-2 mRNA expression and HBD-2 production dose and time-dependently in bladder cancer cells and affected BCG internalisation. Pretreatment with recombinant HBD-2 protein lowered internalisation of BCG dose-dependently. Moreover, anti-HBD-2 antibody prevented the effect of HBD-2 on BCG internalisation in bladder cancer cells. The internalisation rate of BCG pretreated with anti-HBD-2 antibody was higher than that in the control in 5637 ($P < 0.01$) and T24 cells ($P < 0.05$). The BCG internalisation rate in cells pretreated with anti-HBD-2

antibody plus recombinant HBD-2 protein was higher than that in the control in 5637 ($P < 0.01$) and T24 cells ($P < 0.05$). Mycobacterium bovis BCG decreased bladder cancer cell viability, and anti-HBD-2 antibody prevented the inhibitory role of HBD-2 on the anti-proliferative effects of M. bovis BCG in bladder cancer cells CONCLUSION: Bladder cancer cells produce HBD-2 when they are infected by BCG to defend themselves against BCG internalisation, which plays an important role during the initiation and propagation of the immunotherapeutic response in bladder cancer cells.

[499]

TÍTULO / TITLE: - Histologic prognostic factors associated with chromosomal imbalances in a contemporary series of 89 clear cell renal cell carcinomas.

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

REVISTA / JOURNAL: - Hum Pathol. 2013 Jun 24. pii: S0046-8177(13)00149-4. doi: 10.1016/j.humpath.2013.03.018.

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

[1016/j.humpath.2013.03.018](#)

AUTORES / AUTHORS: - Dagher J; Dugay F; Verhoest G; Cabillic F; Jaillard S; Henry C; Arlot-Bonnemains Y; Bensalah K; Oger E; Vigneau C; Rioux-Leclercq N; Belaud-Rotureau MA

INSTITUCIÓN / INSTITUTION: - Service d'Anatomie et Cytologie Pathologiques, CHU de Rennes, 35000 Rennes, France.

RESUMEN / SUMMARY: - Clear cell renal cell carcinoma (ccRCC) is the most common type of renal cancer. The aim of this study was to define specific chromosomal imbalances in ccRCC that could be related to clinical or histologic prognostic factors. Tumors and karyotypes of 89 patients who underwent nephrectomy for ccRCC were analyzed from April 2009 to July 2012. The mean number of chromosomal aberrations was significantly higher (7.8; $P < .05$) in Fuhrman grade 4 (F4) than in F3 (4) and F2 (3.4) cases. The results were similar, considering separately the mean number of chromosomal losses and gains. The F4 cases had a distinct pattern with more frequent losses of chromosomes 9, 13, 14, 18, 21, 22, and Y and gains of chromosome 20. Necrosis was associated with losses of chromosomes 7, 9, 18, and 22; sarcomatoid component, losses of chromosomes 7, 9, and 14 and gains of 20; and T stage, losses of chromosomes 18 and Y. After multivariate analysis, renal fat invasion, renal vein emboli, and microscopic vascular invasion were, respectively, associated with losses of chromosomes 13 and Y, loss of chromosome 13, and loss of chromosome 14 and gains of chromosomes 7 and 20. F4 was independently associated with losses of chromosomes 9 and Y; sarcomatoid component, loss of chromosome 9 and gain of 20; necrosis, loss of chromosome 18; and T stage, loss of chromosome Y. These chromosomal imbalances can be detected routinely by karyotype or fluorescence in situ hybridization analyses to stratify patients for risk of progression.

[500]

TÍTULO / TITLE: - Dynamic MRI Evaluation of Urethral Hypermobility Post-Radical Prostatectomy.

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

REVISTA / JOURNAL: - Neurourol Urodyn. 2013 Apr 23. doi: 10.1002/nau.22408.

●● Enlace al texto completo (gratis o de pago) [1002/nau.22408](#)

AUTORES / AUTHORS: - Suskind AM; Delancey JO; Hussain HK; Montgomery JS; Latini JM; Cameron AP

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Michigan, Ann Arbor, Michigan.

RESUMEN / SUMMARY: - AIMS: One postulated cause of post-prostatectomy incontinence is urethral and bladder neck hypermobility. The objective of this study was to determine the magnitude of anatomical differences of urethral and bladder neck position at rest and with valsalva in continent and incontinent men post-prostatectomy based on dynamic MRI. METHODS: All subjects underwent a dynamic MRI protocol with valsalva and non-valsalva images and a standard urodynamic evaluation. MRI measurements were taken at rest and with valsalva, including (1) bladder neck to sacrococcygeal inferior pubic point line (SCIPP), (2) urethra to pubis, and (3) bulbar urethra to SCIPP. Data were analyzed in SAS using two-tailed t tests. RESULTS: A total of 21 subjects (13 incontinent and 8 continent) had complete data and were included in the final analysis. The two groups had similar demographic characteristics. On MRI, there were no statistically significant differences in anatomic position of the bladder neck or urethra either at rest or with valsalva. The amount of hypermobility ranged from 0.8 to 2 mm in all measures. There were also no differences in the amount of hypermobility (position at rest minus position at valsalva) between groups. CONCLUSIONS: We found no statistically significant differences in bladder neck and urethral position or mobility on dynamic MRI evaluation between continent and incontinent men status post-radical prostatectomy. A more complex mechanism for post-prostatectomy incontinence needs to be modeled in order to better understand the continence mechanism in this select group of men. Neurourol. Urodynam. 9999:XX-XX, 2013. © 2013 Wiley Periodicals, Inc.

[501]

TÍTULO / TITLE: - Larger Maximum Tumor Diameter at Radical Prostatectomy Is Associated With Increased Biochemical Failure, Metastasis, and Death From Prostate Cancer After Salvage Radiation for Prostate Cancer.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Jul 22. pii: S0360-3016(13)00640-8. doi: 10.1016/j.ijrobp.2013.05.043.

- Enlace al texto completo (gratis o de pago)

[1016/j.ijrobp.2013.05.043](https://doi.org/10.1186/1016/j.ijrobp.2013.05.043)

AUTORES / AUTHORS: - Johnson SB; Hamstra DA; Jackson WC; Zhou J; Foster B; Foster C; Song Y; Li D; Palapattu GS; Kunju L; Mehra R; Sandler H; Feng FY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Michigan, Ann Arbor, Michigan.

RESUMEN / SUMMARY: - **PURPOSE:** To investigate the maximum tumor diameter (MTD) of the dominant prostate cancer nodule in the radical prostatectomy specimen as a prognostic factor for outcome in patients treated with salvage external beam radiation therapy (SRT) for a rising prostate-specific antigen (PSA) value after radical prostatectomy. **METHODS AND MATERIALS:** From an institutional cohort of 575 patients treated with SRT, data on MTD were retrospectively collected. The impact of MTD on biochemical failure (BF), metastasis, and prostate cancer-specific mortality (PCSM) was assessed on univariate and multivariate analysis using Kaplan-Meier and Cox proportional hazards models. **RESULTS:** In the 173 patients with MTD data available, median follow-up was 77 months (interquartile range, 47-104 months) after SRT, and median MTD was 18 mm (interquartile range, 13-22 mm). Increasing MTD correlated with increasing pT stage, Gleason score, presence of seminal vesicle invasion, and lymph node invasion. Receiver operating characteristic curve analysis identified MTD of >14 mm to be the optimal cut-point. On univariate analysis, MTD >14 mm was associated with an increased risk of BF (P=.02, hazard ratio [HR] 1.8, 95% confidence interval [CI] 1.2-2.8), metastasis (P=.002, HR 4.0, 95% CI 2.1-7.5), and PCSM (P=.02, HR 8.0, 95% CI 2.9-21.8). On multivariate analysis MTD >14 mm remained associated with increased BF (P=.02, HR 1.9, 95% CI 1.1-3.2), metastasis (P=.02, HR 3.4, 95% CI 1.2-9.2), and PCSM (P=.05, HR 9.7, 95% CI 1.0-92.4), independent of extracapsular extension, seminal vesicle invasion, positive surgical margins, pre-RT PSA value, Gleason score, and pre-RT PSA doubling time. **CONCLUSIONS:** For patients treated with SRT for a rising PSA value after prostatectomy, MTD at time of radical prostatectomy is independently associated with BF, metastasis, and PCSM. Maximum tumor diameter should be incorporated into clinical decision making and future clinical risk assessment tools for those patients receiving SRT.

[502]

TÍTULO / TITLE: - The over-expression of Pim-2 promote the tumorigenesis of prostatic carcinoma through phosphorylating eIF4B.

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

REVISTA / JOURNAL: - Prostate. 2013 Jun 27. doi: 10.1002/pros.22693.

- Enlace al texto completo (gratis o de pago) [1002/pros.22693](https://doi.org/10.1002/pros.22693)

AUTORES / AUTHORS: - Ren K; Gou X; Xiao M; Wang M; Liu C; Tang Z; He W

INSTITUCIÓN / INSTITUTION: - Department of Urology, The First Affiliated Hospital of Chongqing Medical University, P.R., China.

RESUMEN / SUMMARY: - BACKGROUND: Cell experiments have found Pim-2 may take part in the tumorigenesis of prostatic carcinoma (PCA). More direct evidences are needed, and the detailed anti-apoptotic mechanism of Pim-2 in PCA cells is still unknown. METHODS: Pim-2 expression levels were compared between benign prostatic hyperplasia (BPH) tissues and PCA tissues using real time PCR and Western blot, respectively. Then Pim-2 expression levels were detected in PCA cell lines DU-145 and LNCaP, as well as in nontumorous prostatic epithelial cell lines RWPE-1 and PNT1a, using real time PCR and Western blot, respectively. The co-expression of Pim-2 and eukaryotic initiation factor 4B (eIF4B) was examined by immunofluorescence cytochemistry using laser scanning confocal microscope. Finally, Pim-2 SiRNA was transfected into DU-145 cells and Pim-2 was transfected into RWPE-1 cells, and the level of Pim-2 and phosphorylated eukaryotic initiation factor 4B (p-eIF4B) were detected, as well as the apoptosis rate. RESULTS: The Pim-2 mRNA and protein level were significantly higher in PCA tissues than those in BPH tissues. The Pim-2 mRNA and protein level in DU-145 and LNCaP cells were significantly higher than those in RWPE-1 and PNT1a cells. Pim-2 and eIF4B could co-express in DU-145 cells. Pim-2 level determined the phosphorylation level of eIF4B and the apoptosis rate of prostatic cells. The higher Pim-2 expressed, the more eIF4B phosphorylated, then the less cell got apoptosis, and vice versa. CONCLUSION: Pim-2 was over-expressed in PCA cell lines and tissues. It may inhibit the apoptosis of PCA cells through phosphorylating eIF4B, thus promote the tumorigenesis of PCA. Prostate © 2013 Wiley Periodicals, Inc.

[503]

TÍTULO / TITLE: - Notch3 is activated by chronic hypoxia and contributes to the progression of human prostate cancer.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jun 1. doi: 10.1002/ijc.28293.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28293](#)

AUTORES / AUTHORS: - Danza G; Di Serio C; Ambrosio MR; Sturli N; Lonetto G; Rosati F; Rocca BJ; Ventimiglia G; Del Vecchio MT; Prudovsky I; Marchionni N; Tarantini F

INSTITUCIÓN / INSTITUTION: - Endocrine Unit, Department of Clinical Physiopathology, University of Florence, Florence, Italy.

RESUMEN / SUMMARY: - Prostate cancer (PC) is still the second cause of cancer-related death among men. Although patients with metastatic presentation have an ominous outcome, the vast majority of PCs are diagnosed at an early stage. Nonetheless, even among patients with clinically localized disease the outcome may vary considerably. Other than androgen

sensitivity, little is known about which other signaling pathways are deranged in aggressive, localized cancers. The elucidation of such pathways may help to develop innovative therapies aimed at specific molecular targets. We report that in a hormone-sensitive PC cell line, LNCaP, Notch3 was activated by hypoxia and sustained cell proliferation and colony formation in soft agar. Hypoxia also modulated cellular cholesterol content and the number and size of lipid rafts, causing a coalescence of small rafts into bigger clusters; under this experimental condition, Notch3 migrated from the non-raft into the raft compartment where it colocalized with the gamma-secretase complex. We also looked at human PC biopsies and found that expression of Notch3 positively correlated with Gleason score and with expression of carbonic anhydrase IX, a marker of hypoxia. In conclusion, hypoxia triggers the activation of Notch3, which, in turn, sustains proliferation of PC cells. Notch3 pathway represents a promising target for adjuvant therapy in patients with PC.

[504]

- CASTELLANO -

TÍTULO / TITLE: Raro caso de metastasis parotidea por carcinoma renal de celulas claras 11 anos despues del diagnostico inicial.

TÍTULO / TITLE: - A rare case of renal cell carcinoma metastasis in the parotid gland eleven years after the initial diagnosis.

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

REVISTA / JOURNAL: - Acta Otorrinolaringol Esp. 2013 Jul 17. pii: S0001-6519(13)00093-9. doi: 10.1016/j.otorri.2013.03.005.

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

1016/j.otorri.2013.03.005

AUTORES / AUTHORS: - Hosn-Centenero SA; Coll-Anglada M; Pradillos-Garcés A; Salinas-Duffo D

INSTITUCIÓN / INSTITUTION: - Departamento de Cirugía Oral y Maxilofacial, Hospital Plato, Barcelona, España.

[505]

TÍTULO / TITLE: - Metabolomic signatures of aggressive prostate cancer.

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

REVISTA / JOURNAL: - Prostate. 2013 Jul 3. doi: 10.1002/pros.22704.

●● Enlace al texto completo (gratis o de pago) 1002/pros.22704

AUTORES / AUTHORS: - McDunn JE; Li Z; Adam KP; Neri BP; Wolfert RL; Milburn MV; Lotan Y; Wheeler TM

INSTITUCIÓN / INSTITUTION: - Clinical Research and Development, Metabolon, Inc., Durham, North Carolina.

RESUMEN / SUMMARY: - BACKGROUND: Current diagnostic techniques have increased the detection of prostate cancer; however, these tools inadequately stratify patients to minimize mortality. Recent studies have identified a biochemical signature of prostate cancer metastasis, including increased sarcosine abundance. This study examined the association of tissue metabolites with other clinically significant findings. METHODS: A state of the art metabolomics platform analyzed prostatectomy tissues (331 prostate tumor, 178 cancer-free prostate tissues) from two independent sites. Biochemicals were analyzed by gas chromatography-mass spectrometry and ultrahigh performance liquid chromatography-tandem mass spectrometry. Statistical analyses identified metabolites associated with cancer aggressiveness: Gleason score, extracapsular extension, and seminal vesicle and lymph node involvement. RESULTS: Prostate tumors had significantly altered metabolite profiles compared to cancer-free prostate tissues, including biochemicals associated with cell growth, energetics, stress, and loss of prostate-specific biochemistry. Many metabolites were further associated with clinical findings of aggressive disease. Aggressiveness-associated metabolites stratified prostate tumor tissues with high abundances of compounds associated with normal prostate function (e.g., citrate and polyamines) from more clinically advanced prostate tumors. These aggressive prostate tumors were further subdivided by abundance profiles of metabolites including NAD⁺ and kynurenine. When added to multiparametric nomograms, metabolites improved prediction of organ confinement (AUROC from 0.53 to 0.62) and 5-year recurrence (AUROC from 0.53 to 0.64). CONCLUSIONS: These findings support and extend earlier metabolomic studies in prostate cancer and studies where metabolic enzymes have been associated with carcinogenesis and/or outcome. Furthermore, these data suggest that panels of analytes may be valuable to translate metabolomic findings to clinically useful diagnostic tests. Prostate © 2013 Wiley Periodicals, Inc.

[506]

TÍTULO / TITLE: - Clinical and pathological nodal staging score for urothelial carcinoma of the bladder: an external validation.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jun 5.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1105-](http://dx.doi.org/10.1007/s00345-013-1105-4)

[4](#)

AUTORES / AUTHORS: - Gierth M; Fritsche HM; Buchner H; May M; Aziz A; Otto W; Bolenz C; Trojan L; Hermann E; Tiemann A; Muller SC; Ellinger J; Brookman-May S; Stief CG; Tilki D; Nuhn P; Hofner T; Hohenfellner M; Haferkamp A; Roigas J; Zacharias M; Wieland WF; Riedmiller H; Denzinger S; Bastian PJ; Burger M

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Regensburg, Regensburg, Germany, Michael.Gierth@gmx.de.

RESUMEN / SUMMARY: - PURPOSE: Radical cystectomy (RC) and pelvic lymph node dissection (LND) are standard treatments for muscle-invasive urothelial carcinoma of the bladder. Lymph node staging is a prerequisite for clinical decision-making regarding adjuvant chemotherapy and follow-up regimens. Recently, the clinical and pathological nodal staging scores (cNSS and pNSS) were developed. Prior to RC, cNSS determines the minimum number of lymph nodes required to be dissected; pNSS quantifies the accuracy of negative nodal staging based on pT stage and dissected LNs. cNSS and pNSS have not been externally validated, and their relevance for prediction of cancer-specific mortality (CSM) has not been assessed. METHODS: In this retrospective study of 2,483 RC patients from eight German centers, we externally validated cNSS and pNSS and determined their prediction of CSM. All patients underwent RC and LND. Median follow-up was 44 months. cNSS and pNSS sensitivities were evaluated using the original beta-binomial models. Adjusted proportional hazards models were calculated for pN0 patients to assess the predictive value of cNSS and pNSS for CSM. RESULTS: cNSS and pNSS both pass external validation. Adjusted for other clinical parameters, cNSS can predict outcome after RC. pNSS has no independent impact on prediction of CSM. The retrospective design is the major limitation of the study. CONCLUSIONS: In the present external validation, we confirm the validity of both cNSS and pNSS. cNSS is an independent predictor of CSM, thus rendering it useful as a tool for planning the extent of LND.

[507]

TÍTULO / TITLE: - E2F1 in renal cancer: Mr Hyde disguised as Dr Jekyll?

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

REVISTA / JOURNAL: - J Pathol. 2013 Jul 18. doi: 10.1002/path.4238.

●● [Enlace al texto completo \(gratis o de pago\) 1002/path.4238](#)

AUTORES / AUTHORS: - Tian W; Cui F; Esteban MA

INSTITUCIÓN / INSTITUTION: - Key Laboratory of Regenerative Biology, Chinese Academy of Sciences, and Guangdong Provincial Key Laboratory of Stem Cells and Regenerative Medicine, South China Institute for Stem Cell Biology and Regenerative Medicine, Guangzhou Institutes of Biomedicine and Health, Guangzhou, China.

RESUMEN / SUMMARY: - The transcription factor E2F1 has both oncogenic and tumour suppressor properties, depending on the context. Clarifying the function of E2F1 in different types of cancer is relevant because in those situations in which it acts as an oncogene there may be a route for therapeutic interference. Renal cell carcinoma is the most frequent form of kidney cancer in adults and inactivation of the von Hippel-Lindau (VHL) gene underlies most cases. This malignancy represents a challenge for standard therapies due to drug- and

radio-resistance, effects that fit well within the scope of functions of E2F1. A new report by Mans and Veraat et al postulates that up-regulation of E2F1 in VHL-defective renal cell carcinoma induces cell senescence and can thus be considered a good prognostic factor. Here we discuss these findings in the wider context and propose that E2F1 may actually not play a uniform role in renal cell carcinoma but rather an ambiguous one whose deeper understanding could have practical implications.

[508]

TÍTULO / TITLE: - All Men Are Created Equal: Benign Prostatic Hyperplasia, Surgery, and Politics.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 4. pii: S0090-4295(13)00609-2. doi: 10.1016/j.urology.2013.05.003.

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

[1016/j.urology.2013.05.003](#)

AUTORES / AUTHORS: - Dobbs RW; Boorjian SA; Canter DJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, Emory University School of Medicine, Atlanta, GA.

[509]

TÍTULO / TITLE: - The dilemma of a rising prostate-specific antigen level after local therapy: what are our options?

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

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):322-36. doi: 10.1053/j.seminoncol.2013.04.011.

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

[1053/j.seminoncol.2013.04.011](#)

AUTORES / AUTHORS: - Zaorsky NG; Raj GV; Trabulsi EJ; Lin J; Den RB

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Kimmel Cancer Center, Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA.

RESUMEN / SUMMARY: - Prostate cancer is the most common solid tumor diagnosed in men in the United States and Western Europe. Primary treatment with radiation or surgery is largely successful at controlling localized disease. However, a significant number (up to one third of men) may develop biochemical recurrence (BR), defined as a rise in serum prostate-specific antigen (PSA) level. A general presumption is that BR will lead to overt progression in patients over subsequent years. There are a number of factors that a physician must consider when counseling and recommending treatment to a patient with a rising PSA. These include the following (1) various PSA-based definitions of BR; (2) source of PSA (ie, local or distant disease, residual

benign prostate); (3) available modalities to treat the disease with the least morbidity; and (4) timing of therapy. In this article we review the current and future factors that clinicians should consider in the diagnosis and treatment of recurrent prostate cancer.

[510]

TÍTULO / TITLE: - Giant clear cell renal carcinoma extended from the kidney until the pulmonary artery.

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

REVISTA / JOURNAL: - Eur Heart J. 2013 Jul 24.

●● Enlace al texto completo (gratis o de pago) [1093/eurheartj/eh276](#)

AUTORES / AUTHORS: - Laguna G; Di Stefano S; Melero JM; Rodriguez-Bailon I; Lopez J

INSTITUCIÓN / INSTITUTION: - Cardiac Surgery Department, Clinic University Hospital of Valladolid, Ramon y Cajal, Valladolid 47003, España;

[511]

TÍTULO / TITLE: - Adenocarcinoma of the Prostate with Gleason Score 9-10 on Core Biopsy: Correlation with Findings at Radical Prostatectomy and Prognosis.

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

REVISTA / JOURNAL: - J Urol. 2013 May 29. pii: S0022-5347(13)04421-2. doi: 10.1016/j.juro.2013.05.056.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.05.056](#)

AUTORES / AUTHORS: - Ellis CL; Partin AW; Han M; Epstein JI

INSTITUCIÓN / INSTITUTION: - Department of Pathology, The Johns Hopkins Hospital, Baltimore, MD.

RESUMEN / SUMMARY: - **PURPOSE:** There is a paucity of data on the prognosis following radical prostatectomy (RP) with Gleason score 9-10 (GS910) on needle biopsy. The current study is the largest to specifically analyze the correlation of Gleason score 9-10 on needle core biopsy with outcomes at radical prostatectomy. **MATERIAL AND METHODS:** We identified 259 men (1987-2012) with GS910 on biopsy that underwent RP at our institution. The following preoperative variables were analyzed: age, race, pre-operative PSA (prePSA), location of adenocarcinoma, perineural invasion, number of total biopsy cores, number of total positive cores, number of positive cores with GS910, maximum percent of core length with GS910 and maximum percent of adenocarcinoma overall. **Pathological outcomes** (organ confinement [OC], seminal vesicle invasion [SV], margin status [SM], lymph node metastases [LN], biochemical free survival [BFS] and cancer specific survival [CSS]) were analyzed in uni- and multivariate analyses. **RESULTS:** Statistically significant predictors of outcome at RP were as follows: OC = total cores with GS910, maximum percent overall and presence of perineural invasion. SM = prePSA

level and clinical stage. SV = maximum percent overall, perineural invasion and clinical stage. LN = total number of cores with GS910 and clinical stage. BFS = maximum percent GS910, maximum percent overall and clinical stage (all variables $p < 0.05$). CONCLUSIONS: For the highly selected subset of patients who are good surgical candidates and who have the appropriate combination of preoperative variables, post-operative findings are sufficiently favorable to justify radical prostatectomy.

[512]

TÍTULO / TITLE: - Capsule Commentary on Shahinian et al.: Patterns of Bone Mineral Density Testing in Men Receiving Androgen Deprivation for Prostate Cancer.

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

REVISTA / JOURNAL: - J Gen Intern Med. 2013 Jun 20.

●● Enlace al texto completo (gratis o de pago) [1007/s11606-013-2513-](#)

[2](#)

AUTORES / AUTHORS: - Penson DF

INSTITUCIÓN / INSTITUTION: - Urologic Oncology,, Vanderbilt University Medical Center, 2525 West End Avenue, Suite 1200, Nashville, TN, 37203-1738, USA, David.penson@vanderbilt.edu.

[513]

TÍTULO / TITLE: - Poor kidney allograft survival associated with positive B cell - Only flow cytometry cross matches: A ten year single center study.

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

REVISTA / JOURNAL: - Hum Immunol. 2013 Jun 27. pii: S0198-8859(13)00184-5. doi: 10.1016/j.humimm.2013.06.027.

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

[1016/j.humimm.2013.06.027](#)

AUTORES / AUTHORS: - Norin AJ; Mondragon-Escorpizo MO; Brar A; Hochman D; Sumrani N; Distant DA; Salifu MO

INSTITUCIÓN / INSTITUTION: - Department of Medicine, SUNY Downstate Medical Center, Brooklyn, NY, United States; Department of Cell Biology, SUNY Downstate Medical Center, Brooklyn, NY, United States; Transplant Immunology & Immunogenetics Laboratory, SUNY Downstate Medical Center, Brooklyn, NY, United States. Electronic address: allen.norin@downstate.edu.

RESUMEN / SUMMARY: - The presence of donor specific antibody (DSA) to class 1 or class 2 HLA as detected respectively in T cell or B cell - only flow cytometry cross matches (FCXMs) are risk factors for renal allograft survival, though the comparative risk of these XMs has not been definitively established. Allograft survival and FCXM data in 624 microcytotoxicity (CDC) XM negative kidney transplants were evaluated. Short and long term allograft survival was

significantly less in recipients with T- B+ FCXMs (1year, 74%, 10year, 58%) compared to T+ B+ FCXMs (1year, 84%, 10year, 68%) and to T- B- FCXM (1year, 90%, 10year, 85%). Risk factors were positive FCXM, deceased donor (DD) transplantation and donor age, but not race, gender, recipient age or previous transplant. Recipients with T- B+ and T+ B+ FCXMs were at 4.5 and 2.5 fold greater risk, respectively, of DD allograft failure compared to patients with T- B- FCXMs. The quantitative value of FCXM did not correlate with the duration of graft survival. We conclude that patients with DSA to class 2 HLA have a greater risk of early and late allograft failure compared to patients with DSA to class 1 HLA.

[514]

TÍTULO / TITLE: - Plakophilin-associated RNA-binding proteins in prostate cancer and their implications in tumor progression and metastasis.

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

REVISTA / JOURNAL: - Virchows Arch. 2013 Jul 24.

●● Enlace al texto completo (gratis o de pago) [1007/s00428-013-1452-](#)

[y](#)

AUTORES / AUTHORS: - Yang C; Strobel P; Marx A; Hofmann I

INSTITUCIÓN / INSTITUTION: - Division of Vascular Oncology and Metastasis, German Cancer Research Center, DKFZ-ZMBH Alliance, Im Neuenheimer Feld 280, 69120, Heidelberg, Germany.

RESUMEN / SUMMARY: - Both plakophilins (PKP) 1 and 3 play a role in the progression of prostate cancer. The RNA-binding proteins (RBPs) GAP-SH3-binding protein (G3BP), fragile-X-related protein 1 (FXR1), poly(A)-binding protein, cytoplasmic 1 (PABPC1), and up-frameshift factor 1 (UPF1) are associated with PKP3. All these RBPs have an impact on RNA metabolism. Until recently, the PKP-associated RBPs have not been analyzed in prostate cancer. In the current study, we showed by affinity purification that the PKP3-associated RBPs were also binding partners of PKP1. We examined the expression of PKP1/3-associated RBPs and PKP1/3 in prostate cell lines, tumor-free prostate, and 136 prostatic adenocarcinomas by immunofluorescence and immunoblot. All four RBPs G3BP, FXR1, UPF1, and PABPC1 were expressed in the glandular epithelium of the normal prostate. PKP1 and FXR1 were strongly reduced in tumor tissues with Gleason score >7 and diminished expression of PKP1 and FXR1 also appeared to be associated with a metastatic phenotype. Additionally, the predominant nuclear localization of UPF1 in normal glandular cells and low grade tumors was switched to a more cytoplasmic pattern in carcinomas with Gleason score >7. Our findings suggest that PKP1 and FXR1 may have a tumor-suppressive function and are downregulated in more aggressive tumors. Collectively, PKP1/3-associated RBPs FXR1 and UPF1 may have a functional role in prostate cancer progression and metastasis and highlight the potential importance of

posttranscriptional regulation of gene expression and nonsense-mediated decay in cancer.

[515]

TÍTULO / TITLE: - Genetic polymorphisms in matrix metalloproteinases (MMPs) and tissue inhibitors of MPs (TIMPs), and bladder cancer susceptibility.

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

REVISTA / JOURNAL: - BJU Int. 2013 May 14. doi: 10.1111/bju.12230.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12230

AUTORES / AUTHORS: - Wieczorek E; Reszka E; Jablonowski Z; Jablonska E; Beata Krol M; Grzegorzczak A; Gromadzinska J; Sosnowski M; Wasowicz W

INSTITUCIÓN / INSTITUTION: - Department of Toxicology and Carcinogenesis, Nofer Institute of Occupational Medicine, Lodz, Poland.

RESUMEN / SUMMARY: - OBJECTIVES: To elucidate genetic polymorphisms of the matrix metalloproteinases (MMPs) MMP1 (rs1799750), MMP2 (rs243865), MMP9 (rs3918242), MMP12 (rs2276109) and tissue inhibitors of MMPs (TIMPs) TIMP1 (rs2070584) and TIMP3 (rs9619311) genes that may be involved in susceptibility to bladder cancer (BC). PATIENTS AND METHODS: We enrolled 241 patients with BC and 199 controls. Genomic DNA samples were extracted from peripheral blood and polymorphisms were analysed by high-resolution melting analysis and by real-time polymerase chain reaction using TaqMan fluorescent probes. RESULTS: Of the six evaluated polymorphisms of MMPs and TIMPs, only one was found to be associated with BC risk. There was a significant difference for MMP1 (rs1799750) 2G/1G+1G/1G genotype (odds ratio [OR] 0.62, 95% confidence interval [CI] 0.39-0.98; P = 0.042). Additionally, there was a joint effect of this genotype on BC risk among 'ever smokers' (OR 0.51, 95% CI 0.28-0.89; P = 0.019), but not in 'never smokers'. The combined genotype MMP2 -1306C/T (rs243865) allele T with MMP9 -1562C/T (rs3918242) allele T was found to increase BC risk (OR 2.00, 95% CI 1.10-3.62; P = 0.022). CONCLUSIONS: Our results suggest that genetic variations in five polymorphisms of MMPs and TIMPs are not associated with a high risk of BC. Only MMP1 polymorphism may be related to the risk of BC, notably in 'ever smokers'. Our study suggests that the effects of polymorphisms of MMPs and TIMPs on BC risk deserve further investigation.

[516]

TÍTULO / TITLE: - Interval to biochemical recurrence following radical prostatectomy does not affect survival in men with low-risk prostate cancer.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jul 4.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1125-](http://1007/s00345-013-1125-0)

[0](#)

AUTORES / AUTHORS: - Bolton DM; Ta A; Bagnato M; Muller D; Lawrentschuk NL; Severi G; Syme RR; Giles GG

INSTITUCIÓN / INSTITUTION: - Austin Health, Heidelberg, VIC, Australia, damienmb@unimelb.edu.au.

RESUMEN / SUMMARY: - **OBJECTIVES:** To evaluate the temporal relationship between interval to biochemical recurrence (BCR) following radical prostatectomy (RP) and prostate cancer-specific mortality (PCSM). **PATIENTS AND METHODS:** The study comprised of 2,116 men from the Victorian Radical Prostatectomy Register, a whole-of-population database of all RPs performed between 1995 and 2000 in Victoria, Australia. Follow-up prostate-specific antigen and death data were obtained via record linkage to pathology laboratories and the Victorian Registry of Births, Deaths and Marriages. Poisson regression models with PCSM as the outcome were fit to the data. Models included age at surgery, Gleason score and tumour stage as covariates. **RESULTS:** Median post-surgery and post-BCR follow-up was 10.3 and 7.5 years, respectively. 695 men (33 %) experienced BCR during follow-up, of which 82 % occurred within 5 years of RP; 66 men died from prostate cancer. Men with combined high Gleason sum ($\geq 4 + 3$) and extra-prostatic ($\geq pT3a$) disease had substantially increased mortality rate with early BCR, while those experiencing BCR after a longer interval had significantly lower mortality. Men with combined low Gleason sum ($\leq 3 + 4$) and organ-confined disease ($\leq pT2c$) risk disease were not at any substantial risk of death in this time frame regardless of timing of BCR following RP. **CONCLUSIONS:** This study evaluates the temporal relationship between BCR and PCSM using a whole-of-population cohort of men treated with RP. Men with low-risk features of prostate cancer at time of RP have low mortality even if they experience early BCR. This subgroup may be counselled regarding their favourable long-term prognosis.

[517]

TÍTULO / TITLE: - Lclet 4 enhances pro-apoptotic and anti-invasive effects of mitoxantrone on human prostate cancer cells - in vitro study.

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

REVISTA / JOURNAL: - Acta Biochim Pol. 2013 Jul 18.

AUTORES / AUTHORS: - Koczurkiewicz P; Podolak I; Wojcik KA; Galanty A; Madeja Z; Michalik M; Czyz J

INSTITUCIÓN / INSTITUTION: - Department of Cell Biology, Faculty of Biochemistry, Biophysics and Biotechnology, Jagiellonian University, Krakow, Poland and Department of Pharmacognosy, Faculty of Pharmacy, Medical College, Jagiellonian University, Krakow, Poland.

RESUMEN / SUMMARY: - Triterpene saponosides are widely distributed plant secondary metabolites characterized by relatively low systemic cytotoxicity and a range of biological activities. These include anti-inflammatory, antimicrobial,

vasoprotective and antitumor properties. In particular, the ability of saponins to enhance the cytotoxicity of chemotherapeutic drugs opened perspectives for their application in combined cancer chemotherapy. Here, we used human prostate cancer DU-145 cells as an in vitro model to elucidate the synergy of the interactions between biological activities of an oleanane type 13beta,28-epoxy triterpene saponoside (Lclet 4) and mitoxantrone, which is a cytostatic drug commonly used in prostate cancer therapy. No cytotoxic or pro-apoptotic effect of Lclet 4 and mitoxantrone administered at the concentrations between 0.05 and 0.1 microg/ml could be seen. In contrast, cocktails of these agents exerted synergistic pro-apoptotic effects, accompanied by the activation of the caspase 3/7 system. This effect was paralleled by attenuating effects of Lclet 4/mitoxantrone cocktails on the invasive potential, metalloproteinase expression and motility of DU-145 cells. Multifaceted and additive effects of Lclet 4 and mitoxantrone on basic cellular traits crucial for prostate cancer progression indicate that the combined application of both agents at systemically neutral concentrations may provide the basis for new promising strategies of prostate cancer chemotherapy.

[518]

TÍTULO / TITLE: - A large cohort study of nonsteroidal anti-inflammatory drugs and renal cell carcinoma incidence in the National Institutes of Health-AARP Diet and Health Study.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Jul 19.

●● Enlace al texto completo (gratis o de pago) [1007/s10552-013-0263-](#)

[4](#)

AUTORES / AUTHORS: - Liu W; Park Y; Purdue MP; Giovannucci E; Cho E

INSTITUCIÓN / INSTITUTION: - Channing Division of Network Medicine, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, 181 Longwood Ave., Boston, MA, 02115, USA.

RESUMEN / SUMMARY: - AIM: Existing epidemiologic evidence for the association between nonsteroidal anti-inflammatory drugs (NSAIDs) and renal cell carcinoma (RCC) risk is inconsistent. METHODS: We investigated the association between the use of aspirin and nonaspirin NSAIDs and RCC risk in the National Institutes of Health-American Association of Retired Persons (AARP) Diet and Health Study, for which 298,468 AARP members free of cancer, aged 50-71 years, completed a survey on use of NSAIDs (1996-1997). Multivariate Cox proportional hazards models were used to estimate the hazard ratio (HR). RESULTS: The state cancer registry and mortality index linkage identified 1,084 incident RCC cases through 31 December 2006. No statistically significant associations between the use of aspirin or nonaspirin NSAIDs and RCC risk were found. Compared to nonuse of any NSAIDs, the multivariate-adjusted HRs were 0.95 (95 % CI 0.75-1.21) and 0.93 (95 % CI 0.68-1.26) for

monthly use of aspirin and nonaspirin NSAIDs, respectively, 0.92 (95 % CI: 0.69-1.23) and 1.11 (95 % CI: 0.76-1.62) for weekly use, 0.87 (95 % CI: 0.69-1.11) and 1.06 (95 % CI: 0.75-1.48) for daily use; and 0.95 (95 % CI 0.78-1.14) for the use of both aspirin and nonaspirin NSAIDs. We found some suggestions of an increased risk of RCC associated with frequent NSAID use among participants who were <63 years and a reduced risk associated with aspirin use among those \geq 63 years. No significant associations were found in other stratified analyses by gender, BMI, smoking, history of diabetes, or history of hypertension. CONCLUSION: RCC risk was not significantly associated with NSAID use overall. The difference in association by age needs to be explored further.

[519]

TÍTULO / TITLE: - Expression of VEGF and its receptors VEGFR1/VEGFR2 is associated with invasiveness of bladder cancer.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Jun;33(6):2381-90.

AUTORES / AUTHORS: - Kopparapu PK; Boorjian SA; Robinson BD; Downes M; Gudas LJ; Mongan NP; Persson JL

INSTITUCIÓN / INSTITUTION: - Section for Experimental Cancer Research, Department of Laboratory Medicine in Malmo, Lund University, Clinical Research Center, 205 02 Malmo, Sweden.

RESUMEN / SUMMARY: - AIM: Vascular endothelial growth factor (VEGF) signaling is frequently altered in invasive tumor cells and is associated with patient outcome. In the present study, we examined VEGF, VEGFR1, and VEGFR2 expression in non-muscle invasive bladder cancer (NMIBC) and muscle invasive bladder cancer (MIBC), and evaluated the association between VEGF and its receptors with disease characteristics and bladder cancer recurrence. MATERIALS AND METHODS: Tissue microarrays containing bladder cancer specimens (n=212) and adjacent normal bladder mucosa (n=131) were immunostained using antibodies against VEGF, VEGFR1, and VEGFR2. The association between the expression of these proteins and clinical parameters including stage, lymph node metastasis, and recurrence-free survival were statistically evaluated. VEGF mRNA expression data were extracted from the public Oncomine database. RESULTS: VEGF and VEGFR1 mRNA levels were significantly higher in bladder cancer specimens than that of normal mucosa (for VEGF, $p < 0.001$; for VEGFR1, $p = 0.02$). Analysis of their expression at protein levels showed that levels of VEGF and VEGFR1 were significantly higher in NMIBC than in MIBC ($p < 0.001$), while that of VEGFR2 was significantly higher in all cancer specimens compared to benign urothelial mucosa ($p = 0.001$). Further-more, the expression of VEGFR2 was significantly higher in MIBC, as compared to NMIBC ($p < 0.001$). Patients with higher levels of VEGF, VEGFR1, and VEGFR2 tended to have poorer recurrence-free survival

than those with lower levels, but this was not statistically significant.

CONCLUSION: Our results suggest that alterations in the expression of VEGF and VEGF receptors are associated with disease stage and recurrence.

[520]

TÍTULO / TITLE: - A novel hydroxysuberamide derivative potentiates MG132-mediated anticancer activity against human hormone refractory prostate cancers-the role of histone deacetylase and endoplasmic reticulum stress.

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

REVISTA / JOURNAL: - Prostate. 2013 Sep;73(12):1270-80. doi: 10.1002/pros.22641. Epub 2013 Jun 28.

●● [Enlace al texto completo \(gratis o de pago\) 1002/pros.22641](#)

AUTORES / AUTHORS: - Chen YC; Huang WJ; Hsu JL; Yu CC; Wang WT; Guh JH

INSTITUCIÓN / INSTITUTION: - College of Medicine, School of Pharmacy, National Taiwan University, Taipei, Taiwan.

RESUMEN / SUMMARY: - BACKGROUND: Histone deacetylase (HDAC) inhibitors are successful for treatment of advanced cutaneous T-cell lymphoma but only show modest effect in solid tumors. Approaches for HDAC inhibitors to improve activity against solid tumors are necessary. METHODS: Sulforhodamine B assay and flow cytometric analysis detected cell proliferation and cell-cycle progression, respectively. Protein expression was determined by Western blotting. Comet assay and DNA end-binding activity of Ku proteins detected DNA damage and DNA repair activity, respectively. siRNA technique was used for knockdown of specific cellular target. RESULTS: WJ25591 displayed inhibitory activity against HDAC1 and cell proliferation in human hormone-refractory prostate cancers PC-3 and DU-145. WJ25591 caused an arrest of cell-cycle at both G1- and G2-phase and increased protein expressions of p21 and cyclin E, followed by cell apoptosis. WJ25591-induced Bcl-2 down-regulation and activation of caspase-9, -8, and -3, suggesting apoptotic execution through both intrinsic and extrinsic apoptotic pathways. WJ25591 also significantly inhibited DNA repair activity but not directly induced DNA damage. Moreover, the proteasome inhibitor MG-132 dramatically sensitized WJ25591-induced cell apoptosis. The siRNA technique demonstrated that endoplasmic reticulum (ER) stress, in particular CHOP/GADD153 up-regulation, contributed to the synergistic effect. CONCLUSIONS: The data suggest that WJ25591 inhibited HDAC activity, leading to cell-cycle arrest and inhibition of DNA repair. Caspase cascades are subsequently triggered to execute cell apoptosis. MG-132 dramatically sensitizes WJ25591-mediated apoptosis, at least partly, through ER stress response. The data also reveal that combination of HDAC inhibitors and proteasome inhibitors may be a potential strategy against hormone-refractory prostate cancers. Prostate 73: 1270-1280, 2013. © 2013 Wiley Periodicals, Inc.

[521]

TÍTULO / TITLE: - Integrative analysis of prostate cancer aggressiveness.

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

REVISTA / JOURNAL: - Prostate. 2013 Jun 27. doi: 10.1002/pros.22688.

●● Enlace al texto completo (gratis o de pago) [1002/pros.22688](#)

AUTORES / AUTHORS: - Feik E; Schweifer N; Baierl A; Sommergruber W; Haslinger C; Hofer P; Maj-Hes A; Madersbacher S; Gsur A

INSTITUCIÓN / INSTITUTION: - Department of Medicine I, Division: Institute of Cancer Research, Medical University of Vienna, Vienna, Austria.

RESUMEN / SUMMARY: - BACKGROUND: Clinical management of prostate cancer (PC) is still highly demanding on the identification of robust biomarkers which will allow a more precise prediction of disease progression. METHODS: We profiled both mRNA expression and DNA copy number alterations (CNAs) from laser capture microdissected cells from 31 PC patients and 17 patients with benign prostatic hyperplasia using Affymetrix GeneChip® technology. PC patients were subdivided into an aggressive (Gleason Score 8 or higher, and/or T3/T4 and/or N+/M+) and non-aggressive (all others) form of PC. Furthermore, we correlated the two datasets, as genes whose varied expression is due to a chromosomal alteration, may suggest a causal implication of these genes in the disease. All statistical analyses were performed in R version 2.15.0 and Bioconductor version 1.8.1., respectively. RESULTS: We confirmed several common altered chromosomal regions as well as recently discovered loci such as deletions on chromosomes 3p14.1-3p13 and 13q13.3-13q14.11 supporting a possible role for RYBP, RGC32, and ELF1 in tumor suppression. Integrative analysis of expression and CN data combined with data retrieved from online databases propose PTP4A3 and ELF1 as possible factors for tumor progression. CONCLUSIONS: Copy number data analysis revealed some significant differences between aggressive and non-aggressive tumors, while gene expression data alone could not define an aggressive group of patients. The assessment of CNA may have diagnostic and prognostic value in PC. Prostate © 2013 Wiley Periodicals, Inc.

[522]

TÍTULO / TITLE: - Re: intravesical delivery of small activating RNA formulated into lipid nanoparticles inhibits orthotopic bladder tumor growth.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):809. doi: 10.1016/j.juro.2013.04.063. Epub 2013 Apr 24.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.063](#)

AUTORES / AUTHORS: - Wood DP

[523]

TÍTULO / TITLE: - Health Care Costs for State Transition Models in Prostate Cancer.

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

REVISTA / JOURNAL: - Med Decis Making. 2013 Jul 26.

- Enlace al texto completo (gratis o de pago)

[1177/0272989X13493970](#)

AUTORES / AUTHORS: - Krahn MD; Bremner KE; Zagorski B; Alibhai SM; Chen W; Tomlinson G; Mitsakakis N; Naglie G

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Toronto, ON, Canada (MDK, SMHA, GT, GN).

RESUMEN / SUMMARY: - **OBJECTIVE:** . To obtain estimates of direct health care costs for prostate cancer (PC) from diagnosis to death to inform state transition models. **METHODS:** . A stratified random sample of PC patients residing in 3 geographically diverse regions of Ontario, Canada, and diagnosed in 1993-1994, 1997-1998, and 2001-2002, was selected from the Ontario Cancer Registry. We retrieved patients' pathology reports to identify referring physicians and contacted surviving patients and next of kin of deceased patients for informed consent. We reviewed clinic charts to obtain data required to allocate each patient's observation time to 11 PC-specific health states. We linked these data to health care administrative databases to calculate resource use and costs (Canadian dollars, 2008) per health state. A multivariable mixed-effects model determined predictors of costs. **RESULTS:** . The final sample numbered 829 patients. In the regression model, total direct costs increased with age, comorbidity, and Gleason score (all $P < 0.0001$). Radical prostatectomy was the most costly primary treatment health state (\$4676 per 100 days). Radical prostatectomy, hormone-refractory metastatic disease (\$6398 per 100 days), and final (predeath) (\$13,739 per 100 days) health states were significantly more costly ($P < 0.05$) than nontreated nonmetastatic PC (\$3440 per 100 days), whereas the postprostatectomy (\$732 per 100 days) and postradiation (\$1556 per 100 days) states cost significantly less ($P < 0.0001$). **CONCLUSIONS:** . This study used an innovative but labor-intensive approach linking chart and administrative data to estimate health care costs. Researchers should weigh the potential benefits of this method against what is involved in implementation. Modifications in methodology may achieve similar gains with less outlay in individual studies. However, we believe that this is a promising approach for researchers wishing to advance the quality of costing in state transition modeling.

[524]

TÍTULO / TITLE: - Dietary factors and risk for advanced prostate cancer.

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

REVISTA / JOURNAL: - Eur J Cancer Prev. 2013 Jul 18.

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

[1097/CEJ.0b013e3283647394](https://doi.org/10.1097/CEJ.0b013e3283647394)

AUTORES / AUTHORS: - Gathirua-Mwangi WG; Zhang J

INSTITUCIÓN / INSTITUTION: - aDepartment of Epidemiology, Richard M. Fairbanks School of Public Health, Indiana University bIndiana University Melvin and Bren Simon Cancer Center, Indianapolis, Indiana, USA.

RESUMEN / SUMMARY: - Prostate cancer is the second most common cancer among men worldwide. Although some nutrients have been linked to the development of total prostate cancer, it remains unclear whether these nutrients modulate the risk of its clinically significant form - advanced tumor. Therefore, this study sought to perform a systematic review of the literature on this topic. The papers reviewed were identified from PubMed using keywords diet and advanced, metastatic, or lethal prostate cancer. A total of 46 papers published until September 2012 met our eligibility criteria and thus were evaluated in this review. Epidemiologic studies have shown that, overall, the habitual consumption of a diet high in saturated fat, well-done meats, and calcium is associated with an increased risk for advanced prostate cancer. An inconsistent association was observed for intake of total meat, fruits, and vegetables. Although most case-control studies suggest that intake of these nutrients or foods significantly alters advanced prostate cancer risk, cohort studies yielded mixed results. No apparent effect of fish and zinc intake on advanced prostate cancer was found in most epidemiologic studies. Epidemiologic studies conducted to date have revealed that some dietary factors modulate the risk for advanced prostate cancer. If these findings are confirmed by more adequately powered epidemiologic studies, especially prospective cohort studies that measure the nutrients and their biochemical indicators, the risk of advanced prostate cancer, which is fatal and thus clinically significant, may be reduced by dietary modification or chemoprevention.

[525]

TÍTULO / TITLE: - Targeting epigenetics for the treatment of prostate cancer: recent progress and future directions.

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

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):393-401. doi: 10.1053/j.seminoncol.2013.04.010.

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

[1053/j.seminoncol.2013.04.010](https://doi.org/10.1053/j.seminoncol.2013.04.010)

AUTORES / AUTHORS: - Lin J; Wang C; Kelly WK

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Jefferson Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, PA. Electronic address: Jianqing.lin@jefferson.edu.

RESUMEN / SUMMARY: - Epigenetic aberrations contribute to prostate cancer carcinogenesis and disease progression. Efforts have been made to target DNA methyltransferase and histone deacetylases (HDACs) in prostate cancer and other solid tumors but have not had the success that was seen in the hematologic malignancies. Oral, less toxic, and more specific agents are being developed in solid tumors including prostate cancer. Combinations of epigenetic agents alone or with a targeted agent such as androgen receptor signaling inhibitors are promising approaches and will be discussed further.

[526]

TÍTULO / TITLE: - Non-castrate Metastatic Prostate Cancer: Have the Treatment Options Changed?

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

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):337-46. doi: 10.1053/j.seminoncol.2013.04.007.

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

1053/j.seminoncol.2013.04.007

AUTORES / AUTHORS: - Palmboos PL; Hussain M

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Division of Hematology/Oncology, University of Michigan, Ann Arbor, MI.

RESUMEN / SUMMARY: - Over the past 7 decades androgen-deprivation therapy (ADT) has been the cornerstone of treatment for metastatic non-castrate prostate cancer (NCPC); however, the mechanisms to achieve this goal have evolved over time to include not only bilateral orchiectomy and estrogens, but also gonadotropin-releasing hormone (GnRH) agonists, antagonists, and the inclusion of androgen receptor (AR) blockade. Despite treatment with ADT, most men will progress to castrate-resistant prostate cancer (CRPC). Over the last decade many new treatment options for CRPC have emerged. These new treatments also could have a meaningful role earlier in NCPC. In this review, we outline the biologic drivers of NCPC, review current standard therapy available for NCPC, and discuss the evolving role of new therapeutics in metastatic disease.

[527]

TÍTULO / TITLE: - Impact of international variation of prostate cancer on a predictive nomogram for biochemical recurrence in clinically localized prostate cancer.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1111-](http://1007/s00345-013-1111-6)

[6](#)

AUTORES / AUTHORS: - Cho YM; Jung SJ; Cho N; Kim MJ; Kattan MW; Yu C; Ahn H; Ro JY

INSTITUCIÓN / INSTITUTION: - Department of Pathology, University of Ulsan College of Medicine, Asan Medical Center, 388-1 Pungnap-2dong, Songpa-gu, Seoul, 138-736, Republic of Korea.

RESUMEN / SUMMARY: - **OBJECTIVE:** Prostate cancer (PCa) incidence has been rising rapidly in Korea with aggressive clinicopathologic features compared to those observed in Western countries. Our aim was to develop a predictive nomogram for BCR-free survival based on the characteristics of PCa in Korean men and compared its predictive accuracy to an established Western nomogram. **METHODS:** A nationwide multicenter study was designed involving 723 Korean men with clinically localised PCa that had undergone radical prostatectomy. The Cox proportional hazards model was applied to 549 cases from four heavy volume institutions to define prognostic factors and develops the Korean nomogram, which was subjected to internal validation, external validation using a separate cohort of 295 cases, and head-to-head comparison with the updated Kattan nomogram. **RESULTS:** During the mean follow-up period of 44.8 months, BCR occurred in 251 patients (35.4 %) with aggressive clinicopathologic features. Similar to Western cases, preoperative prostate-specific antigen (PSA), pathologic tumour stage (pT), and Gleason score (GS) were independent prognostic factors and used to develop the Korean nomogram in conjunction with age and surgical margin status. The Korean nomogram performed well for predicting BCR-free 5- and 10-year survival on internal validation. On external validation, the Korean nomogram showed better calibration than the updated Kattan nomogram. **CONCLUSIONS:** Preoperative PSA, pT, and GS were independent prognostic factor for BCR in clinically localised PCa in Korean men. The superior performance of the Korean nomogram for Korean PCa patients suggests that geographic variation in clinicopathologic factors should be considered in a predictive nomogram.

[528]

TÍTULO / TITLE: - Computed diffusion-weighted imaging using 3-T magnetic resonance imaging for prostate cancer diagnosis.

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

REVISTA / JOURNAL: - Eur Radiol. 2013 Jul 25.

- Enlace al texto completo (gratis o de pago) [1007/s00330-013-2958-](#)

Z

AUTORES / AUTHORS: - Ueno Y; Takahashi S; Kitajima K; Kimura T; Aoki I; Kawakami F; Miyake H; Ohno Y; Sugimura K

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Kobe University Graduate School of Medicine, 7-5-2 Kusunoki-cho, Chuo-ku, Kobe, 650-0017, Japan, yonu0121@yahoo.co.jp.

RESUMEN / SUMMARY: - OBJECTIVE: To assess the efficacy of computed diffusion-weighted images (cDWIs) of $b = 2000$ s/mm² (cDWI2000) generated from DWIs of $b = 0$ and 1000 for prostate cancer (PCa) diagnosis in comparison with that of measured original DWIs of $b = 1000$ (mDWI1000) and $b = 2000$ (mDWI2000) using 3-T MRI. METHODS: Eighty patients who underwent a preoperative MRI examination, including T2WI and DWI ($b = 0, 1000, 2000$ s/mm²), were enrolled in this study. Four combinations of images, protocol A (T2WI alone), B (T2WI + mDWI1000), C (T2WI + mDWI2000) and D (T2WI + cDWI2000), were assessed for their diagnostic capability. Areas under the receiver operating characteristic curve (Az) and diagnostic performance were evaluated, as well as contrast ratios (CR) between cancerous and non-cancerous lesions for each DWI. RESULTS: The highest CR was obtained with cDWI2000 (0.29 +/- 0.16). Sensitivity, specificity, accuracy, and Az of the protocols were: A: 66.3 %, 59.4 %, 63.0 %, 0.67; B: 82.6 %, 62.0 %, 72.5 %, 0.80; C: 84.1 %, 66.5 %, 75.5 %, 0.86; D: 83.2 %, 70.0 %, 76.6 %, and 0.84, respectively. The specificities and accuracies of protocol C and D were significantly higher than those of protocol B ($P < 0.05$). CONCLUSION: cDWI2000 appears to be more effective than mDWI1000, and at least as effective as mDWI2000 for PCa diagnosis. KEY POINTS: * Computed diffusion-weighted MRI with over $b1000$ s/mm² is useful for prostate cancer detection. * Computed DWI produces any b-value images with two different b-value images. * DWI with computed $b2000$ s/mm² is as valuable as DWI with measured $b2000$ s/mm².

[529]

TÍTULO / TITLE: - Novel markers of squamous differentiation in the urinary bladder.

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

REVISTA / JOURNAL: - Hum Pathol. 2013 Jun 24. pii: S0046-8177(13)00158-5. doi: 10.1016/j.humpath.2013.04.005.

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

[1016/j.humpath.2013.04.005](#)

AUTORES / AUTHORS: - Huang W; Williamson SR; Rao Q; Lopez-Beltran A; Montironi R; Eble JN; Grignon DJ; Idrees MT; Emerson RE; Zhou XJ; Zhang S; Baldrige LA; Hahn NM; Wang M; Koch MO; Cheng L

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, Indiana University School of Medicine, Indianapolis, IN 46202, USA; Department of Pathology, Nanjing Medical University Affiliated Nanjing Hospital (Nanjing First Hospital), Nanjing 210006, China.

RESUMEN / SUMMARY: - Urinary bladder squamous cell carcinoma and urothelial carcinoma with squamous differentiation are often high-grade and high-stage tumors that are thought to be associated with a poorer prognosis and response to therapy compared with urothelial carcinoma without divergent differentiation.

Therefore, recognition of a squamous component is increasingly important in guiding prognosis and therapy. We investigated the expression of MAC387, desmoglein-3, and TRIM29 in pure squamous cell carcinoma and urothelial carcinoma with squamous differentiation to determine whether they have utility as diagnostic biomarkers for squamous differentiation. Eighty-four cases were retrieved from participating institutions including 51 pure urinary bladder squamous cell carcinomas and 33 urothelial carcinomas with squamous differentiation. MAC387, desmoglein-3, and TRIM29 antibodies demonstrated positive staining in pure squamous cell carcinoma in 51 (100%), 46 (90%), and 48 (93%) cases, respectively. Urothelial carcinoma with squamous differentiation showed reactivity for MAC387, desmoglein-3, and TRIM29 in the squamous component for 32 (97%), 26 (79%), and 32 (97%) cases, respectively. MAC387 demonstrated a sensitivity of 99% and a specificity of 70% for squamous differentiation, whereas desmoglein-3 yielded a sensitivity of 86% and a specificity of 91%. No urothelial component showed greater than 10% labeling for desmoglein-3. TRIM29 labeling showed a sensitivity of 95%, but a poorer specificity of 33%. In summary, MAC387 and desmoglein-3 are reliable diagnostic markers for supporting the morphologic impression of squamous differentiation in urinary bladder carcinoma. Desmoglein-3 shows high specificity, whereas TRIM29 was most likely to demonstrate labeling in areas without light microscopically recognizable squamous differentiation.

[530]

TÍTULO / TITLE: - Germline PTEN Mutation Cowden Syndrome: An Under-Appreciated Form of Hereditary Kidney Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 10. pii: S0022-5347(13)04582-5. doi: 10.1016/j.juro.2013.06.012.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.06.012

AUTORES / AUTHORS: - Shuch B; Ricketts CJ; Vocke CD; Komiya T; Middleton LA; Kauffman EC; Merino MJ; Metwalli AR; Dennis P; Linehan WM

INSTITUCIÓN / INSTITUTION: - Urologic Oncology Branch, Center for Cancer Research, National Cancer Institute, National Institutes of Health, Bethesda, Maryland.

RESUMEN / SUMMARY: - INTRODUCTION: Cowden syndrome (CS) is a hereditary cancer syndrome associated with a germline mutation in PTEN. Patients are predisposed to multiple malignancies including renal cell carcinoma (RCC). METHODS: Patients with CS were evaluated as part of a clinical protocol. Those with a history of RCC underwent review of clinical features, tumor characteristics, and family history. Renal tumors were evaluated for loss of heterozygosity (LOH). RESULTS: Among 24 CS patients, 4 were identified with RCC (16.7%). Three patients had solitary tumors, two with papillary type I histology and one with clear cell histology. The fourth patient had

bilateral, synchronous chromophobe tumors. No patients had a prior family history of RCC. All RCC patients had dermatologic manifestations of CS and had macrocephaly. LOH at the PTEN mutation was identified in 4 tumors (80%). No genotype-phenotype association was found, as the same mutation was identified in different RCC histologies. CONCLUSION: RCC is an underappreciated feature of CS. As most patients lack a prior family history or a distinctive RCC histology, recognition of the associated non-renal features should target referral for genetic counseling. PTEN LOH is common in CS renal tumors. Because loss of PTEN can activate mTOR and mTOR inhibitors are FDA-approved to treat RCC, these agents have clinical potential in RCC associated with CS.

[531]

TÍTULO / TITLE: - Magnetic Resonance Imaging/Ultrasound-Fusion Biopsy Significantly Upgrades Prostate Cancer Versus Systematic 12-core Transrectal Ultrasound Biopsy.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jun 12. pii: S0302-2838(13)00598-8. doi: 10.1016/j.eururo.2013.05.059.

- Enlace al texto completo (gratis o de pago)

1016/j.eururo.2013.05.059

AUTORES / AUTHORS: - Siddiqui MM; Rais-Bahrami S; Truong H; Stamatakis L; Vourganti S; Nix J; Hoang AN; Walton-Diaz A; Shuch B; Weintraub M; Kruecker J; Amalou H; Turkbey B; Merino MJ; Choyke PL; Wood BJ; Pinto PA

INSTITUCIÓN / INSTITUTION: - Urologic Oncology Branch, National Cancer Institute, National Institutes of Health, Bethesda, MD, USA.

RESUMEN / SUMMARY: - BACKGROUND: Gleason scores from standard, 12-core prostate biopsies are upgraded historically in 25-33% of patients. Multiparametric prostate magnetic resonance imaging (MP-MRI) with ultrasound (US)-targeted fusion biopsy may better sample the true gland pathology. OBJECTIVE: The rate of Gleason score upgrading from an MRI/US-fusion-guided prostate-biopsy platform is compared with a standard 12-core biopsy regimen alone. DESIGN, SETTING, AND PARTICIPANTS: There were 582 subjects enrolled from August 2007 through August 2012 in a prospective trial comparing systematic, extended 12-core transrectal ultrasound biopsies to targeted MRI/US-fusion-guided prostate biopsies performed during the same biopsy session. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: The highest Gleason score from each biopsy method was compared. INTERVENTIONS: An MRI/US-fusion-guided platform with electromagnetic tracking was used for the performance of the fusion-guided biopsies. RESULTS AND LIMITATIONS: A diagnosis of prostate cancer (PCa) was made in 315 (54%) of the patients. Addition of targeted biopsy led to Gleason upgrading in 81 (32%) cases. Targeted biopsy detected 67% more

Gleason $\geq 4+3$ tumors than 12-core biopsy alone and missed 36% of Gleason $\leq 3+4$ tumors, thus mitigating the detection of lower-grade disease. Conversely, 12-core biopsy led to upgrading in 67 (26%) cases over targeted biopsy alone but only detected 8% more Gleason $\geq 4+3$ tumors. On multivariate analysis, MP-MRI suspicion was associated with Gleason score upgrading in the targeted lesions ($p < 0.001$). The main limitation of this study was that definitive pathology from radical prostatectomy was not available. CONCLUSIONS: MRI/US-fusion-guided biopsy upgrades and detects PCa of higher Gleason score in 32% of patients compared with traditional 12-core biopsy alone. Targeted biopsy technique preferentially detects higher-grade PCa while missing lower-grade tumors.

[532]

TÍTULO / TITLE: - Comparative Safety Analysis of Surgical Smoke From Transurethral Resection of the Bladder Tumors and Transurethral Resection of the Prostate.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 25. pii: S0090-4295(13)00687-0. doi: 10.1016/j.urology.2013.05.028.

- Enlace al texto completo (gratis o de pago)

1016/j.urology.2013.05.028

AUTORES / AUTHORS: - Zhao C; Kim MK; Kim HJ; Lee SK; Chung YJ; Park JK

INSTITUCIÓN / INSTITUTION: - Department of Urology, Renji Hospital, Shanghai Jiao Tong University School of Medicine, and Shanghai Institute of Andrology, Shanghai, China.

RESUMEN / SUMMARY: - OBJECTIVE: To analyze the gas generated from the transurethral resection of the prostate (TURP) and transurethral resection of bladder (TURB) tumor. METHODS: Thirty-six smoke samples were collected from a continuous irrigation suction system during the TURP and the TURB. Then, they were subdivided into 2 groups: the group I ($n = 18$; gases generated from the TURP) and the group II ($n = 18$; gases generated from the TURB). We performed qualitative and quantitative analysis of the samples on gas chromatography/mass spectrometry. RESULTS: A more diverse type of gas was generated from the TURB as compared with the TURP. A further quantitative analysis was performed for 7 of 16 gases and 13 of 39 gases in the group I and group II, respectively. This showed that there was no significant difference in the concentration of propylene (propylene: 148.36 ± 207.72 ug/g vs 96.956 ± 135.138 ug/g) and 1-pentene (5137.08 ± 2935.48 ug/g vs 4478.259 ± 5787.351 ug/g) between the TURP and the TURB ($P > .05$). CONCLUSION: Our results showed that 39 and 16 types of gases were generated from the TURB and the TURP, respectively. There were differences in the types of gases between benign hypertrophic prostate and malignant

bladder tumor tissues. This indicates that electrosurgery of malignant tissue is possibly more hazardous to those who are involved in the surgical operation.

[533]

TÍTULO / TITLE: - Ionically-crosslinked milk protein nanoparticles as flutamide carriers for effective anticancer activity in prostate cancer-bearing rats.

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

REVISTA / JOURNAL: - Eur J Pharm Biopharm. 2013 Jul 17. pii: S0939-6411(13)00248-8. doi: 10.1016/j.ejpb.2013.07.003.

●● Enlace al texto completo (gratis o de pago) 1016/j.ejpb.2013.07.003

AUTORES / AUTHORS: - Elzoghby AO; Saad NI; Helmy MW; Samy WM; Elgindy NA

INSTITUCIÓN / INSTITUTION: - Department of Industrial Pharmacy, Alexandria University, Alexandria, Egypt. Electronic address: dr_ahmedelzoghby@yahoo.com.

RESUMEN / SUMMARY: - In this study, casein (CAS) nanoparticles were used to encapsulate the hydrophobic anticancer drug, flutamide (FLT), aiming at controlling its release, enhancing its anti-tumor activity, and reducing its hepatotoxicity. The nanoparticles were prepared by emulsification of CAS, at pH below its isoelectric point, and stabilized via ionic-crosslinking with sodium tripolyphosphate (TPP). The nanoparticles were spherical and positively charged with a size below 100nm and exhibited a sustained drug release up to 4days. After intravenous administration into prostate cancer-bearing rats for 28days, FLT-loaded CAS nanoparticles showed a higher anti-tumor efficacy as revealed by a significantly higher % reduction in PSA serum level (75%) compared to free FLT (55%). Moreover, the nanoparticles demonstrated a marked reduction in the relative weights of both prostate tumor and seminal vesicle (43% and 32%) compared to free FLT (12% and 18%), respectively. A significantly higher anti-proliferative, anti-angiogenic, and apoptotic effects were demonstrated by the nanoparticles compared to drug solution as evidenced by their ability to decrease the expression of the proliferative marker (Ki-67) and reduce the level of tumor angiogenic markers (VEGF and IGF-1) as well as their ability to activate caspase-3 with subsequent induction of apoptosis in prostate cancer cells. Conclusively, these novel ionically-crosslinked milk protein nanovehicles offer a promising carrier to allow controlled intravenous delivery of hydrophobic anticancer drugs.

[534]

TÍTULO / TITLE: - Synchronous Perivesical and Renal Malignant Rhabdoid Tumor in a 9-year-old Boy: A Case Report and Review of Literature.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 3. pii: S0090-4295(13)00583-9. doi: 10.1016/j.urology.2013.04.050.

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

1016/j.urology.2013.04.050

AUTORES / AUTHORS: - Szymanski KM; Tabib CH; Idrees MT; Cain MP

INSTITUCIÓN / INSTITUTION: - Division of Pediatric Urology, Riley Hospital for Children, Indiana University School of Medicine, Indianapolis, IN.

RESUMEN / SUMMARY: - Pediatric extrarenal malignant rhabdoid tumors (MRTs) are rare and aggressive (20% 5-year survival). Only 2 cases of bladder MRTs have been published. We report on a 9-year-old boy presenting with gross hematuria, palpable pelvic mass, and an obstructed, nonfunctional kidney. Evaluation was consistent with a 9.7 cm extrarenal MRT invading the bladder and prostate. He underwent a cystoprostatectomy, Indiana pouch continent urinary reservoir creation, and a left nephroureterectomy. A discrete 2.5 cm focus of renal MRT was found. To our knowledge, this is the first case of simultaneous perivesical and renal MRT. We review the current management of pediatric extrarenal MRTs.

[535]

TÍTULO / TITLE: - Paratesticular Fetal-type Rhabdomyoma in a 12-Year-Old Boy: A Case Report and Literature Review.

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

REVISTA / JOURNAL: - Urology. 2013 Jun 14. pii: S0090-4295(13)00506-2. doi: 10.1016/j.urology.2013.04.029.

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

1016/j.urology.2013.04.029

AUTORES / AUTHORS: - Zheng L; Tang H; Chen X; Yang H; Yang M

INSTITUCIÓN / INSTITUTION: - Department of Dermatology, Children's Hospital, Zhejiang University School of Medicine, Hangzhou, Zhejiang Province, China.

RESUMEN / SUMMARY: - Fetal rhabdomyoma (F-RM) is a very rare tumor that usually occurs in the head and neck. Paratesticular F-RM in children is extremely rare. In this article, we report the case of a 12-year-old boy diagnosed with paratesticular F-RM. The patient was well, with no local recurrence or metastasis 5 years after excision of the tumor. To our knowledge, this is the first case of F-RM reported in an adolescent. We also reviewed the literature and compared our patient with the 11 previously reported patients with F-RM.

[536]

TÍTULO / TITLE: - Common chromosomal aberrations detected by array comparative genomic hybridization in specialized stromal tumors of the prostate.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jun 14. doi:
10.1038/modpathol.2013.99.

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

[1038/modpathol.2013.99](http://dx.doi.org/10.1038/modpathol.2013.99)

AUTORES / AUTHORS: - Pan CC; Epstein JI

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Taipei Veterans General Hospital, National Yang-Ming University, Taipei, Taiwan.

RESUMEN / SUMMARY: - Specialized stromal tumors of the prostate encompass stromal sarcoma and stromal tumors of uncertain malignant potential (STUMP). The molecular signature associated with stromal sarcoma and STUMP has not been unraveled. The study was conducted to detect the chromosomal imbalances in stromal sarcoma and STUMP by using array comparative genomic hybridization (aCGH). The study consisted of two cases of stromal nodule, eight cases of STUMP (three degenerative atypia type, three myxoid type, one hypercellular type, and one phyllodes type), and four cases of stromal sarcoma, including a distant metastasis developed metachronously after a primary stromal sarcoma of the prostate. DNA was extracted from the representative paraffin-embedded formalin-fixed specimens and was submitted for aCGH. All stromal sarcomas and seven STUMPs revealed chromosomal aberrations. Overall, the most common alteration was loss of chromosome 13 (10 cases), followed by loss of chromosome 14 (9 cases), and loss of chromosome 10 (7 cases). Except one stromal sarcoma, which showed a distinct chromosomal profile of multiple amplifications, other stromal sarcomas showed a similar pattern to those of STUMP. Stromal sarcoma and STUMP shared similar profiles of chromosomal imbalances. From a molecular genetic perspective, the recurrent chromosomal alterations support the concept of specialized stromal tumors of the prostate as a distinctive tumor entity. Modern Pathology advance online publication, 14 June 2013; doi:10.1038/modpathol.2013.99.

[537]

TÍTULO / TITLE: - The impact of de novo donor-specific anti-human leukocyte antigen antibodies on 5-year renal transplant outcome.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1449-52. doi:
10.1016/j.transproceed.2012.12.026.

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

[1016/j.transproceed.2012.12.026](http://dx.doi.org/10.1016/j.transproceed.2012.12.026)

AUTORES / AUTHORS: - Banasik M; Boratynska M; Koscielska-Kasprzak K; Mazanowska O; Krajewska M; Zabinska M; Bartoszek D; Myszka M; Nowakowska B; Dawiskiba T; Lepieza A; Chudoba P; Klinger M

INSTITUCIÓN / INSTITUTION: - Department of Nephrology and Transplantation Medicine, Wroclaw Medical University, Wroclaw, Poland. m.banasik@interia.pl

RESUMEN / SUMMARY: - Numerous studies have shown that circulating donor-specific antibodies targeting human leukocyte antigen (HLA) are associated with accelerated renal transplant failure, but many patients with these antibodies have good graft function. The aim of our study was to investigate the long-term graft function and survival in patients with de novo post-transplant donor-specific anti-HLA antibodies (DSA). Our prospective study included 78 consecutive recipients with a negative crossmatch before transplantation. Recipient serum samples were assayed for DSA in week 2 and 1, 3, 6, 9, 12 months after transplantation using a complement-dependent lymphocytotoxic technique with donor lymphocytes. Additionally, patients with DSA and stable renal function in the first year were tested with a more sensitive flow-panel-reactive antibody. DSA were present in 34 (44%) of our patients during the first 12 months after transplantation. Biopsy-proved acute rejection occurred in 11 DSA-positive and 10 DSA-negative patients. Seven DSA-positive patients had antibody-mediated rejection and no DSA-negative ones developed humoral rejection. The serum creatinine level in DSA-positive patients was significantly higher (2.48 vs 1.43 mg/dL) in year 5. The 13 (38%) DSA-positive patients with good graft function in month 12 were stable during a 5-year follow-up: their serum creatinine was 1.46 +/- 0.4 in year 1 and 1.56 +/- 0.4 mg/dL in year 5 and nobody lost their allograft. One- and 5- year graft survivals were appropriately 85% and 59% in DSA-positive patients compared to 93% and 93% in DSA-negative patients. To sum up, post-transplant DSA had a significant influence on kidney function and graft survival but in 38% of patients the presence of DSA did not decrease a 5-year renal function. A good renal allograft function in the presence of DSA in the first year after transplantation and cessation of their production in the subsequent years may be a good prognostic marker for a long-term allograft function and survival.

[538]

TÍTULO / TITLE: - MicroRNA profiles classify papillary renal cell carcinoma subtypes.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Aug 6;109(3):714-22. doi: 10.1038/bjc.2013.313. Epub 2013 Jun 25.

●● Enlace al texto completo (gratis o de pago) [1038/bjc.2013.313](#)

AUTORES / AUTHORS: - Wach S; Nolte E; Theil A; Stohr C; T Rau T; Hartmann A; Ekici A; Keck B; Taubert H; Wullich B

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Hospital Erlangen, Friedrich-Alexander-University Erlangen-Nurnberg, Research Campus, Krankenhausstrasse 12, 91054 Erlangen, Germany.

RESUMEN / SUMMARY: - Background: Besides the conventional clear-cell renal cell carcinoma (ccRCC), papillary RCC (pRCC) is the second most common renal malignancy. Papillary RCCs can further be subdivided into two distinct

subtypes. Although a clinical relevance of pRCC subtyping has been shown, little is known about the molecular characteristics of both pRCC subtypes. Methods: We performed microarray-based microRNA (miRNA) expression profiling of primary ccRCC and pRCC cases. A subset of miRNAs was identified and used to establish a classification model for ccRCC, pRCC types 1 and 2 and normal tissue. Furthermore, we performed gene set enrichment analysis with the predicted miRNA target genes. Results: Only five miRNAs (miR-145, -200c, -210, -502-3p and let-7c) were sufficient to identify the samples with high accuracy. In a collection of 111 tissue samples, 73.9% were classified correctly. An enrichment of miRNA target genes in the family of multidrug-resistance proteins was noted in all tumours. Several components of the Jak-STAT signalling pathway might be targets for miRNAs that define pRCC tumour subtypes. Conclusion: MicroRNAs are able to accurately classify RCC samples. Deregulated miRNAs might contribute to the high chemotherapy resistance of RCC. Furthermore, our results indicate that pRCC type 2 tumours could be dependent on oncogenic MYC signalling.

[539]

TÍTULO / TITLE: - Does the Use of a Barbed Polyglyconate Absorbable Suture Have an Impact on Urethral Anastomosis Time, Urethral Stenosis Rates, and Cost Effectiveness During Robot-assisted Radical Prostatectomy?

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

REVISTA / JOURNAL: - Urology. 2013 Jul;82(1):90-4. doi: 10.1016/j.urology.2013.02.002.

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

[1016/j.urology.2013.02.002](#)

AUTORES / AUTHORS: - Massoud W; Thanigasalam R; Hajj AE; Girard F; Theveniaud PE; Chatellier G; Baumert H

INSTITUCIÓN / INSTITUTION: - Department of Urology, Hopital Saint Joseph, Paris, France.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the use of a single needle driver with the V-Loc (Covidien, Dublin, Ireland) running suture and compare this with the use of 2 needle drivers with polyglactin interrupted sutures (IS) in dividing the dorsal venous complex (DVC) and forming the urethrovesical anastomosis (UVA) during robot-assisted radical prostatectomy (RARP). MATERIALS AND METHODS: A prospective cohort study was performed to compare V-Loc (n = 40) with polyglactin (n = 40) sutures. Division of the dorsal venous complex and formation of the UVA during robot-assisted radical prostatectomy using V-Loc or polyglactin sutures were studied. Preoperative, intraoperative, and postoperative parameters were measured. RESULTS: V-Loc sutures were associated with a statistically significant reduction in mean dorsal vein suture time (3.15 minutes V-Loc vs 3.75 minutes IS, P = .02) and UVA anastomosis time (8.5 minutes V-Loc vs 11.5 minutes IS, P = .001). No

significant difference was noted between operative time (121 minutes V-Loc vs 130 minutes IS, P = .199), delayed healing rates (5% V-Loc vs 7.5% IS, P = .238), continence rate at 12 months (97.5% V-Loc vs 95% IS, P = .368), and urethral stenosis rates (2.5% V-Loc vs 2.5% IS, P = .347) in both groups. CONCLUSION: The use of a V-Loc running suture with a single needle driver is a feasible, reproducible, and economic technique with no significant difference in continence rates and urethral stenosis rates, compared with the use of a traditional interrupted suture.

[540]

TÍTULO / TITLE: - Endoglin haploinsufficiency attenuates radiation-induced deterioration of kidney function in mice.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jul 9. pii: S0167-8140(13)00294-6. doi: 10.1016/j.radonc.2013.06.016.

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

[1016/j.radonc.2013.06.016](#)

AUTORES / AUTHORS: - Scharpfenecker M; Floot B; Russell NS; Coppes RP; Stewart FA

INSTITUCIÓN / INSTITUTION: - Division of Biological Stress Response, The Netherlands Cancer Institute, Amsterdam, The Netherlands. Electronic address: m.scharpfenecker@nki.nl.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Endoglin is a transforming growth receptor beta (TGF-beta) co-receptor, which plays a crucial role in the development of late normal tissue damage. Mice with halved endoglin levels (Eng^{+/-} mice) develop less inflammation, vascular damage and fibrosis after kidney irradiation compared to their wild type littermates (Eng^{+/+} mice). This study was aimed at investigating whether reduced tissue damage in Eng^{+/-} mice also results in superior kidney function. MATERIAL AND METHODS: Kidneys of Eng^{+/+} and Eng^{+/-} mice were irradiated with a single dose of 14 Gy. Functional kidney parameters and kidney histology were analysed at 20, 30 and 40 weeks after irradiation. RESULTS: Eng^{+/-} mice displayed improved kidney parameters (haematocrit, BUN) compared to Eng^{+/+} mice at 40 weeks after irradiation. Irradiation of Eng^{+/+} kidneys damaged the vascular network and led to an increase in PDGFR-beta positive cells, indicative of fibrosis-promoting myofibroblasts. Compared to Eng^{+/+} kidneys, vascular perfusion and number of PDGFR-beta positive cells were reduced in Eng^{+/-} control mice; however, this did not further deteriorate after irradiation. CONCLUSIONS: Taken together, we show that not only kidney morphology, but also kidney function is improved after irradiation in Eng^{+/-} compared to Eng^{+/+} mice.

[541]

TÍTULO / TITLE: - BrachyView, A novel inbody imaging system for HDR prostate brachytherapy: Design and Monte Carlo feasibility study.

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

REVISTA / JOURNAL: - Med Phys. 2013 Jul;40(7):071715. doi: 10.1118/1.4808360.

●● Enlace al texto completo (gratis o de pago) [1118/1.4808360](#)

AUTORES / AUTHORS: - Safavi-Naeini M; Han Z; Cutajar D; Guatelli S; Petasecca M; Lerch ML; Franklin DR; Jakubek J; Pospisil S; Bucci J; Zaider M; Rosenfeld AB

INSTITUCIÓN / INSTITUTION: - Centre for Medical Radiation Physics, University of Wollongong, Wollongong, NSW 2522, Australia.

RESUMEN / SUMMARY: - Purpose: High dose rate (HDR) brachytherapy is a form of radiation therapy for treating prostate cancer whereby a high activity radiation source is moved between predefined positions inside applicators inserted within the treatment volume. Accurate positioning of the source is essential in delivering the desired dose to the target area while avoiding radiation injury to the surrounding tissue. In this paper, HDR BrachyView, a novel inbody dosimetric imaging system for real time monitoring and verification of the radioactive seed position in HDR prostate brachytherapy treatment is introduced. The current prototype consists of a 15 x 60 mm(2) silicon pixel detector with a multipinhole tungsten collimator placed 6.5 mm above the detector. Seven identical pinholes allow full imaging coverage of the entire treatment volume. The combined pinhole and pixel sensor arrangement is geometrically designed to be able to resolve the three-dimensional location of the source. The probe may be rotated to keep the whole prostate within the transverse plane. The purpose of this paper is to demonstrate the efficacy of the design through computer simulation, and to estimate the accuracy in resolving the source position (in detector plane and in 3D space) as part of the feasibility study for the BrachyView project. Methods: Monte Carlo simulations were performed using the GEANT4 radiation transport model, with a (192)Ir source placed in different locations within a prostate phantom. A geometrically accurate model of the detector and collimator were constructed. Simulations were conducted with a single pinhole to evaluate the pinhole design and the signal to background ratio obtained. Second, a pair of adjacent pinholes were simulated to evaluate the error in calculated source location. Results: Simulation results show that accurate determination of the true source position is easily obtainable within the typical one second source dwell time. The maximum error in the estimated projection position was found to be 0.95 mm in the imaging (detector) plane, resulting in a maximum source positioning estimation error of 1.48 mm. Conclusions: HDR BrachyView is a feasible design for real-time source tracking in HDR prostate brachytherapy. It is capable of resolving the source position within a subsecond dwell time. In combination with anatomical information obtained from transrectal ultrasound imaging, HDR BrachyView

adds a significant quality assurance capability to HDR brachytherapy treatment systems.

[542]

TÍTULO / TITLE: - Should Follow-up Biopsies for Men on Active Surveillance for Prostate Cancer Be Restricted to Limited Templates?

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):405-9. doi: 10.1016/j.urology.2013.03.057. Epub 2013 Jun 2.

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

[1016/j.urology.2013.03.057](#)

AUTORES / AUTHORS: - Wong LM; Trottier G; Toi A; Lawrentschuk N; Van der Kwast TH; Zlotta A; Kulkarni G; Hamilton R; Trachtenberg J; Evans A; Timilshina N; Fleshner NE; Finelli A

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgical Oncology, Princess Margaret Hospital, University of Toronto, Canada.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate if prostate biopsy templates with fewer cores can be used during active surveillance (AS) for prostate cancer. **METHODS:** At present, we use an AS protocol template (ASPT) consisting of 13-17 cores. We hypothesize in the setting of known cancer, sextant (6 cores) or standard extended (10-12 cores) templates, could be used with similar effect. We identified patients in our referral institution database (1997-2009) with entry prostate-specific antigen <10 ng/mL, stage \leq cT2, Gleason sum \leq 6, \leq 3 cores positive for cancer, <50% of single core involved, and age \leq 75 years (N = 272). Patients fulfilling standard criteria for pathologic reclassification (N = 94) at any follow-up biopsy were selected for evaluation. By mapping tumor location on the pathologic reclassification determining biopsy, hypothetical scenarios of sextant or standard extended templates (SET) were compared with our ASPT and examined for frequency of cancer detection and pathologic reclassification. **RESULTS:** For the 94 patients analyzed, the median number of cores taken was 9.7 (6-22) at baseline and 15 (14-17) for the reclassification biopsy. The median time between baseline and the pathologic reclassification determining biopsy was 15.4 months. Analysis of subgroupings showed that sextant template would identify 84% of cancers and 47.9% of the reclassification events, whereas SET detected 99% of cancers and 81.9% of patients who pathologically reclassified. When only considering Gleason sum \geq 7 related progression events, SET found 16.2% less (n = 57) compared with ASPT (n = 68). **CONCLUSION:** When monitoring patients on AS, a 13-17 core template detects more pathologic reclassification than standard sextant (18.1%) or extended (52.1%) biopsy templates.

[543]

TÍTULO / TITLE: - Phase II Trial of Neoadjuvant Docetaxel and CG1940/CG8711 Followed by Radical Prostatectomy in Patients With High-Risk Clinically Localized Prostate Cancer.

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

REVISTA / JOURNAL: - Oncologist. 2013;18(6):687-8. doi: 10.1634/theoncologist.2011-0234. Epub 2013 Jun 5.

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

[1634/theoncologist.2011-0234](#)

AUTORES / AUTHORS: - Vuky J; Corman JM; Porter C; Olgac S; Auerbach E; Dahl K

INSTITUCIÓN / INSTITUTION: - Oregon Health and Science University, Portland, Oregon, USA;

RESUMEN / SUMMARY: - Prostate cancer (PC) is the most commonly diagnosed noncutaneous malignancy in American men. PC, which exhibits a slow growth rate and multiple potential target epitopes, is an ideal candidate for immunotherapy. GVAX for prostate cancer is a cellular immunotherapy, composed of PC-3 cells (CG1940) and LNCaP cells (CG8711). Each of the components is a prostate adenocarcinoma cell line that has been genetically modified to secrete granulocyte-macrophage colony-stimulating factor. Hypothesizing that GVAX for prostate cancer could be effective in a neoadjuvant setting in patients with locally advanced disease, we initiated a phase II trial of neoadjuvant docetaxel and GVAX. For the trial, the clinical effects of GVAX were assessed in patients undergoing radical prostatectomy (RP). Methods. Patients received docetaxel administered at a dose of 75 mg/m² every 3 weeks for 4 cycles. GVAX was administered 2-3 days after chemotherapy preoperatively for four courses of immunotherapy. The first dose of GVAX was a prime immunotherapy of 5x10⁸ cells. The subsequent boost immunotherapies consisted of 3x10⁸ cells. After RP, patients received an additional six courses of immunotherapy. Pathologic complete response, toxicity, and clinical response were assessed. The primary endpoint of the trial was a pathologic state of pT0, which is defined as no evidence of cancer in the prostate. Results. Six patients completed neoadjuvant docetaxel and GVAX therapy. No serious drug-related adverse events were observed. Median change in prostate-specific antigen (PSA) following neoadjuvant therapy was 1.47 ng/ml. One patient did not undergo RP due to the discovery of positive lymph nodes during exploration. Of the five patients completing RP, four had a downstaging of their Gleason score. Undetectable PSA was achieved in three patients at 2 months after RP and in two patients at 3 years after RP. Conclusions. Neoadjuvant docetaxel/GVAX is safe and well tolerated in patients with high-risk locally advanced PC. No evidence of increased intraoperative hemorrhage or increased length of hospital stay postoperatively was noted. These results justify further study of neoadjuvant immunotherapy.

[544]

TÍTULO / TITLE: - Words of wisdom. Re: androgen receptor splice variants mediate enzalutamide resistance in castration-resistant prostate cancer cell lines.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul;64(1):169-70. doi: 10.1016/j.eururo.2013.04.024.

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

[1016/j.eururo.2013.04.024](#)

AUTORES / AUTHORS: - Schrader AJ; Schrader MG; Cronauer MV

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ulm University Medical Center, Ulm, Germany.

[545]

TÍTULO / TITLE: - Re: Androgen Receptor Splice Variants Mediate Enzalutamide Resistance in Castration-resistant Prostate Cancer Cell Lines.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Aug;64(2):339-40. doi: 10.1016/j.eururo.2013.05.012.

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

[1016/j.eururo.2013.05.012](#)

AUTORES / AUTHORS: - Luo J; Pienta KJ

INSTITUCIÓN / INSTITUTION: - Johns Hopkins University, Baltimore, MD, USA.

[546]

TÍTULO / TITLE: - Erectile dysfunction after radiotherapy for prostate cancer: a model assessing the conflicting literature on dose-volume effects.

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

REVISTA / JOURNAL: - Int J Impot Res. 2013 Jun 20. doi: 10.1038/ijir.2013.28.

●● Enlace al texto completo (gratis o de pago) [1038/ijir.2013.28](#)

AUTORES / AUTHORS: - Rivin Del Campo E; Thomas K; Weinberg V; Roach M 3rd

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Institut Gustave Roussy, Villejuif, France.

RESUMEN / SUMMARY: - Studies assessing the relationship between dose to the penile bulb (PB) and risk of ED in men treated for prostate cancer with external beam radiation therapy (EBRT) have been critically scored. A review of published literature examining dose received by the PB and clinical erectile function outcomes for patients receiving EBRT was performed. Of 146 retrieved articles, 8 evaluated EBRT-induced ED in relation to PB dose. Half of these articles showed a relationship between dose to PB and ED, and the other half did not. A reliability score (RS) was constructed to more uniformly evaluate

strengths and weaknesses of these eight articles. Subsequently, they were scored by two independent reviewers. An average of both scores was calculated. A close consensus was found (identical RS for six of the eight studies; kappa statistic: $P=0.97$). The studies with highest RS consistently support a relationship between ED and PB doses, whereas those with low scores did not. The RS-based analysis supports the recommended dose-volume limits specified in the Quantitative Analysis of Normal Tissue Effects in the Clinic review, maintaining the mean dose to 95% of the PB <50 Gy, although the target organ at risk is not likely to be the PB. International Journal of Impotence Research advance online publication, 20 June 2013; doi:10.1038/ijir.2013.28.

[547]

TÍTULO / TITLE: - Effect of Smoking on Outcomes of Urothelial Carcinoma: A Systematic Review of the Literature.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jun 19. pii: S0302-2838(13)00608-8. doi: 10.1016/j.eururo.2013.06.010.

- Enlace al texto completo (gratis o de pago)

[1016/j.eururo.2013.06.010](#)

AUTORES / AUTHORS: - Crivelli JJ; Xylinas E; Kluth LA; Rieken M; Rink M; Shariat SF

INSTITUCIÓN / INSTITUTION: - Department of Urology, Weill Cornell Medical College, New York-Presbyterian Hospital, New York, NY, USA.

RESUMEN / SUMMARY: - CONTEXT: Cigarette smoking is the best-established risk factor for urothelial carcinoma (UC). However, the effect of smoking on outcomes of UC patients remains debated. OBJECTIVE: To integrate the available evidence regarding the impact of smoking status and smoking exposure on recurrence, progression, cancer-specific mortality, and any-cause mortality in patients with UC of the bladder (UCB) and upper tract UC (UTUC) treated with transurethral resection of the bladder (TURB), radical cystectomy (RC), or radical nephroureterectomy (RNU). EVIDENCE ACQUISITION: A systematic search of the literature was conducted using the Medline, Embase, and Scopus databases, which was limited to articles published in English between January 1974 and March 2013. Articles were also extracted from the reference lists of identified studies and reviews. We selected 29 articles (15 TURB, 7 RC, and 7 RNU) according to predefined inclusion criteria and the Preferred Reporting Items for Systematic Reviews and Meta-analyses. EVIDENCE SYNTHESIS: The majority of studies demonstrated an association with disease recurrence in patients treated with TURB, while evidence for associations with disease progression, cancer-specific mortality, and any-cause mortality was less abundant. While two studies showed no association of smoking with outcomes of T1 UCB, there was mixed evidence for an

association of smoking with response to intravesical therapy. For patients treated with RC, there was minimal support for an association of smoking with all outcomes. In a majority of studies of patients receiving RNU for UTUC, smoking was associated with intravesical recurrence, disease recurrence, cancer-specific mortality, and any-cause mortality. There was also evidence for a beneficial effect of smoking cessation on UC prognosis. Finally, findings regarding gender-specific effects of smoking on prognosis were contradictory. We note that there was marked heterogeneity in patient populations and smoking categorizations across studies, precluding a meta-analysis. CONCLUSIONS: Smoking may lead to less favorable outcomes for UCB and UTUC patients, and smoking cessation may mitigate this effect. The current evidence base lacks studies on the effects of smoking on prognosis in numerous clinical demographic subgroups of UC patients, as well as prospective investigation of smoking cessation.

[548]

TÍTULO / TITLE: - Low differentiated microvascular density and low expression of platelet-derived growth factor-BB (PDGF-BB) predict distant metastasis and poor prognosis in clear cell renal cell carcinoma.

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

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(4):E415-23. doi: 10.1111/bju.12191.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12191](#)

AUTORES / AUTHORS: - Qi L; Du J; Zhang Z; Diao L; Chen X; Yao X

INSTITUCIÓN / INSTITUTION: - Department of Genitourinary Oncology, Tianjin Medical University Cancer Institute and Hospital; The Key Laboratory of Tianjin Cancer Prevention and Treatment, Tianjin, China.

RESUMEN / SUMMARY: - OBJECTIVE: To examine the prognostic significance of the expression of platelet-derived growth factor-BB (PDGF-BB) and differentiated microvascular density (MVD) in patients with clear cell renal cell carcinoma (ccRCC). PATIENTS AND METHODS: We used the vascular marker cluster of differentiation 34 (CD34) to identify tumour blood vessels. The expression of PDGF-BB and CD34 was detected by immunohistochemistry (IHC) in tissue microarrays (TMAs) from 100 ccRCCs. Prognostic effects of individual parameters were calculated using Cox regression models and Harrell's concordance index (c-index). RESULTS: Higher grade and more advanced stage ccRCCs had significantly less PDGF-BB expression and differentiated MVD ($P < 0.05$). Higher PDGF-BB expression was an independent prognostic factor for longer survival, and moreover, the final model built by the addition of PDGF-BB expression improved the predictive accuracy for disease-free survival (c-index 0.707) compared with the clinicopathological-based model (c-index 0.695). PDGF-BB expression was positively associated with differentiated MVD assessed by Spearman correlation and factor analysis

($r = 0.634$, $P < 0.001$). CONCLUSION: PDGF-BB is as a novel and promising prognostic marker and antiangiogenic therapeutic target for the treatment of ccRCC.

[549]

TÍTULO / TITLE: - Diabetes and prostate cancer screening in black and white men.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Jul 17.

●● Enlace al texto completo (gratis o de pago) [1007/s10552-013-0257-](#)

[2](#)

AUTORES / AUTHORS: - Sanderson M; Fowke JH; Lipworth L; Han X; Ukoli F; Coker AL; Blot WJ; Hargreaves MK

INSTITUCIÓN / INSTITUTION: - Department of Family and Community Medicine, Meharry Medical College, 1005 Dr. D.B. Todd Jr. Blvd., Nashville, TN, 37208, USA, msanderson@mmc.edu.

RESUMEN / SUMMARY: - PURPOSE: Prior studies conducted primarily among white men find a reduced risk of prostate cancer associated with time since developing diabetes. While biologic explanations are plausible, the association may in part arise from more frequent prostate cancer screening among those with a diabetes diagnosis. The purpose of the present study was to investigate the association between diabetes and prostate cancer screening. METHODS: We examined differences in prostate cancer screening (prostate-specific antigen and/or digital rectal examination) testing practices after a diabetes diagnosis among lower-income persons living in the southeastern United States and enrolled in the Southern Community Cohort Study between 2002 and 2009. Baseline in-person interviews collected information on history of diabetes and prostate cancer screening from 18,809 black and 6,404 white men aged 40-79 years. RESULTS: After adjustment for confounding, diabetic black [odds ratio (OR) 1.12, 95 % confidence interval (CI) 1.01-1.25] and white (OR 1.25, 95 % CI 1.03-1.51) men were more likely to undergo recent prostate cancer screening compared to non-diabetic men of the same race. The increased risk for prostate cancer screening, however, occurred primarily within the first 12 months after diabetes diagnosis. CONCLUSIONS: Our results suggest that a diabetes diagnosis modestly increases the likelihood of having a prostate cancer screening test for both black and white men. The prevalence of screening was higher nearer to the time of diabetes diagnosis, which may contribute to an early increase in prostate cancer detection followed by lower prostate cancer detection after an extended time.

[550]

TÍTULO / TITLE: - mTOR signaling pathway in penile squamous cell carcinoma: pmTOR and pelf4E overexpression correlate with aggressive tumoral behavior.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 10. pii: S0022-5347(13)04585-0. doi: 10.1016/j.juro.2013.06.015.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.015](#)

AUTORES / AUTHORS: - Ferrandiz-Pulido C; Masferrer E; Toll A; Hernandez-Losa J; Mojal S; Pujol RM; Cajal SR; de Torres I; Garcia-Patos V

INSTITUCIÓN / INSTITUTION: - Department of Dermatology, Hospital Universitari Vall d'Hebron. Facultat de Medicina. Universitat Autònoma de Barcelona. Barcelona, España.

RESUMEN / SUMMARY: - **PURPOSE:** Penile squamous cell carcinoma (PSCC) is a rare neoplasm associated with a high risk of metastases and morbidity. There is very limited data of the role of mTOR signaling pathway in PSCC carcinogenesis and tumor maintenance. The purpose of this study was to assess a possible role of mTOR signaling pathway activation as potential predictive biomarker of outcome and therapeutic target for penile cancer. **MATERIAL AND METHODS:** A cohort of 67 patients with a diagnosis of invasive PSCC and a known HPV status (1987 - 2010) were selected for the study. Tissue-microarrays were constructed with 67 primary penile squamous cell carcinomas, matched normal tissues, and 8 lymph node metastases. Immunohistochemical staining was performed for p53, phosphorylated (p) mTOR, pERK, p4E-BP1, eIF4E and pelf4E. The expression was evaluated using a semiquantitative score on a scale from 0 to 300 (H-score). **RESULTS:** pmTOR, p4E-BP1, eIF4E and pelf4E expression were increased in penile tumors when compared with their matched adjacent normal tissues, indicating an activation of mTOR signaling pathway in penile tumorigenesis. Moreover, pmTOR, pelf4E and p53 overexpression were significantly associated with lymph node disease. pelf4E and p53 also correlated with poor outcome (recurrence, metastases or disease-specific death). By contrast, pERK and p4E-BP1 were associated with lower pT-stages. Finally, pmTOR and an intense p53 expression were associated with Human Papillomavirus -negative tumors. **CONCLUSION:** Activation of mTOR signaling may contribute to tumor progression and aggressive behavior in PSCC. Targeting mTOR or its downstream signaling targets such as pelf4E may be a valid therapeutic strategy.

[551]

TÍTULO / TITLE: - Caffeic acid phenethyl ester synergistically enhances docetaxel and paclitaxel cytotoxicity in prostate cancer cells.

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

REVISTA / JOURNAL: - IUBMB Life. 2013 Aug;65(8):716-29. doi: 10.1002/iub.1188. Epub 2013 Jul 11.

●● Enlace al texto completo (gratis o de pago) [1002/iub.1188](https://doi.org/10.1002/iub.1188)

AUTORES / AUTHORS: - Tolba MF; Esmat A; Al-Abd AM; Azab SS; Khalifa AE; Mosli HA; Abdel-Rahman SZ; Abdel-Naim AB

INSTITUCIÓN / INSTITUTION: - Department of Pharmacology and Toxicology, Faculty of Pharmacy, Ain Shams University, Cairo, Egypt; Department of Obstetrics and Gynecology, The University of Texas Medical Branch, Galveston, TX, USA.

RESUMEN / SUMMARY: - Evidence is growing for the beneficial role of selective estrogen receptor modulators (SERM) in prostate diseases. Caffeic acid phenethyl ester (CAPE) is a promising component of propolis that possesses SERM activity. This study aimed at investigating the modulatory impact of CAPE on docetaxel (DOC) and paclitaxel (PTX) cytotoxicity in prostate cancer cells and exploring the possible underlying mechanisms for this chemomodulation. CAPE significantly increased DOC and PTX potency in PC-3, DU-145 and LNCaP prostate cancer cells. Combination index calculations showed synergistic interaction of CAPE/DOC and CAPE/PTX cotreatments in all the tested cell lines. Subsequent mechanistic studies in PC-3 cells indicated that cyclin D1 and c-myc were significantly reduced in the combined treatment groups with concurrent increase in p27(kip) . DNA-ploidy analysis indicated a significant increase in the percentage of cells in pre-G1 in CAPE/DOC and CAPE/PTX cotreatments. Decreased Bcl-2/Bax ratio together with increased caspase-3 activity and protein abundance were observed in the same groups. Estrogen receptor-beta (ER-beta) and its downstream tumor suppressor forkhead box O1 levels were significantly elevated in CAPE and combination groups compared to DOC or PTX-alone. ER-alpha and insulin-like growth factor-1 receptor protein abundance were reduced in the same groups. CAPE significantly reduced AKT, ERK and ER-alpha (Ser-167) phosphorylation in PC-3 cells. CAPE-induced inhibition of AKT phosphorylation was more prominent (1.7-folds higher) in cells expressing ER-alpha such as PC-3 compared to LNCaP. In conclusion, CAPE enhances the antiproliferative and cytotoxic effects of DOC and PTX in prostate cancer cells. This can be, at least partly, attributed to CAPE augmentation of DOC and PTX proapoptotic effects in addition to CAPE-induced alterations in ER-alpha and ER-beta abundance. © 2013 IUBMB Life, 65(8):716-729, 2013.

[552]

TÍTULO / TITLE: - Phytoestrogens selective for the estrogen receptor beta exert anti-androgenic effects in castration resistant prostate cancer.

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

REVISTA / JOURNAL: - J Steroid Biochem Mol Biol. 2013 Jul 17. pii: S0960-0760(13)00124-6. doi: 10.1016/j.jsbmb.2013.06.009.

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

[1016/j.jsbmb.2013.06.009](https://doi.org/10.1016/j.jsbmb.2013.06.009)

AUTORES / AUTHORS: - Thelen P; Wuttke W; Seidlova-Wuttke D

INSTITUCIÓN / INSTITUTION: - University Medical Center Gottingen, Georg-August-University, Department of Urology, 37099 Gottingen, Germany.
Electronic address: pthelen@gwdg.de.

RESUMEN / SUMMARY: - Prostate cancer is the leading cause of cancer death in men of the Western world. A castration-resistant prostate cancer (CRPC) eventually will arise when a local restricted prostate carcinoma was not cured duly by radical prostatectomy or radiation therapy. Although androgen ablation therapies are considered the gold standard for treatments of advanced prostate cancer there is no curative therapy available at present. In previous pre-clinical and clinical trials several phytoestrogens were investigated for their anticancer potential in various models for prostate cancer. Phytoestrogens feature tumour preventive characteristics and most probably are involved in the low incidence rate of hormone related cancers in Asian countries. Phytoestrogens such as isoflavones can have a marked impact on the most essential therapy target of CRPC i.e. the androgen receptor. Furthermore, functional analyses solidified the notion of such drugs as androgen antagonistic. Phytoestrogens commonly feature low toxicity combined with a potential of targeted therapy. Thus, these drugs qualify for conceivable implementation in prostate cancer patients under active surveillance. In addition, relapse prevention with these drugs after radical prostatectomy or radiation therapy might be considered. This article is part of a Special Issue entitled 'Phytoestrogens'.

[553]

TÍTULO / TITLE: - Words of wisdom. Re: long-term endoscopic management of upper tract urothelial carcinoma: 20-year single-centre experience.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul;64(1):171. doi: 10.1016/j.eururo.2013.04.026.

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

1016/j.eururo.2013.04.026

AUTORES / AUTHORS: - Bagley DH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Thomas Jefferson University, Philadelphia, PA, USA. demetrius.bagley@jefferson.edu

[554]

TÍTULO / TITLE: - Anti-tumoral effect of the non-nucleoside DNMT inhibitor RG108 in human prostate cancer cells.

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

REVISTA / JOURNAL: - Curr Pharm Des. 2013 Jul 19.

AUTORES / AUTHORS: - Graca I; Sousa E; Baptista T; Almeida M; Ramalho-Carvalho J; Palmeira C; Henrique R; Jeronimo C

INSTITUCIÓN / INSTITUTION: - Department of Genetics & Research Center, Portuguese Oncology Institute - Porto Rua Dr. Antonio Bernardino de Almeida, 4200-072 Porto, Portugal. carmenjeronimo@ipoporto.min-saude.pt.

RESUMEN / SUMMARY: - Background: Current therapeutic strategies for advanced prostate cancer (PCa) are largely ineffective. Because aberrant DNA methylation associated with inappropriate gene-silencing is a common feature of PCa, DNA methylation inhibitors might constitute an alternative therapy. In this study we aimed to evaluate the anti-cancer properties of RG108, a novel non-nucleoside inhibitor of DNA methyltransferases (DNMT), in PCa cell lines. Methods: The anti-tumoral impact of RG108 in LNCaP, 22Rv1, DU145 and PC-3 cell lines was assessed through standard cell viability, apoptosis and cell cycle assays. Likewise, DNMT activity, DNMT1 expression and global levels of DNA methylation were evaluated in the same cell lines. The effectiveness of DNA demethylation was further assessed through the determination of promoter methylation and transcript levels of GSTP1, APC and RAR-beta2, by quantitative methylation-specific PCR and RT-PCR, respectively. Results: RG108 led to a significant dose and time dependent growth inhibition and apoptosis induction in LNCaP, 22Rv1 and DU145. LNCaP and 22Rv1 also displayed decreased DNMT activity, DNMT1 expression and global DNA methylation. Interestingly, chronic treatment with RG108 significantly decreased GSTP1, APC and RAR-beta2 promoter hypermethylation levels, although mRNA re-expression was only attained GSTP1 and APC. Conclusions: RG108 is an effective tumor growth suppressor in most PCa cell lines tested. This effect is likely mediated by reversion of aberrant DNA methylation affecting cancer related-genes epigenetically silenced in PCa. However, additional mechanism might underlie the anti-tumor effects of RG108. In vivo studies are now mandatory to confirm these promising results and evaluate the potential of this compound for PCa therapy.

[555]

TÍTULO / TITLE: - Regulatory dendritic cell infusion prolongs kidney allograft survival in nonhuman primates.

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

REVISTA / JOURNAL: - Am J Transplant. 2013 Aug;13(8):1989-2005. doi: 10.1111/ajt.12310. Epub 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago) 1111/ajt.12310

AUTORES / AUTHORS: - Ezzelarab MB; Zahorchak AF; Lu L; Morelli AE; Chalasani G; Demetris AJ; Lakkis FG; Wijkstrom M; Murase N; Humar A; Shapiro R; Cooper DK; Thomson AW

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Starzl Transplantation Institute, University of Pittsburgh School of Medicine, Pittsburgh, PA.

RESUMEN / SUMMARY: - We examined the influence of regulatory dendritic cells (DCreg), generated from cytokine-mobilized donor blood monocytes in vitamin

D3 and IL-10, on renal allograft survival in a clinically relevant rhesus macaque model. DCreg expressed low MHC class II and costimulatory molecules, but comparatively high levels of programmed death ligand-1 (B7-H1), and were resistant to pro-inflammatory cytokine-induced maturation. They were infused intravenously ($3.5-10 \times 10^6$ /kg), together with the B7-CD28 costimulation blocking agent CTLA4Ig, 7 days before renal transplantation. CTLA4Ig was given for up to 8 weeks and rapamycin, started on Day -2, was maintained with tapering of blood levels until full withdrawal at 6 months. Median graft survival time was 39.5 days in control monkeys (no DC infusion; n = 6) and 113.5 days ($p < 0.05$) in DCreg-treated animals (n = 6). No adverse events were associated with DCreg infusion, and there was no evidence of induction of host sensitization based on circulating donor-specific alloantibody levels. Immunologic monitoring also revealed regulation of donor-reactive memory CD95(+) T cells and reduced memory/regulatory T cell ratios in DCreg-treated monkeys compared with controls. Termination allograft histology showed moderate combined T cell- and Ab-mediated rejection in both groups. These findings justify further preclinical evaluation of DCreg therapy and their therapeutic potential in organ transplantation.

[556]

TÍTULO / TITLE: - Kidney Allograft Survival After Acute Rejection, the Value of Follow-Up Biopsies.

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

REVISTA / JOURNAL: - Am J Transplant. 2013 Jul 19. doi: 10.1111/ajt.12370.

●● [Enlace al texto completo \(gratis o de pago\) 1111/ajt.12370](#)

AUTORES / AUTHORS: - El Ters M; Grande JP; Keddis MT; Rodrigo E; Chopra B; Dean PG; Stegall MD; Cosio FG

INSTITUCIÓN / INSTITUTION: - Division of Nephrology and Hypertension, Mayo Clinic, Rochester, MN.

RESUMEN / SUMMARY: - Kidney allografts are frequently lost due to alloimmunity. Still, the impact of early acute rejection (AR) on long-term graft survival is debated. We examined this relationship focusing on graft histology post-AR and assessing specific causes of graft loss. Included are 797 recipients without anti-donor antibodies (DSA) at transplant who had 1 year protocol biopsies. 15.2% of recipients had AR diagnosed by protocol or clinical biopsies. Compared to no-AR, all histologic types of AR led to abnormal histology in 1 and 2 years protocol biopsies, including more fibrosis + inflammation (6.3% vs. 21.9%), moderate/severe fibrosis (7.7% vs. 13.5%) and transplant glomerulopathy (1.4% vs. 8.3%, all $p < 0.0001$). AR were associated with reduced graft survival (HR = 3.07 (1.92-4.94), $p < 0.0001$). However, only those AR episodes followed by abnormal histology led to reduced graft survival. Early AR related to more late alloimmune-mediated graft losses, particularly transplant glomerulopathy (31% of losses). Related to this outcome, recipients with AR were more likely to

have new DSA class II 1 year posttransplant (no-AR, 11.1%; AR, 21.2%, $p = 0.039$). In DSA negative recipients, early AR often leads to persistent graft inflammation and increases the risk of new DSA II production. Both of these post-AR events are associated with increased risk of graft loss.

[557]

TÍTULO / TITLE: - Assessment of Prostate Cancer Aggressiveness Using Dynamic Contrast-enhanced Magnetic Resonance Imaging at 3 T.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Sep;64(3):448-55. doi: 10.1016/j.eururo.2013.05.045. Epub 2013 May 31.

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

[1016/j.eururo.2013.05.045](#)

AUTORES / AUTHORS: - Vos EK; Litjens GJ; Kobus T; Hambrock T; Kaa CA; Barentsz JO; Huisman HJ; Scheenen TW

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands. Electronic address: e.vos@rad.umcn.nl.

RESUMEN / SUMMARY: - BACKGROUND: A challenge in the diagnosis of prostate cancer (PCa) is the accurate assessment of aggressiveness. OBJECTIVE: To validate the performance of dynamic contrast-enhanced (DCE) magnetic resonance imaging (MRI) of the prostate at 3 tesla (T) for the assessment of PCa aggressiveness, with prostatectomy specimens as the reference standard. DESIGN, SETTINGS, AND PARTICIPANTS: A total of 45 patients with PCa scheduled for prostatectomy were included. This study was approved by the institutional review board; the need for informed consent was waived. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Subjects underwent a clinical MRI protocol including DCE-MRI. Blinded to DCE-images, PCa was indicated on T2-weighted images based on histopathology results from prostatectomy specimens with the use of anatomical landmarks for the precise localization of the tumor. PCa was classified as low-, intermediate-, or high-grade, according to Gleason score. DCE-images were used as an overlay on T2-weighted images; mean and quartile values from semi-quantitative and pharmacokinetic model parameters were extracted per tumor region. Statistical analysis included Spearman's rho, the Kruskal-Wallis test, and a receiver operating characteristics (ROC) analysis. RESULTS AND LIMITATIONS: Significant differences were seen for the mean and 75th percentile (p_{75}) values of wash-in ($p = 0.024$ and $p = 0.017$, respectively), mean wash-out ($p = 0.044$), and p_{75} of transfer constant ($K(\text{trans})$) ($p = 0.035$), all between low-grade and high-grade PCa in the peripheral zone. ROC analysis revealed the best discriminating performance between low-grade versus intermediate-grade plus high-grade PCa in the peripheral zone for p_{75} of wash-in, $K(\text{trans})$, and rate constant (K_{ep}) (area under the curve: 0.72). Due to a

limited number of tumors in the transition zone, a definitive conclusion for this region of the prostate could not be drawn. CONCLUSIONS: Quantitative parameters (K(trans) and Kep) and semi-quantitative parameters (wash-in and wash-out) derived from DCE-MRI at 3 T have the potential to assess the aggressiveness of PCa in the peripheral zone. P75 of wash-in, K(trans), and Kep offer the best possibility to discriminate low-grade from intermediate-grade plus high-grade PCa.

[558]

TÍTULO / TITLE: - Risk stratification of metastatic recurrence in invasive upper urinary tract carcinoma after radical nephroureterectomy without lymphadenectomy.

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

REVISTA / JOURNAL: - World J Urol. 2013 Jun 29.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1116-](#)

[1](#)

AUTORES / AUTHORS: - Colin P; Ghoneim TP; Nison L; Seisen T; Lechevallier E; Cathelineau X; Ouzzane A; Zerbib M; Long JA; Ruffion A; Crouzet S; Cussenot O; Audouin M; Irani J; Gardic S; Gres P; Audenet F; Roumiguie M; Valeri A; Roupret M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Claude Huriez University Hospital, CHRU Lille, Lille, France, pierre_colin@msn.com.

RESUMEN / SUMMARY: - PURPOSE: To assess the risk factors of metastasis relapse in pT2-3 upper tract urothelial carcinomas (UTUCs) treated by radical nephroureterectomy (RNU) without lymphadenectomy (LN). METHODS: A multicentric retrospective study was performed for pT2-3 pNx UTUCs treated by RNU between 1995 and 2010. The following criteria were retrieved: age, gender, American Society of Anaesthesiologists physical status, surgical approach, preoperative hydronephrosis, stage, grade, tumor location, surgical margin, lymphovascular invasion (LVI) status and outcomes. Metastasis-free survival (MFS) was measured by Kaplan-Meier method with the log-rank test. RESULTS: Overall, 151 patients were included. The median follow-up was 18.5 months (IQR 9.5-37.9). The 2- and 5-year MFS were 69 % +/- 4.5 and 54.1 % +/- 5.8, respectively. In univariate analysis, ureteral location, pT3 stage, positive LVI status and positive surgical margin were significantly associated with worse MFS (p = 0.03; 0.02; 0.01 and 0.006, respectively). In the multivariate analysis of ureteral location and pT3 stage were independent prognostic factors (p = 0.03 and 0.03, respectively). Based on the results of the univariate analysis, we proposed a risk model predicting MFS, which classifies patients into 3 categories with different overall survival (p < 0.001). CONCLUSION: In view of our data, tumor location, T stage, LVI and surgical margin status are mandatory to predict survival in case of RN without LN. Contingent upon external validation, our risk model based on these variables could be useful to provide

relevant information concerning metastasis relapse probability and necessity of close follow-up for these patients.

[559]

TÍTULO / TITLE: - Urinary exosomal Wilms tumor-1 as a potential biomarker for podocyte injury.

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

REVISTA / JOURNAL: - Am J Physiol Renal Physiol. 2013 Jun 12.

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

[1152/ajprenal.00056.2013](#)

AUTORES / AUTHORS: - Zhou H; Kajiyama H; Tsuji T; Hu X; Leelahavanichkul A; Vento S; Frank R; Kopp JB; Trachtman H; Star RA; Yuen PS

INSTITUCIÓN / INSTITUTION: - 1NIH.

RESUMEN / SUMMARY: - Renal Wilms tumor 1 (WT-1) staining is used to detect podocyte loss in kidney biopsies. We aimed to determine if urinary exosomal WT-1 could serve as a noninvasive biomarker of podocyte injury. We examined WT-1 by western blot in a human podocyte-like cell line, a mouse model of podocyte injury, and human subjects with podocyte disorders. WT-1 was detected in exosomal fraction of the conditioned media from podocytes and increased 48hr after hTGF-beta1 stimulation. Cellular WT-1 decreased in podocytes following hTGF-beta1 incubation. In contrast, cultured renal proximal tubular cells or mesangial cells were not a source of detectable WT-1 either in cell lysates or exosomes of conditioned media. In mice with induced podocyte injury, urinary exosomal WT-1 was detected one week earlier than albuminuria, and also tracked the effects of angiotensin receptor blocker (ARB) treatment. In addition, urinary exosomal WT-1 levels at one week post-injury correlated with the severity of glomerular injury at 3 weeks later. In human subjects, urinary exosomal WT-1 was significantly increased in focal segmental glomerulosclerosis (FSGS) patients compared to healthy volunteers or steroid-sensitive nephrotic syndrome (SSNS) patients. Urinary exosomal WT-1 was also significantly decreased in patients in remission for either FSGS or SSNS, or following steroid treatment in six SSNS subjects. We conclude that urinary exosomal WT-1 is a promising noninvasive biomarker with apparent podocyte specificity that can detect early progression and treatment-induced regression of podocyte injury in FSGS or SSNS. These results warrant longitudinal, prospective studies in a large cohort with a range of podocyte diseases.

[560]

TÍTULO / TITLE: - Mapping of prostate cancer by H MRSI.

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

REVISTA / JOURNAL: - NMR Biomed. 2013 Jun 13. doi: 10.1002/nbm.2973.

●● Enlace al texto completo (gratis o de pago) [1002/nbm.2973](#)

AUTORES / AUTHORS: - Kobus T; Wright AJ; Scheenen TW; Heerschap A
INSTITUCIÓN / INSTITUTION: - Department of Radiology, Radboud University Nijmegen Medical Centre, Nijmegen, the Netherlands.
RESUMEN / SUMMARY: - In many studies, it has been demonstrated that 1 H MRSI of the human prostate has great potential to aid prostate cancer management, e.g. in the detection and localisation of cancer foci in the prostate or in the assessment of its aggressiveness. It is particularly powerful in combination with T2 -weighted MRI. Nevertheless, the technique is currently mainly used in a research setting. This review provides an overview of the state-of-the-art of three-dimensional MRSI, including the specific hardware required, dedicated data acquisition sequences and information on the spectral content with background on the MR-visible metabolites. In clinical practice, it is important that relevant MRSI results become available rapidly, reliably and in an easy digestible way. However, this functionality is currently not fully available for prostate MRSI, which is a major obstacle for routine use by inexperienced clinicians. Routine use requires more automation in the processing of raw data than is currently available. Therefore, we pay specific attention in this review on the status and prospects of the automated handling of prostate MRSI data, including quality control. The clinical potential of three-dimensional MRSI of the prostate is illustrated with literature examples on prostate cancer detection, its localisation in the prostate, its role in the assessment of cancer aggressiveness and in the selection and monitoring of therapy. Copyright © 2013 John Wiley & Sons, Ltd.

[561]

TÍTULO / TITLE: - Alcohol Exposure in Utero Increases Susceptibility to Prostate Tumorigenesis in Rat Offspring.

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

REVISTA / JOURNAL: - Alcohol Clin Exp Res. 2013 Jul 26. doi: 10.1111/acer.12171.

- Enlace al texto completo (gratis o de pago) [1111/acer.12171](#)

AUTORES / AUTHORS: - Murugan S; Zhang C; Mojtahedzadeh S; Sarkar DK
INSTITUCIÓN / INSTITUTION: - Endocrine Program, Department of Animal Sciences, Rutgers, The State University of New Jersey, New Brunswick, New Jersey.

RESUMEN / SUMMARY: - BACKGROUND: Prenatal alcohol exposure has been shown to increase offspring susceptibility to some chemical carcinogens. Whether prenatal exposure to alcohol makes the offspring more susceptible to the development of prostate cancer is not known. Therefore, we determined whether any functional abnormalities and increased cancer susceptibility exist in the prostate of fetal alcohol-exposed male rats during the adult period. METHODS: Pregnant rats were fed with a liquid diet containing alcohol (alcohol-fed [AF]), or pair-fed with isocaloric liquid diet (PF) or ad libitum fed

with rat chow (ad lib-fed). Male offspring of these rats were given N-Nitroso-N-methylurea and testosterone to induce prostate neoplasia or left untreated. Around 6 to 8 months of age, the prostates of these animals were processed for determination of biochemical changes and histopathologies. RESULTS: Prostates of noncarcinogen treated animals that were alcohol exposed during the prenatal period demonstrated inflammatory cell infiltration and epithelial atypia and increased number of proliferative cells in the ventral lobe of this gland, but the prostate of control animal showed normal cytoarchitecture. In addition, prenatal alcohol-exposed rats showed decreased levels of cell-cell adhesion marker and increased estrogenic activity in the ventral prostate. Prenatally ethanol (EtOH)-exposed rats, when treated with carcinogen and testosterone, showed histological evidence for high-grade prostatic intraepithelial neoplasia (PIN) primarily in the ventral prostate, whereas control animals showed only low-grade PIN. Prenatally EtOH-exposed rats treated with carcinogen and testosterone also showed increased number of proliferative cells and androgen receptor with concomitant decreased levels of tumor suppressor proteins in the ventral prostate. CONCLUSIONS: These results suggest for the first time that prenatal EtOH exposures induce histophysiological changes in the prostate as well as it increases the susceptibility of the prostate to develop neoplasia during adulthood.

[562]

TÍTULO / TITLE: - Is adrenalectomy necessary during unilateral nephrectomy for Wilms Tumor? A report from the Children's Oncology Group.

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

REVISTA / JOURNAL: - J Pediatr Surg. 2013 Jul;48(7):1598-603. doi: 10.1016/j.jpedsurg.2013.04.019.

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

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

AUTORES / AUTHORS: - Kieran K; Anderson JR; Dome JS; Ehrlich PF; Ritchey ML; Shamberger RC; Perlman EJ; Green DM; Davidoff AM

INSTITUCIÓN / INSTITUTION: - Department of Surgery, St. Jude Children's Research Hospital, Memphis, TN, USA. Electronic address: kathleen-kieran@uiowa.edu.

RESUMEN / SUMMARY: - PURPOSE: To determine whether performing adrenalectomy at the time of nephrectomy for unilateral Wilms tumor impacts clinical outcome. METHODS: We reviewed information on all patients enrolled on National Wilms Tumor Study-4 and -5. Data were abstracted on patient demographics, tumor characteristics, surgical and pathologic status of the adrenal gland, and patient outcomes. The primary endpoints were intraoperative spill and five-year event-free survival (EFS) in patients who did or did not undergo adrenalectomy. RESULTS: Of 3825 patients with complete evaluable data, the adrenal was left in situ in 2264 (57.9%) patients, and was

removed completely in 1367 patients (36.7%) or partially in 194 patients (5.2%). Of the adrenal glands removed, 68 (4.4%) contained tumor. Adrenal involvement was more common in patients with stage 3 (9.8%) than stage 2 disease (1.9%; $p < 0.0001$). After controlling for stage and histopathology, five-year EFS was similar whether or not the adrenal gland was removed ($p = 0.48$), or involved with tumor ($p = 0.81$); however, intraoperative spill rates were higher in patients undergoing adrenalectomy (26.1% vs 15.5%, $p < 0.0001$), likely due to larger tumor size or technical factors. No patient had clinical evidence of adrenal insufficiency or tumor recurrence in the adrenal gland during follow-up (median 9.9 years). **CONCLUSIONS:** Sparing the adrenal gland during nephrectomy for unilateral Wilms tumor was not associated with a higher incidence of intraoperative spill and was associated with a similar oncologic outcome, on a per-stage basis, with cases where the adrenal was removed. Thus, adrenalectomy should not be considered mandatory during radical nephrectomy for Wilms tumor.

[563]

TÍTULO / TITLE: - Usefulness of Stroke Volume Index Obtained with the FloTrac/Vigileo System for the Prediction of Acute Kidney Injury After Radical Esophagectomy.

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

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

- Enlace al texto completo (gratis o de pago) [1245/s10434-013-3084-](#)

[5](#)

AUTORES / AUTHORS: - Sugawara Y; Hayashida M; Yamaguchi K; Kajiyama Y; Inada E

INSTITUCIÓN / INSTITUTION: - Department of Anesthesiology and Pain Medicine, Juntendo University School of Medicine, Tokyo, Japan, ysugasa@juntendo.ac.jp.

RESUMEN / SUMMARY: - **PURPOSE:** To assess the impact of stroke volume index (SVI) at the end of esophagectomy upon postoperative renal function. **METHODS:** We reviewed medical records of 128 patients undergoing esophagectomy. Intraoperative hemodynamics were monitored with the FloTrac sensor/Vigileo monitor system in addition to standard monitors. Patients were divided into two groups according to SVI at the end of surgery: the normal SVI group ($n = 76$), with $SVI \geq 35$ ml/m², and the low SVI group ($n = 52$), with $SVI < 35$ ml/m². We compared postoperative renal function, indicated by serum creatinine and estimated glomerular filtration rate, on postoperative days 0 through 3. We also compared numbers of patients who developed postoperative acute kidney injury (AKI). **RESULTS:** Although there were no intergroup differences in preoperative renal function or other intraoperative hemodynamic variables, including arterial pressure, central venous pressure, stroke volume variation, a volume of infusion, urine output, and the total

intraoperative in-out balance, estimated glomerular filtration rate was significantly lower and serum creatinine was significantly higher in the low SVI group than in the normal SVI group on postoperative days 1 and 2 ($P < 0.05$). In addition, more patients developed postoperative AKI in the low SVI group than in the normal SVI group (12 of 52 vs. 5 of 76, $P = 0.015$). CONCLUSIONS: Low SVI at the end of esophagectomy may represent a risk factor for AKI in the early postoperative period. Further studies are required to examine whether maintaining SVI above 35 ml/m² reduces the incidence of AKI after esophagectomy.

[564]

TÍTULO / TITLE: - Inhibiting autophagy: a novel approach for the treatment of renal cell carcinoma.

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

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):341-7. doi: 10.1097/PPO.0b013e31829da0d6.

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

[1097/PPO.0b013e31829da0d6](#)

AUTORES / AUTHORS: - Lotze MT; Maranchie J; Appleman L

INSTITUCIÓN / INSTITUTION: - From the UPCI Hillman Cancer Center, Pittsburgh, PA.

RESUMEN / SUMMARY: - The common clear cell subtype of renal cell carcinoma is associated with hereditary or acquired loss of function of the von Hippel-Lindau tumor suppressor, a key component in oxygen sensing, perpetuating a stressed state. Autophagy is primarily a highly conserved, catabolic process by which stressed cells shuttle damaged or effete organelles and proteins into autophagosomes for sequestration and digestion after fusion with lysosomes. Autophagy is directed by autophagy-related genes and is divided into 4 discrete steps: initiation, nucleation, maturation, and degradation. During early tumorigenesis, apoptosis is enhanced and autophagy is suppressed, allowing accumulation of mutations and emergence of genomic instability. Late, an “autophagic switch” occurs, promoting survival and limiting apoptosis. Compounds such as chloroquine and hydroxychloroquine that prevent acidification of the lysosomal compartment are the sole clinically available inhibitors of autophagy. Currently, there are more than 30 trials examining combinations of hydroxychloroquine with anticancer agents. The intricate effects of autophagy on the immune response complicate manipulation of autophagy as part of the antitumor strategy. Further understanding of basic mechanisms of renal cell carcinoma pathogenesis and of autophagy will enable development of the next generation of pharmacologic modulators of autophagy.

[565]

TÍTULO / TITLE: - Transrectal Saturation Technique May Improve Cancer Detection as an Initial Prostate Biopsy Strategy in Men with Prostate-specific Antigen <10 ng/ml.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jun 4. pii: S0302-2838(13)00556-3. doi: 10.1016/j.eururo.2013.05.047.

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

[1016/j.eururo.2013.05.047](#)

AUTORES / AUTHORS: - Li YH; Elshafei A; Li J; Gong M; Susan L; Fareed K; Jones JS

INSTITUCIÓN / INSTITUTION: - Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, OH, USA; Department of Urology, Cancer Center, Sun Yat-Sen University, Guangzhou, People's Republic of China.

RESUMEN / SUMMARY: - BACKGROUND: Using transrectal saturation prostate biopsy (SPBx) as an initial strategy remains a controversial topic. OBJECTIVE: To compare SPBx with extended prostate biopsy (EPBx) as an initial biopsy template in a large sequential cohort study. DESIGN, SETTING, AND PARTICIPANTS: We reviewed 438 men with initial SPBx and 3338 men who underwent initial EPBx between January 2002 and October 2011. INTERVENTION: Office-based SPBx under periprostatic local anesthesia. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: The yield of SPBx was compared with EPBx. Multivariable logistic regression models addressed cancer detection (CD) and cancer characteristics. RESULTS AND LIMITATIONS: Overall CD was 51.6% and 42.6% in men who underwent initial SPBx and EPBx, respectively. Multivariate analysis confirmed that SPBx was an independent predictor factor correlated with the CD (odds ratio [OR]: 1.66; 95% confidence interval [CI], 1.30-1.92). Stratified by prostate-specific antigen (PSA) values, CD was higher in SPBx compared with EPBx, 47.1% versus 32.8% (OR: 2.00; 95% CI, 1.19-3.38) in patients with a PSA <4 ng/ml and 50.9% versus 42.9% in patients with a PSA from 4 ng/ml to 9.9 ng/ml (OR: 1.62; 95% CI, 1.20-2.20). By contrast, SPBx did not increase CD in men with a PSA >10 ng/ml (60.0% vs 61%; OR: 1.42; 95% CI, 0.70-2.89). There was no significant difference in the detection of insignificant cancer (p = 0.223) or low-risk cancer (p = 0.077) between the two biopsy schemes. The limitation of our study is its retrospective nature and inhomogeneity. CONCLUSIONS: Compared with EPBx, SPBx significantly increases CD as an initial biopsy strategy in men with a PSA <10 ng/ml without a significant increase in the detection of insignificant cancer. These findings suggest that SPBx may merit further investigation as an initial biopsy strategy in men with a PSA <10 ng/ml in hopes of avoiding repeat biopsy for missed malignancy during the initial biopsy.

[566]

TÍTULO / TITLE: - Predictive factors and management of rectal bleeding side effects following prostate cancer brachytherapy.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Aug 1;86(5):842-7. doi: 10.1016/j.ijrobp.2013.04.033.

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

[1016/j.ijrobp.2013.04.033](#)

AUTORES / AUTHORS: - Price JG; Stone NN; Stock RG

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Icahn School of Medicine at Mount Sinai, New York, New York.

RESUMEN / SUMMARY: - **PURPOSE:** To report on the incidence, nature, and management of rectal toxicities following individual or combination brachytherapy following treatment for prostate cancer over a 17-year period. We also report the patient and treatment factors predisposing to acute \geq grade 2 proctitis. **METHODS AND MATERIALS:** A total of 2752 patients were treated for prostate cancer between October 1990 and April 2007 with either low-dose-rate brachytherapy alone or in combination with androgen depletion therapy (ADT) or external beam radiation therapy (EBRT) and were followed for a median of 5.86 years (minimum 1.0 years; maximum 19.19 years). We investigated the 10-year incidence, nature, and treatment of acute and chronic rectal toxicities following BT. Using univariate, and multivariate analyses, we determined the treatment and comorbidity factors predisposing to rectal toxicities. We also outline the most common and effective management for these toxicities. **RESULTS:** Actuarial risk of \geq grade 2 rectal bleeding was 6.4%, though notably only 0.9% of all patients required medical intervention to manage this toxicity. The majority of rectal bleeding episodes (72%) occurred within the first 3 years following placement of BT seeds. Of the 27 patients requiring management for their rectal bleeding, 18 underwent formalin treatment and nine underwent cauterization. Post-hoc univariate statistical analysis revealed that coronary artery disease (CAD), biologically effective dose, rectal volume receiving 100% of the prescription dose (RV100), and treatment modality predict the likelihood of grade \geq 2 rectal bleeding. Only CAD, treatment type, and RV100 fit a Cox regression multivariate model. **CONCLUSIONS:** Low-dose-rate prostate brachytherapy is very well tolerated and rectal bleeding toxicities are either self-resolving or effectively managed by medical intervention. Treatment planning incorporating adjuvant ADT while minimizing RV100 has yielded the best toxicity-free survival following BT.

[567]

TÍTULO / TITLE: - The use of preoperative targeted molecular therapy to allow nephron sparing for T1b tumors.

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

REVISTA / JOURNAL: - Curr Opin Urol. 2013 Sep;23(5):411-7. doi: 10.1097/MOU.0b013e32836320a7.

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

[1097/MOU.0b013e32836320a7](https://doi.org/10.1097/MOU.0b013e32836320a7)

AUTORES / AUTHORS: - Cost NG; Krabbe LM; Bagrodia A; Margulis V

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Texas Southwestern Medical Center, Dallas, Texas, USA *Nicholas G. Cost and Laura-Maria Krabbe contributed equally to the writing of this article.

RESUMEN / SUMMARY: - PURPOSE OF REVIEW: To give insight into the current literature on feasibility, safety and outcome of presurgical targeted molecular therapies (TMTs) before nephron-sparing surgery (NSS) in patients with renal cell carcinoma. RECENT FINDINGS: Presurgical TMTs have been proven to be effective and well tolerated for patients with previously unresectable primary tumors and known metastatic disease. Current evidence suggests that this also is true for patients with bulky tumors not amenable to NSS, but with imperative indications for NSS like solitary kidney, bilateral tumors, pre-existing chronic kidney disease, or tumor predisposing syndromes. TMT is generally well tolerated in this regimen and complication rates around surgery are low when TMT is withheld around the half-life time of the agent used. SUMMARY: In selected cases, TMT before NSS is well tolerated, effective and feasible. Still, this topic is considered experimental because it has not been thoroughly studied to fully assess the indications, the timing of therapy, and its effect on outcomes. Further evidence is needed to draw definitive conclusions.

[568]

TÍTULO / TITLE: - miR-26^a inhibits proliferation and motility in bladder cancer by targeting HMGA1.

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

REVISTA / JOURNAL: - FEBS Lett. 2013 Aug 2;587(15):2467-73. doi: 10.1016/j.febslet.2013.06.021. Epub 2013 Jun 22.

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

[1016/j.febslet.2013.06.021](https://doi.org/10.1016/j.febslet.2013.06.021)

AUTORES / AUTHORS: - Lin Y; Chen H; Hu Z; Mao Y; Xu X; Zhu Y; Xu X; Wu J; Li S; Mao Q; Zheng X; Xie L

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

RESUMEN / SUMMARY: - It is increasingly clear that microRNAs play a crucial role in tumorigenesis. Recently, emerging evidence suggested that miR-26^a is aberrantly expressed in tumor tissues. In our study, frequent down-regulation of miR-26^a was observed in 10 human bladder cancer tissues. Forced expression of miR-26^a in the bladder cancer cell line T24 inhibited cell proliferation and impaired cell motility. High mobility group AT-hook 1 (HMGA1), a gene that

modulates cell cycle transition and cell motility, was verified as a novel target of miR-26^a in bladder cancer. These findings indicate an important role for miR-26^a in the molecular etiology of bladder cancer and implicate the potential application of miR-26^a in bladder cancer therapy.

[569]

TÍTULO / TITLE: - Medical thoracoscopy performed under local anesthesia is useful for diagnosing pleural metastasis of renal cell carcinoma.

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

REVISTA / JOURNAL: - Intern Med. 2013;52(11):1203-5.

AUTORES / AUTHORS: - Yoshii Y; Kaneko Y; Gochi M; Saito Z; Samejima T; Seki A; Seki Y; Takeda H; Kinoshita A; Kuwano K

INSTITUCIÓN / INSTITUTION: - Department of Respiratory Medicine, The Jikei University Daisan Hospital, Japan. y.yoshii@jikei.ac.jp

RESUMEN / SUMMARY: - A patient with a past history of renal cell carcinoma (RCC) presented to us with an exudative pleural effusion. Because pleural effusion cytology was inconclusive, we performed medical thoracoscopy under local anesthesia. Multiple white tumors measuring approximately 2 cm in diameter were observed on the parietal pleura. Metastatic carcinoma from RCC was diagnosed histologically. Although malignant effusions are rare in cases of RCC metastasis, clinicians should be aware of this possibility. When pleural effusion cytology is inconclusive in a patient with a past history of RCC, medical thoracoscopy can be useful for making the diagnosis of pleural metastasis.

[570]

TÍTULO / TITLE: - Contralateral Nephroureterectomy for Renal Transplant Recipients With Unilateral Upper Urinary Tract Transitional Cell Carcinoma: A Report of 12 Cases.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 Jul 11. pii: S0041-1345(12)01320-6. doi: 10.1016/j.transproceed.2012.10.034.

●● [Enlace al texto completo \(gratis o de pago\)](#)

1016/j.transproceed.2012.10.034

AUTORES / AUTHORS: - Hou HJ; Xiao J; Tian Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Beijing Friendship Hospital The Capital Medical University, Beijing, China.

RESUMEN / SUMMARY: - BACKGROUND: We sought to analyze the feasibility of prophylactic contralateral nephroureterectomy for renal transplant recipients with urothelial carcinomas. METHODS: We analyzed the medical records of 12 renal transplant patients who underwent unilateral laparoscopic nephroureterectomy (first operation). Postoperative pathologic examinations confirmed that they all had urinary tract transitional cell carcinomas. At 1-3

months after the first operation, all patients underwent prophylactic contralateral nephroureterectomy (second operation). RESULTS: Before the second operation, 2 patients were found to have hydronephrosis on computed tomography (CT), and postoperative pathologic examinations confirmed the lesions to be urothelial carcinomas. The other 10 patients had no detectable signs of urothelial tumors before the second operation, but postoperative pathologic examinations indicated that 3 had transitional cell carcinomas. All patients were followed for 4-70 months. Eleven patients survived; 1 died of heart attack unrelated to the procedures. CONCLUSIONS: The incidence of contralateral upper urinary tract urothelial carcinoma is high in renal transplant recipients with posttransplantation urinary tract malignancies. If there are no other health risks, prophylactic contralateral nephroureterectomy should be considered.

[571]

TÍTULO / TITLE: - Molecular diagnosis of prostate cancer: are we up to age?

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

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):259-75. doi: 10.1053/j.seminoncol.2013.04.002.

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

1053/j.seminoncol.2013.04.002

AUTORES / AUTHORS: - Bhavsar T; McCue P; Birbe R

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Thomas Jefferson University, Philadelphia, PA.

RESUMEN / SUMMARY: - Prostate cancer (PCa), a highly heterogeneous disease, is the one of the leading cause of morbidity and mortality in the developed countries. Historically used biomarkers such as prostatic acid phosphatase (PAP), serum prostate-specific antigen (PSA), and its precursor have not stood the challenge of sensitivity and specificity. At present, there is need to re-evaluate the approach to diagnose and monitor PCa. To this end, molecular markers that can accurately identify men with PCa at an early stage, and those who would benefit from early therapeutic intervention, are the need of the hour. There has been unprecedented progress in the development of new PCa biomarkers through advancements in proteomics, tissue DNA and protein/RNA microarray, identification of microRNA, isolation of circulating tumor cells, and tumor immunohistochemistry. This review will examine the current status of prostate cancer biomarkers with emphasis on emerging biomarkers by evaluating their diagnostic and prognostic potentials.

[572]

TÍTULO / TITLE: - EGFR alterations and EML4-ALK rearrangement in primary adenocarcinoma of the urinary bladder.

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

REVISTA / JOURNAL: - Mod Pathol. 2013 Jul 26. doi: 10.1038/modpathol.2013.132.

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

[1038/modpathol.2013.132](#)

AUTORES / AUTHORS: - Alexander RE; Montironi R; Lopez-Beltran A; Williamson SR; Wang M; Post KM; Sen JD; Arnold AK; Zhang S; Wang X; Koch MO; Hahn NM; Masterson TA; Maclennan GT; Davidson DD; Comperat E; Cheng L

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

RESUMEN / SUMMARY: - The identification of mutations in epidermal growth factor receptor (EGFR) and translocations involving anaplastic lymphoma kinase (ALK) in lung adenocarcinoma has drastically changed understanding of the disease and led to the development of targeted therapies. Adenocarcinoma of the urinary bladder is rare and poorly understood at the molecular level. We undertook this study to determine whether EGFR mutations, increases in EGFR copy number, or ALK translocations are present in these tumors. Twenty-eight cases of primary bladder adenocarcinoma were analyzed. For EGFR mutational analysis, PCR-amplified products were analyzed on the Q24 Pyrosequencer with Qiagen EGFR Pyro Kits. All cases were analyzed via fluorescence in situ hybridization (FISH) using Vysis ALK Break Apart FISH Probes for detection of ALK chromosomal translocation and Vysis Dual Color Probes to assess for increased gene copy number of EGFR. None of the 28 cases examined showed mutational events in EGFR or ALK rearrangements. EGFR polysomy was seen in 10 out of 28 (36%) cases. No correlation with EGFR polysomy was seen in the tumors with respect to age, histologic subtypes, pathologic stage, or lymph node metastasis. In summary, EGFR mutations and ALK rearrangements do not appear to be involved in the development of primary adenocarcinoma of the urinary bladder. A subgroup of cases (36%), however, demonstrated increased gene copy number of EGFR by FISH. Modern Pathology advance online publication, 26 July 2013; doi:10.1038/modpathol.2013.132.

[573]

TÍTULO / TITLE: - Renal Nitric Oxide Synthase and Antioxidant Preservation in Cyp1a1-Ren-2 Transgenic Rats With Inducible Malignant Hypertension.

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

REVISTA / JOURNAL: - Am J Hypertens. 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [1093/ajh/hpt096](#)

AUTORES / AUTHORS: - Cunningham MW Jr; Sasser JM; West CA; Milani CJ; Baylis C; Mitchell KD

INSTITUCIÓN / INSTITUTION: - Departments of Physiology and Medicine, University of Florida, Gainesville, Florida.

RESUMEN / SUMMARY: - BACKGROUND: Dietary administration of 0.30% indole-3-carbinol (I3C) to Cyp1a1-Ren2 transgenic rats (TGRs) generates angiotensin II (ANG II)-dependent malignant hypertension (HTN) and increased renal vascular resistance. However, TGRs with HTN maintain a normal or slightly reduced glomerular filtration rate. We tested the hypothesis that maintenance of renal function in hypertensive Cyp1a1-Ren2 TGRs is due to preservation of the intrarenal nitric oxide (NO) and antioxidant systems. METHODS: Kidney cortex, kidney medulla, aortic endothelial (e) and neuronal (n) nitric oxide synthase (NOS), superoxide dismutases (SODs), and p22phox (nicotinamide adenine dinucleotide phosphate-oxidase subunit) protein abundances were measured along with kidney cortex total antioxidant capacity (TAC) and NOx. TGRs were fed a normal diet that contained 0.3% I3C or 0.3% I3C + candesartan (AT1 receptor antagonist; 25mg/L in drinking water) (n = 5-6 per group) for 10 days. RESULTS: Blood pressure increased and body weight decreased in I3C-induced TGRs, while candesartan blunted these responses. Abundances of NOS, SOD, and p22phox as well as TAC were maintained in the kidney cortex of I3C-induced TGRs with and without candesartan, while kidney cortex NOx production increased in both groups. Kidney medulla eNOS and extracellular (EC) SOD decreased and nNOS were unchanged in both groups of I3C-induced TGRs. In addition, a compensatory increase occurred in kidney medulla Mn SOD in I3C-induced TGRs + candesartan. Aortic eNOS and nNOS proportional, variant fell and p22phox and Mn SOD increased in hypertensive I3C-induced TGRs; all changes were reversed with candesartan. CONCLUSIONS: The preservation of renal cortical NO and antioxidant capacity is associated with preserved renal function in Cyp1a1-Ren2 TGRs with ANG II-dependent malignant HTN.

[574]

TÍTULO / TITLE: - Modification of the tumor microenvironment as a novel target of renal cell carcinoma therapeutics.

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

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):353-64. doi: 10.1097/PPO.0b013e31829da0ae.

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

[1097/PPO.0b013e31829da0ae](#)

AUTORES / AUTHORS: - Finke JH; Rayman PA; Ko JS; Bradley JM; Gendler SJ; Cohen PA

INSTITUCIÓN / INSTITUTION: - From the *Department of Immunology, Taussig Cancer Center, Cleveland Clinic, Cleveland, OH; and daggerDepartment of Biochemistry/Molecular Biology and double daggerDivision of Hematology/Oncology, Mayo Clinic in Arizona, Scottsdale, AZ.

RESUMEN / SUMMARY: - To move forward with immunotherapy, it is important to understand how the tumor microenvironment generates systemic

immunosuppression in patients with renal cell carcinoma (RCC) as well as in patients with other types of solid tumors. Even though antigen discovery in RCC has lagged behind melanoma, recent clinical trials have finally authenticated that RCC is susceptible to vaccine-based therapy. Furthermore, judicious coadministration of cytokines and chemotherapy can potentiate therapeutic responses to vaccine in RCC and prolong survival, as has already proved possible for melanoma. Although high-dose interleukin 2 immunotherapy has been superseded as first-line therapy for RCC by promiscuous receptor tyrosine kinase inhibitors (rTKIs) such as sunitinib, sunitinib itself is a potent immunoadjuvant in animal tumor models. A reasonable therapeutic goal is to unite antiangiogenic strategies with immunotherapy as first-line therapy for RCC. This strategy is equally appropriate for testing in all solid tumors in which the microenvironment generates immunosuppression. A common element of RCC and pancreatic, colon, breast, and other solid tumors is large numbers of circulating myeloid-derived suppressor cells (MDSCs), and because MDSCs elicit regulatory T cells rather than vice versa, gaining control over MDSCs is an important initial step in any immunotherapy. Although rTKIs like sunitinib have a remarkable capacity to deplete MDSCs and restore normal T-cell function in peripheral body compartments such as the bloodstream and the spleen, such rTKIs are effective only against MDSCs, which are engaged in phospho-STAT3-dependent programming (pSTAT3+). Unfortunately, rTKI-resistant pSTAT3-MDSCs are especially apt to arise within the tumor microenvironment itself, necessitating strategies that do not rely exclusively on STAT3 disruption. The most utilitarian strategy to gain control of both pSTAT3+ and pSTAT3- MDSCs may be to exploit the natural differentiation pathway, which permits MDSCs to mature into tumoricidal macrophages (TM1) via such stimuli as Toll-like receptor agonists, interferon gamma, and CD40 ligation. Overall, this review highlights the mechanisms of immune suppression used by the different regulatory cell types operative in RCC as well as other tumors. It also describes the different therapeutic strategies to overcome the suppressive nature of the tumor microenvironment.

[575]

TÍTULO / TITLE: - Immune checkpoint inhibitors as novel targets for renal cell carcinoma therapeutics.

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

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):348-52. doi: 10.1097/PPO.0b013e31829e3153.

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

[1097/PPO.0b013e31829e3153](#)

AUTORES / AUTHORS: - Bailey A; McDermott DF

INSTITUCIÓN / INSTITUTION: - From the *Beth Israel Deaconess Medical Center; daggerHarvard Medical School; and double daggerBiologic Therapy Program, Beth Israel Deaconess Medical Center, Boston, MA.

RESUMEN / SUMMARY: - Monoclonal antibodies targeting programmed death 1, programmed death ligand 1, and cytotoxic T-lymphocyte antigen 4 pathways are currently in development for metastatic renal cell carcinoma. By inhibiting these immune regulatory pathways, these agents improve the immune response to cancer with the goal of creating durable responses. Although still early in development, several agents have been studied in phases I and II setting for metastatic renal cell carcinoma, with 1 drug in phase III testing (nivolumab). The unique toxicity profile of this class of therapy presents challenges to the treating clinician. Ongoing clinical trials hope to define patients who will benefit based on predictive biomarkers. Immune checkpoint inhibitors may play a key role in the future of management of solid tumors including kidney cancer.

[576]

TÍTULO / TITLE: - Re: NMR-Based Metabolomics Study of Canine Bladder Cancer.

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

REVISTA / JOURNAL: - J Urol. 2013 Aug;190(2):808. doi: 10.1016/j.juro.2013.04.084. Epub 2013 May 2.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.04.084](https://doi.org/10.1016/j.juro.2013.04.084)

AUTORES / AUTHORS: - Atala A

[577]

TÍTULO / TITLE: - A comprehensive non-invasive framework for automated evaluation of acute renal transplant rejection using DCE-MRI.

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

REVISTA / JOURNAL: - NMR Biomed. 2013 Jun 18. doi: 10.1002/nbm.2977.

●● Enlace al texto completo (gratis o de pago) [1002/nbm.2977](https://doi.org/10.1002/nbm.2977)

AUTORES / AUTHORS: - Khalifa F; Abou El-Ghar M; Abdollahi B; Frieboes HB; El-Diasty T; El-Baz A

INSTITUCIÓN / INSTITUTION: - BioImaging Laboratory, Bioengineering Department, University of Louisville, Louisville, KY, USA; Electrical and Computer Engineering Department, University of Louisville, Louisville, KY, USA.

RESUMEN / SUMMARY: - The objective was to develop a novel and automated comprehensive framework for the non-invasive identification and classification of kidney non-rejection and acute rejection transplants using 2D dynamic contrast-enhanced magnetic resonance imaging (DCE-MRI). The proposed approach consists of four steps. First, kidney objects are segmented from the surrounding structures with a geometric deformable model. Second, a non-rigid

registration approach is employed to account for any local kidney deformation. In the third step, the cortex of the kidney is extracted in order to determine dynamic agent delivery, since it is the cortex that is primarily affected by the perfusion deficits that underlie the pathophysiology of acute rejection. Finally, we use an analytical function-based model to fit the dynamic contrast agent kinetic curves in order to determine possible rejection candidates. Five features that map the data from the original data space to the feature space are chosen with a k-nearest-neighbor (KNN) classifier to distinguish between acute rejection and non-rejection transplants. Our study includes 50 transplant patients divided into two groups: 27 patients with stable kidney function and the remainder with impaired kidney function. All of the patients underwent DCE-MRI, while the patients in the impaired group also underwent ultrasound-guided fine needle biopsy. We extracted the kidney objects and the renal cortex from DCE-MRI for accurate medical evaluation with an accuracy of 0.97 +/- 0.02 and 0.90 +/- 0.03, respectively, using the Dice similarity metric. In a cohort of 50 participants, our framework classified all cases correctly (100%) as rejection or non-rejection transplant candidates, which is comparable to the gold standard of biopsy but without the associated deleterious side-effects. Both the 95% confidence interval (CI) statistic and the receiver operating characteristic (ROC) analysis document the ability to separate rejection and non-rejection groups. The average plateau (AP) signal magnitude and the gamma-variate model functional parameter alpha have the best individual discriminating characteristics. Copyright © 2013 John Wiley & Sons, Ltd.

[578]

TÍTULO / TITLE: - Systemic Absorption and Pharmacokinetics of Single-dose Early Intravesical Mitomycin C After Transurethral Resection of Non-muscle-invasive Bladder Cancer.

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):400-4. doi: 10.1016/j.urology.2013.03.036. Epub 2013 Jun 20.

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

[1016/j.urology.2013.03.036](#)

AUTORES / AUTHORS: - Maffezzini M; Campodonico F; Manuputty EE; Puntoni M; Martelli A; Marini V; Tamagno S; Mattioli F

INSTITUCIÓN / INSTITUTION: - Urology Unit, Galliera Hospital, Genova, Italy.

RESUMEN / SUMMARY: - **OBJECTIVE:** To study the systemic absorption and pharmacokinetics of a single dose of intravesical mitomycin C (MMC) given immediately after transurethral resection of bladder tumor (TURBT). **METHODS:** Fourteen patients with primary or recurrent non-muscle-invasive bladder cancer were eligible for a single early intravesical instillation of MMC (40 mg in 50 mL distilled water) administered immediately after TURBT. Blood samples were obtained at baseline and at 20, 40, 60 (time of voiding), 90, 120,

and 150 minutes after instillation. Concentrations of the drug were determined by validated high-performance liquid chromatography assay. During TURBT, we counted the number of excursions of the resecting loop required to completely eradicate the tumor, including a portion of the underlying muscular wall. TURBTs were categorized as small and large, defined as requiring ≤ 6 or > 6 full excursions of the resecting loop, respectively. RESULTS: Maximal MMC plasma concentrations were reached 40 minutes after instillation. At 150 minutes, only minimal drug plasma levels were detectable in 4 patients. The highest plasma peak was 49.25 ng/mL. In the first samples, at 20 minutes after instillation, the plasma concentration of MMC was significantly correlated with the extent of TURBT ($P = .026$). Four patients (28.6%) complained of G1 side effects, 3 after a large TURBT and 1 after a small TURBT, and 1 patient had G2 dysuria after a large TURBT. CONCLUSION: Low peak blood levels of MMC are observed after a single-dose intravesical instillation immediately after TURBT, with low systemic and local toxicity. The early absorption rate depends on TURBT extension.

[579]

TÍTULO / TITLE: - PD-0332991, a Potent and Selective Inhibitor of Cyclin-dependent Kinase 4/6, Demonstrates Inhibition of Proliferation in Renal Cell Carcinoma at Nanomolar Concentrations and Molecular Markers Predict for Sensitivity.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):2997-3004.

AUTORES / AUTHORS: - Logan JE; Mostofizadeh N; Desai AJ; VON Euw E; Conklin D; Konkankit V; Hamidi H; Eckardt M; Anderson L; Chen HW; Ginther C; Taschereau E; Bui PH; Christensen JG; Beldegrun AS; Slamon DJ; Kabbinavar FF

INSTITUCIÓN / INSTITUTION: - Institute of Urologic Oncology, Department of Urology, David Geffen School of Medicine, University of California, Los Angeles, 924 Westwood Blvd., Suite 1050, Los Angeles, CA 90095, U.S.A. Joshuaelogan@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: PD-0332991 is an inhibitor of cyclin-dependent kinases (CDK) 4 and 6, and was evaluated to determine its anti-proliferative effects in 25 renal cell carcinoma (RCC) cell lines. MATERIALS AND METHODS: Half-maximal inhibitory concentrations (IC₅₀) of PD-0332991 were determined with cell line proliferation assays, as were its effects on the cell cycle, apoptosis, and retinoblastoma (RB) phosphorylation. Molecular markers for response prediction, including p16, p15, cyclin D1 (CCND1), cyclin E1 (CCNE1), E2F transcription factor 1 (E2F1), RB, CDK4 and CDK6, were studied using array comparative genomic hybridization (CGH) and gene expression. RESULTS: IC₅₀ values for PD-0332991 ranged from 25.0 nM to 700 nM, and the agent demonstrated G₀/G₁ cell-cycle arrest, induction of late

apoptosis, and blockade of RB phosphorylation. Through genotype and expression data p16, p15 and E2F1 were identified as having significant association between loss and sensitivity to PD-0332991: p16 (p=0.021), p15 (p=0.047), and E2F1 (p=0.041). CONCLUSION: PD-0332991 has antiproliferative activity in RCC cell lines, and molecular markers predict for sensitivity to this agent.

[580]

TÍTULO / TITLE: - Age-specific effect of gender on upper tract urothelial carcinoma outcomes.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Sep;30(3):640. doi: 10.1007/s12032-013-0640-6. Epub 2013 Jun 19.

●● Enlace al texto completo (gratis o de pago) [1007/s12032-013-0640-](#)

[6](#)

AUTORES / AUTHORS: - Liu JY; Li YH; Zhang ZL; Ye YL; Liu ZW; Yao K; Dong P; Guo SJ; Jiang LJ; Zhong MZ; Chen W; Han H; Qin ZK; Zhou FJ

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Oncology in South China, Guangzhou, 510060, Guangdong, People's Republic of China.

RESUMEN / SUMMARY: - The research is to evaluate the age-specific differential effects of gender on outcomes in patients with upper tract urothelial carcinoma (UTUC) treated with radical nephroureterectomy (RNU). Between August 1998 and October 2010, we retrospectively reviewed the data from 285 (67.7 %) men and 136 (32.3 %) women treated with RNU for UTUC at our two institutions. Kaplan-Meier survival estimates the age-specific effect of gender on cancer-specific survival (CSS). Cox proportional hazards regression analyses were used to address the effect of gender on CSS. No significant sex-related differences were found in age and diagnosis, clinicopathologic features, and treatment (all P values >0.05). Women had a 18.7 % increased risk of death from UTUC than men (hazard ratio [HR] 1.187; 95 % confidence interval [95 % CI] 1.017-1.893; P = 0.021). The survival disadvantage was only present in patients aged 59 years and older (P < 0.001). Conversely, the survival advantage for women was found in women aged 42 to 58 years (P = 0.011) and in the age group <42 years (P = 0.019). On multivariable Cox regression analyses that adjusted for the effects of clinicopathologic features, the female gender was associated with decreased CSS (P = 0.036). In conclusion, the impact of gender on UTUC outcomes after RNU is age-specific. Females who aged 59 years and older experienced worse outcomes than their male counterparts, while women in the age group <42 years and 42-58 years have better outcomes than men. Further research is needed to elucidate the molecular mechanisms underlying the age-specific differential effect of gender on UTUC outcomes.

[581]

TÍTULO / TITLE: - Urosepsis after transrectal ultrasonography-guided prostate biopsy: reaudit following a shortened antibiotic prophylaxis regimen.

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

REVISTA / JOURNAL: - J Antimicrob Chemother. 2013 Jul 3.

●● Enlace al texto completo (gratis o de pago) [1093/jac/dkt277](#)

AUTORES / AUTHORS: - Barrett LK; Hadway P; Waghorn DJ

INSTITUCIÓN / INSTITUTION: - Department of Microbiology, Wycombe Hospital, Buckinghamshire Hospitals NHS Trust, Queen Alexandra Rd, High Wycombe, Buckinghamshire HP11 2TT, UK.

[582]

TÍTULO / TITLE: - Wilms tumor survival in Kenya.

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

REVISTA / JOURNAL: - J Pediatr Surg. 2013 Jun;48(6):1254-62. doi: 10.1016/j.jpedsurg.2013.03.021.

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

[1016/j.jpedsurg.2013.03.021](#)

AUTORES / AUTHORS: - Axt J; Abdallah F; Axt M; Githanga J; Hansen E; Lessan J; Li M; Musimbi J; Mwachiro M; Newton M; Ndung'u J; Njuguna F; Nzioka A; Oruko O; Patel K; Tenge R; Ukoli F; White R; O'Neill JA Jr; Lovvorn HN 3rd

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Surgery, Monroe Carell Jr. Children's Hospital at Vanderbilt, Nashville, TN, USA.

RESUMEN / SUMMARY: - **PURPOSE:** Survival from Wilms Tumor (WT) exceeds 90% at 5 years in developed nations, whereas at last report, 2-year event-free survival (EFS) in Kenya reached only 35%. To clarify factors linked to these poor outcomes in Kenya, we established a comprehensive web-based WT registry, comprised of patients from the four primary hospitals treating childhood cancers. **MATERIALS AND METHODS:** WT patients diagnosed between January 2008 and January 2012 were identified. Files were abstracted for demographic characteristics, treatment regimens, and enrollment in the Kenyan National Hospital Insurance Fund (NHIF). Children under 15 years of age having both a primary kidney tumor on imaging and concordant histology consistent with WT were included. **RESULTS:** Two-year event-free survival (EFS) was 52.7% for all patients (n=133), although loss to follow up (LTFU) was 50%. For the 33 patients who completed all scheduled standard therapy, 2-year EFS was 94%. Patients enrolled in NHIF tended to complete more standard therapy and had a lower hazard of death (Cox 0.192, p < 0.001).

CONCLUSION: Survival of Kenyan WT patients has increased slightly since last report. Notably, WT patients completing all phases of standard therapy experienced 2-year survival approaching the benchmarks of developed nations.

Efforts in Kenya should be made to enhance compliance with WT treatment through NHIF enrollment.

[583]

TÍTULO / TITLE: - Rectal colonization with New Delhi metallo-beta-lactamase-1-producing Escherichia coli prior to transrectal ultrasound (TRUS)-guided prostate biopsy.

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

REVISTA / JOURNAL: - J Antimicrob Chemother. 2013 Jul 3.

●● Enlace al texto completo (gratis o de pago) [1093/jac/dkt266](#)

AUTORES / AUTHORS: - Williamson DA; Freeman JT; Roberts SA; Heffernan H; Dyet K; Paterson DL; Rogers BA; Sidjabat HE; Masters J

INSTITUCIÓN / INSTITUTION: - Department of Clinical Microbiology, Auckland District Health Board, Auckland, New Zealand.

[584]

TÍTULO / TITLE: - Management of prostate cancer in elderly men.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):198-205. doi: 10.1016/j.semradonc.2013.01.007.

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

[1016/j.semradonc.2013.01.007](#)

AUTORES / AUTHORS: - Bian SX; Hoffman KE

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, The University of Texas, MD Anderson Cancer Center, Houston, TX 77030, USA.

RESUMEN / SUMMARY: - Elderly men comprise a large percentage of men diagnosed with prostate cancer (PrCa). Although localized PrCa is often indolent, older men tend to be diagnosed with higher-stage disease and are more likely to die from PrCa than younger men. Multiple factors other than age play an important role in determining who will benefit from active treatment, such as comorbid conditions, life expectancy, and tumor characteristics. Careful consideration of such factors can help prevent the overtreatment of elderly men with low-risk disease and undertreatment of elderly men with high-risk disease. Management decisions should be individualized by weighing the benefits of treatment against potential risks and side effects pertinent to the elderly population, whether evaluating for surgery, radiation, or androgen deprivation.

[585]

TÍTULO / TITLE: - Prostate amyloid tumor is a clue leading to the diagnosis of systemic AL amyloidosis.

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

REVISTA / JOURNAL: - Amyloid. 2013 Jul 5.

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

[3109/13506129.2013.797390](#)

AUTORES / AUTHORS: - Ogawa Y; Nakagawa M; Ikeda SI

INSTITUCIÓN / INSTITUTION: - Department of Medicine (Neurology and Rheumatology), Shinshu University School of Medicine, Matsumoto, Japan.

[586]

TÍTULO / TITLE: - Fine mapping of 11q13.5 identifies regions associated with prostate cancer and prostate cancer death.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Jul 2. pii: S0959-8049(13)00466-8. doi: 10.1016/j.ejca.2013.06.006.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.06.006](#)

AUTORES / AUTHORS: - Nurminen R; Lehtonen R; Auvinen A; Tammela TL; Wahlfors T; Schleutker J

INSTITUCIÓN / INSTITUTION: - Institute of Biomedical Technology/BioMediTech and Prostate Cancer Research Center, University of Tampere and Fimlab Laboratories, Biokatu 8, FI-33014 Tampere, Finland.

RESUMEN / SUMMARY: - BACKGROUND: Chromosomal region 11q13-14 associates with prostate cancer (PrCa). Previously, we identified a rare intronic mutation on EMSY (11q13.5) that increases the risk of aggressive PrCa and associates with familial PrCa. Here, we further study the genetic structure and variants of the PrCa susceptibility region 11q13.5. METHODS: This study included 2716 unselected hospital-based PrCa cases, 1318 cases of a screening trial and 908 controls of Finnish origin. We imputed single nucleotide polymorphisms (SNPs) and structural variants from the 1000 Genomes Project and validated the associations of the variants in two PrCa patient sets by genotyping. Genetic structure was studied with haplotype analysis. RESULTS: Two independent regions at 11q13.5 were associated with PrCa risk. The most significant association was at EMSY (rs10899221, odds ratio (OR) 1.29-1.40, $P=3.5 \times 10^{-4}$ -0.002) near the previously identified mutation. Correlated intronic SNPs rs10899221 and rs72944758 formed with other EMSY variants common and rare haplotypes that were associated with increased risk ($P=4.0 \times 10^{-4}$) and decreased risk ($P=0.01$) of PrCa, respectively. The other associated region was intergenic. Among the six validated variants, rs12277366 was significant in both patient sets (OR 1.15-1.17, $P=0.01$). Haplotypes associated with an increased risk ($P=0.02$) and a decreased risk ($P=0.02$) were identified. In addition, the intergenic region was strongly associated with PrCa death, with the most significant association at rs12277366 (OR=0.72, $P=4.8 \times 10^{-5}$). CONCLUSIONS: These findings indicate that 11q13.5 contributes to PrCa predisposition with complex genetic structure and is associated with PrCa death.

[587]

TÍTULO / TITLE: - Intravesical instillation of c-MYC inhibitor KSI-3716 suppresses orthotopic bladder tumor growth.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 17. pii: S0022-5347(13)04895-7. doi: 10.1016/j.juro.2013.07.019.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.07.019](#)

AUTORES / AUTHORS: - Jeong KC; Kim KT; Seo HH; Shin SP; Ahn KO; Ji MJ; Park WS; Kim IH; Lee SJ; Seo HK

INSTITUCIÓN / INSTITUTION: - Biomolecular Function Research Branch, National Cancer Center, Gyeonggi-do, Korea.

RESUMEN / SUMMARY: - **PURPOSE:** c-MYC is a promising target for cancer therapy but its utilization is restricted by unwanted and devastating side effects. We explored whether intravesical instillation of the c-MYC inhibitor, KSI-3716 could suppress tumor growth in murine orthotopic bladder xenografts. **MATERIALS AND METHODS:** The small molecule, KSI-3716, which blocks c-MYC/MAX binding to target gene promoters was utilized as an intravesical chemotherapeutic agent. The action of KSI-3716 was assessed by electrophoretic mobility shift assay (EMSA), chromatin immunoprecipitation (ChIP), transcription reporter assay and quantitative RT-PCR. Inhibition of cell proliferation and its mechanism were monitored by cell cytotoxicity assay, EdU incorporation assay and flow cytometry. The in vivo efficacy of KSI-3716 was examined by non-invasive luminescence imaging and histological analysis after intravesical instillation of KSI-3716 in murine orthotopic bladder xenografts. **RESULTS:** KSI-3716 blocked c-MYC/MAX from forming a complex with target gene promoters. c-MYC-mediated transcriptional activity was inhibited by KSI-3716 at concentrations as low as 1 μ M, and the expression of c-MYC target genes such as cyclin D2, CDK4, and hTERT were markedly reduced. KSI-3716 was demonstrated to exert cytotoxic effects on bladder cancer cells by inducing cell cycle arrest and apoptosis. Intravesical instillation of KSI-3716 at a dose of 5 mg/kg significantly suppressed tumor growth with minimal systemic toxicity. **CONCLUSIONS:** The c-MYC inhibitor, KSI-3716 could be developed as an effective intravesical chemotherapeutic agent for bladder cancer.

[588]

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 (gratis o de pago) [1016/j.juro.2013.06.053](https://doi.org/10.1016/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.

[589]

TÍTULO / TITLE: - Telangiectatic oncocyoma: a previously undescribed variant of renal oncocyoma.

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

REVISTA / JOURNAL: - Am J Clin Pathol. 2013 Jul;140(1):103-8. doi: 10.1309/AJCP9HDXYB2WYYJX.

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

[1309/AJCP9HDXYB2WYYJX](https://doi.org/10.1309/AJCP9HDXYB2WYYJX)

AUTORES / AUTHORS: - Xiao GQ; Ko HB; Unger P

INSTITUCIÓN / INSTITUTION: - Dept of Pathology, Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1194, New York, NY 10029, USA.
quang-qian.xiao@mountsinai.org

RESUMEN / SUMMARY: - **OBJECTIVES:** To identify, describe, and investigate the clinical, radiologic, and pathologic features of 8 cases of telangiectatic oncocytoma. **METHODS:** Fifty-three consecutive renal oncocytomas were reviewed for the telangiectatic pathologic features that were subsequently correlated with the demographic, clinical, and radiographic findings. **RESULTS:** Telangiectatic oncocytoma accounted for 15% of the 53 renal oncocytomas collected in the past 7 years in our institution. On radiology, almost all presented as an enhancing mass and were suspicious for or consistent with a renal malignant tumor. Grossly, the tumors ranged from 2.4 to 6.0 cm (mean, 3.5 cm) and macroscopically were hemorrhagic spongy or multicystic masses without a central stellate scar. Microscopically, they were characterized by variably sized blood-distended spaces (<0.1-mm to 2- to 3-mm blood lakes) lined by typical oncocytoma cells and without evidence of degenerative changes. **CONCLUSIONS:** With its unique radiologic and pathologic presentations in comparison with classic renal oncocytoma, it is important to recognize this new variant of renal oncocytoma.

[590]

TÍTULO / TITLE: - Fruit and Vegetable Intakes Are Associated with Lower Risk of Bladder Cancer among Women in the Multiethnic Cohort Study.

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

REVISTA / JOURNAL: - J Nutr. 2013 Aug;143(8):1283-92. doi: 10.3945/jn.113.174920. Epub 2013 Jun 5.

●● [Enlace al texto completo \(gratis o de pago\) 3945/jn.113.174920](#)

AUTORES / AUTHORS: - Park SY; Ollberding NJ; Woolcott CG; Wilkens LR; Henderson BE; Kolonel LN

INSTITUCIÓN / INSTITUTION: - Cancer Epidemiology Program, University of Hawaii Cancer Center, Honolulu, HI.

RESUMEN / SUMMARY: - Fruits and vegetables have been examined for their possible effects on the risk of bladder cancer, as they contain numerous nutrients, phytochemicals, and antioxidants with potentially anticarcinogenic properties. In a prospective analysis of 185,885 older adults participating in the Multiethnic Cohort Study, we examined whether the consumption of fruits and vegetables, or of nutrients concentrated in fruits and vegetables, was associated with bladder cancer risk. Cox proportional hazards models were used to calculate HRs and 95% CIs for bladder cancer in relation to dietary intakes. A total of 581 invasive bladder cancer cases (429 men and 152 women) were diagnosed over a mean follow-up period of 12.5 y. In women, total fruits and vegetables [HR = 0.35 (95% CI: 0.22, 0.56)]; highest vs. lowest

quartile], total vegetables [HR = 0.49 (95% CI: 0.29, 0.83)], yellow-orange vegetables [HR = 0.48 (95% CI: 0.30, 0.77)], total fruits [HR = 0.54 (95% CI: 0.34, 0.85)], and citrus fruits [HR = 0.56 (95% CI: 0.34, 0.90)] were inversely associated with the risk of invasive bladder cancer in risk factor-adjusted models. In addition, women with the highest intakes of vitamins A, C, and E; the carotenoids alpha-carotene, beta-carotene, and beta-cryptoxanthin; and folate had a lower risk of bladder cancer. For men, no associations for fruits, vegetables, or nutrients were found overall, although inverse associations were observed for vegetable intake among current smokers, and in ethnic-specific analyses, for fruit and vegetable intake among Latinos specifically. Our findings suggest that greater consumption of fruits and vegetables may lower the risk of invasive bladder cancer among women and highlight the need for specific subgroup analyses in future studies.

[591]

TÍTULO / TITLE: - Extraprostatic Extension into Periprostatic Fat is a More Important Determinant of Prostate Cancer Recurrence than an Invasive Phenotype.

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

REVISTA / JOURNAL: - J Urol. 2013 Jun 29. pii: S0022-5347(13)04667-3. doi: 10.1016/j.juro.2013.06.050.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.06.050](#)

AUTORES / AUTHORS: - Kapoor J; Namdarian B; Pedersen J; Hovens C; Moon D; Peters J; Costello AJ; Ruljancich P; Corcoran NM

INSTITUCIÓN / INSTITUTION: - Departments of Urology and Surgery, Royal Melbourne Hospital and University of Melbourne, Parkville, VIC, Australia; Australian Prostate Cancer Centre Epworth, Richmond, VIC, Australia; TissuPath Pty Ltd, Hawthorn, VIC, Australia; Department of Urology, Box Hill Hospital, Box Hill, VIC, Australia. Electronic address: jadakapoor28@live.com.

RESUMEN / SUMMARY: - PURPOSE: Although the development of metastases correlates closely with depth of invasion in many tumor types, it is unclear if invasion into, but not through, the prostatic pseudocapsule has a negative impact on prognosis similar to extraprostatic extension (EPE). We aimed to define the impact of pseudocapsular invasion (PCI) on the risk of post-prostatectomy biochemical recurrence (BCR). MATERIALS AND METHODS: Patients with pT2-3^a prostate cancer were identified from a prospectively recorded database. Patients with pT2 disease were categorized according to the presence or absence of PCI. The impact of PCI on BCR was determined by univariable and multivariable Cox regression analysis. RESULTS: From a cohort of 1338, we identified 595 patients with organ-confined cancer positive for PCI. Compared to tumors without evidence of PCI, the presence of PCI was positively associated with tumors of higher Gleason grade (p<0.001) and tumor volume (1.2 vs. 1.9 cc, p<0.001). On univariable analysis, there was no

difference in BCR-free survival between patients with or without PCI, although patients with EPE had a significantly lower BCR-free survival ($p < 0.001$). This was confirmed on multivariable analysis, where EPE was a significant independent predictor of BCR (HR 1.53, $p = 0.018$), whereas the presence of PCI had no effect (HR 0.81, $p = 0.33$). CONCLUSION: PCI is not a pathological feature associated with an adverse outcome post-prostatectomy. This indicates that depth of tumor invasion is not a continuum of risk, and access to the periprostatic adipose tissue is a more important determinant of disease behavior than the presence of an invasive phenotype.

[592]

TÍTULO / TITLE: - Invasive Penile Buschke-Lowenstein Tumor.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 8. pii: S0022-5347(13)04865-9. doi: 10.1016/j.juro.2013.07.009.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.07.009](#)

AUTORES / AUTHORS: - Manyam BV; Feldman M; Wood H

INSTITUCIÓN / INSTITUTION: - Case Western Reserve University School of Medicine, Cleveland, Ohio.

[593]

TÍTULO / TITLE: - Maternal bladder cancer diagnosed at routine first-trimester obstetric ultrasound examination.

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

REVISTA / JOURNAL: - Obstet Gynecol. 2013 Aug;122(2 Pt 2):464-7. doi: 10.1097/AOG.0b013e31828c5a4d.

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

[1097/AOG.0b013e31828c5a4d](#)

AUTORES / AUTHORS: - Yeaton-Massey A; Brookfield KF; Aziz N; Mrazek-Pugh B; Chueh J

INSTITUCIÓN / INSTITUTION: - Stanford University School of Medicine/Lucille Packard Children's Hospital, Stanford, California.

RESUMEN / SUMMARY: - BACKGROUND: Bladder cancer is exceedingly rare in pregnancy and most commonly presents with gross hematuria. CASES: We describe two patients with the incidental finding of maternal bladder masses identified during routine first-trimester obstetric ultrasonographic evaluation and an ultimate diagnosis of carcinoma. After referral for urology evaluation and biopsy confirmation of bladder cancer, patients underwent surgical resection during their pregnancies without the need for further treatment and had uncomplicated pregnancy courses. CONCLUSION: The distended maternal urinary bladder at the time of first-trimester ultrasonographic evaluation offers a

unique opportunity for examination and early diagnosis of incidental maternal bladder carcinoma.

[594]

TÍTULO / TITLE: - Autologous Islet Transplantation After Total Pancreatectomy for Renal Cell Carcinoma Metastases.

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

REVISTA / JOURNAL: - Am J Transplant. 2013 Jul 16. doi: 10.1111/ajt.12354.

●● Enlace al texto completo (gratis o de pago) [1111/ajt.12354](#)

AUTORES / AUTHORS: - Gala-Lopez BL; Semlacher E; Manouchehri N; Kin T; Shapiro AM

INSTITUCIÓN / INSTITUTION: - Clinical Islet Transplant Program, University of Alberta, Alberta, Canada; Department of Surgery, University of Alberta, Alberta, Canada.

RESUMEN / SUMMARY: - Pancreatic metastases from renal cell carcinoma (RCC) may have a chronic and highly indolent course, and may be resected for cure after considerable delay following treatment of the primary tumor, in contrast to other more common pancreatic tumors. Surgical resection is the treatment of choice, which may lead to postpancreatectomy diabetes mellitus in the case of extensive resection. We present a 70-year-old patient with multifocal pancreatic metastases from RCC causing obstructive jaundice. A total pancreatectomy was required to excise two distant tumors in the head and tail of the pancreas, together with a segment VI liver resection. An autologous islet transplant (AIT) prepared from the central, uninvolved pancreas was carried out to prevent postpancreatectomy diabetes. The patient was rendered insulin-free and remains so with excellent glycemic control for 1 year of follow-up, and there is no evidence of tumor recurrence. The patient has been treated with adjuvant sunitinib to minimize risk of further recurrence. In conclusion, AIT after pancreatectomy may represent a useful option to treat patients with metastatic RCC. A critical component of this approach was dependent upon elaborate additional testing to exclude contamination of the islet preparation by cancerous cells.

[595]

TÍTULO / TITLE: - Germ cell survival and differentiation after xenotransplantation of testis tissue from three endangered species: Iberian lynx (*Lynx pardinus*), Cuvier.

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

REVISTA / JOURNAL: - Reprod Fertil Dev. 2013 Jun 14. doi: 10.1071/RD12411.

●● Enlace al texto completo (gratis o de pago) [1071/RD12411](#)

AUTORES / AUTHORS: - Arregui L; Dobrinski I; Roldan ER

[596]

TÍTULO / TITLE: - A simplified and accurate method for the analysis of urinary metabolites of testosterone-related steroids using gas chromatography/combustion/isotope ratio mass spectrometry.

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

REVISTA / JOURNAL: - Rapid Commun Mass Spectrom. 2013 Aug 15;27(15):1739-50. doi: 10.1002/rcm.6620.

●● Enlace al texto completo (gratis o de pago) [1002/rcm.6620](#)

AUTORES / AUTHORS: - Ouellet A; Leberre N; Ayotte C

INSTITUCIÓN / INSTITUTION: - Laboratoire de controle du dopage, INRS - Institut Armand-Frappier, Laval, Canada, H7V 1B7.

RESUMEN / SUMMARY: - **RATIONALE:** The analysis of urinary metabolites of testosterone-related steroids through the measurement of their carbon isotopic signature ($\delta(13)C$) by gas chromatography/combustion/mass spectrometry (GC/C/IRMS) is a confirmation method employed in doping control analyses. Stringent analytical conditions are essential to an accurate and precise analysis as well as the proper selection of the metabolites, which forms the basis of the refined method presented in this paper. **METHODS:** In a simplified approach, following enzymatic hydrolysis and extraction from a relatively low volume of urine sample, a one-step high-performance liquid chromatography (HPLC) purification was developed for seven diagnostic urinary metabolites (TS) including testosterone itself, dehydroepiandrosterone, 5 α - and 5 β -androstenediol, epitestosterone, androsterone, etiocholanolone and two endogenous reference compounds (ERC), 5 β -pregnanediol and 5 α -androst-16-en-3 β -ol. These steroids were pooled in three fractions and analyzed as such. With regards to the GC/C/IRMS analysis, a multi-level isotopic calibration using the 'identical treatment' principle was created. **RESULTS:** The proposed isotopic calibration yielded results for purified reference steroids with a precision ≤ 0.15 and accuracy of ≤ 0.30 per thousand (between-assay, $n = 26$). Compared to other common endogenous reference compounds, those selected in this study had $\delta(13)C$ values close to the target metabolites which, along with the proposed isotopic calibration, produced narrow reference intervals within ± 3 per thousand for most diagnostic TS-ERC pairs, in compliance with the requirements of the World Anti-Doping Agency. **CONCLUSIONS:** These carefully controlled analytical conditions are compatible with routine operations, affording accurate and precise results for the more diagnostically relevant metabolites such as testosterone itself and the 5 α - and 5 β -androstenediols. The values of the TS-ERC pairs measured in reference populations are described and the results from the routine testing of several hundreds of athletes' samples are discussed. Robust, this technique permitted the detection of adverse findings that would have been missed had these low level metabolites not been analyzed.

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[597]

TÍTULO / TITLE: - Myxoid liposarcoma of the spermatic cord: US and MR imaging findings.

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

REVISTA / JOURNAL: - J Clin Ultrasound. 2013 Jul 17. doi: 10.1002/jcu.22068.

●● Enlace al texto completo (gratis o de pago) [1002/jcu.22068](#)

AUTORES / AUTHORS: - Abete L; Simonato A; Toncini C; Carmignani G; Derchi LE

INSTITUCIÓN / INSTITUTION: - Dipartimento Scienze Chirurgiche, Settore Anatomia Patologica, Università di Genova, Genova, Italy.

RESUMEN / SUMMARY: - We report a patient with myxoid liposarcoma of the spermatic cord in whom combined use of both ultrasound (US) and MRI helped to suggest the diagnosis. The lesion was solid at US and vascularized at color Doppler. T1-weighted MRI did not show fat within it; on T2-weighted images it had high signal intensity, with a cyst-like appearance. It is known that fat-poor myxoid liposarcomas with high water content may mimic a cystic lesion on non-contrast-enhanced MR; then, a combination of MRI findings, suggesting a cyst, and of US findings, showing the mass was actually solid and vascularized, allowed preoperatively the diagnosis of fat-poor myxoid liposarcoma. © 2013 Wiley Periodicals, Inc. J Clin Ultrasound, 2013.

[598]

TÍTULO / TITLE: - Immunolocalization of Wilms' Tumor protein (WT1) in developing human peripheral sympathetic and gastroenteric nervous system.

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

REVISTA / JOURNAL: - Acta Histochem. 2013 Jun 19. pii: S0065-1281(13)00091-3. doi: 10.1016/j.acthis.2013.05.003.

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

[1016/j.acthis.2013.05.003](#)

AUTORES / AUTHORS: - Parenti R; Puzzo L; Vecchio GM; Gravina L; Salvatorelli L; Musumeci G; Vasquez E; Magro G

INSTITUCIÓN / INSTITUTION: - Department of Bio-Medical Sciences, Section of Physiology, University of Catania, Catania, Italy.

RESUMEN / SUMMARY: - Developmental expression of Wilms' tumor gene (WT1) and protein is crucial for cell proliferation, apoptosis, differentiation and cytoskeletal architecture regulation. Recently, a potential role of WT1 has been suggested in the development of neural tissue and in neurodegenerative disorders. We have investigated immunohistochemically the developmentally regulated expression and distribution of WT1 in the human fetal peripheral sympathetic nervous system (PSNS) and the gastro-enteric nervous system (GENS) from weeks 8 to 28 gestational age. WT1 expression was restricted to

the cytoplasm of sympathetic neuroblasts, while it progressively disappeared with advancing morphologic differentiation of these cells along both ganglionic and chromaffin cell lineages. In adult tissues, both ganglion and chromaffin cells lacked any WT1 expression. These findings show that WT1 is a reliable marker of human sympathetic neuroblasts, which can be used routinely in formalin-fixed, paraffin-embedded tissues. The progressive loss of WT1 in both ganglion and chromaffin cells, suggests its potential repressor role of differentiation in a precise temporal window during the development of the human PSNS and GENS.

[599]

TÍTULO / TITLE: - The Relationship Between Lower Urinary Tract Symptoms/Benign Prostatic Hyperplasia and the Number of Components of Metabolic Syndrome.

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

REVISTA / JOURNAL: - Urology. 2013 Jul 11. pii: S0090-4295(13)00422-6. doi: 10.1016/j.urology.2013.03.047.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.urology.2013.03.047](#)

AUTORES / AUTHORS: - Park YW; Kim SB; Kwon H; Kang HC; Cho K; Lee KI; Kim YJ; Lee JH

INSTITUCIÓN / INSTITUTION: - Department of Urology, National Police Hospital, Seoul, Korea. Electronic address: sinbnapolee@gmail.com.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate the relationship between lower urinary tract symptoms (LUTS)/benign prostate hyperplasia (BPH) and a number of components of metabolic syndrome (MetS). **METHODS:** A total of 1224 male police officers aged 50-59 years who had participated in a health examination were included. LUTS/BPH were assessed by prostate-specific antigen, international prostate symptom score (IPSS), total prostate volume (TPV), maximum urinary flow rate (Qmax), and postvoid residual (PVR) urine volume. Testosterone levels were also examined. MetS was defined using National Cholesterol Education Program-Adult Treatment Panel III guidelines. The subjects were classified into 4 groups according to the number of exhibited MetS components (0, 1-2, 3, and 4-5). We used the Mantel-Haenszel extension test and logistic regression analyses. **RESULTS:** MetS was diagnosed in 29.0% of the patients. The BPH ratio (IPSS >7, TPV \geq 30 mL, and/or Qmax <15 mL/sec), TPV \geq 30 mL, and PVR \geq 50 mL significantly increased with an increasing number of metabolic abnormalities. The odds ratio (OR) in relation to a TPV \geq 30 mL and a PVR \geq 50 mL significantly rose as the number of positive MetS components increased after adjusting for age and testosterone. Additionally, the ORs (adjusting for age and testosterone) in relation to BPH also increased as the number of positive MetS components increased, with a suggestive threshold effect associated with 4-5 positive components (BPH:

IPSS >7 + TPV >=30 mL; 4 and 5 components, 3.496, 1.805-6.769, P = .001; BPH: IPSS >7 + TPV >=30 mL + Qmax <15 mL/sec; 4 and 5 components, 5.458, 1.777-16.764, P = .002). CONCLUSION: According to our results, the cases of LUTS/BPH were positively associated with the number of MetS components.

[600]

TÍTULO / TITLE: - Should histologic variants alter definitive treatment of bladder cancer?

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

REVISTA / JOURNAL: - Curr Opin Urol. 2013 Sep;23(5):435-43. doi: 10.1097/MOU.0b013e328363e415.

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

[1097/MOU.0b013e328363e415](#)

AUTORES / AUTHORS: - Willis DL; Porten SP; Kamat AM

INSTITUCIÓN / INSTITUTION: - The University of Texas MD Anderson Cancer Center, Houston, Texas, USA *Authors contributed equally.

RESUMEN / SUMMARY: - PURPOSE OF REVIEW: The clinical significance of variant histology is controversial and diagnosis is challenging. If variant architecture truly identifies high-risk patients, or those with a differential response to therapy, than treatment algorithms should be altered. This review outlines the current evidence and determines whether histologic variants should indeed alter definitive treatment. RECENT FINDINGS: For patients with pure squamous cell, adenocarcinoma, or small cell carcinoma, there is clear evidence to alter treatment paradigms. In adenocarcinoma or squamous cell carcinoma, there is a focus on local control and multimodal therapy with radiation. In small cell carcinoma all stages should be treated with primary chemotherapy followed by surgical extirpation. For patients with other variants of urothelial differentiation (i.e., micropapillary, sarcomatoid, squamous/glandular differentiation, etc.), management guidelines are less clear and radical cystectomy remains the mainstay of treatment at this time. SUMMARY: The management of variant histology is challenging as it not only depends on accurate diagnosis and staging, but on assumptions regarding sensitivity to multimodal therapy (i.e., chemotherapy, radiation, intravesical agents) based on a handful of retrospective case series. This will need to be the focus of future studies and collaborative efforts in order to make significant advancements in the field.

[601]

TÍTULO / TITLE: - Understanding the loss-of-function in a triple missense mutant of DNA polymerase beta found in prostate cancer.

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

REVISTA / JOURNAL: - Int J Oncol. 2013 Jul 19. doi: 10.3892/ijo.2013.2022.

●● Enlace al texto completo (gratis o de pago) [3892/ijo.2013.2022](https://doi.org/10.3892/ijo.2013.2022)

AUTORES / AUTHORS: - An C; Beard WA; Chen D; Wilson SH; Makridakis NM

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology and Tulane Cancer Center, Tulane University, New Orleans, LA 70112, USA.

RESUMEN / SUMMARY: - Human DNA polymerase (pol) beta is essential for base excision repair. We previously reported a triple somatic mutant of pol beta (p.P261L/T292A/I298T) found in an early onset prostate tumor. This mutation abolishes polymerase activity, and the wild-type allele was not present in the tumor, indicating a complete deficiency in pol beta function. The effect on polymerase activity is unexpected because the point mutations that comprise the triple mutant are not part of the active site. Herein, we demonstrate the mechanism of this loss-of-function. In order to understand the effect of the individual point mutations we biochemically analyzed all single and double mutants that comprise the triple mutant. We found that the p.I298T mutation is responsible for a marked instability of the triple mutant protein at 37 C. At room temperature the triple mutant's low efficiency is also due to a decrease in the apparent binding affinity for the dNTP substrate, which is due to the p.T292A mutation. Furthermore, the triple mutant displays lower fidelity for transversions in vitro, due to the p.T292A mutation. We conclude that distinct mutations of the triple pol beta mutant are responsible for the loss of activity, lower fidelity, and instability observed in vitro.

[602]

TÍTULO / TITLE: - Novel methylsulfonyl chalcones as potential antiproliferative drugs for human prostate cancer: Involvement of the intrinsic pathway of apoptosis.

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

REVISTA / JOURNAL: - Int J Oncol. 2013 Jul 19. doi: 10.3892/ijo.2013.2024.

●● Enlace al texto completo (gratis o de pago) [3892/ijo.2013.2024](https://doi.org/10.3892/ijo.2013.2024)

AUTORES / AUTHORS: - Ismail B; Ghezali L; Gueye R; Limami Y; Pouget C; Leger DY; Martin F; Beneytout JL; Duroux JL; Diab-Assaf M; Fagnere C; Liagre B

INSTITUCIÓN / INSTITUTION: - Biochemistry and Molecular Biology Laboratory, Faculty of Pharmacy, University of Limoges, FR 3503 GEIST, EA1069, GDR CNRS 3049, Limoges, France.

RESUMEN / SUMMARY: - Limited success has been achieved in extending the survival of patients with metastatic and hormone-refractory prostate cancer (HRPC). There is a strong need for novel agents in the treatment and prevention of HRPC. In the present study, the apoptotic mechanism of action of RG003 (2'-hydroxy-4-methylsulfonylchalcone) and RG005 (4'-chloro-2'-hydroxy-4-methylsulfonylchalcone) in association with intracellular signalling pathways was investigated in the hormone-independent prostate carcinoma

cells PC-3 and DU145. We showed that these compounds induced apoptosis through the intrinsic pathway but not through the extrinsic one. We showed that synthetic chalcones induced an activation of caspase-9 but not caspase-8 in PC-3 cells. Even if both chalcones induced apoptosis in PC-3 cells, a dominant effect of RG003 treatment was observed resulting in a disruption of p53, caspase-9 and caspase-3 activation, PARP cleavage and DNA fragmentation. Furthermore, in regard to our results, it is clear that the simultaneous inhibition of Akt and NF-kappaB signalling can significantly contribute to the anticancer effects of RG003 and RG005 in PC-3 prostate cancer cells. NF-kappaB inhibition was correlated with the reduction of COX-2 expression and induction of apoptosis. Our results clearly indicate for the first time that RG003 and RG005 exert their potent antiproliferative and pro-apoptotic effects through the modulation of Akt/NF-kappaB/COX-2 signal transduction pathways in PC-3 prostate cancer cells with a dominant effect for RG003.

[603]

TÍTULO / TITLE: - Frequent TMPRSS2-ERG rearrangement in prostatic small cell carcinoma detected by fluorescence in situ hybridization: the superiority of fluorescence in situ hybridization over ERG immunohistochemistry.

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

REVISTA / JOURNAL: - Hum Pathol. 2013 Jul 11. pii: S0046-8177(13)00191-3. doi: 10.1016/j.humpath.2013.05.005.

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

1016/j.humpath.2013.05.005

AUTORES / AUTHORS: - Schelling LA; Williamson SR; Zhang S; Yao JL; Wang M; Huang J; Montironi R; Lopez-Beltran A; Emerson RE; Idrees MT; Osunkoya AO; Man YG; Maclennan GT; Baldrige LA; Comperat E; Cheng L

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, Indiana University School of Medicine, Indianapolis, IN 46202, USA.

RESUMEN / SUMMARY: - Small cell carcinoma of the prostate is both morphologically and immunohistochemically similar to small cell carcinoma of other organs such as the urinary bladder or lung. TMPRSS2-ERG gene fusion appears to be a highly specific alteration in prostatic carcinoma that is frequently shared by small cell carcinoma. In adenocarcinoma, immunohistochemistry for the ERG protein product has been reported to correlate well with the presence of the gene fusion, although in prostatic small cell carcinoma, this relationship is not completely understood. We evaluated 54 cases of small cell carcinoma of the prostate and compared TMPRSS2-ERG gene fusion status by fluorescence in situ hybridization (FISH) to immunohistochemical staining with antibody to ERG. Of 54 cases of prostatic small cell carcinoma, 26 (48%) were positive for TMPRSS2-ERG gene fusion by FISH and 12 (22%) showed overexpression of ERG protein by immunohistochemistry. Of the 26 cases positive by FISH, 11 were also positive

for ERG protein by immunohistochemistry. One tumor was positive by immunohistochemistry but negative by FISH. Urinary bladder small cell carcinoma (n = 25) showed negative results by both methods; however, 2 of 14 small cell carcinomas of other organs (lung, head, and neck) showed positive immunohistochemistry but negative FISH. Positive staining for ERG by immunohistochemistry is present in a subset of prostatic small cell carcinomas and correlates with the presence of TMPRSS2-ERG gene fusion. Therefore, it may be useful in confirming prostatic origin when molecular testing is not accessible. However, sensitivity and specificity of ERG immunohistochemistry in small cell carcinoma are decreased compared to FISH.

[604]

TÍTULO / TITLE: - A comparison of measured and estimated glomerular filtration rate for carboplatin dose calculation in stage I testicular seminoma.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Sep;30(3):661. doi: 10.1007/s12032-013-0661-1. Epub 2013 Jul 18.

●● Enlace al texto completo (gratis o de pago) [1007/s12032-013-0661-](#)

[1](#)

AUTORES / AUTHORS: - Quinton A; Lewis P; Ali P; Morgan C; Bertelli G

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Singleton Hospital, Swansea, UK.

RESUMEN / SUMMARY: - Dose calculation of adjuvant carboplatin chemotherapy for stage I testicular seminoma, based on area under the concentration curve (AUC), incorporates the glomerular filtration rate (GFR). This retrospective study compares 'gold standard' (51)Cr-ethylenediamine tetraacetic acid ((51)Cr-EDTA) GFR measurements with renal function estimations derived from the Cockcroft-Gault, Jelliffe and Wright formulae. Inclusion criteria: stage I testicular seminoma treated with a single dose of carboplatin AUC7 at one centre in South Wales, UK, between 2005 and 2011, with contemporaneous (51)Cr-EDTA GFR measurement and serum creatinine. Renal function estimates obtained using Cockcroft-Gault, Jelliffe and Wright formulae were analysed for bias (mean percentage error, MPE) and precision (mean absolute percentage error, MAPE) compared to the gold standard. Sixty-eight patients were identified, median age 40 (range 17-66), median creatinine 82 (range 55-120). For the Cockcroft-Gault, Jelliffe and Wright formulae, respectively, MPE was +12.4, -32.3 and +8.8; MAPE was 16.0, 32.7 and 12.9; and substitution of the calculated GFR result for (51)Cr-EDTA measurement would have resulted in a >10% discrepancy in carboplatin dose in 41.1, 97.1 and 42.6% of patients (predominantly overdoses for the Cockcroft-Gault and Wright formulae, underdoses for the Jelliffe formula). Of the formulae analysed, none accurately correlated with (51)Cr-EDTA GFR measurements.

[605]

TÍTULO / TITLE: - Prognostic significance of histopathological features of extraprostatic extension of prostate cancer.

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

REVISTA / JOURNAL: - Histopathology. 2013 Jun 1. doi: 10.1111/his.12199.

●● Enlace al texto completo (gratis o de pago) [1111/his.12199](#)

AUTORES / AUTHORS: - Danneman D; Wiklund F; Wiklund NP; Egevad L

INSTITUCIÓN / INSTITUTION: - Department of Oncology and Pathology, Karolinska Institutet, Stockholm, Sweden.

RESUMEN / SUMMARY: - AIMS: The 2009 International Society of Urological Pathology consensus conference recommended reporting the extent of extraprostatic extension (EPE) for the prediction of outcome in prostate cancer. Our aim was to stratify EPE into prognostic groups. METHODS AND RESULTS: We reviewed 1051 radical prostatectomy (RP) specimens from 1998 to 2005. EPE was classified according to the extent, laterality and presence of perineural invasion (PNI) at the site of EPE. Cox regression was used to explore associations with biochemical recurrence. EPE was observed in 470 cases (44.7%), and predicted a higher progression rate than for organ-confined cancer [hazard ratio (HR) 1.4, 95% confidence interval (CI) 1.1-1.8, P = 0.007]. Focal versus established EPE according to Epstein (HR 2.0, 95% CI 1.1-3.5, P = 0.027) and Wheeler (HR 2.2, 95% CI 1.2-3.9, P = 0.010), and the radial distance of EPE dichotomized by the median (1.1 mm) (HR 1.5, 95% CI 1.1-2.2, P = 0.015), were all predictive of recurrence; but PNI at the site of EPE, circumferential length of EPE, number of sections and foci with EPE, and bilateral versus unilateral EPE were not. CONCLUSIONS: The radial extent of EPE predicts recurrence after RP, but circumferential extent, PNI at the site of EPE, number of sections or foci of EPE, and laterality do not. If validated, the proposed radial extent method may allow for more reproducible quantitation of EPE.

[606]

TÍTULO / TITLE: - Power-free chip enzyme immunoassay for detection of prostate specific antigen (PSA) in serum.

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

REVISTA / JOURNAL: - Biosens Bioelectron. 2013 Nov 15;49:478-84. doi: 10.1016/j.bios.2013.05.058. Epub 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago) [1016/j.bios.2013.05.058](#)

AUTORES / AUTHORS: - Adel Ahmed H; Azzazy HM

INSTITUCIÓN / INSTITUTION: - Yousef Jameel Science and Technology Research Center (YJ-STRC), The American University in Cairo, AUC Ave., PO Box 74, New Cairo 11835, Egypt. Electronic address: heba_adel@aucegypt.edu.

RESUMEN / SUMMARY: - A power-free, portable “Chip EIA” was designed to render the popular Enzyme Linked Immunosorbent Assay (ELISA) more suitable for point-of-care testing. A number of microfluidic platforms have enabled miniaturization of the conventional microtitre plate ELISA, however, they require external pumping systems, valves, and electric power supply. The Chip EIA platform has eliminated the need for pumps and valves through utilizing a simple permanent magnet and magnetic nanoparticles. The magnetic nanoparticles act as solid support to capture the target and are then moved through chambers harboring different reagents necessary to perform a sandwich ELISA. The use of magnetic nanoparticles increases the volume-to-surface ratio reducing the assay time to 30min. Changing the color of horseradish peroxidase (HRP) substrate to green indicates a positive result. In addition, a quantitative read-out was obtained through the use of cellphone camera imaging and analyzing the images using Matlab®. Cell phones, including smart ones, are readily available almost everywhere. The Chip EIA device was used to assay total prostate specific antigen (tPSA) in 19 serum samples. The PSA Chip EIA was tested for accuracy, precision, repeatability, and the results were correlated to the commercial Beckman Colter, Hybritech immunoassay® for determination of tPSA in serum samples with a Pearson correlation coefficient ($R(2)=0.96$). The lower detection limit of the PSA Chip EIA was 3.2ng/mL. The assay has 88.9% recovery and good reproducibility (% CV of 6.5). We conclude that the developed Chip EIA can be used for detection of protein biomarkers in biological specimens.

[607]

TÍTULO / TITLE: - Prostate Cancer Screening: A Complicated Puzzle, Explanation Needed.

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

REVISTA / JOURNAL: - J Gen Intern Med. 2013 Jul 4.

●● Enlace al texto completo (gratis o de pago) [1007/s11606-013-2542-](#)

[X](#)

AUTORES / AUTHORS: - Gaster B

INSTITUCIÓN / INSTITUTION: - Department of Medicine, University of Washington, 4245 Roosevelt Way NE, Seattle, WA, 98105-6920, USA, barakg@uw.edu.

[608]

- CASTELLANO -

TÍTULO / TITLE: Insuficiencia renal crónica secundaria a amiloidosis sistémica asociada a tumor del estroma gastrointestinal.

TÍTULO / TITLE: - Chronic renal failure secondary to systemic amyloidosis associated with gastrointestinal stromal tumour.

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

REVISTA / JOURNAL: - Nefrologia. 2013 Jul 19;33(4):620-622. doi: 10.3265/Nefrologia.pre2013.Apr.11964.

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

[3265/Nefrologia.pre2013.Apr.11964](#)

AUTORES / AUTHORS: - Muniz-Pacios L; Morales-Ruiz E; Aguilar F; Garcia-Martin F

[609]

TÍTULO / TITLE: - Three-dimensional prostate segmentation using level set with shape constraint based on rotational slices for 3D end-firing TRUS guided biopsy.

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

REVISTA / JOURNAL: - Med Phys. 2013 Jul;40(7):072903. doi: 10.1118/1.4810968.

●● Enlace al texto completo (gratis o de pago) [1118/1.4810968](#)

AUTORES / AUTHORS: - Qiu W; Yuan J; Ukwatta E; Tessier D; Fenster A

INSTITUCIÓN / INSTITUTION: - Imaging Research Laboratories, Robarts Research Institute, Western University, London, Ontario N6A 5K8, Canada.

RESUMEN / SUMMARY: - Purpose: Prostate segmentation is an important step in the planning and treatment of 3D end-firing transrectal ultrasound (TRUS) guided prostate biopsy. In order to improve the accuracy and efficiency of prostate segmentation in 3D TRUS images, an improved level set method is incorporated into a rotational-slice-based 3D prostate segmentation to decrease the accumulated segmentation errors produced by the slice-by-slice segmentation method. Methods: A 3D image is first resliced into 2D slices in a rotational manner in both the clockwise and counterclockwise directions. All slices intersect approximately along the rotational scanning axis and have an equal angular spacing. Six to eight boundary points are selected to initialize a level set function to extract the prostate contour within the first slice. The segmented contour is then propagated to the adjacent slice and is used as the initial contour for segmentation. This process is repeated until all slices are segmented. A modified distance regularization level set method is used to segment the prostate in all resliced 2D slices. In addition, shape-constraint and local-region-based energies are imposed to discourage the evolved level set function to leak in regions with weak edges or without edges. An anchor point based energy is used to promote the level set function to pass through the initial selected boundary points. The algorithm's performance was evaluated using distance- and volume-based metrics (sensitivity (Se), Dice similarity coefficient (DSC), mean absolute surface distance (MAD), maximum absolute surface distance (MAXD), and volume difference) by comparison with expert delineations. Results: The validation results using thirty 3D patient images showed that the authors' method can obtain a DSC of 93.1% +/- 1.6%, a

sensitivity of 93.0% +/- 2.0%, a MAD of 1.18 +/- 0.36 mm, a MAXD of 3.44 +/- 0.8 mm, and a volume difference of 2.6 +/- 1.9 cm(3) for the entire prostate. A reproducibility experiment demonstrated that the proposed method yielded low intraobserver and interobserver variability in terms of DSC. The mean segmentation time of the authors' method for all patient 3D TRUS images was 55 +/- 3.5 s, in addition to 30 +/- 5 s for initialization. Conclusions: To address the challenges involved with slice-based 3D prostate segmentation, a level set based method is proposed in this paper. This method is especially developed for a 3D end-firing TRUS guided prostate biopsy system. The extensive experimental results demonstrate that the proposed method is accurate, robust, and computationally efficient.

[610]

TÍTULO / TITLE: - Retraction of external iliac vessels and obturator nerve with the vas deferens during extended pelvic lymph node dissection in robot-assisted radical prostatectomy.

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

REVISTA / JOURNAL: - Urology. 2013 Jun;81(6):1369-71. doi: 10.1016/j.urology.2013.01.003.

- Enlace al texto completo (gratis o de pago)

[1016/j.urology.2013.01.003](#)

AUTORES / AUTHORS: - Ludwig W; Tewari A

INSTITUCIÓN / INSTITUTION: - LeFrak Center of Robotic Surgery and Institute of Prostate Cancer, James Buchanan Brady Foundation Department of Urology, Weill Cornell Medical College, New York Presbyterian Hospital, New York, NY 10065, USA.

RESUMEN / SUMMARY: - OBJECTIVE: To determine if the vas deferens during robot-assisted radical prostatectomy can be used to medially retract the iliac vessels and obturator nerve to achieve a dissection plane in the triangle of Marcille free of these structures while performing an extended pelvic lymph node dissection (PLND). METHODS: In a single patient, an extended PLND was performed before prostatectomy. The external iliac lymph node (LN) group was dissected from the node of Cloquet to the ureteric crossing over the internal iliac artery. The vas deferens was then transected along its course medial to the external iliac artery. The vas deferens was subsequently grasped with bipolar forceps, passed under the external iliac vessels, lifted superiorly, and retracted medially in order to apply medial traction to the obturator nerve and external iliac artery and vein. RESULTS: Retraction using the vas deferens permitted excellent visualization of the LN packets. The iliac vessels and obturator nerve were maintained far from the plane of the dissection and were retracted only using the vas deferens. This technique yielded 25 LNs and our median LN yield for high-risk individuals is 20. Surgical time was comparable to PLNDs performed using instruments for retraction. CONCLUSION: Use of the

vas deferens for retraction during an extended PLND can be an excellent method to improve visibility without risk of damage to important structures with surgical tools and still achieve an adequate LN yield. Use of this technique in future surgeries will permit a more detailed understanding of outcomes.

[611]

TÍTULO / TITLE: - Immunohistochemical Expression of HOXA-13 in Normal, Hyperplastic and Neoplastic Canine Prostatic Tissue.

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

REVISTA / JOURNAL: - J Comp Pathol. 2013 Jun 25. pii: S0021-9975(13)00082-0. doi: 10.1016/j.jcpa.2013.05.001.

●● Enlace al texto completo (gratis o de pago) [1016/j.jcpa.2013.05.001](#)

AUTORES / AUTHORS: - Palmieri C; Riccardi E

INSTITUCIÓN / INSTITUTION: - School of Veterinary Science, University of Queensland, Gatton Campus, Gatton 4343, Queensland, Australia. Electronic address: c.palmieri@uq.edu.au.

RESUMEN / SUMMARY: - Homeobox genes are known to be examples of the intimate relationship between embryogenesis and tumorigenesis. Specifically, the HOXA13 gene plays a fundamental role in the development of the urogenital tract and external genitalia and in prostate organogenesis. There are no reports on the expression of HOXA13 in normal, hyperplastic or neoplastic canine prostate tissue or in other types of tumours. Six normal, 16 hyperplastic and 12 neoplastic canine prostates were examined microscopically and immunohistochemically with a polyclonal antibody specific for human HOXA13. An immunohistochemical score was generated. HOXA13 was expressed in the cytoplasm of epithelial cells in normal, hyperplastic and neoplastic prostates. The percentage of immunolabelled cells in all prostatic carcinomas (PCs) was greatly increased, with a score of 85.3 (+/-5.25) compared with normal (2 +/- 0.71) and hyperplastic prostates (6.08 +/- 2.21). The increase in HOXA13 expression in canine PCs suggests the involvement of this transcription factor in carcinogenesis and promotion of tumour growth.

[612]

TÍTULO / TITLE: - Validating a Claims-based Method for Assessing Severe Rectal and Urinary Adverse Effects of Radiotherapy.

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):335-40. doi: 10.1016/j.urology.2013.02.071. Epub 2013 Jun 6.

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

[1016/j.urology.2013.02.071](#)

AUTORES / AUTHORS: - Sewell JM; Rao A; Elliott SP

INSTITUCIÓN / INSTITUTION: - Department of Urologic Surgery, University of Minnesota, School of Medicine, Minneapolis, MN.

RESUMEN / SUMMARY: - **OBJECTIVE:** To validate a claims-based algorithm for detecting severe rectal and urinary adverse effects (AEs) of radiotherapy (RT) to inform the design and interpretation of outcomes studies, using administrative datasets to detect such RT AEs. **METHODS:** An institutional billing analysis was performed to identify patients managed with RT for prostate or cervical cancer at the University of Minnesota, between 2000 and 2006. A priori, we identified Current Procedural Terminology procedural codes consistent with treatment for severe RT AEs. A retrospective chart review and a billing (ie “claims”) analysis were performed to detect the procedures used to treat RT AEs. The accuracy of the claims-based algorithm was compared with chart review (the reference standard). **RESULTS:** On chart review, 31 patients (7.6%) with severe rectal and urinary RT AEs were detected among 406 patients with nonmetastatic cancer at diagnosis. The most common AE was ureteral stenosis (25% of all AEs). The sensitivity and specificity of the claims-based analysis were 75% and 100% respectively for urethral stricture, 100% and 99% respectively for ureteral stricture, 60% and 100% respectively for radiation cystitis, 88% and 100% respectively for rectal or urinary fistula, and 88% and 100% respectively for radiation proctitis. **CONCLUSION:** We demonstrated an excellent specificity and yet fairly good sensitivity of our claims-based algorithm for detecting treatment of urethral stricture, rectal or urinary fistulas, radiation proctitis, and ureteral stricture. These data might inform the design and interpretation of studies using claims-based methods for the detection of severe urinary AEs of pelvic RT.

[613]

TÍTULO / TITLE: - Multidisciplinary care and management selection in prostate cancer.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):157-64. doi: 10.1016/j.semradonc.2013.01.001.

- Enlace al texto completo (gratis o de pago)

1016/j.semradonc.2013.01.001

AUTORES / AUTHORS: - Aizer AA; Paly JJ; Efstathiou JA

INSTITUCIÓN / INSTITUTION: - Harvard Radiation Oncology Program, Boston, MA, USA.

RESUMEN / SUMMARY: - The management of prostate cancer is complicated by the multitude of treatment options, the lack of proven superiority of one modality of management, and the presence of physician bias. Care at a multidisciplinary prostate cancer clinic offers patients the relative convenience of consultation with physicians of multiple specialties within the confines of a single visit and appears to serve as a venue in which patients can be counseled regarding the

risks and benefits of available therapies in an open and interactive environment. Physician bias may be minimized in such an environment, and patient satisfaction rates are high. Available data suggest that low-risk patients who are seen at a multidisciplinary prostate cancer clinic appear to select active surveillance in greater proportion. However, relatively few studies have investigated the other added value that multidisciplinary clinics provide to the patient or health care system, and therefore, additional studies assessing the impact of multidisciplinary care in the management of patients with prostate cancer are needed.

[614]

TÍTULO / TITLE: - Increased expression of alpha-actinin-4 is associated with unfavorable pathological features and invasiveness of bladder cancer.

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

REVISTA / JOURNAL: - Oncol Rep. 2013 Jul 1. doi: 10.3892/or.2013.2577.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2577](#)

AUTORES / AUTHORS: - Yoshii H; Ito K; Asano T; Horiguchi A; Hayakawa M; Asano T

INSTITUCIÓN / INSTITUTION: - Department of Urology, National Defense Medical College, Tokorozawa, Saitama 359-8513, Japan.

RESUMEN / SUMMARY: - In the present study, the association between clinicopathological parameters and alpha-actinin-4 (ACTN4) expression in bladder cancer specimens was evaluated, and the functional role of ACTN4 in bladder cancer cells was investigated. Immunohistochemistry using anti-ACTN4 antibody was performed in bladder cancer specimens (53 superficial and 42 muscle-invasive cases) from 95 patients who underwent radical cystectomy (n=46) or transurethral resection (TUR) only (n=49). We divided the levels of ACTN4 expression into 2 groups (low or high) by comparing the staining intensity in each specimen with that of the vascular endothelial cells in the same specimen, and we evaluated the correlations between these levels and pathological parameters, recurrence and prognosis. We also investigated the effects of ACTN4 suppression by siRNA on the invasive ability and proliferation of T24 and KU19-19 cells. High ACTN4 expression was significantly associated with higher tumor grade and higher pT stage. In patients with superficial bladder cancer treated only by TUR, the rate of intravesical recurrence did not differ significantly between patients with high ACTN4 expression and patients with low ACTN4 expression. In patients who had muscle-invasive tumors and underwent radical cystectomy, high ACTN4 expression was associated with neither recurrence nor poor prognosis. Nonetheless, high ACTN4 expression was shown by a large percentage (81%) of patients with muscle-invasive bladder cancer and by a small percentage (17%) of patients with superficial bladder cancer. Furthermore, the leading edges of the invasive bladder cancer showed increased ACTN4 expression. ACTN4 suppression significantly

reduced the number of invading bladder cancer cells but unexpectedly increased the proliferation of bladder cancer cells. ACTN4 suppression increased the phosphorylation of ERKs but not AKT or STAT3, suggesting that the increased proliferation due to ACTN4 suppression was mediated in part by the ERK pathway. ACTN4 expression may suppress the proliferation of bladder cancer cells and may produce conditions which facilitate cancer cell invasion.

[615]

TÍTULO / TITLE: - Renal Ewing tumors.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Jun 11.

- [Enlace al texto completo \(gratis o de pago\) 1093/annonc/mdt215](#)

AUTORES / AUTHORS: - Zollner S; Dirksen U; Jurgens H; Ranft A

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Hematology and Oncology, University Hospital, Muenster, Germany.

RESUMEN / SUMMARY: - BACKGROUND: Renal Ewing's sarcoma/primitive neuroectodermal tumor (ES/PNET) is extremely rare. Clinical symptoms are nonspecific presenting abdominal pain, palpable mass, and hematuria. Owing to advanced technology demonstrating the ES-specific EWS/ETS translocation, this differential diagnosis has become feasible. PATIENTS AND METHODS: The German database of GPOH Ewing's sarcoma trials from 1980 to 2009 was searched for kidney as primary site. Twenty-four patients were identified and analyzed. The median time of observation was 3.71 years (range 0.27-8.75 years). Additionally, we carried out a Medline search for renal ES/PNET. RESULTS: The median age was 24.9 years (range 11-60 years). In 37.5%, patients presented with primary metastases. Tumor thrombi in the adjacent renal vessels occurred in 56.2%. In 90.9%, rearrangements of t(11;22) were found. All patients received a combined chemotherapy according to the EURO-E.W.I.N.G.99 protocol. In accordance, local control consisted predominantly of combined modality surgery and radiation (47%). At 3 years, overall survival (OS) was 0.80 (SE = 0.09), and event-free survival (EFS) 0.66 (SE = 0.11). CONCLUSIONS: ES/PNET should be considered in the differential diagnosis of renal tumors. Patients with renal ES/PNET respond to and benefit from conventional ES treatment according to ES study protocols. Therefore, an accurate diagnostic approach and a guideline-adapted therapy should be facilitated.

[616]

TÍTULO / TITLE: - Mast cell quantitation in renal transplant biopsy specimens as a potential marker for the cumulative burden of tissue injury.

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

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1469-71. doi: 10.1016/j.transproceed.2013.01.078.

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

1016/j.transproceed.2013.01.078

AUTORES / AUTHORS: - Papadimitriou JC; Drachenberg CB; Ramos E; Ugarte R; Haririan A

INSTITUCIÓN / INSTITUTION: - Department of Pathology, University of Maryland School of Medicine, Baltimore, Maryland, USA. ijpapa001@umaryland.edu

RESUMEN / SUMMARY: - Although mast cells (MC) play an ambiguous role in acute rejection, they have been implicated in chronic fibrotic processes overall and also in the kidney. Their morphological assessment in the context of comprehensive renal allograft pathology has not been sufficiently addressed, however. Using the CD117 immunostain in 461 consecutive kidney allograft biopsy specimens we counted the number of MC in the most inflamed biopsy area. The number of MC was correlated with the presence of the Banff defined features of T-cell-mediated and antibody-mediated rejection. No correlation was found between the number of MC and the presence or degree of T-cell-mediated rejection or with most parameters defining acute or chronic antibody-mediated rejection. Significant correlation was found, however, with the degree of interstitial fibrosis (IF; $P = .000$), and time post-transplantation ($P = .000$). Peritubular C4d staining correlated negatively with the number of MC ($P = .000$). Correlation of MC infiltration and peritubular capillary multilamellation ($P = .000$) indicated an association between general interstitial and microvascular chronic pathology. We conclude that MC represent a somewhat unique cellular component that correlates poorly with parameters of active T-cell or antibody-mediated allograft rejection. In contrast, because MC correlate strongly with IF and time post-transplantation, they could potentially be valuable as a surrogate marker for the cumulative burden of tissue injury.

[617]

TÍTULO / TITLE: - The Mutational Landscape of Prostate Cancer.

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

REVISTA / JOURNAL: - Eur Urol. 2013 May 18. pii: S0302-2838(13)00495-8. doi: 10.1016/j.eururo.2013.05.029.

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

1016/j.eururo.2013.05.029

AUTORES / AUTHORS: - Barbieri CE; Bangma CH; Bjartell A; Catto JW; Culig Z; Gronberg H; Luo J; Visakorpi T; Rubin MA

INSTITUCIÓN / INSTITUTION: - Department of Urology, Weill Medical College of Cornell University, New York, NY, USA; Department of Pathology and Laboratory Medicine, Weill Medical College of Cornell University, New York, NY, USA. Electronic address: christopher.barbieri@gmail.com.

RESUMEN / SUMMARY: - CONTEXT: Prostate cancer (PCa) is a clinically heterogeneous disease with marked variability in patient outcomes. Molecular characterization has revealed striking mutational heterogeneity that may underlie the variable clinical course of the disease. OBJECTIVE: In this review, we discuss the common genomic alterations that form the molecular basis of PCa, their functional significance, and the potential to translate this knowledge into patient care. EVIDENCE ACQUISITION: We reviewed the relevant literature, with a particular focus on recent studies on somatic alterations in PCa. EVIDENCE SYNTHESIS: Advances in sequencing technology have resulted in an explosion of data regarding the mutational events underlying the development and progression of PCa. Heterogeneity is the norm; few abnormalities in specific genes are highly recurrent, but alterations in certain signaling pathways do predominate. These alterations include those in pathways known to affect tumorigenesis in a wide spectrum of tissues, such as the phosphoinositide 3-kinase/phosphatase and tensin homolog/Akt pathway, cell cycle regulation, and chromatin regulation. Alterations more specific to PCa are also observed, particularly gene fusions of ETS transcription factors and alterations in androgen signaling. Mounting data suggest that PCa can be subdivided based on a molecular profile of genetic alterations. CONCLUSIONS: Major advances have been made in cataloging the genomic alterations in PCa and understanding the molecular mechanisms underlying the disease. These findings raise the possibility that PCa could soon transition from being a poorly understood, heterogeneous disease with a variable clinical course to being a collection of homogenous subtypes identifiable by molecular criteria, associated with distinct risk profiles, and perhaps amenable to specific management strategies or targeted therapies.

[618]

TÍTULO / TITLE: - Predicting the risk of bone metastasis in prostate cancer.

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

REVISTA / JOURNAL: - Cancer Treat Rev. 2013 Jul 26. pii: S0305-7372(13)00132-1. doi: 10.1016/j.ctrv.2013.07.001.

●● Enlace al texto completo (gratis o de pago) [1016/j.ctrv.2013.07.001](#)

AUTORES / AUTHORS: - Briganti A; Suardi N; Gallina A; Abdollah F; Novara G; Ficarra V; Montorsi F

INSTITUCIÓN / INSTITUTION: - Department of Urology, Vita Salute University San-Raffaele Hospital, Via Olgettina 60, 20132 Milan, Italy. Electronic address: briganti.alberto@hsr.it.

RESUMEN / SUMMARY: - The ability to identify prostate cancer patients at 'high risk' for bone metastasis development could allow early selection of those most likely to benefit from interventions to prevent or delay bone metastasis. This review is aimed to identify potential predictors of risk for bone metastasis in newly diagnosed patients and in those who have already received treatment. At

diagnosis, established predictors of prostate cancer aggressiveness (e.g. PSA level, clinical stage, Gleason score) can identify patients at risk for bone metastasis. Following treatment of the disease, increasing evidence suggests that absolute PSA levels and other measures of PSA kinetics are useful to aid prediction of bone metastasis risk in patients both with and without a history of ADT. However, which PSA parameter most accurately predicts risk and the cut-off values that should be employed are unclear. Inclusion of PSA parameters to identify a high risk population may be beneficial in whom bone-modifying treatments are being considered. Other novel (but unvalidated) biomarkers that potentially predict the development of bone metastases have been identified, although it is unclear whether they will have value as independent markers or when combined with other parameters (e.g. measures of PSA kinetics). Further prospective studies of PSA kinetics and other predictive markers are, therefore, required to define the optimal criteria for identifying patients at high risk of bone metastases and those who are most likely to benefit from intensive monitoring and therapeutic intervention.

[619]

TÍTULO / TITLE: - Causes of death in men with prostate cancer: an analysis of 50 000 men from the Thames Cancer Registry.

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

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):182-9. doi: 10.1111/bju.12212.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12212](#)

AUTORES / AUTHORS: - Chowdhury S; Robinson D; Cahill D; Rodriguez-Vida A; Holmberg L; Moller H

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Guy's Hospital, King's College London, London, UK.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate causes of death in a UK cohort of patients with prostate cancer. **PATIENTS AND METHODS:** We examined causes of death in a UK cohort of 50 066 men with prostate cancer diagnosed between 1997 and 2006 reported to the Thames Cancer Registry (TCR) and followed-up to the end of 2007. The underlying cause of death was taken from the death certificate. Uptake of PSA screening was low in the UK during the period studied. We examined the relationship between cause of death and patient characteristics at diagnosis including age, cancer stage, and treatment (≤ 6 months of diagnosis). **RESULTS:** In all, 20 181 deaths occurred during the period; 49.8% recorded as being due to prostate cancer, 17.8% to cardiovascular disease, 11.6% to other cancers, and 20.7% to other causes. Irrespective of age, cancer stage, or treatment ≤ 6 months of diagnosis, prostate cancer was an important cause of death ranging from 31.6% to 74.3% of all deaths in different subgroups. **CONCLUSION:** For men with prostate cancer diagnosed in a setting where uptake of PSA screening is low, our

findings challenge the belief that prostate cancer is not an important cause of death.

[620]

TÍTULO / TITLE: - Prostate Histopathology: Learning Tissue Component Histograms for Cancer Detection and Classification.

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

REVISTA / JOURNAL: - IEEE Trans Med Imaging. 2013 May 31.

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

[1109/TMI.2013.2265334](#)

AUTORES / AUTHORS: - Gorelick L; Veksler O; Gaed M; Gomez J; Moussa M; Bauman G; Fenster A; Ward A

RESUMEN / SUMMARY: - Radical prostatectomy is performed on approximately 40% of men with organ-confined prostate cancer. Pathologic information obtained from the prostatectomy specimen provides important prognostic information and guides recommendations for adjuvant treatment. The current pathology protocol in most centers involves primarily qualitative assessment. In this paper, we describe and evaluate our system for automatic prostate cancer detection and grading on hematoxylin & eosinstained tissue images. Our approach is intended to address the dual challenges of large data size and the need for high-level tissue information about the locations and grades of tumors. Our system uses two stages of AdaBoost-based classification. The first provides high-level tissue component labeling of a superpixel image partitioning. The second uses the tissue component labeling to provide a classification of cancer vs. non-cancer, and lowgrade vs. high-grade cancer. We evaluated our system using 991 sub-images extracted from digital pathology images of 50 whole-mount tissue sections from 15 prostatectomy patients. We measured accuracies of 90% and 85% for the cancer vs. non-cancer and high-grade vs. low-grade classification tasks, respectively. This system represents a first step toward automated cancer quantification on prostate digital histopathology imaging, which could pave the way for more accurately informed postprostatectomy patient care.

[621]

TÍTULO / TITLE: - Impact of multiple deprivations on detection, progression and interventions in small renal masses (less than 4 cm) in a population based study.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Jul 22. pii: S0748-7983(13)00424-1. doi: 10.1016/j.ejso.2013.06.014.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejso.2013.06.014](#)

AUTORES / AUTHORS: - Leonard M; Tait CD; Gillan AS; Rai BP; Byrne DJ; Nabi G

INSTITUCIÓN / INSTITUTION: - Academic Section of Urology, Medical Research Institute, Ninewells Hospital and Medical School, Ninewells Hospital, Dundee, Scotland, UK.

RESUMEN / SUMMARY: - BACKGROUND AND OBJECTIVES: A relatively unknown associations exists between the detection, progression and rate of interventions in small renal masses in the context of socioeconomic status. The study explored the impact of socioeconomic status on the detection, progression and intervention rate in SRMs. PARTICIPANTS AND METHODS: A population-based cohort of patients with SRMs was identified using various hospital databases in well-defined geographical area between January 2007 and December 2011. A list of patients with unique 10-digits Community Health Index (CHI) number and their follow-up was recorded on a pre-designed electronic database sheet. Correlation between the socioeconomic status and detection, progression and pattern of interventions of small renal masses was the primary outcome. The postcode of each patient was identified and linked to the Scottish Index of Multiple Deprivation (SIMD) scoring system, and a deprivation category number assigned to each patient, allowing potential links to become apparent between small renal masses and deprivation. RESULTS: Two hundred and seventeen patients were diagnosed with small renal masses in 150,820 abdominal imaging carried out in a population of 117,600. The detection of SRMs in relation to SIMD status showed no statistically significant differences across different categories. Similarly, interventions, type of surgery and progression remained unaffected by socioeconomic status. The group on active surveillance showed slow or no-growth at a mean follow-up of more than 2 years. CONCLUSIONS: The detection of small renal masses is very small compared with the amount of imaging investigations of abdomen in 5 years in this cohort. Detection, progression and rate of intervention did not differ in different socioeconomic strata of the cohort. The majority of small renal masses on active surveillance did not change or grew in size very slowly when observed over time.

[622]

TÍTULO / TITLE: - Urachal duct carcinoma complicating pregnancy.

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

REVISTA / JOURNAL: - Obstet Gynecol. 2013 Aug;122(2 Pt 2):469-72. doi: 10.1097/AOG.0b013e318292a3ab.

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

[1097/AOG.0b013e318292a3ab](#)

AUTORES / AUTHORS: - McNally L; Osmundson S; Barth R; Chueh J

INSTITUCIÓN / INSTITUTION: - Departments of Obstetrics and Gynecology and Radiology, Stanford University, Stanford, California.

RESUMEN / SUMMARY: - BACKGROUND: Degenerating myomas are common explanations for pain associated with abdominal masses in pregnancy. However, masses arising from other pelvic organs should be included in the differential diagnosis. CASE: We present a case of an abdominal mass in pregnancy that was originally misdiagnosed as a uterine leiomyoma. Attention to the patient's history along with judicious use of imaging modalities led to the correct diagnosis of urachal duct carcinoma. This was treated appropriately and resulted in a term vaginal delivery. We present a review of the literature on this tumor and its management in pregnancy. CONCLUSION: Urologic malignancies are rare but should be considered in the differential diagnosis for any woman presenting with pain and an abdominal mass in pregnancy. A multidisciplinary approach optimizes outcomes.

[623]

TÍTULO / TITLE: - Selective binding of lectins to normal and neoplastic urothelium in rat and mouse bladder carcinogenesis models.

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

REVISTA / JOURNAL: - Protoplasma. 2013 Jul 5.

●● Enlace al texto completo (gratis o de pago) [1007/s00709-013-0524-](http://1007/s00709-013-0524-9)

[9](#)

AUTORES / AUTHORS: - Zupancic D; Kreft ME; Romih R

INSTITUCIÓN / INSTITUTION: - Faculty of Medicine, Institute of Cell Biology, Vrazov trg 2, 1000, Ljubljana, Slovenia, dasa.zupancic@mf.uni-lj.si.

RESUMEN / SUMMARY: - Bladder cancer adjuvant intravesical therapy could be optimized by more selective targeting of neoplastic tissue via specific binding of lectins to plasma membrane carbohydrates. Our aim was to establish rat and mouse models of bladder carcinogenesis to investigate in vivo and ex vivo binding of selected lectins to the luminal surface of normal and neoplastic urothelium. Male rats and mice were treated with 0.05 % N-butyl-N-(4-hydroxybutyl)nitrosamine (BBN) in drinking water and used for ex vivo and in vivo lectin binding experiments. Urinary bladder samples were also used for paraffin embedding, scanning electron microscopy and immunofluorescence labelling of uroplakins. During carcinogenesis, the structure of the urinary bladder luminal surface changed from microridges to microvilli and ropy ridges and the expression of urothelial-specific glycoproteins uroplakins was decreased. Ex vivo and in vivo lectin binding experiments gave comparable results. Jacalin (lectin from *Artocarpus integrifolia*) exhibited the highest selectivity for neoplastic compared to normal urothelium of rats and mice. The binding of lectin from *Amaranthus caudatus* decreased in rat model and increased in mouse carcinogenesis model, indicating interspecies variations of plasma membrane glycosylation. Lectin from *Datura stramonium* showed higher affinity for neoplastic urothelium compared to the normal in rat and mouse model. The BBN-induced animal models of bladder carcinogenesis offer a

promising approach for lectin binding experiments and further lectin-mediated targeted drug delivery research. Moreover, in vivo lectin binding experiments are comparable to ex vivo experiments, which should be considered when planning and optimizing future research.

[624]

TÍTULO / TITLE: - Characterization of Texture Features of Bladder Carcinoma and the Bladder Wall on MRI: Initial Experience.

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

REVISTA / JOURNAL: - Acad Radiol. 2013 Aug;20(8):930-8. doi: 10.1016/j.acra.2013.03.011.

●● Enlace al texto completo (gratis o de pago) 1016/j.acra.2013.03.011

AUTORES / AUTHORS: - Shi Z; Yang Z; Zhang G; Cui G; Xiong X; Liang Z; Lu H

INSTITUCIÓN / INSTITUTION: - Department of Biomedical Engineering, Fourth Military Medical University, Xi'an, 710032, China.

RESUMEN / SUMMARY: - **RATIONALE AND OBJECTIVES:** The purpose of this study was to determine textural features that show a significant difference between carcinomatous tissue and the bladder wall on magnetic resonance imaging (MRI) and explore the feasibility of using them to differentiate malignancy from the normal bladder wall as an initial step for establishing MRI as a screening modality for the noninvasive diagnosis of bladder cancer. **MATERIALS AND METHODS:** Regions of interest (ROIs) were manually placed on foci of bladder cancer and uninvolved bladder wall in 22 patients and on the normal bladder wall of 23 volunteers to calculate 40 known textural features. Statistical analysis was applied to determine the difference in these features in bladder cancer versus uninvolved bladder wall versus normal bladder wall of volunteers. The significantly different features were then analyzed using a support vector machine (SVM) classifier to determine their accuracy in differentiating malignancy from the bladder wall. **RESULTS:** Thirty-three of 40 features show significant differences between bladder cancer and the bladder wall. Nine of 40 features were significantly different in uninvolved bladder wall of patients versus normal bladder wall of volunteers. Further study indicates that seven of these 33 features were significantly different between uninvolved bladder wall of patients with early cancer and that of volunteers, whereas 15 of 33 features were different between that of patients with advanced cancer and normal wall. With the testing dataset consisting of ROIs acquired from patients, the classification accuracy using 33 textural features fed into the SVM classifier was 86.97%. **CONCLUSION:** The initial experience demonstrates that texture features are sensitive to reveal the differences between bladder cancer and the bladder wall on MRI. The different features can be used to develop a computer-aided system for the evaluation of the entire bladder wall.

[625]

TÍTULO / TITLE: - Screening Rectal Culture to Identify Fluoroquinolone-resistant Organisms Before Transrectal Prostate Biopsy: Do the Culture Results Between Office Visit and Biopsy Correlate?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urology. 2013 Jul;82(1):67-73. doi: 10.1016/j.urology.2013.02.068.

●● Enlace al texto completo (gratis o de pago)

1016/j.urology.2013.02.068

AUTORES / AUTHORS: - Liss MA; Nakamura KK; Meuleners R; Kolla SB; Dash A; Peterson EM

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of California, Irvine, CA; Department of Urology, Long Beach Veterans Affairs Medical Center, CA. Electronic address: mliss008@gmail.com.

RESUMEN / SUMMARY: - **OBJECTIVE:** To investigate the performance of screening rectal cultures obtained 2 weeks before transrectal prostate biopsy to detect fluoroquinolone-resistant organisms and again at transrectal prostate biopsy. **MATERIALS AND METHODS:** After institutional review board approval for observational study, we obtained a rectal culture on patients identified for a prostate biopsy but before antibiotic prophylaxis from September 12, 2011 to April 23, 2012. The specimen was cultured onto MacConkey agar with and without 1 µg/mL ciprofloxacin. We then obtained a second rectal culture immediately before prostate biopsy after 24 hours of ciprofloxacin prophylaxis. All cultures were blinded to the practitioner until the end of the study. **RESULTS:** Of 108 patients enrolled, 58 patients had both rectal cultures for comparison. The median time duration between cultures was 14 (6-119) days. There were 54 of 58 concordant pairs (93%), which included 47 negative cultures and 7 positive cultures; 2 patients (3%) who were culture negative from the first screening culture became positive at biopsy. Sensitivity, specificity, negative, positive predictive values, and area under the operator curve were 95.9%, 77.8%, 95.9%, 77.8%, and 0.868, respectively. When *Pseudomonas* spp. are removed from the analysis, the area under the curve is increased to 0.927. **CONCLUSION:** Screening rectal cultures 2 weeks before prostate biopsy has favorable test performance, suggesting screening cultures give an accurate estimate of fluoroquinolone-resistant colonization.

[626]

TÍTULO / TITLE: - Label-free and reagentless electrochemical detection of microRNAs using a conducting polymer nanostructured by carbon nanotubes: Application to prostate cancer biomarker miR-141.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Biosens Bioelectron. 2013 Nov 15;49:164-9. doi: 10.1016/j.bios.2013.05.007. Epub 2013 May 14.

●● Enlace al texto completo (gratis o de pago) [1016/j.bios.2013.05.007](https://doi.org/10.1016/j.bios.2013.05.007)

AUTORES / AUTHORS: - Tran HV; Piro B; Reisberg S; Tran LD; Duc HT; Pham MC

INSTITUCIÓN / INSTITUTION: - Universite Paris Diderot, Sorbonne Paris Cite, ITODYS, UMR 7086 CNRS, 15 rue J-A de Baif, 75205 Paris Cedex 13, France; USTH, University of Science and Technology of Hanoi, 18 Hoang Quoc Viet, Hanoi, Viet Nam.

RESUMEN / SUMMARY: - In this paper, a label-free and reagentless microRNA sensor based on an interpenetrated network of carbon nanotubes and electroactive polymer is described. The nanostructured polymer film presents very well-defined electroactivity in neutral aqueous medium in the cathodic potential domain from the quinone group embedded in the polymer backbone. Addition of microRNA miR-141 target (prostate cancer biomarker) gives a "signal-on" response, i.e. a current increase due to enhancement of the polymer electroactivity. On the contrary, non-complementary miRNAs such as miR-103 and miR-29b-1 do not lead to any significant current change. A very low detection limit of ca. 8fM is achieved with this sensor.

[627]

TÍTULO / TITLE: - Clear cell renal cell carcinoma induces fibroblast-mediated production of stromal periostin.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Cancer. 2013 Jul 26. pii: S0959-8049(13)00527-3. doi: 10.1016/j.ejca.2013.06.032.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.06.032](https://doi.org/10.1016/j.ejca.2013.06.032)

AUTORES / AUTHORS: - Bakhtyar N; Wong N; Kapoor A; Cutz JC; Hill B; Ghert M; Tang D

INSTITUCIÓN / INSTITUTION: - Division of Nephrology, Department of Medicine, St. Joseph's Hospital, Hamilton, Ontario, Canada; Department of Surgery, McMaster University, St. Joseph's Hospital, Hamilton, Ontario, Canada; Father Sean O'Sullivan Research Institute, St. Joseph's Hospital, Hamilton, Ontario, Canada; The Hamilton Center for Kidney Research, St. Joseph's Hospital, Hamilton, Ontario, Canada.

RESUMEN / SUMMARY: - **OBJECTIVES:** Increase in periostin (PN) was reported in clear cell renal cell carcinoma (ccRCC). But how PN contributes to ccRCC pathogenesis remains unclear. This research will investigate the underlying mechanism. **METHODS:** The PN protein in 37 adjacent non-tumour kidney (ANK) tissues, their respective ccRCCs, 16 cases of metastasised ccRCC and xenograft tumours was analysed by immunohistochemistry. PN expression in ccRCC cells and NIH3T3 fibroblasts was examined by real time PCR (polymerase chain reaction) and western blot. **RESULTS:** PN was detected at low levels in the tubular epithelial cells of ANKs. PN was robustly increased in the ccRCC-associated stroma of both organ-confined and metastasised

ccRCCs. Furthermore, despite A498 ccRCC cells and their-derived xenograft tumour cells expressing a low level of PN, a strong presence of stromal PN was observed especially in the boundary region between xenograft tumour mass and non-tumour tissue. Collectively, these results suggest that the ccRCC-associated PN was derived from stroma instead of tumours. This notion was supported by the co-existence of PN with alpha-smooth muscle actin (alphaSMA), a marker of activated fibroblasts, in both local and metastasised ccRCC. Furthermore, co-culture of NIH3T3 mouse fibroblasts with either human A498 or 786-0 ccRCC cells dramatically enhanced PN transcription only in NIH3T3 cells as well as NIH3T3 cell-mediated accumulation of extracellular PN. In return, extracellular PN significantly enhanced A498 cell attachment. Elevation of PN promotes NIH3T3 cell proliferation and enhanced AKT activation. CONCLUSIONS: ccRCC induces fibroblast-mediated accumulation of stromal PN; stromal PN enhances ccRCC cell attachment and fibroblast proliferation.

[628]

TÍTULO / TITLE: - Fourier transform infrared imaging analysis in discrimination studies of bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Analyst. 2013 Jul 30.

●● [Enlace al texto completo \(gratis o de pago\) 1039/c3an01101a](#)

AUTORES / AUTHORS: - Pezzei C; Brunner A; Bonn GK; Huck CW

INSTITUCIÓN / INSTITUTION: - Institute of Analytical Chemistry and Radiochemistry, Leopold-Franzens University, Innrain 80/82, 6020 Innsbruck, Austria. Christian.W.Huck@uibk.ac.at.

RESUMEN / SUMMARY: - Bladder carcinoma represents more than 4% of all cancer diseases in Austria. The histomorphological evaluation is invasive and remains a subjective and time consuming technique. On account of this it is necessary to find novel non-invasive approaches which support the pathologists for histological recognition to identify malignancy at an early stage. In the present study, Fourier transform infrared (FTIR) microscopic imaging was combined with univariate and multivariate data analysis methods to study bladder carcinoma tissue sections in detail. The possibility to collect IR spectra of bladder carcinoma tissue sections employing an optimized analytical protocol is demonstrated. The correlation between FTIR microscopic imaging and the morphological tissue features obtained by histological staining of the sections demonstrated that many histomorphological tissue patterns can be visualized in the colour images. The routine generation of high quality imaging data is enabled because of the combination of FTIR technology and optimized sample preparation techniques. This opens a new quality of spectroscopic analyses of cancerous tissue, allowing exploration of molecular changes associated with the histopathological morphology.

[629]

TÍTULO / TITLE: - Contrast-Ultrasound Dispersion Imaging for Prostate Cancer Localization by Improved Spatiotemporal Similarity Analysis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ultrasound Med Biol. 2013 Jun 18. pii: S0301-5629(13)00582-6. doi: 10.1016/j.ultrasmedbio.2013.03.004.

●● Enlace al texto completo (gratis o de pago)

1016/j.ultrasmedbio.2013.03.004

AUTORES / AUTHORS: - Kuenen MP; Saidov TA; Wijkstra H; Mischi M

INSTITUCIÓN / INSTITUTION: - Department of Electrical Engineering, Eindhoven University of Technology, Eindhoven, The Netherlands; Department of Urology, Academic Medical Center University Hospital, Amsterdam, The Netherlands. Electronic address: m.p.j.kuenen@tue.nl.

RESUMEN / SUMMARY: - Angiogenesis plays a major role in prostate cancer growth. Despite extensive research on blood perfusion imaging aimed at angiogenesis detection, the diagnosis of prostate cancer still requires systematic biopsies. This may be due to the complex relationship between angiogenesis and microvascular perfusion. Analysis of ultrasound-contrast-agent dispersion kinetics, determined by multipath trajectories in the microcirculation, may provide better characterization of the microvascular architecture. We propose the physical rationale for dispersion estimation by an existing spatiotemporal similarity analysis. After an intravenous ultrasound-contrast-agent bolus injection, dispersion is estimated by coherence analysis among time-intensity curves measured at neighbor pixels. The accuracy of the method is increased by time-domain windowing and anisotropic spatial filtering for speckle regularization. The results in 12 patient data sets indicated superior agreement with histology (receiver operating characteristic curve area = 0.88) compared with those obtained by reported perfusion and dispersion analyses, providing a valuable contribution to prostate cancer localization.

[630]

TÍTULO / TITLE: - Rectourethral Fistula After Repeat Transrectal Prostate Biopsy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urology. 2013 Jul 4. pii: S0090-4295(13)00610-9. doi: 10.1016/j.urology.2013.05.004.

●● Enlace al texto completo (gratis o de pago)

1016/j.urology.2013.05.004

AUTORES / AUTHORS: - Loran OB; Veliev EI; Sokolov EA; Dadashev EO; Guspanov RI

INSTITUCIÓN / INSTITUTION: - Department of Urology and Surgical Andrology, Russian Medical Academy of Postgraduate Education, Moscow, Russia.

RESUMEN / SUMMARY: - Transrectal prostate biopsy is considered a relatively safe procedure, with a quite small number of complications. We report a patient with a rectourethral fistula after a repeat transrectal prostate biopsy. To our knowledge, this is the first incident in the published literature.

[631]

TÍTULO / TITLE: - Whole-mount evaluation of penectomies for penile cancer: feasibility, cost and comparison to routine sectioning.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Histopathology. 2013 Jul;63(1):64-73. doi: 10.1111/his.12149. Epub 2013 Jun 6.

●● Enlace al texto completo (gratis o de pago) 1111/his.12149

AUTORES / AUTHORS: - Ebel JJ; Shabsigh A; Sharp DS; Zynger DL

INSTITUCIÓN / INSTITUTION: - Department of Pathology, The Ohio State University Medical Center, Columbus, OH 43210, USA.

RESUMEN / SUMMARY: - AIMS: Pathological staging in penectomies may be difficult due to the anatomical complexity of penile anatomy, and may be additionally challenging due to the low volume at most institutions. Our study aimed to assess the feasibility of whole-mount processing for penectomy specimens. METHODS AND RESULTS: A 7-year retrospective search for partial or radical penectomies identified 55 specimens, which were processed routinely (n = 31) from 2006 to 2009 and whole-mounted (n = 24) from 2010 to 2012. Routine cases used more slides per case compared to whole mounts (mean 10.4 versus 7.2). Recuts occurred more often in routine cases (12.9% versus 0%). More routine cases had additional blocks grossed (19.4% versus 4.2%). Upon review, five discrepancies that impacted pT staging were identified in the routine group, with none in the whole-mount group. The average estimated additional cost for each whole-mount case compared to routine processing was \$40.74, with an increased turnaround time of 1 day. CONCLUSIONS: Whole-mounting is a feasible technique for penectomy that can be utilized with minimal increased cost and turnaround time, and may improve staging. Institutions in which whole-mounting is already established for other organs, such as prostate, may wish to consider utilizing this format for penectomy specimens.

[632]

TÍTULO / TITLE: - The CCND1 G870A polymorphism and susceptibility to bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Tumour Biol. 2013 Jul 28.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1021-](http://1007/s13277-013-1021-7)

[7](#)

AUTORES / AUTHORS: - Li J; Luo F; Zhang H; Li L; Xu Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tianjin Key Lab of Urology, Second Affiliated Hospital of Tianjin Medical University, Tianjin, China.

RESUMEN / SUMMARY: - Published studies on the association between cyclin D1 (CCND1) G870A polymorphism and bladder cancer risk have yielded conflicting results. Thus, a systemic review and meta-analysis of published studies were performed to assess the possible association. All eligible studies of G870A polymorphism and bladder cancer risk were collected from the PubMed and the Cochrane Library. Statistical analyses were performed by Review Manager 5.0 and Stata 11.0. Significant association between G870A polymorphism and bladder cancer susceptibility was found under recessive model in overall population (OR = 1.21, 95 % CI 1.01-1.45, P = 0.04). When stratifying for the race, our analysis suggested that CCND1 G870A was associated with bladder cancer risk in Asians when using homogeneous codominant (OR = 1.72, 95 % CI 1.34-2.20, P < 0.0001), recessive (OR = 1.46, 95 % CI 1.21-1.77, P < 0.0001), dominant (OR = 1.36, 95 % CI 1.10-1.69, P = 0.004), and allelic models (OR = 1.30, 95 % CI 1.15-1.47, P < 0.0001) to analyze the data. However, no significant associations were found in Caucasians. After stratifying the studies by control source, G870A polymorphism was significantly associated with bladder cancer risk under recessive model (OR = 1.31, 95 % CI 1.03-1.67, P = 0.03) in hospital-based case-control studies, but not in population-based case-control studies. This meta-analysis suggested that G870A polymorphism most likely contributes to increased susceptibility to bladder cancer in the overall population, hospital-based case-control studies, and Asians.

[633]

TÍTULO / TITLE: - Trans-Resectoscope Stimulation Predicts the Need to Block Adductor Response During Bladder Tumor Resection.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Anesth Analg. 2013 Jul 18.

●● Enlace al texto completo (gratis o de pago)

[1213/ANE.0b013e3182a07063](#)

AUTORES / AUTHORS: - Mihara T; Itoh H; Hashimoto K; Goto T

INSTITUCIÓN / INSTITUTION: - From the *Department of Anesthesiology and Critical Care Medicine, Yokohama City University Graduate School of Medicine, Yokohama; daggerDepartment of Anesthesiology, International University of Health and Welfare Atami Hospital, Shizuoka Prefecture; and double daggerDepartment of Anesthesiology, Sagami Hospital, Kanagawa Prefecture, Japan.

RESUMEN / SUMMARY: - BACKGROUND: Obturator nerve block is performed on patients who undergo transurethral resection of inferolateral bladder tumors to prevent thigh adductor muscle contraction. However, other than the tumor site,

we have no criteria to judge whether this block is necessary in all patients. Moreover, it is difficult to predict the efficacy of obturator nerve block before resection. To solve these problems, we have devised a trans-resectoscope stimulation technique that involves delivering several single-twitch electrical stimuli to the inside wall of the bladder via a resectoscope to elicit contraction of the thigh adductor muscle. METHODS: Trans-resectoscope stimulation was performed in 51 cases on 45 patients for which urologists had requested obturator nerve block. If no thigh adductor muscle contraction was observed with trans-resectoscope stimulation (i.e., negative result), tumor resection was performed without further investigation. If the result was positive, we performed obturator nerve block or administered a muscle relaxant until the result turned negative. Positive or negative responses to the initial trans-resectoscope stimulation and thigh adductor muscle contraction during subsequent resection were recorded. RESULTS: The initial trans-resectoscope stimulation result was negative in 29 of the 51 cases (57%). In these cases, tumor resection was allowed to proceed, and no thigh adductor muscle contraction occurred (rate of incidence [95% confidence interval]: 0% [0%-5.7%]). In cases with a positive initial trans-resectoscope stimulation result (22/51 or 43%), we performed an obturator nerve block or administered a muscle relaxant after which we once again stimulated to verify the lack of adductor response before proceeding with the resection, and no thigh adductor muscle contraction was observed during resection. CONCLUSIONS: Trans-resectoscope stimulation is beneficial not only to predict the need to block the contraction of the thigh adductor during tumor resection but also to avoid unnecessary obturator nerve block.

[634]

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 (gratis 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 catecholamine-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.

[635]

TÍTULO / TITLE: - Inguinoscrotal hernia of the ureter combined with renal pelvic carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urology. 2013 Jul;82(1):e5-6. doi: 10.1016/j.urology.2013.04.020.

●● Enlace al texto completo (gratis o de pago)

[1016/j.urology.2013.04.020](#)

AUTORES / AUTHORS: - Tan FQ; Yang K; Zheng JH; Chen SW; Xie LP

INSTITUCIÓN / INSTITUTION: - Department of Urology, The First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, Zhejiang Province, China.

RESUMEN / SUMMARY: - Inguinoscrotal herniation of the ureter is a rare finding, with the potential for serious surgical complications. Here we report an extremely rare case of inguinoscrotal hernia of the ureter combined with renal pelvic carcinoma. This 61-year-old man was diagnosed with right renal pelvic tumor, bilateral hydronephrosis with inguinoscrotal hernia of the right ureter, and left ureteral calculus. He was successfully treated with right nephroureterectomy, inguinoscrotal hernia repair, and left ureterolithotomy. Pathologic examinations revealed a high-grade transitional cell carcinoma.

[636]

TÍTULO / TITLE: - MicroRNA-217, down-regulated in clear cell renal cell carcinoma and associated with lower survival, suppresses cell proliferation and migration.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Neoplasma. 2013;60(5):511-5. doi: 10.4149/neo_2013_066.

●● Enlace al texto completo (gratis o de pago) [4149/neo_2013_066](#)

AUTORES / AUTHORS: - Li H; Zhao J; Zhang JW; Huang QY; Huang JZ; Chi LS; Tang HJ; Liu GQ; Zhu DJ; Ma WM

RESUMEN / SUMMARY: - Aberrantly expressed microRNAs (miRNAs) are frequently correlated with a variety of human cancers, including clear cell renal cell carcinoma (ccRCC). In this study, we determined the expression patterns of miR-217 in ccRCC, and tested its effect on cancer cell proliferation and migration. The expression levels of miR-217 were determined in 54 ccRCC samples using Real-Time qPCR. 786-O and ACHN cells were transfected with miR-217 mimics or miRNA mimics control. Cell proliferation and migration were evaluated by MTT assay and scratch-wound assay, respectively. We found that

miR-217 was down-regulated in ccRCC compared to paired normal tissue. Lower miR-217 expression levels were associated with higher tumor grade and stage. All patients with high miR-217 expression survived 5 years, while with low miR-217 expression, only 40% survived. Cell proliferation inhibition and decreased motility were observed in cells transfected with the miR-217 mimics. In conclusion, miR-217 plays a tumor suppressor role in ccRCC. Keywords: miR-217, clear cell renal cell carcinoma, survival, proliferation, migration.

[637]

TÍTULO / TITLE: - Differentiation of central gland prostate cancer from benign prostatic hyperplasia using monoexponential and biexponential diffusion-weighted imaging.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Magn Reson Imaging. 2013 Jun 20. pii: S0730-725X(13)00080-5. doi: 10.1016/j.mri.2013.03.002.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.mri.2013.03.002](#)

AUTORES / AUTHORS: - Liu X; Zhou L; Peng W; Wang C; Wang H

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Fudan University Shanghai Cancer Center, Shanghai 200032, China; Department of Oncology, Shanghai Medical College, Fudan University, Shanghai 200032, China.

RESUMEN / SUMMARY: - PURPOSE: To investigate biexponential apparent diffusion parameters of prostate central gland (CG) cancer, stromal hyperplasia (SH), and glandular hyperplasia (GH) and compare with monoexponential apparent diffusion coefficient (ADC) value for discriminating prostate cancer from benign hyperplasia. MATERIALS AND METHODS: Twenty-one CG cancer foci, 23 SH and 26 GH nodules in the CG were analyzed in 39 patients (19 with CG cancer, 20 with peripheral zone cancer but no CG cancer) who underwent preoperative conventional DWI (b-value 0, 1000s/mm²) and a 10 b-value (range 0 to 3000s/mm²) DWI. All of the cancer and hyperplastic foci on MR images were localized on the basis of histopathologic correlation. The ADC value of the monoexponential DWI, and the fast apparent diffusion coefficient (ADC_f), slow apparent diffusion coefficient (ADC_s) value and the fraction of ADC_f (f) of the biexponential DWI were calculated for all of the lesions. Receiver operating characteristic (ROC) analysis was performed for the differentiation of CG cancer from SH and GH. RESULTS: The ADC values (x10⁻³mm²/s) were 0.87±0.11, 1.06±0.15, and 1.61±0.27 in CG cancer, SH and GH foci, respectively, and differed significantly, yielding areas under the ROC curve (AUCs) of 1.00 and 0.80 for the differentiation of carcinoma from GH and SH, respectively. The ADC_f (x10⁻³mm²/s), ADC_s (x10⁻³mm²/s) and f for cancer were 1.92±0.38, 0.53±0.17, and 47.7±6.1%, respectively, which were lower than the same values for GH (3.43 ±0.65, 1.12±0.21, 61.1±8.7%) (all p<0.01). The ADC_f and ADC_s for cancer were also lower than those for SH (3.11±0.30, 0.79±0.21) (all p<0.01). The ADC_f yielded AUCs (1.00, p>0.01)

that were comparable to those from ADC for the differentiation of cancer from GH, while ADCf yielded higher AUCs (0.92) compared with ADC ($p < 0.01$) for the differentiation of cancer from SH. ADCs and f revealed AUCs of 0.97 and 0.90, respectively, for the differentiation of cancer from GH, and the ADCs offered relatively lower AUCs (0.68) for differentiating cancer from SH. CONCLUSION: Biexponential DWI could potentially improve the differentiation of prostate cancer in CG, and the ADCf of the biexponential model offers better accuracy than ADC.

[638]

TÍTULO / TITLE: - A Walnut-Enriched Diet Reduces the Growth of LNCaP Human Prostate Cancer Xenografts in Nude Mice.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Invest. 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago)

[3109/07357907.2013.800095](#)

AUTORES / AUTHORS: - Reiter RJ; Tan DX; Manchester LC; Korkmaz A; Fuentes-Broto L; Hardman WE; Rosales-Corral SA; Qi W

INSTITUCIÓN / INSTITUTION: - Department of Cellular and Structural Biology, University of Texas Health Science Center, San Antonio, Texas, USA, 1.

RESUMEN / SUMMARY: - It was investigated whether a standard mouse diet (AIN-76^a) supplemented with walnuts reduced the establishment and growth of LNCaP human prostate cancer cells in nude (nu/nu) mice. The walnut-enriched diet reduced the number of tumors and the growth of the LNCaP xenografts; 3 of 16 (18.7%) of the walnut-fed mice developed tumors; conversely, 14 of 32 mice (44.0%) of the control diet-fed animals developed tumors. Similarly, the xenografts in the walnut-fed animals grew more slowly than those in the control diet mice. The final average tumor size in the walnut-diet animals was roughly one-fourth the average size of the prostate tumors in the mice that ate the control diet.

[639]

TÍTULO / TITLE: - Aggressiveness of poorly differentiated sweat gland carcinoma in kidney transplant recipient.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Dermatol. 2013 Jul 8. doi: 10.1111/j.1365-4632.2012.05807.x.

●● Enlace al texto completo (gratis o de pago) [1111/j.1365-](#)

[4632.2012.05807.x](#)

AUTORES / AUTHORS: - Higashi VS; Ogawa MM; Enokihara MM; Enokihara MY; Pasin VP; Tomimori J

INSTITUCIÓN / INSTITUTION: - Department of Dermatology, Escola Paulista de Medicina, Universidade Federal de Sao Paulo, Sao Paulo, Brazil.

[640]

- CASTELLANO -

TÍTULO / TITLE: ¿Como puede contribuir la biología molecular al manejo del tumor en el tracto urinario superior?.

TÍTULO / TITLE: - How could molecular biology modify the management of upper urinary tract tumours?.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Arch Esp Urol. 2013 Jun;66(5):536-542.

AUTORES / AUTHORS: - Roupret M

INSTITUCIÓN / INSTITUTION: - AP-HP. Hopital Pitie-Salpetriere. Service d'Urologie.Paris. France.

RESUMEN / SUMMARY: - Background :Upper urinary tract urothelial carcinomas (UUT-UCs) account for only 5-10% of urothelial carcinomas and the gold standard treatment is open radical nephroureterectomy. Strong differences exist regarding tumor behaviour between the upper and the lower urinary tract. Objective: To demonstrate how the current knowledge in molecular biology of UUT-UCs is likely to modify the management of these tumours.Acquisition of evidence: A MEDLINE search was performed on UUT-UC using the following terms: urinary tract cancer; urothelial carcinomas; upper urinary tract; molecular markers; renal pelvis; ureter; ureteroscopy; nephroureterectomy; adjuvant treatment; neoadjuvant treatment; recurrence; risk factors and survival.Evidence synthesis: Conservative surgery for low-risk UUT-UCs allows for preservation of the upper urinary renal unit, while sparing the patient the morbidity associated with open surgery. Such surgical strategy might be more appropriate in tumors displaying certain molecular markers: microsatellite instability, E-cadherin, MET, Aurora-A, and Ki-67. These markers could help to identify more candidates to nephron-sparing treatment without compromising the oncologic outcome. Susceptibility means an increase in risk conferred by one or more polymorphisms (allele types) of a given gene or genes, which expose the individual to the genotoxic effects of environmental carcinogens. The variant allele SULT1A1*2 with reduced sulfotransferase activity and the T allele of rs9642880 on chromosome 8q24 enhance the risk of UUT-UCs. If an at-risk genetic profile could be established, it might be possible to prevent urothelial carcinomas in some patients. Conclusions: Surgical practice is gradually moving towards minimally invasive techniques which spare the functional unity of the kidney and urinary tract. The ongoing identification of distinct carcinogenic mechanisms for UUT-UCs might open the way to specific treatments adapted to the molecular pattern of each tumor. The next era might hopefully be that of chemoprevention.

[641]

TÍTULO / TITLE: - Quantitative Iodine-Based Material Decomposition Images with Spectral CT Imaging for Differentiating Prostatic Carcinoma from Benign Prostatic Hyperplasia.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acad Radiol. 2013 Aug;20(8):947-56. doi: 10.1016/j.acra.2013.02.011.

●● Enlace al texto completo (gratis o de pago) 1016/j.acra.2013.02.011

AUTORES / AUTHORS: - Zhang XF; Lu Q; Wu LM; Zou AH; Hua XL; Xu JR

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Renji Hospital, Shanghai Jiaotong University School of Medicine, NO1630, Dongfang Road, Shanghai 200127, China.

RESUMEN / SUMMARY: - RATIONALE AND OBJECTIVES: To investigate the value of iodine-based material decomposition images produced via spectral computed tomography (CT) in differentiating prostate cancer (PCa) from benign prostate hyperplasia (BPH). MATERIALS AND METHODS: Fifty-six male patients underwent CT examination with spectral imaging during arterial phase (AP), venous phase (VP), and parenchymal phase (PP) of enhancement. Iodine concentrations of lesions were measured and normalized to that of the obturator internus muscle. Lesion CT values at 75 keV (corresponding to the energy of polychromatic images at 120 kVp) were measured and also normalized; their differences between AP and VP, VP and PP, and PP and AP were also obtained. The two-sample t-test was performed for comparisons. A receiver operating characteristic curve was generated to establish the threshold for normalized iodine concentration (NIC). RESULTS: Fifty-two peripheral lesions were found, which were confirmed by biopsy as 28 cases of PCa and 24 BPHs. The NICs of prostate cancers significantly differed from those of the BPHs: 2.38 +/- 1.72 compared with 1.21 +/- 0.72 in AP, respectively, and 2.67 +/- 0.61 compared with 2.27 +/- 0.77 in VP. Receiver operating characteristic analysis indicated that an NIC of 1.24 in the AP provided a sensitivity of 88% and a specificity of 71% for differentiating PCa from BPH. CONCLUSIONS: Spectral CT imaging enabled quantitative depiction of contrast medium uptake in prostatic lesions and improved sensitivity and specificity for differentiating PCa from BPH.

[642]

TÍTULO / TITLE: - 3-T in-bore MR-guided prostate biopsy based on a scoring system for target lesions characterization.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Radiol. 2013 Jul 22.

- Enlace al texto completo (gratis o de pago)

[1177/0284185113492972](https://doi.org/10.1177/0284185113492972)

AUTORES / AUTHORS: - Quentin M; Schimmoller L; Arsov C; Rabenalt R; Antoch G; Albers P; Blondin D

INSTITUCIÓN / INSTITUTION: - Department of Diagnostic and Interventional Radiology, University Dusseldorf, Medical Faculty, Dusseldorf, Germany.

RESUMEN / SUMMARY: - **BACKGROUND:** To estimate potential malignant lesions within the prostate gland, the usage of a scoring system has recently been proposed by a European consensus meeting. **PURPOSE:** To prospectively investigate a scoring system for functional prostate magnetic resonance imaging (MRI) using in-bore MR-guided prostate biopsy at 3-T. **MATERIAL AND METHODS:** Prostate MRI examinations of 59 patients (between February 2011 and May 2012) with no known prostate cancer, elevated prostate specific antigen (PSA) level, and unsuspected digital rectal examination were included in the study. In each patient up to three lesions were defined and scored using a 5-point scoring system for each MR sequence (T2-weighted images, diffusion-weighted imaging, dynamic contrast-enhanced imaging). Following MRI-guided in-bore biopsy these lesions were correlated to the histopathological findings. **RESULTS:** A total number of 144 lesions were defined in 59 patients. In 28 patients (51 lesions) MR-guided in-bore biopsy was positive for tumor (Gleason grade 6 or higher). A cut-off limit of 10 or more points in summation of the individual scores of all three sequences was used, leading to a 90% sensitivity, 63% specificity, 58% positive predictive value, and 92% negative predictive value. **CONCLUSION:** A simple 5-point scoring system of functional prostate MRI achieves excellent sensitivity and moderate specificity for directing 3-T-guided prostate biopsy relative to the histopathological findings.

[643]

TÍTULO / TITLE: - Differential expression of STAT1 and IFN-gamma in primary and invasive or metastatic wilms tumors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Surg Oncol. 2013 Sep;108(3):152-6. doi: 10.1002/jso.23364. Epub 2013 Jun 21.

- Enlace al texto completo (gratis o de pago) [1002/jso.23364](https://doi.org/10.1002/jso.23364)

AUTORES / AUTHORS: - Liu W; Zhang L; Wu R

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Surgery, Provincial Hospital Affiliated to Shandong University, Jinan, China.

RESUMEN / SUMMARY: - **BACKGROUND AND OBJECTIVES:** IFN/STAT1 signaling has been found to be not only associated with an aggressive tumor phenotype but also activated and functional during metanephric development. This study was undertaken to evaluate STAT1 and IFN-gamma expression and its relation to histopathological features of primary and invasive/metastatic

Wilms tumors. METHODS: Immunohistochemistry was used to determine the expression and cellular distribution of STAT1 and IFN-gamma in 18 pairs of primary and corresponding invasive/metastatic Wilms tumors and 40 primary tumors without invasion or metastasis. RESULTS: Positive rate of STAT1/IFN-gamma expression was 66.7%/61.1% and 72.2%/77.8% in 18 pairs of primary and associated invasive/metastatic Wilms tumor tissues, while 35.0%/27.5% in 40 primary tumors without invasion or metastasis. The expression of STAT1 and IFN-gamma was significantly associated with invasion/metastasis ($P = 0.025$; $P = 0.015$). There was a positive correlation between STAT1 and IFN-gamma expression in all Wilms tumor tissues ($\chi^2 = 23.408$, $P = 0.05$, $r = 0.555$). The expression of STAT1 and IFN-gamma between primary and matched invasive/metastatic tissues was concordance, respectively ($P = 0.710$ and $P = 0.375$). CONCLUSIONS: These results suggest that IFN-gamma/STAT1 signaling might have clinical potential as a promising predictor to identify individuals with poor prognostic potential and as a possible novel target molecule of therapy for Wilms tumor. J. Surg. Oncol. 2013; 108:152-156. © 2013 Wiley Periodicals, Inc.

[644]

TÍTULO / TITLE: - Development of interspecies testicular germ-cell transplantation in flatfish.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Reprod Fertil Dev. 2013 Jun 5. doi: 10.1071/RD13103.

●● Enlace al texto completo (gratis o de pago) [1071/RD13103](#)

AUTORES / AUTHORS: - Pacchiarini T; Sarasquete C; Cabrita E

[645]

TÍTULO / TITLE: - Androgen receptors in hormone-dependent and castration-resistant prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Pharmacol Ther. 2013 Jul 13. pii: S0163-7258(13)00149-6. doi: 10.1016/j.pharmthera.2013.07.003.

●● Enlace al texto completo (gratis o de pago)

[1016/j.pharmthera.2013.07.003](#)

AUTORES / AUTHORS: - Shafi AA; Yen AE; Weigel NL

INSTITUCIÓN / INSTITUTION: - Department of Molecular and Cellular Biology, Baylor College of Medicine, M515, One Baylor Plaza, Houston, TX 77030, USA.

RESUMEN / SUMMARY: - In the United States, prostate cancer (PCa) is the most commonly diagnosed non-cutaneous cancer in males and the second leading cause of cancer-related death for men. The prostate is an androgen-dependent organ and PCa is an androgen-dependent disease. Androgen action is mediated by the androgen receptor (AR), a hormone activated transcription

factor. The primary treatment for metastatic PCa is androgen deprivation therapy (ADT). For the most part, tumors respond to ADT, but most become resistant to therapy within two years. There is persuasive evidence that castration resistant (also termed castration recurrent) PCa (CRPC) remains AR dependent. Recent studies have shown that there are numerous factors that contribute to AR reactivation despite castrate serum levels of androgens. These include changes in AR expression and structure through gene amplification, mutation, and alternative splicing. Changes in steroid metabolism, cell signaling, and coregulator proteins are also important contributors to AR reactivation in CRPC. Most AR targeted therapies have been directed at the hormone binding domain. The finding that constitutively active AR splice variants that lack the hormone binding domain are frequently expressed in CRPC highlights the need to develop therapies that target other portions of AR. In this review, the role of AR in normal prostate, in PCa, and particularly the mechanisms for its reactivation subsequent to ADT are summarized. In addition, recent clinical trials and novel approaches to target AR are discussed.

[646]

TÍTULO / TITLE: - HMGA2 Expression in the PC-3 Prostate Cancer Cell Line Is Autonomous of Growth Factor Stimulation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):3069-78.

AUTORES / AUTHORS: - Muller MH; Drieschner N; Focken T; Bartnitzke S; Winter N; Klemke M; Bullerdiek J

INSTITUCIÓN / INSTITUTION: - Centre for Human Genetics, University of Bremen, Leobener Str. ZHG, 28359 Bremen, Germany. bullerd@uni-bremen.de.

RESUMEN / SUMMARY: - BACKGROUND: High-mobility group AT-hook 2 (HMGA2) protein acts as an oncofoetal transcriptional regulator. In mesenchymal tissues, its expression can be induced by a variety of growth factors such as fibroblast growth factor-1 (FGF1) and platelet-derived growth factor-BB (PDGF-BB) as well as by foetal bovine serum (FBS), thus enhancing proliferation. MATERIALS AND METHODS: To examine these effects in epithelial malignancies, we used the PC-3 prostate cancer cell line for assaying proliferation and HMGA2 expression in response to incubation with growth factors and FBS. The HMGA2 locus was investigated by fluorescence in situ hybridisation (FISH) for loss, amplification or re-arrangement. RESULTS: PC-3 is a cell line that moderately overexpresses HMGA2. None of the growth factors nor FBS caused significantly increased expression of HMGA2. In contrast, a significantly augmented proliferation rate was observed when applying FGF1 or PDGF-BB for 12 h. CONCLUSION: HMGA2 is expressed independently of external stimuli, whereas proliferation stimulated by growth factors is independent of further elevated HMGA2 expression.

[647]

TÍTULO / TITLE: - Cryoablation versus Radiofrequency Ablation for Renal Tumor Ablation: Time to Reassess?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Vasc Interv Radiol. 2013 Aug;24(8):1135-8. doi: 10.1016/j.jvir.2013.05.030.

●● Enlace al texto completo (gratis o de pago) 1016/j.jvir.2013.05.030

AUTORES / AUTHORS: - Gervais DA

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Abdominal Imaging and Intervention, Massachusetts General Hospital, White 270, 55 Fruit St., Boston, MA 02114. Electronic address: dgervais@partners.org.

[648]

TÍTULO / TITLE: - A criterion-based audit of the technical quality of external beam radiotherapy for prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jul 2. pii: S0167-8140(13)00198-9. doi: 10.1016/j.radonc.2013.04.023.

●● Enlace al texto completo (gratis o de pago)

1016/j.radonc.2013.04.023

AUTORES / AUTHORS: - Brundage M; Danielson B; Pearcey R; Bass B; Pickles T; Bahary JP; Peng Y; Wallace D; Mackillop W

INSTITUCIÓN / INSTITUTION: - Division of Cancer Care and Epidemiology, Queen's Cancer Research Institute, Kingston, Ontario, Canada; Departments of Oncology, and Community Health and Epidemiology, Queen's University, Kingston, Ontario, Canada. Electronic address: michael.brundage@krcc.on.ca.

RESUMEN / SUMMARY: - PURPOSE: To evaluate the technical quality of external beam radiotherapy for prostate cancer in Canada. METHODS: This was a multi-institution, retrospective study of a random sample of patients undergoing radiotherapy (RT) for prostate cancer in Canada. Patterns of care were determined by abstracting details of the patients' management from original records. The quality of patient's technical care was measured against a previously published, comprehensive suite of quality indicators. RESULTS: 32 of the 37 RT centres participated. The total study population of 810 patients included 25% low-risk, 44% intermediate-risk, and 28% high-risk cases. 649 received external beam RT (EBRT) only, for whom compliance with 12 indicators of the quality of pre-treatment assessment ranged from 56% (sexual function documented) to 96% (staging bone scan obtained in high-risk patients). Compliance with treatment-related indicators ranged from 78% (dose to prostate 74Gy in intermediate risk patients not receiving hormone therapy) to 100% (3DCRT or IMRT plan). Compliance varied among centres; no centre demonstrated 100% compliance on all indicators and every centre was 100%

compliant on at least some indicators. The number of assessment-related indicators (n=13) with which a given centre was 100% compliant ranged from 4 to 11 (median 7) and the number of the treatment-specific indicators (n=8) with which a given centre was 100% compliant ranged from 6 to 8 (median 8). ADT therapy was utilised in most high-risk cases (191, 92.3%). CONCLUSIONS: While patterns of prostate cancer care in Canada vary somewhat, compliance on the majority of quality indicators is very high. However, all centres showed room for improvement on several indicators and few individual patients received care that met target benchmarks on all quality measures. This variation is particularly important for indicators such as delivered dose where impact on disease outcome is known to exist, and suggests that quality improvement programmes have the potential to further improve quality of care.

[649]

TÍTULO / TITLE: - Nodal/Cripto signaling in fetal male germ cell development: implications for testicular germ cell tumors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):211-219.

●● [Enlace al texto completo \(gratis o de pago\) 1387/ijdb.130028pk](#)

AUTORES / AUTHORS: - Spiller CM; Bowles J; Koopman P

INSTITUCIÓN / INSTITUTION: - Institute for Molecular Bioscience, The University of Queensland, Brisbane, Australia.

RESUMEN / SUMMARY: - Testicular cancer is the most frequent cancer in young men aged 15-40 years and accounts for 1% of all cancer diagnosed in males. Testicular germ cell tumors (TGCT) encompass a broad group of cancers, each displaying different levels of pluripotency and differentiation as well as malignancy potential. The TGCT cell of origin is thought to be a fetal germ cell that failed to correctly differentiate during development: this is known as the fetal origins hypothesis. This theory predicts that developmental pathways that control germ cell pluripotency or differentiation may be involved in the malignant transformation of these cells. Recently the Nodal/Cripto signaling pathway, known to control pluripotency and differentiation in embryonic stem (ES) cells, was implicated in regulating normal male fetal germ cell pluripotency. Although genes of this pathway are not normally expressed in germ cells during adult life, ectopic expression of this pathway was detected in several sub-groups of TGCTs. In this review, we consider the evidence for the fetal origins of TGCT and discuss the implications of Nodal/Cripto signaling in various aspects of germ cell development and cancer progression.

[650]

TÍTULO / TITLE: - Prostate Cancer Screening and Health Care System Distrust in Philadelphia.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Aging Health. 2013 Jun 16.

- Enlace al texto completo (gratis o de pago)

[1177/0898264313490199](#)

AUTORES / AUTHORS: - Yang TC; Matthews SA; Anderson RT

INSTITUCIÓN / INSTITUTION: - 1Department of Sociology, Center for Social & Demographic Analysis, University at Albany, State University of New York.

RESUMEN / SUMMARY: - **OBJECTIVE:** We aim to examine whether distrust of health care system (hereafter distrust) is associated with prostate cancer screening and whether different dimensions of distrust demonstrate similar relationships with prostate cancer screening. **METHOD:** With data on 1,784 men aged 45 to 75 from the Philadelphia metropolitan area, we first applied factor analysis to generate factor scores capturing two distrust subscales: competence and values. We then implemented logistic regressions to estimate the relationships between distrust and prostate cancer screening, controlling for covariates related to demographics (e.g., race and age), socioeconomic status (e.g., poverty status and education), health care resources (e.g., insurance status), and health status (i.e., self-rated health). **RESULTS:** Without considering any other covariates, both competence and values distrust were negatively associated to the receipt of prostate cancer screening. After accounting for other covariates shown above, values distrust remained negatively associated with the odds of receiving prostate cancer screening (OR = 0.89, 95% CI [0.81, 0.98]) but competence distrust was not a significant predictor. **CONCLUSIONS:** Values distrust was independently associated with prostate cancer screening. Macro-level change in the health care system may influence men's health behaviors. Our findings suggested that efforts to make the health care system more transparent and enhanced communications between men and health providers may facilitate prostate cancer screening.

[651]

TÍTULO / TITLE: - The Role of Robot-assisted Radical Prostatectomy and Pelvic Lymph Node Dissection in the Management of High-risk Prostate Cancer: A Systematic Review.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Urol. 2013 May 18. pii: S0302-2838(13)00492-2. doi: 10.1016/j.eururo.2013.05.026.

- Enlace al texto completo (gratis o de pago)

[1016/j.eururo.2013.05.026](#)

AUTORES / AUTHORS: - Yuh B; Artibani W; Heidenreich A; Kimm S; Menon M; Novara G; Tewari A; Touijer K; Wilson T; Zorn KC; Eggener SE

INSTITUCIÓN / INSTITUTION: - City of Hope Cancer Center, Duarte, CA, USA. Electronic address: byuh@coh.org.

RESUMEN / SUMMARY: - CONTEXT: The role of robot-assisted radical prostatectomy (RARP) for men with high-risk (HR) prostate cancer (PCa) has not been well studied. OBJECTIVE: To evaluate the indications for surgical treatment, technical aspects such as nerve sparing (NS) and lymph node dissection (LND), and perioperative outcomes of men with HR PCa treated with RARP. EVIDENCE ACQUISITION: A systematic expert review of the literature was performed in October 2012, searching the Medline, Web of Science, and Scopus databases. Studies with a precise HR definition, robotic focus, and reporting of perioperative and pathologic outcomes were included. EVIDENCE SYNTHESIS: A total of 12 papers (1360 patients) evaluating RARP in HR PCa were retrieved. Most studies (67%) used the D'Amico classification for defining HR. Biopsy Gleason grade 8-10 was the most frequent HR identifier (61%). Length of follow-up ranged from 9.7 to 37.7 mo. Incidence of NS varied, although when performed did not appear to compromise oncologic outcomes. Extended LND (ELND) revealed positive nodes in up to a third of patients. The rate of symptomatic lymphocele after ELND was 3%. Overall mean operative time was 168min, estimated blood loss was 189ml, length of hospital stay was 3.2 d, and catheterization time was 7.8 d. The 12-mo continence rates using a no-pad definition ranged from 51% to 95% with potency recovery ranging from 52% to 60%. The rate of organ-confined disease was 35%, and the positive margin rate was 35%. Three-year biochemical recurrence-free survival ranged from 45% to 86%. CONCLUSIONS: Although the use of RARP for HR PCa has been relatively limited, it appears safe and effective for select patients. Short-term results are similar to the literature on open radical prostatectomy. Variability exists for NS and the template of LND, although ELND improves staging and removes a higher number of metastatic nodes. Further study is required to assess long-term outcomes.

[652]

TÍTULO / TITLE: - The Role of Radical Prostatectomy and Lymph Node Dissection in Lymph Node-Positive Prostate Cancer: A Systematic Review of the Literature.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Urol. 2013 May 22. pii: S0302-2838(13)00500-9. doi: 10.1016/j.eururo.2013.05.033.

●● Enlace al texto completo (gratis o de pago)

1016/j.eururo.2013.05.033

AUTORES / AUTHORS: - Gakis G; Boorjian SA; Briganti A; Joniau S; Karazanashvili G; Karnes RJ; Mattei A; Shariat SF; Stenzl A; Wirth M; Stief CG

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Hospital Tübingen, Eberhard-Karls University Tübingen, Germany. Electronic address: georgios.gakis@googlemail.com.

RESUMEN / SUMMARY: - CONTEXT: Because pelvic lymph node (LN)-positive prostate cancer (PCa) is generally considered a regionally metastatic disease, surgery needs to be better defined. OBJECTIVE: To review the impact of radical prostatectomy (RP) and pelvic lymph node dissection (PLND), possibly in conjunction with a multimodal approach using local radiotherapy and/or androgen-deprivation therapy (ADT), in LN-positive PCa. EVIDENCE ACQUISITION: A systematic Medline search for studies reporting on treatment regimens and outcomes in patients with LN-positive PCa undergoing RP between 1993 and 2012 was performed. EVIDENCE SYNTHESIS: RP can improve progression-free and overall survival in LN-positive PCa, although there is a lack of high-level evidence. Therefore, the former practice of aborting surgery in the presence of positive nodes might no longer be supported by current evidence, especially in those patients with a limited LN tumor burden. Current data demonstrate that the lymphatic spread takes an ascending pathway from the pelvis to the retroperitoneum, in which the internal and the common iliac nodes represent critical landmarks in the metastatic distribution. Sophisticated imaging technologies are still under investigation to improve the prediction of LN-positive PCa. Nonetheless, extended PLND including the common iliac arteries should be offered to intermediate- and high-risk patients to improve nodal staging with a possible benefit in prostate-specific antigen progression-free survival by removing significant metastatic load. Adjuvant ADT has the potential to improve overall survival after RP; the therapeutic role of a trimodal approach with adjuvant local radiotherapy awaits further elucidation. Age is a critical parameter for survival because cancer-specific mortality exceeds overall mortality in younger patients (<60 yr) with high-risk PCa and should be an impetus to treat as thoroughly as possible. CONCLUSIONS: Increasing evidence suggests that RP and extended PLND improve survival in LN-positive PCa. Our understanding of surgery of the primary tumor in LN-positive PCa needs a conceptual change from a palliative option to the first step in a multimodal approach with a significant improvement of long-term survival and cure in selected patients.

[653]

TÍTULO / TITLE: - 11beta-Hydroxydihydrotestosterone and 11-ketodihydrotestosterone, novel C19 steroids with androgenic activity: A putative role in castration resistant prostate cancer?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Mol Cell Endocrinol. 2013 Jul 13;377(1-2):135-146. doi: 10.1016/j.mce.2013.07.006.

●● Enlace al texto completo (gratis o de pago) 1016/j.mce.2013.07.006

AUTORES / AUTHORS: - Storbeck KH; Bloem LM; Africander D; Schloms L; Swart P; Swart AC

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry, University of Stellenbosch, Stellenbosch 7600, South Africa.

RESUMEN / SUMMARY: - Adrenal C19 steroids, dehydroepiandrosterone (DHEA(S)) and androstenedione (A4), play a critical role in castration resistant prostate cancer (CRPC) as they are metabolised to dihydrotestosterone (DHT), via testosterone (T), or via the alternate 5alpha-dione pathway, bypassing T. Adrenal 11OHA4 metabolism in CRPC is, however, unknown. We present a novel pathway for 11OHA4 metabolism in CRPC leading to the production of 11ketoT (11KT) and novel 5alpha-reduced C19 steroids - 11OH-5alpha-androstenedione, 11keto-5alpha-androstenedione, 11OHDHT and 11ketoDHT (11KDHT). The pathway was validated in the androgen-dependent prostate cancer cell line, LNCaP. Androgen receptor (AR) transactivation studies showed that while 11KT and 11OHDHT act as a partial AR agonists, 11KDHT is a full AR agonist exhibiting similar activity to DHT at 1nM. Our data demonstrates that, while 11OHA4 has negligible androgenic activity, its metabolism to 11KT and 11KDHT yields androgenic compounds which may be implicated, together with A4 and DHEA(S), in driving CRPC in the absence of testicular T.

[654]

TÍTULO / TITLE: - Systematic Review of Complications of Prostate Biopsy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Urol. 2013 Jun 4. pii: S0302-2838(13)00558-7. doi: 10.1016/j.eururo.2013.05.049.

●● Enlace al texto completo (gratis o de pago)

[1016/j.eururo.2013.05.049](#)

AUTORES / AUTHORS: - Loeb S; Vellekoop A; Ahmed HU; Catto J; Emberton M; Nam R; Rosario DJ; Scattoni V; Lotan Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, New York University, New York, NY, USA. Electronic address: stacyloeb@gmail.com.

RESUMEN / SUMMARY: - CONTEXT: Prostate biopsy is commonly performed for cancer detection and management. The benefits and risks of prostate biopsy are germane to ongoing debates about prostate cancer screening and treatment. OBJECTIVE: To perform a systematic review of complications from prostate biopsy. EVIDENCE ACQUISITION: A literature search was performed using PubMed and Embase, supplemented with additional references. Articles were reviewed for data on the following complications: hematuria, rectal bleeding, hematospermia, infection, pain, lower urinary tract symptoms (LUTS), urinary retention, erectile dysfunction, and mortality. EVIDENCE SYNTHESIS: After biopsy, hematuria and hematospermia are common but typically mild and self-limiting. Severe rectal bleeding is uncommon. Despite antimicrobial prophylaxis, infectious complications are increasing over time and are the most common reason for hospitalization after biopsy. Pain may occur at several

stages of prostate biopsy and can be mitigated by anesthetic agents and anxiety-reduction techniques. Up to 25% of men have transient LUTS after biopsy, and <2% have frank urinary retention, with slightly higher rates reported after transperineal template biopsy. Biopsy-related mortality is rare. CONCLUSIONS: Preparation for biopsy should include antimicrobial prophylaxis and pain management. Prostate biopsy is frequently associated with minor bleeding and urinary symptoms that usually do not require intervention. Infectious complications can be serious, requiring prompt management and continued work into preventative strategies.

[655]

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 (gratis 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.

[656]

TÍTULO / TITLE: - Development of renal cell carcinoma (RCC) diagnostics and impact on prognosis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Jul 26. doi: 10.1111/bju.12242.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12242](#)

AUTORES / AUTHORS: - Sunela KL; Lehtinen ET; Kataja MJ; Kujala PM; Soimakallio S; Kellokumpu-Lehtinen PL

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Fimlab Laboratories, Tampere University Hospital, Tampere, Finland.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate imaging methods and prognoses between small renal cell carcinomas (RCCs) and larger tumours according to the era of diagnostics. PATIENTS AND METHODS: In all, 784 consecutive patients diagnosed with RCC between 1964 and 1997 at the Pirkanmaa Hospital District in Finland were included. Patients were divided into two groups: tumours of ≤ 3.0 and > 3.0 cm in diameter. Prognosis was analysed according to the era of diagnostics: (i) pre-computed tomography (CT) and pre-ultrasound (US), (ii) US era and (iii) CT era. RESULTS: Small tumours became more common: in the pre-CT and pre-US era, only 4.4% of tumours were small; however, in the CT era 16% were small tumours. More diagnostic

methods were used in studying small tumours. CT proved to be the most reliable method, although it was actually better at diagnosing large tumours. Relapses occurred less frequently among patients with small tumours; more than half of the tumours that developed distant metastases (16.0%) already evinced them at the time of diagnosis. There were no relapses after 14 years of follow-up among small tumours, whereas large tumours relapsed within that time. RCC was the cause of death in 14.9% of patients with small tumours vs 50.7% with large tumours. The best prognosis was among patients with small tumours diagnosed with CT. CONCLUSION: Among patients with small tumours, prognosis has improved along with better diagnostics, although some showed relapse during a surveillance period of up to 14 years.

[657]

TÍTULO / TITLE: - Left ventricular mass index and its relationship to ambulatory blood pressure and renal resistivity index in renal transplant recipients.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Transplant Proc. 2013 May;45(4):1575-8. doi: 10.1016/j.transproceed.2013.01.105.

●● Enlace al texto completo (gratis o de pago)

[1016/j.transproceed.2013.01.105](#)

AUTORES / AUTHORS: - Sezer S; Uyar ME; Colak T; Bal Z; Tural E; Kalaci G; Acar FN

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, Baskent University Medical School, Ankara, Turkey.

RESUMEN / SUMMARY: - INTRODUCTION AND AIMS: Left ventricular hypertrophy (LVH) is frequently observed in patients with end-stage renal disease and renal allograft recipients. It is an independent, strong predictor of morbidity and mortality. Renal resistive index (RRI) is an important determinant of graft function in transplant recipients. In essential hypertension, increased RRI is associated with reduced renal function and tubulointerstitial damage. In this present study, we investigated the association of ambulatory blood pressure monitoring parameters and RRI on left ventricular mass index among renal transplant recipients. METHODS: Charts of 98 renal transplant recipients with echocardiography, ambulatory blood pressure monitoring, and renal Doppler ultrasonography as well as laboratory tests including serum creatinine, glomerular filtration rate, and C-reactive protein (CRP) level at the end of post-transplantation year 1 were analyzed in this study. LVMI was calculated using the Devereux formula with echocardiographic findings. RESULTS: Left ventricular mass index (LVMI) positively correlated with mean systolic blood pressure (SBP) ($r = 0.512$; $P = .0001$), mean nighttime SBP ($r = 0.312$; $P = .007$), mean nighttime diastolic blood pressure (DBP) ($r = 0.427$; $P = .005$), renal resistive index (RRI; $r = 0.290$; $P = .004$), and age ($r = 0.371$; $P = .001$). Multiple logistic regression analysis revealed that mean and maximum nighttime

SBP and RRI were independent risk factors for LVMI (P = .001, .035, and .05, respectively). CONCLUSION: High RRI is one of the main indicators of cardiovascular disease in renal transplant recipients. Additionally, older age, high blood pressure, and nondipper pattern are important risk factors of LVH.

[658]

TÍTULO / TITLE: - Distinguishing Characteristics of Urothelial Carcinoma in Kidney Transplant Recipients Between China and Western Countries.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Transplant Proc. 2013 Jun 6. pii: S0041-1345(12)01322-X. doi: 10.1016/j.transproceed.2012.10.035.

●● Enlace al texto completo (gratis o de pago)

[1016/j.transproceed.2012.10.035](#)

AUTORES / AUTHORS: - Liu GM; Fang Q; Ma HS; Sun G; Wang XC

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tianjin First Central Hospital, Tianjin, China.

RESUMEN / SUMMARY: - OBJECTIVE: To identify significant distinctive characteristics of urothelial carcinoma (UC) in kidney transplant recipients between China and Western countries and investigate probable tumor screening and treatment factors contributing to these differences. METHODS: Renal transplant recipients from 1998 to 2011 in our institution diagnosed with UC were included in this study. Our data on tumor incidence, clinical characteristics, and outcomes were compared with literature reports. RESULTS: Among 2572 renal transplant recipients identified, 24 (0.93%) experienced UC, including 10 men and 14 women of overall mean age of 49.3 +/- 11.6 years at transplantation and 53.5 +/- 9.5 years at tumor detection. The Chinese traditional herbal intake mainly focused on 2 preparations: Aristolochic acid and rhubarb (the latter was mainly used in patients with chronic renal impairment) in 20 people. There were 21 (87.5%) cases of upper (UTUC) 5 cases of bilateral, and 13 cases of multifocal urinary tract urothelial carcinoma. Four subjects died owing to tumor progression at 4-63 months postoperatively. CONCLUSIONS: UC in renal transplant recipients shared notable characteristics in China with widespread herb intake: UTUC predominance; multifocal and bilateral organ involvement; high rates of recurrence, progression, and dissemination, in contrast with bladder tumor dominance in Western countries. As a consequence, we suggest that bilateral nephroureterectomy should be performed prophylactically in high-risk patients, especially those with a long history of Chinese herb intake. The relationship of rhubarb consumption to UC in renal transplant recipients should be noted and evaluated.

[659]

TÍTULO / TITLE: - Proteomic analysis for testis of mice exposed to carbon ion radiation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Mutat Res. 2013 Aug 15;755(2):148-55. doi: 10.1016/j.mrgentox.2013.06.017. Epub 2013 Jul 1.

●● Enlace al texto completo (gratis o de pago)

[1016/j.mrgentox.2013.06.017](#)

AUTORES / AUTHORS: - Li H; Zhang H; Xie Y; He Y; Miao G; Yang L; Di C; He Y

INSTITUCIÓN / INSTITUTION: - Department of Heavy Ion Radiation Medicine, Institute of Modern Physics, Chinese Academy of Sciences, Lanzhou 730000, China; Key Laboratory of Heavy Ion Radiation Biology and Medicine of Chinese Academy of Sciences, Lanzhou 730000, China; Key Laboratory of Heavy Ion Radiation Medicine of Gansu Province, Lanzhou 730000, China; University of Chinese Academy of Sciences, Beijing 100049, China.

RESUMEN / SUMMARY: - This paper investigates the mechanism of action of heavy ion radiation (HIR) on mouse testes. The testes of male mice subjected to whole body irradiation with carbon ion beam (0.5 and 4Gy) were analyzed at 7 days after irradiation. A two-dimensional gel electrophoresis approach was employed to investigate the alteration of protein expression in the testes. Spot detection and matching were performed using the PDQuest 8.0 software. A difference of more than threefold in protein quantity (normalized spot volume) is the standard for detecting differentially expressed protein spots. A total of 11 differentially expressed proteins were found. Protein identification was performed using matrix-assisted laser desorption/ionization tandem time-of-flight mass spectrometry (MALDI-TOF-TOF). Nine specific proteins were identified by searching the protein sequence database of the National Center for Biotechnology Information. These proteins were found involved in molecular chaperones, metabolic enzymes, oxidative stress, sperm function, and spermatogenic cell proliferation. HIR decreased glutathione activity and increased malondialdehyde content in the testes. Given that Pin1 is related to the cell cycle and that proliferation is affected by spermatogenesis, we analyzed testicular histological changes and Pin1 protein expression through immunoblotting and immunofluorescence. Alterations of multiple pathways may be associated with HIR toxicity to the testes. Our findings are essential for studies on the development, biology, and pathology of mouse testes after HIR in space or radiotherapy.

[660]

TÍTULO / TITLE: - In vitro demonstration of enhanced prostate cancer toxicity: pretargeting with Bombesin bispecific complexes and targeting with polymer-drug-conjugates.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Drug Target. 2013 Jul 18.

- Enlace al texto completo (gratis o de pago)

[3109/1061186X.2013.818675](https://doi.org/10.1016/j.athoracsur.2013.04.047)

AUTORES / AUTHORS: - Patil V; Gada K; Panwar R; Majewski S; Tekabe Y; Varvarigou A; Khaw BA

INSTITUCIÓN / INSTITUTION: - Bouve College of Health Sciences, School of Pharmacy, Northeastern University, Boston, USA.

RESUMEN / SUMMARY: - Abstract Background: Bombesin has been used to target Bombesin receptor, a growth receptor, which is over-expressed in many cancers, including prostate cancer. Polymer-anti-neoplastic-drug-conjugates (PDC) were also developed to reduce non-specific toxicity and increase tumor toxicity utilizing the enhanced permeability and retention effect, benefitting treatment of large tumors with well-established vasculature. Purpose: If PDCs were delivered by targeted delivery to cancer cells, tumor toxicity would be enhanced and non-specific toxicity decreased. Methods: Cardiocyte toxicity was assessed in H9c2 cardiocytes with doxorubicin (Dox) or N-terminal DTPA-modified-Doxorubicin-loaded-polyglutamic acid polymers (D-Dox-PGA). Therapeutic efficacy of targeted D-Dox-PGA after pretargeting with Bombesin-conjugated anti-DTPA-antibody Bispecific Complexes (Bom-BiSpCx) was compared to that of Dox in PC3 cells. Bom-BiSpCx was generated by thioether bond between Bombesin to Anti-DTPA antibody. Results: D-Dox-PGA was demonstrated to have less cardiocyte toxicity (IC50 = 20 microg/ml) than free Dox (1.55 microg/ml, $p < 0.001$). However, after pre-targeting of human prostate cancer PC3 cells with Bom-BiSpCx and targeting with D-Dox-PGA, IC50 (13.2 microg/ml) was about two times less than that of Dox (28.5 microg/ml, $p < 0.0001$). Discussion: Targeted delivery of PDCs having lower cardiocyte toxicity enabled higher efficiency cancer cell therapy. Conclusion: This study may allow development of very efficient targeted prostate cancer pro-drug therapy.

[661]

TÍTULO / TITLE: - Metastasectomy with standardized lymph node dissection for metastatic renal cell carcinoma: an 11-year single-center experience.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Thorac Surg. 2013 Jul;96(1):265-71. doi: 10.1016/j.athoracsur.2013.04.047. Epub 2013 May 31.

- Enlace al texto completo (gratis o de pago)

[1016/j.athoracsur.2013.04.047](https://doi.org/10.1016/j.athoracsur.2013.04.047)

AUTORES / AUTHORS: - Kudelin N; Bolukbas S; Eberlein M; Schirren J

INSTITUCIÓN / INSTITUTION: - Department of Thoracic Surgery, Dr.-Horst-Schmidt-Klinik (Teaching Hospital of Johannes Gutenberg University, Mainz), Wiesbaden, Germany.

RESUMEN / SUMMARY: - BACKGROUND: Pulmonary metastasectomy (PM) for metastatic renal cell carcinoma is an established method of treatment for selected patients. The incidence of intrathoracic lymph node metastases

(ITLNM) and outcomes remain controversial. The purpose of this study was to determine the incidence of ITLNM and long-term outcome of PM for metastatic kidney cancer. METHODS: From January 1999 to December 2009, 116 patients (82 men, age 61.7 +/- 9.0 years) with metastases from kidney cancer underwent PM and systematic lymph node dissection with curative intent. Kaplan-Meier analyses, log-rank test, and Cox regression analyses were used to estimate survival and to determine prognosticators of survival. RESULTS: Overall survival rates were 49% at 5 years and 21% at 10 years (median survival, 56.6 +/- 9.2 months). Complete resections could be achieved in 108 patients (93.1%). Forty patients (34.5%) had systematic therapy before metastasectomy. Partial regression was observed in 11 patients (27.5%). Surgical morbidity and mortality rates were 13.8% (16 of 116) and 0.9% (1 of 116), respectively. ITLNM were found in 54 (46.6%). Patient age (≥ 70 years; $p = 0.003$), female gender ($p = 0.016$), and number of metastases (≥ 2 metastases; $p = 0.012$) were associated with inferior survival after PM in the univariate analysis. The presence of ITLNM and type of lung resection did not significantly affect survival. Patient age remained the only significant prognostic factor when a multivariate Cox proportional hazards model was applied. CONCLUSIONS: PM and systematic lymph node dissection can be performed safely with low morbidity and mortality. Long-term survival is achievable in selected patients even with ITLNM. We recommend that systematic lymph node dissection should be demanded in every patient due to the high prevalence of ITLNM. Patients aged 70 years or older should be selected carefully for PM.

[662]

TÍTULO / TITLE: - Porcine hemagglutinating encephalomyelitis virus induces apoptosis in a porcine kidney cell line via caspase-dependent pathways.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Virus Res. 2013 Jun 13. pii: S0168-1702(13)00202-5. doi: 10.1016/j.virusres.2013.05.019.

●● Enlace al texto completo (gratis o de pago)

[1016/j.virusres.2013.05.019](#)

AUTORES / AUTHORS: - Lan Y; Zhao K; Wang G; Dong B; Zhao J; Tang B; Lu H; Gao W; Chang L; Jin Z; Gao F; He W

INSTITUCIÓN / INSTITUTION: - Key Laboratory of Zoonosis, Ministry of Education, College of Veterinary Medicine, Jilin University, Changchun 130062, China.

RESUMEN / SUMMARY: - Porcine hemagglutinating encephalomyelitis is an acute, highly contagious disease in piglets that is caused by the porcine hemagglutinating encephalomyelitis virus (PHEV). However, the pathogenesis of PHEV and the relationship between PHEV and the host cells are not fully understood. In this study, we investigated whether the PHEV-induced cytopathic effect (CPE) was caused by apoptosis. Replication of PHEV in a porcine kidney-derived cell line (PK-15 cells) caused an extensive CPE, leading

to the destruction of the entire monolayer and the death of the infected cells. Staining with Hoechst 33,342 revealed morphological changes in the nuclei and chromatin fragmentation. In addition, PHEV caused DNA fragmentation detectable by agarose gel electrophoresis 48h post-infection, increasing with the incubation time. The percentage of apoptotic cells increased with the incubation time and reached a maximum at 96h post-infection, as determined using flow cytometry and fluorescence microscopy of cells that were stained with annexin V-FITC and propidium iodide (PI). Moreover, as is commonly observed for coronavirus infections of other animals, the activities of the effector caspase, caspase-3, and the initiator caspases, caspase-8 and caspase-9, which are representative factors in the death receptor-mediated apoptotic pathway and the mitochondrial apoptotic pathway, respectively, were increased in PHEV-infected PK-15 cells. Moreover, the tripeptide pan-ICE (caspase) inhibitor Z-VAD-FMK blocked PHEV-induced apoptosis but did not have an effect on virus production by 96h post-infection. These results suggested that PHEV induces apoptosis in PK-15 cells via a caspase-dependent pathway. Apoptotic death of infected cells is detrimental to animals because it causes cell and tissue destruction. Although the pathological characteristics of PHEV are largely unknown, apoptosis may be the pathological basis of the lesions resulting from PHEV infection.

[663]

TÍTULO / TITLE: - Anterograde Trafficking of CXCR4 and CCR2 Receptors in a Prostate Cancer Cell Line.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cell Physiol Biochem. 2013;32(1):74-85. doi: 10.1159/000350126. Epub 2013 Jul 5.

●● Enlace al texto completo (gratis o de pago) [1159/000350126](#)

AUTORES / AUTHORS: - Gillies K; Wertman J; Charette N; Dupre DJ

INSTITUCIÓN / INSTITUTION: - Department of Pharmacology, Faculty of Medicine, Dalhousie University, Halifax, NS, Canada.

RESUMEN / SUMMARY: - Background: Most prostate cancer-related deaths result from metastasis. CXCR4 and CCR2 are known to govern cellular processes resulting in cell migration, proliferation and survival. These receptors are expressed at low levels on normal prostate cells and are highly expressed on malignant and metastatic prostate cancer cells. Signaling of these receptors is relatively well understood, but processes governing their expression at the cell membrane are not. PC3 prostate cancer cells were used to demonstrate the importance of various Rab GTPases on cell surface expression and signaling of CXCR4 and CCR2, along with the CXCR4/CCR2 heterodimer. Methods: PC3 prostate cancer cells were transfected with select Rab GTPase wild-type and dominant negative constructs. Effects of each Rab GTPase on endogenous cell surface expression of the individual receptors, along with the overexpressed

CXCR4/CCR2 heterodimer, were determined by biotin-streptavidin cell surface assays. These results were corroborated by assessing signal transduction, measured by focal adhesion kinase (FAK) activation. Conclusion: Rab GTPases required for cell surface expression and signal transduction of CXCR4 or CCR2 differ from those required for the CXCR4/CCR2 heterodimer. Determining trafficking regulators of two key receptors involved in the metastatic transition may identify new targets to restrict expression of chemokine receptors employed during metastasis.

[664]

TÍTULO / TITLE: - Lymphovascular invasion, ureteral reimplantation and prior history of urothelial carcinoma are associated with poor prognosis after partial cystectomy for muscle-invasive bladder cancer with negative pelvic lymph nodes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 May 27. pii: S0748-7983(13)00367-3. doi: 10.1016/j.ejso.2013.04.006.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.ejso.2013.04.006](#)

AUTORES / AUTHORS: - Ma B; Li H; Zhang C; Yang K; Qiao B; Zhang Z; Xu Y

INSTITUCIÓN / INSTITUTION: - Department of Urologic Surgery, Tianjin Medical University Second Hospital, Tianjin, China.

RESUMEN / SUMMARY: - **PURPOSE:** To identify predictive factors underlying recurrence and survival after partial cystectomy for pelvic lymph node-negative muscle-invasive bladder cancer (MIBC) (urothelial carcinoma) and to report the results of partial cystectomy among select patients. **METHODS:** We retrospectively reviewed 101 cases that received partial cystectomy for MIBC (pT2-3N0M0) between 2000 and 2010. The log-rank test and a Cox regression analyses were performed to identify factors that were predictive of recurrence and survival. **RESULTS:** With a median follow-up of 53.0 months (range 9-120), the 5-year overall survival (OS), cancer-specific survival (CSS) and recurrence-free survival (RFS) rates were 58%, 65% and 50%, respectively. A total of 33 patients died of bladder cancer and 52 patients survived with intact bladder. Of the 101 patients included, 55 had no recurrence, 12 had non-muscle-invasive recurrence in the bladder that was treated successfully, and 34 had recurrence with advanced disease. The multivariate analysis showed that prior history of urothelial carcinoma (PH.UC) was associated with both CSS and RFS and weakly associated with OS; lymphovascular invasion (LVI) and ureteral reimplantation (UR) were associated with OS, CSS and RFS. **CONCLUSIONS:** Among patients with pelvic lymph node-negative MIBC, PH.UC and UR should be considered as contraindications for partial cystectomy, and LVI is predictive of poor outcomes after partial cystectomy. Highly selective partial cystectomy is a rational alternative to radical cystectomy for the treatment of MIBC with negative pelvic lymph nodes.

[665]

TÍTULO / TITLE: - Laparoscopic radical cystectomy with extracorporeal ileal neobladder for muscle-invasive urothelial carcinoma of the bladder: technique and short-term outcomes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - World J Urol. 2013 Jul 2.

- [Enlace al texto completo \(gratis o de pago\) 1007/s00345-013-1122-](#)

[3](#)

AUTORES / AUTHORS: - Springer C; Mohammed N; Alba S; Theil G; Altieri VM; Fornara P; Greco F

INSTITUCIÓN / INSTITUTION: - Department of Urology and Kidney Transplantation, Martin-Luther-University, Ernst-Grube-Strasse 40, 06120, Halle/Saale, Germany.

RESUMEN / SUMMARY: - **OBJECTIVES:** To report the surgical outcomes of laparoscopic radical cystectomy (LRC) with extracorporeal orthotopic ileal neobladder (OIN) in patients with muscle-invasive urothelial carcinoma of the bladder (UCB). **MATERIALS AND METHODS:** Between October 2009 and December 2011, 37 patients with muscle-invasive UCB underwent a LRC with OIN. Indications included (a) muscle-invasive UCB T2-4^a, N0-Nx, M0; (b) high-risk and recurrent non-muscle-invasive tumors; (c) T1G3 plus CIS; and (d) extensive non-muscle-invasive disease that could not be controlled by transurethral resection and intravesical therapy. Demographic data, perioperative, and postoperative variables were recorded and analyzed. **RESULTS:** The median operating time was 330 min, with a median estimated blood loss of 410 ml. Median length of stay was 12 days, and the mean length of the skin incision to extract the specimen and for the configuration of the neobladder was 7 +/- 1 cm. The complication rate was 21.6 % (Clavien II). No Clavien III-V complications were reported. Daytime and nocturnal continence were preserved in 95 and 78 %, respectively. No local recurrence or port site metastasis occurred. Median time to disease recurrence was 14 months (IQR 9-24), and 1-year cancer-specific survival was 91.9 %. **CONCLUSIONS:** Laparoscopic radical cystectomy with extracorporeal ileal neobladder is a challenging procedure but technically feasible, allowing low morbidity and oncological safety. Long-term oncological results are required to definitely recognize this procedure as a standard treatment for bladder cancer.

[666]

TÍTULO / TITLE: - Prevalence of carcinoma in situ in testicular biopsies of infertile Iranian men.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Andrologia. 2013 Jul 21. doi: 10.1111/and.12139.

●● Enlace al texto completo (gratis o de pago) 1111/and.12139

AUTORES / AUTHORS: - Soltangharaee H; Pourkeramati F; Khoddami M; Amirjannati N; Akhondi MM; Soltani A

INSTITUCIÓN / INSTITUTION: - Reproductive Biotechnology Research Center, Avicenna Research Institute, ACECR, Tehran, Iran.

RESUMEN / SUMMARY: - Almost all testicular germ cell tumours are proved to originate from carcinoma in situ cells. Infertility is one of the factors that increase the risk of carcinoma in situ. The reported prevalence for carcinoma in situ from different parts of the world is 0-3.7% in infertile men. This retrospective study was performed to determine the prevalence of carcinoma in situ in Iranian infertile men. We reviewed the testicular biopsies of 1153 infertile men at the pathology department of Avicenna Infertility Center. One hundred and fifty-one cases were suspicious of having carcinoma in situ. Immunohistochemical marker for placental alkaline phosphatase was employed to confirm the diagnosis of carcinoma in situ. Positive results were detected in 7 (0.6%) of 1153 cases (95% CI 0.24%-1.24%), 6 (0.94%) of which (95% CI 0.34%-2.04%) were under the age of 35 years (636 patients were in this age group). This study is the first study in Iran determining the prevalence of carcinoma in situ among the infertile Iranian men; the result is in the range of reports from other countries.

[667]

TÍTULO / TITLE: - Extrarenal testicular Wilms' tumor in a 3-year-old child.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Pediatr Surg Int. 2013 Jun 22.

●● Enlace al texto completo (gratis o de pago) [1007/s00383-013-3338-](http://1007/s00383-013-3338-0)

[0](#)

AUTORES / AUTHORS: - Morandi A; Fagnani AM; Runza L; Farris G; Zanini A; Parolini F; Bassi G; Gentilino V; Macchini F; Arnoldi R; Leva E

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Surgery, FONDAZIONE IRCCS Ca' Granda Ospedale Maggiore Policlinico, Via Commenda 10, 20122, Milano, Italy, chped.articles@gmail.com.

RESUMEN / SUMMARY: - We report an extremely rare case of extrarenal testicular Wilms' tumor in a 3-year-old boy with intrabdominal undescended left testis. The patient was admitted because of pain and vomiting, with evidence of a huge abdominal mass. At surgery a large tumor arising from the intrabdominal testis was found. Histology showed the classical triphasic Wilms' tumor elements: epithelial, mesenchymal and blastemal areas. Extrarenal Wilms' tumors account for only 3 % of all Wilms' tumors and just ~100 cases have been reported in literature. Testicular origin is anecdotic. We present histomorphological, histogenetic, clinical, diagnostic, prognostic and therapeutic features of this rare tumor.

[668]

TÍTULO / TITLE: - Metastatic Renal Cell Carcinoma to the Pancreas: Diagnostic Significance of Fine-Needle Aspiration Cytology.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Cytol. 2013 Jul 12;57(4):418-422.

●● Enlace al texto completo (gratis o de pago) [1159/000351299](#)

AUTORES / AUTHORS: - Gilani SM; Tashjian R; Danforth R; Fathallah L

INSTITUCIÓN / INSTITUTION: - Department of Pathology, St. John Hospital and Medical Center, Detroit, Mich., USA.

RESUMEN / SUMMARY: - Background: Renal cell carcinoma rarely metastasizes to the pancreas. Diagnosing a neoplasm that is metastatic to the pancreas by fine-needle aspiration (FNA) cytology is often challenging. A detailed clinical history may prove to be beneficial. Case Reports: A total of 729 pancreatic FNAs were performed from January 2005 through August 2012 at our institution. Among these, we found 3 patients with a prior history of a malignant renal neoplasm who presented with a pancreatic mass: 2 in the tail and 1 in the head. Radiographically, they ranged in size from 2.5 to 7.0 cm. Microscopic evaluation of cytologic material obtained during endoscopic ultrasound-guided FNA (EUS-FNA) revealed cohesive clusters of atypical cells with clear cytoplasm and prominent nucleoli surrounded by a thin capillary network. The neoplastic cells were immunoreactive with CD10 (cases 2 and 3). A diagnosis of metastatic clear cell renal cell carcinoma was rendered for each case based on the morphologic features and immunohistochemical staining pattern of the neoplastic cells. Histologic comparison with the available slides of the corresponding primary renal neoplasm confirmed the diagnosis. Conclusion: We conclude that EUS-FNA of pancreatic masses is an important, effective, and accurate diagnostic modality for early diagnosis of both primary and metastatic neoplasms of the pancreas.

[669]

TÍTULO / TITLE: - AKR1C3 as a target in castrate resistant prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Steroid Biochem Mol Biol. 2013 Jun 6. pii: S0960-0760(13)00083-6. doi: 10.1016/j.jsbmb.2013.05.012.

●● Enlace al texto completo (gratis o de pago)

[1016/j.jsbmb.2013.05.012](#)

AUTORES / AUTHORS: - Adeniji AO; Chen M; Penning TM

INSTITUCIÓN / INSTITUTION: - Department of Pharmacology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA 19104-6061, USA.

RESUMEN / SUMMARY: - Aberrant androgen receptor (AR) activation is the major driver of castrate resistant prostate cancer (CRPC). CRPC is ultimately fatal and more therapeutic agents are needed to treat this disease. Compounds that

target the androgen axis by inhibiting androgen biosynthesis and or AR signaling are potential candidates for use in CRPC treatment and are currently being pursued aggressively. Aldo-keto reductase 1C3 (AKR1C3) plays a pivotal role in androgen biosynthesis within the prostate. It catalyzes the 17-ketoreduction of weak androgen precursors to give testosterone and 5alpha-dihydrotestosterone. AKR1C3 expression and activity has been implicated in the development of CRPC, making it a rational target. Selective inhibition of AKR1C3 will be important, however, due to the presence of closely related isoforms, AKR1C1 and AKR1C2 that are also involved in androgen inactivation. We examine the evidence that supports the vital role of AKR1C3 in CRPC and recent developments in the discovery of potent and selective AKR1C3 inhibitors. This article is part of a Special Issue entitled 'CSR 2013'.

[670]

TÍTULO / TITLE: - Cystic renal cell carcinomas: do they grow, metastasize, or recur?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - AJR Am J Roentgenol. 2013 Aug;201(2):W292-6. doi: 10.2214/AJR.12.9414.

●● Enlace al texto completo (gratis o de pago) [2214/AJR.12.9414](#)

AUTORES / AUTHORS: - Jhaveri K; Gupta P; Elmi A; Flor L; Moshonov H; Evans A; Jewett M

INSTITUCIÓN / INSTITUTION: - 1 Joint Department of Medical Imaging, University Health Network-Mount Sinai Hospital and Women's College Hospital, University of Toronto, 3-957, 610 University Ave, Toronto, ON M5G 2M9, Canada.

RESUMEN / SUMMARY: - OBJECTIVE. The purpose of this study is to evaluate the interval growth, tumor recurrence, and metastatic disease occurrence of cystic renal cell carcinoma (RCC). MATERIALS AND METHODS. Pre-and posttreatment imaging of 47 histologically proven cystic RCCs, with at least 6 months of pretreatment imaging monitoring or at least 2 years of posttreatment imaging follow-up, or both, was retrospectively reviewed. Tumor morphologic features, preoperative growth, histologic typing and grading, and the incidence of tumor recurrence or metastasis were evaluated. Growth rate of tumors were compared among various histologic subtypes and Fuhrman grades. RESULTS. Of 47 tumors, 27 (57.5%) were clear cell RCCs, 12 (25.5%) were multilocular RCCs, and eight (17%) were papillary cystic RCCs. Overall, 26 (55.3%) tumors were graded as Fuhrman grade 2, 17 (36.1%) were Fuhrman grade 1, and one tumor was Fuhrman grade 3. Of the 26 tumors with a minimum of 6 months of pretreatment imaging monitoring, 19 (73%) did not show a significant increase in tumor size. The differences in mean growth among the Fuhrman grades and different subtypes were not statistically significant. The average duration of posttreatment follow-up was 51 months. There were no local recurrences among the 43 patients who underwent posttreatment imaging, except for one

patient who had metastasis at preoperative clinical presentation.
CONCLUSION. Cystic RCCs exhibit slow indolent growth, if any, and show no significant metastatic or recurrence potential, with excellent clinical outcomes. We raise the need for revisiting current imaging protocols that may involve frequent pre-and posttreatment imaging in cystic RCCs.

[671]

TÍTULO / TITLE: - The synthesis of neurotensin antagonist SR 48692 for prostate cancer research.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Bioorg Med Chem. 2013 Jul 15;21(14):4378-87. doi: 10.1016/j.bmc.2013.04.075. Epub 2013 May 6.

●● Enlace al texto completo (gratis o de pago) 1016/j.bmc.2013.04.075

AUTORES / AUTHORS: - Baxendale IR; Cheung S; Kitching MO; Ley SV; Shearman JW

INSTITUCIÓN / INSTITUTION: - Department of Chemistry, Durham University, South Road, Durham DH1 3LE, United Kingdom. i.r.baxendale@durham.ac.uk

RESUMEN / SUMMARY: - An improved synthesis of the molecule SR 48692 is presented and its use as a neurotensin antagonist biological probe for use in cancer research is described. The preparation includes a number of enhanced chemical conversions and strategies to overcome some of the limiting synthetic transformations in the original chemical route.

[672]

TÍTULO / TITLE: - Tools to investigate biomarker expression in bladder cancer progression.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(3):404-6. doi: 10.1111/j.1464-410X.2013.11792.x.

●● Enlace al texto completo (gratis o de pago) 1111/j.1464-410X.2013.11792.x

AUTORES / AUTHORS: - Galustian C

INSTITUCIÓN / INSTITUTION: - MRC Centre for Transplantation, Kings College London, Guys Hospital, Great Maze Pond, London, UK.

[673]

TÍTULO / TITLE: - Prognostic role of bone sialoprotein in clear cell renal carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Anticancer Res. 2013 Jun;33(6):2679-87.

AUTORES / AUTHORS: - Righi L; Bollito E; Ceppi P; Mirabelli D; Tavaglione V; Chiusa L; Poriglia F; Brunelli M; Martignoni G; Terrone C; Papotti M

INSTITUCIÓN / INSTITUTION: - Department of Medical Sciences and Integrated Diagnostic, University of Genoa, San Martino Hospital, Genoa, Italy.

luisella.righi@unito.it

RESUMEN / SUMMARY: - BACKGROUND: Renal cell carcinoma (RCC) follows a variable clinical course related to disease stage and metastatic spread (including to bone). Molecular and genetic factors bear prognostic significance in RCC, including proteins involved in extracellular matrix invasion. Among these, bone sialoprotein (BSP) and osteopontin (OPN) are physiologically implicated in bone metabolism, and have a prognostic role in several tumors. BSP expression was also predictive of bone spread propensity in lung and prostate carcinoma. In RCC, no data are available for BSP, while OPN has been correlated with tumor stage, grade and survival. We aimed to define the predictive (of bone spread) and prognostic role of BSP and OPN immunohistochemical expression in clear cell RCC. MATERIALS AND METHODS: from a series of 305 renal tumors resected between 1993 and 2002, 75 surgically resected clear cell RCCs with tissue material, clinical data and follow-up information available, were selected for the preliminary series; a second group of 126 chemo-naive, radically-resected, consecutive RCCs was collected as a validation series. Immunohistochemical expression of BSP and OPN on paraffinized samples was evaluated by H-score [=Sigma (intensity x percentage of positively stained cells)]. RESULTS: In the preliminary series, BSP and OPN reactivity was found in 85% and 77% of cases, respectively. No predictive role of bone spread propensity of RCC was identified. Conversely, both BSP and OPN were significantly associated with shorter survival considering median (p=0.002) and upper quartile (p=0.03) expression values, respectively. In the validation group, a prognostic role was confirmed for BSP only (p=0.008), while OPN showed a trend of association with poorer survival (borderline p-value of 0.058). CONCLUSION: BSP was shown for the first time to be an independent parameter associated with poor prognosis in RCC. Its coexpression with OPN identifies a subgroup of RCC having the worst outcome.

[674]

TÍTULO / TITLE: - Characteristic MRI findings of sarcomatoid renal cell carcinoma dedifferentiated from clear cell renal carcinoma: radiological-pathological correlation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Imaging. 2013 Jul 5. pii: S0899-7071(13)00146-0. doi: 10.1016/j.clinimag.2013.04.010.

●● Enlace al texto completo (gratis o de pago)

1016/j.clinimag.2013.04.010

AUTORES / AUTHORS: - Takeuchi M; Urano M; Hara M; Fujiyoshi Y; Inagaki H; Shibamoto Y

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Nagoya City University Graduate School of Medical Sciences and Medical, school. Electronic address: m2rbimn@gmail.com.

RESUMEN / SUMMARY: - PURPOSE: To evaluate MRI findings of sarcomatoid renal cell carcinoma (SRCC). MATERIAL AND METHODS: Eleven patients with pathologically proven SRCC dedifferentiated from clear cell renal carcinoma (CCRC) underwent preoperative renal MRI. The MRI findings were compared with histological findings. On MRI, the following findings were evaluated: the presence and distribution of areas showing heterogeneous iso to high signal intensity (SI) on T2-weighted images (T2HIA) and conspicuously low SI areas (T2LIA) compared to normal renal cortex, areas showing high SI on T1-weighted images and unenhanced areas on dynamic contrast-enhanced images, disruption of pseudocapsule, and the SIs of T2HIA and T2LIA on diffusion-weighted imaging (DWI). The apparent diffusion coefficient (ADC) values and SI ratios to muscle on dynamic contrast-enhanced imaging (DCE) were compared between T2HIA and T2LIA using the t test. RESULTS: The distribution of T2HIA and T2LIA was as follows: a mixed pattern alone in five, nodular T2LIA pattern alone in one, both mixed and nodular T2LIA patterns in four, and a separated pattern in one. Disruption of the pseudocapsule was seen in all cases. The imaging findings suggesting intratumoral hemorrhage and necrosis were seen in 18% and 63%, respectively. The SIs of T2HIA and T2LIA were low intermediate and high on DWI, respectively. T2LIA and T2HIA corresponded to the components of SRCC with abundant fibrosis and CCRC, respectively. T2LIA showed significantly lower enhancement at all DCE phases and a lower ADC value than T2HIA. CONCLUSION: The presence of T2LIA corresponding to the area showing a hypovascular nature and markedly restricted diffusion might be characteristic findings of SRCC. Intratumoral hemorrhage and necrosis were seen, but they were not specific findings.

[675]

TÍTULO / TITLE: - A longitudinal study of anxiety, depression and distress as predictors of sexual and urinary quality of life in men with prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):E67-75. doi: 10.1111/bju.12209.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12209

AUTORES / AUTHORS: - Punnen S; Cowan JE; Dunn LB; Shumay DM; Carroll PR; Cooperberg MR

INSTITUCIÓN / INSTITUTION: - Department of Urology, Helen Diller Family Comprehensive Cancer Center, University of California, San Francisco, CA, USA.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the prevalence of depression, anxiety and distress among active surveillance (AS) and radical prostatectomy (RP) patients. To evaluate the impact of these symptoms at baseline on urinary and sexual quality of life at follow-up. PATIENTS AND METHODS: Patients managed with AS or RP who completed validated questionnaires assessing levels of depression, anxiety, distress and urinary (UF) and sexual function (SF) and bother comprised the final analytic cohort. These measures were completed at baseline, within 1 year, and between 1 and 3 years from baseline. Mixed model repeated measures analysis was used to examine associations between mental health at baseline and sexual and urinary outcomes in a subset of RP patients with complete follow-up. RESULTS: Among 679 men who comprised the study cohort, baseline prevalence of moderate or higher levels of depression or anxiety were low (<5%), while levels of mild depression or anxiety ranged from 3-16% over time. Baseline levels of elevated distress ranged from 8-20%. Among men who provided data at baseline and follow-up, there were no significant differences between AS and RP patients in the proportion of men with elevated levels of depression, anxiety, or distress. Among 177 men who underwent RP and had complete follow-up moderate or higher levels of depression or anxiety appeared to be associated with post-treatment SF and bother, while elevated levels of distress were associated with post-treatment UF. CONCLUSION: Moderate or higher levels of depression or anxiety were low in men with localised prostate cancer but were associated with sexual outcomes, while elevated distress was associated with urinary outcomes. Greater attention should be paid to mental health symptoms among men with prostate cancer, as these symptoms may be associated with quality of life outcomes.

[676]

TÍTULO / TITLE: - Identification of microRNAs in blood and urine as tumour markers for the detection of urinary bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Oncol Rep. 2013 Jul 18. doi: 10.3892/or.2013.2621.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2621](#)

AUTORES / AUTHORS: - Tolle A; Jung M; Rabenhorst S; Kilic E; Jung K; Weikert S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Charite - Universitätsmedizin Berlin, 10117 Berlin, Germany.

RESUMEN / SUMMARY: - Since differential expression of microRNAs (miRNAs) has been found to be highly associated with several types of cancer, the goal of the present study was to identify an miRNA fingerprint as a noninvasive diagnostic tool to detect urinary bladder cancer using the easily accessible samples of whole blood and urine. Blood and urine samples from 4 controls and from patients suffering from superficial and invasive bladder cancer were

analyzed using miRNA microarray consisting of 754 human miRNAs from the Sanger database v14. Using RTqPCR technique, 6 of the differentially expressed miRNAs were validated in the controls (20 blood, 19 urine samples) and patients with superficial (18 blood, 16 urine samples) or invasive (20 blood and urine samples each) tumours. Three blood miRNAs (miR26b5p, miR1445p, miR3745p) were found to be significantly upregulated in invasive bladder tumour patients ($P < 0.05$) when compared to the control group. The expression of 2 miRNAs (miR618, miR1255b5p) in the urine of patients with invasive tumours was significantly ($P < 0.05$) increased in comparison to the control group. Blood miR26b5p detected the presence of invasive bladder tumours with 94% specificity and 65% sensitivity. The urine miR1255b5p reached 68% specificity and 85% sensitivity in the diagnosis of invasive tumours. This pilot study represents the first characterization of an miRNA profile for urinary bladder tumours in whole blood samples. In addition, it was shown that invasive bladder tumours could be identified by differentially expressed urine miRNAs. Further studies are needed to test the clinical usefulness for bladder cancer detection and surveillance.

[677]

TÍTULO / TITLE: - PSMA specific single chain antibody-mediated targeted knockdown of Notch1 inhibits human prostate cancer cell proliferation and tumor growth.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Lett. 2013 Jun 7. pii: S0304-3835(13)00421-7. doi: 10.1016/j.canlet.2013.05.035.

●● Enlace al texto completo (gratis o de pago)

1016/j.canlet.2013.05.035

AUTORES / AUTHORS: - Su Y; Yu L; Liu N; Guo Z; Wang G; Zheng J; Wei M; Wang H; Yang AG; Qin W; Wen W

INSTITUCIÓN / INSTITUTION: - Department of Urology, Xijing Hospital, Fourth Military Medical University, 710032 Xi'an, China; Department of Urology, Hospital 323 of People's Liberation Army, 710054 Xi'an, China.

RESUMEN / SUMMARY: - The down-regulation of Notch1 by small interfering RNA (siRNA) can significantly inhibit human prostate cancer cell growth. The delivery of siRNA into specific cells is a key requirement for its clinical application. Recent reports have indicated that antibody-mediated siRNA delivery is an effective approach for targeted knockdown of specific genes in appropriate cells. Prostate-specific membrane antigen (PSMA) is regarded as an ideal target for the delivery of therapeutic agents to prostate cancer cells. The purpose of the present study was to evaluate whether siRNA can be efficiently delivered into PSMA-positive prostate cancer cells using two fusion proteins, s-tP and sFH-tP. These fusion proteins are composed of an anti-PSMA single chain antibody (scFv, abbreviated as an "s") and a truncated

protamine (tP); and in sFH-tP a furin cleavage site and an HA2 fragment sequence (FH) were inserted between the scFv and tP domains. Our results showed that siRNA can be specifically delivered into PSMA-positive LNCaP cells by these two fusion proteins, with the sFH-tP fusion protein being more effective. Efficient knockdown of Notch1 by siNotch1 delivered by either fusion protein was observed in PSMA-positive LNCaP cells and in LNCaP xenografted nude mice. Further experiments confirmed that the fusion protein-delivered siNotch1 could efficiently inhibit PSMA-positive LNCaP cell proliferation and promote apoptosis both in vitro and in vivo. Our data describe a promising strategy for the targeted delivery of siRNA to PSMA-positive prostate cancer cells using anti-PSMA scFv fusion proteins.

[678]

TÍTULO / TITLE: - Oncological Outcome of Primary versus Secondary Muscle-Invasive Bladder Cancer Is Comparable after Radical Cystectomy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Int. 2013;91(1):97-102. doi: 10.1159/000350232. Epub 2013 Jun 6.

●● Enlace al texto completo (gratis o de pago) [1159/000350232](#)

AUTORES / AUTHORS: - Aziz A; Gierth M; Fritsche HM; May M; Otto W; Denzinger S; Wieland WF; Merseburger A; Riedmiller H; Kocot A; Burger M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Caritas-St. Josef Medical Centre, University of Regensburg, Regensburg, Germany.

RESUMEN / SUMMARY: - Background: High-risk non-muscle-invasive bladder cancer (NMIBC) progressing to muscle-invasive bladder cancer (MIBC) is associated with adverse tumour biology. It is unclear, however, whether outcome of NMIBC progressing to MIBC is adverse compared to primary MIBC and whether NMIBC of higher risk of progression to MIBC is adverse compared to NMIBC of lower risk. Objective: Our objective was to assess cancer-specific survival (CSS) following radical cystectomy (RC) for primary MIBC and for NMIBC progressing to MIBC in dependence of EORTC risk score. Materials and Methods: Clinical and histopathological characteristics and CSS of 150 patients were assessed. Secondary MIBCs were stratified by EORTC risk score at the last transurethral resection of bladder tumour for NMIBC. Results: CSS did not differ significantly between primary and secondary MIBC ($p = 0.521$). Secondary MIBC with high EORTC score had significantly shorter CSS compared to secondary MIBC with intermediate EORTC score ($p = 0.029$). In multivariable analysis, pathological tumour stage (HR = 3.77; $p = 0.020$) and lymph node stage (HR = 2.34; $p = 0.022$) were significantly correlated with CSS. Conclusion: While the outcome of secondary MIBC is not generally adverse compared to primary MIBC, the EORTC risk score not only reflects high risk of progression of NMIBC to MIBC, but also worse outcome following RC for secondary MIBC. Timely RC should thus be debated in high-risk NMIBC.

[679]

TÍTULO / TITLE: - Antiproliferative activity on human prostate carcinoma cell lines of new peptidomimetics containing the spiroazepinoindolinone scaffold.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Bioorg Med Chem. 2013 Sep 1;21(17):5470-9. doi: 10.1016/j.bmc.2013.06.006. Epub 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [1016/j.bmc.2013.06.006](#)

AUTORES / AUTHORS: - Pellegrino S; Ruscica M; Magni P; Vistoli G; Gelmi ML

INSTITUCIÓN / INSTITUTION: - DISFARM, sezione di Chimica Generale e Organica "A. Marchesini", Università degli Studi di Milano, via Venezian 21, Milano 20133, Italy. Electronic address: sara.pellegrino@unimi.it.

RESUMEN / SUMMARY: - Peptidomimetics containing the spiroazepinoindolinone scaffold were designed and synthesized in order to ascertain their antiproliferative activity on the DU-145 human prostatic carcinoma cell line. Ethyl 2'-oxa-1,2,3,5,6,7-hexahydrospiro[4H-azepine-4,3'-3H-indole]-1'-carboxylate scaffold was functionalized at nitrogen azepino ring with Aib-(l/d)Trp-OH dipeptides. Combining the different stereochemistries of the scaffold and the tryptophan, diastereoisomeric peptidomimetics were prepared and tested. Their biological activity was evaluated by proliferation studies proving that the isomer containing S spiroazepino-indolinone scaffold and I tryptophan is the most active compound. Docking studies confirmed that the active peptidomimetic could bind the GHSR-1^a receptor with docking scores comparable with those of well-known agonists even though with a somewhat different binding mode.

[680]

TÍTULO / TITLE: - Long noncoding RNAs: New players in prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Lett. 2013 Jul 12. pii: S0304-3835(13)00513-2. doi: 10.1016/j.canlet.2013.07.008.

●● Enlace al texto completo (gratis o de pago)

[1016/j.canlet.2013.07.008](#)

AUTORES / AUTHORS: - Cheng W; Zhang Z; Wang J

INSTITUCIÓN / INSTITUTION: - Department of Urology, Jinling Hospital, Nanjing, Jiangsu 210002, China.

RESUMEN / SUMMARY: - Prostate cancer is the most common type of cancer and frequent cause of cancer-related mortality in men worldwide. Despite its commonness, the underlying molecular mechanism of prostate cancer is not completely understood. Long noncoding RNAs (lncRNAs) are being implicated in the complex network of an apparent cancer initiator and hundreds of lncRNAs are differentially expressed in various types of cancer including

prostate cancer. While many lncRNAs exhibit oncogenic function and are named “Onco-lncRNAs”, only a few lncRNAs inhibit cell proliferation or induce apoptosis and, hence, act as tumor suppressors. In this review, we highlight recent findings of emerging roles for lncRNAs in prostate cancer and discuss rapid translational lncRNA research for clinical application in diagnosis, prognosis and potential treatment.

[681]

TÍTULO / TITLE: - Single-port transvesical laparoscopic radical prostatectomy for organ-confined prostate cancer: technique and outcomes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 May 9. doi: 10.1111/bju.12225.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12225](#)

AUTORES / AUTHORS: - Gao X; Pang J; Si-Tu J; Luo Y; Zhang H; Li LY; Zhang Y
INSTITUCIÓN / INSTITUTION: - Department of Urology, The Third Affiliated Hospital, Sun Yat-sen University, Guangzhou, China.

RESUMEN / SUMMARY: - **OBJECTIVE:** To report a novel technique for performing single-port transvesical laparoscopic radical prostatectomy (STLRP) and to evaluate the oncological and functional outcomes in 16 patients with organ-confined prostate cancer. **PATIENTS AND METHODS:** In total, 16 consecutive patients with clinical stage T1-2aN0M0 were scheduled for STLRP, and their continence and erectile status were investigated preoperatively. The patients' mean age was 62 years, mean prostate volume 42 mL and mean prostate-specific antigen (PSA) 7.5 ng/mL. The STLRP procedures were performed by a single surgeon, and all the operating procedures were conducted transvesically and laparoscopically. Intra-operative and postoperative complications, assessed according to the modified Clavien system, were recorded and peri-operative and functional outcome data were analysed. All patients were followed up for a minimum of 12 months postoperatively through PSA detection, daily pads, the International Index of Erectile Function (IIEF)-6 score and urography. **RESULTS:** All of the 16 STLRP procedures were successfully completed. The mean (range) operation duration was 105 (75-180) min, and the mean (range) estimated blood loss was 130 (75-500) mL. No patients had positive surgical margins. Postoperative complications occurred in five patients, including three cases of urinary infection and two cases of haematuria (grade II). Catheters were removed after a mean (range) time of 11.2 (9-14) days with cystography. The mean (range) hospital stay was 12.7 (10-15) days. Of the 16 patients, 13 were immediately continent (0 pads/day), and three had mild incontinence (2-3 pads/day) after catheter removal. All patients were observed as continent 3 months postoperatively. In total, 10/16 and 12/16 patients achieved a satisfactory erection at 6 and 12 months follow-up postoperatively, respectively, with an IIEF-6 score \geq 18. The mean postoperative PSA levels at 3, 6 and 12 months were 0.015 ng/mL, 0.017 ng/mL and 0.016 ng/mL, respectively. No

patients were identified with biochemical recurrence in this series. No patients demonstrated vesico-urethral stricture during follow-up for 12-24 months. CONCLUSIONS: We conclude that STLRP is technically feasible for patients with low-risk organ-confined prostate cancer and demonstrates promising functional outcomes regarding continence and potency.

[682]

TÍTULO / TITLE: - Effect of statin use on outcomes of non-muscle-invasive bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):E4-E12. doi: 10.1111/bju.12150.

●● [Enlace al texto completo \(gratis o de pago\) 1111/bju.12150](#)

AUTORES / AUTHORS: - Crivelli JJ; Xylinas E; Kluth LA; da Silva RD; Chrystal J; Novara G; Karakiewicz PI; David SG; Scherr DS; Lotan Y; Shariat SF

INSTITUCIÓN / INSTITUTION: - Department of Urology, Weill Cornell Medical College, New York-Presbyterian Hospital, New York, NY, USA.

RESUMEN / SUMMARY: - OBJECTIVES: To assess the impact of statin use on outcomes of patients with non-muscle-invasive bladder cancer (NMIBC). To measure the effect of statin use on the efficacy of intravesical bacillus Calmette-Guerin (BCG) therapy. PATIENTS AND METHODS: A retrospective analysis was performed on 1117 patients treated with transurethral resection of the bladder (TURB) for NMIBC at three institutions between 1996 and 2007. Statin use at the time of diagnosis was recorded for each patient. Univariable Cox regression models addressed the association of statin use with disease recurrence, disease progression, cancer-specific mortality and overall mortality in all patients, patients with primary NMIBC, patients not treated with BCG, and patients treated with BCG. RESULTS: Overall, 341 patients (30.5%) used statins and 776 (69.5%) did not. Within a median (interquartile range) follow-up of 62.7 (25.0-110.7) months, 469 patients (42.0%) experienced disease recurrence, 103 (9.2%) progression, 50 (4.5%) cancer-specific mortality, and 299 (26.8%) any-cause mortality. In univariable Cox regression analyses, statin use was not associated with any of these four endpoints ($P > 0.05$ for all). In subgroup analyses, statin use was also not associated with prognosis in patients with primary NMIBC or patients not receiving BCG ($P > 0.05$ for all four endpoints). Statin use was not associated with response to BCG ($P > 0.05$ for all four endpoints). CONCLUSION: Statin users did not experience different outcomes compared with non-users and statin use did not affect the efficacy of BCG immunotherapy; these data do not support modification or discontinuation of statin therapy for patients with NMIBC.

[683]

TÍTULO / TITLE: - Perioperative outcomes of robot-assisted nephroureterectomy for upper urinary tract urothelial carcinoma: a multi-institutional series.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(4):E295-300. doi: 10.1111/bju.12163.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12163](#)

AUTORES / AUTHORS: - Pugh J; Parekattil S; Willis D; Stifelman M; Hemal A; Su LM

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Florida, Gainesville, FL, USA.

RESUMEN / SUMMARY: - OBJECTIVE: To review a multi-institutional series of robot-assisted nephroureterectomy (RANU) for management of upper urinary tract urothelial carcinoma (UUTUC) with respect to technique and perioperative outcomes. PATIENTS AND METHODS: Between May 2007 and July 2011, 43 RANU were performed at three institutions for UUTUC with review of perioperative outcomes. A three- or four-armed robotic technique was used in all cases based on surgeon preference and the entirety of all procedures was performed using the robot-assisted technique. Single and two robot-docking techniques are described. RESULTS: The mean (range) operating time was 247 (128-390) min, blood loss was 131 (10-500) mL and the median (range) length of stay was 3 (2-87) days. Pathology was pTa in nine patients, pT1 in 14 patients, pT2 in three patients, pT3 in 15 patients and pT4 in two patients. Lymph node dissection was performed in 22 patients (51%) with a mean (range) lymph node count of 11 (4-23). There were six postoperative complications: bleeding requiring a blood transfusion (grade II), splenic bleeding (grade IV), two cases of pneumonia (grade II) and two cases of rhabdomyolysis (grades II and IV). Nine recurrences (six bladder, two within the retroperitoneum and one in the contralateral collecting system) have been found to date on routine surveillance with a mean follow-up of 9 months. CONCLUSIONS: RANU is a feasible alternative to laparoscopic and open techniques. Particular steps of the operation including sutured closure of the cystotomy and regional lymphadenectomy are facilitated with the use of robot-assisted surgery. Long-term outcomes are necessary to assess the relative efficacy of these approaches to more established techniques; however, early perioperative outcomes appear promising.

[684]

TÍTULO / TITLE: - Prostate cancer: where we have been, where we are, and where we are going.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):155-6. doi: 10.1016/j.semradonc.2013.03.001.

- Enlace al texto completo (gratis o de pago)

1016/j.semradonc.2013.03.001

AUTORES / AUTHORS: - D'Amico AV

[685]

TÍTULO / TITLE: - Clusterin expression and human testicular seminoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Med Hypotheses. 2013 Jul 26. pii: S0306-9877(13)00341-1. doi: 10.1016/j.mehy.2013.07.019.

- Enlace al texto completo (gratis o de pago)

1016/j.mehy.2013.07.019

AUTORES / AUTHORS: - Tang M; Li J; Liu B; Song N; Wang Z; Yin C

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Reproductive Medicine and Department of Urology, The First Affiliated Hospital of Nanjing Medical University, Nanjing 210029, China.

RESUMEN / SUMMARY: - Clusterin expression has a positive correlation with the occurrence and progression of various types of tumors from different genetic backgrounds. Clusterin overexpression may protect tumor cells from apoptosis and damage caused by autoimmunity or anti-tumor therapy. Using immunohistochemistry, one previous study showed that clusterin protein expression is downregulated in human testicular seminoma, which is highly sensitive to radiotherapy and chemotherapy. We thus postulate that clusterin expression in human testicular seminoma differs from clusterin expression in other tumors. It may be the cause of the treatable characteristics of testicular seminoma. In the present preliminary study, we detected the abundance of clusterin mRNA in human testicular seminoma and normal testis. The results showed decreased clusterin expression in seminoma at the gene transcription level. Our primary data and summarized previous literature suggest that the downregulation of clusterin expression may be the cause of the high sensitivity of testicular seminoma to radiotherapy and chemotherapy. It may be that the scarcity of clusterin leaves tumor cells with insufficient protection from treatment. This is the first study to focus on the relationship between clusterin expression and human testicular cancer.

[686]

TÍTULO / TITLE: - Prognostic significance of phospho-histone H3 in prostate carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - World J Urol. 2013 Jul 26.

- Enlace al texto completo (gratis o de pago) 1007/s00345-013-1135-

[y](#)

AUTORES / AUTHORS: - Nowak M; Svensson MA; Carlsson J; Vogel W; Kebschull M; Wernert N; Kristiansen G; Andren O; Braun M; Perner S

INSTITUCIÓN / INSTITUTION: - Institute of Pathology, University Hospital Bonn, Sigmund-Freud-Strasse 25, 53127, Bonn, Germany.

RESUMEN / SUMMARY: - **PURPOSE:** Prostate cancer is the second most common cancer in men and the sixth most common cause of death from cancer in men worldwide. Currently, a sufficient pathological distinction between patients requiring further treatment and those for which active surveillance remains an option is still lacking, which leads to the problem of overtreatment. Cell proliferation is routinely assessed by detecting Ki-67 antigen. While Ki-67 is expressed throughout the interphase of proliferating cells, phosphorylation of the chromatin constituent histone H3 occurs only during the late G2 phase and mitosis thus providing a more strict assessment of the mitotic activity. We undertook this study to test whether expression of the recently introduced proliferation marker phospho-histone H3 (pHH3) in prostate carcinoma tissue sections exhibits prognostic significance in comparison with Ki-67. **METHODS:** Protein expression of pHH3 and Ki-67 was assessed on TMA consisting of paraffin-embedded tissue from men that had undergone radical prostatectomy. The analysis included triplicate tissue cores of a total of 339 tumor foci. Immunohistochemical staining of pHH3 and Ki-67 was performed and analyzed using Definiens imaging software. **RESULTS:** Prostate cancer tissue exhibited a significantly higher frequency of pHH3-positive cells compared to benign prostate tissue. pHH3 expression was significantly correlated with Ki-67 expression. Furthermore, statistical analysis revealed positive correlation between pHH3 expression and PSA levels at diagnosis and in addition negatively correlated with overall survival. In contrast to Ki-67 staining, pHH3 expression did not correlate with Gleason grade. **CONCLUSION:** Our data point to a conceivable role of pHH3 as prognostic biomarker in prostate carcinoma.

[687]

TÍTULO / TITLE: - On-chip screening for prostate cancer: an EIS microfluidic platform for contemporary detection of free and total PSA.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Analyst. 2013 Jul 25.

●● Enlace al texto completo (gratis o de pago) [1039/c3an00911d](#)

AUTORES / AUTHORS: - Chiriaco MS; Primiceri E; Montanaro A; de Feo F; Leone L; Rinaldi R; Maruccio G

INSTITUCIÓN / INSTITUTION: - NNL Istituto Nanoscienze - CNR and Dipartimento di Matematica e Fisica "Ennio De Giorgi", Università del Salento, Lecce, Italy. serena.chiriaco@unisalento.it giuseppe.maruccio@unisalento.it.

RESUMEN / SUMMARY: - Prostate cancer affects a large part of the western male population. The need for an early and accurate detection is thus a great

challenge in common clinical practice, but the lack of specificity of the serum marker PSA (Prostate Specific Antigen) is a serious problem since its increased concentration can be related to several abnormalities. PSA, however, is found in serum in both a free and a complexed form with other proteins and the percentage amount of unbound PSA (the free-to-total PSA ratio) can be employed to distinguish prostate cancer from benign prostatic conditions, and also to predict the future risk of prostate cancer. To improve the operating characteristics of current PSA tests and to provide a clinical tool able to run label-free and sensitive analysis, we thus developed a biosensing platform based on Electrochemical Impedance Spectroscopy (EIS), which allows the contemporary detection of free and total PSA on a single biochip, enabling a quick screening for the risk of prostate cancer thanks to the presence of two different immobilized antibodies specific for the different antigens researched.

[688]

TÍTULO / TITLE: - Changes of the expression of Lewis blood group antigens in glycoproteins of renal cancer tissues.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Biochim Pol. 2013;60(2):223-6. Epub 2013 Jun 14.

AUTORES / AUTHORS: - Borzym-Kluczyk M; Radziejewska I

INSTITUCIÓN / INSTITUTION: - Department of Pharmaceutical Biochemistry, Medical University of Białystok, Białystok, Poland.

RESUMEN / SUMMARY: - Sialic acid and sialyl Lewis(a/x) are found on N- and O-glycans of many human malignant cells. Carbohydrate antigens can be used as tumor markers, and an increase of their levels in cancer cells is associated with tumor progression. The aim of this study was to assess the level of some Lewis blood group antigens on glycoproteins in tumor (cancer tissue), intermediate zone (adjacent to tumor tissue), and normal renal cortex/medulla (uninvolved by tumor). The study was performed on tissues taken from 30 patients. Relative amounts of sugar structures of proteins with molecular masses above 30 kDa were determined by ELISA-like test with biotinylated lectins: MAA (*Maackia amurensis*), SNA (*Sambucus nigra*), and monoclonal antibodies anti-sialyl Lewis(a/x). Higher expression of all examined structures was revealed in cancer tissues. Significant increases were observed for sialic acid linked alpha 2-3 in cancer tissues when compared to healthy ones and also among intermediate and healthy tissues. The sialic acid linked alpha 2-6 and sialyl Lewis(x) structures were significantly increased in cancerous cells when compared to normal and intermediate renal tissue. In case of sialyl Lewis(a) antigen, a significant difference was discovered between normal and intermediate tissue. Our results confirm that the examined Lewis antigens can be involved in tumor development. Their increase in cancer tissues can suggest their specific role in the process.

[689]

TÍTULO / TITLE: - Acute rejection after swine leukocyte antigen-matched kidney allo-transplantation in cloned miniature pigs with different mitochondrial DNA-encoded minor histocompatibility antigen.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Transplant Proc. 2013 Jun;45(5):1754-60. doi: 10.1016/j.transproceed.2013.02.103.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.transproceed.2013.02.103](#)

AUTORES / AUTHORS: - Kwak HH; Park KM; Teotia PK; Lee GS; Lee ES; Hong SH; Yang SR; Park SM; Ahn C; Park CK; Lee KW; Woo HM

INSTITUCIÓN / INSTITUTION: - Stem Cell Institute, Kangwon National University, Chuncheon, South Korea.

RESUMEN / SUMMARY: - INTRODUCTION: Graft rejection remains a major cause of morbidity and mortality following renal transplantation. One of the main determinants of success after renal transplantation is histocompatibility between donor and recipient. Most of the research on this topic has addressed human leukocyte antigen (HLA), but the roles played by minor histocompatibility antigens (mHAGs), such as mitochondrially transmitted antigens, are poorly understood. In this study, we evaluated immune responses induced by minor antigens originating from mitochondrial DNA (mtDNA) in a large animal model. METHODS: To characterize whole swine leukocyte antigen (SLA) allele in 8 cloned pigs, we performed SLA genotyping for SLA-1, SLA-2, SLA-3, SLA-DQB1, and SLA-DRB1 as well as the hypervariable region 1 (HV1) of mtDNA. Renal transplantation was performed using SLA-matched pigs with different mtDNA as well as SLA-mismatched cloned animals. Cytokine profiling was performed by incubating peripheral leukocytes with cellular components from SLA-matched different mtDNA and SLA-mismatched cells to evaluate mtDNA-mediated immune response. RESULTS: SLA types were confirmed to be identical, but mtDNA sequences of HV1 varied among cloned pigs. Rejection episodes in the SLA-matched group with different mtDNA were similar to those in the SLA-mismatched group; that is, plasma creatinine and BUN levels were increased and mononuclear cell infiltration was observed in perivascular regions in the matched and SLA-mismatched groups. Furthermore, in vitro studies showed interleukin (IL)-1beta expression to be elevated in SLA-matched and SLA-mismatched groups. CONCLUSION: Cloned pigs are a useful preclinical model to evaluate the immunogenicity of mtDNA encoding minor antigens. The mtDNA originating from nongenomic DNA induced cell-mediated immune rejection after kidney transplantation.

[690]

TÍTULO / TITLE: - Persistence of Primary MALT Lymphoma of the Urinary Bladder after Rituximab with CHOP Chemotherapy and Radiotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - In Vivo. 2013 Jul-Aug;27(4):545-9.

AUTORES / AUTHORS: - Bacalja J; Ulamec M; Rako D; Boskovic L; Trnski D; Vrdoljak E; Kruslin B

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Dubrava University Hospital, Avenija Gojka Suska 6, 10000 Zagreb, Croatia.

jasnabacalja@yahoo.com.

RESUMEN / SUMMARY: - We present a case of a patient with primary extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue of the urinary bladder that persisted after chemotherapy, immunotherapy and radiotherapy. Case Report: A 48-year-old male underwent a routine ultrasound examination. A tumour mass in the urinary bladder was found and a transurethral biopsy was performed. Pathohistological examination revealed MALT lymphoma. Results of computed tomographic scan, positron emission tomography scan and bone marrow biopsy defined the tumour as primary malignant lymphoma of the urinary bladder. The patient received eight cycles of chemo-immunotherapy (CHOP) and radiotherapy. Five months after therapy, there is a partial radiological remission, but with metabolic progression of the tumour. To our knowledge, this is the first case of MALT lymphoma of the urinary bladder with chemo-immunotherapy and radiotherapy resistance.

[691]

TÍTULO / TITLE: - Testicular teratomas: an intersection of pluripotency, differentiation and cancer biology.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):201-210.

●● Enlace al texto completo (gratis o de pago) [1387/ijdb.130136bc](http://dx.doi.org/10.1007/s11284-013-1366-0)

AUTORES / AUTHORS: - Bustamante-Marin X; Garness JA; Capel B

INSTITUCIÓN / INSTITUTION: - Department of Cell Biology, Duke University Medical Center, Durham, N.C., USA.

RESUMEN / SUMMARY: - Teratomas represent a critical interface between stem cells, differentiation and tumorigenesis. These tumors are composed of cell types representing all three germ layers reflecting the pluripotent nature of their cell of origin. The study of these curious tumors became possible when Leroy Stevens identified the 129 mouse strain as a model of spontaneous testicular teratoma and later isolated a substrain carrying the Ter mutation, a potent modifier of tumor incidence. Early studies with 129 mice lead to the discovery of embryonal carcinoma (EC) cells which played a foundational role in the embryonic stem (ES) cell field and the study of pluripotency. The cells of origin of testicular teratomas are germ cells. During early development, primordial germ cells diverge from somatic differentiation and establish their pluripotent

nature, maintaining or re-expressing core pluripotency genes; Oct4, Sox2 and Nanog. It is believed that a misregulation of male germ cell pluripotency plays a critical role in teratoma development. Several mouse models of teratoma development have now been identified, including a chromosome substitution strain, 129-Chr19MOLF, conditional Dmrt1 and Pten alleles and the Ter mutation in the Dnd1 gene. However, it is still unknown what role somatic cells and/or physiology play in the sensitivity to teratoma development. These unusual tumors may hold the key to understanding how pluripotency is regulated in vivo.

[692]

TÍTULO / TITLE: - Computed diffusion-weighted imaging of the prostate at 3 T: impact on image quality and tumour detection.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Radiol. 2013 Jun 12.

●● Enlace al texto completo (gratis o de pago) [1007/s00330-013-2917-](#)

[8](#)

AUTORES / AUTHORS: - Rosenkrantz AB; Chandarana H; Hindman N; Deng FM; Babb JS; Taneja SS; Geppert C

INSTITUCIÓN / INSTITUTION: - Department of Radiology, NYU Langone Medical Center, 550 First Avenue, New York, NY, 10016, USA,

Andrew.Rosenkrantz@nyumc.org.

RESUMEN / SUMMARY: - **OBJECTIVES:** To investigate the impact of prostate computed diffusion-weighted imaging (DWI) on image quality and tumour detection. **METHODS:** Forty-nine patients underwent 3-T magnetic resonance imaging using a pelvic phased-array coil before prostatectomy, including DWI with b values of 50 and 1,000 s/mm². Computed DW images with b value 1,500 s/mm² were generated from the lower b-value images. Directly acquired b-1,500 DW images were obtained in 39 patients. Two radiologists independently assessed DWI for image quality measures and location of the dominant lesion. A third radiologist measured tumour-to-peripheral-zone (PZ) contrast. Pathological findings from prostatectomy served as the reference standard. **RESULTS:** Direct and computed b-1,500 DWI showed better suppression of benign prostate tissue than direct b-1,000 DWI for both readers (P ≤ 0.024). However, computed b-1,500 DWI showed less distortion and ghosting than direct b-1,000 and direct b-1,500 DWI for both readers (P ≤ 0.067). Direct and computed b-1,500 images showed better sensitivity and positive predictive value (PPV) for tumour detection than direct b-1,000 images for both readers (P ≤ 0.062), with no difference in sensitivity or PPV between direct and computed b-1,500 images (P ≥ 0.180). Tumour-to-PZ contrast was greater on computed b-1,500 than on either direct DWI set (P < 0.001). **CONCLUSION:** Computed DWI of the prostate using b value ≥1,000 s/mm² improves image quality and tumour detection compared with acquired standard b-value images.

KEY POINTS : * Diffusion weighted MRI is increasingly used for diagnosing and assessing prostate carcinoma. * Prostate computed DWI can extrapolate high b-value images from lower b values. * Computed DWI provides greater suppression of benign tissue than lower b-value images. * Computed DWI provides less distortion and artefacts than images using same b value. * Computed DWI provides better diagnostic performance than lower b-value images.

[693]

TÍTULO / TITLE: - High-resolution NMR spectroscopy of human body fluids and tissues in relation to prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - NMR Biomed. 2013 Jul 4. doi: 10.1002/nbm.2979.

●● Enlace al texto completo (gratis o de pago) [1002/nbm.2979](#)

AUTORES / AUTHORS: - Kumar V; Dwivedi DK; Jagannathan NR

INSTITUCIÓN / INSTITUTION: - Department of NMR & MRI Facility, All India Institute of Medical Sciences, New Delhi, India.

RESUMEN / SUMMARY: - High-resolution NMR spectroscopic studies of prostate tissue extracts, prostatic fluid, seminal fluid, serum and urine can be used for the detection of prostate cancer, based on the differences in their metabolic profiles. Useful diagnostic information is obtained by the detection or quantification of as many metabolites as possible and comparison with normal samples. Only a few studies have shown the potential of high-resolution in vitro NMR of prostate tissues. A survey of the literature has revealed that studies on body fluids, such as urine and serum, in relation to prostate cancer are rare. In addition, the potential of NMR of nuclei other than ^1H , such as ^{13}C and ^{31}P , has not been exploited fully. The metabolomic analysis of metabolites, detected by high-resolution NMR, may help to identify metabolites which could serve as useful biomarkers for prostate cancer detection. Such NMR-derived biomarkers would not only help in prostate cancer detection and in understanding the in vivo MRS metabolic profile, but also to investigate the biochemical and metabolic changes associated with cancer. Here, we review the published research work on body fluids in relation to prostate and prostate tissue extracts, and highlight the potential of such studies for future work. Copyright © 2013 John Wiley & Sons, Ltd.

[694]

TÍTULO / TITLE: - Effect of endogenous and exogenous hormones on testicular cancer: the epidemiological evidence.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):255-263.

●● Enlace al texto completo (gratis o de pago) [1387/ijdb.130015fg](#)

AUTORES / AUTHORS: - Giannandrea F; Paoli D; Figa-Talamanca I; Lombardo F; Lenzi A; Gandini L

INSTITUCIÓN / INSTITUTION: - Department of Experimental Medicine, Laboratory of Seminology - Semen Bank, University of Rome "La Sapienza", Rome, Italy.

RESUMEN / SUMMARY: - Testicular cancer is the most common type of malignancy in men aged 15-40 years. Although its incidence has increased over the past 40 years in most countries, the reasons for this rise are unclear. It has been suggested that a relative excess of endogenous estrogens during prenatal life and/or later exposures to various occupational and environmental estrogenic chemicals such as organochlorine compounds may play a causal role in the etiology of testicular cancer, but the issue is still open to further research. The purpose for this review is to summarize the epidemiologic literature about hormonal factors, endogenous hormones and environmental xenoestrogens, and testicular carcinogenesis. Future studies need to (a) consider the possible synergistic effect of exposure to environmental xenoestrogens and sex hormones, (b) focus on the most vulnerable life stages of exposure to endocrine disruptors and testicular cancer risk, (c) assess the possible additive role of androgen secretion occurring during puberty in tumor progression, and (d) consider more systematically gene-environment interactions.

[695]

TÍTULO / TITLE: - Bladder preservation therapy for muscle-invasive bladder cancers on radiation therapy oncology group trials 8802, 8903, 9506, and 9706: vascular endothelial growth factor B overexpression predicts for increased distant metastasis and shorter survival.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Oncologist. 2013;18(6):685-6. doi: 10.1634/theoncologist.2012-0461. Epub 2013 May 31.

●● Enlace al texto completo (gratis o de pago)

1634/theoncologist.2012-0461

AUTORES / AUTHORS: - Lautenschlaeger T; George A; Klimowicz AC; Efstathiou JA; Wu CL; Sandler H; Shipley WU; Tester WJ; Hagan MP; Magliocco AM; Chakravarti A

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Wexner Medical Center, Ohio State University, Columbus, Ohio, USA;

RESUMEN / SUMMARY: - From 1988 to 1999, the Radiation Therapy Oncology Group (RTOG) conducted four prospective studies (8802, 8903, 9506, 9706) of patients with clinical stage T2-4^a muscle-invasive bladder cancer. Treatment was selective bladder preservation using transurethral surgery (TURBT) plus cisplatin-based induction and consolidation chemoradiation regimens, reserving radical cystectomy for invasive tumor recurrence. We investigated vascular endothelial growth factor (VEGF) pathway biomarkers in this unique clinical dataset (median follow-up of 3.1 years). Methods. A total of 43 patients with

tissue available from the entry TURBT were included in this analysis. Expression of VEGF ligands and receptors were quantified and scored by the AQUA platform (HistoRX, now Genoptix, Carlsbad, CA) and analyzed after median split. Results. VEGF expression levels were not associated with increased rates of complete response to induction chemoradiation. Higher levels of cytoplasmic VEGF-B, VEGF-C, and VEGF-R2 were associated with decreased overall survival rates. The 3-year overall survival estimates for high and low expressers were 43.7% and 75% for VEGF-B cytoplasm ($p = .01$), 40.2% and 86.7% for VEGF-C cytoplasm ($p = .01$), and 49.7% and 66.7% for VEGF-R2 cytoplasm ($p = .02$). Higher expression levels of cytoplasm VEGF-B were associated with higher rates of distant failure ($p = .01$). Conclusions. Although VEGF ligands and receptors do not appear to be associated with complete response to induction chemoradiation for muscle-invasive bladder cancer, we report significant associations with overall survival and distant failure for certain VEGF family members.

[696]

TÍTULO / TITLE: - Rhodamine-marked bombesin: a novel means for prostate cancer fluorescence imaging.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Invest New Drugs. 2013 Jun 1.

●● Enlace al texto completo (gratis o de pago) [1007/s10637-013-9975-](#)

[2](#)

AUTORES / AUTHORS: - Sturzu A; Sheikh S; Echner H; Nagele T; Deeg M; Amin B; Schwentner C; Horger M; Ernemann U; Heckl S

INSTITUCIÓN / INSTITUTION: - Department of Neuroradiology, University of Tübingen, Hoppe-Seyler-Str.3, 72076, Tübingen, Germany, alexsturzu@yahoo.de.

RESUMEN / SUMMARY: - The gastrin releasing peptide receptor (GRPR) has been found to be strongly expressed in various types of cancers such as prostate and breast carcinomas. The GRPR ligands gastrin releasing peptide and bombesin can play a very significant role in cancer therapy and diagnostics. In this study we synthesized unlabeled bombesin BBN along with two conjugates in which the correct bombesin (BBN-Rhd) and a mutant bombesin (mBBN-Rhd) sequence was coupled to rhodamine, a fluorescent dye. These novel rhodamine fluorescent conjugates were used to study the targeting and uptake of bombesin on a cellular level. Nine different human cell lines including both tumor and healthy cells were examined using flow cytometry and confocal laser scanning microscopy. GRPR mRNA expression analysis was performed and it was found that the receptor is highly expressed in LNCaP and PC3 cells compared to the rest of other cell lines. Competition experiments were performed to verify the receptor dependence of the labeled conjugates using unmarked bombesin. The present study is a first attempt at direct fluorescence

imaging of living cells using bombesin and its target, the GRPR. A rhodamine bombesin conjugate can be used as marker to differentiate between healthy cells and malignant cells such as prostate hyperplasia and prostate carcinoma in the early detection of cancer.

[697]

TÍTULO / TITLE: - Margin status and tumor recurrence after nephron-sparing surgery for bilateral Wilms tumor.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Pediatr Surg. 2013 Jul;48(7):1481-5. doi: 10.1016/j.jpedsurg.2013.02.033.

●● Enlace al texto completo (gratis o de pago)

[1016/j.jpedsurg.2013.02.033](#)

AUTORES / AUTHORS: - Kieran K; Williams MA; Dome JS; McGregor LM; Krasin MJ; Davidoff AM

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Iowa Hospitals and Clinics, Iowa City, IA, USA. Electronic address: kathleen-kieran@uiowa.edu.

RESUMEN / SUMMARY: - PURPOSE: Nephron-sparing surgery (NSS) has been advocated for patients with bilateral Wilms tumor (BWT). We sought to determine whether margin status impacted local tumor recurrence. METHODS: A retrospective review of patients undergoing NSS for BWT from November 1999 to March 2009 at our institution in which local recurrence rates based on margin status were compared. RESULTS: Of 21 patients, five (23.8%) had positive margins. These and 2 (9.5%) with focal anaplasia received flank XRT. Seven (33%) patients developed recurrent disease, a mean of 18.0 (range 1.3-39.9) months after NSS. Recurrence rates were similar in patients with positive and negative margins (1/5 [20%] vs 6/16 [37.5%]; p=0.47). Hypertension occurred more frequently in patients who received XRT (57.1% vs 28.6%). At a median follow-up of 28.6 months (range 5.2-142.3), 19 patients are alive, without evidence of disease; one patient (with a positive margin at initial NSS) died of metastatic anaplastic WT and another died of a brain tumor. One patient, with multiple risk factors, developed renal failure. CONCLUSIONS: In our experience, local recurrence rates after NSS were not affected by surgical margin status although all patients with positive margins received XRT. These results support the aggressive use of NSS for patients with BWT.

[698]

TÍTULO / TITLE: - Outpatient laser ablation of non-muscle-invasive bladder cancer: is it safe, tolerable and cost-effective?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Sep;112(5):561-7. doi: 10.1111/bju.12216. Epub 2013 Jul 2.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12216

AUTORES / AUTHORS: - Wong KA; Zisengwe G; Athanasiou T; O'Brien T; Thomas K

INSTITUCIÓN / INSTITUTION: - The Urology Centre, Guys and St. Thomas' NHS Foundation Trust.

RESUMEN / SUMMARY: - **OBJECTIVES:** To evaluate the safety, tolerability and effectiveness of outpatient (office-based) laser ablation (OLA), with local anaesthetic, for non-muscle-invasive bladder cancer (NMIBC) in an elderly population with and without photodynamic diagnosis (PDD). To compare the cost-effectiveness of OLA of NMIBC with that of inpatient cystodiathermy (IC). **PATIENTS AND METHODS:** We conducted a prospective cohort study of patients with NMIBC treated with OLA by one consultant surgeon between March 2008 and July 2011. A subgroup of patients had PDD before undergoing OLA. Safety and effectiveness were determined by complications (in the immediate post-operative period, at three days and at three months), patient tolerability (visual analogue score) and recurrence rates. The long-term costs and cost-effectiveness of OLA and IC of NMIBC were evaluated using Markov modeling. **RESULTS:** A total of 74 OLA procedures (44 white-light, 30 PDD) were carried out in 54 patients. The mean (range) patient age was 77 (52-95) years. More than half of the patients had more than three comorbidities. Previous tumour histology ranged from G1pTa to T3. One patient had haematuria for 1 week which settled spontaneously and did not require hospital admission. There were no other complications. The procedure was well tolerated with pain scores of 0-2/10. Additional lesions were found in 21% of patients using PDD that were not found using white light. At 3 months, the percentage of patients who had recurrence after OLA with white light and OLA with PDD were 10.6 and 4.3%, respectively. At 1 year, 65.1% and 46.9% of patients had recurrence. The cost of OLA was found to be much lower than that of IC (pound538 vs pound1474), even with the addition of PDD (pound912 vs pound1844). Over the course of a patient's lifetime, OLA was more clinically effective, measured in quality-adjusted life-years (QALY), than IC (0.147 [sd 0.059]) and less costly (pound2576.42 [sd pound7293.07]). At a cost-effectiveness threshold of pound30 000/QALY, as set by the National Institute for Health and Care Excellence, there was an 82% probability that OLA was cost-effective. **CONCLUSIONS:** This is the first study to demonstrate the long-term cost-effectiveness of OLA of NMIBC. The results support the use of OLA for the treatment of NMIBC, especially in the elderly.

[699]

TÍTULO / TITLE: - CD10 is frequently expressed in classical seminomas.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Histol Histopathol. 2013 Jul 16.

AUTORES / AUTHORS: - Del Sordo R; Ascani S; Bellezza G; Ferri I; Sbaraglia M; Sidoni A

INSTITUCIÓN / INSTITUTION: - Institute of Pathologic Anatomy and Histology, Medical School, University of Perugia, Italy. rachele.delsordo@tiscali.it.

RESUMEN / SUMMARY: - CD10 is a cell surface metalloproteinase widely expressed in various normal tissue and in epithelial, stromal or both components of various malignancies. The aim of our study was to investigate, for the first time, the expression of CD10 in a series of 135 cases of testicular germ cell tumours in order to assess its possible diagnostic and biologic significance. The expression of CD10 was studied, using immunohistochemistry, in 96 pure forms and 39 mixed forms of germinal cell tumours of the testis. Immunostaining for CD10 was positive in 68/74 (92%) seminomas and 16/24 (67%) seminomatous component of mixed germ cell tumours. The intratubular germ cell neoplasia of the unclassified type always expressed CD10. Anaplastic seminomas, embryonal carcinomas, teratoma and spermatocytic seminomas were negative for CD10. Our findings indicate that only seminomas and intratubular germ cell neoplasia, the precursors of germ cell tumours, express CD10, but when they differentiate along embryonal, somatic, trophoblastic, yolk sac lines they lose CD10 expression. CD10 could be considered a useful marker to differentiate seminoma from other forms of testicular germ cell tumours and for a better estimation of the seminomatous component in mixed germ cell tumours.

[700]

TÍTULO / TITLE: - The biodistribution and pharmacokinetic evaluation of choline-bound gold nanoparticles in a human prostate tumor xenograft model.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Invest Med. 2013 Jun 1;36(3):E133-42.

AUTORES / AUTHORS: - Razzak R; Zhou J; Yang X; Pervez N; Bedard EL; Moore RB; Shaw A; Amanie J; Roa WH

INSTITUCIÓN / INSTITUTION: - Division of General Surgery, Department of Surgery, University of Alberta Hospital, Edmonton, Alberta, Canada.

RESUMEN / SUMMARY: - **PURPOSE:** Gold nanoparticles (GNPs) have attracted significant attention in the treatment of cancer due to their potential as novel radiation enhancers, particularly when functionalized with various targeting ligands. The aim of this study was to assess the biodistribution and pharmacokinetic characteristics of a novel choline-bound GNP (choline-GNP) stabilized with polyethylenimine (PEI). **METHODS:** Choline bound to 27 nm diameter GNPs was characterized using transmission electron microscopy (TEM), X-ray photoelectron spectroscopy (XPS) and Fourier transform infrared spectroscopy (FTIR). Toxicity of choline-GNPs was examined on DU-145 prostate cancer cells using an MTT assay. Using balb/c mice bearing flank DU-

145 prostate tumors, choline-GNPs bio-distribution was measured using inductively coupled mass spectroscopy (ICP-MS). Blood, heart, lung, liver, spleen, brain, kidney and tumor gold content were examined at multiple time points over a 24-hour period after tail vein injection. RESULTS: An MTT assay using DU-145 prostate cancer cells yielded a 95% cell viability 72 hours after choline-GNP administration. The tumor GNP area under the concentration-time curve during the first 4 hours (AUC0-4) was 2.2 microg/ml h, representing 13% of the circulating blood GNP concentration over the same time period. The maximum intra-tumor GNP concentration observed was 1.4% of the injected dose per gram of tumor tissue (%ID/g) one hour post injection. CONCLUSIONS: GNPs functionalized with choline demonstrates a viable future nanoparticle platform with increased intra-tumor uptake as compared to unconjugated GNPs. Decreased intra-hepatic accumulation appears to be the reason for the improved systemic bioavailability. The next logical translational investigation will incorporate external beam radiation with the observed maximum intra-tumor uptake.

[701]

TÍTULO / TITLE: - Pediatric Renal Solitary Fibrous Tumor: Report of a Rare Case and Review of the Literature.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Surg Pathol. 2013 Jul 1.

●● Enlace al texto completo (gratis o de pago)

[1177/1066896913492847](#)

AUTORES / AUTHORS: - Wu WW; Chu JT; Romansky SG; Shane L

RESUMEN / SUMMARY: - Solitary fibrous tumors (SFTs) are unusual spindle cell neoplasms initially described in the pleura but have since been discovered in many extrapleural locations. SFT of the kidney is extremely rare, the majority occurring in middle-aged adults. To date, only two pediatric cases of renal SFT have been reported. We report a case of large SFT in the kidney of a 3-year-old boy that was clinically and radiologically thought to be a nephroblastoma. This case is the first pediatric renal SFT to be reported with detailed histopathologic and cytogenetic analyses. SFT should be included in the differential diagnosis of pediatric renal tumors.

[702]

TÍTULO / TITLE: - Diagnostic Performance of Initial Transperineal Template-guided Mapping Biopsy of the Prostate Gland.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Am J Clin Oncol. 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago)

[1097/COC.0b013e31829a2954](#)

AUTORES / AUTHORS: - Bittner N; Merrick GS; Bennett A; Butler WM; Andreini HJ; Taubenslag W; Adamovich E

INSTITUCIÓN / INSTITUTION: - *Tacoma/Valley Radiation Oncology Centers, Tacoma, WA daggerSchiffler Cancer Center, Wheeling Hospital, Wheeling Jesuit University Departments of double daggerUrology section signPathology, Wheeling Hospital, Wheeling, WV.

RESUMEN / SUMMARY: - **OBJECTIVES::** To evaluate the utility of transperineal template-guided mapping biopsy (TTMB) of the prostate as an initial means of establishing tissue diagnosis. **MATERIALS AND METHODS::** A total of 191 consecutive patients underwent TTMB of the prostate using an anatomic-based technique with sampling of 24 regions. All patients had elevated prostate-specific antigen on routine screening which was followed by a confirmatory prostate-specific antigen and none had undergone previous biopsy of the prostate. The locations of cancer involvement were recorded for each patient in an effort to approximate the percentage of men whose cancer would have been missed or Gleason score underestimated on a standard 12-core biopsy. The median number of submitted biopsy cores was 54.0. **RESULTS::** Of the 191 study patients, 140 (73.3%) were diagnosed with cancer on TTMB. Among these biopsy-positive patients, 124 (88.6%) had clinically significant cancer. Eighty-nine of the biopsy-positive patients (64.6%) had a Gleason score of ≥ 7 . A total of 34 of the 140 diagnosed cancers were identified exclusively in regions that fell outside of the theoretical 12-core biopsy scheme, suggesting that 24.3% of these cancers would have gone undiagnosed in the absence of TTMB. Among the 107 cancers that would have been diagnosed using a 12-core biopsy approach, 18 (16.8%) were upgraded to a Gleason score of ≥ 7 with mapping biopsy. **CONCLUSIONS::** TTMB appears to provide more detailed information about prostate cancer grade and location compared with standard 12-core biopsy scheme. This information may serve as a baseline reference for image-guided biopsy (ie, magnetic resonance imaging) regimens, may facilitate clinical decision making and aid in the appropriate selection of patients for active surveillance.

[703]

TÍTULO / TITLE: - Tandem Ureteral Stents for the Decompression of Malignant and Benign Obstructive Uropathy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Endourol. 2013 Jul 7.

●● Enlace al texto completo (gratis o de pago) [1089/end.2013.0281](#)

AUTORES / AUTHORS: - Elsamra S; Motato H; Moreira DM; Waingankar N; Friedlander J; Weiss GH; Smith A; Okeke Z

INSTITUCIÓN / INSTITUTION: - North Shore-Long Island Jewish Health System, Smith Institute for Urology, 450 Lakeville Rd, M41, New Hyde Park, New York, United States, 11042 ; selsamra@gmail.com.

RESUMEN / SUMMARY: - Objective: To evaluate the utility of two ipsilateral ureteral stents placed for benign and malignant ureteral obstruction. Methods: We performed a retrospective analysis of all cases of tandem ureteral stent (TUS) insertion at our institution from July 2007 thru Jan 2013. Student's T, Fisher's exact, and Log-Rank test were utilized. Results: TUS insertion or exchange was performed in 187 cases. 66 patients (75 renal units) underwent successful TUS insertion. Malignant ureteral obstruction (MUO) was the cause for obstruction in 39 renal units (34 patients) vs benign ureteral obstruction (BUO) in 36 renal units (32 patients). Four patients with BUO and 15 patients with MUO underwent stent exchanges at a mean 145 and 128 days, respectively. Serum creatinine levels were stable post stent placement (p=0.4). Degree of hydronephrosis improved (paired t-test p<0.03) after stent placement for both benign and malignant cohorts. TUS were noted to fail (flank pain with worsening hydronephrosis or increasing creatinine) in 5 renal units with MUO (12.8%) and none with BUO. Stent failure (either conventional or TUS) suggested worsening survival in those with MUO. Median survival for those with MUO and a history of stent failure (10 died of 14, 71%) was 66 days compared with 432 days for those without a history of stent failure (8 died of 20, 40%) (Log-Rank Test p=0.007). Conclusion: Our experience with TUS, the largest to date, demonstrated that they are highly successful in both benign and malignant causes of obstruction, comparing favorably with metal ureteral stents. Stent failure may be predictive for shorter survival.

[704]

TÍTULO / TITLE: - TRUS-MRI image registration: a paradigm shift in the diagnosis of significant prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Abdom Imaging. 2013 Jul 17.

●● Enlace al texto completo (gratis o de pago) [1007/s00261-013-0018-](#)

[4](#)

AUTORES / AUTHORS: - Cornud F; Brolis L; Delongchamps NB; Portalez D; Malavaud B; Renard-Penna R; Mozer P

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Hopital Cochin, Paris, France, fcornud@imagerie-tourville.com.

RESUMEN / SUMMARY: - Accuracy of multiparametric MRI has greatly improved the ability of localizing tumor foci of prostate cancer. This property can be used to perform a TRUS-MR image registration, new technological advance, which allows for an overlay of an MRI onto a TRUS image to target a prostate biopsy toward a suspicious area Three types of registration have been developed: cognitive-based, sensor-based, and organ-based registration. Cognitive registration consists of aiming a suspicious area during biopsy with the knowledge of the lesion location identified on multiparametric MRI. Sensor-based registration consists of tracking in real time the TRUS probe with a

magnetic device, achieving a global positioning system which overlays in real-time prostate image on both modalities. Its main limitation is that it does not take into account prostate and patient motion during biopsy. Two systems (Artemis and Uronav) have been developed to partially circumvent this drawback. Organ-based registration (Koelis) does not aim to track the TRUS probe, but the prostate itself to compute in a 3D acquisition the TRUS prostate shape, allowing for a registration with the corresponding 3D MRI shape. This system is not limited by prostate/patient motion and allows for a deformation of the organ during registration. Pros and cons of each technique and the rationale for a targeted biopsy only policy are discussed.

[705]

TÍTULO / TITLE: - The spermatogonial stem cell niche in testicular germ cell tumors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):185-195.

●● Enlace al texto completo (gratis o de pago) [1387/ijdb.130068ja](http://dx.doi.org/10.1007/s13877-13-00681-a)

AUTORES / AUTHORS: - Silvan U; Diez-Torre A; Moreno P; Arluzea J; Andrade R; Sillio M; Arechaga J

INSTITUCIÓN / INSTITUTION: - Laboratory of Stem Cells, Development and Cancer, Department of Cell Biology and Histology, University of the Basque Country, Vizcaya, España.

RESUMEN / SUMMARY: - Spermatogonial stem cells (SSCs) are pluripotent elements found in the adult seminiferous epithelium between Sertoli cells and a basal lamina which covers the multilayered external wall of peritubular myoid cells. The microenvironment of this pluripotent stem cell niche creates the complex and dynamic system that is necessary for the initiation of spermatogenesis, but this system also contains factors which can potentially collaborate in the progression of testicular germ cell tumors (TGCTs). In this review, we summarize our current knowledge about some important structural and molecular features related to the SSC niche, including growth factors, adhesion molecules, extracellular matrix, mechanical stress and vascularization. We discuss their possible collaborative effects on the generation and progression of TGCTs, which are a type of cancer representing the most frequent neoplasia among young men and whose incidence has grown very quickly during the past decades in North America and Europe. In this regard, a better understanding of the pluripotent stem cell niche where these malignancies arise will provide further insights into the origin of TGCTs and the mechanisms underlying their growth and invasion of adjacent and distant tissues.

[706]

TÍTULO / TITLE: - Testicular germ cell tumors and related research from a historical point of view.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Dev Biol. 2013;57(2-3-4):197-200.

●● Enlace al texto completo (gratis o de pago) [1387/ijdb.130143id](#)

AUTORES / AUTHORS: - Damjanov I; Wewer-Albrechtsen N

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, The University of Kansas School of Medicine, Kansas City, KS, USA.

idadamjano@kumc.edu.

RESUMEN / SUMMARY: - In this brief overview of the history of testicular germ cell tumors, we touch upon the key events and personalities that have contributed to our current understanding of germ cell tumors in general, and those of the testis in particular. The intricacies of human germ cell tumor pathology and histogenesis have been elucidated in part by contributions in the field of experimental pathology and developmental biology. Correlation between clinical oncologic findings, pathology and experimental studies of germ cell tumors and related topics ushered the era of cellular and genetic engineering that have revolutionized contemporary cell and molecular biology.

[707]

TÍTULO / TITLE: - The importance of cystoscopy and bladder biopsy in women with refractory overactive bladder: the urogynaecologist's point of view?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Obstet Gynecol Reprod Biol. 2013 Jun 29. pii: S0301-2115(13)00260-1. doi: 10.1016/j.ejogrb.2013.05.027.

●● Enlace al texto completo (gratis o de pago)

[1016/j.ejogrb.2013.05.027](#)

AUTORES / AUTHORS: - Digesu GA; Sadenghi P; Sharma S; Puccini F; Tubaro A; Fernando R; Khullar V

INSTITUCIÓN / INSTITUTION: - Department of Urogynaecology, St. Mary's Hospital, Imperial College NHS Trust, London, United Kingdom. Electronic address: a.digesualex@imperial.ac.uk.

RESUMEN / SUMMARY: - **OBJECTIVES:** To assess the sensitivity, specificity, positive and negative predictive value of cystoscopy and the clinical value of bladder biopsy in women with refractory overactive bladder (OAB) symptoms. **STUDY DESIGN:** Prospective observational study carried out in a tertiary referral urogynaecology unit in London. Consecutive women with OAB resistant to pharmacotherapy who underwent cystoscopy, hydrodistention and bladder biopsy were studied. The sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of cystoscopy as well as histological findings for chronic cystitis were evaluated. **RESULTS:** 106 women aged 22-91 years were studied. Histopathology showed chronic cystitis in 94 women, follicular cystitis 3, acute and chronic cystitis in 2, transitional cell carcinoma in 6

and no abnormality in 1 woman. Trabeculations and increased vascularity were the most common cystoscopic findings, seen in 71% and 72% of women respectively. Haemorrhages on first filling and haemorrhages on refilling had specificities of 86.6% and 80% respectively for chronic cystitis. Their sensitivities were 9.8% and 13.1% respectively. Trabeculations and increased vascularity had sensitivities of 68.1% and 68.1% and their specificities were 11.6% and 4.5% respectively. Trabeculations, increased vascularity, haemorrhages on first filling and haemorrhages on refilling all had a PPV over 80% for chronic cystitis. CONCLUSIONS: More than 90% of women with refractory OAB symptoms have chronic cystitis on histopathology. Cystoscopy alone is useful, but not always adequate to diagnose chronic cystitis. Antibiotic therapy in those women might be beneficial before starting anticholinergics. Larger randomised controlled trials are mandatory to confirm our hypothesis.

[708]

TÍTULO / TITLE: - Definitions of terms, processes and a minimum dataset for transperineal prostate biopsies: a standardization approach of the Ginsburg Study Group for Enhanced Prostate Diagnostics.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Sep;112(5):568-77. doi: 10.1111/bju.12132. Epub 2013 Jun 17.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12132](#)

AUTORES / AUTHORS: - Kuru TH; Wadhwa K; Chang RT; Echeverria LM; Roethke M; Polson A; Rottenberg G; Koo B; Lawrence EM; Seidenader J; Gnanapragasam V; Axell R; Roth W; Warren A; Doble A; Muir G; Popert R; Schlemmer HP; Hadaschik BA; Kastner C

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Hospital Heidelberg, Heidelberg, Germany; Department of Radiology, German Cancer Research Center (DKFZ), Heidelberg, Germany.

RESUMEN / SUMMARY: - OBJECTIVES: To define terms and processes and agree on a minimum dataset in relation to transperineal prostate biopsy procedures and enhanced prostate diagnostics. To identify the need for further evaluation and establish a collaborative research practice. PATIENTS AND METHODS: A 19-member multidisciplinary panel rated 66 items for their appropriateness and their definition to be incorporated into the international databank using the Research and Development/University of California Los Angeles Appropriateness Method. The item list was developed from interviews conducted with healthcare professionals from urology, radiology, pathology and engineering. RESULTS: The panel agreed on 56 items that were appropriate to be incorporated into a prospective database. In total, 10 items were uncertain and were omitted. These items were within the categories: definitions (n = 2), imaging (n = 1), surgical protocols (n = 2) and histology (n = 5). CONCLUSIONS: The components of a minimum dataset for transperineal

prostate biopsy have been defined. This provides an opportunity for multicentre collaborative data analysis and technique development. The findings of the present study will facilitate prospective studies into the application and outcome of transperineal prostate biopsies.

[709]

TÍTULO / TITLE: - Awareness and uptake of colorectal, breast, cervical and prostate cancer screening tests in España.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Public Health. 2013 Jun 27.

●● [Enlace al texto completo \(gratis o de pago\) 1093/eurpub/ckt089](#)

AUTORES / AUTHORS: - Carrasco-Garrido P; Hernandez-Barrera V; Lopez de Andres A; Jimenez-Trujillo I; Gallardo Pino C; Jimenez-Garcia R

INSTITUCIÓN / INSTITUTION: - Preventive Medicine and Public Health Teaching and Research Unit, Department of Health Sciences, Universidad Rey Juan Carlos, Madrid, España.

RESUMEN / SUMMARY: - BACKGROUND: We aim to describe levels of awareness and uptake of colorectal, breast, cervical and prostate cancer screening tests and to analyze the association to socio-demographic and health-related variables. METHODS: Population-based cross-sectional study conducted using a home-based personal interview survey on a nationwide representative sample (n = 7938) of population aged ≥ 18 years (Oncobarometro Survey). Awareness was assessed by asking participants: Now I am going to mention several medical tests for cancer detection, please tell me if you already know about them or if this is the first time you have heard of them? The tests mentioned were faecal occult blood test (FOBT), mammography, Pap smear and prostate-specific antigen (PSA). Cancer screening uptake was assessed by asking participants whether they had received tests within the previous 2 years. Results: Awareness rates of 38.55% for FOBT, 95.03% for mammography, 70.84% for Pap smears and 54.72% for PSA were found. Uptake mammography was 74.46%, Pap smears 65.57%, PSA 35.19% and FOBT 9.40%. Factors such as immigration status, lower educational level or income and not suffering from chronic conditions are negative predictors for uptake. CONCLUSIONS: Awareness and uptake results showed acceptable figures for mammography, moderate for Pap smears and unacceptably low for FOBT. Inequalities exist in uptake of cancer screening. It is necessary to develop public health educational programmes, especially for the vulnerable populations, aiming to inform and motivate them to use screening services on a regular basis. Our data suggest that although PSA is not recommended, this opportunistic screening is frequently used in España.

[710]

TÍTULO / TITLE: - Serum total testosterone is a significant preoperative variable independently contributing to separating the prostate cancer population into prostatectomy Gleason score groups.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Int. 2013;91(1):55-61. doi: 10.1159/000350250. Epub 2013 Jun 5.

●● Enlace al texto completo (gratis o de pago) [1159/000350250](#)

AUTORES / AUTHORS: - Porcaro AB; Petrozziello A; Ghimenton C; Migliorini F; Sava T; Caruso B; Cocco C; Romano M; Cavalleri S; Artibani W

INSTITUCIÓN / INSTITUTION: - Urologic Clinic, University Hospitals, Azienda Ospedaliera Universitaria Integrata, Verona, Italy.

RESUMEN / SUMMARY: - Aim: To investigate the potential of preoperative serum total testosterone (TT) in contributing to the definition of separate prostatectomy Gleason score (pGS) groups of the prostate cancer (PCa) population. Materials and Methods: The data of 220 patients operated on for PCa were retrospectively reviewed. No patient had previously received 5alpha-reductase inhibitor, luteinizing hormone-releasing analogs or testosterone replacement treatment. The patient population was grouped according to the pGS as 6 = 3+3, 7 = 3+4, 7 = 4+3 and 8-10. Eight variables were simultaneously investigated in each group: prostate-specific antigen (PSA), TT, free testosterone, age, percentage of positive prostate biopsy cores (P+), biopsy Gleason score (bGS), overall cancer volume estimated as percentage of prostate volume (V+) and prostate weight (Wi). Univariate analysis of variance (ANOVA), multivariate analysis of variance (MANOVA) and multivariate discriminant analysis (MDA) were the statistical methods used for evaluating the data. Results: There were 89 patients in pGS 6 = 3+3, 84 in pGS 7 = 3+4, 24 in pGS 7 = 4+3 and 23 in pGS 8-10. ANOVA showed that bGS ($p < 0.0001$), P+ ($p < 0.0001$), V+ ($p < 0.0001$), PSA ($p = 0.0001$), Wi ($p = 0.0002$) and TT ($p = 0.01$) were significantly different in the four pGS groups. MANOVA tests showed that only bGS ($p < 0.0001$), V+ ($p = 0.0003$), TT ($p = 0.001$) and, to a lesser extent, PSA ($p = 0.06$) were the significant variables that individually and independently contributed a significant amount to separation of the four pGS groups of the PCa population. MDA showed that the independent variables ranked as bGS ($p < 0.0001$), TT ($p = 0.001$), V+ ($p = 0.001$) and PSA ($p = 0.06$). Conclusions: Serum TT is a significant preoperative variable that independently contributes to separating the PCa population into pGS score groups. Pretreatment baseline serum TT levels should be measured and their inclusion in neural networks predicting PCa natural history be considered in the patient population diagnosed with PCa.

[711]

TÍTULO / TITLE: - Targeting renal cancer with a combination of WNT inhibitors and a bi-functional peptide.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Anticancer Res. 2013 Jun;33(6):2435-40.

AUTORES / AUTHORS: - Koller CM; Kim Y; Schmidt-Wolf IG

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine III, Center for Integrated Oncology, University Hospital Bonn, 53105 Bonn, Germany.

Ingo.Schmidt-Wolf@ukb.uni-bonn.de

RESUMEN / SUMMARY: - AIM: Advanced renal cancer has still a very poor prognosis. We combined wntless-related integration site (WNT) inhibitors with a bi-functional peptide, as previous research has proven their individual efficacy in cancer therapy. Each targets cancer cells differently. We wanted to determine whether they have an additive effect. MATERIALS AND METHODS: Our bi-functional peptide consists of a target domain (LTVSPWY) and a lytic domain (KLAKLAK)2. We used three WNT inhibitors: Ethacrinic acid, ciclopirox olamine, piroctone olamine and combined each with the bi-functional peptide. They were tested on three different renal cancer cell lines using 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium-bromide (MTT) assay. RESULTS: We demonstrated a synergistic effect of WNT inhibitors with the bi-functional peptide. The vitality of cancer cells was reduced significantly ($p < 0.05$), while healthy cells were mostly unaffected. CONCLUSION: The combination of WNT inhibitor and the bi-functional peptide may lead to new treatment options as toxic side-effects can be reduced due to the lower doses of agent required.

[712]

TÍTULO / TITLE: - Portal Vein Thrombosis with Renal Cell Carcinoma: A Case Report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Int. 2013 Jun 20.

●● [Enlace al texto completo \(gratis o de pago\) 1159/000350649](#)

AUTORES / AUTHORS: - D'Elia C; Cerruto MA; Molinari A; Piovesan R; Cavicchioli F; Minja A; Novella G; Artibani W

INSTITUCIÓN / INSTITUTION: - Urology Clinic, AOUI Verona, Verona, Italy.

RESUMEN / SUMMARY: - Portal vein thrombosis refers to an obstruction of blood flow in the portal vein; this rare disease can be both local and systemic. Local risk factors, accounting for about 70% of cases, can be abdominal cancers, inflammatory or infective diseases, surgical procedures or cirrhosis. A 62-year-old man, affected by hypertension and taking acetylsalicylic acid after a myocardial infarction in 1994, developed deep venous thrombosis on the right leg. Six months later the patient was admitted to the emergency unit due to abdominal pain. A CT scan revealed the presence of a complete splanchnic vein thrombosis and a primary tumor on the right kidney. The patient was treated with total parenteral nutrition and intravenous solution of heparin sodium first and then, because of occurrence of allergy, fondaparinux, with

improvement of the abdominal pain. Subsequently he underwent right radical nephrectomy.

[713]

TÍTULO / TITLE: - Transitional Cell Carcinoma of the Retrorectal Space Arisen in Tailgut Cyst: A Case Report and Review of the Literature.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Surg Pathol. 2013 Jul 1.

●● Enlace al texto completo (gratis o de pago)

[1177/1066896913491324](#)

AUTORES / AUTHORS: - Vinciguerra GL; Mercantini P; La Torre M; Pillozzi E; Ziparo V; Vecchione A

RESUMEN / SUMMARY: - Tailgut cysts, also known as retrorectal cystic hamartomas, are congenital lesions derived by an abnormal remnant of the postanal primitive hindgut, consisting of unilocular or multilocular cysts usually lined by squamous, transitional, or glandular epithelium. Malignant transformation is an uncommon event, and it mainly involves the neuroendocrine or glandular epithelium; other histotypes are sporadic. Here, we report, for the first time, the clinicopathological features of a transitional cell carcinoma that arose in a tailgut cyst.

[714]

TÍTULO / TITLE: - Renal Anastomosing Hemangiomas With Diverse Spectrum of Morphologic Appearance: Report of Two Cases and Review of Literature.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Surg Pathol. 2013 Jul 1.

●● Enlace al texto completo (gratis o de pago)

[1177/1066896913492850](#)

AUTORES / AUTHORS: - Chou S; Subramanian V; Lau HM; Achan A

RESUMEN / SUMMARY: - Benign vascular lesions have a diverse appearance and can be extremely difficult to classify. We present renal anastomosing hemangiomas from 2 patients that exemplify the potential diverse range of appearances that can occur in this recently described, rare variant of capillary hemangioma. The lesion from one patient was an intravenous hemangioma with closely packed, fenestrated vascular channels that were reminiscent of the splenic red pulp. Also, the endothelial cells contained hyaline globules. On the other hand, the second patient had multifocal tumor. The lesions showed more extensive hyalinization and vascular ectasia reminiscent of cavernous hemangioma. Extramedullary hematopoiesis was a feature in all the tumors, particularly in the second patient where numerous immature blasts were present within vascular spaces.

[715]

TÍTULO / TITLE: - Small Cell Variant of Renal Oncocytoma With Liver Metastases: A Case Report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Surg Pathol. 2013 Jun 20.

- Enlace al texto completo (gratis o de pago)

[1177/1066896913491322](#)

AUTORES / AUTHORS: - Trivedi PP; Kriplani D; Gami A; Shah MJ; Shah PM

RESUMEN / SUMMARY: - Renal oncocytoma is a renal neoplasm considered to be benign. A small cell variant comprising predominantly of oncoblasts is rare. Metastases from a renal oncocytoma are extremely rare. A case of small cell variant of renal oncocytoma with liver metastases is described.

[716]

TÍTULO / TITLE: - Benign glomus tumor of the urinary bladder.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Arch Pathol Lab Med. 2013 Jul;137(7):1005-8. doi: 10.5858/arpa.2012-0125-CR.

- Enlace al texto completo (gratis o de pago) [5858/arpa.2012-0125-CR](#)

[CR](#)

AUTORES / AUTHORS: - Sergio AT; Bruno JR; Vasileios M; Gabriele B; Maurizio C; Maria RA

INSTITUCIÓN / INSTITUTION: - From the Department of Human Pathology and Oncology, Anatomic Pathology Section, University of Siena, Siena, Italy (Drs Tripodi, Rocca, Mourmouras, and Ambrosio); the Department of Urology, Azienda Ospedaliera Universitaria Senese, Siena Italy (Dr Barbanti); and the Istituto Nazionale Tumori, Milan, Italy (Dr Colecchia).

RESUMEN / SUMMARY: - Glomus tumors are rare, mesenchymal neoplasms of adulthood, which occur in both the sexes with equal frequency. Most of these tumors are benign, but some cases with atypical/malignant behavior have been reported. They most often occur in the extremities, typically in the subungual region of the fingers, and rarely involve the internal organs. We report the case of a 63-year-old man who presented with hematuria. The cystoscopy showed a polypoid lesion of the anterior wall of the bladder, which was diagnosed on biopsy as a benign glomus tumor. To the best of our knowledge, this is the first case of benign glomus tumor of the bladder described in the literature. This report widens the spectrum of the differential diagnoses of bladder neoplasms.

[717]

TÍTULO / TITLE: - Comparison of the safety and efficacy of conventional monopolar and 2-micron laser transurethral resection in the management of multiple nonmuscle-invasive bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Int Med Res. 2013 Aug;41(4):984-92. doi: 10.1177/0300060513477001. Epub 2013 Jun 12.

●● Enlace al texto completo (gratis o de pago)

[1177/0300060513477001](#)

AUTORES / AUTHORS: - Liu H; Wu J; Xue S; Zhang Q; Ruan Y; Sun X; Xia S

INSTITUCIÓN / INSTITUTION: - University Department of Urology, Shanghai First People's Hospital, Shanghai Jiao Tong University, Shanghai, China.

RESUMEN / SUMMARY: - OBJECTIVES: To compare the safety and efficacy of conventional monopolar transurethral resection of bladder tumour (TURBT) and 2-micron continuous-wave laser resection (2-microm laser) techniques in the management of multiple nonmuscle-invasive bladder cancer (NMIBC), and to investigate long-term effects on tumour recurrence. METHODS: Patients with multiple NMIBC were randomized to receive TURBT or 2-microm laser in a nonblinded manner. All patients received intravesical chemotherapy with epirubicin (40 mg/40 ml) for 8 weeks, beginning 1 week after surgery, followed with monthly maintenance therapy for 12 months. Three-year follow-up data of preoperative, operative and postoperative management were recorded. RESULTS: In total, 120 patients were included: 56 in the TURBT group and 64 in the 2-microm laser group. Intra- and postoperative complications (including bladder perforation, bleeding and irritation) were less frequently observed in the 2-microm laser group compared with the TURBT group. There were no significant differences in first time to recurrence, overall recurrence or occurrence of urethral strictures. CONCLUSIONS: The 2-microm laser resection method was more effective than TURBT in reducing rates of intra- and postoperative complications, but offered no additional benefit regarding tumour recurrence.

[718]

TÍTULO / TITLE: - Development and validation of nomograms to predict the recovery of urinary continence after radical prostatectomy: comparisons between immediate, early, and late continence.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - World J Urol. 2013 Jul 6.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1127-](#)

[y](#)

AUTORES / AUTHORS: - Jeong SJ; Yeon JS; Lee JK; Cha WH; Jeong JW; Lee BK; Lee SC; Jeong CW; Kim JH; Hong SK; Byun SS; Lee SE

INSTITUCIÓN / INSTITUTION: - Department of Urology, Seoul National University Bundang Hospital, 300 Gumi-dong, Bundang-gu, Seongnam, 463-707, Korea, urojsi@empal.com.

RESUMEN / SUMMARY: - **PURPOSE:** Few studies have been conducted on the serial evaluation of predictors for recovery of urinary continence (RC) after radical prostatectomy (RP) among same cohort. We developed and validated nomograms to predict immediate (≤ 1), early (≤ 3), and late (≤ 12 months) RC from a contemporary series and compared each nomogram with regard to the significance of predictors for RC. **METHODS:** Among consecutive men who received robot-assisted or open retropubic RP between 2004 and 2011, 872 (74.7 %) and 296 (25.3 %) were randomly assigned to subcohorts for the development of nomograms and for the split-sample external validation. The final multivariate model was selected based on the stepwise procedure, and the regression coefficient-based nomograms were developed based on final models. **RESULTS:** Age at surgery, membranous urethral length (MUL), and robot-assisted RP were significant for RC at 1, 3, and 12 months. Saving the neurovascular bundle (NVB) and prostate volume were significant only for RC at 12 months. Odds ratios for age and MUL were constant over time, whereas the odds ratio for robot-assisted surgery decreased over time. Each developed nomogram was reasonably well fitted to the ideal line of the calibration plot. The split-sample external validation of nomograms indicated 63, 65, 71 % accuracy for each RC time point. **CONCLUSIONS:** We developed nomograms for RC at each time point after RP and validated adequately. Saving the NVB and prostate volume may affect only late RC after RP. In contrast, age, MUL, and robot-assisted surgery seem to be consistently associated with immediate, early, and late RC.

[719]

TÍTULO / TITLE: - Dual role of TGFBR3 in bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Oncol Rep. 2013 Jul 8. doi: 10.3892/or.2013.2599.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2599](#)

AUTORES / AUTHORS: - Liu XL; Xiao K; Xue B; Yang D; Lei Z; Shan Y; Zhang HT

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Second Affiliated Hospital of Soochow University, Suzhou, Jiangsu 215004, P.R. China.

RESUMEN / SUMMARY: - Bladder cancer is one of the most common genitourinary malignant diseases worldwide. More than 90% of bladder cancer cases are bladder urothelial carcinoma (BUC). Although transforming growth factor-beta III receptor (TGFBR3) has been suggested to play a dual role in cancer progression, little is known about TGFBR3 in bladder cancer. In the present study, fresh tumor and the corresponding paracarcinoma tissue specimens were collected from 56 bladder urothelial carcinoma patients.

TGFBR3 expression in these tissues was determined by western blotting. TGFBR3 was also detected in the human normal urothelial cell line SV-HUC-1, the human superficial urothelial bladder cancer cell line 5637, and the human invasive bladder cancer cell line T24 using western blotting and quantitative PCR. Cell growth, motility and invasion were also analyzed in the control and the TGFBR3 gene-silenced T24 cells. As a result, the expression of TGFBR3 was reduced (18/30) in most superficial bladder urothelial carcinoma tissues compared to the corresponding normal tissues, whereas TGFBR3 expression was more enhanced (19/26) in the invasive samples. Similarly, an increase of TGFBR3 expression was found in T24 cells, but a decrease was observed in 5637 cells. Knockdown of TGFBR3 in T24 cells resulted in decreased cell growth, motility and invasion. In conclusion, these findings suggest that TGFBR3 may play a dichotomous role in human bladder cancer, acting as both a tumor suppressor and as a tumor promoter.

[720]

TÍTULO / TITLE: - microRNA-200c modulates the epithelial-to-mesenchymal transition in human renal cell carcinoma metastasis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Oncol Rep. 2013 Aug;30(2):643-50. doi: 10.3892/or.2013.2530. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) [3892/or.2013.2530](#)

AUTORES / AUTHORS: - Wang X; Chen X; Wang R; Xiao P; Xu Z; Chen L; Hang W; Ruan A; Yang H; Zhang X

INSTITUCIÓN / INSTITUTION: - Department of Urology, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, Hubei 430022, P.R. China.

RESUMEN / SUMMARY: - microRNAs (miRNAs) play essential roles in several physiological and pathological processes, including tumor metastasis. Metastasis is associated with poor prognosis in renal carcinoma patients and almost 20-30% of patients present with distant metastasis at the time of diagnosis. The aim of the present study was to investigate the possible roles of miR-200c in regulating metastasis and to identify its target genes in renal cell carcinoma (RCC). Among the miRNAs downregulated in our tissue specimen microarray, miR-200c was downregulated significantly. Functional assays demonstrated that restoration of miR-200c significantly inhibited the migration and invasion of SN12-PM6 and 786-0 cells in vitro. Genome-wide gene expression analysis and TargetScan database studies showed that ZEB1, which has been shown to promote tumor invasion and migration through E-cadherin gene silencing, is a promising candidate target gene of miR200c. Overexpression of miR-200c in SN12-PM6 and 786-0 cells was concurrent with downregulation of ZEB1 and upregulation of E-cadherin mRNA and protein. In addition, miR-200c affected the protein expression of p-Akt and Akt. Thus, our

study demonstrated that miR-200c decreases the metastatic ability of renal carcinoma cells by upregulating E-cadherin through ZEB1 and that modulating the expression of miR-200c could influence Akt protein levels. We therefore concluded that there is an Akt-miR-200c-E-cadherin axis in the epithelial-to-mesenchymal transition process in RCC.

[721]

TÍTULO / TITLE: - Cell cycle progression, but not genotoxic activity, mainly contributes to citrinin-induced renal carcinogenesis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Toxicology. 2013 Jul 12;311(3):216-224. doi: 10.1016/j.tox.2013.07.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.tox.2013.07.003](#)

AUTORES / AUTHORS: - Kuroda K; Ishii Y; Takasu S; Kijima A; Matsushita K; Watanabe M; Takahashi H; Sugita-Konishi Y; Sakai H; Yanai T; Nohmi T; Ogawa K; Umemura T

INSTITUCIÓN / INSTITUTION: - Division of Pathology, National Institute of Health Sciences, 1-18-1 Kamiyoga, Setagaya-ku, Tokyo 158-8501, Japan.

RESUMEN / SUMMARY: - Citrinin (CTN) is a food-contaminating mycotoxin that efficiently induces renal tumors in rats. However, the modes of carcinogenic action are still unknown, preventing assessment of the risks of CTN in humans. In the present study, the proliferative effects of CTN and its causal factors were investigated in the kidneys of gpt delta rats. In addition, three in vivo genotoxicity assays (reporter gene mutation using gpt delta rats and comet and micronucleus assays using F344 rats) were performed to clarify whether CTN was genotoxic in vivo. CTN was administered at 20 and 40mg/kg/day, the higher dose being the maximal tolerated dose and a nearly carcinogenic dose. In the kidney cortex of gpt delta rats, significant increases in the labeling indices of proliferating cell nuclear antigen (PCNA)-positive cells were observed at all doses of CTN. Increases in the mRNA expression levels of Ccna2, Ccnb1, Ccne1, and its transcription factor E2f1 were also detected, suggesting induction of cell cycle progression at all tested doses of CTN. However, histopathological changes were found only in rats treated with the higher dose of CTN, which was consistent with increases in the mRNA expression levels of mitogenic factors associated with tissue damage/regeneration, such as Hgf and Lcn2, at the same dose. Thus, the proliferative effects of CTN may result not only from compensatory reactions, but also from direct mitogenic action. Western blot analysis showed that ERK phosphorylation was increased at all doses, implying that cell cycle progression may be mediated by activation of the ERK pathway. On the other hand, in vivo genotoxicity analyses were negative, implying that CTN did not have the potential for inducing DNA damage, gene mutations, or chromosomal aberrations. The overall data clearly demonstrated the molecular events underlying CTN-induced cell cycle

progression, which could be helpful to understand CTN-induced renal carcinogenesis.

[722]

TÍTULO / TITLE: - Influence and Pathophysiological Mechanisms of Simvastatin on Prostatic Hyperplasia in Spontaneously Hypertensive Rats.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Int. 2013 Jul 6.

●● Enlace al texto completo (gratis o de pago) [1159/000350519](#)

AUTORES / AUTHORS: - Zhang X; Shen F; Dong L; Zhao X; Qu X

INSTITUCIÓN / INSTITUTION: - Department of Geriatrics, Second Xiangya Hospital of Central South University, Changsha, Hunan, P.R. China.

RESUMEN / SUMMARY: - Objective: To explore the effects and mechanisms of simvastatin on prostate hyperplasia in spontaneously hypertensive rats (SHRs). Methods: Thirty-six male SHRs were randomly divided into three groups: the 10 and the 20 mg/kg/d simvastatin group and the control group. After 6 weeks the ultra-microscopic prostate structures were observed. The serum levels of interleukin-6 (IL-6), insulin-like growth factor (IGF-1) and angiotensin II (Ang-II) were measured by enzyme-linked immunosorbent assays. The endothelium-derived nitric oxide synthase (eNOS) expression was evaluated with immunohistochemistry. Results: Compared to the control group, the 20 mg/kg/d simvastatin group presented with lower absolute ($p = 0.005$) and relative prostate weight ($p = 0.009$). The basal cells and columnar cells presented with edema, condensed heterochromatin in interstitial fibroblast nuclei, widened nucleus gaps, and decreased mitochondria and endoplasmic reticulum in the 10 mg/kg/d simvastatin group, these changes were more pronounced in the 20 mg/kg/d simvastatin group. The IL-6 levels in the 10 and 20 mg/kg/d simvastatin groups were lower than those of the controls ($p = 0.005$ and $p = 0.008$). The IGF-1 levels of the 20 mg/kg/d simvastatin group were reduced compared to the control group ($p = 0.016$). Conclusions: Simvastatin can delay and inhibit prostatic hyperplasia and progression in SHR. These actions may be mediated through the suppression of inflammatory and growth factors.

[723]

TÍTULO / TITLE: - Monitoring of Plasma Cell-Free DNA in Predicting Postoperative Recurrence of Clear Cell Renal Cell Carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Int. 2013 Jul 11.

●● Enlace al texto completo (gratis o de pago) [1159/000351409](#)

AUTORES / AUTHORS: - Wan J; Zhu L; Jiang Z; Cheng K

INSTITUCIÓN / INSTITUTION: - Operation Center, Third Xiangya Hospital of Central-South University, Changsha, PR China.

RESUMEN / SUMMARY: - Background: Circulating cell-free DNA (cfDNA) mostly originates from tumors and its level correlates with treatment. We assessed whether the level of plasma cfDNA could help monitor recurrence after nephrectomy. Methods: This study included 92 patients with clear cell renal cell carcinoma (cRCC). Quantitative real-time PCR was used to measure the level of plasma cfDNA before and after nephrectomy. Results: The pretreatment level of plasma cfDNA in patients with metastatic cRCC (6.04 +/- 0.72) was significantly higher than in those with localized cRCC (5.29 +/- 0.53, p = 0.017) or controls (0.65 +/- 0.29, p < 0.001). Of patients with localized cRCC, those with recurrence had a significantly higher plasma cfDNA level than those without (p = 0.024). The patients with a high plasma cfDNA level had a significantly higher recurrence rate than those with a low plasma cfDNA level before and after nephrectomy (p = 0.018). Conclusion: The level of plasma cfDNA may be useful as a tool to monitor patients during follow-up and guide further diagnostic work-up for the detection of recurrence. © 2013 S. Karger AG, Basel.

[724]

TÍTULO / TITLE: - Molecular pathogenesis and progression of prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):244-58. doi: 10.1053/j.seminoncol.2013.04.001.

●● Enlace al texto completo (gratis o de pago)

1053/j.seminoncol.2013.04.001

AUTORES / AUTHORS: - Schrecengost R; Knudsen KE

INSTITUCIÓN / INSTITUTION: - Department of Cancer Biology, Thomas Jefferson University, Philadelphia, PA; Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, PA.

RESUMEN / SUMMARY: - Prostate cancer (PCa) is the most commonly diagnosed noncutaneous malignancy and second leading cause of cancer-related deaths in US males. Clinically, locally confined disease is treated surgically and/or with radiation therapy. Invasive disease, however, must be treated with pharmacological inhibitors of androgen receptor (AR) activity, since disease progression is fundamentally reliant on AR activation. However, despite initially effective treatment options, recurrent castration-resistant PCa (CRPC) often occurs due to aberrant reactivation of AR. Additionally, it is appreciated that many other signaling molecules, such as transcription factors, oncogenes, and tumor suppressors, are often perturbed and significantly contribute to PCa initiation and progression to incurable disease. Understanding the interplay between AR signaling and other signaling networks altered in PCa will advance therapeutic approaches. Overall, comprehension of the molecular composition promoting neoplastic growth and formation of CRPC is paramount for developing durable treatment options.

[725]

TÍTULO / TITLE: - Radiologicpathologic correlation of renal cell carcinoma associated with Xp11.2 translocation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Radiol. 2013 May 9.

●● Enlace al texto completo (gratis o de pago)

[1177/0284185113484019](#)

AUTORES / AUTHORS: - Koo HJ; Choi HJ; Kim MH; Cho KS

INSTITUCIÓN / INSTITUTION: - Department of Radiology and Research Institute of Radiology, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea.

RESUMEN / SUMMARY: - BACKGROUND: The prognosis of translocation RCCs in adult patients is relatively poor compared to that of other subtypes of RCCs. Although there have been several reports regarding radiologic findings of translocation RCC, studies with histologic correlation could help to understand the imaging features. PURPOSE: To explore the correlation between radiologic and pathologic findings in Xp11.2 translocation renal cell carcinoma (RCC) and provide clues for translocation RCC diagnosis. MATERIAL AND METHODS: CT scans of six patients (one man and five women; age range, 871 years; mean age, 34 years) with histologically-proven Xp11.2 translocation RCCs were retrospectively evaluated in consensus by two radiologists. Tumor size, presence of necrosis, hemorrhage, fat or calcification, enhancement patterns of the tumor, presence of lymphadenopathy, and distant metastases were evaluated. RESULTS: The average size of the tumors was 6 cm (range, 2.712 cm). All six tumors appeared as well-defined masses with areas of low attenuation representing hemorrhage or necrosis. Four tumors contained high attenuating solid portions, compared to the surrounding renal cortex seen on unenhanced images, where representing dense cellular component on microscopic examination. Peripheral rim enhancement pattern that correlated with histologic finding of a fibrous capsule was seen in five cases. In two patients who underwent kidney MR, the masses showed low signal intensity on T2-weighted images. One patient had lymphadenopathy. No distant metastasis was noted in any patient. CONCLUSION: Translocation RCC appeared as a well-defined mass that contain high attenuating solid portions on unenhanced images and low attenuating necrotic or hemorrhagic foci; the tumor also showed gradual peripheral rim enhancement due to a fibrous capsule surrounding the tumor.

[726]

TÍTULO / TITLE: - Renal Transposition during Minimally Invasive Partial Nephrectomy: A Safe Technique for Excision of Upper Pole Tumors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Endourol. 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago) [1089/end.2013.0225](#)

AUTORES / AUTHORS: - Kaplan JR; Chang P; Percy AA; Wagner AA

INSTITUCIÓN / INSTITUTION: - Beth Israel Deaconess Medical Center, Division of Urology, Boston, Massachusetts, United States ; jrkaplan@partners.org.

RESUMEN / SUMMARY: - Minimally invasive partial nephrectomy (MIPN) for upper pole masses, particularly for those located posteriorly, is challenging due to difficult visualization during tumor resection and renorrhaphy. Complete renal transposition facilitates access to and excision of upper pole renal masses during MIPN. Sixteen patients with upper pole renal masses underwent laparoscopic or robot-assisted partial nephrectomy with renal transposition from October 2009 to March 2012 with a mean follow-up of 22 months. Mean operative time was 242.6 minutes and mean warm ischemic time was 14.7 minutes. No patient required an intraoperative or postoperative blood transfusion. Five patients (31%) had a postoperative complication (four Clavien grade I, one Clavien grade II). There were no delayed complications, positive surgical margins, or tumor recurrences. Mean postoperative eGFR change within 3 months was -9.4%. These results show that complete renal transposition can be safely employed to facilitate excision of upper pole tumors.

[727]

TÍTULO / TITLE: - Evaluation by fluorescence spectroscopy of the most appropriate renal region for obtaining biopsies: a study in the rat.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Transplant Proc. 2013 Jun;45(5):1761-5. doi: 10.1016/j.transproceed.2013.01.059.

●● Enlace al texto completo (gratis o de pago)

[1016/j.transproceed.2013.01.059](#)

AUTORES / AUTHORS: - Cassini MF; da Costa MM; Bagnato VS; Tirapelli LF; Silva GE; Martins AC; Tuccl S Jr

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery and Anatomy, Ribeirao Preto Medical School, University of Sao Paulo, Brazil.

marcelo.cassini@globo.com

RESUMEN / SUMMARY: - INTRODUCTION: Renal puncture biopsies are directed at the lower poles of the organ to decrease the risk of hemorrhage and complications. OBJECTIVES: To evaluate by fluorescence spectroscopy (FS) the most appropriate renal region (in terms of metabolic changes) to obtain a biopsy. MATERIALS AND METHODS: The kidneys of 33 Rattus norvegicus rats were submitted to FS detection in the upper and lower poles and in the middle third. Excitations were generated with lasers at wavelengths of 408, 442, and 532 nm. Animals were divided at random into groups of warm ischemia (30, 60, and 120 minutes), whose kidneys were again analyzed by FS, as well as

after 5 minutes of reperfusion using the same excitation beams in the same renal regions. Then the kidneys underwent histologic preparation and examination. RESULTS: The middle third area of the rat's kidneys proved to be significantly more sensitive to ischemic and reperfusion changes than the renal poles, as determined by FS ($P < .001$). CONCLUSIONS: The middle third of the kidney was the most appropriate site for a renal biopsy to monitor a transplanted organ.

[728]

TÍTULO / TITLE: - 99mTc-Oxidronate Uptake Within Urothelial Carcinoma Confirmed With SPECT/CT Imaging.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Aug;38(8):655-7. doi: 10.1097/RLU.0b013e3182952c18.

●● Enlace al texto completo (gratis o de pago)

[1097/RLU.0b013e3182952c18](#)

AUTORES / AUTHORS: - Niederkohr RD; Chiu E; Katzel JA

INSTITUCIÓN / INSTITUTION: - From the *Departments of Nuclear Medicine and daggerMedical Oncology, Kaiser Permanente Medical Center, Santa Clara, CA.

RESUMEN / SUMMARY: - A 63-year-old woman with recurrent urothelial carcinoma was referred for skeletal scintigraphy to evaluate for osseous metastatic disease. The bone scan showed no osseous metastatic disease, but did show intense focal radiotracer accumulation along the left aspect of the urinary bladder. SPECT/CT images localized this uptake to a calcified bladder wall mass corresponding with the biopsy-proven (via cystoscopy) recurrent tumor. This case demonstrates that (a) some tumors may accumulate radionuclide bone tracer, emphasizing the need for careful evaluation of nonosseous structures during bone scan interpretation; (b) SPECT/CT is useful for clarifying potentially confusing findings and preventing misdiagnosis.

[729]

TÍTULO / TITLE: - Incremental value of transition zone and midline apical biopsy at baseline TRUS-guided biopsy for prostate cancer detection.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - World J Urol. 2013 Jul 20.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1130-](#)

[3](#)

AUTORES / AUTHORS: - Somford DM; Vreuls W; Jansen TS; van Basten JP; Vergunst H

INSTITUCIÓN / INSTITUTION: - Department of Urology (B28), Canisius-Wilhelmina Hospital, Weg door Jonkerbos 100, 6532 SZ, Nijmegen, The Netherlands, r.somford@cwz.nl.

RESUMEN / SUMMARY: - PURPOSE: To determine the diagnostic yield of transition zone (TZB) and midline apical biopsies (MAB) in baseline transrectal ultrasound (TRUS)-guided biopsies and to establish whether TZB and MAB for the diagnosis of prostate cancer (PCa) add clinical relevant information. METHODS: We performed baseline 9-core TRUS-guided biopsy in 412 consecutive subjects using sextant biopsies of the PZ (PZB), with an additional TZB on either side and a MAB at the prostatic apex. We determined the incremental diagnostic value of additional TZB and MAB to sextant PZB. RESULTS: Within a cohort of 412 patients with a median PSA of 7.5 ng/ml, 178 (43.2 %) patients were diagnosed with PCa upon baseline TRUS-guided biopsies. In 102 cases, at least one TZB was positive for PCa, with 6/412 (1.4 %) cases displaying PCa in the TZB only. MAB alone was positive for PCa in 4/412 (1.0 %) cases. One case (1/412; 0.2 %) had only a TZB and a MAB positive for PCa without positive PZB. Thus, 11/412 (2.7 %) of cases would not have been diagnosed with PCa at baseline TRUS-guided biopsy had only sextant PZ biopsy been performed. TZB detected a high-grade Gleason component (Gleason 4 and/or 5) not present in the PZB in 2.4 % of PCa cases. CONCLUSIONS: There is limited value for TZB and MAB in the context of sextant PZB at baseline TRUS-guided biopsies for PCa.

[730]

TÍTULO / TITLE: - Uterine cervical tubulosquamous polyp resembling a penis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Gynecol Pathol. 2013 Jul;32(4):426-9. doi: 10.1097/PGP.0b013e3182630d69.

●● Enlace al texto completo (gratis o de pago)

[1097/PGP.0b013e3182630d69](#)

AUTORES / AUTHORS: - Fukunaga M

INSTITUCIÓN / INSTITUTION: - Department of Pathology, The Jikei University School of Medicine, Komaeshi, Tokyo, Japan. maasafu@jikei.ac.jp

RESUMEN / SUMMARY: - This case report describes a tubulosquamous polyp resembling a penis in the uterine cervix. A 34-yr-old, gravida 0, para 0, woman showed an 18 x 8 x 5 mm polypoid lesion in the uterine ectocervix. The polyp had a penis-like appearance; the tip looked like glans penis and the middle portion resembled the shaft of the penis. Its surface was covered by squamous epithelium, and tissues resembling those of a urethra, corpus spongiosum penis, and external orifice urethra were observed. Foreskin-like tissues were also observed, although a corpus cavernosum penis was not seen. Skene glands and Cowper glands were also observed. Immunohistochemically, Skene glands and the urethra-like epithelium were focally positive for prostate-specific antigen and/or prostatic acid proteins. Histologically and immunohistochemically, the polypoid lesion overlapped with a tubulosquamous polyp of the vagina and ectopic prostatic tissue of the uterine cervix and

encompassed these lesions in the lower female genital tract. The most likely theory of histogenesis is a developmental anomaly and misplacement of Skene glands.

[731]

TÍTULO / TITLE: - Prostate biopsy: results and advantages of the transperineal approach-twenty-year experience of a single center.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - World J Urol. 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) [1007/s00345-013-1108-](http://1007/s00345-013-1108-1)

[1](#)

AUTORES / AUTHORS: - Pepe P; Aragona F

INSTITUCIÓN / INSTITUTION: - Urology Unit, Cannizzaro Hospital, Via Messina 829, Catania, Italy, piepepe@hotmail.com.

RESUMEN / SUMMARY: - **PURPOSE:** Detection rate for prostate cancer (PCa) and complications following transperineal prostate biopsy (TPBx) were reported. **METHODS:** From January 1991 to December 2012, 4,000 men underwent TPBx; from 1991 to 2001, the patients underwent biopsy for suspicious DRE or PSA values >4 ng/mL; moreover, from 2002, the indications were abnormal DRE, PSA >10 ng/mL, PSA values between 4.1 and 10, 2.6 and 4 and <2.5 ng/mL with F/T PSA <25, <20 <15 %, respectively. In case of initial biopsy, the number of needles cores increased from 6 (1991-1996) to 12 (1997-2012) and 18 cores (2002-2012); in case of repeat biopsy, since 2005 a saturation biopsy (SPBx) with >24 cores was performed. **RESULTS:** Overall, PCa, normal parenchyma, HGPIN and ASAP were found in 1,379 (34.5 %), 2,400 (60 %), 175 (4.4 %) and 46 (1.1 %) patients, respectively; in case of initial TPBx, the scheme at 18 showed a greater PCa detection in comparison with scheme at 6-12 cores ($p < 0.05$). In case of repeat biopsy, a higher detection of microfocus of cancer was found performing a SPBx; moreover, 15 % of cancers were localized in the anterior zone. Incidence of hemospermia and urinary retention were correlated with the number of needle cores resulting equal to 30.4 versus 11.1 % in case of SPBx ($p < 0.05$); moreover, none developed sepsis. **CONCLUSIONS:** Transperineal prostate biopsy (TPBx) resets the risk of sepsis; moreover, in case of repeat SPBx, the transperineal approach detects a high number of significant PCa localized in the anterior zone (15 % of the cases).

[732]

TÍTULO / TITLE: - The utility of prostate-specific antigen in the management of advanced prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Sep;112(5):548-60. doi: 10.1111/bju.12061. Epub 2013 Jul 4.

●● Enlace al texto completo (gratis o de pago) 1111/bju.12061

AUTORES / AUTHORS: - Crawford ED; Bennett CL; Andriole GL; Garnick MB; Petrylak DP

INSTITUCIÓN / INSTITUTION: - University of Colorado School of Medicine, Aurora, CO, USA.

RESUMEN / SUMMARY: - To review current prostate-specific antigen (PSA) metrics used in monitoring treatment of advanced prostate cancer, with a specific focus on castration-resistant prostate cancer (CRPC) therapies. Explore what is known about the correlation between PSA and androgen levels as well as underlying reasons for persistent PSA expression and serum elevation in CRPC, and outline suggestions for use of PSA in managing patients with advanced prostate cancer. A comprehensive search of the PubMed database for English language articles through April 2012 was performed using the following Medical Subject Headings (MeSH) keywords or terms, alone or in combination: 'prostate cancer'; 'prostate cancer treatment'; 'prostate cancer outcomes'; 'prostate-specific antigen'; 'androgen receptor'; 'advanced prostate cancer'; 'castration-resistant prostate cancer'; 'biomarkers'. Bibliographies of relevant articles were searched for additional references. Relevant medical society and regulatory agency web sites from the USA and Europe were accessed for issued guidance on PSA use. PSA doubling time (PSADT) is a useful metric for determining which patients should be considered for androgen-deprivation therapy (ADT) after failing local treatment or for second-line therapies after failing ADT. However, it is not a validated surrogate for survival and no therapy has received regulatory approval based upon PSADT characteristics. PSA nadir and time-to-nadir have been identified as possible prognostic markers for patients receiving ADT. There is no universally accepted definition for PSA progression, nor is PSA progression a regulatory-approved surrogate for clinical progression in drug approval trials. PSA responses to second-line therapies can vary and are not considered by regulatory agencies as valid surrogates for clinical endpoints, so they must be assessed in the context of each individual therapy and trial design. PSA expression in CRPC is often a reflection of persistent androgen receptor activity. While we can provide guidance for use of PSA monitoring in managing patients with advanced prostate cancer based on the data at hand, there is an urgent need for prospective analyses of refined PSA metrics in conjunction with newer prostate cancer biomarkers in clinical trials to provide stronger evidence for their roles as surrogate endpoints.

[733]

TÍTULO / TITLE: - Couple distress after localised prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Support Care Cancer. 2013 Jun 12.

●● Enlace al texto completo (gratis o de pago) [1007/s00520-013-1868-](https://doi.org/10.1007/s00520-013-1868-6)

[6](#)

AUTORES / AUTHORS: - Chambers SK; Schover L; Nielsen L; Halford K; Clutton S; Gardiner RA; Dunn J; Occhipinti S

INSTITUCIÓN / INSTITUTION: - Griffith Health Institute, Griffith University, Brisbane, Australia, suzanne.chambers@griffith.edu.au.

RESUMEN / SUMMARY: - BACKGROUND: The experience of the diagnosis of prostate cancer is distressing for both men and their partners. The present study describes the prevalence of psychological distress in men with prostate cancer and their partners, and the predictors of adjustment outcomes. METHODS/DESIGN: A cross-sectional survey of 189 prostate cancer patients who were scheduled for or had undergone surgery for localised prostate cancer and their partners assessed socio-demographic variables, masculine self-esteem and social intimacy, psychological adjustment and quality of life. RESULTS: Overall, patients and partners reported low distress; however, female partners were more anxious with 36 % reporting mild to severe anxiety. For men, masculine self-esteem and time since diagnosis were most strongly related to mental health status; urinary bother most influenced physical quality of life. For female partners, the man's psychological distress and his sexual bother were most strongly related to her mental health status; higher social intimacy was most strongly associated with physical quality of life. CONCLUSION: The correlates of distress after the diagnosis of prostate cancer differ between patients and female partners. For men, masculine self-esteem may be most crucial, whereas for women, her partner's level of distress may matter most. Research to better understand these interactions is needed.

[734]

TÍTULO / TITLE: - Expert opinion on chemotherapy use in castration-resistant prostate cancer progressing after docetaxel.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Crit Rev Oncol Hematol. 2013 Jul 15. pii: S1040-8428(13)00128-5. doi: 10.1016/j.critrevonc.2013.06.008.

●● Enlace al texto completo (gratis o de pago)

[1016/j.critrevonc.2013.06.008](https://doi.org/10.1016/j.critrevonc.2013.06.008)

AUTORES / AUTHORS: - Gallardo E; Arranz JA; Maroto JP; Leon LA; Bellmunt J

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Parc Tauli Sabadell Hospital Universitari, Sabadell, Barcelona, España. Electronic address: egallardo@tauli.cat.

RESUMEN / SUMMARY: - The term castration-resistant prostate cancer (CRPC) encompasses a wide variety of patients with different prognoses. The combination of docetaxel and prednisone is considered as the standard first-line chemotherapy. For years, patients progressing on docetaxel have been

managed with second- and third-line hormone therapies, re-treatment with docetaxel, or combined mitoxantrone and prednisone. Recently published results of four studies using different drugs: cabazitaxel (CBZ), abiraterone (AA), enzalutamide (ENZ), and radium 223, showed an increased survival in such patients. In this article, authors make some considerations about criteria guiding the choice of a second-line chemotherapy after docetaxel in patients with metastatic CRPC, and propose an algorithm based on scientific evidence and consensus for rational use of cabazitaxel in this scenario.

[735]

TÍTULO / TITLE: - Two-micron thulium laser resection of the distal ureter and bladder cuff during nephroureterectomy for upper urinary tract urothelial carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Lasers Med Sci. 2013 Jun 23.

●● Enlace al texto completo (gratis o de pago) [1007/s10103-013-1365-](http://dx.doi.org/10.1007/s10103-013-1365-7)

[7](#)

AUTORES / AUTHORS: - Pang K; Liu SB; Wei HB; Zhuo J; Li ML; Xia SJ; Sun XW

INSTITUCIÓN / INSTITUTION: - Department of Urology, Xuzhou Central Hospital, 199 Jie Fang Nan Road, Xuzhou, 221009, China.

RESUMEN / SUMMARY: - The thulium laser (Tm-laser) technique has been used in the management of many urologic conditions. The present study aimed to evaluate the use of this technique for distal ureter and bladder cuff (DUBC) excision during nephroureterectomy for upper urinary tract urothelial carcinoma (UUT-UC). Fifty-eight patients with UUT-UC who underwent radical nephroureterectomy were included in this retrospective study. DUBC was managed by open excision in 24 cases, by transurethral electrosurgery in 17 cases, and by transurethral Tm-laser in 17 cases. Perioperative measures and oncologic outcomes were compared among the three groups. Furthermore, 11 human ureteral segments were collected to measure the burst pressure and show physical pressure tolerance, and six ureteral segments were assessed histologically to investigate the sealing effect. Operative time and hospital stay were significantly longer, and intraoperative blood loss was significantly greater in the open excision group than in the electrosurgery and Tm-laser groups ($P < 0.05$ for all). There were no significant differences in these parameters between the electrosurgery and Tm-laser groups. In addition, there were no significant differences in the incidences of bladder tumors and retroperitoneal recurrence of urothelial carcinoma among the three groups. The coagulation time and resection time were significantly shorter in the Tm-laser group than in the electrosurgery group. The mean burst pressure did not differ significantly between the tissues sealed by electrosurgery and by Tm-laser. Histopathological analyses showed that distal ureters were completely sealed by both electrosurgery and Tm-laser. The Tm-laser technique is superior to

open excision and comparable to transurethral electrosurgery in the management of DUBC during nephroureterectomy for UUT-UC, offering an alternative treatment option for this condition.

[736]

TÍTULO / TITLE: - Timing and outcomes for radical cystectomy in nonmuscle invasive bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Curr Opin Urol. 2013 Sep;23(5):423-8. doi: 10.1097/MOU.0b013e328363e46f.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1097/MOU.0b013e328363e46f](#)

AUTORES / AUTHORS: - Zehnder P; Thalmann GN

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Bern, Bern, Switzerland.

RESUMEN / SUMMARY: - **PURPOSE OF REVIEW:** To provide an overview on the available clinical and pathological factors in high-risk nonmuscle invasive bladder cancer (NMIBC) patients that help to approximate the risk of progression to muscle invasion and identify 'the' patients requiring timely cystectomy. The value of a high-quality transurethral tumor resection is pointed out. Outcomes following radical cystectomy are compared with a primarily bladder preserving strategy. **RECENT FINDINGS:** Carcinoma in situ within the prostatic urethra of NMIBC patients impacts on patient's outcome. Therefore, biopsies taken from the prostatic urethra improve the initial tumor staging accuracy. Lamina propria substaging may provide more detailed prognostic information. Lympho-vascular invasion within the transurethral resection specimen may help to detect patients who benefit from timely cystectomy. Recent findings from patients undergoing radical cystectomy including super-extended lymphadenectomy for clinically NMIBC confirm the substantial rate (25%) of tumor understaging. The fact that almost 10% were found to harbor lymph node metastases underlines the necessity to perform a meticulous lymphadenectomy in NMIBC patients undergoing radical cystectomy. **SUMMARY:** High-quality transurethral bladder tumor resection including underlying muscle fibers is of utmost importance. Nevertheless, tumor understaging remains an issue of concern and warrants the value of a second transurethral resection in high-risk NMIBC patients. There is a persisting lack of rigid therapeutic recommendations in patients with high-risk NMIBC. Instead, treatment strategy is based on individual risk factors. However, irrespective of initial treatment strategy, there is a subgroup of high-risk NMIBC patients with progressive disease, leading almost inevitably to death.

[737]

TÍTULO / TITLE: - NVP-BEZ235, Dual Phosphatidylinositol 3-Kinase/Mammalian Target of Rapamycin Inhibitor, Prominently Enhances Radiosensitivity of Prostate Cancer Cell Line PC-3.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Biother Radiopharm. 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) [1089/cbr.2012.1443](#)

AUTORES / AUTHORS: - Zhu W; Fu W; Hu L

INSTITUCIÓN / INSTITUTION: - 1 Department of Radiation Oncology, Cancer Center, Qilu Hospital affiliated to Shandong University, Jinan, China.

RESUMEN / SUMMARY: - Abstract Background: Aberrant activation of phosphatidylinositol 3-kinase (PI3K)/Akt/mammalian target of rapamycin (mTOR) pathway may account for development of radioadaptation and is not rare in prostate cancer. Neither PI3K nor mTOR blockade could completely inhibit the pathway owing to paradoxical feedback, so we anticipate dual PI3K/mTOR blockade by NVP-BEZ235 to radiosensitize prostate cancer cells. Methods: We investigated into the radiosensitizing effect of NVP-BEZ235 on PC-3 cells, which are devoid of androgen receptors. Clonogenic survival and MTT assays were performed, and to pursue underlying cellular changes flowcytometric analysis of cell cycle and apoptosis as well as western blot were carried out. Results: Exposure to NVP-BEZ235 and irradiation caused a greater degree of survival inhibition than ionizing radiation (IR) or BEZ235 alone. Dual PI3K/mTOR blockade along with IR induced a G2/M arrest and enhanced proapoptotic effect. NVP-BEZ235 radiosensitized PC-3 cells through counteracting constitutive as well as IR-triggered activation of Akt/mTOR signaling. Conclusions: Our study demonstrated that the dual PI3K/mTOR inhibitor NVP-BEZ235 prominently improved the radiosensitivity of PC-3 cells. It sensitized tumor cells to irradiation via interruption of cell cycle progression and augmentation of cell apoptosis, which was due to its constraint on constitutive and IR-elicited PI3K/Akt/mTOR signaling activation.

[738]

TÍTULO / TITLE: - Evaluation of the efficacy of a combination of diltiazem and periprostatic nerve block in pain control during transrectal ultrasonography-guided biopsy of the prostate.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann R Coll Surg Engl. 2013 Jul;95(5):361-4. doi: 10.1308/003588413X13629960046318.

●● Enlace al texto completo (gratis o de pago)

[1308/003588413X13629960046318](#)

AUTORES / AUTHORS: - Jindal T; Mandal SN; Biswas G; Karmakar D

INSTITUCIÓN / INSTITUTION: - Department of Urology, Calcutta National Medical College, 32 Gorachand Road, Beniapur, Kolkata - 700 014, India.

drtarunjindal@gmail.com.

RESUMEN / SUMMARY: - INTRODUCTION: The choice of analgesia during prostate biopsy remains controversial. The pain has dual origin: from the insertion of the probe as well as the biopsy itself. Periprostatic nerve block (PPNB) is currently the gold standard modality for decreasing pain of prostate biopsy but it does not alleviate the pain of probe insertion. A randomised controlled trial was performed to test the efficacy and safety of the combination of topical application of diltiazem gel and PPNB for pain control during transrectal ultrasonography guided prostate biopsy. METHODS: A total of 73 patients who were to undergo their first prostate biopsy were randomised to receive either 2ml of 2% topical diltiazem gel or a placebo 15 minutes before the biopsy. All the patients then had a PPNB using 1% lignocaine. A ten-point visual analogue scale was used to record the pain immediately after the insertion of the probe and during the biopsy. Any adverse effects were also recorded. RESULTS: There was no significant difference in the mean age and prostate volumes between the groups. There was a significantly lower mean pain score due to probe insertion in those patients who received topical diltiazem than in the placebo group ($p < 0.0001$). There was no significant difference between the pain scores during the biopsy itself between the two groups. CONCLUSIONS: Topical diltiazem significantly reduces the pain of probe insertion during prostate biopsy and can be used effectively as an adjuvant to PPNB.

[739]

TÍTULO / TITLE: - MDCT-based scoring system for differentiating angiomyolipoma with minimal fat from renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Radiol. 2013 Jul 17.

●● Enlace al texto completo (gratis o de pago)

[1177/0284185113491087](#)

AUTORES / AUTHORS: - Kim MH; Lee J; Cho G; Cho KS; Kim J; Kim JK

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Research Institute of Radiology Asan Medical Center, University of Ulsan College of Medicine, Seoul, Republic of Korea.

RESUMEN / SUMMARY: - BACKGROUND: Subtype-related various computed tomography (CT) features of renal cell carcinoma (RCC) are a confusing factor in differentiating angiomyolipoma with minimal fat (AMLmf) from RCC. To overcome RCC heterogeneity, a scoring system, which integrates multiple discriminative parameters can be helpful for differentiating AMLmf from RCC. PURPOSE: To develop a MDCT-based scoring system for differentiating AMLmf from RCC. MATERIAL AND METHODS: In 407 patients with pathologically confirmed 48 AMLmfs and 359 RCCs (247 clear cell RCCs, 67 papillary RCCs, and 45 chromophobe RCCs), MDCT features (ratio of long-to-short diameter, enhancement characteristics, tumor attenuation on unenhanced

scan, tumor margin, calcification), age, and sex were compared between AMLmf and RCCs. Based on logistic regression, a scoring system for diagnosing AMLmf over RCC was built, and its diagnostic accuracy was evaluated. RESULTS: Scores suggesting AMLmf, i.e. the logit function as used in logistic regression analysis, were calculated as follows:
$$\text{Score} = \frac{e^{6.16A - 0.003B + 1.20C + 0.97D + 2.13E - 0.05F}}{1 + e^{6.16A - 0.003B + 1.20C + 0.97D + 2.13E - 0.05F}}$$
, where A = ratio of long-to-short diameter, B = enhancement amount in early excretory phase, C = homogeneous enhancement, D = tumor attenuation on unenhanced scan, E = sex, and F = age. Area under receiver-operating characteristics curve of scoring system was 0.919. With a score of 0.204 or higher, the scoring system yielded greatest accuracy (90%, 368/407) for diagnosing AMLmf over RCC, which was greater than that of any single MDCT or clinical parameter (53-85%) (P < 0.05). With a score of 0.317 or higher, sensitivity and specificity were 68% (32/48) and 95% (340/359). CONCLUSION: MDCT-based scoring system can improve diagnostic performance of MDCT in differentiating AMLmf from RCC and help patients with AMLmf to avoid unnecessary surgery with high specificity.

[740]

TÍTULO / TITLE: - Evaluation of testicular tumour calcification with digital orchiography.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Radiol. 2013 Jun 8.

●● Enlace al texto completo (gratis o de pago) [1007/s00330-013-2918-](#)

[7](#)

AUTORES / AUTHORS: - Aksoy Ozcan U; Saglican Y; Yildiz ME; Yildirim Y; Ozveri H; Ocak F; Karaarslan E

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Acibadem University School of Medicine, Kozyatagi Hospital, Inonu cd. Okur sk., Istanbul, Turkey, 34000, umitozcan@gmail.com.

RESUMEN / SUMMARY: - OBJECTIVES: To analyse the calcification of testicular tumours in the orchiectomy specimens detected by digital orchiography obtained in a full-field digital mammography (FFDM) unit. METHODS: Orchiectomy specimens of 37 consecutive patients were imaged by FFDM. Detected foci of calcification were stratified as: type 1, dense microcalcification; type 2, faint microcalcification; type 3, macrocalcification. Histopathology identified the tumour types, the presence of intratubular germ cell neoplasia (IGCN) and associated calcifications. Orchiography results correlated with the histopathology. RESULTS: On orchiography, 32/37 of the specimens (86 %) had co-existing foci of calcification. Histopathology results revealed foci of calcification in 23/37 (62 %) of orchiectomy specimens. Of the 20 IGCN cases,

80 % presented with calcifications on orchio-graphy. Fifty-six percent (14/25) of type 1, 70 % (12/17) of type 2, and 30 % (2/6) of type 3 foci of calcification were observed in IGCN-positive cases. CONCLUSION: This study classifies the morphology of testicular tumour calcification in three main groups by digital orchio-graphy. In half of the testicular cancers, histopathologically proven IGCN is also found in addition to the index tumour. Type 2 foci of microcalcification detected by orchio-graphy may be related to IGCN and may prompt further clinical assessment. KEY POINTS: * Orchio-graphy can detect and classify calcification in 86 % of testicular cancers. * Intratubular germ cell neoplasia (IGCN) co-exists in 54 % of testicular cancers. * Type 2 foci of microcalcification detected by orchio-graphy may be related to IGCN. * Orchio-graphy may play a possible future role in the diagnosis of testicular IGCN.

[741]

TÍTULO / TITLE: - Severity of hydronephrosis correlates with tumour invasiveness and urinary bladder recurrence of ureteric cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Aug;112(4):489-94. doi: 10.1111/bju.12157. Epub 2013 Jun 7.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12157](#)

AUTORES / AUTHORS: - Luo HL; Kang CH; Chen YT; Chuang YC; Lee WC; Cheng YT; Chiang PH

INSTITUCIÓN / INSTITUTION: - Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Taiwan; Department of Urology, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan.

RESUMEN / SUMMARY: - OBJECTIVES: To explore the prognostic role of hydronephrosis grade in patients with pure ureteric cancer. PATIENTS AND METHODS: The study included 162 patients with pure ureteric cancer who were treated between January 2005 and December 2010 at a single tertiary referral centre. The association between hydronephrosis grade with pathological findings and oncological outcomes was assessed using multivariate Cox regression analysis. RESULTS: Hydronephrosis grade >2 was independently associated with non-organ-confined ureteric cancer (P = 0.003). Hydronephrosis grade <2 was highly prevalent in organ-confined disease. Hydronephrosis grade >2 and bladder cancer history independently predict bladder cancer recurrence (P = 0.021 and P = 0.002, respectively). Hydronephrosis of grade >2 was found to be associated with local and distant recurrence only in univariate analysis; non-organ-confined pathology independently predicted local and distant oncological failure (P ≤ 0.001 and P = 0.002, respectively). CONCLUSIONS: Hydronephrosis grade >2 is associated with non-organ-confined ureteric cancer and with bladder cancer recurrence.

Non-organ-confined pathology is still the most important predictor for local and distant oncological failure.

[742]

TÍTULO / TITLE: - Penile rehabilitation after radical prostatectomy: what the evidence really says.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 May 14. doi: 10.1111/bju.12228.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12228](#)

AUTORES / AUTHORS: - Fode M; Ohl DA; Ralph D; Sonksen J

INSTITUCIÓN / INSTITUTION: - Department of Urology, Herlev University Hospital, Herlev, Denmark.

RESUMEN / SUMMARY: - The pathophysiology of erectile dysfunction after radical prostatectomy (RP) is believed to include neuropraxia, which leads to temporarily reduced oxygenation and subsequent structural changes in penile tissue. This results in veno-occlusive dysfunction, therefore, penile rehabilitation programmes focus on tissue oxygenation. Animal studies support the use of phosphodiesterase type 5 inhibitors (PDE5Is) after cavernous nerve damage but results from human studies are contradictory. The largest study to date found no long-term effect of either daily or on-demand PDE5I administration after RP compared with placebo. The effects of prostaglandin and vacuum erection devices are questionable and high-quality studies are lacking. Better documentation for current penile rehabilitation and/or better rehabilitation protocols are needed. One must be careful not to repeat the statement that penile rehabilitation improves erectile function after RP so many times that it becomes a truth even without the proper scientific backing.

[743]

TÍTULO / TITLE: - In vitro investigation of individual and combined cytotoxic effects of aflatoxin B1 and other selected mycotoxins on the cell line porcine kidney 15.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Exp Toxicol Pathol. 2013 Jun 25. pii: S0940-2993(13)00078-X. doi: 10.1016/j.etp.2013.05.007.

●● Enlace al texto completo (gratis o de pago) [1016/j.etp.2013.05.007](#)

AUTORES / AUTHORS: - Lei M; Zhang N; Qi D

INSTITUCIÓN / INSTITUTION: - Department of Animal Nutrition and Feed Science, College of Animal Science and Technology, HuaZhong Agricultural University, Wuhan 430070, PR China.

RESUMEN / SUMMARY: - In the present study, we evaluated the nephrotoxicity of individual mycotoxins and combinations of aflatoxin B1 (AFB1), zearalenone (ZEA), deoxynivalenol (DON), and fumonisin B1 (FB1) to livestock using

porcine kidney 15 cells (PK-15) as a disease model via biochemical approaches. The toxicity of individual mycotoxins on cell viability and cell membrane damage was determined using the MTT and lactate dehydrogenase (LDH) assays, respectively. Individual cytotoxicity of mycotoxins in increasing order were FB1<ZEA<AFB1<DON. The MTT results of central composite design (CCD) showed synergetic effects after co-exposure of AFB1+ZEA or AFB1+DON; however, AFB1 and ZEA showed antagonistic effects in the ternary mixtures. AFB1 and DON significantly induced ROS production and apoptosis in a concentration-dependent manner, but ZEA (10-40µM) had no effect on cell apoptosis and only slightly induced ROS production. ZEA ameliorated the ROS production caused by 1µM AFB1; however, ZEA and DON displayed synergistic effects in combination with AFB1 at 5 and 10µM. The existence of 10µM ZEA attenuated AFB1-induced apoptosis. In conclusion, AFB1+ZEA or DON showed synergetic effects on cytotoxicity. Low levels of AFB1 were antagonistic to ZEA, but high doses of AFB1 displayed synergistic effects with ZEA or DON on oxidative damage. ZEA also ameliorated AFB1-induced apoptosis. Generally, the combined effects of mycotoxins acted in a concentration-dependent manner.

[744]

TÍTULO / TITLE: - Laparoscopic partial nephrectomy (LPN) for totally intrarenal tumours.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Jul;112(2):E82-6. doi: 10.1111/bju.12168.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12168](#)

AUTORES / AUTHORS: - Nadu A; Goldberg H; Lubin M; Baniel J

INSTITUCIÓN / INSTITUTION: - Division of Laparoscopic Urology, Department of Urology, Rabin Medical Center, Petach Tikva, Israel.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the feasibility and outcomes of laparoscopic partial nephrectomy (LPN) for totally intrarenal tumours (TIT). PATIENTS AND METHODS: TIT were defined as completely intraparenchymatic masses, without any exophytic element. Identification of such a tumour necessitates guidance of intraoperative laparoscopic ultrasonography. Data of patients with TIT who underwent LPN was collected from our Ethical Committee-approved database. Their data was compared with that of patients who underwent LPN for tumours with any degree of exophytic element. The two groups were compared for preoperative data (age, gender, tumour size and location), intraoperative variables (warm ischemia time [WIT], open conversions rate, radical nephrectomy [RN] rate, blood loss and other complications), and postoperative data (renal function, reoperation rates, pathological results, and incidence of positive surgical margins). RESULTS: Among 458 patients who underwent LPN, 41 had TIT. The mean (sd) tumour size was 2.6 (0.8) cm, mean WIT was 22.6 (13.8) min and blood loss was 279

(210) mL. The RN rate was significantly higher in the TIT group compared with the remaining cohort of LPNs (9.7% vs 5.3%). The intra- and postoperative complications, open conversion and positive margin rates were similar between the two groups. Malignant tumours were found in 84.2% and 78.2%, respectively. CONCLUSIONS: LPN for a TIT is technically feasible. TIT carry a significantly higher RN rate due to tumour involvement of vital kidney structures. This aspect should be discussed with the patient preoperatively but TIT should not be considered a definitive indication for RN.

[745]

TÍTULO / TITLE: - Empiric antibiotics for an elevated prostate-specific antigen (PSA) level: a randomised, prospective, controlled multi-institutional trial.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BJU Int. 2013 Jul 26. doi: 10.1111/bju.12241.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12241](#)

AUTORES / AUTHORS: - Eggener SE; Large MC; Gerber GS; Pettus J; Yossepowitch O; Smith ND; Kundu S; Kunnavakkam R; Zorn K; Raman JD

INSTITUCIÓN / INSTITUTION: - Section of Urology, University of Chicago, Chicago, IL, USA.

RESUMEN / SUMMARY: - OBJECTIVE: To determine the impact of empiric antibiotics on men with an elevated prostate-specific antigen (PSA) level. SUBJECTS/PATIENTS AND METHODS: Men of any age with a PSA level of >2.5 ng/mL and normal digital rectal examination undergoing their first prostate biopsy were recruited from five medical centres. Patients with previous biopsy, prostate cancer, urinary tract infection (UTI) or prostatitis within the prior year, antibiotic use within 1 month, 5alpha-reductase inhibitor use, allergy to fluoroquinolones or clinical suspicion of UTI were excluded. Men were randomised to 2 weeks of ciprofloxacin or no antibiotic. A PSA measurement was obtained 21-45 days after randomisation immediately before prostate biopsy. The primary endpoint was the change in PSA level between baseline and immediately before biopsy. RESULTS: Complete data were available for 77 men with a mean (interquartile range) age of 60.6 (53-66) years. In the control group of men not receiving antibiotic (39 men), the mean baseline and pre-biopsy PSA levels were 6.5 and 6.9 ng/mL, respectively (P = 0.8). In men receiving ciprofloxacin (38 men), the mean baseline PSA level was 7.6 ng/mL and after 2 weeks of ciprofloxacin was 8.5 ng/mL (P = 0.7). Compared with controls not receiving antibiotic, use of ciprofloxacin was not associated with a statistically significant change in PSA level (P = 0.33). Prostate cancer was detected in 36 (47%) men, 23 (59%) in the control group and 13 (34%) in the antibiotic group (P = 0.04). Detection rates were not significantly associated with the change in PSA level between baseline and biopsy. The primary limitation of the study is early stoppage due to an interim futility analysis and

poor accrual. CONCLUSION: Despite not meeting the target accrual goal, empiric use of antibiotics for asymptomatic men with an elevated PSA level does not appear to be of clinical benefit.

[746]

TÍTULO / TITLE: - Perspectives on immunotherapy in prostate cancer and solid tumors: where is the future?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):347-60. doi: 10.1053/j.seminoncol.2013.04.009.

●● Enlace al texto completo (gratis o de pago)

[1053/j.seminoncol.2013.04.009](#)

AUTORES / AUTHORS: - Snyder A; Tepper JE; Slovin SF

INSTITUCIÓN / INSTITUTION: - Genitourinary Oncology Service, Sidney Kimmel Center for Prostate and Urologic Cancers, Memorial Sloan-Kettering Cancer Center, New York, NY.

RESUMEN / SUMMARY: - The goals of any cancer therapy are to improve disease control, palliate pain and improve overall survival. We are fortunate to have in our cancer armamentarium two new immune-directed therapies which not only impact on disease control but also on overall survival. The first, sipuleucel-T, a cellular-based vaccine, was approved for prostate cancer and was shown to be safe with minimal toxicity. The second, ipilimumab, a monoclonal antibody directed to an immunologic checkpoint molecule, showed a survival benefit in patients with advanced melanoma. Benefit appeared to correlate in some cases with the development of autoimmune events, signaling that the immune system is in overdrive against the cancer. Where we are and where we will likely go are the topics to be discussed in this review.

[747]

TÍTULO / TITLE: - Prostate cancer chemoprevention.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):276-85. doi: 10.1053/j.seminoncol.2013.04.003.

●● Enlace al texto completo (gratis o de pago)

[1053/j.seminoncol.2013.04.003](#)

AUTORES / AUTHORS: - Sandhu GS; Nepple KG; Tanagho YS; Andriole GL
INSTITUCIÓN / INSTITUTION: - Division of Urologic Surgery, Washington University School of Medicine, St. Louis, MO.

RESUMEN / SUMMARY: - Prostate cancer is a leading cause of morbidity and mortality in men and has significant treatment-associated complications. Prostate cancer chemoprevention has the potential to decrease the morbidity and mortality associated with this disease. Chemoprevention research to date

has primarily focused on nutrients and 5 alpha-reductase inhibitors (5ARIs). A large randomized trial (SELECT) found no favorable effect of selenium or vitamin E on prostate cancer prevention. Two large randomized placebo controlled trials (the PCPT and REDUCE trials) have been published and have supported the role of 5ARIs in prostate cancer chemoprevention; however, these trials also have prompted concerns regarding the increase in high-grade disease seen with treatment and have not been approved by the US Food and Drug Administration (FDA) for chemoprevention. Conclusive evidence for the chemopreventive benefit of nutrients or vitamins is lacking, whereas the future role of 5ARIs remains to be clarified.

[748]

TÍTULO / TITLE: - The Histogenetic Base of Renal Capsular-derived Tumors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ultrastruct Pathol. 2013 Jul 22.

●● Enlace al texto completo (gratis o de pago)

[3109/01913123.2013.810681](#)

AUTORES / AUTHORS: - Mandache E; Penescu M

INSTITUCIÓN / INSTITUTION: - Departments of Nephrology and Nephropathology, "Carol Davila" Clinical Hospital for Nephrology, Bucharest, Romania.

RESUMEN / SUMMARY: - Abstract Capsulomas comprise a category of very rare benign tumors derived from the renal capsule, the most encountered being myxomas and leiomyomas. To get more information on the histogenetic origin of these tumors, a comprehensive ultrastructural investigation on the human renal capsule has been done on kidney biopsy samples performed for nephropathologic diagnosis. The human renal capsule ultrastructure is similar to that of the mammalian renal capsule. There are two cellular layers: an inner layer made up of particular (immature) smooth muscle cells, and a second outer layer consisting of fibroblasts, collagen fibers, extracellular matrix, and telocyte-like cells. Two cases of leiomyomas of microscopic dimensions, situated beneath the capsule have been described. Data from the literature presenting the ultrastructure and perirenal location of myxomas support the affiliation of these capsulomas with the resident renal capsular cells. Based on ultrastructural studies, the authors demonstrate the presence of telocyte-like cells in the outer layer of the human renal capsule and propose distinct histogeneses for leiomyomas and for capsular myxomas as derived from the inner and outer capsular layers, respectively.

[749]

TÍTULO / TITLE: - Statistical Shape Model for Manifold Regularization: Gleason grading of prostate histology.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Comput Vis Image Underst. 2013 Sep 1;117(9):1138-1146.

●● Enlace al texto completo (gratis o de pago) 1016/j.cviu.2012.11.011

AUTORES / AUTHORS: - Sparks R; Madabhushi A

INSTITUCIÓN / INSTITUTION: - Department of Biomedical Engineering, Rutgers University, Piscataway, NJ, 08854 ; Department of Biomedical Engineering, Case Western Reserve University, Cleveland, OH, 44106.

RESUMEN / SUMMARY: - Gleason patterns of prostate cancer histopathology, characterized primarily by morphological and architectural attributes of histological structures (glands and nuclei), have been found to be highly correlated with disease aggressiveness and patient outcome. Gleason patterns 4 and 5 are highly correlated with more aggressive disease and poorer patient outcome, while Gleason patterns 1-3 tend to reflect more favorable patient outcome. Because Gleason grading is done manually by a pathologist visually examining glass (or digital) slides subtle morphologic and architectural differences of histological attributes, in addition to other factors, may result in grading errors and hence cause high inter-observer variability. Recently some researchers have proposed computerized decision support systems to automatically grade Gleason patterns by using features pertaining to nuclear architecture, gland morphology, as well as tissue texture. Automated characterization of gland morphology has been shown to distinguish between intermediate Gleason patterns 3 and 4 with high accuracy. Manifold learning (ML) schemes attempt to generate a low dimensional manifold representation of a higher dimensional feature space while simultaneously preserving nonlinear relationships between object instances. Classification can then be performed in the low dimensional space with high accuracy. However ML is sensitive to the samples contained in the dataset; changes in the dataset may alter the manifold structure. In this paper we present a manifold regularization technique to constrain the low dimensional manifold to a specific range of possible manifold shapes, the range being determined via a statistical shape model of manifolds (SSMM). In this work we demonstrate applications of the SSMM in (1) identifying samples on the manifold which contain noise, defined as those samples which deviate from the SSMM, and (2) accurate out-of-sample extrapolation (OSE) of newly acquired samples onto a manifold constrained by the SSMM. We demonstrate these applications of the SSMM in the context of distinguish between Gleason patterns 3 and 4 using glandular morphologic features in a prostate histopathology dataset of 58 patient studies. Identifying and eliminating noisy samples from the manifold via the SSMM results in a statistically significant improvement in area under the receiver operator characteristic curve (AUC), 0.832 +/- 0.048 with removal of noisy samples compared to a AUC of 0.779 +/- 0.075 without removal of samples. The use of the SSMM for OSE of newly acquired glands also shows statistically significant improvement in AUC, 0.834 +/- 0.051 with the SSMM compared to 0.779 +/-

0.054 without the SSMM. Similar results were observed for the synthetic Swiss Roll and Helix datasets.

[750]

TÍTULO / TITLE: - Targeting the Hepatocyte Growth Factor/c-Met Signaling Pathway in Renal Cell Carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):316-23. doi: 10.1097/PPO.0b013e31829e3c9a.

●● Enlace al texto completo (gratis o de pago)

[1097/PPO.0b013e31829e3c9a](#)

AUTORES / AUTHORS: - Harshman LC; Choueiri TK

INSTITUCIÓN / INSTITUTION: - From the Dana-Farber Cancer Institute, Dana 1230 Solid Tumor Oncology, Lank Center for Genitourinary Oncology, Boston, MA.

RESUMEN / SUMMARY: - The product of a proto-oncogene, the c-Met protein is a transmembrane receptor tyrosine kinase. Its only known ligand, hepatocyte growth factor/scatter factor, regulates cell growth, motility, migration, invasion, proliferation, and angiogenesis. Dysregulation of c-Met and hepatocyte growth factor have been observed in both clear cell and non-clear cell renal cell carcinomas (RCCs), although only papillary RCCs harbor activating mutations in the MET gene. In clear cell RCC, there is evidence of a direct link between loss of von Hippel-Lindau and up-regulation of c-Met. As in other cancers, high expression of c-Met correlates with worse outcomes in RCC. In vitro and in vivo preclinical RCC models demonstrate cancer control with small molecule and antibodies against c-Met. Given these findings, the c-Met pathway is a logical therapeutic target in RCC, and several agents are in clinical testing with early signs of efficacy.

[751]

TÍTULO / TITLE: - Intravascular large B-cell lymphoma presenting with anasarca-type edema and acute renal failure.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ren Fail. 2013 Jul 26.

●● Enlace al texto completo (gratis o de pago)

[3109/0886022X.2013.817277](#)

AUTORES / AUTHORS: - Bilgili SG; Yilmaz D; Soyoral YU; Karadag AS; Bayram I

INSTITUCIÓN / INSTITUTION: - Department of Dermatology .

RESUMEN / SUMMARY: - Abstract Intravascular lymphoma (IVL) is a rare extra nodal subtype (usually of B-cell origin) presenting with infiltration of large neoplastic lymphocytes into lumina of blood vessels, leading to vascular occlusion. The early diagnosis is very crucial, however it is usually diagnosed postmortem investigation in most of the cases. A 56-year-old female presented

with elevated creatinine level, and anasarca-type edema that superimposed with hard, indurated, erythematous plaques extending to inguinal region, abdomen, anterior aspect of chest, and face. B-cell IVL was confirmed with skin biopsy. The patient had some degree of clinical improvement following chemotherapy. B-cell IVL presenting with anasarca edema was not previously reported in the literature. Even if its rarity, IVL should be considered in the differential diagnosis of renal failure with anasarca edema.

[752]

TÍTULO / TITLE: - Novel approaches targeting the vascular endothelial growth factor axis in renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):299-306. doi: 10.1097/PPO.0b013e31829d5cff.

●● Enlace al texto completo (gratis o de pago)

[1097/PPO.0b013e31829d5cff](#)

AUTORES / AUTHORS: - Voss MH; Hsieh JJ; Motzer RJ

INSTITUCIÓN / INSTITUTION: - From the *Department of Medicine and daggerHuman Oncology & Pathogenesis Program, Memorial Sloan-Kettering Cancer Center, New York, NY.

RESUMEN / SUMMARY: - In recent years, functional characterization of the von Hippel-Lindau tumor suppressor, hypoxia-induced factors, and one of their key downstream effectors, the vascular endothelial growth factor (VEGF), has revolutionized treatment of advanced renal cell carcinoma. Therapeutic strategies targeting the ligand itself (VEGF-A) or its receptor (VEGFR2) have proven successful. However, complete remissions are rare, and with time patients invariably suffer disease progression. It is understood that this is due to incomplete suppression of VEGF signaling and/or adaptive up-regulation of non-VEGF-dependent tumor-promoting stimuli. In this article, we review novel VEGF-directed agents that are being developed to address the shortcomings of current targeted drugs for the treatment of advanced renal cell carcinoma. Building on our current understanding of molecular mechanisms behind resistance, examples include next-generation multitarget tyrosine kinase inhibitors, biologics, and other compounds.

[753]

TÍTULO / TITLE: - Angiopoietins and non-vascular endothelial growth factor antiangiogenic targets in advanced renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):307-10. doi: 10.1097/PPO.0b013e31829d5d15.

- Enlace al texto completo (gratis o de pago)

[1097/PPO.0b013e31829d5d15](https://doi.org/10.1097/PPO.0b013e31829d5d15)

AUTORES / AUTHORS: - Richey SL; Hutson TE

INSTITUCIÓN / INSTITUTION: - From the *Hematology and Oncology, Texas Oncology Fort Worth, Fort Worth, TX; and daggerTexas Oncology, PA GU Oncology Program, Baylor-Sammons Cancer Center, Dallas, TX.

RESUMEN / SUMMARY: - The treatment of metastatic renal cell carcinoma has evolved from an era dominated by immune modulation to an era of antiangiogenesis agents. Blockade of vascular endothelial growth factor-mediated pathways and mammalian target of rapamycin pathways has accounted for most of these gains. Although these agents have offered dramatic improvements in survival for kidney cancer patients, resistance inevitably occurs, and new classes of agents are needed to continue to improve outcomes in this setting. We discuss several alternative pathways of angiogenesis, which are being investigated as targets to overcome treatment resistance, including angiopoietin family proteins, fibroblast growth factor, platelet-derived growth factor, and vascular disrupting agents.

[754]

TÍTULO / TITLE: - Scientific Evidence and Controversies About Pioglitazone and Bladder Cancer: Which Lessons Can Be Drawn?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Drug Saf. 2013 Jul 20.

- Enlace al texto completo (gratis o de pago) [1007/s40264-013-0086-](https://doi.org/10.1007/s40264-013-0086-y)

[y](#)

AUTORES / AUTHORS: - Faillie JL; Petit P; Montastruc JL; Hillaire-Buys D

INSTITUCIÓN / INSTITUTION: - Departement de Pharmacologie Medicale et Toxicologie, Centre Regional de PharmacoVigilance, CHRU Montpellier, 371 avenue du Doyen Gaston Giraud, 34295, Montpellier, France, jl-faillie@chu-montpellier.fr.

RESUMEN / SUMMARY: - Pioglitazone, a peroxisome proliferator-activated receptors (PPAR) agonist, has been authorized for the management of type 2 diabetes since 1999 in the US and since 2000 in Europe. Since then, the risk of bladder cancer associated with pioglitazone use has been a serious concern. Following a warning from the Agence Francaise de Securite Sanitaire des Produits de Sante (Afssaps) [the French Agency for the Safety of Health Products], use of pioglitazone was suspended in France and Germany in June 2011. Elsewhere, restrictions on prescriptions were implemented, though for both the European Medicines Agency and the US Food and Drug Administration, the risk-benefit ratio remains favourable. Since the development of pioglitazone, its risk assessment has suffered from several inaccuracies such as its alleged specificity for the male rat, untrustworthy selective agonism for PPARgamma and mistaken risk evaluation in the large PROactive trial

(PROspective pioglitAzone Clinical Trial In macroVascular Events), where one case with a benign tumour in the placebo group was counted as a cancer case. It took until 2011 for the epidemiological data to be sufficiently numerous and conclusive to initiate application of safety measures. Today, the increased risk of bladder cancer associated with pioglitazone seems to be real, but the absolute risk is relatively low. However, in the context of weak efficacy in an extensive population of patients exposed to pioglitazone, the risk-benefit balance is now difficult to assess, and prescription restrictions do not ensure safety. For future risk management, the authors propose several suggestions, which involve an increasing role of health authorities and academic organizations.

[755]

TÍTULO / TITLE: - Dendritic and lymphocytic cell infiltration in prostate carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Histol Histopathol. 2013 Jun 3.

AUTORES / AUTHORS: - Liu Y; Saeter T; Vlatkovic L; Servoll E; Waaler G; Axcrona U; Giercksky KE; Nesland JM; Suo ZH; Axcrona K

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Norwegian Radium Hospital, Oslo University Hospital, and Department of Urology, Institute of Clinical Medicine, Faculty of Medicine, University of Oslo, Oslo, Norway.

RESUMEN / SUMMARY: - We examined the distribution of CD1a+ cells and CD8+ and CD4+ T lymphocytes in prostate cancer (PCa) and correlated these with clinicopathological parameters. We also investigated whether the distribution of these cells was related to the expression of the cell membrane protein B7-H3, a putative negative regulator of the immune response expressed on PCa cells. A cohort of 151 PCa patients treated with radical prostatectomy (RP) was followed prospectively from 1985 until 2006 with a median follow-up of 9 years. Whole-mount sections of PCa specimens were immunostained to identify immune cells. A low number of CD1a+ cells was significantly associated with a high Gleason score and high pathological stage of pT3. The number of CD1a+ cells correlated significantly with the number of intratumoral and stromal CD8+ and stromal CD4+ lymphocytes. Kaplan-Meier analysis showed a tendency toward impaired biochemical progression-free survival in patients with few CD1a+ cells within their RP specimens. The expression of B7-H3 correlated inversely with the number of CD1a+ cells and intratumoral CD4+ lymphocytes; there was a trend for a similar inverse relationship between B7-H3 expression and the number of CD8+ lymphocytes.

[756]

TÍTULO / TITLE: - Update on selected renal cell tumors with clear cell features. With emphasis on multilocular cystic clear cell renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Histol Histopathol. 2013 Jul 30.

AUTORES / AUTHORS: - Montironi R; Mazzucchelli R; Scarpelli M; Lopez-Beltran A; Cheng L

INSTITUCIÓN / INSTITUTION: - Section of Pathological Anatomy, Polytechnic University of the Marche Region, School of Medicine, United Hospitals, Ancona, Italy. r.montironi@univpm.it.

RESUMEN / SUMMARY: - Clear cell renal cell carcinoma (CCRCC) is the most common malignant tumor of renal epithelial origin and, with the exception of some rare tumors, the most deadly. The exception is represented by the multilocular cystic CCRCC, whose prognosis is excellent with survival rates of 100% when diagnosis is made according to the WHO definition. For this reason a proposal has been made to rename this tumor as multilocular cystic renal cell neoplasms of low malignant potential. Another exemption could be the clear cell (tubulo) papillary renal cell carcinoma/clear cell papillary renal cell carcinoma (CCPRCC), a tumor with tubulopapillary architecture and clear cytoplasm. Published data indicates that these are neoplasms with indolent clinical behavior. No cases with metastasis have been reported. Neoplasms meeting criteria for CCPRCC will subsequently be reclassified as of "low malignant potential" rather than carcinoma. The stroma of CCPRCC not infrequently demonstrates smooth muscle metaplasia. It should be remembered, however, that smooth muscle stromal metaplasia and proliferation are not entirely specific to this entity. Hence, it is suggested that smooth muscle metaplasia in the kidney may be a nonspecific common reaction to a variety of stimuli. Xp11 translocation renal cell carcinomas are a group of neoplasms distinguished by chromosomal translocations with breakpoints involving the TFE3 transcription factor gene, which maps to the Xp11.2 locus. The most distinctive histologic pattern of the Xp11 translocation renal cell carcinoma is that of a neoplasm with both clear cells and papillary architecture, and abundant psammoma bodies. TFE3 immunohistochemical staining is reported to be sensitive and specific for a diagnosis of translocation-associated carcinoma as long as the labeling is strong, diffuse, and nuclear. This immunostaining is particularly useful if the differential diagnosis includes CCRCC and CCPRCC. In conclusion, recognition of CCRCC and differentiation from other renal cell neoplasms with clear cytoplasm is important not only for prognostication but also for treatment-related reasons.

[757]

TÍTULO / TITLE: - Improving Accuracy in Image-Guided Prostate Biopsy by Using Trocar-Sharpended Needles.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Int. 2013 Jul 2.

●● Enlace al texto completo (gratis o de pago) [1159/000350653](#)

AUTORES / AUTHORS: - Kuru TH; Simpfendorfer T; Roethke M; Hohenfellner M; Hadaschik BA

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Hospital Heidelberg, Heidelberg, Germany.

RESUMEN / SUMMARY: - Objective: To optimize image-guided prostate biopsy by minimizing the target error with trocar-sharpened needle tips instead of beveled needles, which constantly deviate away from the bevel. Materials and Methods: We performed stereotactic biopsies on two prostate phantoms, which incorporate three randomly placed TRUS-visible lesions. Four stereotactic biopsies per lesion were taken under live-ultrasound guidance through a template: two biopsies with conventional beveled needles and two biopsies with novel trocar-sharpened needles. The procedural targeting error (PTE) between the virtually planned biopsy trajectory and the manually registered 3D needle position of every single biopsy core taken was calculated. Results: The absolute overall targeting error using the novel needle-tip design was 0.13 mm (SD: +/- 0.15 mm) with the highest PTE in the sagittal plane (0.18 +/- 0.16 mm), followed by the coronal (0.13 +/- 0.17 mm) and axial (0.09 +/- 0.05 mm) planes. Comparing the PTE of the novel trocar-shaped needles with conventional beveled needles, there was a statistically significant difference in the axial plane [p (overall) = 0.47, p(axial) = 0.03]. Conclusion: The targeting error of stereotactic biopsies using trocar-sharpened needles is significantly lower than the targeting error of classical beveled needles. Thus, trocar-tip configurations improve the accuracy of computer-assisted biopsies and allow precise assessment of suspicious lesions in the prostate and in other organs accessible to image-guided biopsy.

[758]

TÍTULO / TITLE: - Squamous Cell Carcinoma of the Prostate With Strong FDG Uptake on PET/CT.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Jul 19.

●● Enlace al texto completo (gratis o de pago)

[1097/RLU.0b013e31829af937](#)

AUTORES / AUTHORS: - Dong A; Zuo C; Lu J; Wang Y

INSTITUCIÓN / INSTITUTION: - From the Departments of *Nuclear Medicine, daggerRadiology, and double daggerPathology, Changhai Hospital, Second Military Medical University, Shanghai, China.

RESUMEN / SUMMARY: - Primary squamous cell carcinoma (SCC) of the prostate is a rare aggressive neoplasm with a poor prognosis. A 60-year-old man presented with urinary frequency and interrupted urination for 4 months. Serum prostate-specific antigen and SCC antigen were elevated. T2-weighted MR images showed a hyperintense lesion in the central area of the prostate. FDG PET/CT showed strong FDG uptake of the lesion with SUVmax of 15.5.

Prostate biopsy revealed moderate differentiated SCC. This case indicates SCC of the prostate should be considered in the differential diagnosis of abnormal prostate FDG accumulation (especially with elevated SCC antigen level).

[759]

TÍTULO / TITLE: - Bone Marrow Metastases in an Otherwise Operable Gall Bladder Cancer: Rare Site of Distant Metastases Detected on FDG PET/CT.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Jul 19.

●● Enlace al texto completo (gratis o de pago)

[1097/RLU.0b013e3182817cfb](#)

AUTORES / AUTHORS: - Puranik AD; Purandare N; Agrawal A; Shah S; Rangarajan V

INSTITUCIÓN / INSTITUTION: - From the Department of Nuclear Medicine and Molecular Imaging, Tata Memorial Hospital, Mumbai, India.

RESUMEN / SUMMARY: - Primary carcinoma of gall bladder is a highly aggressive malignancy, most often detected in late stage in majority of the affected patients. It commonly spreads to the adjacent liver parenchyma and, via lymphatics, to mesenteric nodes. Extra-abdominal metastatic sites are extremely rare, with lung being the commonest site. We report a rare occurrence of isolated asymptomatic bone marrow metastases from gall bladder cancer, in the absence of locoregional adenopathy, detected on whole-body F-FDG PET/CT at initial staging.

[760]

TÍTULO / TITLE: - Metastatic Malignant Melanoma to Urinary Bladder: A Potential Pitfall for High-Grade Urothelial Carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Surg Pathol. 2013 Jun 20.

●● Enlace al texto completo (gratis o de pago)

[1177/1066896913492199](#)

AUTORES / AUTHORS: - Rishi A; Anderson TA; Kirschenbaum AM; Unger PD

RESUMEN / SUMMARY: - We present a case of a 61-year-old female presenting with a bladder tumor that occurred 7 years after her previous diagnosis of Clark's level III mid-back melanoma. The bladder tumor was submitted to histopathology without accompanying clinical history, and an initial diagnosis of high-grade urothelial carcinoma was rendered based on epithelioid and sarcomatoid appearing pleomorphic histopathology. We present this case to highlight the diagnostic challenge presented by the rare occurrence of metastatic melanoma to the urinary bladder and the potential pitfall of this lesion being diagnosed as high-grade urothelial carcinoma in the presence of limited clinical history.

[761]

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 (gratis 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.

[762]

TÍTULO / TITLE: - Granulomatous Reaction Within Renal Cell Cancer Thyroid Metastases.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Surg Pathol. 2013 Jun 17.

●● Enlace al texto completo (gratis o de pago)

[1177/1066896913491319](#)

AUTORES / AUTHORS: - D'Angelo FA; Magistri P; Antolino L; Socciarelli F

RESUMEN / SUMMARY: - Metastases of non-thyroid malignancies to the thyroid gland have been reported in 1.4% to 3% of patients undergoing thyroid surgery for thyroid malignancy. We report a case of thyroid metastases from renal cell carcinoma in a 57-year-old man, who underwent a left nephrectomy 11 years earlier for a renal cell carcinoma. The histological examination demonstrated a CD-10 positive and thyroglobulin and thyroid transcription factor-1 negative tissue, with numerous noncaseating gigantocellular granulomas. These findings

are interesting for the possible role of the immune response in metastatic localizations.

[763]

TÍTULO / TITLE: - Novel targeting of phosphatidylinositol 3-kinase and Mammalian target of rapamycin in renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):311-5. doi: 10.1097/PPO.0b013e31829d5cea.

●● Enlace al texto completo (gratis o de pago)

[1097/PPO.0b013e31829d5cea](#)

AUTORES / AUTHORS: - Cho D

INSTITUCIÓN / INSTITUTION: - From the Experimental Therapeutics, Division of Hematology and Oncology, Beth Israel Deaconess Medical Center, Boston, MA.

RESUMEN / SUMMARY: - Allosteric inhibitors of the kinase mammalian target of rapamycin (mTOR) have demonstrated significant clinical activity in patients with advanced renal cell carcinoma (RCC). Unfortunately, substantial clinical responses to these rapalogues are seen only in a subset of patients with advanced RCC. Preclinical studies have identified multiple theoretical shortcomings of the rapalogues, and numerous novel agents directed against the phosphatidylinositol 3-kinase/Akt/mTOR pathway, which address many of these shortcomings, are in active clinical development. In this review, we discuss the preclinical and clinical experience with the rapalogues in RCC, potential mechanisms of resistance to the rapalogues, and the progress in the clinical development of novel agents directed against the phosphatidylinositol 3-kinase/Akt/mTOR pathway.

[764]

TÍTULO / TITLE: - PBRM1 and BAP1 as Novel Targets for Renal Cell Carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):324-32. doi: 10.1097/PPO.0b013e3182a102d1.

●● Enlace al texto completo (gratis o de pago)

[1097/PPO.0b013e3182a102d1](#)

AUTORES / AUTHORS: - Brugarolas J

INSTITUCIÓN / INSTITUTION: - From the Department of Internal Medicine, Oncology Division, Department of Developmental Biology, Simmons Comprehensive Cancer Center, University of Texas Southwestern Medical Center, Dallas, TX.

RESUMEN / SUMMARY: - Technological advances in genome sequencing have led to the identification of novel driver genes mutated in renal cancer. Hitherto, 1 gene was known to be frequently mutated in renal cell carcinoma of clear cell

type (ccRCC), the von Hippel-Lindau (VHL) gene. VHL was identified by positional cloning as the gene responsible for a familial syndrome with renal cancer predisposition, von Hippel-Lindau. Subsequently, VHL was found to be inactivated in approximately 90% of sporadic ccRCC. The discovery of VHL, together with the elucidation of its function, transformed the treatment of ccRCC leading to the introduction of 5 new drugs into the clinic. However, no other familial ccRCC predisposing genes are frequently mutated in sporadic ccRCC. With the development of massively parallel sequencing, a plethora of somatically mutated genes has been identified. Most genes are mutated at low frequencies, but 3 genes are mutated in more than 10% of ccRCC, PBRM1 (mutated in approximately 50%), BAP1 (approximately 15%), and SETD2 (approximately 15%). Like VHL, all 3 genes are 2-hit tumor suppressor genes. Furthermore, these 3 genes are within a 50-Mb region on the short arm of chromosome 3p that encompasses VHL and is deleted in approximately 90% of ccRCC. We discovered that PBRM1 mutations tend to anticorrelate with BAP1 mutations in ccRCC and that PBRM1- and BAP1-mutated tumors exhibit different biology and are associated with markedly different outcomes. This established the foundation for the first molecular genetic classification of sporadic ccRCC. Herein, I review the evidence that implicated PBRM1 and BAP1 as renal cancer driver genes, provide an update on the function of the gene products, and speculate on how mutations in these genes may be exploited therapeutically.

[765]

TÍTULO / TITLE: - Histone deacetylase inhibitors and epigenetic modifications as a novel strategy in renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):333-40. doi: 10.1097/PPO.0b013e3182a09e07.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1097/PPO.0b013e3182a09e07](#)

AUTORES / AUTHORS: - Ramakrishnan S; Pili R

INSTITUCIÓN / INSTITUTION: - From the Genitourinary Program and Department of Cancer Pathology and Prevention, Roswell Park Cancer Institute, Buffalo, NY.

RESUMEN / SUMMARY: - Recent investigations of renal cell carcinoma (RCC) have revealed several epigenetic modifications, as well as alterations in the genes and enzymes that regulate these changes. Preclinical models have revealed that histone gene modifiers and epigenetic alterations may play a critical role in RCC tumorigenesis. Specific changes in DNA methylation and mutations of histone modifiers have been identified and may be associated with an aggressive phenotype. In addition, the potential of reversing the effects of these enzymes and hence reversing the cellular epigenetic landscape to a

“normal phenotype” have led to an increasing interest in developing targeted chromatin remodeling agents. However, the translation of the understanding of these changes to the clinic for the treatment of RCC has posed significant challenges, partly due to tumor heterogeneity. This review describes the aberrant histone and DNA alterations recently reported in RCC and highlights the potential targeted chromatin remodeling therapies in the management of this disease.

[766]

TÍTULO / TITLE: - From the guest editor: renal cell carcinoma the next decade of development.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer J. 2013 Jul-Aug;19(4):297-8. doi: 10.1097/PPO.0b013e3182a100fc.

●● Enlace al texto completo (gratis o de pago)

[1097/PPO.0b013e3182a100fc](#)

AUTORES / AUTHORS: - Figlin RA

INSTITUCIÓN / INSTITUTION: - From the Steven Spielberg Family Chair in Hematology Oncology and Division of Hematology Oncology, Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Medical Center, Los Angeles, CA.

[767]

TÍTULO / TITLE: - Renal mass size: concordance between pathology and radiology.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Curr Opin Urol. 2013 Sep;23(5):389-93. doi: 10.1097/MOU.0b013e328363212b.

●● Enlace al texto completo (gratis o de pago)

[1097/MOU.0b013e328363212b](#)

AUTORES / AUTHORS: - Kathrins M; Caesar S; Mucksavage P; Guzzo T

INSTITUCIÓN / INSTITUTION: - Division of Urology, University of Pennsylvania, Philadelphia, Pennsylvania, USA.

RESUMEN / SUMMARY: - PURPOSE OF REVIEW: Treatment selection of renal masses is informed largely by size. Furthermore, decisions regarding active surveillance involve closely monitoring growth kinetics. It is, therefore, important to understand the accuracy behind radiographic size as compared with pathologic. RECENT FINDINGS: A large number of studies indicate computed tomography (CT) imaging overestimates pathologic size, albeit by a small amount. Smaller masses tend to be overestimated, but larger masses underestimated. Clear cell renal cell carcinoma masses are more likely to be overestimated. CT, ultrasound and MRI have similar concordance with

pathologic size. SUMMARY: The differences between radiographic and pathologic size are small. Findings show good efficacy across CT, MRI and ultrasound. This may reduce reliance on CT imaging alone in the future.

[768]

TÍTULO / TITLE: - HISTONE MODIFICATIONS, STEM CELLS and PROSTATE CANCER.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Curr Pharm Des. 2013 Jul 19.

AUTORES / AUTHORS: - Crea F; Clermont PL; Mai A; Helgason CD

INSTITUCIÓN / INSTITUTION: - Experimental Therapeutics, British Columbia Cancer Research Centre, 675 West 10th Avenue, Vancouver, BC, Canada, V5Z 1L3. chelgaso@bccrc.ca.

RESUMEN / SUMMARY: - Prostate cancer (PCa) is a very common neoplasm, which is generally treated by chemo-, radio-, and/or hormonal-therapy. After a variable time, PCa becomes resistant to conventional treatment, leading to patient death. Prostate tumor-initiating cells (TICs) and cancer repopulating cells (CRCs) are stem-like populations, driving respectively cancer initiation and progression. Histone modifiers (HMs) control gene expression in normal and cancer cells, thereby orchestrating key physiological and pathological processes. In particular, Polycomb group genes (PcGs) are a set of HMs crucial for lineage-specific gene silencing and stem cell self renewal. PcG products are organized into two main Polycomb Repressive Complexes (PRCs). At specific loci, PRC2 catalyzes histone H3 Lys27 trimethylation, which triggers gene silencing by recruiting PRC1, histone deacetylases and DNA methyl transferases. PRC1 catalyzes addition of the repressive mark histone H2A ubiquitination. Recently, the catalytic component of PRC1 (BMI1) was shown to play critical roles in prostate CRC self-renewal and resistance to chemotherapy, resulting in poorer prognosis. Similarly, pharmacological disruption of PRC2 by a small molecule inhibitor reduced the tumorigenicity and metastatic potential of prostate CRCs. Along with PcGs, some histone lysine demethylases (KDMs) are emerging as critical regulators of TIC/CRC biology. KDMs may be inhibited by specific small molecules, some of which display antitumor activity in PCa cells at micromolar concentrations. Since epigenetic gene regulation is crucial for stem cell biology, exploring the role of HMs in prostate cancer is a promising path that may lead to novel treatments.

[769]

TÍTULO / TITLE: - Commentary on "Phase II trial of cetuximab with or without paclitaxel in patients with advanced urothelial tract carcinoma." Wong YN, Litwin S, Vaughn D, Cohen S, Plimack ER, Lee J, Song W, Dabrow M, Brody M,

Tuttle H, Hudes G, University of Pennsylvania, Philadelphia, PA: J Clin Oncol 2012;30(28):3545-51 [Epub 2012 Aug 27].

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul;31(5):719. doi: 10.1016/j.urolonc.2013.03.009.

- Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.03.009](#)

AUTORES / AUTHORS: - See WA

RESUMEN / SUMMARY: - **PURPOSE:** The benefit of salvage chemotherapy is modest in metastatic urothelial cancer. We conducted a randomized, noncomparative phase II study to measure the efficacy of cetuximab with or without paclitaxel in patients with previously treated urothelial cancer. **PATIENTS AND METHODS:** Patients with metastatic urothelial cancer who received one line of chemotherapy in the perioperative or metastatic setting were randomly assigned to 4-week cycles of cetuximab 250mg/m² with or without paclitaxel 80mg/m² per week. We used early progression as an indicator of futility. Either arm would close if seven of the initial 15 patients in that arm progressed at the first disease evaluation at 8 weeks. **RESULTS:** We enrolled 39 evaluable patients. The single-agent cetuximab arm closed after nine of the first 11 patients progressed by 8 weeks. The combination arm completed the full accrual of 28 patients, of whom 22 patients (78.5%) had visceral disease. Twelve of 28 patients had progression-free survival greater than 16 weeks. The overall response rate was 25% (95% CI, 11% to 45%; three complete responses and four partial responses). The median progression-free survival was 16.4 weeks (95% CI, 12 to 25.1 weeks), and the median overall survival was 42 weeks (95% CI, 30.4 to 78 weeks). Treatment-related grade 3 and 4 adverse events that occurred in at least two patients were rash (six cases), fatigue (five cases), and low magnesium (three cases). **CONCLUSION:** Although it had limited activity as a single agent, cetuximab appears to augment the antitumor activity of paclitaxel in previously treated urothelial cancers. The cetuximab and paclitaxel combination merits additional study to establish its role in the treatment of urothelial cancers.

[770]

TÍTULO / TITLE: - An observational study of outcome in SLE patients with biopsy-verified glomerulonephritis between 1986 and 2004 in a defined area of Southern Sweden: the clinical utility of the ACR renal response criteria and predictors for renal outcome.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Scand J Rheumatol. 2013 Jul 5.

- Enlace al texto completo (gratis o de pago)

[3109/03009742.2013.799224](#)

AUTORES / AUTHORS: - Nived O; Hallengren C; Alm P; Jonsen A; Sturfelt G; Bengtsson A

INSTITUCIÓN / INSTITUTION: - Department of Rheumatology, Lund University, Sweden.

RESUMEN / SUMMARY: - Objectives: To test the utility of the World Health Organization (WHO) and International Society of Nephrology/Renal Pathology Society (ISN/RPS) criteria for lupus nephritis (LN) in systemic lupus erythematosus (SLE) and the American College of Rheumatology renal response criteria (ACR-RRC) for renal follow-up in an observational cohort. Method: All 52 biopsy-verified cases of LN during 19 years were identified, and glomerular filtration rate (GFR), serum creatinine, proteinuria, haematuria, Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K), and complement were retrieved at diagnosis of nephritis, after 6 and 12 months, and at the latest visit. Forty-five renal biopsies were available for re-evaluation with the ISN/RPS criteria. Outcome was defined by the ACR-RRC and the final GFR. Results: The mean follow-up time was 9 years; complete renal response (CRR) was achieved in 11 cases, end-stage renal disease (ESRD) in four, and nephrotic syndrome (NS) in one. The final GFR decreased with increasing age at biopsy ($p < 0.01$) and with interstitial manifestations added to the ISN/RPS classification ($p < 0.05$). The final GFR correlated with the decrease of proteinuria or casts and actual serum creatinine after 6 months of treatment (all $p < 0.05$). The outcome defined by ACR-RRC correlated with the nephrological components of SLEDAI-2K after 6 months of therapy ($p < 0.01$) and with the presence of antibodies to C1q at biopsy ($p < 0.05$). Conclusions: Renal outcome is correlated with the response to treatment after 6 months and with the addition of interstitial changes to the ISN/RPS classification, which might add useful information for prediction. The ACR-RRC offers a defined alternative to categorize renal response.

[771]

TÍTULO / TITLE: - Commentary on "A phase II study of oportuzumab monatox: An immunotoxin therapy for patients with noninvasive urothelial carcinoma in situ previously treated with bacillus Calmette-Guerin." Kowalski M, Guindon J, Brazas L, Moore C, Entwistle J, Cizeau J, Jewett MA, MacDonald GC: J Urol 2012;188(5):1712-8 [Epub 2012 Sep 19].

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul;31(5):714. doi: 10.1016/j.urolonc.2013.03.016.

- Enlace al texto completo (gratis o de pago)

1016/j.urolonc.2013.03.016

AUTORES / AUTHORS: - See WA

RESUMEN / SUMMARY: - PURPOSE: A phase II study was performed to assess the efficacy and tolerability of intravesical oportuzumab monatox in patients with

urothelial carcinoma in situ of the bladder. Bacillus Calmette-Guerin treatment had previously failed in all patients. MATERIALS AND METHODS: A total of 46 patients received 1 induction cycle of 6 (cohort 1) or 12 (cohort 2) weekly intravesical oportuzumab monatox (VB4-845) instillations of 30 mg, followed by up to 3 maintenance cycles of 3 weekly administrations every 3 months. RESULTS: A complete response to oportuzumab monatox was seen in 9 of 22 patients (41%) in cohort 1 and 9 of 23 (39%) in cohort 2 at the 3-month evaluation. A total of 20 patients (44%) achieved a complete response. Two other patients without carcinoma in situ who achieved a complete response were not included in the study due to the development of noninvasive papillary (Ta) disease. Median time to recurrence in patients who achieved a complete response was 274 and 408 days in cohorts 1 and 2, respectively. Overall 7 patients (16%) remained disease-free. Post-study assessment demonstrated that these patients were still disease-free at last followup (18 to 25 months). The most common adverse events were mild to moderate reversible bladder symptoms. CONCLUSIONS: Oportuzumab monatox was effective and well tolerated in patients with bacillus Calmette-Guerin refractory carcinoma in situ of the bladder. These results demonstrate the clinical benefit of oportuzumab monatox and support its continued development for the second line treatment of nonmuscle invasive bladder cancer.

[772]

TÍTULO / TITLE: - UK Renal Registry 15th annual report: Chapter 5 survival and causes of death of UK adult patients on renal replacement therapy in 2011: national and centre-specific analyses.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Nephron Clin Pract. 2013;123 Suppl 1:93-123. doi: 10.1159/000353324. Epub 2013 Jun 10.

●● Enlace al texto completo (gratis o de pago) [1159/000353324](#)

AUTORES / AUTHORS: - Steenkamp R; Shaw C; Feest T

INSTITUCIÓN / INSTITUTION: - UK Renal Registry, Bristol, UK.

renalregistry@renalregistry.nhs.uk

RESUMEN / SUMMARY: - INTRODUCTION: These analyses examine a) survival from the start of renal replacement therapy (RRT) based on the total incident UK RRT population reported to the UK Renal Registry, b) survival of prevalent patients. Changes in survival between 1997 and 2011 are also reported. METHODS: Survival was calculated for both incident and prevalent patients on RRT and compared between the UK countries after adjustment for age. Survival of incident patients (starting RRT during 2010) was calculated both from the start of RRT and from 90 days after starting RRT, both with and without censoring at transplantation. Prevalent dialysis patients were censored at transplantation; this means that the patient is considered alive up to the point of transplantation, but the patient's status post-transplant is not considered. Both

Kaplan-Meier and Cox adjusted models were used to calculate survival. Causes of death were analysed for both groups. The relative risk of death was calculated compared with the general UK population. RESULTS: The unadjusted 1 year after 90 day survival for patients starting RRT in 2010 was 87.3%, representing an increase from the previous year (86.6%). In incident patients aged 18-64 years, the unadjusted 1 year survival had risen from 86.0% in patients starting RRT in 1997 to 92.6% in patients starting RRT in 2010 and for those aged ≥ 65 it had increased from 63.9% to 77.0% over the same period. The age-adjusted one year survival (adjusted to age 60) of prevalent dialysis patients increased from 88.1% in the 2001 cohort to 89.8% in the 2010 cohort. Prevalent diabetic patient one year survival rose from 82.1% in the 2002 cohort to 84.7% in the 2010 cohort. The age-standardised mortality ratio for prevalent RRT patients compared with the general population was 18 for age group 30-34 and 2.5 at age 85+ years. In the prevalent RRT dialysis population, cardiovascular disease accounted for 22% of deaths, infection and treatment withdrawal 18% each and 25% were recorded as other causes of death. Treatment withdrawal was a more frequent cause of death in those incident patients aged ≥ 65 than in younger patients. The median life years remaining for a 25-29 year old on RRT was 18 years and approximately three years for a 75+ year old. CONCLUSIONS: Survival of patients starting RRT has improved in the 2010 incident cohort. The relative risk of death on RRT compared with the general population has fallen since 2001.

[773]

TÍTULO / TITLE: - Silodosin versus naftopidil for the treatment of benign prostatic hyperplasia: A multicenter randomized trial.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Urol. 2013 Jun 3. doi: 10.1111/iju.12160.

●● Enlace al texto completo (gratis o de pago) [1111/iju.12160](#)

AUTORES / AUTHORS: - Yamaguchi K; Aoki Y; Yoshikawa T; Hachiya T; Saito T; Takahashi S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Nihon University School of Medicine, Tokyo, Japan; Sakura Clinical Study Group, Tokyo, Japan.

RESUMEN / SUMMARY: - This was a multicenter randomized trial to investigate the clinical efficacy and the impact on sexual function of alpha-1^a selective silodosin and alpha-1D selective naftopidil for treatment of benign prostatic hyperplasia. A total of 97 patients with lower urinary tract symptoms/benign prostatic hyperplasia who had an International Prostate Symptom Score of 8 or more were randomly assigned to receive silodosin (8 mg/day, n = 53) or naftopidil (75 mg/day, n = 44). Before and 4, 8 and 12 weeks after treatment, International Prostate Symptom Score and its quality of life score were used to assess lower urinary tract symptoms. Also, International Index of Erectile Function-5, and an original questionnaire were used to evaluate erectile

function and ejaculation for sexually active patients, respectively. The silodosin group showed advantages in terms of voiding symptoms and quality of life of International Prostate Symptom Score when compared with the naftopidil group. Both silodosin and naftopidil showed no significant effect on International Index of Erectile Function-5. A total of 23 sexually active patients in the silodosin group experienced more ejaculatory impairment than 21 patients in the naftopidil group, with a decrease of ejaculation volume (87% vs 40%, $P = 0.003$), prolonged time to ejaculation (56% vs 33%, $P = 0.027$) and decrease of orgasm (50% vs 39%, $P = 0.027$). These results suggest that alpha-1^a selective blockers are more effective for voiding symptoms, whereas alpha-1D selective blockers offer a minor degree of ejaculatory dysfunction.

[774]

TÍTULO / TITLE: - Endurance training in prostate cancer patients treated with androgen deprivation therapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Jun 6.

●● [Enlace al texto completo \(gratis o de pago\) 1530/ERC-12-0393](#)

AUTORES / AUTHORS: - Hvid T; Winding K; Rinnov A; Dejgaard T; Thomsen C; Iversen P; Brasso K; Mikines KJ; van Hall G; Lindegaard B; Solomon TP; Pedersen BK

INSTITUCIÓN / INSTITUTION: - T Hvid, Department of Infectious Diseases, M7641, Centre of Inflammation and Metabolism, Copenhagen, 2100, Denmark.

RESUMEN / SUMMARY: - Insulin resistance and changes in body composition are side effects of androgen deprivation therapy (ADT) given to prostate cancer patients. The present study investigates if endurance training improves insulin sensitivity and body composition in ADT-treated prostate cancer patients. Nine men undergoing ADT for prostate cancer and 10 healthy men with normal testosterone levels underwent 12 weeks of endurance training. Primary endpoints were insulin sensitivity (euglycemic hyperinsulinemic clamps with concomitant glucose-tracer infusion) and body composition (dual-energy x-ray absorptiometry and magnetic resonance imaging). The secondary endpoint was systemic inflammation. Statistics: Two-way ANOVA. Endurance training increased VO₂max (ml(O₂)/min/kg) by 11% and 13% in patients and controls, respectively ($p < 0.0001$). The patients and controls demonstrated an increase in peripheral insulin sensitivity of 14% and 11%, respectively ($p < 0.05$), with no effect on hepatic insulin sensitivity ($p = 0.32$). Muscle protein content of GLUT4 and total Akt was also increased in response to the training ($p < 0.05$ and $p < 0.01$, respectively). Body weight ($p < 0.0001$) and whole-body fat mass ($p < 0.01$) were reduced, while lean body mass ($p = 0.99$) was unchanged. Additionally, reductions were noted in abdominal ($p < 0.01$), subcutaneous ($p < 0.05$) and visceral fat mass ($p < 0.01$). Plasma markers of systemic inflammation were unchanged in response to the training. No groupxtime interactions were found,

except for thigh intermuscular adipose tissue (IMAT) ($p=0.01$), reflecting a significant reduction in IMAT in controls ($p<0.05$) not observed in patients ($p=0.64$). In response to endurance training, ADT-treated prostate cancer patients improved insulin sensitivity and body composition to a similar degree as eugonadal men.

[775]

TÍTULO / TITLE: - Accurate patient selection and multimodal treatment offer the best therapeutic option in high-risk prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jul;13(7):811-8. doi: 10.1586/14737140.2013.811149.

●● Enlace al texto completo (gratis o de pago)

[1586/14737140.2013.811149](#)

AUTORES / AUTHORS: - Rozet F; Audenet F; Sanchez-Salas R; Galiano M; Barret E; Cathelineau X

INSTITUCIÓN / INSTITUTION: - Department of Urology, Institut Montsouris, 75014 Paris, France.

RESUMEN / SUMMARY: - High-risk prostate cancer (HRPC) has higher recurrence potential and multimodal treatment offers better outcomes in this population. The aim of this article is to comprehensively present the multimodal therapeutic options for HRPC. Review of the literature on HRPC with a literature selection based on evidence and practical considerations. Therapeutic options for localized HRPC are radio hormone therapy and radical prostatectomy with extended lymph node dissection. Selection of patients is essential to define individualized therapeutic strategy and timing for every modality should come as a consensus of medical supported evidence. Accurate patient selection and multimodal treatment offer the best therapeutic option in HRPC.

[776]

TÍTULO / TITLE: - The influence of mistrust, racism, religious participation, and access to care on patient satisfaction for African American men: the North Carolina-Louisiana Prostate Cancer Project.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Natl Med Assoc. 2013 Spring;105(1):59-68.

AUTORES / AUTHORS: - Moore AD; Hamilton JB; Knafel GJ; Godley PA; Carpenter WR; Bensen JT; Mohler JL; Mishel M

INSTITUCIÓN / INSTITUTION: - US Army, Tripler Army Medical Center, Honolulu, Hawaii 96859, USA. angelo.moore@us.army.mil

RESUMEN / SUMMARY: - OBJECTIVE: The purpose of this study was to explore whether a particular combination of individual characteristics influences patient satisfaction with the health care system among a sample of African American

men in North Carolina with prostate cancer. Patient satisfaction may be relevant for improving African American men's use of regular care, thus improving the early detection of prostate cancer and attenuating racial disparities in prostate cancer outcomes. METHODS: This descriptive correlation study examined relationships of individual characteristics that influence patient satisfaction using data from 505 African American men from North Carolina, who prospectively enrolled in the North Carolina-Louisiana Prostate Cancer Project from September 2004 to November 2007. Analyses consisted of univariate statistics, bivariate analysis, and multiple regression analysis. RESULTS: The variables selected for the final model were: participation in religious activities, mistrust, racism, and perceived access to care. In this study, both cultural variables, mistrust ($p < .0001$, $F = 95.58$) and racism ($p < .002$, $F = 5.59$), were significantly negatively associated with patient satisfaction and accounted for the majority of the variability represented by individual characteristics. CONCLUSION: Mistrust and racism are cultural factors that are extremely important and have been negatively associated with patient satisfaction and decreased desires to utilize health care services for African American men. To overcome barriers in seeking health care services, health care providers need to implement a patient-centered approach by creating a clinical environment that demonstrates cultural competence and eliminating policies, procedures, processes, or personnel that foster mistrust and racism.

[777]

TÍTULO / TITLE: - In vivo imaging of orthotopic prostate cancer with far-red gene reporter fluorescence tomography and in vivo and ex vivo validation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Biomed Opt. 2013 Oct;18(10):101305. doi: 10.1117/1.JBO.18.10.101305.

●● Enlace al texto completo (gratis o de pago)

[1117/1.JBO.18.10.101305](#)

AUTORES / AUTHORS: - Lu Y; Darne CD; Tan IC; Wu G; Wilganowski N; Robinson H; Azhdarinia A; Zhu B; Rasmussen JC; Sevick-Muraca EM

RESUMEN / SUMMARY: - ABSTRACT. Fluorescence gene reporters have recently become available for excitation at far-red wavelengths, enabling opportunities for small animal in vivo gene reporter fluorescence tomography (GRFT). We employed multiple projections of the far-red fluorescence gene reporters IFP1.4 and iRFP, excited by a point source in transillumination geometry in order to reconstruct the location of orthotopically implanted human prostate cancer (PC3), which stably expresses the reporter. Reconstruction was performed using a linear radiative-transfer-based regularization-free tomographic method. Positron emission tomography (PET) imaging of a radiolabeled antibody-based agent that targeted epithelial cell adhesion molecule overexpressed on PC3 cells was used to confirm in vivo GRFT

results. Validation of GRFT results was also conducted from ex vivo fluorescence imaging of resected prostate tumor. In addition, in mice with large primary prostate tumors, a combination of GRFT and PET showed that the radiolabeled antibody did not penetrate the tumor, consistent with known tumor transport limitations of large (approximately 150 kDa) molecules. These results represent the first tomography of a living animal using far-red gene reporters.

[778]

TÍTULO / TITLE: - Sleep disturbances and changes in urinary 6-sulphatoxymelatonin levels in patients with breast cancer undergoing lumpectomy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Anaesthesiol Scand. 2013 Jul 12. doi: 10.1111/aas.12157.

●● Enlace al texto completo (gratis o de pago) [1111/aas.12157](#)

AUTORES / AUTHORS: - Hansen MV; Madsen MT; Wildschiodtz G; Rosenberg J; Gogenur I

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Herlev Hospital, University of Copenhagen, Copenhagen, Denmark; Department of Breast Surgery, Herlev Hospital, University of Copenhagen, Copenhagen, Denmark.

RESUMEN / SUMMARY: - BACKGROUND: Sleep disturbances and changes in self-reported discomfort and melatonin secretion are common in the post-operative period. We aimed to study the distribution of sleep stages in the perioperative period and evaluate changes in secretion of the melatonin metabolite aMT6s and subjective parameters of sleepiness, pain, general well-being and fatigue in patients undergoing surgery for breast cancer. METHODS: Twelve patients, 30-70 years, undergoing lumpectomy were included. Polysomnography was performed the night before surgery (PREOP), the night after (PO1) and 14 days after (PO14). Recordings were scored as awake, light-sleep, slow-wave sleep and rapid-eye-movement (REM) sleep. Sleep stages were analysed as % of total sleep time (TST). Self-reported discomfort was assessed using questions about the level of fatigue, well-being, pain and sleepiness. Urinary aMT6s was measured by radioimmunoassay. RESULTS: There was significantly decreased REM sleep on PO1 (5.9% of TST) compared with PREOP (18.7% of TST) ($P < 0.005$). An increase in light sleep was observed on PO1 (68.4% of TST) compared with PREOP (55.0% of TST) ($P < 0.05$). No significant changes in TST, sleep latency, sleep period or total time awake were found. The observed sleep changes were normalised after 2 weeks. No significant changes were found in pain, well-being, fatigue or sleepiness. Night secretion of aMT6s showed a trend towards a decrease from PREOP to PO1 ($P = 0.09$) and normalisation on PO14 ($P = 0.27$ between PREOP and PO14). CONCLUSION: Patients with breast cancer undergoing

lumpectomy had significantly disturbed sleep architecture the night after surgery, and these changes were normalised after 2 weeks.

[779]

TÍTULO / TITLE: - Improvement of prognosis in patients with metastatic renal cell carcinoma and Memorial Sloan-Kettering Cancer Center intermediate risk features by modern strategy including molecular-targeted therapy in clinical practice.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Clin Oncol. 2013 Jun 28.

●● [Enlace al texto completo \(gratis o de pago\) 1007/s10147-013-0581-](#)

[2](#)

AUTORES / AUTHORS: - Kamba T; Yamasaki T; Teramukai S; Shibasaki N; Arakaki R; Sakamoto H; Matsui Y; Okubo K; Yoshimura K; Ogawa O

INSTITUCIÓN / INSTITUTION: - Department of Urology, Kyoto University Graduate School of Medicine, 54 Shogoin Kawahara-cho, Sakyo-ku, Kyoto, 6068507, Japan, kamba@kuhp.kyoto-u.ac.jp.

RESUMEN / SUMMARY: - **OBJECTIVES:** To identify the patient subgroups benefitting the most from the modern strategy including molecular-targeted therapy among patients with metastatic renal cell carcinoma (mRCC) in clinical practice. **METHODS:** Retrospective analysis of 144 patients with mRCC diagnosed between 1992 and 2011 at Kyoto University Hospital was conducted. Multivariate analysis using the Cox proportional hazards model was conducted to identify prognostic factors associated with overall survival (OS). Subgroup analysis was conducted to identify patients who benefitted the most from molecular-targeted therapy. **RESULTS:** Independent factors associated with worse OS are: tumors of histological type other than clear-cell, decreased hemoglobin (Hb), elevated lactate dehydrogenase (LDH), elevated C-reactive protein (CRP), and metastases at ≥ 3 sites. Median OS of patients treated with molecular-targeted therapy alone or with prior immunotherapy and those treated with immunotherapy alone was 57, 45 and 28 months, respectively. Molecular-targeted therapy had more effect on OS than immunotherapy alone among female patients, patients with Memorial Sloan-Kettering Cancer Center (MSKCC) intermediate risk features, and patients with metastatic progression less than 1 year after initial diagnosis of RCC, compared with their counterparts. **CONCLUSIONS:** The modern strategy including molecular-targeted therapy may improve OS in patients with mRCC and MSKCC intermediate risk features in clinical practice, relative to those with other risk features. However, the prognosis for patients with tumors of histological type other than clear-cell, decreased Hb, elevated LDH, elevated CRP, or metastases at ≥ 3 sites remains poor even in the modern molecular-targeted era. Novel treatment strategies are necessary to improve prognosis in these patients.

[780]

TÍTULO / TITLE: - Utility of [C]choline PET/CT in guiding lesion-targeted salvage therapies in patients with prostate cancer recurrence localized to a single lymph node at imaging: Results from a pathologically validated series.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jun 12. pii: S1078-1439(13)00171-3. doi: 10.1016/j.urolonc.2013.03.006.

- [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.urolonc.2013.03.006](#)

AUTORES / AUTHORS: - Passoni NM; Suardi N; Abdollah F; Picchio M; Giovacchini G; Messa C; Freschi M; Montorsi F; Briganti A

INSTITUCIÓN / INSTITUTION: - Department of Urology, Urological Research Institute, Vita-Salute University, San Raffaele Hospital, Milan, Italy.

RESUMEN / SUMMARY: - **OBJECTIVE:** Positron emission tomography (PET)/computed tomography (CT) has been shown to be a valid tool in detecting lymph node (LN) metastases in men with biochemical recurrence after radical prostatectomy. We assessed its validity in detecting a single positive LN at pathologic examination in regard to an increasing interest in lesion-targeted salvage therapies. **METHODS AND MATERIALS:** We included 46 patients with biochemical recurrence after radical prostatectomy and a single positive spot at [11C]choline PET/CT who underwent pelvic or pelvic and retroperitoneal LN dissection. The ability of [11C]choline PET/CT in identifying the exact positive LN was assessed with the positive predictive value (PPV) in the overall population and according to androgen deprivation therapy, prostate-specific antigen value, and site of PET/CT positivity. **RESULTS:** Overall, 30 patients (65%) had positive LNs at pathologic examination. Of these, only 16 (35%) had pathologically confirmed metastases in the same lymphatic region and 11 (24%) had involvement of 1 single LN. Conversely, 28 patients had positive LNs in other areas and 8 had no evidence of metastases. The overall PPV of PET/CT was 34.8% and 23.9% when exact concordance was defined according to the lymphatic landing site and single positive LN, respectively. The PPV ranged from 33.3% to 44.4% and from 17.9% to 28.6%, in men with and without androgen deprivation therapy, respectively. **CONCLUSIONS:** The PPV [11C]choline of PET/CT in correctly identifying patients with a single positive LN at salvage LN dissection is poor (24%). Therefore, extensive salvage treatment approaches are needed to maximize the chance of cure.

[781]

TÍTULO / TITLE: - Addressing missing covariates for the regression analysis of competing risks: Prognostic modelling for triaging patients diagnosed with prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Stat Methods Med Res. 2013 Jun 26.

●● Enlace al texto completo (gratis o de pago)

[1177/0962280213492406](https://doi.org/10.1177/0962280213492406)

AUTORES / AUTHORS: - Escarela G; Ruiz-de-Chavez J; Castillo-Morales A

INSTITUCIÓN / INSTITUTION: - Departamento de Matematicas, Universidad Autonoma Metropolitana - Iztapalapa, Mexico City, Mexico.

RESUMEN / SUMMARY: - Competing risks arise in medical research when subjects are exposed to various types or causes of death. Data from large cohort studies usually exhibit subsets of regressors that are missing for some study subjects. Furthermore, such studies often give rise to censored data. In this article, a carefully formulated likelihood-based technique for the regression analysis of right-censored competing risks data when two of the covariates are discrete and partially missing is developed. The approach envisaged here comprises two models: one describes the covariate effects on both long-term incidence and conditional latencies for each cause of death, whilst the other deals with the observation process by which the covariates are missing. The former is formulated with a well-established mixture model and the latter is characterised by copula-based bivariate probability functions for both the missing covariates and the missing data mechanism. The resulting formulation lends itself to the empirical assessment of non-ignorability by performing sensitivity analyses using models with and without a non-ignorable component. The methods are illustrated on a 20-year follow-up involving a prostate cancer cohort from the National Cancer Institutes Surveillance, Epidemiology, and End Results program.

[782]

TÍTULO / TITLE: - Pulmonary disease after treatment for wilms tumor: A report from the national wilms tumor long-term follow-up study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Pediatr Blood Cancer. 2013 Oct;60(10):1721-6. doi: 10.1002/pbc.24626. Epub 2013 Jun 14.

●● Enlace al texto completo (gratis o de pago) [1002/pbc.24626](https://doi.org/10.1002/pbc.24626)

AUTORES / AUTHORS: - Green DM; Lange JM; Qu A; Peterson SM; Kalapurakal JA; Stokes DC; Grigoriev YA; Takashima JR; Norkool P; Friedman DL; Breslow NE

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology and Cancer Control, St. Jude Children's Research Hospital, Memphis, Tennessee.

RESUMEN / SUMMARY: - **PURPOSE:** This study was undertaken to evaluate the incidence of pulmonary disease among patients treated with radiation therapy (RT) for pulmonary metastases (PM) from Wilms tumor (WT). **PATIENTS AND METHODS:** We reviewed records of 6,449 patients treated on National Wilms Tumor Studies-1, -2, -3, and -4 whose flow sheets or annual status reports documented one of several pulmonary conditions. Cases were fully evaluable if

pulmonary function test (PFT) results were available, pulmonary fibrosis was identified on a chest radiograph or was listed as the primary or a contributing factor to death. Partially evaluable cases were those for whom PFT results could not be obtained. We evaluated the relationship between RT factors and the occurrence of pulmonary disease using hazard ratios (HRs) and cumulative incidence, treating death as a competing risk. RESULTS: Sixty-four fully evaluable and 16 partially evaluable cases of pulmonary disease were identified. The cumulative incidence of pulmonary disease at 15 years since WT diagnosis was 4.0% (95% confidence interval [CI] 2.6-5.4%) among fully evaluable and 4.8% (95% CI 3.3-6.4%) among fully and partially evaluable patients who received lung RT for PM at initial diagnosis. Rates of pulmonary disease were substantially higher among those who received lung RT for PM present at initial diagnosis or relapse compared to those who received no RT or only abdominal RT (HR 30.2, 95% CI 16.9-53.9). CONCLUSION: The risk of pulmonary disease must be considered in evaluating the risk:benefit ratio of lung RT for the management of PM from WT. *Pediatr Blood Cancer* 2013;60:1721-1726. © 2013 Wiley Periodicals, Inc.

[783]

TÍTULO / TITLE: - A Randomized Phase II Trial Evaluating Different Schedules of Zoledronic Acid on Bone Mineral Density in Patients With Prostate Cancer Beginning Androgen Deprivation Therapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - *Clin Genitourin Cancer*. 2013 Jul 5. pii: S1558-7673(13)00090-6. doi: 10.1016/j.clgc.2013.04.029.

●● Enlace al texto completo (gratis o de pago) 1016/j.clgc.2013.04.029

AUTORES / AUTHORS: - Lang JM; Wallace M; Becker JT; Eickhoff JC; Buehring B; Binkley N; Staab MJ; Wilding G; Liu G; Malkovsky M; McNeel DG

INSTITUCIÓN / INSTITUTION: - Department of Medicine, University of Wisconsin, Madison, WI; Carbone Cancer Center, University of Wisconsin, Madison, WI.

RESUMEN / SUMMARY: - OBJECTIVE: To assess the effects of timing and schedule of zoledronic acid (ZA) administration on bone mineral density (BMD) in patients beginning androgen deprivation therapy (ADT) for the treatment of recurrent prostate cancer. PATIENTS AND METHODS: In this randomized, 3-arm trial, we evaluated changes in BMD after 3 different ZA administration schedules in men with recurrent prostate cancer who were beginning ADT. Forty-four patients were enrolled and randomized to receive a single dose of ZA given 1 week before beginning ADT (arm 1), a single dose of ZA given 6 months after beginning ADT (arm 2), or monthly administration of ZA starting 6 months after beginning ADT, for a total of 6 doses (arm 3). RESULTS: Patients who received ZA before ADT had a significant improvement in BMD at the total proximal femur and trochanter after 6 months compared with the other groups. In addition, only patients in the arm that received multiple doses improved

lumbar spine BMD while on ADT, with these findings persisting to 24 months. However, this group also experienced more grade 1 adverse events. CONCLUSIONS: Analysis of these data suggests that ZA administration before initiation of ADT was superior to treatment 6 months after starting ADT in maintaining BMD. In addition, monthly ZA administration can increase BMD above baseline but is associated with more adverse events. Further study is needed to examine whether the timing and frequency of ZA therapy in patients on ADT can reduce fracture risk.

TÍTULO / TITLE: - Second primary cancers after radiation for prostate cancer: a review of data from planning studies.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiat Oncol. 2013 Jul 8;8:172. doi: 10.1186/1748-717X-8-172.

●● Enlace al texto completo (gratis o de pago) [1186/1748-717X-8-172](#)

AUTORES / AUTHORS: - Murray L; Henry A; Hoskin P; Siebert FA; Venselaar J

INSTITUCIÓN / INSTITUTION: - St James's Institute of Oncology, Beckett St, Leeds LS9 7TF, UK. L.J.Murray@leeds.ac.uk.

RESUMEN / SUMMARY: - A review of planning studies was undertaken to evaluate estimated risks of radiation induced second primary cancers (RISPC) associated with different prostate radiotherapy techniques for localised prostate cancer. A total of 83 publications were identified which employed a variety of methods to estimate RISPC risk. Of these, the 16 planning studies which specifically addressed absolute or relative second cancer risk using dose-response models were selected for inclusion within this review. There are uncertainties and limitations related to all the different methods for estimating RISPC risk. Whether or not dose models include the effects of the primary radiation beam, as well as out-of-field regions, influences estimated risks. Regarding the impact of IMRT compared to 3D-CRT, at equivalent energies, several studies suggest an increase in risk related to increased leakage contributing to out-of-field RISPC risk, although in absolute terms this increase in risk may be very small. IMRT also results in increased low dose normal tissue irradiation, but the extent to which this has been estimated to contribute to RISPC risk is variable, and may also be very small. IMRT is often delivered using 6MV photons while conventional radiotherapy often requires higher energies to achieve adequate tissue penetration, and so comparisons between IMRT and older techniques should not be restricted to equivalent energies. Proton and brachytherapy planning studies suggest very low RISPC risks associated with these techniques. Until there is sufficient clinical evidence regarding RISPC risks associated with modern irradiation techniques, the data produced from planning studies is relevant when considering which patients to irradiate, and which technique to employ.

[784]

TÍTULO / TITLE: - In-stent Thrombosis after Carotid Artery Stenting Despite Sufficient Antiplatelet Therapy in a Bladder Cancer Patient.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Stroke Cerebrovasc Dis. 2013 Jul 5. pii: S1052-3057(12)00442-9. doi: 10.1016/j.jstrokecerebrovasdis.2012.12.015.

●● Enlace al texto completo (gratis o de pago)

[1016/j.jstrokecerebrovasdis.2012.12.015](#)

AUTORES / AUTHORS: - Kanemaru K; Nishiyama Y; Yoshioka H; Satoh K; Hashimoto K; Hanihara M; Horikoshi T; Ozaki Y; Kinouchi H

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, Interdisciplinary Graduate School of Medicine and Engineering, University of Yamanashi, Chuo, Yamanashi, Japan.

RESUMEN / SUMMARY: - In-stent thrombosis (IST) after carotid artery stenting (CAS) is a rare but potentially devastating complication. We present a case of early IST after CAS despite sufficient antiplatelet therapy in a patient with bladder cancer. A 77-year-old man under preventive triple antiplatelet therapy underwent CAS without any intra- or periprocedural complications. However, the patient developed a large asymptomatic IST 6 days after CAS. Anticoagulant therapy with argatroban was reintroduced to treat IST concomitant with antiplatelet agents. Subsequently, the IST shrank and disappeared without any thrombotic symptoms. Malignancy is regarded as an acquired thrombophilic condition associated with a significant risk of thrombosis. In the field of coronary stents, cancer is associated with a significant increasing risk of IST. The cause of IST in our case was possibly related in hypercoagulable state because of the patient's cancer. Attention for IST should be paid in CAS cases with these risk factors, and repeated examination is recommended.

[785]

TÍTULO / TITLE: - Treatment outcomes and morbidity following definitive brachytherapy with or without external beam radiation for the treatment of localized prostate cancer: 20-Year experience at Mount Sinai Medical Center.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jun 12. pii: S1078-1439(13)00136-1. doi: 10.1016/j.urolonc.2013.03.004.

●● Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.03.004](#)

AUTORES / AUTHORS: - Marshall RA; Buckstein M; Stone NN; Stock R

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, The Mount Sinai Medical Center, One Gustave L. Levy Place, New York, NY.

RESUMEN / SUMMARY: - OBJECTIVES: To present our treatment algorithm and 20-year experience in treating prostate cancer with brachytherapy since 1990, with focus on cancer-control outcomes and treatment-related morbidity.

METHODS AND MATERIALS: We selected patients treated for localized prostate cancer with brachytherapy, combination therapy with external beam radiotherapy, and adjuvant androgen deprivation therapy as prescribed by our Mount Sinai risk stratification and treatment algorithm. Outcomes were analyzed with respect to biochemical failure, distant metastases, prostate cancer-specific survival, and overall survival. Morbidity was assessed with respect to urinary, sexual, and rectal outcomes. **RESULTS:** In total, 2,495 patients met inclusion criteria. The 12-year actuarial freedom from biochemical failure was 83% (low risk: 90%, intermediate risk: 84%, and high risk: 64%); freedom from distant metastasis was 95%; prostate cancer-specific survival was 95%; and overall survival was 70%. On multivariate analysis, significant associations were found between cancer control and risk group, total biologically effective dose, and androgen deprivation therapy. With regard to morbidity, potency was preserved in 61%, and urinary symptoms improved in 35%. The 12-year actuarial freedom from urinary retention events was 90% and from severe rectal bleed was 93%. **CONCLUSIONS:** Brachytherapy, as administered via the Mount Sinai algorithm, remains an efficacious and benign treatment option for patients with localized prostate cancer of all risk groups.

[786]

TÍTULO / TITLE: - Gene panel model predictive of outcome in patients with prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - OMICS. 2013 Aug;17(8):407-13. doi: 10.1089/omi.2012.0124. Epub 2013 Jun 11.

●● Enlace al texto completo (gratis o de pago) [1089/omi.2012.0124](#)

AUTORES / AUTHORS: - Rabiau N; Dantal Y; Guy L; Ngollo M; Dagdemir A; Kemeny JL; Terris B; Vieillefond A; Boiteux JP; Bignon YJ; Bernard-Gallon D

INSTITUCIÓN / INSTITUTION: - 1 Department of Oncogenetics, Centre Jean Perrin , Clermont-Ferrand, France .

RESUMEN / SUMMARY: - Abstract In men at high risk for prostate cancer, established clinical and pathological parameters provide only limited prognostic information. Here we analyzed a French cohort of 103 prostate cancer patients and developed a gene panel model predictive of outcome in this group of patients. The model comprised of a 15-gene TaqMan Low-Density Array (TLDA) card, with gene expressions compared to a standardized reference. The RQ value for each gene was calculated, and a scoring system was developed. Summing all the binary scores (0 or 1) corresponding to the 15 genes, a global score is obtained between 0 and 15. This global score can be compared to Gleason score (0 to 10) by recalculating it into a 0-10 scaled score. A scaled score ≥ 2 suggested that the patient is suffering from a prostate cancer, and a scaled score ≥ 7 flagged aggressive cancer. Statistical analyses demonstrated a strongly significant linear correlation ($p=3.50E-08$) between scaled score and

Gleason score for this prostate cancer cohort (N=103). These results support the capacity of this designed 15 target gene TLDA card approach to predict outcome in prostate cancer, opening up a new avenue for personalized medicine through future independent replication and applications for rapid identification of aggressive prostate cancer phenotypes for early intervention.

[787]

TÍTULO / TITLE: - Risk assessment to guide prostate cancer screening decisions: a cost-effectiveness analysis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Med J Aust. 2013 Jun 3;198(10):546-50.

●● [Enlace al texto completo \(gratis o de pago\) 5694/mja12.11597](#) [pii]

AUTORES / AUTHORS: - Martin AJ; Lord SJ; Verry HE; Stockler MR; Emery JD

INSTITUCIÓN / INSTITUTION: - NHMRC Clinical Trials Centre, University of Sydney, Sydney, NSW, Australia. andrew.martin@ctc.usyd.edu.au

RESUMEN / SUMMARY: - OBJECTIVES: To apply the most recent evidence from randomised trials of prostate-specific antigen (PSA) screening and explore the potential value of risk assessments to guide the use of PSA screening in practice. DESIGN: A decision model that incorporated a Markov process was developed in 2012 to estimate the net benefit and cost of PSA screening versus no screening as a function of baseline risk. MAIN OUTCOME MEASURES: Quality-adjusted life-2013s (QALYs) and costs. RESULTS: The harms of screening outweighed the benefits under a number of plausible scenarios. Conclusions were sensitive to the estimated quality-of-life impacts of prostate cancer treatment as well as the incidence of cancers not detected by screening tests (poorer prognosis) and those that were detected by screening tests (better prognosis). The base-case incremental cost-effectiveness ratio of PSA screening was \$291 817 per QALY for men with average risk, \$110 726 per QALY for men with two times the average risk, and \$30 572 per QALY for men with five times the average risk. CONCLUSIONS: PSA screening was not found to be cost-effective for men at an average-to-high risk of prostate cancer, but may be cost-effective for men at very high risk. Inexpensive approaches for identifying men at very high risk are needed, as is further research on the size of clinical benefit of early detection in this population. The potential for the costs of risk assessment to be offset by reduced costs of PSA screening also warrants investigation.

[788]

TÍTULO / TITLE: - Management of a patient with locally advanced prostate cancer with degarelix: a case report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Can J Urol. 2013 Jun;20(3):6808-10.

AUTORES / AUTHORS: - Ruzhynsky V; Whelan P

INSTITUCIÓN / INSTITUTION: - McMaster University, Hamilton, Ontario, Canada.

RESUMEN / SUMMARY: - Gonadotropin releasing hormone (GnRH) antagonists, such as degarelix, are emerging as an androgen deprivation therapy primary agents in a treatment of advanced prostate cancer. The role of GnRH antagonists in management of lower urinary tract symptoms associated with prostate cancer has not been clearly established. In this report, we describe the case of a patient with locally advanced prostate cancer who presented with symptoms of urinary retention and renal failure. The use of degarelix in this patient led to a rapid reduction in the prostate-specific antigen level; however, obstructive symptoms persisted despite the use of degarelix and radiation treatment.

[789]

TÍTULO / TITLE: - Quantitative changes in p53, Bcl-2 and apoptosis in blood and urine of bladder cancer patients.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Lab. 2013;59(3-4):349-58.

AUTORES / AUTHORS: - El-Gamal EM; Gouida MS

INSTITUCIÓN / INSTITUTION: - Urology and Nephrology Center, Mansoura University, Mansoura, Egypt. ezzelgamal_1962@yahoo.com

RESUMEN / SUMMARY: - BACKGROUND: While current pathological and clinical parameters provide important prognostic information, they still have a limited ability to predict the true malignant potential of most bladder tumors. Therefore, the present study was carried out to investigate the levels of anti-apoptotic proteins such as p53 and Bcl-2, and of apoptosis itself as reflected by the increase in sub-G1 peak staining, in the blood and urine of bladder cancer patients, and to thus determine the usefulness of these parameters as tools for early and accurate prediction of tumor growth and development of metastases, in order to assess treatment benefit potential. METHODS: A total of 80 bladder cancer patients and 50 healthy controls without malignancies were enrolled in this study. The levels of p53, Bcl-2 and apoptosis (sub-G1 peak) were evaluated by flow cytometry in the urine and blood of patients and controls. RESULTS: Levels of p53, Bcl-2 and apoptosis were significantly higher in the urine sediment than in the blood. Moreover, p53 levels in the blood and urine of bladder cancer patients were significantly higher than in controls, and were significantly increased during the development of tumor grades and in association with positive parameters of urine analysis. In contrast, Bcl-2 and apoptosis levels in the blood and urine of bladder cancer patients were significantly lower than in samples from controls, and were significantly decreased during the development of tumor grades and in association with positive parameters of urine analysis. Apoptosis levels were positively correlated with Bcl-2 levels but negatively correlated with p53 levels.

CONCLUSIONS: These findings suggest that quantitative analysis of p53, Bcl-2 and apoptosis, especially in the urine sediment, may be a useful tool in the diagnosis of bladder cancer.

[790]

TÍTULO / TITLE: - Validation of the prognostic value of lymph node ratio in patients with penile squamous cell carcinoma: a population-based study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int Urol Nephrol. 2013 Jul 23.

●● Enlace al texto completo (gratis o de pago) [1007/s11255-013-0502-](http://1007/s11255-013-0502-3)

[3](#)

AUTORES / AUTHORS: - Zhu Y; Gu CY; Ye DW

INSTITUCIÓN / INSTITUTION: - Department of Urology, Fudan University Shanghai Cancer Center, No. 270 Dong'an Road, Shanghai, 200032, People's Republic of China.

RESUMEN / SUMMARY: - PURPOSE: The aim of this study was to validate the prognostic value of lymph node ratio (LNR), the proportion of metastatic among removed lymph nodes, for patients with penile squamous cell carcinoma in a population-based database. METHODS: A total of 210 eligible patients with node-positive disease were identified from the surveillance epidemiology end results database. Cancer-specific survival (CSS) was the clinical outcome of interest. The prognostic ability of LNR was assessed by Cox regression analyses. Logrank test was used to compare CSS between low-risk and high-risk groups stratified by cutoff points of LNR. RESULTS: The median number of LNs removed was 16, and the median value of LNR was 0.20. First, LNR was a significant prognostic factor of CSS in univariate analysis (HR = 4.08). Second, LNR retained independent predictive ability (HR = 6.74) in the multivariate model including demographic data, disease characteristics and number-based LN variables. Addition of LNR remarkably improved the predictive accuracy and clinical usefulness of the survival model. Third, maximum stratification of CSS can be achieved at the cutoff point of 0.33. CONCLUSION: In the population-based study, LNR outperformed number-based LN variables for predicting CSS of node-positive penile cancer. The ratio-based prognostic factor stresses the important role of adequate LND and identification of metastatic LNs in the community setting.

[791]

TÍTULO / TITLE: - Chemoprevention in prostate cancer: identifying patients at greatest risk may provide greatest value.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Am J Manag Care. 2013 Mar-Apr;19(3 Spec No.):SP.

AUTORES / AUTHORS: - Zimmerman MP; Mehr SR

[792]

TÍTULO / TITLE: - Fludarabine treatment favors the retention of miR-485-3p by prostate cancer cells: implications for survival.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Mol Cancer. 2013 Jun 5;12(1):52.

●● Enlace al texto completo (gratis o de pago) [1186/1476-4598-12-52](#)

AUTORES / AUTHORS: - Lucotti S; Rainaldi G; Evangelista M; Rizzo M

RESUMEN / SUMMARY: - BACKGROUND: Circulating microRNAs (miRNAs) have been found in many body fluids and represent reliable markers of several physio-pathological disorders, including cancer. In some cases, circulating miRNAs have been evaluated as markers of the efficacy of anticancer treatment but it is not yet clear if miRNAs are actively released by tumor cells or derive from dead tumor cells. RESULTS: We showed that a set of prostate cancer secretory miRNAs (PCS-miRNAs) were spontaneously released in the growth medium by DU-145 prostate cancer cells and the release was greater after treatment with the cytotoxic drug fludarabine. We also found that the miRNAs were associated with exosomes, implying an active mechanism of miRNA release. It should be noted that in fludarabine treated cells the release of miR-485-3p, as well as its association with exosomes, was reduced suggesting that miR-485-3p was retained by surviving cells. Monitoring the intracellular level of miR-485-3p in these cells, we found that miR-485-3p was stably up regulated for several days after treatment. As a possible mechanism we suggest that fludarabine selected cells that harbor high levels of miR-485-3p, which in turn regulates the transcriptional repressor nuclear factor- κ B triggering the transcription of topoisomerase II α , multidrug resistance gene 1 and cyclin B2 pro-survival genes. CONCLUSIONS: Cytotoxic treatment of DU-145 cells enhanced the release of PCS-miRNAs with the exception of miR-485-3p which was retained by surviving cells. We speculate that the retention of miR-485-3p was a side effect of fludarabine treatment in that the high intracellular level of miR-485-3p plays a role in the sensitivity to fludarabine.

[793]

TÍTULO / TITLE: - Bone scintigraphy as a new imaging biomarker: the relationship between bone scan index and bone metabolic markers in prostate cancer patients with bone metastases.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Nucl Med. 2013 Jul 5.

●● Enlace al texto completo (gratis o de pago) [1007/s12149-013-0749-](#)

[X](#)

AUTORES / AUTHORS: - Wakabayashi H; Nakajima K; Mizokami A; Namiki M; Inaki A; Taki J; 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: - **OBJECTIVE:** A computer-aided diagnosis system for bone scintigraphy with a semiquantitative index from the Bone Scan Index (BSI) has been used to quantify the spread of bone metastases. However, few papers have made clear associations among BSI, bone metabolic markers, and prostate-specific antigen (PSA). This retrospective study aimed to examine these relationships in prostate cancer patients with bone metastases. **METHODS:** A total of 158 scans from 52 patients (number of median examinations/person 3, range 1-8; median age 71 years, age range 46-86) were included. The intervals between bone scans and blood examinations were 0-16 days (median 0 day). The serum markers of PSA, pyridinoline cross-linked carboxy-terminal telopeptide of type I collagen (1-CTP), bone alkaline phosphatase (BAP), and tartrate-resistant acid phosphatase-5b (TRACP-5b) were examined. Subjects were divided into 4 groups according to BSI; Group A: 0 to <2, Group B: 2 to <4, Group C: 4 to <8, and Group D: over 8. BSI, which corresponded to the amount of metastatic lesion, was automatically calculated by BONENAVI® software (FUJIFILM RI Pharma, Co. Ltd., Tokyo, Japan; Exini Bone, Exini Diagnostics, Sweden). **RESULTS:** All bone scans showed high uptake with bone metastases. BSI was correlated significantly with the serum 1-CTP, serum BAP, serum TRACP-5b, logBAP, logTRACP-5b, and logPSA ($r = 0.39, 0.66, 0.69, 0.71, 0.62$ and 0.41 , respectively). BSI did not correlate significantly with the serum PSA. The statistical F value was 11 in the serum 1-CTP, 31 in serum BAP, 29 in logBAP, 19 in serum TRACP-5b, 14 in logTRACP-5b, 3 in serum PSA, and 9 in logPSA by analysis of variance. Comparison by Dunnett's test showed significantly higher values in Group D for all original bone metabolic markers and the logPSA, Group C for the serum BAP, logBAP, serum TRACP-5b, and logTRACP-5b, and Group B for the logTRACP-5b compared with Group A. **CONCLUSION:** The changes in BSI showed a close relationship with all bone metabolic markers but not with the serum PSA. The BSI is confirmed to reflect the activity and extent of bone metastases, and can be used as an imaging biomarker.

[794]

TÍTULO / TITLE: - Plasma cell-free DNA and its DNA integrity as biomarker to distinguish prostate cancer from benign prostatic hyperplasia in patients with increased serum prostate-specific antigen.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int Urol Nephrol. 2013 Aug;45(4):1023-8. doi: 10.1007/s11255-013-0491-2. Epub 2013 Jun 19.

●● Enlace al texto completo (gratis o de pago) [1007/s11255-013-0491-](#)

[2](#)

AUTORES / AUTHORS: - Feng J; Gang F; Li X; Jin T; Houbao H; Yu C; Guorong L

INSTITUCIÓN / INSTITUTION: - Department of Ultrasound, Yijishan Hospital of Wannan Medical College, Wuhu, Anhui, China.

RESUMEN / SUMMARY: - **OBJECTIVES:** To investigate whether plasma cell-free DNA (cfDNA) or its integrity could differentiate prostate cancer from benign prostate hyperplasia (BPH) in patients with serum prostate-specific antigen (PSA) ≥ 4 ng/ml. **METHODS:** Ninety-six patients with prostate cancer and 112 patients with BPH were enrolled. cfDNA levels in plasma before prostate biopsy were quantified by real-time PCR amplification of ALU gene (product size of 115 bp), and quantitative ratio of ALU (247 bp) to ALU (115 bp) reflected the integrity of cfDNA. **RESULTS:** In patients with serum PSA ≥ 4 ng/ml, there were significant differences in plasma cfDNA or its integrity between the patients with prostate cancer (19.74 \pm 4.43, 0.34 \pm 0.05) and patients with BPH (7.36 \pm 1.58, 0.19 \pm 0.03; $P < 0.001$, $P < 0.001$). Prostate cancer could be differentiated with a sensitivity of 73.2 % and a specificity of 72.7 % by cfDNA (AUC = 0.864). The integrity of cfDNA had a sensitivity of 81.7 % and a specificity of 78.8 % for the distinguishing prostate cancer from BPH (AUC = 0.910). **CONCLUSIONS:** cfDNA and its integrity could be applied to differentiate prostate cancer from BPH in patients with serum PSA ≥ 4 ng/ml.

[795]

TÍTULO / TITLE: - Genetically engineered Newcastle disease virus for prostate cancer: a magic bullet or a misfit.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jul;13(7):769-72. doi: 10.1586/14737140.2013.811062.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1586/14737140.2013.811062](#)

AUTORES / AUTHORS: - Elankumaran S

INSTITUCIÓN / INSTITUTION: - Department of Biomedical Sciences and Pathobiology, Virginia Polytechnic Institute and State University, 1981 Kraft Dr, Blacksburg, VA 24061, USA. kumarans@vt.edu.

[796]

TÍTULO / TITLE: - Advances in the treatment of metastatic prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Practitioner. 2013 Apr;257(1760):15-8, 2.

AUTORES / AUTHORS: - Chowdhury S; Kirby R

INSTITUCIÓN / INSTITUTION: - The Prostate Centre, London, UK.

RESUMEN / SUMMARY: - Prostate cancer is the most common cancer in men in the UK. It accounts for nearly a quarter of all male cancer diagnoses and is the second most common cause of male cancer death. Despite a large increase in

prostate cancer incidence, mortality rates have remained relatively constant through improvements in survival. Most patients present with localised disease, but there are still many who present with metastatic disease. Prostate cancers are driven by androgens, such as testosterone. Androgen deprivation therapy (ADT), which is still the mainstay of systemic treatment, effectively reduces intraprostatic androgen levels resulting in reduced androgen receptor (AR) stimulation and increased apoptosis. Medical castration using LHRH analogues has become the gold standard in managing both locally advanced prostate cancer, in combination with radiotherapy, and metastatic disease. Eventually most men with advanced prostate cancer become resistant to ADT. This is now called castrate refractory prostate cancer (CRPC), and is associated with a poor prognosis. There is now hope for patients who progress after chemotherapy with the emergence of several new agents that have been shown to benefit patients. The first AR-targeted drug to show a definite clinical benefit is abiraterone. It markedly decreases levels of androgens in CRPC and initial trials showed promising activity. Enzalutamide has a high affinity and selectivity for AR binding, blocks nuclear translocation and reduces recruitment of co-activators. Abiraterone, enzalutamide and other AR-targeted drugs are being studied in clinical trials for patients earlier in their disease, e.g. in addition to ADT at first presentation of metastatic disease, where it is likely that greater benefits will be seen.

[797]

TÍTULO / TITLE: - Patterns of care for men diagnosed with prostate cancer in Victoria from 2008 to 2011.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Med J Aust. 2013 Jun 3;198(10):540-5.

●● [Enlace al texto completo \(gratis o de pago\) 5694/mja12.11241](#) [pii]

AUTORES / AUTHORS: - Evans SM; Millar JL; Davis ID; Murphy DG; Bolton DM; Giles GG; Frydenberg M; Andrianopoulos N; Wood JM; Frauman AG; Costello AJ; McNeil JJ

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, VIC, Australia.

sue.evans@monash.edu.

RESUMEN / SUMMARY: - **OBJECTIVE:** To describe patterns of care for men diagnosed with prostate cancer in Victoria, Australia, between 2008 and 2011. **DESIGN, SETTING AND PATIENTS:** Men who were diagnosed with prostate cancer at 11 public and six private hospitals in Victoria from August 2008 to February 2011, and for whom prostate cancer notifications were received by the Prostate Cancer Registry. **MAIN OUTCOME MEASURES:** Characteristics of men diagnosed with prostate cancer; details of treatment provided within 12 months of diagnosis, according to National Comprehensive Cancer Network risk categories; and characteristics of men who did not receive active treatment

within 12 months of diagnosis. RESULTS: Treatment details were collected for 98.1% of men who were assessed as eligible to participate in the study (2724/2776) and were confirmed by telephone 12 months after diagnosis for 74.4% of them (2027/2724). Most patients (2531/2724 [92.9%]) were diagnosed with clinically localised disease, of whom 1201 (47.5%) were at intermediate risk of disease progression. Within 12 months of diagnosis, 299 of the 736 patients (40.6%) who had been diagnosed as having disease that was at low risk of progression had received no active treatment, and 72 of 594 patients (12.1%) who had been diagnosed as having disease that was at high risk of progression had received no active treatment. Of those diagnosed as having intermediate risk of disease progression, 54.5% (655/1201) had undergone radical prostatectomy. Those who received no active treatment were more likely than those who received active treatment to be older (odds ratio [95% CI], 2.96 [2.01-4.38], 10.94 [6.96-17.21] and 32.76 [15.84-67.89], respectively, for age 65-74 2013s, 75-84 2013s and \geq 85 2013s, compared with $<$ 55 2013s), to have less advanced disease (odds ratio [95% CI], 0.20 [0.16-0.26], 0.09 [0.06-0.12] and 0.05 [0.02-0.90], respectively, for intermediate, high and very high-risk [locally advanced] or metastatic disease, compared with low-risk disease) and to have had their prostate cancer notified by a private hospital (odds ratio [95% CI], 1.35 [1.10-1.66], compared with public hospital). CONCLUSION: Our data reveal a considerable “stage migration” towards earlier diagnosis of prostate cancer in Victoria and a large increase in the use of radical prostatectomy among men with clinically localised disease.

[798]

TÍTULO / TITLE: - Characterization of monocyte-derived dendritic cells from immunosuppressed renal transplant recipients with and without squamous cell carcinomas.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Scand J Immunol. 2013 Jun 24. doi: 10.1111/sji.12084.

●● [Enlace al texto completo \(gratis o de pago\) 1111/sji.12084](#)

AUTORES / AUTHORS: - Sandvik LF; Volchenkov R; Jonsson R; Appel S

INSTITUCIÓN / INSTITUTION: - Broegelmann Research Laboratory, Department of Clinical Science, University of Bergen, Norway.

RESUMEN / SUMMARY: - Renal transplant recipients (RTR) have a high risk of tumor development, especially cutaneous squamous cell carcinomas (SCC), due to long-term immunosuppressive therapy. RTR may develop multiple lesions over short time periods, and these are often more aggressive with a higher risk of local recurrence and metastasis resulting in increased morbidity and mortality in these patients. Therefore, we took the first step towards evaluating the possibility of generating a therapeutic vaccine based on monocyte-derived dendritic cells (moDC) for these patients. We analyzed the phenotype and cytokine/chemokine profile of moDC from long-term

immunosuppressed RTR with and without previous SCC. The number of PBMC isolated per ml blood as well as the efficiency of generating moDC from PBMC was similar in patients and immunocompetent controls. Phenotype and cytokine/chemokine profile of the moDC from immunosuppressed patients were similar to those from immunocompetent controls, making moDC-based immunotherapy a potential future treatment option for RTR with multiple SCC. This article is protected by copyright. All rights reserved.

[799]

TÍTULO / TITLE: - Improving bladder cancer patient care: a pharmacoeconomic perspective.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jun;13(6):661-8. doi: 10.1586/era.13.58.

●● Enlace al texto completo (gratis o de pago) [1586/era.13.58](#)

AUTORES / AUTHORS: - Gore JL; Gilbert SM

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Washington, Seattle, WA, USA. jlgore@u.washington.edu.

RESUMEN / SUMMARY: - Bladder cancer is the most expensive cancer per capita to treat in the US healthcare system. Substantial costs associated with the diagnosis, management and surveillance of bladder cancer account for the bulk of the expense; yet, for that cost, patients may not receive high-quality care. Herein the authors review the sources of expenditure associated with bladder cancer care, review population-level analyses of the quality of bladder cancer care in the USA, and discuss opportunities for quality improvement that may yield greater value for men and women newly diagnosed with bladder cancer.

[800]

TÍTULO / TITLE: - Association of Intensive Morphine Treatment and Increased Stroke Incidence in Prostate Cancer Patients: A Population-based Nested Case-Control Study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Jpn J Clin Oncol. 2013 Jun 23.

●● Enlace al texto completo (gratis o de pago) [1093/jjco/hyt080](#)

AUTORES / AUTHORS: - Lee CW; Muo CH; Liang JA; Sung FC; Kao CH

INSTITUCIÓN / INSTITUTION: - 1Center for Drug Abuse and Addiction, China Medical University Hospital.

RESUMEN / SUMMARY: - OBJECTIVES: We address the potential problem of stroke induced by morphine exposure by comparing the incidence of stroke in cancer patients treated with and without morphine. METHODS: We performed a population-based nested case-control retrospective analysis on the Longitudinal Health Insurance Database 2000 and Registry for Catastrophic Illness Patients

of Taiwan. This study is based on a malignancy cohort of 31 611 patients without a history of stroke, and 1208 patients who subsequently developed stroke served as the stroke group. Four controls of matched age, sex, entry year and entry month for each case were selected from the malignancy cohort from the non-stroke group. We used logistic regression to estimate the odds ratios and 95% confidence intervals, and applied the multivariable model to control for age, sex, hypertension, diabetes, hyperlipidemia and cardiovascular disease. RESULTS: Cancer patients who received morphine had a 12% higher risk of developing stroke than non-morphine users. However, the difference was nonsignificant. A significant difference only appears in prostate cancer patients, where morphine users have a 3.02-fold (4.24- and 2.90-fold for hemorrhagic and ischemic strokes, respectively) higher risk of suffering from stroke. The risk increased significantly as the morphine dosage increased to ≥ 170 mg/year of treatment. CONCLUSIONS: Intense morphine treatment may be associated with an increased stroke incidence in patients with malignancy, and the association is particularly significant for prostate cancer patients.

[801]

TÍTULO / TITLE: - Incidence and outcomes of patients with late recurrence of Wilms' tumor.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - *Pediatr Blood Cancer*. 2013 Oct;60(10):1612-5. doi: 10.1002/pbc.24604. Epub 2013 Jun 4.

●● Enlace al texto completo (gratis o de pago) 1002/pbc.24604

AUTORES / AUTHORS: - Malogolowkin M; Spreafico F; Dome JS; van Tinteren H; Pritchard-Jones K; van den Heuvel-Eibrink MM; Bergeron C; de Kraker J; Graf N

INSTITUCIÓN / INSTITUTION: - Division of Hematology-Oncology-Bone Marrow Transplant, Children's Hospital of Wisconsin and the Medical College of Wisconsin, Milwaukee, WI.

RESUMEN / SUMMARY: - BACKGROUND: Most relapses from Wilms' tumor occur within 2 years from diagnosis. This study aims to describe the incidence and outcome of patients who experienced a late recurrence (LR) more than 5 years after diagnosis across several clinical trials, and to develop evidence-based recommendations for follow-up surveillance. METHODS: Available records on children with Wilms' tumor enrolled onto 10 national or international cooperative clinical trials were reviewed to identify patients who experienced a LR. RESULTS: Seventy of 13,330 (0.5%) patients with Wilms' tumor experienced a LR. No gender bias was observed. Median time elapsing between initial Wilms' tumor diagnosis and first recurrence was 13.2 years (range: 5.1-17.3 years). Initial tumor stage was: stage I (15); stage II (19); stage III (14); stage IV (8); bilateral disease stage V (14). The most frequent sites of relapse were-abdomen: 21, lungs: 20, and contralateral kidney: 15. Thirty-five

children died of disease progression. Recurrence in the contralateral kidney was associated with a better outcome (13/15 patients alive), while initial tumor stage did not seem to influence the post-recurrence outcome. Therapies administered at recurrence varied between centers, preventing any conclusion about the best salvage treatment. CONCLUSIONS: LR of Wilms' tumor is rare and associated with similar outcome to those experiencing earlier recurrence. The low rate of LR does not justify prolonged monitoring. Further study of the biology of these tumors may give us some insights in regards to mechanisms on tumor cell dormancy or cancer stem cell maintenance. *Pediatr Blood Cancer* 2013;60:1612-1615. © 2013 Wiley Periodicals, Inc.

[802]

TÍTULO / TITLE: - Increased BCL2L12 expression predicts the short-term relapse of patients with TaT1 bladder cancer following transurethral resection of bladder tumors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - *Urol Oncol.* 2013 Jun 18. pii: S1078-1439(13)00191-9. doi: 10.1016/j.urolonc.2013.04.005.

●● Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.04.005](#)

AUTORES / AUTHORS: - Foutadakis S; Avgeris M; Tokas T; Stravodimos K; Scorilas A

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry and Molecular Biology, University of Athens, Athens, Greece.

RESUMEN / SUMMARY: - OBJECTIVES: More than half of the diagnosed patients with bladder cancer (BCa) recur at least once following their initial treatment. Thus, patients' monitoring and prognosis is of utmost importance. However, the need for intensive surveillance of BCa significantly burdens patients' health-related quality of life. The aim of the present study is the expression analysis of BCL2L12, a recently identified member of the BCL2 apoptosis-related gene family, in BCa and the evaluation of BCL2L12 prognostic significance for the survival outcome of the patients. METHODS AND MATERIALS: Our study included 115 patients with BCa, and tissue specimens were obtained from the tumor area as well as from adjacent normal bladder wall. BCL2L12 expression was determined using quantitative real-time polymerase chain reaction assay, and was further correlated with patients' clinicopathological features and follow-up survival data. RESULTS: Up-regulated BCL2L12 expression levels were detected in malignant bladder specimens compared with normal ones. The higher BCL2L12 expression was further associated with shorter disease-free survival of the patients with BCa. Focusing on patients with TaT1 non-muscle invasive BCa, BCL2L12 expression levels were correlated with higher recurrence rate at the first follow-up cystoscopy and were unveiled to be an independent unfavorable predictor of patients' short-term recurrence following

transurethral resection. Finally, BCL2L12 expression levels were also associated with poor disease-free survival of the high-grade TaT1 patients. CONCLUSIONS: Our data highlight the unfavorable prognostic value of BCL2L12 for patients with BCa and support its potential clinical use for the assessment of TaT1 patients' recurrence risk.

[803]

TÍTULO / TITLE: - The incidence and causes of different subtypes of depression in prostate cancer patients: implications for cancer care.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Cancer Care (Engl). 2013 Jul 8. doi: 10.1111/ecc.12090.

●● Enlace al texto completo (gratis o de pago) [1111/ecc.12090](#)

AUTORES / AUTHORS: - Sharpley CF; Bitsika V; Christie DR

INSTITUCIÓN / INSTITUTION: - Brain-Behaviour Research Group, University of New England, Armidale, New South Wales, Australia.

RESUMEN / SUMMARY: - Although depression occurs in prostate cancer patients at a higher incidence than in age-matched non-cancer peers, little is known about the relative incidence of subtypes of depression among these patients. To examine this issue, 507 prostate cancer patients completed a survey questionnaire of background factors, depression symptoms, and common prostate cancer-related stressors. Five common subtypes of depression were defined from the wider literature, and patients' depressive symptomatology was used to determine their scores on each of the five depression subtypes. Nearly half of the patients had scores which could be classified as clinically significant for at least one of the five depression subtypes, with some patients showing clinically significant scores for multiple depression subtypes. Different depression subtypes were predicted by different prostate-cancer-related stressors. Because each of the five depressive subtypes examined here has different symptomatology and treatment recommendations, these data suggest that treatment goals for prostate cancer patients might vary according to the type of depression a patient presents.

[804]

TÍTULO / TITLE: - Evaluation of urinary human telomerase reverse transcriptase mRNA and scatter factor protein as urine markers for diagnosis of bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Lab. 2013;59(3-4):317-23.

AUTORES / AUTHORS: - Eissa S; Motawi T; Badr S; Zaghlool A; Maher A

INSTITUCIÓN / INSTITUTION: - Medical biochemistry and molecular biology Department, Faculty of Medicine, Ain Shams University Cairo, Egypt.
dr_sanaa_eissa@yahoo.com

RESUMEN / SUMMARY: - BACKGROUND: Expression of the human telomerase reverse transcriptase (hTERT) gene, which codes for the catalytic subunit of telomerase is considered an important tumor marker used for bladder cancer detection being found in the majority of cancer cells. Scatter Factor (SF) is a secretory protein produced by fibroblasts and smooth muscles and induces scattering of the epithelial cells. The aim of the current study was to evaluate the potential usefulness of hTERT and SF measurement as urinary markers for bladder cancer diagnosis. METHODS: Voided urine specimens were collected from patients with histologically confirmed bladder urothelial carcinoma (malignant group: n = 60), urological patients without urothelial carcinoma (benign group: n = 25), and healthy volunteers (control group: n = 20). All cases underwent urine cytology, serological schistosomiasis antibody assay and detection of urinary hTERT mRNA using RT-PCR and SF using ELISA. RESULTS: Positivity rate of hTERT mRNA was markedly higher in malignant versus benign or control cases (86.67%, 8%, and 0%, respectively, p-value < 0.001). Combining hTERT and cytology increased the sensitivity of cytology to 95%. According to a cut-off value of urinary SF (> or = 410 ng/mg protein), 57 (95%) of the patients with bladder carcinoma, 10 (40%) with benign lesions, and non of the control individuals were positive and the difference between the 3 groups was statistically significant (p < 0.001). The sensitivity of cytology was increased to 98.33% when combined with the SF assay. When associating the two urinary markers with different clinicopathological factors of the bladder cancer group, only SF exerted a significantly higher positivity rate at the invasive stage (100%) than the superficial stage (88.46%) as well as in transitional cell carcinoma (100% than squamous cell carcinoma type (87.5%). CONCLUSIONS: hTERT and SF can be considered potential useful markers for detection of bladder cancer.

[805]

TÍTULO / TITLE: - Commentary on “Carboplatin based induction chemotherapy for nonorgan confined bladder cancer-a reasonable alternative for cisplatin unfit patients?” Mertens LS, Meijer RP, Kerst JM, Bergman AM, van Tinteren H, van Rhijn BW, Horenblas S, Department of Urology, The Netherlands Cancer Institute, Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands: J Urol 2012;188(4):1108-13 [Epub 2012 Aug 15].

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul;31(5):716-7. doi: 10.1016/j.urolonc.2013.03.012.

●● Enlace al texto completo (gratis o de pago)

1016/j.urolonc.2013.03.012

AUTORES / AUTHORS: - Kamat AM

RESUMEN / SUMMARY: - **PURPOSE:** We investigated induction carboplatin based chemotherapy in patients with nonorgan confined urothelial carcinoma who were considered unfit for cisplatin. A comparison was made with patients who received induction cisplatin based combination chemotherapy. **MATERIALS AND METHODS:** We identified 167 patients with nonorgan confined urothelial carcinoma who received induction cisplatin based combination chemotherapy (126) or gemcitabine and carboplatin (41) at our hospital between 1990 and 2010. Of the patients 124 completed 4 cycles of cisplatin based combination chemotherapy or gemcitabine and carboplatin. Clinical response (ycTNM) was evaluated according to RECIST (Response Evaluation Criteria in Solid Tumors) 1.1. Radical cystectomy and bilateral extended pelvic lymph node dissection were performed in 106 patients. A pathological complete response was defined as no evidence of disease (ypT0N0). Disease specific survival was analyzed using the Kaplan-Meier method. Multivariate analysis was performed. **RESULTS:** Complete clinical response rates did not differ significantly among the treatment groups. A pathological complete response was seen in 33.7% of specimens in the cisplatin based combination chemotherapy group vs 30.3% in the gemcitabine and carboplatin group ($p = 0.808$). We found no significant difference in disease specific survival between patients who started cisplatin based combination chemotherapy and those who started gemcitabine and carboplatin. For patients who completed 4 cycles and underwent radical cystectomy there was also no significant difference in disease specific survival between the groups. On multivariate analysis a pathological complete response was the only variable significantly associated with disease specific survival ($p < 0.045$). **CONCLUSIONS:** Induction gemcitabine and carboplatin for nonorgan confined urothelial carcinoma achieves clinical and pathological response rates, and survival outcomes comparable to those of the cisplatin based combination chemotherapy schemes. Our data suggest that a carboplatin based regimen can be considered a reasonable alternative for cisplatin unfit patients in the preoperative setting.

[806]

TÍTULO / TITLE: - The experiences of gay and bisexual men diagnosed with prostate cancer: results from an online focus group.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Cancer Care (Engl). 2013 Jul;22(4):522-9. doi: 10.1111/ecc.12058. Epub 2013 Jun 3.

●● Enlace al texto completo (gratis o de pago) 1111/ecc.12058

AUTORES / AUTHORS: - Thomas C; Wootten A; Robinson P

INSTITUCIÓN / INSTITUTION: - School of Human Biosciences and Public Health, La Trobe University, Melbourne, Victoria, Australia.

c4thomas@students.latrobe.edu.au

RESUMEN / SUMMARY: - Research concerning gay and bisexual men diagnosed with prostate cancer is sparse. An online focus group was conducted over a 4-week period with participants responding to a range of discussion questions concerning their experiences following a prostate cancer diagnosis. Emerging themes were identified and consensus reached. A summary of each of the themes was produced which the coders agreed conveyed the essence of the online discussion. All men who took part in the online focus group reported that prostate cancer significantly impacted their lives. Unexpectedly, some participants actually gained a positive perspective and adopted a sense of empowerment. Participants spoke about emotional responses to a diagnosis of prostate cancer, accessing help and support, the impact of incontinence, the impact of sexual changes on identity, a re-evaluation of life, changed sexual relationships, the need to find the most suitable healthcare professionals and identification of current needs to improve quality of care. These areas of disquiet suggest that the psychological impact of this disease may be quite significant over an extended time-frame. Further research needs to be undertaken to assess the degree of distress accompanying the treatment of gay and bisexual men with prostate cancer.

TÍTULO / TITLE: - Tumor-infiltrating PD1-Positive Lymphocytes and FoxP3-Positive Regulatory T Cells Predict Distant Metastatic Relapse and Survival of Clear Cell Renal Cell Carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Transl Oncol. 2013 Jun 1;6(3):282-9. Print 2013 Jun.

AUTORES / AUTHORS: - Kang MJ; Kim KM; Bae JS; Park HS; Lee H; Chung MJ; Moon WS; Lee DG; Jang KY

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Chonbuk National University Medical School, Research Institute of Clinical Medicine and Institute for Medical Sciences, Jeonju, Jeonbuk, Republic of Korea.

RESUMEN / SUMMARY: - BACKGROUND: Clear cell renal cell carcinoma (CRCC) is the most common malignant tumor of the kidney, and the clinical outcome of CRCC is related with the metastatic potential of CRCC. A significant proportion of metastatic CRCC remains incurable. Recently, immunotherapy against specific targets such as programmed death 1 (PD1) has been adapted for fatal cases of CRCC. MATERIALS AND METHODS: In this study, we aimed to evaluate the potential of tumor-infiltrating PD1-positive lymphocytes or FoxP3-positive regulatory T cells (Tregs) as predictors of the metastatic potential or prognosis of CRCC and investigate possible correlations with Epstein-Barr virus (EBV) infection in 199 cases of CRCC. RESULTS: PD1 positivity, high Treg number, and EBV infection all predicted poor overall

survival (OS) by univariate analysis. PD1 positivity and high Treg numbers were also significantly correlated with more distant metastatic relapse (DMR) and poor relapse-free survival (RFS) by univariate analysis. PD1 positivity and high Treg number were independent prognostic indicators for OS. In addition, PD1 positivity was an independent predictor of RFS and DMR. EBV infection was an independent predictor of OS of CRCC. CONCLUSION: This study demonstrates that intratumoral infiltration of PD1-positive or FoxP3-positive lymphocytes can be used as significant prognostic indicators of CRCC and PD1 positivity could be very helpful in the prediction of latent distant metastasis of CRCCs. Therefore, evaluation of the infiltration of PD-positive cells or Tregs in CRCC may be useful diagnostic tools for the selection of patients who could benefit from PD1- or Treg-based immunotherapy.

[807]

TÍTULO / TITLE: - NanoVelcro Chip for CTC enumeration in prostate cancer patients.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Methods. 2013 Jun 29. pii: S1046-2023(13)00220-X. doi: 10.1016/j.ymeth.2013.06.019.

●● Enlace al texto completo (gratis o de pago)

[1016/j.ymeth.2013.06.019](#)

AUTORES / AUTHORS: - Lu YT; Zhao L; Shen Q; Garcia MA; Wu D; Hou S; Song M; Xu X; Ouyang WH; Ouyang WW; Lichterman J; Luo Z; Xuan X; Huang J; Chung LW; Rettig M; Tseng HR; Shao C; Posadas EM

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Cedars-Sinai Medical Center, Los Angeles, CA 90048, USA; Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Medical Center, Los Angeles, CA 90048, USA; Urologic Oncology Program & Uro-Oncology Research Program, Cedars-Sinai Medical Center, Los Angeles, CA 90048, USA.

RESUMEN / SUMMARY: - Circulating tumor cells (CTCs) are one of the most crucial topics in rare cell biology and have become the focus of a significant and emerging area of cancer research. While CTC enumeration is a valid biomarker in prostate cancer, the current FDA-approved CTC technology is unable to detect CTCs in a large portion of late stage prostate cancer patients. Here we introduce the NanoVelcro CTC Chip, a device composed of a patterned silicon nanowire substrate (SiNW) and an overlaid polydimethylsiloxane (PDMS) chaotic mixer. Validated by two institutions participating in the study, the NanoVelcro Chip assay exhibits very consistent efficiency in CTC-capture from patient samples. The utilized protocol can be easily replicated at different facilities. We demonstrate the clinical utility of the NanoVelcro Chip by performing serial enumerations of CTCs in prostate cancer patients after undergoing systemic therapy. Changes in CTC numbers after 4-10 weeks of therapy were compared with their clinical responses. We observed a statistically significant reduction in CTCs counts in the clinical responders. We performed

long-term follow up with serial CTC collection and enumeration in one patient observing variations in counts correlating with treatment response. This study demonstrates the consistency of the NanoVelcro Chip assay over time for CTC enumeration and also shows that continuous monitoring of CTC numbers can be employed to follow responses to different treatments and monitor disease progression.

[808]

TÍTULO / TITLE: - Prognostic implication of extrarenal metabolic tumor burden in advanced renal cell carcinoma treated with targeted therapy after nephrectomy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Nucl Med. 2013 Jul 2.

●● Enlace al texto completo (gratis o de pago) [1007/s12149-013-0742-](http://1007/s12149-013-0742-4)

[4](#)

AUTORES / AUTHORS: - Yoon HJ; Paeng JC; Kwak C; Park YH; Kim TM; Lee SH; Chung JK; Edmund Kim E; Lee DS

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, Seoul National University College of Medicine, 101 Daehak-ro, Jongno-gu, Seoul, 110-744, Korea.

RESUMEN / SUMMARY: - **OBJECTIVE:** In the era of targeted therapy for advanced renal cell carcinoma (RCC), appropriate prognosis prediction is necessary for optimal therapy with or without cytoreductive surgery. We evaluated prognostic implication of extrarenal metabolic tumor burden in nephrectomized patients with advanced RCC. **METHODS:** Forty-four patients with advanced RCC who underwent 18F-fluorodeoxyglucose PET/CT were retrospectively enrolled. The patients were treated with nephrectomy and targeted therapy. On PET/CT image of each patient, maximal standardized uptake value (SUVmax) of lesions were measured, and metabolic tumor burden was measured as total lesion glycolysis (TLG) by multiplying tumor volume and mean SUV. An overall TLG was calculated as the sum of those of all lesions. The prognostic value of PET parameters (SUVmax and TLG), and established major clinical factors (serum hemoglobin and corrected calcium, and number of metastatic sites) were tested with regard to overall survival. **RESULTS:** Among 44 patients, 8 died during mean follow-up time of 21.9 +/- 17.7 months. On FDG PET/CT, a total of 250 lesions were analyzed. In univariate analyses, SUVmax, TLG, number of metastatic sites, serum hemoglobin and corrected calcium were significant prognostic factors. Among them, TLG remained as an independent prognostic factor in a multivariate analysis (P = 0.038). In subgroup analyses, TLG was still a significant prognostic factor in patients treated with sunitinib only and in patients on the first staging as well as restaging. **CONCLUSIONS:** Extrarenal metabolic tumor burden is a significant prognostic factor in advanced RCC patients treated with targeted therapy. In

selection of candidates for cytoreductive surgery, the measurement of metabolic tumor burden may be effective.

[809]

TÍTULO / TITLE: - Complications associated with single-dose, perioperative mitomycin-C for patients undergoing bladder tumor resection?>

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jun 17. pii: S1078-1439(13)00192-0. doi: 10.1016/j.urolonc.2013.04.006.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.urolonc.2013.04.006](#)

AUTORES / AUTHORS: - Filson CP; Montgomery JS; Dailey SM; Crossley HS; Lentz H; Tallman CT; He C; Weizer AZ

INSTITUCIÓN / INSTITUTION: - Division of Health Services Research, Department of Urology, University of Michigan Medical School, Ann Arbor, MI.

RESUMEN / SUMMARY: - **OBJECTIVES:** To better understand the risk of short-term complications associated with perioperative intravesical mitomycin-C (MMC) therapy for patients undergoing endoscopic management of non-muscle invasive bladder cancer. **METHODS AND MATERIALS:** Using an institutional database of patients with bladder cancer, we performed a retrospective case-control study of patients receiving perioperative MMC after tumor resection (2008-2012). MMC cases were matched by clinical stage to controls receiving endoscopic resection alone. Demographic information, clinicopathologic details, and outcomes were compared between groups. Outcomes of interest included overall, genitourinary, and major complications. Chi-square tests and multivariable logistic regression were used to evaluate associations among patient characteristics, clinical factors, exposure to MMC, and outcomes of interest. **RESULTS:** One-hundred sixteen patients treated with MMC were matched to 116 controls. Patients receiving MMC were younger ($P = 0.04$) and more likely to have invasive disease (i.e. T1 or greater) (23% vs. 15%, $P = 0.02$). Complications were more frequent among patients who were treated with MMC (34.5% vs. 19.8%, Odds Ratio 2.89, 95% Confidence Interval 1.43-5.81). The most common complication among MMC patients that required medical management was dysuria (17%). Major complications were more common among MMC patients (5.2% vs. 0.9%), but this difference did not reach statistical significance ($P = 0.11$). **CONCLUSIONS:** Use of MMC is associated with a greater odds of complications compared with controls. Patients should be counseled regarding both the benefits and potential risks of perioperative intravesical MMC. Continued research is required to understand the safety implications associated with the use of perioperative, intravesical MMC.

[810]

TÍTULO / TITLE: - Opinions from the Experts: Exploring What Prostate Cancer Patients Should Know About Post-Operative Radiotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Cancer Educ. 2013 Jun 23.

●● Enlace al texto completo (gratis o de pago) [1007/s13187-013-0494-](#)

[9](#)

AUTORES / AUTHORS: - D'Alimonte L; Koo K; Chen E; Feldman-Stewart D; Court A; Fitch M; Di Prospero L; Maamoun J; Kiss A; Szumacher E

INSTITUCIÓN / INSTITUTION: - Department of Radiation Therapy, Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON, Canada.

RESUMEN / SUMMARY: - The present study investigated health professionals' opinions about important questions that should be discussed with patients who may require post-prostatectomy radiotherapy. A 74-question survey was conducted among radiation oncologists, urologists, nurses, and radiation therapists involved in the care of prostate cancer patients. Survey questions covered six domains: understanding my situation and prostate cancer diagnosis, making a decision, radiotherapy: procedures involved, potential benefits, side effects, and my support network during radiation treatment. Respondents rated the importance of addressing these questions as either essential, important, no opinion, or avoid with a hypothetical post-prostatectomy case. The majority of questions were rated as either essential or important. There was disagreement between professions on essential questions, mostly between nurses and urologists in the side-effects domain. There was agreement between all professions regarding which questions should be avoided.

[811]

TÍTULO / TITLE: - Differential G protein subunit expression by prostate cancer cells and their interaction with CXCR5.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Mol Cancer. 2013 Jun 18;12(1):64.

●● Enlace al texto completo (gratis o de pago) [1186/1476-4598-12-64](#)

AUTORES / AUTHORS: - El-Haibi CP; Sharma P; Singh R; Gupta P; Taub DD; Singh S; Lillard JW Jr

RESUMEN / SUMMARY: - BACKGROUND: Prostate cancer (PCa) cell lines and tissues differentially express CXCR5, which positively correlate with PCa progression, and mediate PCa cell migration and invasion following interaction with CXCL13. However, the differential expression of G protein alpha, beta, and gamma subunits by PCa cell lines and the precise combination of these proteins with CXCR5 has not been elucidated METHODS: We examined differences in G protein expression of normal prostate (RWPE-1) and PCa cell lines (LNCaP, C4-2B, and PC3) by western blot analysis. Further, we

immunoprecipitated CXCR5 with different G protein subunits, and CXCR4, following CXCL13 stimulation. To investigate constitutive coupling of CXCR5 with CXCR4 and PAR-1 we performed invasion assay in PCa cells transfected with Galphaq/i2 or Galpha13 siRNA, following CXCL13 treatment. We also investigated Rac and RhoA activity by G-LISA activation assay in PCa cells following CXCL13/thrombin stimulation. Result: Of the 22 G proteins studied, Galphai1-3, Gbeta1-4, Ggamma5, Ggamma7, and Ggamma10 were expressed by both normal and PCa cell lines. Galphas was moderately expressed in C4-2B and PC3 cell lines, Galphaq/11 was only present in RWPE-1 and LNCaP cell lines, while Galpha12 and Galpha13 were expressed in C4-2B and PC3 cell lines. Ggamma9 was expressed only in PCa cell lines. Galpha16, Gbeta5, Ggamma1-4, and Ggamma13 were not detected in any of the cell lines studied. Surprisingly, CXCR4 co-immunoprecipitated with CXCR5 in PCa cell lines irrespective of CXCL13 treatment. We also identified specific G protein isoforms coupled to CXCR5 in its resting and active states.

Galphaq/11/Gbeta3/Ggamma9 in LNCaP and Galphai2/Gbeta3/Ggamma9 in C4-2B and PC3 cell lines, were coupled to CXCR5 and disassociated following CXCL13 stimulation. Interestingly, Galpha13 co-immunoprecipitated with CXCR5 in CXCL13-treated, but not in untreated PCa cell lines. Inhibition of Galphaq/i2 significantly decreased the ability of cells to invade, whereas silencing Galpha13 did not affect CXCL13-dependent cell invasion. Finally, CXCL13 treatment significantly increased Rac activity in Galphaq/i2 dependent manner, but not RhoA activity, in PCa cell lines. CONCLUSIONS: These findings offer insight into molecular mechanisms of PCa progression and can help to design some therapeutic strategies involving CXCR5 and/or CXCL13 blockade and specific G protein inhibition to abrogate PCa metastasis.

[812]

TÍTULO / TITLE: - Long non-coding RNAs and prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Nanosci Nanotechnol. 2013 May;13(5):3186-94.

AUTORES / AUTHORS: - Liu D; Xu B; Chen S; Yang Y; Zhang X; Liu J; Lu K; Zhang L; Liu C; Zhao Y; Jiang H; Liu N; Chen M

INSTITUCIÓN / INSTITUTION: - Urology Department, Zhongda Hospital, Southeast University, Nanjing 210009, China.

RESUMEN / SUMMARY: - A new class of transcripts, long non-coding RNAs (lncRNAs), has been recently found to be pervasively transcribed in the genome. These mRNA-like molecules, which lack significant protein-coding capacity, once thought to be a part of the dark matter, now have been implicated in a wide range of biological functions through diverse and as yet poorly understood molecular mechanisms. Multiple facets of evidence increasingly link mutations and dysregulations of lncRNAs to prostate cancer (PCA). Despite some recent insights into how lncRNAs function in such diverse

cellular processes as regulation of gene expression and assembly of cellular structures, by and large, the key questions regarding lncRNA mechanisms remain to be answered. In this review, we analysis recent advances in understanding the biological functions of lncRNAs especially in PCA and propose avenues of investigation that may lead to fundamental new insights into their functions and mechanisms of action. Finally, as numerous lncRNAs are dysregulated and disorders in PCA, we also discuss potential roles for these molecules in PCA and hope that can be used in clinic by nanotechnology.

[813]

TÍTULO / TITLE: - Prostate biopsy: what to expect. Here are the benefits, risks, and uncertainties of the only diagnostic procedure that can tell you whether you have prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Harv Mens Health Watch. 2013 Jan;17(6):4-5.

[814]

TÍTULO / TITLE: - Individualized renal mass biopsy strategy for Chinese patients with different subtypes and necrosis area.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Aug;31(6):920-3. doi: 10.1016/j.urolonc.2011.06.008.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.urolonc.2011.06.008](#)

AUTORES / AUTHORS: - Shi GH; Chen Y; Yao XD; Zhang SL; Dai B; Feng LQ; Zhang HL; Shen YJ; Zhu Y; Zhu YP; Xiao WJ; Ma CG; Wen LG; Qin XJ; Yang LF; Ye DW

INSTITUCIÓN / INSTITUTION: - Department of Urology, Fudan University Shanghai Cancer Center, Shanghai, China; Department of Oncology, Shanghai Medical College, Fudan University, Shanghai, China.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the best individualized renal biopsy strategies for Chinese patients with suspected kidney cancer.

MATERIALS AND METHODS: From June 2009 to Oct 2010, 100 core biopsy and fine needle aspirations(FNA) have been performed to patients (average age: 62.0 +/- 14.2 years) with an indeterminate solid renal mass by computed tomography (CT) scan imaging in-bench. The average tumor size was 4.4 +/- 3.5 cm. The core biopsy was performed through a 18 Gauge needle. Frozen sections were obtained intraoperatively in 20 cases. The results were given as malignant, benign, suspect, or nonsignificant. A classification of subtypes of renal cancer might be added by the cytologist. The relationship between enhancing level in CT scan and number of positive biopsy cores rate in renal cancer patients was also analyzed. According to tumor size, two groups were

constituted (<4 cm and >=4 cm). Preoperative subtype and grade were compared with postoperative specimen results. RESULTS: Among these cellular fine needle aspirations, the specificity for malignancy or benignity was 93%. The proportion of nonsignificant samples was the same in tumors <4 cm (38.4%) as in tumors >4 cm (28.8%) (P = 1.000, Fisher's exact test). Central and peripheral renal tumor biopsies were defined by the 2 pathologists as adequate to obtain a diagnosis in 70%-79% and 79%-84% of the cases respectively. The adequacy of central biopsies increases with decreasing tumor size. Cohen's kappa coefficient (CKC) for the concordance on biopsy adequacy was 0.87 (very good) for central biopsies and 0.9 (very good) for peripheral biopsies. All adequate renal tumor biopsies allowed the diagnosis of histologic subtype (HS) for both pathologists. CKC for the concordance on the diagnosis of HS was 0.91 (very good). The concordance between HS on renal tumor biopsy and surgical specimen was perfect in all cases. CONCLUSION: According to CT scan information, FNA and core biopsy give useful message accuracy rate. Fine-needle aspiration is complementary to core biopsy, which remains the gold standard of percutaneous sampling. Core renal biopsy can accurately define RCC histologic subtype. However, it does not seem to be able to detect high grade tumors. Tumor size does not seem to influence these results.

[815]

TÍTULO / TITLE: - Detection of potential chronic kidney disease markers in breath using gas chromatography with mass-spectral detection coupled with thermal desorption method.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Chromatogr A. 2013 Aug 2;1301:179-89. doi: 10.1016/j.chroma.2013.05.012. Epub 2013 May 14.

●● Enlace al texto completo (gratis o de pago)

1016/j.chroma.2013.05.012

AUTORES / AUTHORS: - Grabowska-Polanowska B; Faber J; Skowron M; Miarka P; Pietrzycka A; Sliwka I; Amann A

INSTITUCIÓN / INSTITUTION: - Institute of Nuclear Physics of Polish Academy of Sciences, ul. Radzikowskiego 152, 31-342 Krakow, Poland. Electronic address: beata.grabowska@ifj.edu.pl.

RESUMEN / SUMMARY: - The analytical potential of chromatographic breath analysis towards detection of compounds suggested as markers of chronic kidney disease (CKD) was tested. Until now, trimethylamine (TMA) considered as a potential marker of renal disorder was detected mainly in plasma. Detection of TMA in breath was rarely undertaken due to analytical difficulties associated with amines' properties. The results of our investigations confirmed that an application of thermal desorption (TD) and gas chromatography with mass-spectral detection (GC/MS) allows direct detection of TMA in breath. The

preliminary studies allowed to determine the breath composition in case of patients suffering from CKD and to compare the obtained results to a control group. Breath samples were collected from 14 patients and 9 healthy volunteers. TMA was detected in all patients suffering from CKD in the range 1.76-38.02ppb, but not in the control group. Acetone and isoprene were present in the exhaled air of all examined persons. The concentration of acetone was in the range of 26.52-329.46ppb in the patient group and 73.11-437.14ppb in the control group. Isoprene was detected in the range 57.17-329.8ppb among CKD patients and 27.99-143.77ppb in healthy volunteers. Additionally aliphatic hydrocarbons and sulfur compounds were determined in breath as compounds which could be essential in case of diseases coexisting with CKD. Apart from TMA and pentane no statistically significant differences were found using our analytical technique. TMA was detected in the breath of all patients with CKD and in none of breath samples in control group. TMA seems to be a promising marker of CKD.

[816]

TÍTULO / TITLE: - Testicular sex cord stromal tumors: Analysis of patients from the MAKEI study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - *Pediatr Blood Cancer*. 2013 Oct;60(10):1651-5. doi: 10.1002/pbc.24607. Epub 2013 Jun 3.

●● Enlace al texto completo (gratis o de pago) [1002/pbc.24607](#)

AUTORES / AUTHORS: - Hofmann M; Schlegel PG; Hippert F; Schmidt P; von-Schweinitz D; Leuschner I; Gobel U; Calaminus G; Schneider DT

INSTITUCIÓN / INSTITUTION: - Department of Paediatric, Oncology/Haematology and Stem Cell Transplantation, Klinik fuer Kinder- und Jugendmedizin, University of Wurzburg, Klinikum Dortmund, Germany.

RESUMEN / SUMMARY: - BACKGROUND: In children and adolescents, testicular sex cord stromal tumors (TSCSTs) are rare. There is only limited information available regarding their clinical presentation, biology, and prognosis. METHODS: Between 1993 and 2009, 42 patients were prospectively reported to the cooperative MAHO and MAKEI studies on childhood germ cell tumors. Based on standardized documentation, data on epidemiology, clinical presentation, diagnostic features, histopathological differentiation, therapy, and follow-up were evaluated. RESULTS: During the study period, a gradual increase of the documentation of these rare tumors was observed. Palpable, indolent testicular swelling was the most common clinical finding. In three patients, retention of the testis was observed. Two patients showed sexual precocity, and one patient showed a 45X/46XY mosaic. Juvenile granulosa cell tumors (n = 16) and Sertoli cell tumor (n = 15) were the leading histopathological subtypes. The first were commonly diagnosed during the first weeks of life (median age: 6(0-162) days, the latter during infancy (median 7(0-

14) months, $P < 0.05$). Other histological diagnoses included Leydig cell and Large Cell Calcifying Sertoli cell tumors (both $n = 3$) and not-otherwise-specified TSCSTs ($n = 5$), which were diagnosed during childhood and adolescence. All tumors were limited to the testis; there were no metastases. Treatment was surgical, only. After a median follow-up of 3.8 years, no relapse was observed. CONCLUSIONS: Diagnosis and therapy of testicular tumors should be planned in accordance with the recommendations of the respective childhood germ cell tumor protocols. High inguinal orchiectomy is safe and constitutes definitive therapy. Diagnostic work-up and follow-up should also consider potentially associated tumor predisposition syndromes. *Pediatr Blood Cancer* 2013;60:1651-1655. © 2013 Wiley Periodicals, Inc.

[817]

TÍTULO / TITLE: - Comparison of integrated whole-body [C]choline PET/MR with PET/CT in patients with prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - *Eur J Nucl Med Mol Imaging*. 2013 Jul 2.

●● [Enlace al texto completo \(gratis o de pago\)](#) [1007/s00259-013-2467-](#)

[y](#)

AUTORES / AUTHORS: - Souvatzoglou M; Eiber M; Takei T; Furst S; Maurer T; Gaertner F; Geinitz H; Drzezga A; Ziegler S; Nekolla SG; Rummeny EJ; Schwaiger M; Beer AJ

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, Technische Universität München, Ismaningerstr. 22, 81675, Munich, Germany, msouvatz@yahoo.de.

RESUMEN / SUMMARY: - PURPOSE: To evaluate the performance of conventional [11C]choline PET/CT in comparison to that of simultaneous whole-body PET/MR. METHODS: The study population comprised 32 patients with prostate cancer who underwent a single-injection dual-imaging protocol with PET/CT and subsequent PET/MR. PET/CT scans were performed applying standard clinical protocols (5 min after injection of 793 +/- 69 MBq [11C]choline, 3 min per bed position, intravenous contrast agent). Subsequently (52 +/- 15 min after injection) PET/MR was performed (4 min per bed position). PET images were reconstructed iteratively (OSEM 3D), scatter and attenuation correction of emission data and regional allocation of [11C]choline foci were performed using CT data for PET/CT and segmented Dixon MR, T1 and T2 sequences for PET/MR. Image quality of the respective PET scans and PET alignment with the respective morphological imaging modality were compared using a four point scale (0-3). Furthermore, number, location and conspicuity of the detected lesions were evaluated. SUVs for suspicious lesions, lung, liver, spleen, vertebral bone and muscle were compared. RESULTS: Overall 80 lesions were scored visually in 29 of the 32 patients. There was no significant difference between the two PET scans concerning number or conspicuity of the

detected lesions (p not significant). PET/MR with T1 and T2 sequences performed better than PET/CT in anatomical allocation of lesions (2.87 +/- 0.3 vs. 2.72 +/- 0.5; p = 0.005). The quality of PET/CT images (2.97 +/- 0.2) was better than that of the respective PET scan of the PET/MR (2.69 +/- 0.5; p = 0.007). Overall the maximum and mean lesional SUVs exhibited high correlations between PET/CT and PET/MR (rho = 0.87 and rho = 0.86, respectively; both p < 0.001). CONCLUSION: Despite a substantially later imaging time-point, the performance of simultaneous PET/MR was comparable to that of PET/CT in detecting lesions with increased [11C]choline uptake in patients with prostate cancer. Anatomical allocation of lesions was better with simultaneous PET/MR than with PET/CT, especially in the bone and pelvis. These promising findings suggest that [11C]choline PET/MR might have a diagnostic benefit compared to PET/CT in patients with prostate cancer, and now needs to be further evaluated in prospective trials.

[818]

TÍTULO / TITLE: - Focal therapy for prostate cancer: rationale and treatment opportunities.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Oncol (R Coll Radiol). 2013 Aug;25(8):461-73. doi: 10.1016/j.clon.2013.05.002. Epub 2013 Jun 4.

●● Enlace al texto completo (gratis o de pago) 1016/j.clon.2013.05.002

AUTORES / AUTHORS: - Kasivisvanathan V; Emberton M; Ahmed HU

INSTITUCIÓN / INSTITUTION: - Division of Surgery and Interventional Sciences, University College London, UK; Urology Department, Division of Surgery, University College London Hospitals Trust, London, UK. Electronic address: vk103@ic.ac.uk.

RESUMEN / SUMMARY: - Focal therapy is an emerging treatment modality for localised prostate cancer that aims to reduce the morbidity seen with radical therapy, while maintaining cancer control. Focal therapy treatment strategies minimise damage to non-cancerous tissue, with priority given to the sparing of key structures such as the neurovascular bundles, external sphincter, bladder neck and rectum. There are a number of ablative technologies that can deliver energy to destroy cancer cells as part of a focal therapy strategy. The most widely investigated are cryotherapy and high-intensity focussed ultrasound. Existing radical therapies, such as brachytherapy and external beam radiotherapy, also have the potential to be applied in a focal manner. The functional outcomes of focal therapy from several phase I and II trials have been encouraging, with low rates of urinary incontinence and erectile dysfunction. Robust medium- and long-term cancer control outcomes are currently lacking. Controversies in focal therapy remain, notably treatment paradigms based on the index lesion hypothesis, appropriate patient selection for focal therapy and how the efficacy of focal therapy should be assessed.

This review articles discusses the current status of focal therapy, highlighting controversies and emerging strategies that can influence treatment outcomes for the future.

[819]

TÍTULO / TITLE: - The dilemmas of prostate cancer screening.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Med J Aust. 2013 Jun 3;198(10):528-9.

●● Enlace al texto completo (gratis o de pago) [5694/mja13.10242](#) [pii]

AUTORES / AUTHORS: - Hugosson J; Carlsson SV

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Gothenburg, Gothenburg, Sweden. jonas@urol.se

[820]

TÍTULO / TITLE: - Should we screen for prostate cancer? A re-examination of the evidence.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Med J Aust. 2013 Jun 3;198(10):525-7.

●● Enlace al texto completo (gratis o de pago) [5694/mja12.11576](#) [pii]

AUTORES / AUTHORS: - Del Mar CB; Glasziou PP; Hirst GH; Wright RG; Hoffmann TC

INSTITUCIÓN / INSTITUTION: - Bond University, Gold Coast, QLD. cdelmar@bond.edu.au

[821]

TÍTULO / TITLE: - Invasive assessment of renal artery atherosclerotic disease and resistant hypertension before renal sympathetic denervation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Nephrol. 2013 Jul 12;26(4):799-801. doi: 10.5301/jn.5000295. Epub 2013 Jun 28.

●● Enlace al texto completo (gratis o de pago) [5301/jn.5000295](#)

AUTORES / AUTHORS: - Ribichini F; Pighi M; Zivelonghi C; Gambaro A; Valvo E; Lupo A; Vassanelli C

INSTITUCIÓN / INSTITUTION: - Department of Medicine, University of Verona, Verona - Italy.

RESUMEN / SUMMARY: - Background: Renal sympathetic denervation (RSD) is emerging as a new therapeutic option for patients with severe hypertension refractory to medical therapy. The presence of a renal artery stenosis may be both a cause of secondary hypertension and a contraindication to RSD if a renal artery stent is implanted; therefore, the definition of the functional importance of a renal artery stenosis in a patient with refractory hypertension is

crucial. Methods: We describe the imaging and functional intravascular assessment of an angiographically severe stenosis of the renal artery in a patient with severe refractory hypertension, by means of intravascular ultrasound (IVUS), and measurement of the translesional pressure gradient with a pressure wire. Results: Pressure wire examination excluded any severity of the stenosis, and IVUS showed the presence of a dissected plaque that resolved spontaneously after 3 months of intensive medical therapy and high-dose statin. Subsequently the patient was treated with RSD, achieving a significant effect on blood pressure control. Conclusions: Intravascular imaging and functional assessment of renal artery anatomy in patients with atherosclerotic disease may prove particularly suited to patients with refractory hypertension and multilevel vascular disease who are considered for endovascular therapies, either renal artery stenting or RSD.

[822]

TÍTULO / TITLE: - Active surveillance: an option for low-risk prostate cancer. For some men, the smartest move after diagnosis may be to delay treatment and carefully watch the progression of the cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Harv Mens Health Watch. 2013 Mar;17(8):4-5.

[823]

TÍTULO / TITLE: - Commentary on "The clinical epidemiology of urachal carcinoma: Results of a large, population based study." Bruins HM, Visser O, Ploeg M, Hulsbergen-van de Kaa CA, Kiemeny LA, Witjes JA, Department of Urology, Radboud University Medical Centre, Utrecht, The Netherlands: J Urol 2012;188(4):1102-7 [Epub 2012 Aug 15].

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul;31(5):720. doi: 10.1016/j.urolonc.2013.03.008.

●● Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.03.008](#)

AUTORES / AUTHORS: - See WA

RESUMEN / SUMMARY: - PURPOSE: Survival data on urachal carcinoma are sparse due to the low prevalence of this cancer. We report urachal carcinoma clinical outcomes and prognostic factors in a large, population based cohort of patients with long-term followup. MATERIALS AND METHODS: Data were collected from the nationwide Netherlands Cancer Registry. Urachal carcinoma cases were also cross-referenced using the PALGA (Nationwide Network and Registry of Histology and Cytopathology) database. Pathology report summaries were reviewed. A total of 152 patients diagnosed with urachal carcinoma between 1989 and 2009 were included in analysis. The Sheldon

staging system was used to classify urachal carcinoma. Median followup was 9.2 years. Primary outcomes were overall and relative survival. Prognostic factors were calculated using univariate and multivariate hazard regression models. RESULTS: The incidence of urachal carcinoma was 0.2% of all bladder cancers. A total of 45 patients (30%) presented with lymph node or distant metastasis. Five-year overall and relative survival was 45% and 48%, respectively. On multivariate analysis prognostic factors for impaired survival were lymph node metastasis (HR 1.7, 95% CI 1.2-2.6), tumor growth in the abdominal wall, peritoneum and/or adjacent organs (HR 5.2, 95% CI 2.6-10.3), distant metastasis (HR 5.3, 95% CI 2.8-9.9) and macroscopic residual tumor (HR 5.2, 95% CI 1.2-21.8). CONCLUSIONS: Urachal carcinoma is rare, accounting for 0.2% of all bladder cancers. Many patients present with advanced disease. The prognosis of urachal carcinoma depends mostly on tumor stage, particularly the presence or absence of metastatic disease.

[824]

TÍTULO / TITLE: - Low-dose monobutyl phthalate stimulates steroidogenesis through steroidogenic acute regulatory protein regulated by SF-1, GATA-4 and C/EBP-beta in mouse Leydig tumor cells.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Reprod Biol Endocrinol. 2013 Jul 26;11(1):72. doi: 10.1186/1477-7827-11-72.

●● Enlace al texto completo (gratis o de pago) [1186/1477-7827-11-72](#)

AUTORES / AUTHORS: - Hu Y; Dong C; Chen M; Lu J; Han X; Qiu L; Chen Y; Qin J; Li X; Gu A; Xia Y; Sun H; Li Z; Wang Y

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Reproductive Medicine, Institute of Toxicology, School of Public Health, Nanjing Medical University, Nanjing 211166, China. nicsa@njmu.edu.cn.

RESUMEN / SUMMARY: - BACKGROUND: The ubiquitous use of dibutyl phthalate (DBP), one of the most widely used plasticizers, results in extensive exposure to humans and the environment. DBP and its major metabolite, monobutyl phthalate (MBP), may alter steroid biosynthesis and their exposure may lead to damage to male reproductive function. Low-doses of DBP/MBP may result in increased steroidogenesis in vitro and in vivo. However, the mechanisms of possible effects of low-dose MBP on steroidogenesis remain unclear. The aim of present study was to elaborate the role of transcription factors and steroidogenic acute regulatory protein in low-dose MBP-induced disruption of steroidogenesis in mouse Leydig tumor cells (MLTC-1 cells). METHODS: In the present study, MLTC-1 cells were cultured in RPMI 1640 medium supplemented with 2 g/L sodium bicarbonate. Progesterone level was examined by I125-pregesterone Coat-A-Count radioimmunoassay (RIA) kits. mRNA and protein levels were assessed by reverse transcription-polymerase chain reaction (RT-PCR) and western blot, respectively. DNA-binding of several

transcription factors was examined by electrophoretic mobility shift assay (EMSA). RESULTS: In this study, various doses of MBP (0, 10(-9), 10(-8), 10(-7), or 10(-6) M) were added to the medium followed by stimulation of MLTC-1 cells with human chorionic gonadotrophin (hCG). The results showed that MBP increased progesterone production and steroidogenic acute regulatory protein (StAR) mRNA and protein levels. However, the protein levels of cytochrome P450scc and 3 beta-hydroxy-steroid dehydrogenase (3 beta-HSD) were unchanged after MBP treatment. EMSA assay showed that DNA-binding of steroidogenic factors 1(SF-1), GATA-4 and CCAAT/enhancer binding protein-beta (C/EBP-beta) was increased in a dose-dependent manner after MBP exposure. Western blot tests were next employed and confirmed that the protein levels of SF-1, GATA-4 and C/EBP-beta were also increased. Additionally, western blot tests confirmed the expression of DAX-1, negative factor of SF-1, was dose-dependently down regulated after MBP exposure, which further confirmed the role of SF-1 in MBP-stimulated steroid biosynthesis. CONCLUSIONS: In conclusion, we firstly delineated the regulation of StAR by transcription factors including SF-1, GATA-4 and C/EBP-beta maybe critical mechanism involved in low-dose MBP-stimulated steroidogenesis.

[825]

TÍTULO / TITLE: - In vivo selection of high-metastatic subline of bladder cancer cell and its characterization.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Oncol Res. 2013;20(7):289-95.

AUTORES / AUTHORS: - Sugiyama N; Yoneyama MS; Hatakeyama S; Yamamoto H; Okamoto A; Koie T; Saitoh H; Yamaya K; Funyu T; Inoue T; Habuchi T; Ohyama C; Tsuboi S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Hirosaki University Graduate School of Medicine, Hirosaki, Aomori, Japan.

RESUMEN / SUMMARY: - The majority of deaths associated with solid tumors are caused by tumor metastasis. To prevent metastasis, it is vital to understand its detailed process. In hematogenous metastasis of bladder cancer, some cancer cells disseminating into blood circulation extravasate into the lung tissues to form metastases. To study the molecular basis of the lung metastasis of bladder cancer, we employed an in vivo selection system that mimics hematogenous metastasis of bladder cancer on a low-metastatic bladder cancer cell line (KK-47). We have successfully isolated a high-metastatic bladder cancer subline, KK-47HM4, from KK-47 cells. We characterized KK-47HM4 in in vitro experimental systems. No significant difference in growth rate and susceptibility to NK cell attack between KK-47 and KK-47HM4 cells was observed. However, KK-47HM4 exhibited the higher capacities of Matrigel Matrix invasion and transendothelial invasion than KK-47. These results suggest that the extravasation of KK-47HM4 cells was enhanced among the multiple steps of the

lung metastasis of bladder cancer. Our cDNA microarray analysis identified 67 genes whose expression was up- or downregulated in KK-47HM4 cells compared with KK-47 cells. This analysis data implied that one possible cause for enhanced extravasation of KK-47HM4 is its higher adhesion to extracellular matrix proteins. KK-47HM4 is the first bladder cancer subline with enhanced extravasation potential using the in vivo selection system. The information provided by our cDNA microarray analysis using KK-47HM4 will be useful for further investigation into the molecular basis of extravasation of cancer cells.

[826]

TÍTULO / TITLE: - Long-term survival rate of kidney graft and associated prognostic factors: A retrospective cohort study, 1994-2011.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Transplant. 2013 Apr 5;18:153-60. doi: 10.12659/AOT.883873.

●● Enlace al texto completo (gratis o de pago) [12659/AOT.883873](#)

AUTORES / AUTHORS: - Saatchi M; Poorolajal J; Amirzargar MA; Mahjub H; Esmailnasab N

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology and Biostatistics, School of Public Health, Hamadan University of Medical Sciences, Hamadan, Iran.

RESUMEN / SUMMARY: - Background Despite several studies conducted to detect predisposing factors of graft rejection, results are inconsistent and limited. This study was performed to estimate long-term survival rate of kidney transplantation and to detect associated prognostic factors. Material and Methods This retrospective cohort study was conducted in Hamadan Province, in western Iran, enrolling 475 patients who had undergone kidney transplantation from 1994 to 2011. Data were extracted from patients' medical records using a checklist. Chronic nonreversible graft rejection was considered as the event of interest. The duration of time between kidney transplantation and rejection was considered as the survival time. Life table, Kaplan-Meier curve, log-rank test and Cox proportional hazard model were used for data analysis. Results Out of 475 transplantations, 55 episodes of rejection occurred. One-, 5-, 10-, 15-, and 18-year survival rates of transplantation were 97.1%, 92.3%, 86.2%, 77.6%, and 60.3%, respectively. The hazard ratio of graft rejection per 1-year increase in recipient age was 0.92 (P=0.001). The hazard ratio of graft rejection was 5.47 for grafts from deceased donors compared to grafts from living donors (P=0.025), and 3.54 (P=0.025) and 47.99 (P=0.001) in patients with episode of acute and hyperacute rejection compared to those without rejection episode, respectively. Conclusions Rejection of kidney transplantation is shaped by several prognostic factors, the most important of which are recipient age, type of donor (living vs. deceased), and episode of post-transplantation acute and hyperacute rejection.

[827]

TÍTULO / TITLE: - Sperm-associated antigen 11^a is expressed exclusively in the principal cells of the mouse caput epididymis in an androgen-dependent manner.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - *Reprod Biol Endocrinol*. 2013 Jul 1;11(1):59. doi: 10.1186/1477-7827-11-59.

●● [Enlace al texto completo \(gratis o de pago\) 1186/1477-7827-11-59](#)

AUTORES / AUTHORS: - Pujianto DA; Loanda E; Sari P; Midoen YH; Soeharso P

INSTITUCIÓN / INSTITUTION: - Department of Biology, Faculty of Medicine, University of Indonesia, Jl, Salemba Raya 6, Jakarta 10430, Indonesia. dwi.ari@ui.ac.id.

RESUMEN / SUMMARY: - BACKGROUND: Epididymal sperm maturation occurs via interactions between sperm and proteins secreted by the epididymal epithelium. Although this is an important process, the genes that encode the involved proteins remain largely uncharacterized. Previous studies have demonstrated that the genes involved in sperm maturation are regulated by androgen. Spag11a is an epididymal gene that is influenced by androgen. However, little is known about the putative role of this gene in the sperm maturation process. The objective of this study was to characterize Spag11a in the mouse epididymis. METHODS: In silico analyses were performed to predict signal peptides and functional domains. Spag11a expression was measured by quantitative real-time RT-PCR. Western blots and immunocytochemistry were performed to determine protein expression. RESULTS: SPAG11A is a member of the beta defensin protein family and constitutes a secretory protein. Spag11a was expressed exclusively in the epididymis. Moreover, it exhibited region-specific expression in the caput, which is typical for genes that are involved in creating a suitable microenvironment for sperm maturation. Mouse Spag11a was regulated by androgen. A significant decrease of Spag11a expression was observed at third day following a gonadectomy ($P < 0.001$). Interestingly, testosterone replacement therapy was able to maintain the expression almost at the normal level, indicating a dependency on androgen. Besides androgen, testicular factors influenced Spag11a expression in a different way. This was revealed by efferent duct ligation in which Spag11a was transiently up-regulated at the third day following the ligation before returning to the normal level at day 5. Spag11a regional expression was also observed at protein level detected by western immunoblotting which revealed a clear band in the caput but not in other regions. The prediction that SPAG11A is a secretory protein was confirmed by immunocytochemical analyses indicating cell-specific expression mainly in the caput principal cells and detection of the protein in epididymal luminal fluid and spermatozoa. CONCLUSIONS: Based on the characteristics of Spag11a, it is likely that this gene has a specific role in epididymal sperm

maturation. Further studies using functional assays are necessary to confirm this finding.

[828]

TÍTULO / TITLE: - Prostatic biopsies in selected men aged 75 years and older guide key clinical management decisions.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int Urol Nephrol. 2013 Jul 30.

●● Enlace al texto completo (gratis o de pago) [1007/s11255-013-0506-](#)

[Z](#)

AUTORES / AUTHORS: - Paterson AL; Sut MK; Khan AR; Sharma HK

INSTITUCIÓN / INSTITUTION: - Department of Urology, Bedford Hospital, Bedford, UK.

RESUMEN / SUMMARY: - PURPOSE: Increasing life expectancy and PSA testing has increased the number of men over the age of seventy-five presenting for investigation of potential prostate malignancies. Prostatic biopsies provide diagnostic information; however, they are invasive and may not alter management decisions. Therefore, this study aimed to investigate whether prostate biopsies in this age group were justified. MATERIALS AND METHODS: All men aged 75 years and older who underwent prostatic biopsies between January 2010 and November 2011 at Bedford Hospital were identified and the indication for the biopsies, histopathological results and subsequent management plan investigated. RESULTS: One hundred and thirty-eight (138) prostatic biopsies were undertaken and malignancies identified in 60/138 (43 %) cases. Prebiopsy PSA and examination findings had a poor positive predictive value of 54 %. Fifty-five out of sixty (92 %) cancers were classified as high or medium risk disease with 30/60 (50 %) patients commencing radiotherapy treatment with curative intent. CONCLUSION: In selected patients aged 75 years or over, prostatic biopsies provide important diagnostic information which directly impacts on clinical decisions, supporting their use in this age group.

[829]

TÍTULO / TITLE: - Commentary on "The value of transurethral bladder biopsy after intravesical bacillus Calmette-Guerin instillation therapy for nonmuscle invasive bladder cancer: a retrospective, single center study and cumulative analysis of the literature." Swietek N, Waldert M, Rom M, Schatzl G, Wiener HG, Susani M, Klatte T. Department of Urology, Medical University of Vienna, Vienna, Austria: J Urol 2012;188(3):748-53 [Epub 2012 Jul 20].

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul;31(5):715-6. doi: 10.1016/j.urolonc.2013.03.014.

- Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.03.014](https://doi.org/10.1016/j.urolonc.2013.03.014)

AUTORES / AUTHORS: - Kamat AM

RESUMEN / SUMMARY: - **PURPOSE:** We evaluated the need of routine transurethral biopsies after an induction course of intravesical bacillus Calmette-Guerin for high grade nonmuscle invasive bladder cancer. **MATERIALS AND METHODS:** This retrospective study included 180 patients with high grade nonmuscle invasive bladder cancer who underwent a 6-week induction course of bacillus Calmette-Guerin. Cystoscopic findings, urinary cytology and pathological results of transurethral biopsy were evaluated. For cumulative meta-analysis we systematically reviewed studies indexed in MEDLINE(®), EMBASE(®) and Web of Science(®). The records of 740 patients from a total of 7 studies were finally analyzed. **RESULTS:** Biopsy was positive in 58 patients (32%). Cystoscopy appeared normal in 75 patients (42%) and showed only erythema in 51 (28%) and tumor in 54 (30%), of whom 6 (8%), 11 (22%) and 41 (76%), respectively, showed positive findings at biopsy. The positive predictive value of erythema was 15% with negative cytology and 56% with positive cytology. The positive predictive value of a tumor with negative and positive cytology was 63% and 89%, respectively. A combination of negative cytology and normal cystoscopy was associated with a negative biopsy in 94% of cases. A total of 970 bladder biopsies were taken, of which 137 (14%) were positive, including 20 of 125 erythematous lesions (16%), 73 of 107 tumors (68%) and 44 of 738 normal-appearing areas (6%). Cumulative analysis findings were comparable. **CONCLUSIONS:** Routine transurethral bladder biopsies after a bacillus Calmette-Guerin induction course are not necessary. An individually approach is recommended, tailored from cystoscopic findings and cytology.

[830]

TÍTULO / TITLE: - The lived experience of physically active older prostate cancer survivors on androgen deprivation therapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Aging Male. 2013 Jul 17.

- Enlace al texto completo (gratis o de pago)

[3109/13685538.2013.818113](https://doi.org/10.1016/j.urolonc.2013.03.014)

AUTORES / AUTHORS: - Wright-St Clair VA; Malcolm W; Keogh JW

INSTITUCIÓN / INSTITUTION: - Faculty of Health and Environmental Sciences, Auckland University of Technology, Auckland, New Zealand.

RESUMEN / SUMMARY: - Abstract This study sought to explore the lived experiences of physically active prostate cancer survivors on androgen deprivation therapy (ADT), who exercise individually. Three older men (74-88 years old) with prostate cancer, using ADT continuously for at least 12 months and regularly exercising for at least 6 months, participated in this qualitative pilot study, informed by interpretive phenomenology. Data were gathered using

individual semi-structured interviews, audio recorded and transcribed verbatim. Coherent stories were drawn from each transcript and analyzed using iterative and interpretive methods. van Manen's lifeworld existentials provided a framework for interpreting across the research text. Three notions emerged: Getting started, Having a routine and Being with music. Together they reveal what drew the participants to exercising regularly despite the challenges associated with their cancer and treatments. This study provides insights into the benefits of, and what it means for, older men with prostate cancer to regularly exercise individually. These findings may assist cancer clinicians and other allied health professionals to be more attuned to prostate cancer survivors' lived experiences when undergoing ADT, allowing clinicians to better promote regular exercise to their patients as a foundational component of living well.

[831]

TÍTULO / TITLE: - Impact of Response to Prior Chemotherapy in Patients With Advanced Urothelial Carcinoma Receiving Second-Line Therapy: Implications for Trial Design.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Genitourin Cancer. 2013 Jun 22. pii: S1558-7673(13)00086-4. doi: 10.1016/j.clgc.2013.04.025.

●● Enlace al texto completo (gratis o de pago) [1016/j.clgc.2013.04.025](#)

AUTORES / AUTHORS: - Pond GR; Bellmunt J; Fougeray R; Choueiri TK; Qu AQ; Niegisch G; Albers P; Di Lorenzo G; Salhi Y; Galsky MD; Agarwal N; Necchi A; Sonpavde G

INSTITUCIÓN / INSTITUTION: - McMaster University, Ontario, Canada.

RESUMEN / SUMMARY: - BACKGROUND: The prognostic impact of response to prior chemotherapy independent of performance status (PS), hemoglobin (Hb), liver metastasis (LM), and time from prior chemotherapy (TFPC) in the context of second-line therapy for advanced urothelial carcinoma (UC) is unknown. METHODS: Six phase II trials evaluating second-line therapy (n = 504) were pooled. Patients who received prior therapy for metastatic disease were eligible for analysis if Hb, LM, PS, and TFPC were available. Response by Response Evaluation Criteria in Solid Tumors 1.0 to first-line therapy was recorded. Progression-free survival (PFS) and overall survival (OS) were calculated from the date of registration using the Kaplan-Meier method. RESULTS: A total of 275 patients were evaluable for analysis. Patients received gemcitabine-paclitaxel, cyclophosphamide-paclitaxel, pazopanib, docetaxel plus vandetanib/placebo, or vinflunine (2 trials). Those with prior response (n = 111) had a median OS of 8.0 months (95% confidence interval [CI], 6.8-9.4), compared with 5.9 months (95% CI, 5.0-6.6) for those without prior response (n = 164). Those with prior response had a median PFS of 3.0 months (95% CI, 2.6-4.0) compared with 2.6 months (95% CI, 2.0-2.8) in patients without

response. Multivariable analysis did not reveal a significant independent impact of prior response on PFS and OS. CONCLUSIONS: Best prior response in patients receiving prior chemotherapy for metastatic disease did not confer an independent prognostic impact with second-line therapy for advanced UC. Given that the setting of prior chemotherapy (metastatic or perioperative) has not appeared significant in a prior study, patients who received prior chemotherapy in perioperative or metastatic settings may be enrolled in the same second-line trial stratified for PS, Hb, LM, and TFPC.

[832]

TÍTULO / TITLE: - Quantitative Evaluation of the Benefit of Fiducial Image-Guidance for Prostate Cancer Intensity Modulated Radiation Therapy using Daily Dose Volume Histogram Analysis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Technol Cancer Res Treat. 2013 Jun 24.

●● [Enlace al texto completo \(gratis o de pago\) 7785/tcrt.2012.500352](#)

AUTORES / AUTHORS: - Kasaova L; Sirak I; Jansa J; Paluska P; Petera J

INSTITUCIÓN / INSTITUTION: - Department of Oncology and Radiotherapy, University Hospital Hradec Kralove, Hradec Kralove, Czech Republic.
linda.kasaova@fnhk.cz.

RESUMEN / SUMMARY: - To quantitatively evaluate the extent to which fiducial-based image-guidance improves dose coverage of the target volume and sparing of critical organs for prostate cancer patients treated with intensity modulated radiotherapy (IMRT) and determination of planning margins by original approach of detailed daily dose volume histogram (DVH) and patient's position correction analysis. Sixty-two patients divided in two groups (clinical target volume (CTV) --> planning target volume (PTV) margin 10 and 7 mm) were treated with IMRT using implanted fiducial markers. Each patient's treatment fraction was recalculated as it would have been treated without fiducial-guided positioning. For both plans (IGRT and non-IGRT), equivalent uniform doses (EUD), maximal and minimal doses for target volumes, normal tissue complication probability (NTCP), maximum and mean doses for organs at risk and the whole DVH differences were assessed. In the group with 10 mm margins, the only significant difference was worse rectal NTCP by 4.5%, but the CTV dose coverage remained at the same level. Recalculated plans with 7 mm margin could not achieve the prescribed target volume coverage, and the EUD decreased by 3.7 and 0.6 Gy for PTV and CTV, respectively. Desired CTV --> PTV margin for non-IGRT plans should be no lower than 12 mm to guarantee 95% instances when delivered dose to CTV maintain as planned, for IGRT plans decrease this requirement to 2 mm. Prostate IMRT strategies involving margin reduction below 7 mm require image-guidance to maintain the planned dose coverage. Using fiducial-based image-guidance and large margins seems to be superfluous.

[833]

TÍTULO / TITLE: - Performance of multiparametric magnetic resonance imaging in the evaluation and management of clinically low-risk prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jun 17. pii: S1078-1439(13)00183-X. doi: 10.1016/j.urolonc.2013.04.002.

●● Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.04.002](#)

AUTORES / AUTHORS: - Dianat SS; Carter HB; Macura KJ

INSTITUCIÓN / INSTITUTION: - The Russell H. Morgan Department of Radiology and Radiological Science, The Johns Hopkins University, Baltimore, MD.

RESUMEN / SUMMARY: - **OBJECTIVE:** The purpose of this article is to review the multiparametric magnetic resonance imaging (mMRI) of the prostate and MR-guided prostate biopsy, and their role in the evaluation and management of men with low-risk prostate cancer. **METHODS:** We performed a literature review based on the MEDLINE database search for publications on the role of mMRI (a) in detection and localization of prostate cancer, prediction of tumor aggressiveness and progression and (b) in guiding targeted prostate biopsy. **RESULTS:** The mMRI, particularly diffusion-weighted imaging with T2-weighted imaging, is a useful tool for tumor localization in low-risk prostate cancer as it can detect lesions that are more likely missed on extended biopsy schemes and can identify clinically significant disease requiring definitive treatment. The MR-guided biopsy of the most suspicious lesions enables more accurate and safer approach to guide enrollment into the active surveillance program. However, the MR-guided biopsy is complex. The fusion of MRI data with transrectal ultrasound for the purpose of biopsy provides a more feasible technique with documented accurate sampling. **CONCLUSION:** Although the mMRI is not routinely used for risk stratification and prognostic assessment in prostate cancer, it can provide valuable information to guide management of men with low-risk disease. Incorporation of mMRI into the workup and monitoring of patients with low-risk prostate cancer can help discriminate clinically significant disease from indolent disease. Targeted biopsy of MR-suspicious lesions enables accurate sampling of potentially aggressive tumors that may affect outcomes.

[834]

TÍTULO / TITLE: - Thyroid dysfunction and tyrosine kinase inhibitors in renal cell carcinoma treatment.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Jul 5.

●● Enlace al texto completo (gratis o de pago) [1530/ERC-13-0201](#)

AUTORES / AUTHORS: - Bianchi L; Rossi L; Tomao F; Papa A; Zoratto F; Tomao S

INSTITUCIÓN / INSTITUTION: - L Bianchi, Department of Medico-Surgical Sciences and Biotechnologies, Oncology Unit - ICOT, "Sapienza" University of Rome, Latina, Italy.

RESUMEN / SUMMARY: - The incidence of kidney cancer has increased worldwide in the last years. Although the most common type of kidney cancer is localized RCC, with a 5-year survival rate of 85%, about one third of patients present advanced or metastatic disease at diagnosis, with a 5-year survival rate of only 10%. Multitargeted receptor tyrosine kinase inhibitors (sunitinib and sorafenib), the anti-VEGF monoclonal antibody bevacizumab in association with interferon-alfa, the mTOR inhibitors are now approved for the treatment of mRCC. Recently the novel agents pazopanib and axitinib have also demonstrated efficacy in mRCC patients. Several recent retrospective and prospective trials have suggested that some of their adverse events, such as hypertension, hypothyroidism and HFS, may act as potential biomarkers of response and efficacy of treatment. In this review we analyzed the studies which have suggested a relationship between hypothyroidism onset and a better outcome of mRCC patients treated with tyrosine kinase inhibitors. The biological mechanisms suggesting and explaining this correlation are not well known and different speculative theories have been considered in order to investigate the clinical link between hypothyroidism occurrence and the prolonged therapy with tyrosine kinase inhibitors in solid tumors. Furthermore, the management of this unexplained side effect is very important to maximize the efficacy of therapy in mRCC patients, because there is a clear and consistent relationship between drug dose and efficacy of treatment. Certainly other studies are needed to clarify if a better outcome is associated to hypothyroidism induced to tyrosine kinase inhibitors in patients with mRCC.

[835]

TÍTULO / TITLE: - A New Minimally Invasive Treatment Option for Stress Urinary Incontinence in Women: TVT Abbrevio, a Shorter Sling with an Inside-out Transobturator Approach.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Surg Technol Int. 2013 May 17;XXIII. pii: sti23/14.

AUTORES / AUTHORS: - Riachi L; Provost K

INSTITUCIÓN / INSTITUTION: - rinitas Regional Medical Center Elizabeth, New Jersey.

RESUMEN / SUMMARY: - The aim of this article is to present a new, modified shorter obturator sling with an inside-out transobturator trajectory for the treatment of female stress urinary incontinence (SUI). It is a method that proves efficient, is reproducible, and is associated with less postoperative pain when compared with the conventional method. The modified procedure involves the

use of less tape and reduced dissection in the obturator space, while pursuing a more medial approach. Tape length was shortened, with placement of non-absorbable suture loops at either end to adjust the sling. At the mid-portion of the sling, a removable loop suture ensures equidistance. This is the only mini-sling that can be adjusted allowing one to modify terminal placement along an anterior/posterior axis. The incidence of immediate postoperative groin pain was reduced by 35% in the modified technique as compared with the original inside-out transobturator approach. There was also reduction of immediate pain severity by +/- 50%. In addition, the modified approach required less analgesics, less time in the operating room, and a shortened time until discharge home.

[836]

TÍTULO / TITLE: - Beclin 1 and bcl-2 expressions in bladder urothelial tumors and their association with clinicopathological parameters.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Pathol Res Pract. 2013 Jul;209(7):418-23. doi: 10.1016/j.prp.2013.04.006. Epub 2013 Apr 30.

●● Enlace al texto completo (gratis o de pago) [1016/j.prp.2013.04.006](#)

AUTORES / AUTHORS: - Baspinar S; Bircan S; Yavuz G; Kapucuoglu N

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Suleyman Demirel University, School of Medicine, Isparta, Turkey. Electronic address: sirinbaspinar@gmail.com.

RESUMEN / SUMMARY: - Beclin 1 plays a critical role in the regulation of autophagy, apoptosis, differentiation, as well as in the development and progression of cancer. The aim of this study was to examine the expression of beclin 1 and bcl-2 in bladder urothelial tumors, and to investigate the relationship between these two markers and clinicopathological parameters. Our study included 84 bladder urothelial tumors and 10 non-tumoral bladder tissues. Immunohistochemistry was performed on tissue microarray (TMA) sections and was evaluated semiquantitatively on the basis of the percentage of positively stained cells (proportion) and staining intensity. A significant association was found between the expression score of beclin 1 and pT stages of the urothelial tumors ($p=0.012$). Also, the level of beclin 1 expression inversely correlated with histological grade and pT stages ($p=0.009$, $r=-0.284$; $p=0.001$, $r=-0.361$, respectively). The bcl-2 expression level positively correlated with histological grade and pT stages of the urothelial tumors ($p=0.026$, $r=0.243$; $p<0.0001$, $r=0.491$, respectively). In addition, the level of beclin 1 expression tended to be inversely correlated with the bcl-2 expression level in urothelial tumors ($p=0.055$, $r=-0.210$). According to our data, down-regulation of beclin 1 expression and also bcl-2 overexpression seem to play an important role in the progression and aggressiveness of bladder urothelial tumors.

[837]

TÍTULO / TITLE: - Day 1 post-operative fasting hyperglycemia may affect graft survival in kidney transplantation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Transplant. 2013 Jun 7;18:265-72. doi: 10.12659/AOT.883937.

●● Enlace al texto completo (gratis o de pago) [12659/AOT.883937](#)

AUTORES / AUTHORS: - Kek PC; Tan HC; Kee TY; Goh SY; Bee YM

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology, Singapore General Hospital, Singapore.

RESUMEN / SUMMARY: - Background Early post-operative hyperglycemia is commonly encountered in patients without pre-existing diabetes mellitus who are undergoing kidney transplantation. The aim of this study was to determine the effect of early post-operative hyperglycemia on graft and patient survival after kidney transplantation in our center. Material and Methods This was a single-center retrospective review of solitary kidney recipients transplanted in our center between January 1998 and December 2007. Of a total of 432 patients, 377 were eligible for the study. Fasting plasma glucose (FPG) levels at day 1 (D1) and day 5 (D5) after transplantation were recorded. Hyperglycemia was defined as FPG ≥ 7.0 mmol/l. Outcome events recorded included deaths and graft failures. Results The mean age at transplantation was 43.2 \pm 9.5 years and 50.4% were male. The mean FPG levels at D1 and D5 were 7.5 \pm 1.3 mmol/L and 5.3 \pm 1.3 mmol/L, respectively; 64.2% of recipients had FPG ≥ 7.0 mmol/L on D1 and this was reduced to 8.5% on D5. Recipients with D1 FPG ≥ 7.0 mmol/L had significantly poorer graft survival (39 events) compared to those without D1 hyperglycemia (6 events), with a hazard ratio of 3.708 (95% CI, 1.568-8.766, P=0.003). There was a trend towards better patients survival in recipients with D1 FPG <7.0 mmol/L (P=0.056). Conclusions D1 post-transplantation hyperglycemia may be associated with increased risk of graft failure. It is thus important to closely monitor glucose levels during the early post-transplantation period so that high risk patients can be identified and appropriate measures can be implemented to improve the long-term outcome.

[838]

TÍTULO / TITLE: - 'You know I've joined your club.. I'm the hot flush boy': a qualitative exploration of hot flushes and night sweats in men undergoing androgen deprivation therapy for prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Psychooncology. 2013 Jul 28. doi: 10.1002/pon.3355.

●● Enlace al texto completo (gratis o de pago) [1002/pon.3355](#)

AUTORES / AUTHORS: - Eziefula CU; Grunfeld EA; Hunter MS

INSTITUCIÓN / INSTITUTION: - Institute of Psychiatry, King's College London, London, UK.

RESUMEN / SUMMARY: - **OBJECTIVE:** Hot flushes and night sweats are common amongst menopausal women, and psychological interventions for managing these symptoms have recently been developed for women. However, flushes in men with prostate cancer, which commonly occur following androgen deprivation therapy (ADT), remain under-researched. This study is a qualitative exploration of flush-related cognitive appraisals and behavioural reactions reported by a sample of these men. **METHODS:** Semi-structured, in-depth interviews were conducted with 19 men who were experiencing flushes after receiving ADT for prostate cancer. Framework analysis was used to generate and categorise emergent themes and explore associations between themes. **RESULTS:** Five main cognitive appraisals included the following: changes in oneself, impact on masculinity, embarrassment/social-evaluative concerns, perceived control and acceptance/adjustment. There were men who held beliefs about the impact of flushes on their perceptions of traditional gender roles, who experienced shame and embarrassment due to concerns about the salience of flushes and perceptions by others and who experienced feelings of powerlessness over flushes. Powerlessness was associated with beliefs about the potentially fatal consequences of discontinuing treatment. Two other dominant themes included awareness/knowledge about flushes and management strategies. Experiences of flushes appeared to be influenced by upbringing and general experiences of prostate cancer and ADT. **CONCLUSIONS:** The range of men's appraisals of, and reactions to, flushes generated from this qualitative exploration were broadly similar to those of menopausal women but differed in terms of the influence of masculinity beliefs. These findings could be used to inform future research and psychological interventions in this under-researched field. Copyright © 2013 John Wiley & Sons, Ltd.

[839]

TÍTULO / TITLE: - Overview of benign and malignant prostatic disease in pakistani patients: a clinical and histopathological perspective.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(5):3005-10.

AUTORES / AUTHORS: - Arshad H; Ahmad Z

INSTITUCIÓN / INSTITUTION: - Section of Histopathology, Department of Pathology and Microbiology, Aga Khan University Hospital, Karachi, Pakistan E-mail : zubair.ahmad@aku.edu.

RESUMEN / SUMMARY: - Background: To present the overall clinical and histological perspective of benign and malignant prostatic disease as seen in our practice in the Section of Histopathology, Department of Pathology and Microbiology, Aga Khan University Hospital, Karachi, Pakistan. Materials and

Methods: All consecutive prostate specimens (transurethral resection or TUR, enucleation, needle biopsies) received between July 1, 2012 and December 31, 2012 were included in the study. Results: Of the total of 785 cases, 621 (79.1%) were TUR specimens, 80 (10.2%) enucleation specimens, and 84 (10.7%) needle biopsies. Some 595 (75.8%) were benign, while 190 (24.2%) were malignant. Mean weight of BPH specimens was 19 grams and 43 grams for TUR and enucleation specimens respectively. Almost 67% of adenocarcinomas were detected on TUR or enucleation specimens. Of the above cases, 41.7% were clinically benign while 58.3% were clinically malignant. The average volume of carcinoma in all cases ranged between 60 to 65%. The average number of cores involved in needle biopsies was 5. In general, higher Gleason scores were seen in TUR/enucleation specimens than in needle biopsies. Overall, in all types of specimens, commonest Gleason score was 7, seen in 74 (38.9%) cases, followed by Gleason score 9 seen in 47 (24.7%) cases. Out of the 63 needle biopsies with carcinoma, radical prostatectomy was performed in 16 cases (25.4%). Conclusions: Benign prostatic hyperplasia (BPH) is extremely common and constitutes the bulk of prostate specimens. TMajority of prostatic carcinomas are still diagnosed on TUR or enucleation specimens. These included both clinically benign and clinically malignant cases. The volume of carcinoma in these specimens was quite high indicating extensive disease. Gleason scores were also generally high compared with scores from needle biopsies. Commonest Gleason score in all type of specimens was 7. Pathologic staging was possible in very few cases since radical prostatectomies are rarely performed.

[840]

TÍTULO / TITLE: - Intraparenchymal serous papillary cystadenoma of the testis: a case report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Pathologica. 2013 Feb;105(1):15-7.

AUTORES / AUTHORS: - Olla L; Di Naro N; Puliga G; Tolu GA

INSTITUCIÓN / INSTITUTION: - Division of Pathology, San Martino Hospital, Oristano. ollagigi@yahoo.it

RESUMEN / SUMMARY: - A case is presented of a 58-year old man with a double multilocular cystic intratesticular tumour exhibiting the morphological features described by the WHO for diagnosis of a serous papillary cystadenoma of the ovary. We classified this tumour as the male analogue of a respective ovarian growth.

[841]

TÍTULO / TITLE: - RNA interference suppression of A100A4 reduces the growth and metastatic phenotype of human renal cancer cells via NF-kB-dependent MMP-2 and bcl-2 pathway.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Rev Med Pharmacol Sci. 2013 Jun;17(12):1669-80.

AUTORES / AUTHORS: - Yang XC; Wang X; Luo L; Dong DH; Yu QC; Wang XS; Zhao K

INSTITUCIÓN / INSTITUTION: - Department of Urology Surgery, the Affiliated Hospital of Medical College, Qingdao University, Qingdao, China.

qfywang@163.com

RESUMEN / SUMMARY: - BACKGROUND AND AIM: S100A4 is a well established marker and mediator of metastatic disease, but the exact mechanisms responsible for the metastasis promoting effects are less well defined. We tested a hypothesis that the S100A4 gene plays a role in the proliferation and invasiveness of human renal cancer cells (RCC) and may be associated with its metastatic spread. MATERIALS AND METHODS: The small interference RNA vector pcDNA3.1-S100A4 siRNA was transfected in to the human renal cancer cell lines ACHN, Ketr-3, OS-RC-2, CaKi-2 and HTB-47, then treated with ABT-737 or BB94. Cell apoptosis and cell viability was detected by flow cytometry and MTT assay. Matrigel was used for cell motility and invasion assay. MMP-2, bcl-2 and S100A4 was detected by RT-PCR and western blot assay. NF-kB subunit p65 activity was detected by confocal microscopy assay. We then determine the effect S100A4 silencing on tumor growth, lung metastasis development in vivo. Immunohistochemistry was used to detected the expression of S100A4, bcl-2, MMP-2, p65 and CD31. RESULTS: S100A4 silencing in ACHN cells by RNA interference significantly inhibited NF-kB and NF-kB-mediated MMP-2 and bcl-2 activation and cellular migration, proliferation, and promoted apoptosis. Furthermore, re-expression of S100A4 in S100A4-siRNA-transfected ACHN cells by transient S100A4 cDNA transfection restored the NF-kB and NF-kB-mediated MMP-2 and bcl-2 activation and their high migratory and cellular proliferative ability. An inhibitor ABT-737 (the Bcl-2 antagonist targets Bcl-2) against Bcl-2 suppressed cellular proliferation and promoted apoptosis induced by S100A4 re-expression in S100A4-siRNA-transfected ACHN cells. A inhibitor BB94 against MMPs to neutralize MMP-2 protein suppressed cellular invasion and migration induced by S100A4 re-expression in S100A4-siRNA-transfected ACHN cells. In the prevention model, S100A4 silencing inhibited primary tumor growth by (tumor weight) (76 +/- 8%) and (tumor volum) (78 +/- 4%) respectively and promoted apoptosis and the formation of lung metastases was inhibited by 89% (p < 0.01). Microvascular density was reduced by 70% (p < 0.01). In addition, S100A4 silencing inhibited the expression of S100A4 in vivo, followed by the NF-kB, MMP-2 and bcl-2 suppression. CONCLUSIONS: We conclude that S100A4 plays a crucial role in proliferation and migratory/invasive processes in

human RCC by a mechanism involving activation of NF- κ B-bcl-2 and NF- κ B-MMP-2 pathway.

[842]

TÍTULO / TITLE: - Sixth Joint Meeting of J-CaP and CaPSURE—A Multinational Perspective on Prostate Cancer Management and Patient Outcomes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Jpn J Clin Oncol. 2013 Jul;43(7):756-66. doi: 10.1093/jjco/hyt071. Epub 2013 May 29.

●● [Enlace al texto completo \(gratis o de pago\) 1093/jjco/hyt071](#)

AUTORES / AUTHORS: - Akaza H; Hinotsu S; Cooperberg MR; Chung BH; Youl Lee J; Umbas R; Tsukamoto T; Namiki M; Carroll P

INSTITUCIÓN / INSTITUTION: - *Department of Strategic Investigation on Comprehensive Cancer Network, Research Center for Advanced Science and Technology, The University of Tokyo, 4-6-1, Komaba, Meguro-ku, Tokyo 1530041, Japan. akazah@med.rcast.u-tokyo.ac.jp.

RESUMEN / SUMMARY: - This report summarizes the presentations and discussions that took place at the Sixth Joint Meeting of J-CaP and CaPSURE held in San Francisco, USA, in August 2012. The J-CaP and CaPSURE Joint Initiative was established in 2007 with the objective of analyzing, reviewing, comparing and contrasting data for prostate cancer patients from Japan and the USA within the two important large-scale, longitudinal, observational databases- J-CaP and CaPSURE. Since this initial collaboration between teams in the USA and Japan, the initiative has now expanded to include representatives of other Asian countries, several of whom have either established or are planning their own national prostate cancer databases. Several key topics were considered at this Sixth Joint Meeting including the current status of the J-CaP and CaPSURE databases and opportunities for collaboration with the more recently developed Asian prostate cancer databases. The latest comparative data from J-CaP and CaPSURE regarding outcomes following androgen deprivation therapy and combined androgen blockade were also reviewed. The possibility of a global chemoprevention trial to investigate the influence of soy isoflavones on prostate cancer incidence was considered. In addition, the ongoing debate regarding the role of screening and the use of active surveillance as a treatment option in the USA was discussed. The collaborators agreed that sharing of data and treatment practices on a global scale would undoubtedly benefit the clinical management of prostate cancer patients worldwide.

[843]

TÍTULO / TITLE: - Short-term soy isoflavone intervention in patients with localized prostate cancer: a randomized, double-blind, placebo-controlled trial.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - PLoS One. 2013 Jul 12;8(7):e68331. doi: 10.1371/journal.pone.0068331. Print 2013.

- Enlace al texto completo (gratis o de pago)

[1371/journal.pone.0068331](https://doi.org/10.1371/journal.pone.0068331)

AUTORES / AUTHORS: - Hamilton-Reeves JM; Banerjee S; Banerjee SK; Holzbeierlein JM; Thrasher JB; Kambhampati S; Keighley J; Van Veldhuizen P

INSTITUCIÓN / INSTITUTION: - Department of Dietetics and Nutrition, University of Kansas Medical Center, Kansas City, Kansas, United States of America ; Division of Hematology and Oncology, Department of Medicine, University of Kansas Medical Center, Kansas City, Kansas, United States of America ; Department of Urology, University of Kansas Medical Center, Kansas City, Kansas, United States of America.

RESUMEN / SUMMARY: - **PURPOSE:** We describe the effects of soy isoflavone consumption on prostate specific antigen (PSA), hormone levels, total cholesterol, and apoptosis in men with localized prostate cancer.

METHODOLOGY/PRINCIPAL FINDINGS: We conducted a double-blinded, randomized, placebo-controlled trial to examine the effect of soy isoflavone capsules (80 mg/d of total isoflavones, 51 mg/d aglucon units) on serum and tissue biomarkers in patients with localized prostate cancer. Eighty-six men were randomized to treatment with isoflavones (n = 42) or placebo (n = 44) for up to six weeks prior to scheduled prostatectomy. We performed microarray analysis using a targeted cell cycle regulation and apoptosis gene chip (GEArray™). Changes in serum total testosterone, free testosterone, total estrogen, estradiol, PSA, and total cholesterol were analyzed at baseline, mid-point, and at the time of radical prostatectomy. In this preliminary analysis, 12 genes involved in cell cycle control and 9 genes involved in apoptosis were down-regulated in the treatment tumor tissues versus the placebo control. Changes in serum total testosterone, free testosterone, total estrogen, estradiol, PSA, and total cholesterol in the isoflavone-treated group compared to men receiving placebo were not statistically significant.

CONCLUSIONS/SIGNIFICANCE: These data suggest that short-term intake of soy isoflavones did not affect serum hormone levels, total cholesterol, or PSA.

TRIAL REGISTRATION: ClinicalTrials.gov NCT00255125.

[844]

TÍTULO / TITLE: - Final height and insulin-like growth factor-I in adult survivors of Wilms tumour.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Endocrinol. 2013 Jul 26.

- Enlace al texto completo (gratis o de pago) [1530/EJE-13-0297](https://doi.org/10.1093/aje/kws497)

AUTORES / AUTHORS: - Blijdorp K; van den Heuvel-Eibrink M; Pieters R; Pluijm SM; Wagner A; Segers H; Van der Lely AJ; Neggers SJ

INSTITUCIÓN / INSTITUTION: - K Blijdorp, Endocrinology, Erasmus University, Rotterdam, 3015 CE, Netherlands.

RESUMEN / SUMMARY: - OBJECTIVE ONE-SIDED NEPHRECTOMY IS FOLLOWED BY INCREASED LEVELS OF INSULIN-LIKE GROWTH FACTOR-I (IGF-I), ASSOCIATED WITH LINEAR GROWTH DURING CHILDHOOD. THE AIM WAS TO EVALUATE FINAL HEIGHT AND IGF-I LEVELS IN NEPHRECTOMIZED WILMS TUMOUR SURVIVORS AS COMPARED TO HEALTHY DUTCH REFERENCES AND SURVIVORS OF OTHER CANCER TYPES. DESIGN CROSS-SECTIONAL RETROSPECTIVE STUDY. METHODS DATA OF 575 ADULT CHILDHOOD CANCER SURVIVORS WAS ANALYZED. MEDIAN FOLLOW-UP TIME WAS 17.8 YEARS (RANGE 5.0-48.8). ANALYSIS OF (CO)VARIANCE WAS PERFORMED TO EVALUATE DIFFERENCES BETWEEN SUBGROUPS: nephrectomized Wilms survivors treated with or without abdominal irradiation (n=41 and n=36); survivors of other cancer types treated with or without irradiation involving the cranium, abdomen or total body (n=149 and n=349). Main outcome measures were IGF-I and height, expressed as standard deviation scores (SDS). Results After adjustment for age at diagnosis, former corticosteroid treatment and renal impairment, height SDS in non-irradiated nephrectomized Wilms survivors was significantly higher than height SDS in non-irradiated survivors of other cancer types (estimated mean SDS -0.09 versus -0.49, p=0.044), abdominal irradiated survivors (SDS -0.70, p=0.015) and other irradiated survivors (SDS -1.47, p<0.001). Non-irradiated nephrectomized Wilms tumour survivors had significantly higher IGF-I SDS than other irradiated survivors (estimated mean SDS -0.05 versus -1.36, p<0.001 and 0.11 versus 1.37 p<0.001), while there was no significant difference with the other two subgroups. Conclusions Adult survivors of Wilms tumour showed better attainment of final height and relatively higher IGF-I levels than survivors of other cancer types who had significantly shorter stature and lower IGF-I levels than Dutch references.

[845]

TÍTULO / TITLE: - Retigeric acid B-induced mitophagy by oxidative stress attenuates cell death against prostate cancer cells in vitro.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Acta Pharmacol Sin. 2013 Jul 29. doi: 10.1038/aps.2013.68.

●● Enlace al texto completo (gratis o de pago) [1038/aps.2013.68](#)

AUTORES / AUTHORS: - Liu YQ; Ji Y; Li XZ; Tian KL; Yf Young C; Lou HX; Yuan HQ

INSTITUCIÓN / INSTITUTION: - 1] Department of Biochemistry and Molecular Biology, School of Medicine, Shandong University, Ji-nan 250012, China [2] Department of Natural Product Chemistry, School of Pharmaceutical Sciences, Shandong University, Ji-nan 250012, China.

RESUMEN / SUMMARY: - Aim: Retigeric acid B (RAB), a pentacyclic triterpenic acid from *Lobaria kurokawae* Yoshim, has been found to induce apoptosis in

prostate cancer cells. The aim of this study was to investigate the roles of mitochondrial damage-caused mitophagy in RAB-induced prostate cancer cell death in vitro. Methods: Human prostate cancer PC3 and LNCaP cells were tested. Cell viability was analyzed with MTT assay. Cell apoptosis, ROS level and mitochondrial transmembrane potential (mtDeltapsi) were measured with flow cytometry. Autophagy- and apoptosis-related proteins were studied using Western blotting. GFP-LC3B puncta, mitochondrial swelling and mitophagy were examined morphologically. Quantitative RT-PCR was used to measure LC3B mRNA level, and siRNA was used to knock down LC3BII. Results: In both PC3 and LNCaP cells, RAB (15 $\mu\text{mol/L}$) increased ROS accumulation and decreased mtDeltapsi in a time-dependent manner. Furthermore, RAB induced mitochondrial swelling and mitophagy, significantly increased LC3B expression and conversion of LC3BI to LC3BII, and the elimination of mitochondria by LC3BII-containing autophagolysosomes. In addition, RAB suppressed the PI3K/Akt/mTOR pathway activation. Pretreatment of PC3 cells with autophagy inhibitor 3-MA (5 mmol/L) or the lysosomal protease inhibitor CQ (10 $\mu\text{mol/L}$) significantly increased RAB-induced apoptosis. Similar results were obtained in RAB-treated PC3 cells with LC3B knocked down. Conclusion: RAB induces mitochondrial damage and mitophagy that attenuates RAB-induced prostate cancer cell death. Thus, suppression of mitophagy might be a potential strategy for improving the chemotherapeutic effects of RAB.

[846]

TÍTULO / TITLE: - Aspirin Use is Associated with Lower Prostate Cancer Risk in Male Carriers of BRCA Mutations.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Genet Couns. 2013 Jul 25.

●● Enlace al texto completo (gratis o de pago) [1007/s10897-013-9629-](#)

[8](#)

AUTORES / AUTHORS: - Cossack M; Ghaffary C; Watson P; Snyder C; Lynch H

INSTITUCIÓN / INSTITUTION: - Department of Preventive Medicine, Creighton University School of Medicine, 2500 California Plaza, Omaha, NE, 68131, USA.

RESUMEN / SUMMARY: - Previous studies have shown that male BRCA mutation carriers stand at increased risk of developing prostate cancer and have concerns about developing cancer. Genetic counseling practitioners often discuss strategies for reducing the risk of cancer for patients at high risk due to their genetic background. Addressing modifiable health habits is one such strategy. Unfortunately, modifiable risk factors for prostate cancer have only been documented in the general population and have not yet been studied in the BRCA carrier subpopulation. Therefore, this study aimed to identify modifiable risk factors for prostate cancer in BRCA carriers. We examined prostate cancer risk factors in 74 men who were part of families with a BRCA

mutation. This study examined nine dichotomous variables including: exercise, history of vasectomy, smoking history, alcohol use, finasteride use, statin use, aspirin use, coffee use, and vitamin use. The survey was sent to all cases of prostate cancer in the Hereditary Cancer Center Database at Creighton University with a known BRCA status. This study confirmed the protective benefits of daily aspirin use, which have been observed in previous studies of the general population, and suggests its benefit in BRCA carriers. Protective benefits from regular vigorous exercise and daily coffee use trended towards significance, but neither factor withstood the Bonferroni Correction for multiple comparisons.

[847]

TÍTULO / TITLE: - HLA-A2-restricted Cytotoxic T Lymphocyte Epitopes from Human Hepsin as Novel Targets for Prostate Cancer Immunotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Scand J Immunol. 2013 May 31. doi: 10.1111/sji.12083.

●● Enlace al texto completo (gratis o de pago) [1111/sji.12083](#)

AUTORES / AUTHORS: - Guo J; Li G; Tang J; Cao XB; Zhou QY; Fan ZJ; Zhu B; Pan XH

INSTITUCIÓN / INSTITUTION: - The Research Center of Stem Cell, Tissue and Organ Engineering, Kunming General Hospital of PLA, Kunming, 650032, P.R. China.

RESUMEN / SUMMARY: - Hepsin is a type II transmembrane serine protease that is overexpressed in prostate cancer, and it is associated with prostate cancer cellular migration and invasion. Therefore, HPN is a biomarker for prostate cancer. CD8+ T cells play an important role in tumor immunity. The present study predicted and identified HLA-A2-restricted cytotoxic T lymphocyte (CTL) epitopes in human hepsin protein. HLA-A2-restricted CTL epitopes were identified using the following four-step procedure: (1) a computer program generated predicted epitopes from the amino acid sequence of human hepsin; (2) an HLA-A2 binding assay detected the affinity of the predicted epitopes to the HLA-A2 molecule; (3) the primary T-cell response against the predicted epitopes was stimulated in vitro; and (4) the induced CTLs toward different types of hepsin- or HLA-A2-expressing prostate cancer cells were detected. Five candidate peptides were identified. The effectors that were induced by human hepsin epitopes containing residues 229 to 237 (Hpn229; GLQLGVQAV), 268 to 276 (Hpn268; PLTEYIQPV), and 191 to 199 (Hpn199; SLLSGDWVL) effectively lysed LNCaP prostate cancer cells that were hepsin-positive and HLA-A2 matched. These peptide-specific CTLs did not lyse normal liver cells with low hepsin levels. Hpn229, Hpn268, and Hpn199 increased the frequency of IFN-gamma-producing T cells compared to the negative peptide. These results suggest that the Hpn229, Hpn268, and Hpn199 epitopes are novel HLA-A2-restricted CTL epitopes that are capable of inducing hepsin-

specific CTLs in vitro. Hpn229, Hpn268, and Hpn199 peptide-based vaccines may be useful for immunotherapy in patients with prostate cancer. This article is protected by copyright. All rights reserved.

[848]

TÍTULO / TITLE: - A Smac mimetic augments the response of urothelial cancer cells to gemcitabine and cisplatin.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Biol Ther. 2013 Jun 19;14(9).

AUTORES / AUTHORS: - Lee EK; Gerald GJ; Laing NM; Choi W; McConkey D; Kamat AM

INSTITUCIÓN / INSTITUTION: - Department of Urology; The University of Texas MD Anderson Cancer Center; Houston, TX USA.

RESUMEN / SUMMARY: - Cisplatin-based chemotherapy is considered the gold standard for patients with advanced bladder cancer. However, despite initial response, many patients will relapse; therefore, novel salvage treatment strategies are desperately needed. Herein, we studied a mechanism based treatment combination using a Smac mimetic with standard chemotherapy. Using a panel of 10 urothelial cancer cell lines, we exposed them to a combination of gemcitabine, cisplatin and a Smac mimetic. Sensitivity was determined using a DNA fragmentation assay. We determined that three cell lines (UMUC-3, UMUC-13 and RT4v6) were considered sensitive to the combination of gemcitabine and cisplatin and an additional three cell lines were sensitized to gemcitabine and cisplatin with the addition of the Smac mimetic (UMUC-6, UMUC-12 and UMUC-18). We next explored the constitutive expression of select members of the IAP family (XIAP, cIAP-1, cIAP-2, Survivin), the BCL family (BCL-2, BCLXL and BAX) and Smac using gene expression profiling and western blotting. We determined that RNA and protein expression of SMAC, select members of the IAP family and members of the BCL family did not correlate to drug sensitivity. Lastly, using an in vivo mouse model, we determined that treatment with the Smac mimetic in combination with gemcitabine and cisplatin resulted in increased apoptosis, decreased microvessel density and decreased cellular proliferation. This novel treatment strategy may be effective in patients with advanced urothelial carcinoma and warrants further investigation.

[849]

TÍTULO / TITLE: - Cyclin D1 Downregulation Contributes to Anticancer Effect of Isorhapontigenin on Human Bladder Cancer Cells.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Mol Cancer Ther. 2013 Aug 1.

●● Enlace al texto completo (gratis o de pago) [1158/1535-7163.MCT-12-0922](https://doi.org/10.1158/1535-7163.MCT-12-0922)

AUTORES / AUTHORS: - Fang Y; Cao Z; Hou Q; Ma C; Yao C; Li J; Wu XR; Huang C

INSTITUCIÓN / INSTITUTION: - Authors' Affiliations: 1Department of Medical Oncology, Sir Run Run Shaw Hospital, Zhejiang University, Hangzhou, Zhejiang; 2Institute of Materia Medica, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China; 3Nelson Institute of Environmental Medicine; and 4Departments of Urology and Pathology, New York University, School of Medicine, New York, New York.

RESUMEN / SUMMARY: - Isorhapontigenin (ISO) is a new derivative of stilbene compound that was isolated from the Chinese herb Gnetum Cleistostachyum and has been used for treatment of bladder cancers for centuries. In our current studies, we have explored the potential inhibitory effect and molecular mechanisms underlying isorhapontigenin anticancer effects on anchorage-independent growth of human bladder cancer cell lines. We found that isorhapontigenin showed a significant inhibitory effect on human bladder cancer cell growth and was accompanied with related cell cycle G0-G1 arrest as well as downregulation of cyclin D1 expression at the transcriptional level in UMUC3 and RT112 cells. Further studies identified that isorhapontigenin downregulated cyclin D1 gene transcription via inhibition of specific protein 1 (SP1) transactivation. Moreover, ectopic expression of GFP-cyclin D1 rendered UMUC3 cells resistant to induction of cell-cycle G0-G1 arrest and inhibition of cancer cell anchorage-independent growth by isorhapontigenin treatment. Together, our studies show that isorhapontigenin is an active compound that mediates Gnetum Cleistostachyum's induction of cell-cycle G0-G1 arrest and inhibition of cancer cell anchorage-independent growth through downregulating SP1/cyclin D1 axis in bladder cancer cells. Our studies provide a novel insight into understanding the anticancer activity of the Chinese herb Gnetum Cleistostachyum and its isolate isorhapontigenin. Mol Cancer Ther; 12(8); 1-12. ©2013 AACR.

[850]

TÍTULO / TITLE: - Biophysical Characterization of Bladder Cancer Cells with Different Metastatic Potential.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cell Biochem Biophys. 2013 Jun 21.

●● Enlace al texto completo (gratis o de pago) [1007/s12013-013-9702-9](https://doi.org/10.1007/s12013-013-9702-9)

AUTORES / AUTHORS: - Liu H; Tan Q; Geddie WR; Jewett MA; Phillips N; Ke D; Simmons CA; Sun Y

INSTITUCIÓN / INSTITUTION: - Department of Mechanical and Industrial Engineering, University of Toronto, Toronto, ON, M5S 3G8, Canada.

RESUMEN / SUMMARY: - Specific membrane capacitance (SMC) and Young's modulus are two important parameters characterizing the biophysical properties of a cell. In this work, the SMC and Young's modulus of two cell lines, RT4 and T24, corresponding to well differentiated (low grade) and poorly differentiated (high grade) urothelial cell carcinoma (UCC), respectively, were quantified using microfluidic and AFM measurements. Quantitative differences in SMC and Young's modulus values of the high-grade and low-grade UCC cells are, for the first time, reported.

[851]

TÍTULO / TITLE: - Pairing physician education with patient activation to improve shared decisions in prostate cancer screening: a cluster randomized controlled trial.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Fam Med. 2013 Jul-Aug;11(4):324-34. doi: 10.1370/afm.1550.

●● Enlace al texto completo (gratis o de pago) [1370/afm.1550](#)

AUTORES / AUTHORS: - Wilkes MS; Day FC; Srinivasan M; Griffin E; Tancredi DJ; Rainwater JA; Kravitz RL; Bell DS; Hoffman JR

INSTITUCIÓN / INSTITUTION: - Office of Dean, School of Medicine, University of California, Davis, Sacramento, California.

RESUMEN / SUMMARY: - **BACKGROUND** Most expert groups recommend shared decision making for prostate cancer screening. Most primary care physicians, however, routinely order a prostate-specific antigen (PSA) test with little or no discussion about whether they believe the potential benefits justify the risk of harm. We sought to assess whether educating primary care physicians and activating their patients to ask about prostate cancer screening had a synergistic effect on shared decision making, rates and types of discussions about prostate cancer screening, and the physician's final recommendations. **METHODS** Our study was a cluster randomized controlled trial among primary care physicians and their patients, comparing usual education (control), with physician education alone (MD-Education), and with physician education and patient activation (MD-Education+Activation). Participants included 120 physicians in 5 group practices, and 712 male patients aged 50 to 75 years. The interventions comprised a Web-based educational program for all intervention physicians and MD-Education+Activation patients compared with usual education (brochures from the Centers for Disease Control and Prevention). The primary outcome measure was patients' reported postvisit shared decision making regarding prostate cancer screening; secondary measures included unannounced standardized patients' reported shared decision making and the physician's recommendation for prostate cancer screening. **RESULTS** Patients' ratings of shared decision making were moderate and did not differ between groups. MD-Education+Activation patients reported that physicians had higher prostate cancer

screening discussion rates (MD-Ed+A = 65%, MD-Ed = 41%, control=38%; P <.01). Standardized patients reported that physicians seeing MD-Ed+A patients were more neutral during prostate cancer screening recommendations (MD-Ed+A=50%, MD-Ed=33%, control=15%; P <.05). Of the male patients, 80% had had previous PSA tests. CONCLUSIONS Although activating physicians and patients did not lead to significant changes in all aspects of physician attitudes and behaviors that we studied, interventions that involved physicians did have a large effect on their attitudes toward screening and in the discussions they had with patients, including their being more likely than control physicians to engage in prostate cancer screening discussions and more likely to be neutral in their final recommendations.

[852]

TÍTULO / TITLE: - Lymph node dissection during radical cystectomy for bladder cancer treatment: considerations on relevance and extent.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int Urol Nephrol. 2013 Jul 25.

- [Enlace al texto completo \(gratis o de pago\) 1007/s11255-013-0503-](#)

[2](#)

AUTORES / AUTHORS: - Weisbach L; Dahlem R; Simone G; Hansen J; Soave A; Engel O; Chun FK; Shariat SF; Fisch M; Rink M

INSTITUCIÓN / INSTITUTION: - Department of Urology, University Medical Center Hamburg-Eppendorf, Martinistrasse 52, 20246, Hamburg, Germany.

RESUMEN / SUMMARY: - Despite advances in the surgical and medical treatment for urothelial carcinoma of the bladder (UCB), there have only been limited improvements in disease-specific mortality rates over the past decades. Lymph node dissection (LND) during radical cystectomy is an integral part of the treatment for muscle-invasive and high-risk UCB. LND may detect and remove lymph node (LN) metastasis and thus guide patient counseling and decision making regarding additional treatment decisions. In addition, LND may improve survival in patients both with and without LN metastasis. In this non-systematic review article, we discuss benefits and risks of LND, the role of limited versus extended LND and the dilemma of preoperative LN staging.

[853]

TÍTULO / TITLE: - Commentary on "Plasma carotenoids and vitamin C concentrations and risk of urothelial cell carcinoma in the European Prospective Investigation into Cancer and Nutrition." Ros MM, Bueno-de-Mesquita HB, Kampman E, Aben KK, Buchner FL, Jansen EH, van Gils CH, Egevad L, Overvad K, Tjonneland A, Roswall N, Boutron-Ruault MC, Kvaskoff M, Perquier F, Kaaks R, Chang-Claude J, Weikert S, Boeing H, Trichopoulou A, Lagiou P, Dilis V, Palli D, Pala V, Sacerdote C, Tumino R, Panico S, Peeters PH, Gram IT, Skeie G, Huerta JM, Barricarte A, Quiros JR, Sanchez MJ, Buckland G,

Larranaga N, Ehrnstrom R, Wallstrom P, Ljungberg B, Hallmans G, Key TJ, Allen NE, Khaw KT, Wareham N, Brennan P, Riboli E, Kiemenev LA, National Institute for Public Health and the Environment, Bilthoven, Netherlands: Am J Clin Nutr 2012;96(4):902-10 [Epub 2012 Sep 5].

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul;31(5):714-5. doi: 10.1016/j.urolonc.2013.03.015.

●● Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.03.015](#)

AUTORES / AUTHORS: - Kamat AM

RESUMEN / SUMMARY: - BACKGROUND: Published associations between dietary carotenoids and vitamin C and bladder cancer risk are inconsistent. Biomarkers may provide more accurate measures of nutrient status. OBJECTIVE: We investigated the association between plasma carotenoids and vitamin C and risk of urothelial cell carcinoma (UCC) in a case-control study nested within the European Prospective Investigation into Cancer and Nutrition. DESIGN: A total of 856 patients with newly diagnosed UCC were matched with 856 cohort members by sex, age at baseline, study center, date and time of blood collection, and fasting status. Plasma carotenoids (alpha- and beta-carotene, beta-cryptoxanthin, lycopene, lutein, and zeaxanthin) were measured by using reverse-phase HPLC, and plasma vitamin C was measured by using a colorimetric assay. Incidence rate ratios (IRRs) were estimated by using conditional logistic regression with adjustment for smoking status, duration, and intensity. RESULTS: UCC risk decreased with higher concentrations of the sum of plasma carotenoids (IRR for the highest compared with the lowest quartile: 0.64; 95% CI: 0.44, 0.93; P-trend = 0.04). Plasma beta-carotene was inversely associated with aggressive UCC (IRR: 0.51; 95% CI: 0.30, 0.88; P-trend = 0.02). Plasma lutein was inversely associated with risk of nonaggressive UCC (IRR: 0.56; 95% CI: 0.32, 0.98; P-trend = 0.05). No association was observed between plasma vitamin C and risk of UCC. CONCLUSIONS: Although residual confounding by smoking or other factors cannot be excluded, higher concentrations of plasma carotenoids may reduce risk of UCC, in particular aggressive UCC. Plasma lutein may reduce risk of nonaggressive UCC.

[854]

TÍTULO / TITLE: - The prevalence and correlates of supportive care needs in testicular cancer survivors: a cross-sectional study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Psychooncology. 2013 Jul 3. doi: 10.1002/pon.3323.

●● Enlace al texto completo (gratis o de pago) [1002/pon.3323](#)

AUTORES / AUTHORS: - Smith AB; King M; Butow P; Lockett T; Grimison P; Toner GC; Stockler M; Hovey E; Stubbs J; Hruba G; Gurney H; Turner S; Alam M; Cox K; Oliver I

INSTITUCIÓN / INSTITUTION: - Psycho-Oncology Co-operative Research Group (PoCoG), University of Sydney, Sydney, Australia.

RESUMEN / SUMMARY: - **OBJECTIVE:** This cross-sectional study aimed to identify the prevalence and correlates of supportive care needs in testicular cancer (TC) survivors. **METHODS:** Men who had completed active anti-cancer treatment for TC between 6 months and 5 years previously showing no evidence of recurrence were recruited from 14 Australian cancer centers (September 2009-February 2011). Participants completed a self-report questionnaire measuring sociodemographics, disease, and treatment information, supportive care needs (CaSUN), psychological distress (DASS21) and health-related quality of life (HRQoL; SF36v2). **RESULTS:** Of the 486 eligible TC survivors invited to participate, 244 completed the questionnaire. Sixty-six percent reported one or more unmet supportive care needs. The mean number of unmet needs was 4.73 (SD = 7.0, Range = 0-34). The most common unmet needs related primarily to existential survivorship issues (e.g., life stress) and relationships (e.g., sex life). Younger age and presence of chronic illness other than TC were significantly associated with higher number of unmet needs. The number of unmet needs was more highly correlated with psychological distress and HRQoL than unmet need strength. **CONCLUSIONS:** The majority of TC survivors reported one or more unmet needs. Unmet needs regarding existential survivorship issues were frequently reported by TC survivors despite their favorable prognosis. Relationships unmet needs were less prevalent but still more common than in breast and gynecological cancer survivors. These findings appear to be related to the young age of TC survivors. As a higher number of unmet needs is significantly associated with psychological morbidity and impaired HRQoL, interventions addressing this constellation of issues are needed. Copyright © 2013 John Wiley & Sons, Ltd.

[855]

TÍTULO / TITLE: - Dutasteride for the treatment of benign prostatic hyperplasia.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Opin Pharmacother. 2013 Jul;14(10):1399-408. doi: 10.1517/14656566.2013.797965.

●● Enlace al texto completo (gratis o de pago)

[1517/14656566.2013.797965](#)

AUTORES / AUTHORS: - Wu C; Kapoor A

INSTITUCIÓN / INSTITUTION: - McMaster University, Department of Urology, Hamilton, Ontario, Canada.

RESUMEN / SUMMARY: - **INTRODUCTION:** Benign prostatic hyperplasia (BPH) is an age-related phenomenon associated with prostatic enlargement and bladder outlet obstruction that can cause significant lower urinary tract symptoms that greatly affect quality of life. Dutasteride is a selective inhibitor of type 1 and type 2 isoforms of 5-alpha-reductase, an enzyme responsible for the conversion of

testosterone to 5-alpha-dihydrotestosterone, approved as a treatment for symptomatic BPH. AREAS COVERED: This article will cover the efficacy and safety of dutasteride in the treatment of BPH, with focus on landmark trials conducted on this drug. Medical literature on the use of dutasteride in men with BPH were identified by searching databases since 1996 (including MEDLINE and EMBASE) as well as bibliographies from published literature, clinical trial registries and manufacturer and federal drug regulatory websites. EXPERT OPINION: Dutasteride is an effective, safe and well-tolerated treatment either as monotherapy or in combination with an alpha-blocker, for the management of symptomatic BPH to improve symptoms, reduce the risk of acute urinary retention and risk for BPH-related surgery. A new prostate-specific antigen baseline should be established after 6 months of therapy for clinical decision making. The relationship between dutasteride and high-grade prostate cancer is not clear, and dutasteride is not approved for prostate cancer chemoprevention.

[856]

TÍTULO / TITLE: - Perspectives on treatment of metastatic castration-resistant prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Oncologist. 2013;18(6):775. doi: 10.1634/theoncologist.2012-0478erratum.

●● Enlace al texto completo (gratis o de pago)

[1634/theoncologist.2012-0478erratum](#)

AUTORES / AUTHORS: - Merseburger AS; Bellmunt J; Jenkins C; Parker C; Fitzpatrick JM

[857]

TÍTULO / TITLE: - Tivozanib for the treatment of metastatic renal cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jun;13(6):649-60. doi: 10.1586/era.13.40.

●● Enlace al texto completo (gratis o de pago) [1586/era.13.40](#)

AUTORES / AUTHORS: - Wong HH; Eisen T

INSTITUCIÓN / INSTITUTION: - Cambridge University Health Partners, Addenbrooke's Hospital, Cambridge, UK. tgqe2@cam.ac.uk.

RESUMEN / SUMMARY: - Tyrosine kinase inhibitors have revolutionized the treatment of metastatic renal cell carcinoma (RCC). Drugs such as sorafenib, sunitinib and pazopanib act on the VEGF receptor pathway, but they can also inhibit other kinases, resulting in off-target toxicities. Tivozanib was developed due to its potency and selectivity against VEGF receptors 1-3. It has a favorable pharmacokinetic profile after oral administration and a long plasma half-life. In the Phase III TIVO-1 trial, it demonstrated a higher response rate and longer

progression-free survival than sorafenib with a better side-effect profile. It is currently awaiting approval to be used in the first-line treatment of metastatic RCC. An early-phase trial has also shown its tolerability at full dose when given with the mTOR inhibitor temsirolimus, suggesting its potential in combination treatment. This article examines tivozanib from its laboratory to clinical development, as well as its relevance and future role in the treatment of RCC in the era of the tyrosine kinase inhibitors.

[858]

TÍTULO / TITLE: - Primary bladder preservation treatment for urothelial bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Control. 2013 Jul;20(3):188-99.

AUTORES / AUTHORS: - Biagioli MC; Fernandez DC; Spiess PE; Wilder RB

INSTITUCIÓN / INSTITUTION: - Radiation Oncology Program, Moffitt Cancer Center, Tampa, FL, USA. Matthew.Biagioli@Moffitt.org.

RESUMEN / SUMMARY: - BACKGROUND: Significant advancements have occurred in surgical procedures and chemoradiation therapy for bladder preservation. METHODS: This review addresses primary treatment options for bladder cancer, including an overview of bladder-sparing strategies. RESULTS: Surgical series demonstrate that highly selected patients with cT2N0M0 urothelial bladder cancers can be managed with partial cystectomy and bilateral pelvic lymphadenectomy. For patients with cT2N0M0 to cT4aN0M0 urothelial bladder cancers, neoadjuvant chemotherapy followed by radical cystectomy or maximal transurethral resection of the bladder tumor (TURBT) followed by chemoradiation therapy results in equivalent survival rates. However, each treatment option has a different impact on quality of life. Current chemoradiation therapy trials are evaluating novel approaches to improve outcomes. CONCLUSIONS: Maximal TURBT followed by chemoradiation therapy demonstrated equivalent survival with radical cystectomy while preserving bladder function in the majority of patients. Future efforts will be directed toward improving survival and quality of life.

[859]

TÍTULO / TITLE: - Focal cryotherapy in the treatment of localized prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Control. 2013 Jul;20(3):177-80.

AUTORES / AUTHORS: - Nguyen HD; Allen BJ; Pow-Sang JM

INSTITUCIÓN / INSTITUTION: - Department of Genitourinary Oncology, Moffitt Cancer Center, Tampa, FL, USA. Julio.Powsang@Moffitt.org.

RESUMEN / SUMMARY: - BACKGROUND: The management choice for newly diagnosed localized prostate cancer presents a challenge to both the physician

and the patient. Traditionally, surgery and radiation therapy have been the most commonly recommended options. More recently, active surveillance is recommended as the preferred management choice for a subset of men with localized, low-risk cancer. Recent reports also suggest that focal cryotherapy may be considered as a management option for selected cases of clinically localized prostate cancer. METHODS: A review of the literature on focal cryotherapy from 2002 to 2012 was performed. Outcomes on cancer control, complications, and quality of life were extracted and assessed. RESULTS: The biochemical disease-free survival at 5 years is comparable to whole gland treatment modalities. Complications are minimal and comparable with other local treatment modalities. CONCLUSIONS: Focal cryotherapy is safe and effective, and it may improve failure rates in men who initially pursue active surveillance protocols. Early outcomes with cancer control are encouraging.

[860]

TÍTULO / TITLE: - Overestimation of prostate cancer mortality and other-cause mortality by the Kaplan-Meier method.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Can J Urol. 2013 Jun;20(3):6756-60.

AUTORES / AUTHORS: - Zhu X; Kranse R; Bul M; Bangma CH; Schroder FH; Roobol MJ

INSTITUCIÓN / INSTITUTION: - Erasmus University Medical Center, Rotterdam, The Netherlands.

RESUMEN / SUMMARY: - INTRODUCTION: To assess the extent of overestimation of the cumulative probability of death by the Kaplan-Meier method with the competing-risks regression analysis as reference approach. MATERIALS AND METHODS: Data were derived from the screening arm of the Rotterdam branch of the European Randomized Study of Screening for Prostate Cancer (ERSPC). The screening arm consisted of 21210 men between the ages of 55 and 74 at study entry. Follow up concerning mortality was complete through 2008. Endpoints were 5 and 10 year cumulative probabilities of prostate cancer death and death from other causes. Relative bias was defined as the ratio of the cumulative probability of death as determined by the Kaplan-Meier method, relative to the cumulative probability obtained by the competing-risks analysis. RESULTS: According to the Kaplan-Meier method, the 5 year cumulative probability of death from prostate cancer was 0.0101, compared with 0.0099 according to the competing-risk analysis [1.8% overestimation]. At 10 year, these numbers were 0.0347 and 0.0321, respectively [8.0% overestimation]. For death from other causes, the cumulative probabilities at 5 year were 0.0399 and 0.0397 according to the Kaplan-Meier and the competing-risks method [0.6% overestimation], respectively. At 10 year, the probabilities were 0.141 and 0.139 [1.7% overestimation], respectively. CONCLUSIONS: When competing events are present, the competing-risks

regression analysis is to be preferred over the Kaplan-Meier method in the estimation of the cumulative probability of the event of interest.

[861]

TÍTULO / TITLE: - Clinical Implementation of Adaptive Hypofractionated Bladder Radiotherapy for Improvement in Normal Tissue Irradiation.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Oncol (R Coll Radiol). 2013 Jul 20. pii: S0936-6555(13)00241-0. doi: 10.1016/j.clon.2013.06.001.

●● Enlace al texto completo (gratis o de pago) 1016/j.clon.2013.06.001

AUTORES / AUTHORS: - McDonald F; Lalondrelle S; Taylor H; Warren-Oseni K; Khoo V; McNair HA; Harris V; Hafeez S; Hansen VN; Thomas K; Jones K; Dearnaley D; Horwich A; Huddart R

INSTITUCIÓN / INSTITUTION: - Academic Radiotherapy Unit, Institute of Cancer Research, London, UK; The Royal Marsden NHS Foundation Trust, Sutton, Surrey, UK.

RESUMEN / SUMMARY: - AIMS: Adaptive bladder radiotherapy, with plan of the day selection and plan library development based on individual filling patterns, has been previously modelled in patients receiving weekly hypofractionated treatment and improved geometric accuracy has been shown. The aim of this study was to assess the clinical implementation of the technique. MATERIALS AND METHODS: Conformal plans (with small, intermediate and large planning target volumes) were developed for 25 patients. After pre-treatment cone-beam computed tomography, the optimal plan of the day was selected and delivered by two trained observers. Independent off-line plan selection was also carried out. Concordance between the on-line and off-line selections, frequency of plan usage, target coverage and normal tissue sparing were assessed. RESULTS: Plan selection concordance was 91%. Fifty-five per cent of fractions were delivered using small or large plans. The mean coverage of the clinical target volume by the 95% isodose was 99%. The mean reduction in the volume of normal tissue treated to 95% of the prescription dose was 219 cm³ compared with the previous institutional standard approach. CONCLUSIONS: Good concordance in plan selection is shown with clinical implementation of the adaptive strategy. Adequate target coverage was achieved with reduction in the volume of normal tissue irradiated to a high dose compared with the previous standard approach.

[862]

TÍTULO / TITLE: - GEMMs Shine a Light on Resistance to Androgen Deprivation Therapy for Prostate Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Cell. 2013 Jul 8;24(1):11-3. doi: 10.1016/j.ccr.2013.06.007.

●● Enlace al texto completo (gratis o de pago) 1016/j.ccr.2013.06.007

AUTORES / AUTHORS: - Karantanos T; Thompson TC

INSTITUCIÓN / INSTITUTION: - Department of Genitourinary Medical Oncology, The University of Texas MD Anderson Cancer Center, 1515 Holcombe Boulevard, Houston, TX 77030, USA.

RESUMEN / SUMMARY: - Androgen deprivation therapy (ADT) for advanced prostate cancer inexorably leads to resistance, and clinically useful biomarkers are lacking. The value of genetically engineered mice for coclinical studies is clearly demonstrated in a recent publication that reveals XAF1, XIAP, and SRD5A1 as novel predictive biomarkers and therapeutic targets for ADT resistance.

[863]

TÍTULO / TITLE: - Targeted therapy of kidney cancer: keeping the art around the algorithms.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Control. 2013 Jul;20(3):222-32.

AUTORES / AUTHORS: - Fishman MN

INSTITUCIÓN / INSTITUTION: - Genitourinary Oncology Program, Moffitt Cancer Center, Tampa, FL, USA. Mayer.Fishman@Moffitt.org.

RESUMEN / SUMMARY: - BACKGROUND: Therapy for metastatic kidney cancer is actively evolving, particularly in the results of registration drug trials that have led to the approval of vascular endothelial growth factor pathway drugs such as sorafenib, sunitinib, pazopanib, bevacizumab, and axitinib, with focus on patients with good- or intermediate-risk criteria and clear cell histology. Mammalian target of rapamycin (mTOR) drugs such as everolimus and temsirolimus pivotal trials emphasize experiences in the setting of prior treatment or high-risk features. Interferon and interleukin 2 also are part of the treatment algorithms. METHODS: The results of pivotal trials and the underlying context for the development of a cogent, cohesive treatment plan for an individual are reviewed, touching on decision points such as nephrectomy, metastasectomy, and medical initiation and discontinuation time points. RESULTS: To the extent that these drug therapies are essential for achieving best outcomes for patients, these pivotal trial results and associated guidelines exist within a multidimensional, multidisciplinary context of many other disease features, comorbid features, and non-drug treatment decisions. Other dimensions include investigational targeted therapies, patient selection strategies, surgical strategies, and immunotherapies, some of which are in active development. CONCLUSIONS: Clinicians should work toward the best use of drug sequencing and selection strategies based on core data derived from prospective randomized trials. To address individual patient needs, they

should also recognize and emphasize individualized goals, to the extent that these are different from issues that were directly addressed in the trials.

[864]

TÍTULO / TITLE: - Current, new and novel therapy for castration-resistant prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jul;13(7):819-27. doi: 10.1586/14737140.2013.811154.

●● Enlace al texto completo (gratis o de pago)

[1586/14737140.2013.811154](#)

AUTORES / AUTHORS: - Gaya JM; Ahallal Y; Sanchez-Salas R; Barret E; Rozet F; Galiano M; Macek P; Durand M; Cerruti J; Prapotnich D; Ropert S; Bennamoun M; Cathelineau X

INSTITUCIÓN / INSTITUTION: - Department of Urology, Institut Montsouris, Paris, France.

RESUMEN / SUMMARY: - Androgen deprivation therapy is the standard of care for the initial treatment of metastatic prostate cancer. However, the majority of these patients live long enough to experience disease progression despite castration. This scenario is defined as castration-resistant prostate cancer (CRPC) and has a poor outcome and limited options for treatment. First-line treatment after hormonal therapy failure include secondary hormonal manipulation and docetaxel. Advances in the understanding of the molecular mechanisms underlying CRPC have translated into a recent increase in the number of effective systemic agents, and some of them have been already approved as first and second-line treatment. Despite these advances, the median survival in the first-line setting of metastatic CRPC is approximately 20 months and in the postdocetaxel setting is approximately 15 months. Promising and necessary new therapies in Phase III trials include hormonal agents, new cytotoxic agents, as well as other immunotherapeutics and antiprostate-specific membrane antigen therapies.

[865]

TÍTULO / TITLE: - Sequencing systemic therapies in metastatic castration-resistant prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Control. 2013 Jul;20(3):181-7.

AUTORES / AUTHORS: - Liu JJ; Zhang J

INSTITUCIÓN / INSTITUTION: - Genitourinary Oncology Program, Moffitt Cancer Center, Tampa, FL, USA. Jingsong.Zhang@Moffitt.org.

RESUMEN / SUMMARY: - BACKGROUND: Men with prostate cancer will not die of the disease until it progresses to the metastatic castration resistant stage. At

that stage, the median survival is 9 to 30 months. METHODS: Recently approved and emerging treatments for metastatic castration-resistant prostate cancer (mCRPC) were reviewed based on their mechanisms of action, as well as sequencing and combining these treatments with existing options. RESULTS: Advances in androgen deprivation therapy, immunotherapy, bone-targeted therapy, and chemotherapy have led to approvals of abiraterone acetate, sipuleucel-T, denosumab, and cabazitaxel for the treatment of mCRPC. Despite improvements in patient survival and quality of life, mCRPC remains incurable. CONCLUSIONS: With the emerging new therapies, this is an unprecedented time in treating mCRPC. A better understanding of their mechanisms of action, the genetic makeup of each mCRPC, and the development of new prognostic and predictive biomarkers will help determine sequencing or different combination treatments for each individual patient.

[866]

TÍTULO / TITLE: - Effects of Radiation on the Incidence of Prostate Cancer among Nagasaki Atomic Bomb Survivors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Sci. 2013 Jul 13. doi: 10.1111/cas.12234.

●● Enlace al texto completo (gratis o de pago) [1111/cas.12234](#)

AUTORES / AUTHORS: - Kondo H; Soda M; Mine M; Yokota K

INSTITUCIÓN / INSTITUTION: - Biostatistics Section, Division of Scientific Data Registry, Atomic Bomb Disease Institute, Nagasaki University, Nagasaki.

RESUMEN / SUMMARY: - Atomic bomb survivors have been reported to have an increased risk of some cancers, especially leukemia. However, the risk of prostate cancer in atomic bomb survivors is not known to have been examined previously. This study examined the association between atomic bomb radiation and the incidence of prostate cancer among male Nagasaki atomic bomb survivors. The subjects were classified by distance from the hypocenter into a proximal group (<2 km), a distal group (>=2 km), and an early entrance group (those who entered the region <2 km from the hypocenter within 2 weeks after the explosion). Between 1996 and 2009, 631 new cases of prostate cancer were identified among approximately 18,400 male Nagasaki atomic bomb survivors who were alive in 1996. The Cox proportional hazard model was used to estimate the risk of prostate cancer development, with adjustment for age at atomic bomb explosion, attained age, smoking status, and alcohol consumption. Compared with the distal group, the proximal group had significant increased risks of total, localized, and high-grade prostate cancer (relative risk [RR] and 95% confidence interval [CI]: 1.51 and [1.21, 1.89]; 1.80 and [1.26, 2.57]; and 1.88 and [1.20, 2.94], respectively). This report is the first known to reveal a significant relationship between atomic bomb radiation and prostate cancer.

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[867]

TÍTULO / TITLE: - A rare case of a 39year old male with a parasite called Dioctophyma renale mimicking renal cancer at the computed tomography of the right kidney. A case report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Parasitol Int. 2013 Oct;62(5):459-60. doi: 10.1016/j.parint.2013.06.007. Epub 2013 Jun 28.

●● Enlace al texto completo (gratis o de pago)

[1016/j.parint.2013.06.007](#)

AUTORES / AUTHORS: - Katafigiotis I; Fragkiadis E; Pournaras C; Nonni A; Stravodimos KG

INSTITUCIÓN / INSTITUTION: - 1st University Urology Clinic Laiko Hospital, University of Athens, Greece. Electronic address: katafigiotis@yahoo.com.

RESUMEN / SUMMARY: - We present a very rare case of a 39year old patient with Dioctophyma renale depicted as a Bosniak cyst IV of the right kidney who was finally subjected to a robotic assisted radical nephrectomy.

[868]

TÍTULO / TITLE: - Enablers and barriers affecting medication-taking behaviour in aging men with benign prostatic hyperplasia.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Aging Male. 2013 Jun 10.

●● Enlace al texto completo (gratis o de pago)

[3109/13685538.2013.801951](#)

AUTORES / AUTHORS: - Kusljic S; Manias E; Tran B; Williams A

INSTITUCIÓN / INSTITUTION: - Department of Nursing .

RESUMEN / SUMMARY: - Abstract Objectives: To identify the enablers and barriers affecting medication-taking behaviour in aging men with benign prostatic hyperplasia. Methods: A total of 40 patients attending the urology outpatient clinic in Melbourne in 2012 were screened. Patients who successfully met the inclusion criteria were interviewed using a structured interview schedule. Information regarding the patient's medication, demographic data and presence of co-morbidities was collected. Content analysis was compared with patient demographic and medical data, contributing to the analysis. Results: Problems with medication-taking were reported in 58% of patients. All patients without co-morbidities reported issues regarding their medications, whereas only 27% of patients with co-morbidities reported concerns regarding their medications. Statistical analysis revealed that patients without co-morbidities were significantly more likely ($p = 0.002$) to have complaints with their medications compared to those with co-morbidities. Furthermore, patients with co-morbidities who required help of caregivers to assist with their medication-taking were significantly less likely ($p = 0.05$) to have complaints with their

medications compared to patients who self-managed. Conclusions: Older patients with caregivers who assisted managing their medication-taking had better adherence. Those receiving aid from their caregivers were significantly less likely to have complaints regarding their medications as opposed to those not requiring a caregiver. This highlights the importance of having support for medication-taking in patients with co-morbidities to assist with better adherence.

[869]

TÍTULO / TITLE: - The clinical significance of lymphangiogenesis in renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Med Sci Monit. 2013 Jul 24;19:606-11. doi: 10.12659/MSM.883981.

●● Enlace al texto completo (gratis o de pago) [12659/MSM.883981](#)

AUTORES / AUTHORS: - Debinski P; Dembowski J; Kowal P; Szydelko T; Kolodziej A; Malkiewicz B; Tupikowski K; Zdrojowy R

INSTITUCIÓN / INSTITUTION: - Clinic of Urology and Oncological Urology, Wroclaw Medical University, Wroclaw, Poland. debinski@gmail.com

RESUMEN / SUMMARY: - BACKGROUND: The formation of lymphatic vessels (lymphangiogenesis) occurs in tumor tissues and is crucial for tumor development and progression in some cancers. Lymphangiogenesis and its clinical effect on renal cell carcinoma have been less thoroughly investigated in comparison with angiogenesis. The aim of this study was to evaluate the role of lymphangiogenesis as a prognostic factor in renal cell carcinoma (RCC). MATERIAL AND METHODS: The expression of peritumoral/intratumoral lymphatics was studied by immunohistochemical methods in paraffin-embedded nephrectomy specimens from 133 patients with clear cell carcinoma. Patients were divided into 3 groups depending on postoperative follow-up: I) patients without metastases, II) patients with metastases during follow-up, and III) patients with metastases during the operation. Peritumoral lymphatics (PTL) and intratumoral lymphatics (ITL) were immunostained with a D2-40 antibody. RESULTS: The mean number of PTL present in each group was I=14.1, II=10.6, III=12.1. The mean number of ITL present in each group was I=0.7, II=2.3, III=2.3. The 3 groups showed statistically significant differences only in the case of ITL. A mean count of ITL ≥ 1 is significantly associated with an increased risk of regional lymph node involvement and distant metastasis. Patients with expression ITL > 0.2 and PTL ≤ 15.2 had a significantly shorter cancer-specific survival. CONCLUSIONS: The number of ITL showed an association with more aggressive cases of RCC and progression of disease. Therefore, the level of expression ITL, together with stage and histological grading, may provide valuable predictive information about the outcome of treatment.

[870]

TÍTULO / TITLE: - Common gene pathways and families altered by DNA methylation in breast and prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Jul 1.

●● Enlace al texto completo (gratis o de pago) [1530/ERC-13-0204](#)

AUTORES / AUTHORS: - Day T; Bianco-Miotto T

INSTITUCIÓN / INSTITUTION: - T Day, Dame Roma Mitchell Cancer Research Laboratories and Adelaide Prostate Cancer Research Centre, Discipline of Medicine, The University of Adelaide and Hanson Institute, Adelaide, Australia.

RESUMEN / SUMMARY: - Epigenetic modifications, such as DNA methylation, are widely studied in cancer since they are stable and easy to measure genome wide. DNA methylation changes have been used to differentiate benign from malignant tissue; and to predict tumor recurrence or patient outcome. Multiple genome wide DNA methylation studies in breast and prostate cancer have identified genes that are differentially methylated in malignant tissue compared to non-malignant tissue or in association with hormone receptor status or tumor recurrence. Although this has identified potential biomarkers for diagnosis and prognosis, what is highlighted by reviewing these studies is the similarities between breast and prostate cancer. In particular, the gene families/pathways targeted by DNA methylation in breast and prostate cancer have significant overlap and include: homeobox genes, zinc finger transcription factors, S100 calcium binding proteins and potassium voltage-gated family members. Many of the gene pathways targeted by aberrant methylation in breast and prostate cancer are not targeted in other cancers, suggesting that some of these targets may be specific to hormonal cancers. Genome wide DNA methylation profiles in breast and prostate cancer will not only define more specific and sensitive biomarkers for cancer diagnosis and prognosis but also identify novel therapeutic targets, which may be direct targets of agents that reverse DNA methylation or which may target novel gene families that are themselves DNA methylation targets.

[871]

TÍTULO / TITLE: - Cytosolic phosphorylated EGFR is predictive of recurrence in early stage penile cancer patients: a retrospective study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Transl Med. 2013 Jul 2;11(1):161.

●● Enlace al texto completo (gratis o de pago) [1186/1479-5876-11-161](#)

AUTORES / AUTHORS: - Di Lorenzo G; Perdon S; Buonerba C; Sonpavde G; Gigantino V; Pannone G; Quarto G; Ferro M; Gaudio G; Terracciano D; Di Trollo R; Rescigno P; Botti G; De Placido S; Facchini G; Ascierto PA; Franco R

RESUMEN / SUMMARY: - BACKGROUND: Penile cancer (PC) is a rare tumor, and therapeutic options are limited for this disease, with an overall 5-year overall survival around 65-70%. Adjuvant therapy is not recommended for patients with N0-1 disease, despite up to 60% of these patients will die within 5 years from diagnosis. METHODS: Medical records of all patients who underwent radical surgery at University Federico II of Naples and at National Tumor Institute "Pascale" of Naples for early squamous cell carcinoma of the penis from January, 2000 to December, 2011 were retrieved. Paraffin wax embedded tissue specimens were retrieved from the pathology archives of the participating Institutions for all patients. Expression of p-EGFR, EGFR and positivity to HPV were evaluated along with other histological variables of interest. Demographic data of eligible patients were retrieved along with clinical characteristics such as type of surgical operation, time of follow up, time of recurrence, overall survival. A multivariable model was constructed using a forward stepwise selection procedure. RESULTS: Thirty eligible patients were identified. All patients were positive for EGFR by immunohistochemistry, while 13 and 16 were respectively positive for nuclear and cytosolic p-EGFR. No EGFR amplification was detected by FISH. Eight patients were positive for high-risk HPV by ISH. On univariable analysis, corpora cavernosa infiltration (OR 7.8; 95% CI = 0,8 to 75,6; P = 0,039) and positivity for cytosolic p-EGFR (OR 7.6; 95% CI = 1.49 to 50; P = 0.009) were predictive for recurrence, while only positivity for cytosolic p-EGFR (HR =9.0; 95% CI 1.0-100; P = 0,0116) was prognostic for poor survival. CONCLUSION: It is of primary importance to identify patients with N0-1 disease who are at increased risk of recurrence, as they do not normally receive any adjuvant therapy. Expression of p-EGFR was found in this series to be strongly related to increase risk of recurrence and shorter overall survival. This finding is consistent with the role of p-EGFR in other solid malignancies. Integration of p-EGFR with classic prognostic factors and other histology markers should be pursued to establish optimal adjuvant therapy for N0-1 PC patients.

[872]

TÍTULO / TITLE: - Ghrelin O-acyltransferase (GOAT) is expressed in prostate cancer tissues and cell lines and expression is differentially regulated in vitro by ghrelin.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - *Reprod Biol Endocrinol.* 2013 Jul 23;11(1):70. doi: 10.1186/1477-7827-11-70.

●● Enlace al texto completo (gratis o de pago) [1186/1477-7827-11-70](#)

AUTORES / AUTHORS: - Seim I; Jeffery PL; de Amorim L; Walpole CM; Fung J; Whiteside EJ; Lourie R; Herington AC; Chopin LK

INSTITUCIÓN / INSTITUTION: - Ghrelin Research Group, Translational Research Institute - Institute of Health and Biomedical Innovation, Queensland University

of Technology, 37 Kent St, Woolloongabba, Queensland, 4102, Australia.
l.chopin@qut.edu.au.

RESUMEN / SUMMARY: - BACKGROUND: Ghrelin is a 28 amino acid peptide hormone that is expressed in the stomach and a range of peripheral tissues, where it frequently acts as an autocrine/paracrine growth factor. Ghrelin is modified by a unique acylation required for it to activate its cognate receptor, the growth hormone secretagogue receptor (GHSR), which mediates many of the actions of ghrelin. Recently, the enzyme responsible for adding the fatty acid residue (octanoyl/acyl group) to the third amino acid of ghrelin, GOAT (ghrelin O-acyltransferase), was identified. METHODS: We used cell culture, quantitative real-time reverse transcription (RT)-PCR and immunohistochemistry to demonstrate the expression of GOAT in prostate cancer cell lines and tissues from patients. Real-time RT-PCR was used to demonstrate the expression of prohormone convertase (PC)1/3, PC2 and furin in prostate cancer cell lines. Prostate-derived cell lines were treated with ghrelin and desacyl ghrelin and the effect on GOAT expression was measured using quantitative RT-PCR. RESULTS: We have demonstrated that GOAT mRNA and protein are expressed in the normal prostate and human prostate cancer tissue samples. The RWPE-1 and RWPE-2 normal prostate-derived cell lines and the LNCaP, DU145, and PC3 prostate cancer cell lines express GOAT and at least one other enzyme that is necessary to produce mature, acylated ghrelin from proghrelin (PC1/3, PC2 or furin). Finally, ghrelin, but not desacyl ghrelin (unacylated ghrelin), can directly regulate the expression of GOAT in the RWPE-1 normal prostate derived cell line and the PC3 prostate cancer cell line. Ghrelin treatment (100nM) for 6 hours significantly decreased GOAT mRNA expression two-fold ($P < 0.05$) in the PC3 prostate cancer cell line, however, ghrelin did not regulate GOAT expression in the DU145 and LNCaP prostate cancer cell lines. CONCLUSIONS: This study demonstrates that GOAT is expressed in prostate cancer specimens and cell lines. Ghrelin regulates GOAT expression, however, this is likely to be cell-type specific. The expression of GOAT in prostate cancer supports the hypothesis that the ghrelin axis has autocrine/paracrine roles. We propose that the RWPE-1 prostate cell line and the PC3 prostate cancer cell line may be useful for investigating GOAT regulation and function.

[873]

TÍTULO / TITLE: - Prostate cancer diagnostics: now and in the future.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - MLO Med Lab Obs. 2013 Apr;45(4):20-2.

AUTORES / AUTHORS: - Cook BC

INSTITUCIÓN / INSTITUTION: - Beckman Coulter, Inc.

[874]

TÍTULO / TITLE: - Late Recurrence of Nonseminomatous Germ Cell Tumor Successfully Treated with Intensity-modulated Radiation Therapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Jpn J Clin Oncol. 2013 Aug;43(8):835-7. doi: 10.1093/jjco/hyt090. Epub 2013 Jul 17.

●● Enlace al texto completo (gratis o de pago) [1093/jjco/hyt090](#)

AUTORES / AUTHORS: - Kita Y; Imamura M; Mizowaki T; Norihisa Y; Yoshimura K; Hiraoka M; Ogawa O

INSTITUCIÓN / INSTITUTION: - *Department of Urology, Kyoto University Graduate School of Medicine, 54 Shogoin Kawahara-cho, Sakyo-ku, Kyoto, 606-8507, Japan. ogawao@kuhp.kyoto-u.ac.jp.

RESUMEN / SUMMARY: - We report the case of a 41-year-old man with a late recurrence of nonseminomatous germ cell tumor, which was successfully treated with intensity-modulated radiation therapy. For the residual retrocral tumor invading the 11th and 12th thoracic vertebrae with an abnormal level of tumor marker (alpha-fetoprotein: 23.2 ng/ml) after salvage chemotherapy, chemotherapy could not be continued due to its neurotoxicity, and surgery could not be performed due to the location. In this situation, intensity-modulated radiation therapy achieved a complete response of tumor marker. The patient remained in complete clinical remission after 3 years. The efficacy of radiotherapy, especially intensity-modulated radiation therapy, for a nonseminomatous germ cell tumor is discussed.

[875]

TÍTULO / TITLE: - Diabetes Mellitus with Obesity is a Predictor of Recurrence in Patients with Non-metastatic Renal Cell Carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Jpn J Clin Oncol. 2013 Jul;43(7):740-6. doi: 10.1093/jjco/hyt070. Epub 2013 May 31.

●● Enlace al texto completo (gratis o de pago) [1093/jjco/hyt070](#)

AUTORES / AUTHORS: - Fukushima H; Masuda H; Yokoyama M; Tatokoro M; Yoshida S; Ishioka J; Matsuoka Y; Numao N; Koga F; Saito K; Fujii Y; Kihara K

INSTITUCIÓN / INSTITUTION: - *Department of Urology, Tokyo Medical and Dental University, 1-5-45 Yushima, Bunkyo-ku, Tokyo 113-8519, Japan. hi-masu.uro@tmd.ac.jp.

RESUMEN / SUMMARY: - OBJECTIVE: To investigate the associations of diabetes mellitus with recurrence and prognosis after surgery for non-metastatic renal cell carcinoma and the effect modification of obesity on the above relationships. METHODS: We retrospectively evaluated 543 patients with non-metastatic renal cell carcinoma (pT1-4N0M0) who underwent radical or partial nephrectomy. The association of diabetes mellitus with recurrence was analyzed using the Kaplan-Meier method and the Cox regression model. We

also examined whether the above relationships were modified by obesity using subgroup analysis and tests of interaction. For subgroup analysis, the body mass index was categorized as non-obese (<25 kg/m²) and obese (≥25 kg/m²). RESULTS: Eighty-two patients (15.1%) had a history of diabetes mellitus. During the mean follow-up of 66.7 months, 68 patients (12.5%) developed recurrence. Although the body mass index was not associated with recurrence, diabetes mellitus was an independent predictor of recurrence in multivariate analysis (hazard ratio 2.43, P = 0.003), along with tumor diameter, grade and pathological T stage. In further subgroup analysis, the same relationship between diabetes mellitus and recurrence was clearly shown in the obese group (hazard ratio 4.07, P = 0.010), but not in the non-obese group (hazard ratio 1.95, P = 0.125). At the same time, obesity modified the effect of diabetes mellitus on recurrence with a trend (P-interaction = 0.086). In the obese group, 5-year recurrence-free survival rates were 75.3 and 91.9% for diabetes mellitus and non-diabetes mellitus patients, respectively (P < 0.001). Restricting analyses to patients with clear cell type histology did not materially change these results. CONCLUSIONS: Diabetes mellitus is a predictor of recurrence following surgery for non-metastatic renal cell carcinoma, especially in obese patients.

[876]

TÍTULO / TITLE: - Chromosomal structural variations during progression of a prostate epithelial cell line to a malignant metastatic state inactivate the NF2, NIPSNAP1, UGT2B17 and LPIN2 genes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Biol Ther. 2013 Jun 21;14(9).

AUTORES / AUTHORS: - Malhotra A; Shibata Y; Hall I; Dutta A

RESUMEN / SUMMARY: - Prostate cancer is the second highest cause of male cancer deaths in USA. A significant number of tumors advance to a highly invasive and metastatic stage, which is typically resistant to traditional cancer therapeutics. In order to identify chromosomal structural variants that may contribute to prostate cancer progression we sequenced the genomes of a HPV-18 immortalized nonmalignant human prostate epithelial cell line, RWPE1, and compared it to its malignant, metastatic derivative, WPE1-NB26. There were a total of 34 large (> 1 Mbp) and 38 small copy number variants (< 100Kbp) in WPE1-NB26 that were not present in the precursor cell line. We also identified and validated 46 structural variants present in the two cell lines, of which 23 were unique to WPE1-NB26. Structural variants unique to the malignant cell line inactivated: (a) the neurofibromin2 (NF2) gene, a known tumor suppressor; (b) its neighboring gene NIPSNAP1, another putative tumor suppressor that inhibits TRPV6, an anti-apoptotic oncogene implicated in prostate cancer progression; (c) UGT2B17, a gene that inactivates dihydrotestosterone, a known activator of prostate cancer progression; (d)

LPIN2, a phosphatidic acid phosphatase and a co-factor of PGC1 that is important for lipid metabolism and for suppressing autoinflammation. Our results illustrate the value of comparing the genomes of defined related pairs of cell lines to discover chromosomal structural variants that may contribute to cancer progression.

[877]

TÍTULO / TITLE: - Autophagy proteins in prostate cancer: Relation with anaerobic metabolism and Gleason score.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jun 17. pii: S1078-1439(13)00184-1. doi: 10.1016/j.urolonc.2013.04.003.

●● Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.04.003](#)

AUTORES / AUTHORS: - Giatromanolaki A; Sivridis E; Mendrinou S; Koutsopoulos AV; Koukourakis MI

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Democritus University of Thrace, University General Hospital of Alexandroupolis, Alexandroupolis, Greece. Electronic address: agiatrom@med.duth.gr.

RESUMEN / SUMMARY: - **OBJECTIVES:** Up-regulation of autophagy provides an important survival mechanism to normal and malignant cells residing in a hypoxic and unfavorable nutritional environment. Yet, its role in the biology of prostate cancer remains poorly understood. **METHODS:** In this study we investigated the expression of four major autophagy proteins, namely the microtubule-associated protein 1 light chain 3^a (LC3A), LC3B, Beclin 1, and p62, together with an enzyme of anaerobic metabolism, the lactate dehydrogenase 5 (LDH5), in relation to Gleason score and extraprostatic invasion. A series of 96 prostate adenocarcinomas was examined using immunohistochemical techniques and appropriate antibodies. **RESULTS:** The LC3A protein was expressed in the form of “stone-like” structures, and diffuse cytoplasmic staining, the LC3B reactivity was solely cytoplasmic, whereas that of p62 and LDH5 was both cytoplasmic and nuclear. A median count of 0.90 “stone-like” structures per 200x optical field (range 0-3.6) was highly associated with a high Gleason score. Similarly, a strong cytoplasmic LC3A, LC3B, and p62 expression, when extensive (present in >50% tumor cells per section), was significantly associated with LDH5 and a high Gleason score. In addition, extensive cytoplasmic p62 expression was related with LC3A and B reactivity and also with extraprostatic invasion. Extensive Beclin-1 expression was significantly linked with extraprostatic invasion and also with p62 and LDH5 expression. **CONCLUSIONS:** Immunohistochemical detection of autophagy proteins may potentially prove to be useful as prognostic markers and a tool for the stratification of patients in therapeutic trials targeting autophagy in prostate cancer.

[878]

TÍTULO / TITLE: - Differentiation of clear from non-clear cell renal cell carcinoma using CT washout formula.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Can J Urol. 2013 Jun;20(3):6790-7.

AUTORES / AUTHORS: - Kopp RP; Aganovic L; Palazzi KL; Cassidy FH; Sakamoto K; Derweesh IH

INSTITUCIÓN / INSTITUTION: - University of California San Diego School of Medicine, La Jolla, California, USA.

RESUMEN / SUMMARY: - INTRODUCTION: To further elucidate potential patterns of contrast enhancement for renal neoplasm subtypes, we investigated utility of contrast washout formula to differentiate renal tumor histology after multiphase computerized tomography (CT). MATERIALS AND METHODS: Single center retrospective cohort study of 163 patients with multiphase CT for renal masses obtained October 2007 to July 2012. Pathology confirmed clear cell (CC-RCC; n = 92), papillary (Pa-RCC; n = 43), chromophobe (Ch-RCC; n = 6), oncocytoma (OC; n = 11), or angiomyolipoma (AML; n = 11) histology. Two radiologists in consensus and blinded to histology recorded tumor size, morphology, and attenuation measurements in Hounsfield Units (HU). Data were analyzed between subgroups based on histology. Enhancement washout of the tumor was calculated by the formula (Mass nephrographic HU-Mass delayed HU)/(Mass nephrographic HU-Mass non-contrast HU) and used to calculate sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV). RESULTS: Tumor size was largest among CC-RCC ($p < 0.001$). Homogeneous composition was more common among Pa-RCC and Ch-RCC ($p < 0.001$). Median washout for Ch-RCC (0.27) was significantly different from that of OC (0.54, $p = 0.05$). Overall 25 (15.3%) of tumors had washout < 0 . Tumors with washout value < 0 were Pa-RCC 24/43 (56%), and Ch-RCC 1/6 (14%). Washout value < 0 had a specificity of 99.2% for Pa-RCC and 100% for non-CC-RCC. Washout value ≥ 0 had a sensitivity and NPV of 100% for CC-RCC, OC, and AML. Washout value ≥ 0 had a specificity of 35.2% and a PPV of 66.7% for CC-RCC. CONCLUSIONS: Enhancement washout value < 0 is highly specific for Pa-RCC and non-CC-RCC. Washout value ≥ 0 is highly sensitive for CC-RCC, OC, and AML while there was a significant difference in median washout between OC and Ch-RCC. Further prospective investigation is requisite to confirm these findings.

[879]

TÍTULO / TITLE: - Introduction of online adaptive radiotherapy for bladder cancer through a multicentre clinical trial (Trans-Tasman Radiation Oncology Group 10.01): Lessons learned.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Med Phys. 2013 Apr;38(2):59-66. doi: 10.4103/0971-6203.111308.

●● Enlace al texto completo (gratis o de pago) [4103/0971-6203.111308](#)

AUTORES / AUTHORS: - Pham D; Roxby P; Kron T; Rolfo A; Foroudi F

INSTITUCIÓN / INSTITUTION: - Department of Radiation Therapy Services, Peter MacCallum Cancer Centre, Melbourne, Australia.

RESUMEN / SUMMARY: - Online adaptive radiotherapy for bladder cancer is a novel radiotherapy technique that was found feasible in a pilot study at a single academic institution. In September 2010 this technique was opened as a multicenter study through the Trans-Tasman Radiation Oncology Group (TROG 10.01 bladder online adaptive radiotherapy treatment). Twelve centers across Australia and New-Zealand registered interest into the trial. A multidisciplinary team of radiation oncologists, radiation therapists and medical physicists represented the trial credentialing and technical support team. To provide timely activation and proper implementation of the adaptive technique the following key areas were addressed at each site: Staff education/training; Practical image guided radiotherapy assessment; provision of help desk and feedback. The trial credentialing process involved face-to-face training and technical problem solving via full day site visits. A dedicated "help-desk" team was developed to provide support for the clinical trial. 26% of the workload occurred at the credentialing period while the remaining 74% came post-center activation. The workload was made up of the following key areas; protocol clarification (36%), technical problems (46%) while staff training was less than 10%. Clinical trial credentialing is important to minimizing trial deviations. It should not only focus on site activation quality assurance but also provide ongoing education and technical support.

[880]

TÍTULO / TITLE: - An analysis of the factors influencing radiation dose and fluoroscopic time during renal artery stent placement.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Vasc Endovascular Surg. 2013 Aug;47(6):462-6. doi: 10.1177/1538574413495460. Epub 2013 Jul 12.

●● Enlace al texto completo (gratis o de pago) [1177/1538574413495460](#)

AUTORES / AUTHORS: - McBride J; Schueler B; Oderich G; Misra S

INSTITUCIÓN / INSTITUTION: - 1Division of Vascular and Interventional Radiology, Mayo Clinic, Rochester, MN, USA.

RESUMEN / SUMMARY: - Purpose: To determine the factors that affect mean absorbed dose and fluoroscopic times during renal artery stent placement. Materials and Methods: After institutional review board approval, the HI-IQ database was queried for patients undergoing renal artery stent placement only

from January 2007 to June 2010. Procedures that were performed as part of other procedures such as iliac artery stents were excluded. The HI-IQ data included fluoroscopy time (f) and radiation dose (mGy). Demographic, medical history, procedural details, and advanced preprocedural renal artery stent imaging were obtained. Variables (number of stents, average body mass index , number of stents placed per year and number of years' service of an interventional physician, pre-procedural imaging, and use of embolic protection device) were analyzed using a t test after log transformation and testing for variance with an F test. Results: A total of 134 patients (75 males, 70.6 +/- 10.5 years old) underwent the placement of 177 renal artery stents (unilateral [n = 95], average stent per patient = 1.3). Mean fluoroscopy time was 15.6 minutes and mean absorbed dose to the patient was 1729 mGy. The average fluoroscopic time and absorbed dose was significantly higher with bilateral stent placement compared to unilateral placement (13.8 vs 19.7 minutes, P = .002; 1803 vs 2380 mGy, P = .03). The average fluoroscopic time was significantly higher in patients undergoing abdominal aortogram prior to renal artery selection and stent placement. Conclusion: The placement of more than 1 stent with an abdominal angiogram prior to renal artery stent placement results in increased fluoroscopic time and mean absorbed dose.

[881]

TÍTULO / TITLE: - Functional and molecular imaging: applications for diagnosis and staging of localised prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Oncol (R Coll Radiol). 2013 Aug;25(8):451-60. doi: 10.1016/j.clon.2013.05.001. Epub 2013 May 27.

●● Enlace al texto completo (gratis o de pago) [1016/j.clon.2013.05.001](#)

AUTORES / AUTHORS: - Turkbey B; Mena E; Aras O; Garvey B; Grant K; Choyke PL

INSTITUCIÓN / INSTITUTION: - Molecular Imaging Program, National Cancer Institute, National Institutes of Health, Bethesda, MD, USA. Electronic address: turbeyi@mail.nih.gov.

RESUMEN / SUMMARY: - Prostate cancer is currently the most common solid organ cancer type among men in the Western world. Currently, all decision-making algorithms and nomograms rely on demographics, clinicopathological data and symptoms. Such an approach can easily miss significant cancers while detecting many insignificant cancers. In this review, novel functional and molecular imaging techniques used in the diagnosis and staging of localised prostate cancer and their effect on treatment decisions are discussed.

[882]

TÍTULO / TITLE: - Seminal vesicle abscess following prostate biopsy requiring transgluteal percutaneous drainage.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Can J Urol. 2013 Jun;20(3):6811-4.

AUTORES / AUTHORS: - Bayne CE; Davis WA; Rothstein CP; Engel JD

INSTITUCIÓN / INSTITUTION: - The George Washington University Hospital, Washington, DC, USA.

RESUMEN / SUMMARY: - Transrectal ultrasound guided biopsy (TRUSB) of the prostate directly contaminates the prostate with rectal flora. Patients commonly receive fluoroquinolone (FQ) antibiotics to prevent infection. Infectious complications following TRUSB are increasing. The most common offending organism is Escherichia coli (E. coli), with isolates of this bacteria showing growing resistance to FQs. We present to our knowledge the first reported case of seminal vesicle abscess formation after TRUSB. The abscess was initially not seen on computed tomography and eventually treated with percutaneous drainage by a transgluteal approach. We review literature on infectious complications following TRUSB with implications for future antibiotic prophylaxis.

[883]

TÍTULO / TITLE: - Case report: multimodality imaging of a cystic nephroma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiol Technol. 2013 Jul-Aug;84(6):559-66.

AUTORES / AUTHORS: - Bagley JE; Berry JL; McMurrian K

RESUMEN / SUMMARY: - Cystic nephroma is a rare, benign, cystic neoplasm of the kidney. Its defining features include a discrete, complex cystic mass with multiple thin septations. Cystic nephroma often is confused with many different complex cystic masses of the kidney such as mixed epithelial stromal tumors, Wilms tumors, and cystic renal cell carcinoma. Patients typically do not present with symptoms, and it is often an incidental finding on imaging procedures for other diagnoses. Treatment for cystic nephroma can vary from frequent follow-up to nephrectomy or kidney-sparing surgery.

[884]

TÍTULO / TITLE: - Adverse Reactions Related to Treatment Compliance During BCG Maintenance Therapy for Non-muscle-invasive Bladder Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Jpn J Clin Oncol. 2013 Aug;43(8):827-34. doi: 10.1093/jjco/hyt086. Epub 2013 Jul 14.

●● [Enlace al texto completo \(gratis o de pago\) 1093/jjco/hyt086](#)

AUTORES / AUTHORS: - Miyazaki J; Hinotsu S; Ishizuka N; Naito S; Ozono S; Akaza H; Nishiyama H

INSTITUCIÓN / INSTITUTION: - *Department of Urology, Institute of Clinical Medicine, University of Tsukuba, Tsukuba, 1-1-1 Tennoudai, Tsukuba City, Ibaraki, 305-8575 Japan. nishiuro@md.tsukuba.ac.jp.

RESUMEN / SUMMARY: - **OBJECTIVE:** The aim of the study was to investigate the factor of adverse reactions related to compliance with Mycobacterium bovis bacillus Calmette-Guerin maintenance therapy in patients with high-risk non-muscle-invasive bladder cancer. **METHODS:** This study was a post hoc analysis using the database of a randomized controlled trial that examined the efficacy of bacillus Calmette-Guerin (Connaught strain) maintenance therapy. Among the 42 patients assigned to the bacillus Calmette-Guerin maintenance therapy group, six patients dropped out or withdrew consent before the bacillus Calmette-Guerin maintenance therapy. The adverse reactions and clinical backgrounds of the remaining 36 patients who underwent bacillus Calmette-Guerin maintenance therapy were compared between the two groups: the patients who completed the bacillus Calmette-Guerin maintenance therapy (the Completed group), and those who discontinued the bacillus Calmette-Guerin maintenance therapy (the Discontinued group). **RESULTS:** Of the 36 patients who underwent bacillus Calmette-Guerin maintenance therapy, 15 (41.7%) were in the Completed group and 21 (58.3%) were in the Discontinued group. Local adverse reactions (\geq G2) were observed during maintenance therapy in 86.7% of the Completed group and 95.2% of the Discontinued group. As for adverse reactions during the induction therapy (bacillus Calmette-Guerin induction therapy), the frequencies of gross hematuria and systemic adverse reactions (any grade) tended to be higher in the Discontinued group than in the Completed group, although not significantly so. In the Cochran-Armitage trend test, the linear T trend (i.e. the trend in the risk of an increased rate of discontinuation according to gross hematuria and systemic adverse reactions with bacillus Calmette-Guerin induction therapy) was statistically significant ($P = 0.0179$). **CONCLUSIONS:** Most patients who completed bacillus Calmette-Guerin maintenance therapy experienced local adverse reactions (\geq G2) during the maintenance therapy. Gross hematuria and systemic adverse reactions during bacillus Calmette-Guerin induction therapy might be related to the discontinuation of bacillus Calmette-Guerin maintenance therapy because of severe adverse reactions.

[885]

TÍTULO / TITLE: - Accrual of non-melanoma skin cancer in renal-transplant recipients: Experience of a Victorian tertiary referral institution.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Australas J Dermatol. 2013 Jun 28. doi: 10.1111/ajd.12072.

●● Enlace al texto completo (gratis o de pago) [1111/ajd.12072](#)

AUTORES / AUTHORS: - Ng JC; Cumming S; Leung V; Chong AH

INSTITUCIÓN / INSTITUTION: - Skin and Cancer Foundation Inc., Melbourne, Victoria, Australia.

RESUMEN / SUMMARY: - BACKGROUND: Cutaneous carcinogenesis is increased in immunosuppressed organ transplant recipients (OTR). Tumour accrual is a useful measure for the rate of cutaneous carcinogenesis. There are few studies in tumour accrual rates in OTR in Australia. METHODS: This was a prospective study of renal transplant recipients in a single tertiary referral centre over 5 years (60 months). Outcome measures included tumour accrual, and numbers of skin cancers according to clinical risk factors (age, sex, anatomical location, skin phototype, duration of immunosuppression, history of graft rejection, acitretin use, occupational sun exposure and family history of skin cancer). RESULTS: A total of 142 patients were included in the study, with a median follow-up duration of 1.9 years. Of these patients, 53 (37%) developed a total of 341 invasive non-melanoma skin cancers (NMSC) (253 squamous cell carcinoma [SCC] and 88 basal cell carcinoma [BCC]) over the study period. Accrual for SCC and BCC were 0.89 SCC/patient per year and 0.31 BCC/patient per year, respectively. The overall NMSC accrual was 1.20 NMSC/patient per year. SCC accrual increased with the duration of immunosuppression. NMSC accrual increased with a history of graft rejection. CONCLUSIONS: The current study provides prospective, histologically verified and quantitative evidence for the increase of cutaneous carcinogenesis in renal transplant recipients in Victoria, Australia.

[886]

TÍTULO / TITLE: - Chromosome X-encoded Cancer/Testis antigens are less frequently expressed in non-seminomatous germ cell tumors than in seminomas.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Immun. 2013 May 10;13:10. Print 2013.

AUTORES / AUTHORS: - Chen YT; Cao D; Chiu R; Lee P

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, Weill Cornell Medical College, New York, NY, USA ; Ludwig Institute for Cancer Research, New York Branch, New York, NY, USA.

RESUMEN / SUMMARY: - Cancer/Testis (CT) antigens are normally only expressed in germ cells and yet are aberrantly activated in a wide variety of human cancers. Most chromosome X-encoded CT antigens (CT-X) show restricted expression in pre-meiotic germ cells in adult testis, except for the expression of SPANX in post-meiotic germ cells. In the present study, the expression of eight CT-X antigens (MAGE-A, NY-ESO-1, GAGE, MAGE-C1/CT7, MAGE-C2/CT10, CT45, SAGE1, and SPANX) in non-seminomatous germ cell tumors was evaluated immunohistochemically, including 24 embryonal carcinomas, 20 yolk sac tumors, 9 teratomas, and 3 choriocarcinomas, and the results were compared to our previous study of 77

classic seminomas and 2 spermatocytic seminomas. SPANX was not detected in any germ cell tumors tested. Spermatocytic seminoma showed strong expression of all CT-X antigens tested (except SPANX), reflecting their origin from adult CT-X-positive pre-meiotic germ cells. Classic seminomas, originating from prenatal gonocytes, showed widely variable frequency of CT-X antigen expression, ranging from > 80% (CT7, CT10, CT45, and GAGE), 63% (MAGE-A), 18% (NY-ESO-1) to only 4% (SAGE1). In comparison, non-seminomatous germ cell tumors expressed CT-X antigens much less frequently and usually only in small subsets of tumor cells. Intratubular germ cell neoplasia (ITGCN) were mostly CT-X-negative, even in CT-X positive classic seminomas. These findings indicate that CT-X antigens are not expressed in the fetal precursor cells for germ cell tumors, and their expression likely reflects germ cell differentiation of the neoplastic cells (in seminomas) or aberrant gene activation as cancer antigens (in non-seminomatous tumors).

[887]

TÍTULO / TITLE: - Method for data analysis in different institutions: Example of image guidance of prostate cancer patients.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Phys Med. 2013 May 28. pii: S1120-1797(13)00057-4. doi: 10.1016/j.ejmp.2013.05.001.

- Enlace al texto completo (gratis o de pago)

[1016/j.ejmp.2013.05.001](#)

AUTORES / AUTHORS: - Piotrowski T; Rodrigues G; Bajon T; Yartsev S

INSTITUCIÓN / INSTITUTION: - Department of Medical Physics, Greater Poland Cancer Centre, Poznan, Poland; Department of Electroradiology, University of Medical Sciences, Poznan, Poland. Electronic address:

tomasz.piotrowski@me.com.

RESUMEN / SUMMARY: - Multi-institutional collaborations allow for more information to be analyzed but the data from different sources may vary in the subgroup sizes and/or conditions of measuring. Rigorous statistical analysis is required for pooling the data in a larger set. Careful comparison of all the components of the data acquisition is indispensable: identical conditions allow for enlargement of the database with improved statistical analysis, clearly defined differences provide opportunity for establishing a better practice. The optimal sequence of required normality, asymptotic normality, and independence tests is proposed. An example of analysis of six subgroups of position corrections in three directions obtained during image guidance procedures for 216 prostate cancer patients from two institutions is presented.

[888]

TÍTULO / TITLE: - The changing roles of steroid nuclear receptors with prostate cancer progression.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Endocr Relat Cancer. 2013 Jul 4;20(4):C9-C11. doi: 10.1530/ERC-13-0193. Print 2013.

●● Enlace al texto completo (gratis o de pago) [1530/ERC-13-0193](#)

AUTORES / AUTHORS: - Savoy RM; Ghosh PM

INSTITUCIÓN / INSTITUTION: - Departments of Urology Biochemistry and Molecular Medicine, University of California Davis, Sacramento, California, USA VA Northern California Health Care System, Sacramento, California, USA.

RESUMEN / SUMMARY: - Estrogens were once used for the treatment of prostate cancer (PC). They may still be used in various parts of the world to that effect. Recent developments in the understanding of a role for estrogen receptor beta (ERbeta) in the development and progression of this disease resurrect the discussion on the intertwined roles of ERbeta and the androgen receptor (AR) in promoting PC. A new article by Zellweger et al. in Endocrine-Related Cancer investigates the expression and assesses the activity of ERalpha and ERbeta as well as the AR, in addition to a phosphorylated form of AR in hormone-naive and castration-resistant PC.

[889]

TÍTULO / TITLE: - Pre- and postnatal toxicity of diazinon induces disruption of spermatogenic cell line evidenced by increased testicular marker enzymes activities in rat offspring.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Environ Pathol Toxicol Oncol. 2013;32(1):73-90.

AUTORES / AUTHORS: - Jayachandra S; D'Souza UJ

INSTITUCIÓN / INSTITUTION: - School of Medicine, Universiti Malaysia Sabah, 88400 Kota Kinabalu Sabah, Malaysia.

RESUMEN / SUMMARY: - The objective of this study was to study the possible reproductive adverse effects of the diazinon on rat offspring exposed in utero and during lactation. Dams were gavaged daily (10, 15, and 30 mg/kg) before mating, during mating, and during pregnancy and lactation in separate groups. Reproductive outcome data of dams were examined. Body weight, testis weight, testicular marker enzyme activities (alkaline phosphatase, acid phosphatase, lactate dehydrogenase, and glucose-6-phosphate dehydrogenase), qualitative and quantitative testicular and epididymal histology, and immunohistochemistry for 3-beta-hydroxysteroid dehydrogenase (HSD) were examined in male offspring at puberty and adulthood. The 30-mg/kg dose induced significant adverse effects at both puberty and adulthood in offspring. At puberty the male offspring showed a decrease in testicular weight, degenerative changes, and 3-beta-HSD. Moreover, an increase in activity of alkaline and acid phosphatase also was observed. At adulthood, there was a

decrease in testicular weight and 3-beta-HSD with an increase in the levels of testicular marker enzyme. There was evidence of some adverse reproductive effects in male offspring at the 15-mg/kg dose. Most of the adverse effects were irreversible and were evident at both puberty and adulthood in offspring, although a few parameters reverted back to the normal growth pattern. Hence, diazinon is a reproductive toxicant in male offspring, which caused significant damage to the testes when exposed during prenatal and postnatal life.

[890]

TÍTULO / TITLE: - Survival patterns of patients on maintenance hemodialysis for end stage renal disease in Ethiopia: summary of 91 cases.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BMC Nephrol. 2013 Jun 19;14:127. doi: 10.1186/1471-2369-14-127.

●● Enlace al texto completo (gratis o de pago) [1186/1471-2369-14-127](#)

AUTORES / AUTHORS: - Shibiru T; Gudina EK; Habte B; Derbew A; Agonafer T

INSTITUCIÓN / INSTITUTION: - Jimma University, Jimma, Ethiopia.

esakgd@gmail.com.

RESUMEN / SUMMARY: - BACKGROUND: The increasing incidence and prevalence of chronic kidney disease is an important challenge for health systems around the world. Access for care of the disease in Ethiopia is extremely limited. The main purpose of the study was to investigate survival pattern and assess risk factors for poor outcome of patients on maintenance hemodialysis for end stage renal disease in Ethiopia. METHODS: Medical records of patients on maintenance hemodialysis for end stage renal disease at Saint Gabriel General Hospital between 2002 and 2010 were reviewed. The data was collected by complete review of patient's clinical data. Descriptive statistics was used for most variables and Chi-square test, where necessary, was used to test the association among various variables. Kaplan-Meier survival analysis was done to assess both short and long term survival. P-values of < 0.05 were considered as statistically significant. RESULTS: A total of 190 patients were registered for hemodialysis at the hospital 91 of which were included in the final assessment. Mean age at dialysis initiation was 58 +/- 15 years. Fifty-five (60.4%) of the patients had prior history of diabetes. Almost all of them had serum creatinine of > 5mg/dl and some degree of anemia at dialysis initiation. Forty-one (45.1%) deaths occurred during dialysis treatment and 21 (23.1%) of patients died within the first 90 days of starting dialysis. Only 42.1% of them survived longer than a year. The frequently registered causes of death were septicemia (34.1%) and cardiovascular diseases (29.3%). Use of catheter as vascular access was associated with decreased short term and long term survival. CONCLUSION: Dialysis as treatment modality is extremely scarce in Ethiopia and affordable to only the rich. Survival pattern in those on the treatment is less satisfactory and short of usual standards in the developed

world and needs further investigation. We thus recommend a large scale analysis of national dialysis registry at all dialysis centers in the country.

[891]

TÍTULO / TITLE: - Taxane- and epothilone-based chemotherapy: from molecule cargo cytoskeletal logistics to management of castration-resistant prostate carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Rev Med Pharmacol Sci. 2013 Jun;17(12):1658-64.

AUTORES / AUTHORS: - Alberti C

INSTITUCIÓN / INSTITUTION: - L.D. of Surgical Semeiotics, Parma, Italy.

eneide94@gmail.com

RESUMEN / SUMMARY: - Challenges in the discovery of more potent agents to treat the castration-resistant prostate carcinoma (CRPC) reflect the frustrating condition due to development of its drug-resistance in addition to hormone-refractoriness. Although among the different CRPC therapy modalities, the chemotherapy regimens might seem conceptually outclassed as exhibiting a scant tumor cell-selectivity if compared with new molecular mechanism-based agents (so-called “smart drugs”), nevertheless, combo-therapies which combine the chemotherapeutic highly killing potential with specific mechanism-targeting products, seem to be effective antitumor measures. Thus, both microtubule (taxanes, epothilones, noscapine, Vinca-derivatives) and actin filament (pertenotoxins, cytochalasin D)-targeting agents may supply valuable outcomes in CRPC, either alone or in combination with “smart drugs” such as tyrosine- or multi-kinase receptor blockers, mTOR (mammalian target of rapamycin) inhibitors, monoclonal antibodies against various growth factor signaling receptors. Among the microtubule-inhibiting drugs, taxanes are able, by binding the tubulin, to cause polymerization and stabilization of the microtubules with following suppression of their dynamic properties at the mitotic spindle, that results in cancer cell cycle block at G2/M phase together with apoptosis. Cabazitaxel, a novel taxane-based agent, unlike other taxane compounds, exhibits low propensity for P-glycoprotein (Pgp)-mediated plasmalemmal drug efflux pump, thus, avoiding the development of taxane-resistance. Epothilones are a family of novel microtubule-targeting drugs, like taxane inhibiting microtubule dynamic behaviour at mitotic spindle and, therefore, preventing cancer cells from mitosis. Unlike docetaxel and paclitaxel, epothilones maintain their cytotoxic performance even in cancer overexpressing Pgp. Epothilone B-promoted radiosensitivity enhancement has been shown in radioresistant human prostate cancer cells, because such agent is able to delay DNA- strand break repair together with prolonging cell cycle block. To insightfully understand either microtubule or actin filament meshwork-targeting drug pharmacodynamics, functional cytoskeletal features such as cytoskeleton-related molecule cargo logistics, are preliminary taken into consideration.

[892]

TÍTULO / TITLE: - Chronic chlorpyrifos exposure does not promote prostate cancer in prostate specific PTEN mutant mice.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Environ Pathol Toxicol Oncol. 2013;32(1):29-39.

AUTORES / AUTHORS: - Svensson RU; Bannick NL; Marin MJ; Robertson LW; Lynch CF; Henry MD

INSTITUCIÓN / INSTITUTION: - Department of Molecular Physiology and Biophysics, University of Iowa, Iowa City, IA 52242, USA.

RESUMEN / SUMMARY: - Environmental factors are likely to interact with genetic determinants to influence prostate cancer progression. The Agricultural Health Study has identified an association between exposure to organophosphorous pesticides including chlorpyrifos, and increased prostate cancer risk in pesticide applicators with a first-degree family history of this disease. Exploration of this potential gene-environment interaction would benefit from the development of a suitable animal model. Utilizing a previously described mouse model that is genetically predisposed to prostate cancer through a prostate-specific heterozygous PTEN deletion, termed C57/Luc/Pten^{+/-}, we used bioluminescence imaging and histopathological analyses to test whether chronic exposure to chlorpyrifos in a grain-based diet for 32 weeks was able to promote prostate cancer development. Chronic exposure to chlorpyrifos in the diet did not promote prostate cancer development in C57/Luc/Pten^{+/-} mice despite achieving sufficient levels to inhibit acetylcholinesterase activity in plasma. We found no significant differences in numbers of murine prostatic intraepithelial neoplasia lesions or disease progression in chlorpyrifos versus control treated animals up to 32 weeks. The mechanistic basis of pesticide-induced prostate cancer may be complex and may involve other genetic variants, multiple genes, or nongenetic factors that might alter prostate cancer risk during pesticide exposure in agricultural workers.

[893]

TÍTULO / TITLE: - Tumor Necrosis Factor Alpha Promoter Polymorphism and Severity of Acute Kidney Injury.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Nephron Clin Pract. 2013 Jun 21;123(1-2):67-73.

●● [Enlace al texto completo \(gratis o de pago\) 1159/000351684](#)

AUTORES / AUTHORS: - Susantitaphong P; Perianayagam MC; Tighiouart H; Liangos O; Bonventre JV; Jaber BL

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Division of Nephrology, Kidney and Dialysis Research Laboratory, St. Elizabeth's Medical Center, Tufts University School of Medicine, Boston, Mass., USA.

RESUMEN / SUMMARY: - Background: Tumor necrosis factor-alpha is a proinflammatory cytokine that has been implicated in the pathobiology of acute kidney injury (AKI). Methods: We explored the association of a functional polymorphism in the promoter region (rs1800629) of the TNFA gene with severity of AKI, as defined by level of glomerular filtration (serum cystatin C and creatinine) and tubular injury (urinary NAG, KIM-1, alpha-GST, and pi-GST) markers, in 262 hospitalized adults. Results: In unadjusted analyses, compared with the GG genotype, the TNFA GA and AA genotype groups tended to have higher enrollment (p = 0.08), peak (p = 0.004), and discharge (p = 0.004) serum creatinine levels, and the AA genotype tended to have a higher enrollment serum cystatin C level (p = 0.04). Compared with the GG genotype, the TNFA GA and AA genotype groups tended to have a higher urinary KIM-1 level (p = 0.03), and the AA genotype group tended to have a higher urinary pi-GST level (p = 0.03). After adjustment for sex, race, age, baseline estimated glomerular filtration rate, sepsis, and dialysis requirement, compared with the GG genotype, the TNFA minor A-allele group had a higher peak serum creatinine of 1.03 mg/dl (0.43, 1.63; p = 0.001) and a higher urinary KIM-1 (relative ratio: 1.73; 95% CI: 1.16, 2.59; p = 0.008). The TNFA minor A-allele group also had a higher Multiple Organ Failure score of 0.26 (95% CI: 0.03, 0.49; p = 0.024) after adjustment for sex, race, age, and sepsis. Conclusions: The TNFA rs1800629 gene polymorphism is associated with markers of kidney disease severity and distant organ dysfunction among patients with AKI. Larger studies are needed to confirm these relationships.

[894]

TÍTULO / TITLE: - On call. I have read several news reports that claim finasteride, which I take for my prostate problem, can cause permanent impotence. Should I be concerned?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Harv Mens Health Watch. 2013 Jan;17(6):2.

AUTORES / AUTHORS: - Kormos W

[895]

TÍTULO / TITLE: - CCL2 increases alphavbeta3 integrin expression and subsequently promotes prostate cancer migration.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Biochim Biophys Acta. 2013 Oct;1830(10):4917-27. doi: 10.1016/j.bbagen.2013.06.033. Epub 2013 Jul 9.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1016/j.bbagen.2013.06.033](#)

AUTORES / AUTHORS: - Lin TH; Liu HH; Tsai TH; Chen CC; Hsieh TF; Lee SS; Lee YJ; Chen WC; Tang CH

INSTITUCIÓN / INSTITUTION: - School of Chinese Medicine, China Medical University, Taichung, Taiwan; Department of Urology, Buddhist Tzu Chi General Hospital Taichung Branch, Taichung, Taiwan.

RESUMEN / SUMMARY: - **BACKGROUND:** Chemokine ligand 2 (CCL2), also known as monocyte chemoattractant protein-1 (MCP-1), belongs to the CC chemokine family which is associated with the disease status and outcomes of cancers. Prostate cancer is the most commonly diagnosed malignancy in men and shows a predilection for metastasis to the bone. However, the effect of CCL2 on human prostate cancer cells is largely unknown. The aim of this study was to examine the role of CCL2 in integrin expression and migratory activity in prostate cancers. **METHODS:** Prostate cancer migration was examined using Transwell, wound healing, and invasion assay. The PKCdelta and c-Src phosphorylations were examined by using western blotting. The qPCR was used to examine the mRNA expression of integrins. A transient transfection protocol was used to examine AP-1 activity. **RESULTS:** Stimulation of prostate cancer cell lines (PC3, DU145, and LNCaP) induced migration and expression of integrin alphavbeta3. Treatment of cells with alphavbeta3 antibody or siRNA abolished CCL2-increased cell migration. CCL2-increased migration and integrin expression were diminished by CCR2 but not by CCR4 inhibitors, suggesting that the CCR2 receptor is involved in CCL2-promoted prostate cancer migration. CCL2 activated a signal transduction pathway that includes PKCdelta, c-Src, and AP-1. Reagents that inhibit specific components of this pathway each diminished the ability of CCL2 to effect cell migration and integrin expression. **CONCLUSIONS:** Interaction between CCL2 and CCR2 enhances migration of prostate cancer cells through an increase in alphavbeta3 integrin production. **GENERAL SIGNIFICANCE:** CCL2 is a critical factor of prostate cancer metastasis.

[896]

TÍTULO / TITLE: - Inhibition of ABCB1 expression overcomes acquired docetaxel resistance in prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Mol Cancer Ther. 2013 Jul 16.

●● Enlace al texto completo (gratis o de pago) [1158/1535-7163.MCT-13-0208](#)

AUTORES / AUTHORS: - Zhu Y; Liu C; Nadimity N; Lou W; Tummala R; Evans CP; Gao AC

INSTITUCIÓN / INSTITUTION: - 1Department of Urology, University of California at Davis.

RESUMEN / SUMMARY: - Docetaxel is the first-line standard treatment for castration resistant prostate cancer (CRPC). However, relapse eventually occurs due to the development of resistance to docetaxel. In order to unravel the mechanism of acquired docetaxel resistance, we established docetaxel-

resistant prostate cancer cells, TaxR, from castration resistant C4-2B prostate cancer cells. The IC50 for docetaxel in TaxR cells was about 70-fold higher than parental C4-2B cells. Global gene expression analysis revealed alteration of expression of a total of 1604 genes with 52% being upregulated and 48% downregulated. ABCB1, which belongs to the ATP-binding cassette (ABC) transporter family, was identified among the top upregulated genes in TaxR cells. The role of ABCB1 in the development of docetaxel resistance was examined. Knockdown of ABCB1 expression by its specific shRNA or inhibitor resensitized docetaxel resistant TaxR cells to docetaxel treatment by enhancing apoptotic cell death. Furthermore, we identified that apigenin, a natural product of the flavone family, inhibits ABCB1 expression and resensitizes docetaxel resistant prostate cancer cells to docetaxel treatment. Collectively, these results suggest that overexpression of ABCB1 mediates acquired docetaxel resistance and targeting ABCB1 expression could be potential approach to resensitize docetaxel resistant prostate cancer cells to docetaxel treatment.

[897]

TÍTULO / TITLE: - Effect of metformin on prostate cancer outcomes after radical prostatectomy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jun 27. pii: S1078-1439(13)00205-6. doi: 10.1016/j.urolonc.2013.05.005.

- Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.05.005](#)

AUTORES / AUTHORS: - Kaushik D; Karnes RJ; Eisenberg MS; Rangel LJ; Carlson RE; Bergstralh EJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, Mayo Clinic, Rochester, MN.

RESUMEN / SUMMARY: - OBJECTIVE: Recent studies have shown a relative risk reduction in the incidence of prostate cancer in patients taking metformin. However, there are conflicting findings on the effect of metformin on established cases of prostate cancer. In this study we evaluated the effect of metformin on survival and pathologic outcomes in established prostate cancer. MATERIALS AND METHODS: We retrospectively identified 12,052 patients who underwent radical prostatectomy between 1997 and 2010 at Mayo Clinic. Among these, 885 (7.3%) were diabetics, including 323 taking and 562 not taking metformin. Kaplan-Meier method was utilized to calculate rates of biochemical recurrence (BCR), systemic progression (SP), and all-cause mortality (ACM). Cox models were used to estimate the metformin hazard ratio (HR) adjusted for clinical and pathologic variables. RESULTS AND CONCLUSIONS: Median follow-up was 5.1 years. In univariate analysis, metformin HR (95% confidence intervals) was not significant for BCR (1.13 [0.84, 1.52]; P = 0.40), SP (1.37 [0.69, 2.72]; P = 0.37), and ACM (1.32 [0.84, 2.05]; P = 0.23). After adjusting for covariates of

interest, the HRs for metformin among diabetics remained nonsignificant for BCR (0.91 [0.67, 1.24]; P = 0.55), SP (0.83 [0.39, 1.74]; P = 0.62); and ACM (1.16 [0.73, 1.86]; P = 0.53). No significant difference was seen between metformin users and nonusers in the final pathologic Gleason score (P = 0.33), stage (P = 0.1), rate of positive surgical margins (P = 0.29), or tumor volume (P = 0.76). Metformin use was not associated with a risk reduction in BCR, SP, or ACM. Besides presenting survival data, our results describing metformin's effect on final pathology are unique.

[898]

TÍTULO / TITLE: - Tumor-to-tumor metastasis (TTM) of breast carcinoma within a solitary renal angiomyolipoma: A case report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Pathol Res Pract. 2013 Jul 3. pii: S0344-0338(13)00173-8. doi: 10.1016/j.prp.2013.06.011.

●● Enlace al texto completo (gratis o de pago) 1016/j.prp.2013.06.011

AUTORES / AUTHORS: - Amin M; Radkay L; Pantanowitz L; Fine J; Parwani A

INSTITUCIÓN / INSTITUTION: - Department of Pathology, University of Pittsburgh Medical Center, Pittsburgh, PA, United States. Electronic address: milan.amin@outlook.com.

RESUMEN / SUMMARY: - Angiomyolipomas of the kidney have been known to harbor malignant neoplasms including renal cell carcinoma. We report a case of a tumor-to-tumor metastasis (TTM) involving metastatic breast carcinoma and angiomyolipoma. The patient was a 67-year-old female with a history of invasive ductal carcinoma of the breast. Follow-up positron emission tomography 9 years later revealed a left renal mass, suspicious for a primary renal neoplasm, as well as a suspicious subpectoral lymph node. An ultrasound-guided needle biopsy of the lymph node demonstrated metastatic breast carcinoma. The patient underwent a left radical nephrectomy. Pathologic examination demonstrated an ill-defined 2cm estrogen receptor (ER)-positive metastatic breast carcinoma within a 6cm angiomyolipoma. To our knowledge, this is the first reported case of metastatic breast carcinoma to a solitary renal angiomyolipoma. This case highlights the importance of a patient's prior history of malignancy, as well as appropriate sampling of renal neoplasms.

[899]

TÍTULO / TITLE: - Pericarditis and Pulmonary Artery Stenosis Due to an Extragonadal Non-seminomatous Germ Cell Tumor: Case Report and Review of the Literature.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Emerg Med. 2013 Jul 25. pii: S0736-4679(13)00517-9. doi: 10.1016/j.jemermed.2013.05.020.

- Enlace al texto completo (gratis o de pago)

[1016/j.jemermed.2013.05.020](https://doi.org/10.1016/j.jemermed.2013.05.020)

AUTORES / AUTHORS: - Armstrong MA; Pollock GF

INSTITUCIÓN / INSTITUTION: - Staff Emergency Physician, Captain USAF, Mike O'Callaghan Federal Medical Center, Nellis Air Force Base, Nevada.

RESUMEN / SUMMARY: - BACKGROUND: Chest pain is a common complaint in the Emergency Department that rarely can be attributed to anterior mediastinal masses. OBJECTIVES: We review the differential diagnosis for anterior mediastinal masses and their potential consequences. CASE REPORT: An unusual case of chest pain in a young male patient is presented that is caused by an anterior mediastinal mass associated with pericarditis and right ventricular outflow obstruction. CONCLUSION: Pericarditis and right ventricular outflow obstruction are potential complications of anterior mediastinal non-seminomatous germ cell tumors.

[900]

TÍTULO / TITLE: - Malakoplakia mimics urinary bladder cancer: a case report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Vojnosanit Pregl. 2013 Jun;70(6):606-8.

AUTORES / AUTHORS: - Ristic-Petrovic A; Stojnev S; Jankovic-Velickovic L; Marjanovic G

INSTITUCIÓN / INSTITUTION: - Institute of Pathology, Faculty of Medicine, University of Nii, Nih, Serbia.

RESUMEN / SUMMARY: - INTRODUCTION: Malakoplakia is an unusual and very rare chronic inflammatory disease. In bladder especially it can mimic malignancy and lead to serious misdiagnosis. CASE REPORT: We presented a case of a middle-aged woman with persistent macrohematuria and cystoscopically polypoid bladder mass that resembled a neoplastic process. The final diagnosis was based on cystoscopic biopsy and microscopic findings of acidophilic, foamy histiocytes with the presence of Michaelis-Gutmann inclusions which are characteristic for diagnosis of malakoplakia. Immunohistochemistry confirmed diagnosis by demonstrating CD68-positive macrophages. CONCLUSION: Urinary bladder malakoplakia should be considered in patients with persistent urinary tract infections and tumor mass at cystoscopy. Early identification with prompt antibiotic treatment can be helpful in avoiding unnecessary surgical interventions and in preventing development of possible complications.

[901]

TÍTULO / TITLE: - Sex differences in incidence and mortality of bladder and kidney cancers: National estimates from 49 countries.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul 4. pii: S1078-1439(13)00196-8. doi: 10.1016/j.urolonc.2013.04.010.

- Enlace al texto completo (gratis o de pago)

1016/j.urolonc.2013.04.010

AUTORES / AUTHORS: - Donsky H; Coyle S; Scosyrev E; Messing EM

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Rochester Medical Center, Rochester, NY.

RESUMEN / SUMMARY: - **OBJECTIVES:** In the United States, among patients diagnosed with bladder cancer (BC), women have increased disease-specific mortality compared with men. The main objective of this study was to determine whether this pattern is also present in other countries. For comparison, similar analyses were performed for kidney cancer (KC). **METHODS AND MATERIALS:** Data for this study were obtained from the GLOBOCAN 2008 database. A total of 49 countries with available information on BC and KC incidence and mortality were included in the analysis, representing all major geographic regions except Africa. For each country, we computed the sex-specific ratio of the total number of deaths from a given cancer to the total number of diagnoses in the year 2008 (the mortality-to-incidence ratio [MIR]). The relative MIR was computed for each country as a ratio of MIR in women to MIR in men. A relative MIR of more than 1 would indicate that the number of cancer-specific deaths relative to the number of cancer-specific diagnoses is greater in women than in men. **RESULTS:** For BC, the relative MIRs were significantly more than 1 in 26 countries (53%), significantly less than 1 in 2 countries (4%), and not significantly different from 1 in 21 countries (43%). The median relative MIR was 1.21 (interquartile range: 1.04-1.41). For KC, the relative MIRs were significantly more than 1 in 4 countries (8%), significantly less than 1 in 3 countries (6%), and not significantly different from 1 in 42 countries (86%). The median relative MIR was 1.00 (interquartile range: 0.94-1.06). **CONCLUSION:** Among BC patients, increased disease-specific mortality in women compared with men appears to be a common (although not a universal) phenomenon. This pattern may potentially be explained by differences between the sexes in the biology of disease, time to diagnosis, treatment decisions, and other factors. In contrast, among KC patients, no significant differences in disease-specific mortality were seen between the 2 sexes in the overwhelming majority of the countries.

[902]

TÍTULO / TITLE: - In vitro targeting of Polo-like kinase 1 in bladder carcinoma: Comparative effects of four potent inhibitors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Biol Ther. 2013 Jul 1;14(7):648-57. doi: 10.4161/cbt.25087. Epub 2013 May 31.

- Enlace al texto completo (gratis o de pago) 4161/cbt.25087

AUTORES / AUTHORS: - Brassesco MS; Pezuk JA; Morales AG; Carvalho de Oliveira J; Roberto GM; Nicioli da Silva G; Francisco de Oliveira H; Scrideli CA; Tone LG

INSTITUCIÓN / INSTITUTION: - Division of Pediatric Oncology; Department of Pediatrics; University of Sao Paulo; Sao Paulo, Brazil.

RESUMEN / SUMMARY: - Despite the improvements in neoadjuvant chemotherapy, the outcome of patients with advanced bladder cancer has changed very little over the past 30 years. In the present study we tested and compared the in vitro antitumor activities of four different inhibitors of Polo-like kinase 1 (PLK1) (BI 2536, BI 6727, GW843682X, and GSK461364), against 3 bladder carcinoma cell lines RT4, 5637 and T24. The impact on radiosensitivity and drug interactions in simultaneous treatments with cisplatin, methotrexate, and doxorubicin were also investigated. Our results showed that PLK1 inhibition prevented cell proliferation and clonogenicity, causing significant inhibition of invasion of tumor cells, though modest differences were observed between drugs. Moreover, all PLK1 inhibitors induced G 2/M arrest, with the subsequent induction of death in all 3 cell lines. Drug interactions studies showed auspicious results for all PLK1 inhibitors when combined with the commonly used cisplatin and methotrexate, though combinations with doxorubicin showed mostly antagonistic effects. Comparably, the four PLK1 inhibitors efficiently sensitized cells to ionizing radiation. Our findings demonstrate that irrespective of the inhibitor used, the pharmacological inhibition of PLK1 constrains bladder cancer growth and dissemination, providing new opportunities for future therapeutic intervention. However, further laboratorial and pre-clinical tests are still needed to corroborate the usefulness of using them in combination with other commonly used chemotherapeutic drugs.

[903]

TÍTULO / TITLE: - Testicular Cancer Knowledge among Deaf and Hearing Men.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Cancer Educ. 2013 Jun 28.

- [Enlace al texto completo \(gratis o de pago\) 1007/s13187-013-0493-](#)

[X](#)

AUTORES / AUTHORS: - Sacks L; Nakaji M; Harry KM; Oen M; Malcarne VL; Sadler GR

INSTITUCIÓN / INSTITUTION: - Moores UCSD Cancer Center, 0850, 3855 Health Sciences Drive, La Jolla, CA, 92093-0850, USA.

RESUMEN / SUMMARY: - Testicular cancer typically affects young and middle-aged men. An educational video about prostate and testicular cancer was created in American Sign Language, with English open captioning and voice overlay, so that it could be viewed by audiences of diverse ages and hearing characteristics. This study recruited young Deaf (n = 85) and hearing (n = 90)

adult males to help evaluate the educational value of the testicular cancer portion of this video. Participants completed surveys about their general, testicular, and total cancer knowledge before and after viewing the video. Although hearing men had higher pre-test scores than Deaf men, both Deaf and hearing men demonstrated significant increases in General, Testicular, and Total Cancer Knowledge scores after viewing the intervention video. Overall, results demonstrate the value of the video to Deaf and hearing men.

[904]

TÍTULO / TITLE: - Role of systemic chemotherapy in urothelial urinary bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Control. 2013 Jul;20(3):200-10.

AUTORES / AUTHORS: - Gupta S; Mahipal A

INSTITUCIÓN / INSTITUTION: - Department of Genitourinary Oncology, Moffitt Cancer Center, Tampa, FL, USA. Shilpa.Gupta@Moffitt.org.

RESUMEN / SUMMARY: - BACKGROUND: Radical cystectomy is the standard of care for patients with localized muscle-invasive bladder cancer; however, 50 percent of patients still relapse in distant sites following surgery. A systemic approach is needed to improve outcomes in bladder cancer in the metastatic and perioperative settings. METHODS: We reviewed the literature for use of systemic chemotherapy in bladder cancer and its role in metastatic, neoadjuvant, and adjuvant settings, including patients with comorbidities and renal dysfunction. Current controversies on the role of chemotherapy in neoadjuvant and adjuvant settings as well as the role of novel agents are discussed. RESULTS: First-line cisplatin-based polychemotherapy improves survival in the metastatic setting and is the standard of care. Approved regimens for subsequent-line therapy do not exist. Chemotherapy has a modest benefit in the neoadjuvant setting, but evidence is insufficient to justify its role in the adjuvant setting despite a possible benefit. Carboplatin cannot be substituted for cisplatin in fit patients, and the addition of taxane to a standard regimen cannot be recommended. CONCLUSIONS: Systemic chemotherapy plays a central role in the management of invasive bladder cancer in the metastatic and neoadjuvant settings, but its role in the adjuvant setting remains undefined. Neoadjuvant chemotherapy is underutilized and should be routinely used. Pathological downstaging strongly correlates with improved outcomes and may serve as a surrogate end point for survival. An urgent need exists for the development of novel therapeutic agents to improve outcomes.

[905]

TÍTULO / TITLE: - Cost-effectiveness of dutasteride-tamsulosin combination therapy for the treatment of symptomatic benign prostatic hyperplasia: A Canadian model based on the CombAT trial.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 May-Jun;7(5-6):E393-401. doi: 10.5489/cuaj.12131. Epub 2013 Jun 12.

●● Enlace al texto completo (gratis o de pago) [5489/cuaj.12131](#)

AUTORES / AUTHORS: - Ismaila A; Walker A; Sayani A; Laroche B; Nickel JC; Posnett J; Su Z

INSTITUCIÓN / INSTITUTION: - Medical Affairs, GlaxoSmithKline Canada, Mississauga, ON; ; Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, ON;

RESUMEN / SUMMARY: - INTRODUCTION: Benign prostatic hyperplasia (BPH) is common in men 50 years old and older. The main treatment options are alpha-blockers (such as tamsulosin), which reduce symptoms, and 5-alpha reductase inhibitors (such as dutasteride), which reduce symptoms and slow disease progression. Clinical studies have demonstrated that dutasteride-tamsulosin combination therapy is more effective than either monotherapy to treat symptomatic BPH. We studied the cost-effectiveness in Canada of the dutasteride (0.5 mg/day) and tamsulosin (0.4 mg/day) combination compared with tamsulosin or dutasteride monotherapy. METHODS: A Markov model was developed which follows a cohort of male BPH patients ≥ 50 with moderate to severe lower urinary tract symptoms (LUTS). The model estimates costs to the Canadian health care system and outcomes (in terms of quality adjusted life years [QALYs]) at 10 years and over a patient's lifetime. The dutasteride-tamsulosin combination was compared to each of tamsulosin monotherapy and dutasteride monotherapy. RESULTS: Compared with tamsulosin, the combination was more costly and produced better patient outcomes. Over a lifetime, the incremental cost-effectiveness ratio was CAN\$25 437 per QALY gained. At a willingness to pay CAN\$50 000 per QALY, the probability of combination therapy being cost-effective was 99.6%. Compared with dutasteride, the combination therapy was the dominant option from year 2, offering improved patient outcomes at lower cost. The probability that combination therapy is more cost-effective than dutasteride was 99.8%. CONCLUSION: Combination therapy offers important clinical benefits for patients with symptomatic BPH, and there is a high probability that it is cost-effective in the Canadian health care system relative to either monotherapy.

[906]

- CASTELLANO -

TÍTULO / TITLE: Behandlungsplanung nach Hydrogelinjektion während Strahlentherapie beim Prostatakarzinom.

TÍTULO / TITLE: - Treatment planning after hydrogel injection during radiotherapy of prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Strahlenther Onkol. 2013 Jul 10.

- Enlace al texto completo (gratis o de pago) [1007/s00066-013-0388-0](#)

AUTORES / AUTHORS: - Pinkawa M; Bornemann C; Escobar-Corral N; Piroth MD; Holy R; Eble MJ

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, RWTH Aachen University, Pauwelsstr. 30, 52072, Aachen, Germany, MPinkawa@ukaachen.de.

RESUMEN / SUMMARY: - PURPOSE: Imaging for treatment planning shortly after hydrogel injection is optimal for practical purposes, reducing the number of appointments. The aim was to evaluate the actual difference between early and late imaging. PATIENTS AND METHODS: Treatment planning computed tomography (CT) was performed shortly after injection of 10 ml hydrogel (CT1) and 1-2 weeks later (CT2) for 3 patients. The hydrogel was injected via the transperineal approach after dissecting the space between the prostate and rectum with a saline/lidocaine solution of at least 20-ml. Hydrogel volume and distances between the prostate and rectal wall were compared. Intensity-modulated radiotherapy (IMRT) plans up to a dose of 78 Gy were generated (rectum V70 < 20 %, rectum V50 < 50 %; with the rectum including hydrogel volume for planning). RESULTS: A mean planning treatment volume of 104 cm³ resulted for a prostate volume of 37 cm³. Hydrogel volumes of 30 and 10 cm³ were determined in CT1 and CT2, respectively. Distances between the prostate and rectal wall at the levels of the base, middle, and apex were 1.7 cm, 1.6 cm, 1.5 cm in CT1 and 1.3 cm, 1.2 cm, 0.8 cm in CT2, respectively, corresponding to a mean decrease of 24, 25, and 47 %. A small overlap between the PTV and the rectum was found only in 1 patient in CT2 (0.2 cm³). The resulting mean rectum (without hydrogel) V75, V70, V60, V50 increased from 0 %, 0 %, 0.6 %, 10 % in CT1 to 0.1 %, 1.2 %, 6 %, 20 % in CT2, respectively. CONCLUSION: Treatment planning based on imaging shortly after hydrogel injection overestimates the actual hydrogel volume during the treatment as a result of not-yet-absorbed saline solution and air bubbles.

[907]

TÍTULO / TITLE: - Imaging of prostate carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Control. 2013 Jul;20(3):161-76.

AUTORES / AUTHORS: - Outwater EK; Montilla-Soler JL

INSTITUCIÓN / INSTITUTION: - Department of Diagnostic Imaging, Moffitt Cancer Center, Tampa, FL, USA. Eric.Outwater@Moffitt.org.

RESUMEN / SUMMARY: - BACKGROUND: Imaging of prostate carcinoma is an important adjunct to clinical evaluation and prostate specific antigen measurement for detecting metastases and tumor recurrence. In the past, the ability to assess intraprostatic tumor was limited. METHODS: Pertinent literature was reviewed to describe the capabilities and limitations of the currently available imaging techniques for assessing prostate carcinoma. Evaluation of primary tumor and metastatic disease by ultrasonography, computed tomography (CT), magnetic resonance imaging (MRI), and nuclear medicine techniques is discussed. RESULTS: Ultrasonography and MRI have limited usefulness for local staging of prostate cancer because of suboptimal sensitivity and specificity for identifying tumor extent and capsular penetration. Additional MRI techniques such as magnetic resonance-based perfusion imaging, diffusion imaging, and spectroscopy may provide incremental benefit. CT and bone scanning provide an assessment of metastatic disease but are also limited by the poor sensitivity of lymph node size as a criterion for detecting metastases. Novel imaging techniques such as hybrid imaging devices in the form of single-photon emission CT/CT gamma cameras, positron emission tomography/CT cameras, and, in the near future, positron emission tomography/MRI combined with tumor specific imaging radiotracers may have a significant impact on tumor staging and treatment response. CONCLUSIONS: Cross-sectional imaging and scintigraphy have an important role in assessing prostate carcinoma metastases and treatment response. Increasingly, the incremental value of primary tumor imaging through MRI is being realized.

[908]

TÍTULO / TITLE: - Prostate cancer imaging.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Nucl Med Mol Imaging. 2013 Jul;40 Suppl 1:S1-4. doi: 10.1007/s00259-013-2444-5.

●● Enlace al texto completo (gratis o de pago) [1007/s00259-013-2444-](#)

[5](#)

AUTORES / AUTHORS: - Picchio M; Piert M

[909]

TÍTULO / TITLE: - Impact of age on clinical presentation, treatment, and cancer-specific survival of patients with small-cell carcinoma of the prostate.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Interv Aging. 2013;8:871-7. doi: 10.2147/CIA.S44772. Epub 2013 Jul 10.

●● Enlace al texto completo (gratis o de pago) [2147/CIA.S44772](#)

AUTORES / AUTHORS: - Wang J; Wang FW

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Oncology-Hematology Division, University of Nebraska Medical Center, Omaha, NE 68198-7680, USA. juewang@unmc.edu

RESUMEN / SUMMARY: - **BACKGROUND:** The effects of age on clinical presentation, treatment, and outcomes for patients with small-cell carcinoma of the prostate (SCCP) are unclear. **METHODS:** A retrospective review was performed on 259 patients who were identified with SCCP in the national Surveillance, Epidemiology, and End Results (SEER) registry from January 1973 to December 2004. The patients were categorized into two groups according to age at diagnosis, ie, younger than 75 years (n = 158, 61%) or 75 years and older (n = 101, 39%). Patient and treatment characteristics and cancer-specific survival were compared between the groups. Multivariate analysis was performed to identify independent prognostic factors associated with cancer-specific survival. **RESULTS:** The median age of the patients was 72 (30-95) years. There was no significant difference in terms of tumor characteristics, concomitant adenocarcinoma grade, SEER stage, and treatment (including prostatectomy and radiation therapy) received between the groups. Median cancer-specific survival was 19 months (95% confidence interval 13-25). By multivariate Cox proportional hazard modeling, older age group (hazard ratio [HR] 1.95; P = 0.001), concomitant high-grade adenocarcinoma (HR 7.13; P = 0.007), and not having prostatectomy (HR 3.77; P = 0.005) were found to be significant independent predictors of poor cancer-specific survival. **CONCLUSION:** Older patients with SCCP had increased risk of poor cancer-specific survival. Whether this age-related poor outcome can be attributed to more aggressive tumor biology in older patients, or is simply a reflection of age-related poor performance status and suboptimal chemotherapy needs further investigation.

[910]

TÍTULO / TITLE: - An analogue peptide from the Cancer/Testis antigen PASD1 induces CD8+ T cell responses against naturally processed peptide.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Immun. 2013 Jul 15;13:16. Print 2013.

AUTORES / AUTHORS: - Hardwick N; Buchan S; Ingram W; Khan G; Vittes G; Rice J; Pulford K; Mufti G; Stevenson F; Guinn BA

INSTITUCIÓN / INSTITUTION: - Department of Haematological Medicine, King's College London School of Medicine, The Rayne Institute, London, United Kingdom.

RESUMEN / SUMMARY: - We have previously identified the novel Cancer/Testis antigen PASD1 by immunoscreening a testis library with pooled acute myeloid leukemia (AML) patient sera. To develop a cytotoxic T lymphocyte (CTL)-inducing vaccine, we have now investigated the carboxy-terminal region, known to contain serological determinants, for MHC class I (HLA-A small star, filled0201)-binding peptides. Algorithm-selected natural peptides failed to show

detectable HLA-A small star, filled0201 binding in T2 assays. However, anchor-modified analogue peptides showed enhanced binding, with decreased off-rates. Analogue peptide-loaded antigen-presenting cells (APCs) induced IFN-gamma production by T cells from normal donors and patients. In addition, peptide-specific T cells could be expanded from cancer patients by stimulation with the PASD1 analogue peptide Pa14. For clinical application, a DNA fusion gene vaccine encoding Pa14 was designed and tested in “humanized” mice. Splenocytes from vaccinated mice showed in vitro cytotoxicity against tumour cells, either exogenously loaded with the corresponding wild-type peptide (Pw8) or expressing endogenously processed PASD1 protein. We show for the first time that a DNA vaccine encoding an altered PASD1 epitope can induce CTLs to target the natural peptide expressed by human tumour cells.

[911]

TÍTULO / TITLE: - Commentary on “Predictive capacity of four comorbidity indices estimating perioperative mortality after radical cystectomy for urothelial carcinoma of the bladder.” Mayr R, May M, Martini T, Lodde M, Pycha A, Compoj E, Wieland WF, Denzinger S, Otto W, Burger M, Fritsche HM. Department of Urology, Central Hospital of Bolzano, Bolzano, Italy: BJU Int 2012;110(6 Pt B):E222-7 [Epub 2012 Feb 7].

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul;31(5):718-9. doi: 10.1016/j.urolonc.2013.03.010.

●● Enlace al texto completo (gratis o de pago)

[1016/j.urolonc.2013.03.010](#)

AUTORES / AUTHORS: - See WA

RESUMEN / SUMMARY: - What’s known on the subject? and What does the study add? The degree of comorbidity significantly affects the course of patients with bladder cancer undergoing radical cystectomy (RC). To our knowledge this is the first study comparing four different comorbidity indices in patients undergoing RC for urothelial carcinoma to assess the best clinical predictors for 90-day perioperative mortality. We concluded that the ASA score should be the method of choice, as it showed a predictive ability superior to that of ECOG and CCI, and is much easier to generate than the ACE-27. **OBJECTIVE:** To evaluate which of the following among the Adult Comorbidity Evaluation-27 (ACE-27), the Charlson Comorbidity Index (CCI), the Eastern Cooperative Oncology Group performance status (ECOG) and the American Society of Anesthesiologists (ASA) comorbidity scores correlate best with perioperative mortality after radical cystectomy (RC) for urothelial carcinoma (UC) of the bladder. **PATIENTS AND METHODS:** A study was carried out on 555 unselected consecutive patients without neoadjuvant chemotherapy who underwent RC for UC of the bladder from 2000 to 2010 at one of two institutions. Patients’ medical records were reviewed retrospectively. We

established a defined binary linear progression model based on clinical variables to predict perioperative mortality <90 days after RC (90PM). To this model we added, individually, the comorbidity indices ACE-27, CCI, ECOG, and ASA to assess their predictive capacity regarding 90PM. RESULTS: The overall 90PM was 7.9%. Age (P = 0.01) and clinical distant metastatic tumour stage (P = 0.002) were independent predictors for 90PM in the multivariate analysis. Each of the four investigated comorbidity indices was able to significantly increase the predictive capacity of the basic model: ECOG +13.5%, (odds ratio [OR]: 1.61, P = 0.036; area under the curve [AUC] 74.7), ASA Score +28.3% (OR: 2.19, P = 0.004; AUC 76.1), Charlson Index +12.3% (OR: 1.31, P = 0.047; AUC 73.8) and ACE-27 + 29.8% (OR: 1.72, P = 0.004; AUC 76.1). CONCLUSIONS: ASA and ACE-27 show a nearly identical clinical predictive value for perioperative mortality. Both scores could be considered for clinical practice. With regard to ease of generation and availability, the ASA score can be regarded as the best instrument.

[912]

- CASTELLANO -

TÍTULO / TITLE: Tragt C-Cholin-PET-CT zur multiparametrischen MR-Bildgebung zur Lokalisierung von Prostatakrebs bei?

TÍTULO / TITLE: - Does C-choline PET-CT contribute to multiparametric MRI for prostate cancer localisation?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Strahlenther Onkol. 2013 Jun 26.

●● Enlace al texto completo (gratis o de pago) [1007/s00066-013-0359-](http://1007/s00066-013-0359-5)

[5](#)

AUTORES / AUTHORS: - Van den Bergh L; Isebaert S; Koole M; Oyen R; Joniau S; Lerut E; Deroose CM; De Keyzer F; Van Poppel H; Haustermans K

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University Hospitals Leuven, campus Gasthuisberg, Herestraat 49, 3000, Leuven, Belgium, laura.vandenbergh@uzleuven.be.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: The aim of this work was to determine whether 11C-choline positron emission tomography (PET)-computed tomography (CT) makes a positive contribution to multiparametric magnetic resonance imaging (MRI) for localisation of intraprostatic tumour nodules. PATIENTS AND METHODS: A total of 73 patients with biopsy-proven intermediate- and high-risk prostate cancer were enrolled in a prospective imaging study consisting of T2-weighted (T2w), dynamic contrast-enhanced (DCE) and diffusion-weighted (DW) MRI and 11C-choline PET-CT before radical prostatectomy. Cancerous regions were delineated on the whole-mount prostatectomy sections and on the different MRI modalities and analysed in 24 segments per patient (3 sections, 8 segments each). To analyse PET-CT

images, standardized uptake values (SUV) were calculated per segment. RESULTS: In total, 1,752 segments were analyzed of which 708 (40.4 %) were found to be malignant. A high specificity (94.7, 93.6 and 92.2 %) but relatively low sensitivity (31.2, 24.9 and 44.1 %) for tumour localisation was obtained with T2w, DCE and DW MRI, respectively. Sensitivity values significantly increased when combining all MRI modalities (57.2 %). For PET-CT, mean SUVmax of malignant octants was significantly higher than mean SUVmax of benign octants (3.68 +/- 1.30 vs. 3.12 +/- 1.02, p < 0.0001). In terms of accuracy, the benefit of adding PET-CT to (multiparametric) MRI was less than 1 %. CONCLUSION: The additional value of 11C-choline PET-CT to MRI in localising intraprostatic tumour nodules is limited, especially when multiparametric MRI is used.

[913]

TÍTULO / TITLE: - Laparoscopic radical prostatectomy in a cadaveric renal transplant patient: first case in Thailand and the authors first experience—a case report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Med Assoc Thai. 2013 May;96(5):633-6.

AUTORES / AUTHORS: - Saema A; Patcharatrakul S; Kongchareonsombat W

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand.

RESUMEN / SUMMARY: - OBJECTIVE: To report the authors' experience in laparoscopic radical prostatectomy for the treatment of localized prostate carcinoma in a cadaveric renal transplant recipient. MATERIAL AND METHOD: A 64-year-old man with chronic renal failure unknown cause had a transplant cadaveric donor kidney about nine years ago. Creatinine clearance was estimated about 68.61 ml/min. He was presented with lower urinary tract symptoms in 2008. He was diagnosed and was treated as benign prostatic hyperplasia. Digital rectal examination was normal and prostate specific antigen (PSA) was 10.84 ng/ml when he was followed-up in 2010. The authors did a prostate gland biopsy, one of four cores from right lobe of prostate gland revealed prostatic adenoma with Gleason score of 6 (3 + 3). Bone scan did not show any sign of metastases. The authors performed a Laparoscopic radical prostatectomy, extraperitoneal technique. RESULTS: The patient underwent successful laparoscopic radical prostatectomy without any complications. The operative time was 210 minutes, the estimated blood loss of 300 ml. Pathological analyses revealed negative surgical margins with focal extraprostatic extension, and no seminal vesical, lymphatic, and perineural invasion. The patient tolerated the procedure well and was discharged on day 4. At fourth months, the patient was continent, PSA was 0.003, and renal function stable. At one year, PSA was 0.011 ng/ml and the creatinine was 1.15 mg/dl.

CONCLUSION: The authors experience suggests that extraperitoneal laparoscopic radical prostatectomy is a technically feasible and safe treatment of localized prostate cancer in renal transplant recipients.

[914]

TÍTULO / TITLE: - Prostate specific membrane antigen produces pro-angiogenic laminin peptides downstream of matrix metalloprotease-2.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Angiogenesis. 2013 Jun 18.

●● Enlace al texto completo (gratis o de pago) 1007/s10456-013-9360-

[y](#)

AUTORES / AUTHORS: - Conway RE; Joiner K; Patterson A; Bourgeois D; Ramp R; Hannah BC; McReynolds S; Elder JM; Gilfilen H; Shapiro LH

INSTITUCIÓN / INSTITUTION: - Department of Biology, College of Arts and Sciences, Lipscomb University, Nashville, TN, 37204, USA,

beth.conway@lipscomb.edu.

RESUMEN / SUMMARY: - Prostate specific membrane antigen (PSMA) is a pro-angiogenic cell-surface protease that we previously demonstrated regulates blood vessel formation in a laminin and integrin beta1-dependent manner. Here, we examine the principal mechanism of PSMA activation of integrin beta1. We show that digesting laminin sequentially with recombinant matrix metalloprotease-2 (MMP-2) and PSMA generates small peptides that enhance endothelial cell adhesion and migration in vitro. We also provide evidence that these laminin peptides activate adhesion via integrin alpha6beta1 and focal adhesion kinase. Using an in vivo Matrigel implant assay, we show that these MMP/PSMA-derived laminin peptides also increase angiogenesis in vivo. Together, our results reveal a novel mechanism of PSMA activation of angiogenesis by processing laminin downstream of MMP-2.

[915]

TÍTULO / TITLE: - A rat model of metastatic spinal cord compression using human prostate adenocarcinoma: histopathological and functional analysis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Spine J. 2013 Jun 27. pii: S1529-9430(13)00530-5. doi: 10.1016/j.spinee.2013.05.021.

●● Enlace al texto completo (gratis o de pago)

1016/j.spinee.2013.05.021

AUTORES / AUTHORS: - Sarabia-Estrada R; Zadnik PL; Molina CA; Jimenez-Estrada I; Groves ML; Gokaslan ZL; Bydon A; Witham TF; Wolinsky JP; Sciubba DM

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, Johns Hopkins University School of Medicine, 600 N. Wolfe St, Meyer 7-109, Baltimore, MD 21287, USA.

RESUMEN / SUMMARY: - **BACKGROUND CONTEXT:** Cancer is a major global public health problem responsible for one in every four deaths in the United States. Prostate cancer alone accounts for 29% of all cancers in men and is the sixth leading cause of death in men. It is estimated that up to 30% of patients with cancer will develop metastatic disease, the spine being one of the most frequently affected sites in patients with prostate cancer. **PURPOSE:** To study this condition in a preclinical setting, we have created a novel animal model of human metastatic prostate cancer to the spine and have characterized it histologically, functionally, and via bioluminescence imaging. **STUDY DESIGN:** Translational science investigation of animal model of human prostate cancer in the spine. **METHODS:** Luciferase-positive human prostate tumor cells PC3 (PC3-Luc) were injected in the flank of athymic male rats. PC3-Luc tumor samples were then implanted into the L5 vertebral body of male athymic rats (5 weeks old). Thirty-two rats were randomized into three surgical groups: experimental, control, and sham. Tumor growth was assessed qualitatively and noninvasively via bioluminescence emission, upon luciferin injection. To determine the functional impact of tumor growth in the spine, rats were evaluated for gait abnormalities during gait locomotion using video-assisted gait analysis. Rats were euthanized 22 days after tumor implantation, and spines were subjected to histopathological analyses. **RESULTS:** Twenty days after tumor implantation, the tumor-implanted rats showed distinct signs of gait disturbances: dragging tail, right- or left-hind limb uncoordination, and absence of toe clearance during forward limb movement. At 20 days, all rats experienced tumor growth, evidenced by bioluminescent signal. Locomotion parameters negatively affected in tumor-implanted rats included stride length, velocity, and duration. At necropsy, all spines showed evidence of tumor growth, and the histological analysis found spinal cord compression and peritumoral osteoblastic reaction characteristic of bony prostate tumors. None of the rats in the sham or control groups demonstrated any evidence of bioluminescence signal or signs of gait disturbances. **CONCLUSIONS:** In this project, we have developed a novel animal model of metastatic spine cancer using human prostate cancer cells. Tumor growth, evaluated via bioluminescence and corroborated by histopathological analyses, affected hind limb locomotion in ways that mimic motor deficits present in humans afflicted with metastatic spine disease. Our model represents a reliable method to evaluate the experimental therapeutic approaches of human tumors of the spine in animals. Gait locomotion and bioluminescence analyses can be used as surrogate noninvasive methods to evaluate tumor growth in this model.

TÍTULO / TITLE: - An elusive etiology of upper gastrointestinal bleeding in a young man: testis tumor.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Surg Laparosc Endosc Percutan Tech. 2013 Jun;23(3):354-6. doi: 10.1097/SLE.0b013e31828e375c.

●● Enlace al texto completo (gratis o de pago)

[1097/SLE.0b013e31828e375c](#)

AUTORES / AUTHORS: - Koksas AS; Kayacetin E; Torun S; Gunes ZE; Zengin NI

INSTITUCIÓN / INSTITUTION: - Department of Gastroenterology, Turkiye Yuksek Ihtisas Hospital, Ankara, Turkey. koksas@yahoo.com

RESUMEN / SUMMARY: - Herein, we present a case of testicular tumor in a young patient in whom the initial symptom was upper gastrointestinal bleeding secondary to duodenal invasion by retroperitoneal lymph node involvement. Although melanoma, renal, breast, bronchogenic, and gastric carcinoma are the most common metastatic tumors of the small bowel, testicular tumors should be considered in the differential diagnosis of duodenum invasion in a young man because they are the most common tumor in this age group.

[917]

TÍTULO / TITLE: - Patient and provider attitudes toward genomic testing for prostate cancer susceptibility: a mixed method study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BMC Health Serv Res. 2013 Jul 20;13(1):279.

●● Enlace al texto completo (gratis o de pago) [1186/1472-6963-13-279](#)

AUTORES / AUTHORS: - Birmingham WC; Agarwal N; Kohlmann W; Aspinwall LG; Wang M; Bishoff J; Dechet C; Kinney AY

RESUMEN / SUMMARY: - BACKGROUND: The strong association between family history and prostate cancer (PCa) suggests a significant genetic contribution, yet specific highly penetrant PCa susceptibility genes have not been identified. Certain single-nucleotide-polymorphisms have been found to correlate with PCa risk; however uncertainty remains regarding their clinical utility and how to best incorporate this information into clinical decision-making. Genetic testing is available directly to consumers and both patients and healthcare providers are becoming more aware of this technology. Purchasing online allows patients to bypass their healthcare provider yet patients may have difficulty interpreting test results and providers may be called upon to interpret results. Determining optimal ways to educate both patients and providers, and strategies for appropriately incorporating this information into clinical decision-making are needed. METHODS: A mixed-method study was conducted in Utah between October 2011 and December 2011. Eleven focus group discussions were held and surveys were administered to 23 first-degree relatives of PCa patients living in Utah and 24 primary-care physicians and urologists practicing in Utah to present specific information about these assessments and determine

knowledge and attitudes regarding health implications of using these assessments. RESULTS: Data was independently coded by two researchers (relative Kappa = .88; provider Kappa = .77) and analyzed using a grounded theory approach. Results indicated differences in attitudes and behavioral intentions between patient and provider. Despite the test's limitations relatives indicated interest in genetic testing (52%) while most providers indicated they would not recommend the test for their patients (79%). Relatives expected providers to interpret genetic test results and use results to provide personalized healthcare recommendations while the majority of providers did not think the information would be useful in patient care (92%) and indicated low-levels of genetic self-efficacy. CONCLUSIONS: Although similarities exist, discordance between provider and patient attitudes may influence the effective translation of novel genomic tests into clinical practice suggesting both patient and provider perceptions and expectations be considered in development of clinical decision-support tools.

[918]

TÍTULO / TITLE: - Activated phosphonated trifunctional chelates for highly sensitive lanthanide-based FRET immunoassays applied to total prostate specific antigen detection.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Org Biomol Chem. 2013 Jul 12.

●● Enlace al texto completo (gratis o de pago) [1039/c3ob40898a](#)

AUTORES / AUTHORS: - Nchimi-Nono K; Wegner KD; Linden S; Lecointre A; Ehret-Sabatier L; Shakir S; Hildebrandt N; Charbonniere LJ

INSTITUCIÓN / INSTITUTION: - Laboratoire d'Ingenierie Moleculaire Appliquee a l'Analyse, IPHC, UMR 7178 CNRS/UdS, ECPM, 25 rue Becquerel, 67087 Strasbourg Cedex, France.

RESUMEN / SUMMARY: - The first example of an activated phosphonated trifunctional chelate (TFC) is presented, which combines a non-macrocyclic coordination site for lanthanide coordination based on two aminobis-methylphosphonate coordinating arms, a central bispyrazolylpyridyl antenna and an N-hydroxysuccinimide ester in para position of the central pyridine as an activated function for the labeling of biomaterial. The synthesis of the TFC is presented together with photo-physical studies of the related Tb and Eu complexes. Excited state lifetime measurements in H₂O and D₂O confirmed an excellent shielding of the cation from water molecules with a hydration number of zero. The Tb complex provides a high photoluminescence (PL) quantum yield of 24% in aqueous solutions (0.01 M Tris-HCl, pH 7.4) and a very long luminescence lifetime of 2.6 ms. The activated ligand was conjugated to different biological compounds such as streptavidin, and a monoclonal antibody against total prostate specific antigen (TPSA). In combination with AlexaFluor647 (AF647) and crosslinked allophycocyanin (XL665) antibody

(ABs) conjugates, homogeneous time-resolved Fluorescence Resonance Energy Transfer (FRET) immunoassays of TPSA were performed in serum samples. The Tb donor-dye acceptor FRET pairs provided large Forster distances of 5.3 nm (AF647) and 7.1 nm (XL665). A detailed time-resolved FRET analysis of Tb donor and dye acceptor PL decays revealed average donor-acceptor distances of 4.2 nm (AF647) and 6.3 nm (XL665) within the sandwich immunocomplex and FRET efficiencies of 0.79 and 0.68, respectively. Very low detection limits of 1.4 ng mL⁻¹ (43 pM) and 2.4 ng mL⁻¹ (74 pM) TPSA were determined using a KRYPTOR fluorescence immunoanalyzer. These results demonstrate the applicability of our novel Tb-bioconjugates for highly sensitive clinical diagnostics.

[919]

TÍTULO / TITLE: - Optimal use of prostate specific antigen for prostate cancer screening.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Vojnosanit Pregl. 2013 May;70(5):501-3.

AUTORES / AUTHORS: - Miocinovic R; Bumbasirevic U; Djordjevic ML; Bojanic N; Milojevic B; Tulic C; Stephenson AJ

INSTITUCIÓN / INSTITUTION: - Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, Ohio, USA.

[920]

TÍTULO / TITLE: - The Malthus Programme: Developing Radiotherapy Demand Models for Breast and Prostate Cancer at the Local, Regional and National Level.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Oncol (R Coll Radiol). 2013 Jun 18. pii: S0936-6555(13)00235-5. doi: 10.1016/j.clon.2013.05.006.

●● Enlace al texto completo (gratis o de pago) 1016/j.clon.2013.05.006

AUTORES / AUTHORS: - Round C; Mee T; Kirkby NF; Cooper T; Williams MV; Jena R

INSTITUCIÓN / INSTITUTION: - Oncology Centre, Addenbrooke's Hospital, Cambridge University Hospital NHS Trust, Cambridge, UK.

RESUMEN / SUMMARY: - AIMS: The Malthus Programme has delivered a tool for modelling radiotherapy demand in England. The model is capable of simulating demand at the local level. This article investigates the local and regional level variation in predicted demand with respect to Breast and Prostate cancer, the two tumour types responsible for the majority of radiotherapy treatment workload in England. MATERIALS AND METHODS: Simulations were performed using the Malthus model, using base population incidence data for the period from 2007-2009. Simulations were carried out at the level of Primary

Care Trusts, Cancer Networks, and nationwide, with annual projections for 2012, 2016 and 2020. Benchmarking was undertaken against previously published models from the UK, Canada and Australia. RESULTS: For breast cancer, the fraction burden for 2012 varied from 5537 fractions per million in Tower Hamlets PCT to 18 896 fractions per million in Devon PCT (national mean - 13 592 fractions per million). For prostate cancer, the fraction burden for 2012 varied from 4874 fractions per million in Tower Hamlets PCT to 23 181 fractions per million in Lincolnshire PCT (national mean - 15 087 fractions per million). Predictions of population growth by age cohort for 2016 and 2020 result in the regional differences in radiotherapy demand becoming greater over time. Similar effects were also observed at the level of the cancer network. CONCLUSIONS: Our model shows the importance of local population demographics and cancer incidence rates when commissioning radiotherapy services.

[921]

TÍTULO / TITLE: - Useful immunohistochemical panel for differentiating clear cell papillary renal cell carcinoma from its mimics.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Diagn Pathol. 2013 Jun 20. pii: S1092-9134(13)00058-0. doi: 10.1016/j.anndiagpath.2013.05.004.

- Enlace al texto completo (gratis o de pago)

[1016/j.anndiagpath.2013.05.004](#)

AUTORES / AUTHORS: - Pramick M; Ziober A; Bing Z

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA 19104, USA.

RESUMEN / SUMMARY: - Clear cell papillary renal cell carcinoma (CCPRCC) is a recently described low-grade renal cell tumor. In this study, we investigated the expression of paired box 8 (PAX-8), carbonic anhydrase IX (CA IX), CK7, and alpha-methylacyl-CoA-racemase (AMACR) in this tumor by immunohistochemistry in a group of 20 cases of CCPRCC. Clear cell papillary renal cell carcinoma showed diffuse (70%) or intermediate (30%) nuclear positivity for PAX-8 in each case, with predominantly moderate intensity (50%). Ninety percent of the cases showed some degree of cytoplasmic staining for CA IX, predominantly with moderate intensity (50%). In addition, each case of CCPRCC also showed diffuse membranous staining for CK7. Most CCPRCCs (95%) were negative for AMACR. PAX-8, CA IX, CK7, and AMACR comprise a concise panel for distinguishing CCPRCC from its mimics. PAX-8 positivity helps to confirm the renal origin of this tumor. Positivity for CA IX and CK7 differentiate CCPRCC from conventional clear cell renal cell carcinoma, which is usually CA IX positive while CK7 negative. The CK7-positive and AMACR-negative pattern seen in CCPRCC differentiates it from papillary renal cell carcinoma, which is usually positive for both AMACR and CK7.

[922]

TÍTULO / TITLE: - Complications of prostate biopsy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jul;13(7):829-37. doi: 10.1586/14737140.2013.811056.

●● Enlace al texto completo (gratis o de pago)

[1586/14737140.2013.811056](#)

AUTORES / AUTHORS: - Anastasiadis A; Zapala L; Cordeiro E; Antoniewicz A; Dimitriadis G; De Reijke T

INSTITUCIÓN / INSTITUTION: - Department of Urology, AMC University Hospital, Meibergdreef 9, 1105 Amsterdam, The Netherlands.

RESUMEN / SUMMARY: - Biopsy of the prostate is a common procedure with minor complications that are usually self-limited. However, if one considers that millions of men undergo biopsy worldwide, one realizes that although complication rate is low, the number of patients suffering from biopsy complications should not be underestimated and can be a clinically relevant problem for healthcare professionals. In this review, the authors present diagnosis and management of postbiopsy of prostate complications. Bleeding is the most common complication observed after prostate biopsy, but the use of aspirin or nonsteroidal anti-inflammatory drugs is not an absolute contraindication to prostate biopsy. Emerging resistance to ciprofloxacin is the most probable cause of the increasing risk of infectious complications after prostate biopsy. Even though extremely rare, fatal complications are possible and were described in case reports.

[923]

TÍTULO / TITLE: - Radiofrequency identification specimen tracking in anatomical pathology: pilot study of 1067 consecutive prostate biopsies.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Diagn Pathol. 2013 Jun 21. pii: S1092-9134(13)00029-4. doi: 10.1016/j.anndiagpath.2013.04.007.

●● Enlace al texto completo (gratis o de pago)

[1016/j.anndiagpath.2013.04.007](#)

AUTORES / AUTHORS: - Bostwick DG

INSTITUCIÓN / INSTITUTION: - Bostwick Laboratories, Orlando, FL 32809.
Electronic address: dbostwick@bostwicklaboratories.com.

RESUMEN / SUMMARY: - Improved methods such as radiofrequency identification (RFID) are needed to optimize specimen tracking in anatomical pathology. We undertook a study of RFID in an effort to optimize specimen tracking and patient identification, including the following: (1) creation of workflow process maps, (2) evaluation of existing RFID hardware technologies, (3) creation of

Web-based software to support the RFID-enabled workflow, and (4) assessment of the impact with a series of prostate biopsies. We identified multiple steps in the workflow process in which RFID enhanced specimen tracking. Multiple product choices were found that could withstand the harsh heat and chemical environments encountered in pathology processing, and software that was compatible with our laboratory information system was designed in-house. A total of 1067 prostate biopsies were received, and 78.3% were successfully processed with the RFID system. Radiofrequency identification allowed dynamic specimen tracking throughout the workflow process in anatomical pathology.

[924]

TÍTULO / TITLE: - PET/MRI with a Ga-PSMA ligand for the detection of prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Nucl Med Mol Imaging. 2013 Jul 2.

- Enlace al texto completo (gratis o de pago) [1007/s00259-013-2489-](#)

[5](#)

AUTORES / AUTHORS: - Afshar-Oromieh A; Haberkorn U; Hadaschik B; Habl G; Eder M; Eisenhut M; Schlemmer HP; Roethke MC

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, University Hospital Heidelberg, Heidelberg, Germany, ali.afshar@med.uni-heidelberg.de.

[925]

TÍTULO / TITLE: - Which Laser Works Best for Benign Prostatic Hyperplasia?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Curr Urol Rep. 2013 Jun 19.

- Enlace al texto completo (gratis o de pago) [1007/s11934-013-0351-](#)

[8](#)

AUTORES / AUTHORS: - Kahokehr AA; Gilling PJ

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tauranga Hospital, Bay of Plenty District Health Board, Cameron Road, Private Bag 12024, Tauranga, 3143, New Zealand.

RESUMEN / SUMMARY: - The advantages offered by lasers compared to older technologies for endoscopic surgery for symptomatic benign prostate hyperplasia (BPH) are reviewed. Laser treatments for the endoscopic management of patients with bladder outlet obstruction (BOO) resulting from BPH can be divided into three basic techniques. These techniques are vaporisation (removal of tissue), resection of tissue (excision of small chips and subsequent irrigation from bladder) and enucleation (dissection of the adenoma from the surgical capsule and subsequent morcellation). The decision to offer a transurethral laser approach to patients with BPH depends on their

comorbidities, the surgeon's expertise with the different procedures, and the availability of the relevant technology.

[926]

TÍTULO / TITLE: - Identification of urinary metabolites of imperatorin with a single run on an LC/Triple TOF system based on multiple mass defect filter data acquisition and multiple data mining techniques.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Anal Bioanal Chem. 2013 Aug;405(21):6721-38. doi: 10.1007/s00216-013-7132-6. Epub 2013 Jul 24.

●● Enlace al texto completo (gratis o de pago) [1007/s00216-013-7132-](#)

[6](#)

AUTORES / AUTHORS: - Qiao S; Shi X; Shi R; Liu M; Liu T; Zhang K; Wang Q; Yao M; Zhang L

INSTITUCIÓN / INSTITUTION: - School of Pharmacy, Hebei Medical University, 361 East Zhongshan Road, Shijiazhuang, 050017, China.

RESUMEN / SUMMARY: - The detection of drug metabolites, especially for minor metabolites, continues to be a challenge because of the complexity of biological samples. Imperatorin (IMP) is an active natural furocoumarin component originating from many traditional Chinese herbal medicines and is expected to be pursued as a new vasorelaxant agent. In the present study, a generic and efficient approach was developed for the in vivo screening and identification of IMP metabolites using liquid chromatography-Triple TOF mass spectrometry. In this approach, a novel on-line data acquisition method multiple mass defect filter (MMDF) combined with dynamic background subtraction was developed to trace all probable urinary metabolites of IMP. Comparing with the traditionally intensity-dependent data acquisition method, MMDF method could give the information of low-level metabolites masked by background noise and endogenous components. Thus, the minor metabolites in complex biological matrices could be detected. Then, the sensitive and specific multiple data-mining techniques extracted ion chromatography, mass defect filter, product ion filter, and neutral loss filter were used for the discovery of IMP metabolites. Based on the proposed strategy, 44 phase I and 7 phase II metabolites were identified in rat urine after oral administration of IMP. The results indicated that oxidization was the main metabolic pathway and that different oxidized substituent positions had a significant influence on the fragmentation of the metabolites. Two types of characteristic ions at m/z 203 and 219 can be observed in the MS/MS spectra. This is the first study of IMP metabolism in vivo. The interpretation of the MS/MS spectra of these metabolites and the proposed metabolite pathway provide essential data for further pharmacological studies of other linear-type furocoumarins.

[927]

TÍTULO / TITLE: - Stereoselective synthesis and anti-proliferative effects on prostate cancer evaluation of 5-substituted-3,4-diphenylfuran-2-ones.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Med Chem. 2013 Jul;65:323-36. doi: 10.1016/j.ejmech.2013.04.062. Epub 2013 May 14.

●● Enlace al texto completo (gratis o de pago)

[1016/j.ejmech.2013.04.062](#)

AUTORES / AUTHORS: - Liu GZ; Xu HW; Wang P; Lin ZT; Duan YC; Zheng JX; Liu HM

INSTITUCIÓN / INSTITUTION: - School of Pharmacy, Henan University of Traditional Chinese Medicine, Zhengzhou, Henan 450046, PR China. Electronic address: liugaizhi@126.com.

RESUMEN / SUMMARY: - Series of 5-substituted-3,4-diphenylfuran-2-ones were stereoselectively prepared. Their potential anti-proliferative effects on prostate cancer and some of their cyclooxygenases (COXs) inhibitory activities were evaluated. Structure-activity relationship (SAR) data, acquired by substituent modification at the para-position and ortho-position of the C-3 phenyl ring and 5-substituted modification of the central furanone, showed that 3-(2-chlorophenyl)-4-(4-methanesulfonyl-phenyl)-5-(1-methoxy-ethyl)-5H-furan-2-one (13p) was the most potent compound and could effectively reduce the proliferation of prostate cancer cells (PC3 cell IC₅₀ = 20 μM; PC3 PCDNA cell IC₅₀ = 5 μM; PC3 SKP2 cell IC₅₀ = 5 μM; DU145 cell IC₅₀ = 25 μM). The cell cycle analysis for 13p in DU145 indicated that 13p may induce G1 phase arrest.

[928]

TÍTULO / TITLE: - Hereditary syndromes with associated renal neoplasia: a practical guide to histologic recognition in renal tumor resection specimens.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Adv Anat Pathol. 2013 Jul;20(4):245-63. doi: 10.1097/PAP.0b013e318299b7c6.

●● Enlace al texto completo (gratis o de pago)

[1097/PAP.0b013e318299b7c6](#)

AUTORES / AUTHORS: - Przybycin CG; Magi-Galluzzi C; McKenney JK

INSTITUCIÓN / INSTITUTION: - Department of Anatomic Pathology, Genitourinary Division, Robert J. Tomsich-Pathology and Laboratory Medicine Institute; and Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, OH, USA.

RESUMEN / SUMMARY: - Many hereditary tumor syndromes are associated with neoplasms of the kidney. It is becoming increasingly well recognized that a given familial tumor syndrome may be very heterogeneous in clinical appearance and that unrecognized patients may present initially for the treatment of a renal

mass. It is therefore important for surgical pathologists to be aware of the specific gross and microscopic findings in the kidney that suggest a possible syndromic association. In this review, we detail the histologic features of syndromic-associated renal neoplasms, describe the presence of characteristic changes in the background renal parenchyma, and provide an update on associated extrarenal manifestations for each of the following syndromes: von Hippel-Lindau disease, hereditary papillary renal cell carcinoma (RCC), hereditary leiomyomatosis-RCC, Birt-Hogg-Dube syndrome, tuberous sclerosis complex, germline succinate dehydrogenase mutation, hereditary nonpolyposis colorectal cancer syndrome, hyperparathyroidism-jaw tumor syndrome, PTEN hamartoma syndrome, constitutional chromosome 3 translocation, and familial nonsyndromic clear cell RCC. We also include a synopsis of renal medullary carcinoma because of its association with hereditary hemoglobinopathies.

[929]

TÍTULO / TITLE: - Tumor-suppressive microRNA-1291 directly regulates glucose transporter 1 (GLUT1) in renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Sci. 2013 Jul 25. doi: 10.1111/cas.12240.

●● Enlace al texto completo (gratis o de pago) [1111/cas.12240](#)

AUTORES / AUTHORS: - Yamasaki T; Seki N; Yoshino H; Itesako T; Yamada Y; Tatarano S; Hidaka H; Yonezawa T; Nakagawa M; Enokida H

INSTITUCIÓN / INSTITUTION: - Department of Urology, Graduate School of Medical and Dental Sciences, Kagoshima University, Kagoshima, Japan.

RESUMEN / SUMMARY: - Our recent studies of microRNA (miRNA) expression signatures demonstrated that microRNA-1291 (miR-1291) was significantly down-regulated in renal cell carcinoma (RCC) clinical specimens and was a putative tumor-suppressive miRNA in RCC. The aim of this study was to investigate the functional significance of miR-1291 in cancer cells and to identify novel miR-1291-mediated cancer pathways and target genes in RCC. The expression of miR-1291 was significantly down-regulated in RCC tissues compared with adjacent non-cancerous tissues. Restoration of mature miR-1291 in RCC cell lines (A498 and 786-O) revealed significant inhibition of cell proliferation, migration, and invasion, suggesting that miR-1291 functioned as a tumor suppressor. To identify miR-1291-mediated molecular pathways and targets, we used gene expression analysis (expression of RCC clinical specimens and miR-1291-transfected A498 cells) and in silico database analysis. Our data demonstrated that 79 signaling pathways were significantly regulated by tumor-suppressive miR-1291 in RCC cells. Moreover, solute carrier family 2 member 1 (SLC2A1) was a candidate target of miR-1291 regulation. The SLC2A1 gene provides instructions for producing glucose transporter protein type 1 (GLUT1). Luciferase reporter assays showed that miR-1291 directly regulated SLC2A1/GLUT1. In RCC clinical specimens, the

expression of SLC2A1/GLUT1 mRNA was significantly higher in cancer tissues than in non-cancerous tissues. A significant inverse correlation was recognized between SLC2A1/GLUT1 and miR-1291 expression ($r = -0.55$, $P < 0.0001$). Loss of tumor-suppressive miR-1291 enhanced RCC cell proliferation, migration, and invasion through targeting SLC2A1/GLUT1. The identification of novel tumor-suppressive miR-1291-mediated molecular pathways and targets has provided new insights into RCC oncogenesis and metastasis. This article is protected by copyright. All rights reserved.

[930]

TÍTULO / TITLE: - Decision Making in Prostate Cancer Screening Using Decision Aids vs Usual Care: A Randomized Clinical Trial.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - JAMA. %8?(3k+]3s <http://jama.ama-assn.org/search.dtl>

●● JAMA: <> Intern Med. 2013 Jul 29. doi:
10.1001/jamainternmed.2013.9253.

●● Enlace al texto completo (gratis o de pago)

1001/jamainternmed.2013.9253

AUTORES / AUTHORS: - Taylor KL; Williams RM; Davis K; Luta G; Penek S; Barry S; Kelly S; Tomko C; Schwartz M; Krist AH; Woolf SH; Fishman MB; Cole C; Miller E

INSTITUCIÓN / INSTITUTION: - Lombardi Comprehensive Cancer Center, Georgetown University Medical Center, Washington, DC.

RESUMEN / SUMMARY: - IMPORTANCE The conflicting recommendations for prostate cancer (PCa) screening and the mixed messages communicated to the public about screening effectiveness make it critical to assist men in making informed decisions. OBJECTIVE To assess the effectiveness of 2 decision aids in helping men make informed PCa screening decisions. DESIGN, SETTING, AND PARTICIPANTS A racially diverse group of male outpatients aged 45 to 70 years from 3 sites were interviewed by telephone at baseline, 1 month, and 13 months, from 2007 through 2011. We conducted intention-to-treat univariate analyses and multivariable linear and logistic regression analyses, adjusting for baseline outcome measures. INTERVENTION Random assignment to print-based decision aid ($n = 628$), web-based interactive decision aid ($n = 625$), or usual care (UC) ($n = 626$). MAIN OUTCOMES AND MEASURES Prostate cancer knowledge, decisional conflict, decisional satisfaction, and whether participants underwent PCa screening. RESULTS Of 4794 eligible men approached, 1893 were randomized. At each follow-up assessment, univariate and multivariable analyses indicated that both decision aids resulted in significantly improved PCa knowledge and reduced decisional conflict compared with UC (all $P < .05$). Esta es una cita bibliográfica que va por delante de la publicación en papel. La fecha indicada en la cita provista, NO corresponde con la fecha o la cita bibliográfica de la publicación en papel. La

cita bibliográfica definitiva (con el volumen y su paginación) saldrá en 1 ó 2 meses a partir de la fecha de la emisión electrónica-online. *** This is a bibliographic record ahead of the paper publication. The given date in the bibliographic record does not correspond to the date or the bibliographic citation on the paper publication. The publisher will provide the final bibliographic citation (with the volume, and pagination) within 1 or 2 months from the date the record was published online.001). At 1 month, the standardized mean difference (Cohen's d) in knowledge for the web group vs UC was 0.74, and in the print group vs UC, 0.73. Decisional conflict was significantly lower for web vs UC (d = 0.33) and print vs UC (d = 0.36). At 13 months, these differences were smaller but remained significant. At 1 month, high satisfaction was reported by significantly more print (60.4%) than web participants (52.2%; P = .009) and significantly more web (P = .001) and print (P = .03) than UC participants (45.5%). At 13 months, differences in the proportion reporting high satisfaction among print (55.7%) compared with UC (49.8%; P = .06) and web participants (50.4%; P = .10) were not significant. Screening rates at 13 months did not differ significantly among groups. CONCLUSIONS AND RELEVANCE Both decision aids improved participants' informed decision making about PCa screening up to 13 months later but did not affect actual screening rates. Dissemination of these decision aids may be a valuable public health tool. TRIAL REGISTRATION clinicaltrials.gov Identifier: NCT00196807.

[931]

TÍTULO / TITLE: - Intravesical chemo-immunotherapy in non muscle invasive bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur Rev Med Pharmacol Sci. 2013 Aug;17(16):2145-58.

AUTORES / AUTHORS: - Leopardo D; Cecere SC; Di Napoli M; Cavaliere C; Pisano C; Striano S; Marra L; Menna L; Claudio L; Perdona S; Setola S; Berretta M; Franco R; Tambaro R; Pignata S; Facchini G

INSTITUCIÓN / INSTITUTION: - Uro-Gynecologic Oncology Unit, Istituto Nazionale per lo Studio e la Cura dei Tumori "Fondazione Giovanni Pascale", IRCCS, Napoli, Italia. s.pignata@istitutotumori.na.it.

RESUMEN / SUMMARY: - Non-Muscle-Invasive-Bladder-Cancer represents 75-85% of the new bladder cancer cases per year. Trans-urethral vesical resection is the milestone for diagnosis and therapy. After primary treatment, recurrence is frequent depending on the presence of several established risk factors: multiplicity, T dimension, prior recurrence. In some patients disease progress to an advanced stage. Adjuvant chemo-immunotherapy has been widely used depending on the risk category assigned on the basis of the risk factors for recurrence. In low risk categories a one shot treatment with chemotherapy is considered the standard treatment without any maintenance therapy. In intermediate risk patients, adjuvant induction therapy and maintenance chemotherapy or immunotherapy for at least one year is recommended. In high

risk patients adjuvant induction and maintenance immunotherapy until 3 years is considered the best strategy. In this review data on the different drugs used in this setting will be discussed.

[932]

TÍTULO / TITLE: - MALDI mass spectrometry in prostate cancer biomarker discovery.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Biochim Biophys Acta. 2013 Jul 2. pii: S1570-9639(13)00252-5. doi: 10.1016/j.bbapap.2013.06.015.

●● Enlace al texto completo (gratis o de pago)

[1016/j.bbapap.2013.06.015](#)

AUTORES / AUTHORS: - Flatley B; Malone P; Cramer R

INSTITUCIÓN / INSTITUTION: - Department of Chemistry, University of Reading, Reading, UK; Urology Research Department, Royal Berkshire Hospital, Reading, UK.

RESUMEN / SUMMARY: - Matrix-assisted laser desorption/ionisation (MALDI) mass spectrometry (MS) is a highly versatile and sensitive analytical technique, which is known for its soft ionisation of biomolecules such as peptides and proteins. Generally, MALDI MS analysis requires little sample preparation, and in some cases like MS profiling it can be automated through the use of robotic liquid-handling systems. For more than a decade now, MALDI MS has been extensively utilised in the search for biomarkers that could aid clinicians in diagnosis, prognosis, and treatment decision making. This review examines the various MALDI-based MS techniques like MS imaging, MS profiling and proteomics in-depth analysis where MALDI MS follows fractionation and separation methods such as gel electrophoresis, and how these have contributed to prostate cancer biomarker research. This article is part of a Special Issue entitled: Biomarkers: A Proteomic Challenge.

[933]

TÍTULO / TITLE: - An indirect comparison of everolimus versus sorafenib in metastatic renal cell carcinoma - a flawed analysis and a problematic response.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Opin Pharmacother. 2013 Aug;14(12):1705-6. doi: 10.1517/14656566.2013.810211. Epub 2013 Jun 19.

●● Enlace al texto completo (gratis o de pago)

[1517/14656566.2013.810211](#)

AUTORES / AUTHORS: - Hoaglin DC

INSTITUCIÓN / INSTITUTION: - 73 Hickory Road Sudbury, MA 01776 , USA +1 978 443 3603 ; dchoaglin@gmail.com.

[934]

TÍTULO / TITLE: - Urethral Lift for Benign Prostatic Hyperplasia: A Comprehensive Review of the Literature.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Curr Urol Rep. 2013 Jun 21.

- Enlace al texto completo (gratis o de pago) [1007/s11934-013-0348-](#)

[3](#)

AUTORES / AUTHORS: - Larcher A; Broglia L; Lughezzani G; Mistretta F; Abrate A; Lista G; Fossati N; Sangalli M; Kuefner D; Cestari A; Buffi N; Lazzeri M; Guazzoni G; Montorsi F

INSTITUCIÓN / INSTITUTION: - Department of Urology, San Raffaele Turro Hospital, Vita Salute San Raffaele University, Milan, Italy, alelarcher@gmail.com.

RESUMEN / SUMMARY: - Current treatments for benign prostatic hyperplasia (BPH) include watchful waiting, medical therapy, and interventional procedures. The post-surgical complication profile and the early discontinuation of medical therapy are significant drawbacks of the established approach and stimulate the search for less-invasive approaches. Our aim is to provide a comprehensive review all available literature on prostatic urethral lift (PUL), presenting an overview of safety, indications, surgical technique and results of the procedure, and to evaluate the potential role it could play in the treatment of BPH. A comprehensive search was conducted on PubMed and Scopus database to identify original articles in English dealing with PUL without any limit to publication date. Keywords used were prostatic urethral lift, urethral lifting, Urolift, benign prostatic hyperplasia and minimally invasive therapy. The PUL seems to offer a better IPSS improvement when compared to medical therapy, but the result is inferior when compared to surgical therapy. Published studies report an absence of degradation of erectile or ejaculatory function after treatment, which appears a noteworthy benefit of PUL. Additional advantages of the PUL are a better complication profile in comparison to other surgical therapies and the use of a local anesthesia, sometimes without postoperative catheterization. The PUL, a novel, minimally invasive treatment option for men affected by BPH, presents a promising potential although it is clear that PUL is not a substitute for traditional ablative surgical approach, as this procedure requires a scrupulous selection of the patient.

[935]

TÍTULO / TITLE: - Unilateral squamous cell carcinoma of the renal pelvis with hydronephrosis in a cat.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Feline Med Surg. 2013 Jul 1.

- Enlace al texto completo (gratis o de pago)

[1177/1098612X13495866](https://doi.org/10.1177/1098612X13495866)

AUTORES / AUTHORS: - Gomez Selgas A; Scase TJ; Foale RD

INSTITUCIÓN / INSTITUTION: - 1 Dick White Referrals, Six Mile Bottom, UK.

RESUMEN / SUMMARY: - A 4-year-old female neutered domestic shorthair cat was presented for evaluation of gradual onset of lethargy and anorexia. Physical examination revealed moderate abdominal distension. Investigations performed included complete blood count, serum biochemistry, urinalysis, pyelocentesis, abdominal fluid analysis, abdominal ultrasonography and exploratory celiotomy. Nephrectomy was performed on the hydronephrotic kidney and a sample of the omentum was also taken, as it was grossly abnormal. No other abnormalities were found in the remainder of the abdominal organs. Findings were consistent with unilateral hydronephrosis and squamous cell carcinoma of the renal pelvis with abdominal carcinomatosis. The patient was given supportive treatment while the results of the biopsies from the renal tissue and the omentum were pending. The patient deteriorated a short time after surgical intervention and was euthanased. This is the first report of a squamous cell carcinoma arising from the renal pelvis in cat. A comparison with the disease presentation in humans is also discussed.

[936]

TÍTULO / TITLE: - Adequate histologic sectioning of prostate needle biopsies.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Ann Diagn Pathol. 2013 Aug;17(4):357-60. doi: 10.1016/j.anndiagpath.2013.04.006. Epub 2013 Jun 10.

- Enlace al texto completo (gratis o de pago)

[1016/j.anndiagpath.2013.04.006](https://doi.org/10.1016/j.anndiagpath.2013.04.006)

AUTORES / AUTHORS: - Bostwick DG; Kahane H

INSTITUCIÓN / INSTITUTION: - Bostwick Laboratories, Orlando, FL 32809, USA; Bostwick Laboratories, Uniondale, NY 11553, USA. Electronic address: dbostwick@bostwicklaboratories.com.

RESUMEN / SUMMARY: - No standard method exists for sampling prostate needle biopsies, although most reports claim to embed 3 cores per block and obtain 3 slices from each block. This study was undertaken to determine the extent of histologic sectioning necessary for optimal examination of prostate biopsies. We prospectively compared the impact on cancer yield of submitting 1 biopsy core per cassette (biopsies from January 2010) with 3 cores per cassette (biopsies from August 2010) from a large national reference laboratory. Between 6 and 12 slices were obtained with the former 1-core method, resulting in 3 to 6 slices being placed on each of 2 slides; for the latter 3-core method, a limit of 6 slices was obtained, resulting in 3 slices being placed on each of 2 slides. A total of 6708 sets of 12 to 18 core biopsies were studied, including 3509 biopsy sets from the 1-biopsy-core-per-cassette group (January 2010) and 3199 biopsy sets

from the 3-biopsy-cores-percassette group (August 2010). The yield of diagnoses was classified as benign, atypical small acinar proliferation, high-grade prostatic intraepithelial neoplasia, and cancer and was similar with the 2 methods: 46.2%, 8.2%, 4.5%, and 41.1% and 46.7%, 6.3%, 4.4%, and 42.6%, respectively (P = .02). Submission of 1 core or 3 cores per cassette had no effect on the yield of atypical small acinar proliferation, prostatic intraepithelial neoplasia, or cancer in prostate needle biopsies. Consequently, we recommend submission of 3 cores per cassette to minimize labor and cost of processing.

[937]

TÍTULO / TITLE: - Neoadjuvant Paradigm for Accelerated Drug Development: An Ideal Model in Bladder Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Oncologist. 2013 Jul 24.

●● [Enlace al texto completo \(gratis o de pago\)](#)

[1634/theoncologist.2013-0023](#)

AUTORES / AUTHORS: - Chism DD; Woods ME; Milowsky MI

INSTITUCIÓN / INSTITUTION: - Department of Medicine, Division of Hematology and Oncology.

RESUMEN / SUMMARY: - Neoadjuvant cisplatin-based combination chemotherapy for muscle-invasive bladder cancer (MIBC) has been shown to confer a survival advantage in two randomized clinical trials and a meta-analysis. Despite level 1 evidence supporting its benefit, utilization remains dismal with nearly one-half of patients ineligible for cisplatin-based therapy because of renal dysfunction, impaired performance status, and/or coexisting medical problems. This situation highlights the need for the development of novel therapies for the management of MIBC, a disease with a lethal phenotype. The neoadjuvant paradigm in bladder cancer offers many advantages for accelerated drug development. First, there is a greater likelihood of successful therapy at an earlier disease state that may be characterized by less genomic instability compared with the metastatic setting, with an early readout of activity with results determined in months rather than years. Second, pre- and post-treatment tumor tissue collection in patients with MIBC is performed as the standard of care without the need for research-directed biopsies, allowing for the ability to perform important correlative studies and to monitor tumor response to therapy in “real time.” Third, pathological complete response (pT0) predicts for improved outcome in patients with MIBC. Fourth, there is a strong biological rationale with rapidly accumulating evidence for actionable targets in bladder cancer. This review focuses on the neoadjuvant paradigm for accelerated drug development using bladder cancer as the ideal model.

[938]

TÍTULO / TITLE: - Radical Cystectomy versus Bladder-Preserving Therapy for Muscle-Invasive Urothelial Carcinoma: Examining Confounding and Misclassification Bias in Cancer Observational Comparative Effectiveness Research.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Value Health. 2013 Jun;16(4):610-8. doi: 10.1016/j.jval.2013.01.005. Epub 2013 Apr 24.

●● [Enlace al texto completo \(gratis o de pago\) 1016/j.jval.2013.01.005](#)

AUTORES / AUTHORS: - Bekelman JE; Handorf EA; Guzzo T; Evan Pollack C; Christodouleas J; Resnick MJ; Swisher-McClure S; Vaughn D; Ten Have T; Polsky D; Mitra N

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Pennsylvania, Philadelphia, PA, USA; Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, PA, USA; Leonard Davis Institute of Health Economics, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA. Electronic address: bekelman@uphs.upenn.edu.

RESUMEN / SUMMARY: - **OBJECTIVES:** Radical cystectomy (RC) is the standard treatment for muscle-invasive urothelial carcinoma of the bladder. Trimodality bladder-preserving therapy (BPT) is an alternative to RC, but randomized comparisons of RC versus BPT have proven infeasible. To compare RC versus BPT, we undertook an observational cohort study using registry and administrative claims data from the Surveillance, Epidemiology and End Results-Medicare database. **METHODS:** We identified patients age 65 years or older diagnosed between 1995 and 2005 who received RC (n = 1426) or BPT (n = 417). We examined confounding and stage misclassification in the comparison of RC and BPT by using multivariable adjustment, propensity score-based adjustment, instrumental variable (IV) analysis, and simulations. **RESULTS:** Patients who received BPT were older and more likely to have comorbid disease. After propensity score adjustment, BPT was associated with an increased hazard of death from any cause (hazard ratio [HR] 1.26; 95% confidence interval [CI] 1.05-1.53) and from bladder cancer (HR 1.31; 95% CI 0.97-1.77). Using the local area cystectomy rate as an instrument, IV analysis demonstrated no differences in survival between BPT and RC (death from any cause HR 1.06; 95% CI 0.78-1.31; death from bladder cancer HR 0.94; 95% CI 0.55-1.18). Simulation studies for stage misclassification yielded results consistent with the IV analysis. **CONCLUSIONS:** Survival estimates in an observational cohort of patients who underwent RC versus BPT differ by analytic method. Multivariable and propensity score adjustment revealed greater mortality associated with BPT relative to RC, while IV analysis and simulation studies suggest that the two treatments are associated with similar survival outcomes.

[939]

TÍTULO / TITLE: - Aerobic glycolysis: a novel target in kidney cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jun;13(6):711-9. doi: 10.1586/era.13.57.

●● Enlace al texto completo (gratis o de pago) [1586/era.13.57](#)

AUTORES / AUTHORS: - Shuch B; Linehan WM; Srinivasan R

INSTITUCIÓN / INSTITUTION: - Urologic Oncology Branch, National Cancer Institute, 10 Center Drive, CRC, Building 10, Room 1-5940, Bethesda, MD 20892, USA. ramasrin@mail.nih.gov.

RESUMEN / SUMMARY: - Renal cell carcinoma (RCC) is a heterogenous group of cancers that arise from the nephron. While there are distinct histologic subtypes associated with common genetic alterations, most forms of RCC are linked by a common pathway of dysregulated metabolism. Reliance on aerobic glycolysis, a feature of cancer first hypothesized by Warburg, is a common feature in sporadic and hereditary forms of kidney cancer. Two hereditary forms of RCC, succinate dehydrogenase (SDH) and hereditary leiomyomatosis and RCC (HLRCC), are characterized by mutations in Krebs cycle enzymes, rendering them dependent on glycolysis for energy requirements. The reliance on these pathways may make them vulnerable to novel metabolic strategies, including inhibition of glycolysis, glucose uptake and macromolecule biosynthesis.

[940]

TÍTULO / TITLE: - Wilms tumor.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Pediatr Rev. 2013 Jul;34(7):328-30. doi: 10.1542/pir.34-7-328.

●● Enlace al texto completo (gratis o de pago) [1542/pir.34-7-328](#)

AUTORES / AUTHORS: - Friedman AD

INSTITUCIÓN / INSTITUTION: - Johns Hopkins University School of Medicine, Baltimore, MD.

[941]

TÍTULO / TITLE: - Bleeding renal angiomyolipoma presenting as duodenal obstruction.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int Urol Nephrol. 2013 Aug;45(4):975-7. doi: 10.1007/s11255-013-0483-2. Epub 2013 Jun 18.

●● Enlace al texto completo (gratis o de pago) [1007/s11255-013-0483-](#)

[2](#)

AUTORES / AUTHORS: - Teoh JY; Chan NH; Cheung HY; Hou SS; Ng CF
INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery, North District Hospital, Sheung Shui, New Territories, Hong Kong, China.
RESUMEN / SUMMARY: - We report a case of a 60-year-old woman who had a delayed presentation of duodenal obstruction as a result of a bleeding right renal angiomyolipoma (AML) with retroperitoneal hematoma. Her duodenal obstruction did not improve upon conservative management, and a computed tomography (CT)-guided drainage of the retroperitoneal hematoma was subsequently performed. Post-intervention, CT scan confirmed hematoma resolution, and she was able to resume normal diet afterwards. We present this first reported case of a bleeding renal AML with retroperitoneal hematoma causing duodenal obstruction and discuss on the management of such condition.

[942]

TÍTULO / TITLE: - Role of inflammasomes and their regulators in prostate cancer initiation, progression and metastasis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cell Mol Biol Lett. 2013 Sep;18(3):355-67. doi: 10.2478/s11658-013-0095-y. Epub 2013 Jun 20.

●● [Enlace al texto completo \(gratis o de pago\) 2478/s11658-013-0095-](#)

[y](#)

AUTORES / AUTHORS: - Veeranki S

INSTITUCIÓN / INSTITUTION: - Department of Biochemistry and Molecular Biology, University of Louisville, Baxter II, Rm. 117, 580 S. Preston St., Louisville, KY, 40202, USA, veeransr@gmail.com.

RESUMEN / SUMMARY: - Prostate cancer is one of the main cancers that affect men, especially older men. Though there has been considerable progress in understanding the progression of prostate cancer, the drivers of its development need to be studied more comprehensively. The emergence of resistant forms has also increased the clinical challenges involved in the treatment of prostate cancer. Recent evidence has suggested that inflammation might play an important role at various stages of cancer development. This review focuses on inflammasome research that is relevant to prostate cancer and indicates future avenues of study into its effective prevention and treatment through inflammasome regulation. With regard to prostate cancer, such research is still in its early stages. Further study is certainly necessary to gain a broader understanding of prostate cancer development and to create successful therapy solutions.

[943]

TÍTULO / TITLE: - Contemplating bladder cancer care: can we cut costs and improve quality of care?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jun;13(6):639-40. doi: 10.1586/era.13.29.

●● Enlace al texto completo (gratuito o de pago) [1586/era.13.29](#)

AUTORES / AUTHORS: - Aarsaether E; Patel HR

INSTITUCIÓN / INSTITUTION: - Department of Urology and Endocrine Surgery, University Hospital of North Norway, N-9038 Tromso, Norway and Institute of Clinical Medicine, University of Tromso, N-9037 Tromso, Norway.

[944]

TÍTULO / TITLE: - Establishment of an ASPL-TFE3 renal cell carcinoma cell line (S-TFE).

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Biol Ther. 2013 Jun;14(6):502-10. doi: 10.4161/cbt.24344.

●● Enlace al texto completo (gratuito o de pago) [4161/cbt.24344](#)

AUTORES / AUTHORS: - Hirobe M; Masumori N; Tanaka T; Kitamura H; Tsukamoto T

INSTITUCIÓN / INSTITUTION: - Department of Urology, Sapporo Medical University, Sapporo, Japan.

RESUMEN / SUMMARY: - Xp11 translocation renal cell carcinoma is a rare disease diagnosed in children and adolescents in the advanced stage with an aggressive clinical course. Various gene fusions including the transcription factor E3 (TFE3) gene located on chromosome X cause the tumor. We established an Xp11 translocation renal cell carcinoma cell line from a renal tumor in a 18-y-old Japanese female and named it "S-TFE." The cell line and its xenograft demonstrated definite gene fusion including TFE3. They showed strong nuclear staining for TFE3 in immunohistochemistry, TFE3 gene rearrangement in dual-color, break-apart FISH analysis and ASPL-TFE3 type 1 fusion transcripts detected by RT-PCR and direct DNA sequencing. Although many renal cell carcinoma cell lines have been established and investigated, only a few cell lines are recognized as Xp11.2 translocation carcinoma. S-TFE will be useful to examine the characteristics and drug susceptibility of Xp11 translocation renal cell carcinoma.

[945]

TÍTULO / TITLE: - Late Relapse of Testis Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Curr Urol Rep. 2013 Jul 11.

- Enlace al texto completo (gratis o de pago) [1007/s11934-013-0355-](https://doi.org/10.1007/s11934-013-0355-4)

[4](#)

AUTORES / AUTHORS: - Ehrlich Y; Rosenbaum E; Baniel J

INSTITUCIÓN / INSTITUTION: - Department of Urology and Oncology, Rabin Medical Center, Petach Tikva, 49100, Israel, yaronehrlich@gmail.com.

RESUMEN / SUMMARY: - Most relapses of germ-cell tumors occur within 2 years of initial treatment. In 2 % to 4 % of patients, relapse may occur later. The retroperitoneum is the primary site of late relapses, and alpha-fetoprotein is the predominant marker. These tumors are highly resistant to chemotherapy. Surgical resection is the preferred treatment. If the recurrent disease is inoperable, salvage chemotherapy may be instituted, followed by resection of the residual disease.

[946]

TÍTULO / TITLE: - F-Fluoride PET/CT in the detection of bone metastases in clear cell renal cell carcinoma: discordance with bone scintigraphy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Nucl Med Mol Imaging. 2013 Jul 23.

- Enlace al texto completo (gratis o de pago) [1007/s00259-013-2508-](https://doi.org/10.1007/s00259-013-2508-6)

[6](#)

AUTORES / AUTHORS: - Fuccio C; Spinapolice EG; Cavalli C; Palumbo R; D'Ambrosio D; Trifiro G

INSTITUCIÓN / INSTITUTION: - Fondazione S. Maugeri, Pavia, Italy, chiara.fuccio@libero.it.

[947]

TÍTULO / TITLE: - Current management considerations for the incidentally detected small renal mass.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Control. 2013 Jul;20(3):211-21.

AUTORES / AUTHORS: - Bueth DD; Spiess PE

INSTITUCIÓN / INSTITUTION: - Genitourinary Oncology Program, Moffitt Cancer Center, Tampa, FL, USA. Philippe.Spiess@Moffitt.org.

RESUMEN / SUMMARY: - BACKGROUND: Nephron-sparing treatments remain underutilized for the management of small renal masses despite a rise in incidentally detected renal cell carcinoma and a downward stage migration. METHODS: Historical publications representative of currently accepted paradigms were reviewed, and the results of a contemporary scientific literature search conducted in PubMed focusing on studies involving humans, published in English, and inclusive of clinical trials, meta-analyses, randomized controlled trials, and practice guidelines are included. Results from contemporary retrospective trials augment the data when level I or II evidence is absent.

RESULTS: Phase III clinical trial results substantiate the long-held tenet that partial nephrectomy is equivalent to radical nephrectomy with respect to safety and oncologic efficacy. Further, minimally invasive techniques using laparoscopy and robotic assistance to achieve partial nephrectomy appear equally effective to traditional open techniques. Although no prospective randomized studies are available, large retrospective studies support the notion that active surveillance and thermal ablative techniques are viable options for carefully selected patients. CONCLUSIONS: The management of small renal masses encompasses a host of therapeutic options, all of which must be considered and discussed with the individual patient.

[948]

TÍTULO / TITLE: - X. Extra-nodal lymphoma in rare localisations: bone, breast and testes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Hematol Oncol. 2013 Jun;31 Suppl 1:60-3. doi: 10.1002/hon.2081.

●● Enlace al texto completo (gratis o de pago) [1002/hon.2081](#)

AUTORES / AUTHORS: - Seymour JF

INSTITUCIÓN / INSTITUTION: - Department of Haematology, Peter MacCallum Cancer Centre and University of Melbourne, Melbourne, Australia.

John.Seymour@petermac.org

[949]

TÍTULO / TITLE: - Identification of Pre- and Post-Treatment Markers, Clinical, and Laboratory Parameters Associated with Outcome in Renal Cancer Patients Treated with MVA-5T4.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Front Oncol. 2013 Jul 15;3:185. doi: 10.3389/fonc.2013.00185. Print 2013.

●● Enlace al texto completo (gratis o de pago) [3389/fonc.2013.00185](#)

AUTORES / AUTHORS: - Said R; Amato RJ

INSTITUCIÓN / INSTITUTION: - Division of Oncology, Department of Internal Medicine, Memorial Hermann Cancer Center, University of Texas Health Science Center at Houston (Medical School), Houston, TX, USA.

RESUMEN / SUMMARY: - The recent approvals of immunotherapeutic agents (Sipuleucel-T and Ipilimumab) for the treatment of different solid tumors gave a boost to the growing cancer immunotherapy field, even though few immunotherapy studies have demonstrated convincingly that there is a direct link between the predicted mode of action of an immunological compound and therapeutic benefit. MVA-5T4 (TroVax®) is a novel vaccine combining the tumor-associated antigen 5T4 to an engineered vector-modified vaccinia

Ankara (MVA). MVA helps to express the oncofetal 5T4 antigen and subsequently trigger a tumor-directed immune reaction. The safety and clinical benefit reported in multiple phase I and II clinical trials using MVA-5T4 were encouraging; immune responses were induced in almost all treated patients, and associations between 5T4-specific cellular or humoral responses and clinical benefit were reported in most of the nine phase II trials. In particular, clinical studies conducted in renal cell carcinoma (RCC) patients have demonstrated an association between 5T4-specific (but not MVA) antibody responses and enhanced survival. This review describes the clinical studies using MVA-5T4 conducted in RCC that convincingly demonstrated that an antigen-specific immune response induced by vaccination is associated with enhanced patient survival and is not simply a function of the general “health” of patients. We will also provide our expert opinions on possible future better-designed clinical trials based on relevant biomarkers. In addition, various combinations of MVA-5T4 and different and newer immunomodulator agents with promising clinical benefit will be discussed.

[950]

TÍTULO / TITLE: - Metastatic castration-resistant prostate cancer: integrating new learnings to optimise treatment outcomes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Minerva Urol Nefrol. 2013 Sep;65(3):171-87.

AUTORES / AUTHORS: - Heidenreich A; Porres D; Piper C; Thissen AK; Pfister D

INSTITUCIÓN / INSTITUTION: - Department of Urology, RWTH University, Aachen, Germany - aheidenreich@ukaachen.de.

RESUMEN / SUMMARY: - The approval or clinical evaluation of several new agents - cabazitaxel, abiraterone acetate, enzalutamide, sipuleucel-T, and radium-223 - has changed the management of patients with metastatic castration-resistant prostate cancer (mCRPC) prior to or after docetaxel-based chemotherapy significantly. All of these agents have resulted in a significant survival benefit as compared to their control group. However, treatment responses might differ depending on the associated comorbidities and the extent and the biological aggressiveness of the disease. Furthermore, treatment associated side effects differ between the various drugs. As new drugs become approved, new treatment strategies and markers to best select which patients will best respond to which drug are needed. It is the aim of the current article to: (1) summarize the data of established treatment options in mCRPC; (2) highlight new developments of medical treatment; (3) provide clinically useful algorithms for the daily routine and to (4) point out future developments of medical treatment.

[951]

TÍTULO / TITLE: - TLR7 Expression is Decreased During Tumour Progression in Transgenic Adenocarcinoma of Mouse Prostate Mice and Its Activation Inhibits Growth of Prostate Cancer Cells.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Am J Reprod Immunol. 2013 Jun 24. doi: 10.1111/aji.12146.

●● Enlace al texto completo (gratis o de pago) [1111/aji.12146](#)

AUTORES / AUTHORS: - Han JH; Park SY; Kim JB; Cho SD; Kim B; Kim BY; Kang MJ; Kim DJ; Park JH; Park JH

INSTITUCIÓN / INSTITUTION: - Laboratory Animal Medicine, College of Veterinary Medicine, Seoul University, Seoul, Korea.

RESUMEN / SUMMARY: - PROBLEM: Although various Toll-like receptors (TLRs) have been associated with immune response and tumorigenesis in the prostate cells, little is known about the role of TLR7. Accordingly, we examined the expression of TLR7 during tumour progression of TRMAP (transgenic mouse model for prostate cancer) mice and its role on cell growth. METHOD OF STUDY: Toll-like receptor7 expression was examined by RT-polymerase chain reaction (PCR), Western blot, and immunohistochemistry. Cell growth was examined by MTT assay. Colony formation was investigated by crystal violet staining. RESULTS: Strong expression of TLR7 was detected in the normal prostate epithelia of Wild-type (WT) mice, but not in TLR7-deficient mice. In contrast, TLR7 expression was weak in transgenic adenocarcinoma of mouse prostate (TRAMP)-C2 cells, as compared with murine bone marrow-derived macrophages (BMDMs). Moreover, TLR7 mRNA was markedly expressed in RWPE-1 cells (non-cancerous prostate epithelial cells), but not in PC3 and DU145 (prostate cancer cells). Immunohistochemically, TLR7 expression gradually decreased in TRAMP mice depending on the pathologic grade of the prostate cells. TLR7 agonists increased both the gene and protein expression of TLR7 and promoted production of proinflammatory cytokines/chemokines and IFN-beta gene expression in prostate cancer cell lines. Moreover, loxoribine inhibited the growth and colony formation of TRAMP-C2 cells dependent of TLR7. CONCLUSION: These findings suggest that TLR7 may participate in tumour suppression in the prostate cells.

[952]

TÍTULO / TITLE: - Hypermethylation of testis derived transcript gene promoter significantly correlates with worse outcomes in glioblastoma patients.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Chin Med J (Engl). 2013 Jun;126(11):2062-6.

AUTORES / AUTHORS: - Wang LJ; Bai Y; Bao ZS; Chen Y; Yan ZH; Zhang W; Zhang QG

INSTITUCIÓN / INSTITUTION: - Department of Immunology, Capital Medical University, Beijing 100069, China.

RESUMEN / SUMMARY: - BACKGROUND: Glioblastoma is the most common and lethal cancer of the central nervous system. Global genomic hypomethylation and some CpG island hypermethylation are common hallmarks of these malignancies, but the effects of these methylation abnormalities on glioblastomas are still largely unclear. Methylation of the O6-methylguanine-DNA methyltransferase promoter is currently an only confirmed molecular predictor of better outcome in temozolomide treatment. To better understand the relationship between CpG island methylation status and patient outcome, this study launched DNA methylation profiles for thirty-three primary glioblastomas (pGBMs) and nine secondary glioblastomas (sGBMs) with the expectation to identify valuable prognostic and therapeutic targets. METHODS: We evaluated the methylation status of testis derived transcript (TES) gene promoter by microarray analysis of glioblastomas and the prognostic value for TES methylation in the clinical outcome of pGBM patients. Significance analysis of microarrays was used for genes significantly differently methylated between 33 pGBM and nine sGBM. Survival curves were calculated according to the Kaplan-Meier method, and differences between curves were assessed using the log-rank test. Then, we treated glioblastoma cell lines (U87 and U251) with 5-aza-2-deoxycytidines (5-aza-dC) and detected cell biological behaviors. RESULTS: Microarray data analysis identified TES promoter was hypermethylated in pGBMs compared with sGBMs ($P < 0.05$). Survival curves from the Kaplan-Meier method analysis revealed that the patients with TES hypermethylation had a short overall survival ($P < 0.05$). This abnormality is also confirmed in glioblastoma cell lines (U87 and U251). Treating these cells with 5-aza-dC released TES protein expression resulted in significant inhibition of cell growth ($P = 0.013$). CONCLUSIONS: Hypermethylation of TES gene promoter highly correlated with worse outcome in pGBM patients. TES might represent a valuable prognostic marker for glioblastoma.

[953]

TÍTULO / TITLE: - Efficacy and toxicity of intensity-modulated radiation therapy for prostate cancer in Chinese patients.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Hong Kong Med J. 2013 Jun 20. doi: 10.12809/hkmj133815.

●● Enlace al texto completo (gratis o de pago) [12809/hkmj13815](#)

AUTORES / AUTHORS: - Poon DM; Chan SL; Leung CM; Lee KM; Kam MK; Yu BK; Chan AT

INSTITUCIÓN / INSTITUTION: - Department of Clinical Oncology, State Key Laboratory in Oncology in South China, Sir YK Pao Centre for Cancer, Hong Kong Cancer Institute and Prince of Wales Hospital, The Chinese University of Hong Kong, Shatin, Hong Kong.

RESUMEN / SUMMARY: - OBJECTIVE. To report the treatment efficacy and toxicity profile of intensity-modulated radiation therapy in Chinese patients with clinically localised prostate cancer. DESIGN. Historical cohort study. SETTING. Oncology unit in a university teaching hospital in Hong Kong. PATIENTS. Patients with clinically localised prostate cancer undergoing intensity-modulated radiation therapy in our institution between May 2001 and November 2009 were reviewed. MAIN OUTCOME MEASURES. The 5-year biochemical failure-free survival, 5-year overall survival, as well as acute/late gastro-intestinal toxicities and genito-urinary toxicities. RESULTS. A total of 182 patients were treated with prostate intensity-modulated radiation therapy with or without whole-pelvic radiotherapy. The median follow-up was 44 months. The median patient age was 72 years. Overall survival of the cohort was 92% after 5 years. The favourable, intermediate, and unfavourable risk category distributions of the National Comprehensive Cancer Network were 21 (12%), 42 (23%), and 119 (65%), respectively. The 5-year actuarial biochemical failure-free survival rates for patients in these categories were 95%, 82%, and 80%, respectively. Multivariate analysis identified early tumour stage, low pre-treatment prostate-specific antigen levels, and the use of adjuvant androgen deprivation as independent prognostic factors for better biochemical failure-free survival. Grade 2 and 3 late gastro-intestinal/genito-urinary toxicities occurred in 8%/3% and 4%/3% of the patients, respectively. CONCLUSION. Intensity-modulated radiation therapy for prostate cancer is feasible and safe in the Chinese population. These data are consistent with the results of other series in Caucasian populations.

[954]

TÍTULO / TITLE: - Prostate cancer screening in a healthy population cohort in eastern Nepal: an explanatory trial study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(5):2835-8.

AUTORES / AUTHORS: - Belbase NP; Agrawal CS; Pokharel PK; Agrawal S; Lamsal M; Shakya VC

INSTITUCIÓN / INSTITUTION: - Department of GI Surgery, College of Medical Sciences, Nepal E-mail : narayan_299@yahoo.co.nz.

RESUMEN / SUMMARY: - Background: Prostate cancer features a substantial incidence and mortality burden, similarly to breast cancer, and it ranks among the top ten specific causes of death in males. Objective: To explore the situation of prostate cancer in a healthy population cohort in Eastern Nepal. Materials and Methods: This study was conducted in the Department of General Surgery at B. P. Koirala Institute of Health Sciences, Dharan, Nepal from July 2010 to June 2011. Males above 50 years visiting the Surgical Outpatient Department in BPKIHS were enrolled in the study and screening camps were organized in four Teaching District Hospitals of BPKIHS, all in Eastern Nepal. Digital rectal

examination (DRE) was conducted by trained professionals after collecting blood for assessment of serum prostatic specific antigen (PSA). Trucut biopsies were performed for all individuals with abnormal PSA/DRE findings. Results: A total of 1,521 males more than 50 years of age were assessed and screened after meeting the inclusion criteria. The vast majority of individuals, 1,452 (96.2%), had PSA \leq 4.0 ng/ml. Abnormal PSA ($>$ 4 ng/ml) was found in 58 (3.8%). Abnormal DRE was found in 26 (1.72%). DRE and PSA were both abnormal in 26 (1.72%) individuals. On the basis of raised PSA or abnormal DRE 58 (3.84%) individuals were subjected to digitally guided trucut biopsy. Biopsy report revealed benign prostatic hyperplasia in 47 (3.11%) and adenocarcinoma prostate in 11 (0.73%). The specificity of DRE was 66.0% with a sensitivity of 90.9% and a positive predictive value of 38.5%. The sensitivity of PSA more than 4ng/ml in detecting carcinoma prostate was 100% and the positive predictive value for serum PSA was 19.0% Conclusions: The overall cancer detection rate in this study was 0.73% and those detected were locally advanced. Larger community-based studies are highly warranted specially among high-risk groups.

[955]

TÍTULO / TITLE: - Thyroid-like follicular carcinoma of the kidney in a patient with nephrolithiasis and polycystic kidney disease: a case report.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Diagn Pathol. 2013 Jul 2;8(1):108.

●● Enlace al texto completo (gratis o de pago) [1186/1746-1596-8-108](#)

AUTORES / AUTHORS: - Volav Ek M; Strojan-Fle Ar M; Mikuz G

RESUMEN / SUMMARY: - Thyroid-like follicular carcinoma of the kidney (TLFC), a rare neoplasm with low malignant potential, is histologically similar to primary thyroid follicular carcinoma, but characteristically lacks thyroid immunohistochemical markers. We report a case of 34-year old patient with nephrolithiasis. Ultrasound revealed hepatorenal cysts consistent with adult type polycystic kidney disease (ATPKD) and a cytologically confirmed left kidney tumor. Nephrectomy specimen contained sharply demarcated lesion of unusual morphology. Tubular and cystic structures lined by mostly cuboidal cells and filled with amorphous eosinophilic material, reminiscent of follicular carcinoma of the thyroid gland, were diagnostic for TLFC. Thyroid markers were negative. To our knowledge this is the first report of TLFC associated to ATPKD. Brief review of previously published TLFCs, possible relationship between entities and differential diagnosis are discussed. Virtual slides The virtual slide(s) for this article can be found here:

<http://www.diagnosticpathology.diagnomx.eu/vs/8067946569612694>.

[956]

TÍTULO / TITLE: - Placental growth factor may predict increased left ventricular mass index in patients with mild to moderate chronic kidney disease—a prospective observational study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BMC Nephrol. 2013 Jul 11;14(1):142.

●● Enlace al texto completo (gratis o de pago) [1186/1471-2369-14-142](#)

AUTORES / AUTHORS: - Peiskerova M; Kalousova M; Danzig V; Mikova B; Hodkova M; N Me Ek E; Bani-Hani A; Ambro D; Benakova H; Linhart A; Zima T; Tesa V

RESUMEN / SUMMARY: - BACKGROUND: Placental growth factor [PIGF) is a cardiovascular (CV) risk marker, which is related to left ventricle hypertrophy (LVH) in animal models. Currently there are no data available regarding the possible relationship of PIGF and the development of LVH or diastolic dysfunction in patients with chronic kidney disease (CKD) and the relationship of PIGF to other CV risk factors in CKD patients. The aim of our study was to determine the possible association of PIGF and several other CV risk markers to echocardiographic parameters in CKD population. METHODS: We prospectively examined selected laboratory (PIGF, fibroblast growth factor-23 - FGF23, vitamin D, parathyroid hormone, extracellular newly identified RAGE-binding protein - EN-RAGE, B-type natriuretic peptide - BNP) and echocardiographic parameters in 62 patients with CKD 2--4. Mean follow-up was 36 +/-10 months. Laboratory and echocardiographic data were collected 2-3 times, at the shortest interval of 12 months apart. Multivariate regression analysis was used to detect independent correlations of variables. RESULTS: Increased left ventricular mass index (LVMI, g/m².7) was found in 29% patients with CKD 2--4, left ventricular (LV) diastolic dysfunction was detected in 74.1% patients (impaired LV relaxation in 43.5% patients and pseudonormal pattern in 30.6% patients). After 36 +/- 10 months increased LVMI was found in 37.1% patients with CKD 2--4, LV diastolic dysfunction was detected in 75.8% patients (impaired LV relaxation in 43.5% patients and pseudonormal pattern in 32.3% patients). Following independent correlations were found: LVMI was related to PIGF, cholesterol, BNP, systolic blood pressure and serum creatinine. EN-RAGE correlated positively with left atrial diameter and inversely with E/A ratio. During the follow-up we found a significant increase in LVMI and left atrial diameter, whereas a significant decrease in LVEF was noted. CONCLUSION: According to our data, PIGF is independently related to increased LV mass in CKD, whereas EN-RAGE is more likely related to diastolic dysfunction in this population.

[957]

TÍTULO / TITLE: - Adjuvant Treatment for Resected Renal Cell Carcinoma: Are All Strategies Equally Negative? Potential Implications for Trial Design With Targeted Agents.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Genitourin Cancer. 2013 Jun 28. pii: S1558-7673(13)00079-7. doi: 10.1016/j.clgc.2013.04.018.

●● Enlace al texto completo (gratis o de pago) 1016/j.clgc.2013.04.018

AUTORES / AUTHORS: - Massari F; Bria E; Maines F; Milella M; Giannarelli D; Cognetti F; Pappagallo G; Tortora G; Porta C

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, "G.B. Rossi" Academic Hospital, Azienda Ospedaliera Universitaria Integrata, University of Verona, Verona, Italy.

RESUMEN / SUMMARY: - BACKGROUND: Although data from ongoing trials with targeted agents are awaited, we used a meta-analytical approach to explore whether cytokines (CK), vaccines (VAX), or other therapies may differentially influence patients' outcomes. MATERIALS AND METHODS: The objective was to determine whether significant interactions exist according to treatment (CK vs. VAX vs. other), in the context of a literature-based meta-analysis. Fourteen trials (3380 patients) were identified, with 10 randomized clinical trials (RCTs) (2257 patients) providing data for the primary outcome-5-year relapse-free survival (RFS). The primary selected end point was 5-year RFS; secondary end points were 5- and 2-year overall survival (OS) and 2-year RFS. Event-based relative risk (RR) ratios with 95% confidence intervals (CI) were extracted and cumulated according to a random-effect model from articles/presentations. Testing for heterogeneity was performed as well. RESULTS: Although not statistically significant, an effect in favor of a qualitative interaction according to treatment was found for 5-year RFS, with a likely detrimental effect in CK ($P = .42$) in contrast to that found in VAX subpopulation ($P = .76$). For the secondary end points, a similar effect in favor of a quantitative significant interaction according to treatment was found for 5-year OS, regardless of the approach adopted, with a different magnitude of treatment effect. In addition, a borderline significant ($P = .05$) detrimental effect in terms of 2-year OS against the use of adjuvant treatment was determined in the CK subpopulation (RR, 1.24; 95% CI, 0.99, 1.54). CONCLUSION: The effect in favor of a qualitative interaction according to the adopted strategy is intriguing and suggests potential implications for trial design with targeted agents.

[958]

TÍTULO / TITLE: - The effects of chlormadinone acetate on lower urinary tract symptoms and erectile functions of patients with benign prostatic hyperplasia: a prospective multicenter clinical study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Adv Urol. 2013;2013:584678. doi: 10.1155/2013/584678. Epub 2013 May 16.

●● Enlace al texto completo (gratis o de pago) 1155/2013/584678

AUTORES / AUTHORS: - Fujimoto K; Hirao Y; Ohashi Y; Shibata Y; Fuji K; Tsuji H; Miyazawa K; Ohtani M; Furuya R; Boku E

INSTITUCIÓN / INSTITUTION: - Department of Urology, Nara Medical University, 840 Shijo-cho Kashihara, Nara 634-8522, Japan.

RESUMEN / SUMMARY: - Purpose. To evaluate the effects of chlormadinone acetate (CMA), progesterone-derived antiandrogen, on lower urinary tract symptoms (LUTS) and erectile functions of benign prostatic hyperplasia (BPH). Methods. A multicenter, single-cohort prospective study was conducted. A total of 114 patients received CMA for 16 weeks. The endpoints were changes in International Prostate Symptom Scores (IPSS), IPSS-QOL, International Index of Erectile Function-5, Q max prostate volume, and residual urine volume. Results. Significant improvements were observed in IPSS from week 8 to week 48 (32 weeks after treatment). IPSS-QOL improvements were also significant from week 8 to week 48. Q max increased to a maximum at Week 16 and remained elevated throughout the study. Moreover, a decrease of 25% in prostate volume was observed at Week 16. IPSS, QOL, and Qmax changes during the study were not different between the previously treated and untreated patients. IPSS storage subscore changes differed between the age groups. Few severe adverse reactions were observed, except for erectile dysfunction. Conclusions. CMA rapidly and significantly reduced prostate volume and improved voiding and storage symptoms and QOL. Our results suggest that CMA is safe and beneficial, especially for elderly patients with LUTS associated with BPH.

[959]

TÍTULO / TITLE: - Intermediate-risk prostate cancer patients treated with androgen deprivation therapy and a hypofractionated radiation regimen with or without image guided radiotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiat Oncol. 2013 Jun 7;8(1):137.

●● Enlace al texto completo (gratis o de pago) [1186/1748-717X-8-137](#)

AUTORES / AUTHORS: - Valeriani M; Bracci S; Osti MF; Falco T; Agolli L; De Sanctis V; Enrici RM

RESUMEN / SUMMARY: - BACKGROUND: To evaluate the efficacy of hypofractionated radiotherapy (HyRT) with or without image guided radiotherapy (IGRT) in intermediate risk prostate cancer. METHODS: 105 patients were treated with HyRT, 43,8 Gy and 54,75 Gy were delivered to the seminal vesicles and to the prostate, respectively; 3,65 Gy/fraction three times weekly. All patients underwent 9 months hormonal therapy. Patient position was verified with daily kV cone beam CT in 69 patients (IGRT group). Acute and late toxicities were evaluated according to RTOG scale. Biochemical relapse was defined using PSA nadir + 2 ng/mL. The data were prospectively collected and retrospectively analyzed to evaluate the efficacy of IGRT. RESULTS: After a median follow-up of 31 months the actuarial 3-year bNED was 93,7%. During RT, 10.5% and 7.6% of patients developed \geq Grade 2 rectal and urinary toxicities, respectively. The cumulative incidence of \geq Grade 2 late rectal and

urinary toxicities at 3 years were 6,9%, and 10,8%, respectively. The incidence of \geq Grade 2 late rectal toxicities was significant reduced in the IGRT group (1,6% vs. 14,5%, $p=0,021$). Two patients developed Grade 3 urethral obstruction and one patient developed grade 3 rectal bleeding.
CONCLUSIONS: HyRT represents a well-tolerated treatment able to achieve a high bNED. The use of daily IGRT is beneficial for reducing the incidence of late toxicities.

[960]

TÍTULO / TITLE: - Is the Expression of Androgen Receptor Protein Associated With the Length of AC Repeats in the Type III 5-alpha Reductase Gene in Prostate Cancer Patients?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Korean J Urol. 2013 Jun;54(6):404-8. doi: 10.4111/kju.2013.54.6.404. Epub 2013 Jun 12.

●● Enlace al texto completo (gratis o de pago) 4111/kju.2013.54.6.404

AUTORES / AUTHORS: - Park JM; Song KH; Lim JS; Kim JW; Sul CK

INSTITUCIÓN / INSTITUTION: - Department of Urology, Chungnam National University School of Medicine, Daejeon, Korea.

RESUMEN / SUMMARY: - PURPOSE: Type III 5-alpha reductase (SRD5A3; steroid 5-alpha reductase 3) may be associated with the progression of prostate cancer (PCa). The aim of our study was to determine whether the length of AC repeats in the SRD5A3 gene is associated with the risk of PCa and the expression of androgen receptor (AR) protein in Korean men. MATERIALS AND METHODS: We compared the length of AC repeats in the short tandem repeat (STR) region of the SRD5A3 gene in 68 PCa patients and 81 control subjects by genotyping. A total of 55 patients in the PCa group underwent radical prostatectomy. We evaluated the expression of AR protein by using Western blotting and tested the association between the type of AC repeats in the SRD5A3 gene and AR protein expression and clinical and pathologic parameters. RESULTS: The short type of STR had less than 21 copies of AC repeats in the SRD5A3 gene. The SS type (short and short type) of STR of the SRD5A3 gene was 2.2 times as likely to occur in PCa patients as in controls (odds ratio, 2.21; 95% confidence interval, 1.14 to 4.31; $p=0.019$). However, AC repeats of the SRD5A3 gene were not associated with AR protein expression or clinical or pathologic parameters in PCa samples. CONCLUSIONS: These results suggest that the short AC repeats of SRD5A3 polymorphism are associated with an increased risk of PCa. SRD5A3 polymorphism may contribute to a genetic predisposition for PCa.

[961]

TÍTULO / TITLE: - Does hormone therapy modify the position of the gold markers in the prostate during irradiation? A daily evaluation with kV-images.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Radiother. 2013 Jun;17(3):215-20. doi: 10.1016/j.canrad.2013.01.015. Epub 2013 May 28.

●● Enlace al texto completo (gratis o de pago)

1016/j.canrad.2013.01.015

AUTORES / AUTHORS: - Udrescu C; De Bari B; Rouviere O; Ruffion A; Michel-Amadry G; Jalade P; Devonec M; Colombel M; Chapet O

INSTITUCIÓN / INSTITUTION: - Department of radiation oncology, centre hospitalier Lyon-Sud, hospices civils de Lyon, 165, chemin du Grand-Revoyet, 69495 Pierre-Benite, France.

RESUMEN / SUMMARY: - **PURPOSE:** Gold markers are frequently used for a better daily repositioning of the prostate before irradiation. The purpose of this work was to analyze if the combination of an androgen deprivation with the external irradiation could modify the position of the gold markers in the prostate. **PATIENTS AND METHODS:** Ten patients have been treated for a prostate cancer, using three implanted gold markers. The variations of the intermarker distances in the prostate were measured and collected on daily OBI(®) kilovoltage images acquired at 0 degrees and 90 degrees . Five patients had a 6-month androgen deprivation started before the external irradiation (H group) and five did not (NH group). **RESULTS:** A total number of 1062 distances were calculated. No distance variation greater than 3.7mm was seen between two markers, in any of the two groups. The median standard deviations of the daily intermarker distance differences were 0.7mm (range 0.3-1.2mm) for the H group and 0.6mm (range 0.2-1.2mm) for the NH group. The intermarker distances variations were noted as greater than -2mm, between -2mm and 2mm and greater than 2mm in 16.4, 83.4 and 0.2% for the H group and 1.3, 98.5 and 0.2% for the NH group, respectively. **CONCLUSION:** The distance variations remained less than 4mm in both groups and for all the measurements. In the NH group, the variation of the distance between two markers remained below 2mm in 98.5%. In the H group, the presence of a reduction of distance above 2mm in 16.4% of measurements could indicate the shrinkage of the prostate volume.

[962]

TÍTULO / TITLE: - Natural history of skeletal muscle mass changes in chronic kidney disease stage 4 and 5 patients: an observational study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - PLoS One. 2013 May 31;8(5):e65372. doi: 10.1371/journal.pone.0065372. Print 2013.

●● Enlace al texto completo (gratis o de pago)

1371/journal.pone.0065372

AUTORES / AUTHORS: - John SG; Sigrist MK; Taal MW; McIntyre CW

INSTITUCIÓN / INSTITUTION: - Department of Renal Medicine, Royal Derby Hospital, Derby, United Kingdom.

RESUMEN / SUMMARY: - Cross-sectional studies in dialysis demonstrate muscle wasting associated with loss of function, increased morbidity and mortality. The relative drivers are poorly understood. There is a paucity of data regarding interval change in muscle in pre-dialysis and dialysis-dependant patients. This study aimed to examine muscle and fat mass change and elucidate associations with muscle wasting in advanced CKD. 134 patients were studied (60 HD, 28 PD, 46 CKD 4-5) and followed up for two years. Groups were similar in age, sex and diabetes prevalence. Soft tissue cross-sectional area (CSA) was measured annually on 3 occasions by a standardised multi-slice CT thigh. Potential determinants of muscle and fat CSA were assessed. Functional ability was assessed by sit-to-stand testing. 88 patients completed follow-up (40 HD, 16 PD, 32 CKD). There was a significant difference in percentage change in muscle CSA (MCSA) over year 1, dependant on treatment modality ($\chi^2 = 6.46$; $p = 0.039$). Muscle loss was most pronounced in pre-dialysis patients. Muscle loss during year 1 was partially reversed in year 2 in 39%. Incident dialysis patients significantly lost MCSA during the year which they commenced dialysis, but not the subsequent year. Baseline MCSA, change in MCSA during year 1 and dialysis modality predicted year 2 change in MCSA (adjusted $R^2 = 0.77$, $p < 0.001$). There was no correlation between muscle or fat CSA change and any other factors. MCSA correlated with functional testing, although MCSA change correlated poorly with change in functional ability. These data demonstrate marked variability in MCSA over 2 years. Loss of MCSA in both pre-dialysis and established dialysis patients is reversible. Factors previously cross-sectionally shown to correlate with MCSA did not correlate with wasting progression. The higher rate of muscle loss in undialysed CKD patients, and its reversal after dialysis commencement, suggests that conventional indicators may not result in optimal timing of dialysis initiation.

[963]

TÍTULO / TITLE: - Surveillance biopsy and active treatment during active surveillance for low-risk prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Clin Oncol. 2013 Jun 22.

- [Enlace al texto completo \(gratis o de pago\) 1007/s10147-013-0584-](#)

[Z](#)

AUTORES / AUTHORS: - Hashine K; Iio H; Ueno Y; Tsukimori S; Ninomiya I

INSTITUCIÓN / INSTITUTION: - Department of Urology, National Hospital Organization Shikoku Cancer Center, 160 Minamiumemoto, Matsuyama, 791-0280, Japan, khashine@shikoku-cc.go.jp.

RESUMEN / SUMMARY: - **BACKGROUND:** The goals of the study were to examine surveillance biopsy and active treatment in patients under active surveillance (AS) for low-risk prostate cancer and to determine the active treatment-free survival rate. **METHODS:** The subjects were 87 patients with low-risk prostate cancer who were under AS between 2000 and 2010. The

eligibility criteria for AS were T1c, Gleason score ≤ 6 , prostate-specific antigen level ≤ 10 ng/ml, one or two positive biopsies, maximum cancer involvement ≤ 50 %, and age ≤ 80 years old. RESULTS: Of the 87 patients, 48 underwent the first surveillance biopsy (55.2 %). In this biopsy, no cancer was found in 33.3 % of cases, 27.1 % remained eligible for AS, and 39.6 % did not meet the AS criteria (up-grade 22.9 %, up-volume 16.7 %). A second surveillance-biopsy was performed at 1.9 years after the first biopsy. No cancer was found in 20.0 % of cases, 40.0 % remained eligible for AS, and 40.0 % did not meet the AS criteria (up-grade 26.7 %, up-volume 13.3 %). A total of 50 patients received treatment by 1.7 years after starting AS, mainly due to an up-grade or up-volume. However, some patients underwent radiotherapy despite biopsy results indicating no cancer or eligibility for AS. The active treatment-free survival rate was 64.1 % after 2 years. CONCLUSIONS: Surveillance biopsy is important for identifying patients who require active treatment. The results in this study allowed determination of the active treatment-free survival rate and are informative for making treatment decisions.

[964]

TÍTULO / TITLE: - Skeletal-Related Events among Breast and Prostate Cancer Patients: Towards New Treatment Initiation in Malaysia's Hospital Setting.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(5):3357-62.

AUTORES / AUTHORS: - Ezat SW; Noraziani K; Zafar A; Saperi S

INSTITUCIÓN / INSTITUTION: - Department of Community Health, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia E-mail : noraziani17@yahoo.com.

RESUMEN / SUMMARY: - The human skeleton is the most common organ to be affected by metastatic cancer and bone metastases are a major cause of cancer morbidity. The five most frequent cancers in Malaysia among males includes prostate whereas breast cancer is among those in females, both being associated with skeletal lesions. Bone metastases weaken bone structure, causing a range of symptoms and complications thus developing skeletal-related events (SRE). Patients with SRE may require palliative radiotherapy or surgery to bone for pain, having hypercalcaemia, pathologic fractures, and spinal cord compression. These complications contribute to a decline in patient health-related quality of life. The multidimensional assessment of health-related quality of life for those patients is important other than considering a beneficial treatment impact on patient survival, since the side effects of treatment and disease symptoms can significantly impact health-related quality of life. Cancer treatment could contribute to significant financial implications for the healthcare system. Therefore, it is essential to assess the health-related quality of life and treatment cost, among prostate and breast cancer patients in countries like Malaysia to rationalized cost-effective way for budget allocation or utilization of

health care resources, hence helping in providing more personalized treatment for cancer patients.

[965]

TÍTULO / TITLE: - Anatomy- vs. fluence-based planning for prostate cancer treatments using VMAT.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Phys Med. 2013 Jun 26. pii: S1120-1797(13)00107-5. doi: 10.1016/j.ejmp.2013.05.041.

●● Enlace al texto completo (gratis o de pago)

[1016/j.ejmp.2013.05.041](#)

AUTORES / AUTHORS: - Andreou M; Karaikos P; Kordolaimi S; Koutsouveli E; Sandilos P; Dimitriou P; Dardoufas C; Georgiou E

INSTITUCIÓN / INSTITUTION: - Medical Physics Laboratory, Medical School, University of Athens, Greece.

RESUMEN / SUMMARY: - The purpose of this study was to compare the planning approaches used in two treatment planning systems (TPS) provided by Elekta for VMAT treatments. Ten prostate patients were studied retrospectively. Plan comparison was performed in terms of delivery efficiency and accuracy, as well as in terms of target coverage and critical organ protection by utilizing physical and radiobiological indices. These include: DVH (dose volume histogram) values, CI (conformity index), HI(%) (homogeneity index) and TCP (tumor control probability) for target coverage; mean doses, DVH values, dose to the normal non-target tissue, NTCP (normal tissue complication probability) and GI (gradient index) for critical organ sparing; MU/fraction and treatment time for delivery efficiency. The comparisons were performed using the two-sided Wilcoxon matched-pair signed rank test. Plans generated using the anatomy-based approach in ERGO++ and fluence-based approach in Monaco were found similar in terms of target coverage and TCP values, as well as in terms of rectum protection and corresponding NTCP values. The former exhibited increased delivery efficiency (comparable to that of 3D conformal radiotherapy) due to the relatively larger segments used. On the other hand advantages of the fluence-based approach in Monaco include increased conformity, better target dose homogeneity and higher dose gradient (lower dose to normal non-target-tissue) mainly due to the higher degree of modulation offered by the fluence-based approach, while the Monte Carlo algorithm used for dose calculation provides plans with increased accuracy despite the relatively small segments used.

[966]

TÍTULO / TITLE: - Do hormone treatments for prostate cancer cause anxiety and depression?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Clin Oncol. 2013 Jun 1.

●● Enlace al texto completo (gratis o de pago) [1007/s10147-013-0569-](#)

[y](#)

AUTORES / AUTHORS: - Sharpley CF; Christie DR; Bitsika V

INSTITUCIÓN / INSTITUTION: - Brain-Behaviour Research Group, University of New England, Queen Elizabeth Drive, Armidale, NSW, 2351, Australia, csharpley@onthenet.com.au.

RESUMEN / SUMMARY: - BACKGROUND: To investigate the relationship between hormone therapy (HT) and incidence of anxiety and depression among prostate cancer patients (PCa). METHODS: 526 PCa patients completed a survey about their cancer status, treatment received, anxiety, and depression status. Total scores on anxiety and depression inventories, plus symptom profiles that discriminated between patients with current HT, past HT, and never having received HT, were compiled for analysis. RESULTS: Patients who were currently receiving HT had significantly higher total anxiety and depression scores than patients who had previously received HT or who had never received HT. Analysis of the symptoms of anxiety and depression which distinguished between these groups of patients suggested that patients who had never received HT had significantly lower scores than current or past HT patients. Although several symptoms could be directly allocated to PCa and/or HT, symptom profiles were indicative of clinically significant anxiety and/or depression in patients who were currently receiving, or who had previously received, HT. CONCLUSION: Current HT may lead to symptoms of anxiety and/or depression which require clinical attention. These effects seem to decrease after completion of HT.

[967]

TÍTULO / TITLE: - Management of localized and locally advanced renal tumors. A contemporary review of current treatment options.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Minerva Med. 2013 Jun;104(3):237-59.

AUTORES / AUTHORS: - Brookman-May S; Langenhuijsen JF; Volpe A; Minervini A; Joniau S; Salagierski M; Roscigno M; Akdogan B; Vandromme A; Rodriguez-Faba O; Marszalek M

INSTITUCIÓN / INSTITUTION: - Department of Urology LudwigMaximiliansUniversity CampusGrosshadern, Munich, Germany - sabine.brookman-may@email.de.

RESUMEN / SUMMARY: - About 70% of patients with renal cell carcinoma present with localized or locally advanced disease at primary diagnosis. Whereas these patients are potentially curable by surgical treatment alone, a further 20% to 30% of patients are diagnosed with primary metastatic disease. Although over the past years medical treatment for metastatic patients has nearly completely

changed from immunotherapy to effective treatment with targeted agents, metastatic disease still represents a disease status which is not curable. Also in patients with metastatic disease, surgical treatment of the primary tumor plays an important role, since local tumor related complications can be avoided or minimized by surgery. Furthermore, also improvement of overall survival has been proven for surgery in metastatic patients when combined with cytokine treatment. Hence, surgical combined with systemic treatment as a multi-modal, adjuvant, and neo-adjuvant treatment is also required in patients with advanced or metastatic disease. A growing number of elderly and comorbid patients are currently diagnosed with small renal masses, which has led to increased attention paid to alternative ablative treatment modalities as well as active surveillance strategies, which are applied in order to avoid unnecessary overtreatment in these patients. Since surgical treatment also might enhance the risk of chronic kidney disease with consecutive cardiac disorders as well as reduced overall survival, ablative techniques and active surveillance are increasingly applied. In this review article we focus on current surgical and none-surgical treatment options for the management of patients with localized, locally advanced, and metastatic renal cell carcinoma.

[968]

TÍTULO / TITLE: - Does prolonged anti-inflammatory therapy reduce number of unnecessary repeat saturation prostate biopsy?

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Arch Ital Urol Androl. 2013 Jun 24;85(2):65-8. doi: 10.4081/aiua.2013.2.65.

●● Enlace al texto completo (gratis o de pago) [4081/aiua.2013.2.65](#)

AUTORES / AUTHORS: - Candiano G; Pepe P; Pietropaolo F; Aragona F

INSTITUCIÓN / INSTITUTION: - Urology Unit - Cannizzaro Hospital, Catania.
piepepe@hotmail.com.

RESUMEN / SUMMARY: - Introduction. The effect of a prolonged oral anti-inflammatory therapy on PSA values in patients with persistent abnormal PSA values after negative prostate biopsy (PBx) was evaluated. Material and methods. From September 2011 to September 2012, 70 patients (median age 62 years), with persistent abnormal PSA values after negative extended PBx, were given an herbal extract with anti-inflammatory activity for 3 months (Lenidase®; 1 tablet daily constituted of baicalina, bromelina and escina). All patients were submitted to prostate biopsy for: abnormal DRE; PSA > 10 ng/mL, PSA values between 4.1-10 or 2.6-4 ng/mL with free/total PSA < 25% and < 20%, respectively. Three months after the end of anti-inflammatory therapy all patients were reevaluated; indication for repeat saturation biopsy (SPBx) and detection rate for PCa were compared with those previously recorded in our Department using the same inclusions criteria for biopsy. Results. Oral administration of Lenidase®; was well tolerated and no side

effects were observed; PSA values decreased in 54 (77.8%) out 70 patients with a median PSA reduction of 20.5% (from 8.8 to 7 ng/mL) and remained unchanged in 16 patients (22.2%); the repeat SPBx rate resulted significantly lower (22.8% vs 35.5%; $p < 0.05$) showing a superimposable detection rate for PCa (3 cases) in comparison with our previous data (18.7% vs 22%). Conclusions. In our preliminary data a prolonged oral anti-inflammatory therapy reduced PSA levels in patients with negative PBx and persistent suspicious for PCa decreasing the indication to perform repeat SPBx (about 30% of the cases).

[969]

TÍTULO / TITLE: - Development of a novel interferon-alpha2b gene construct with a repetitive hypoxia-inducible factor binding site and its suppressive effects on human renal cell carcinoma cell lines in vitro.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Clin Oncol. 2013 Jun 6.

- [Enlace al texto completo \(gratis o de pago\) 1007/s10147-013-0568-](#)

Z

AUTORES / AUTHORS: - Fukui N; Kageyama Y; Higashi Y; Kihara K; Kizaka-Kondoh S; Hiraoka M; Shinojima T; Suzuki K; Oya M

INSTITUCIÓN / INSTITUTION: - Department of Urology, Saitama Cancer Center, 818 Komuro, Ina, Kita-Adachi-gun, Saitama, 362-0806, Japan, [na-fukui@cancer-c.pref.saitama.jp](mailto:fukui@cancer-c.pref.saitama.jp).

RESUMEN / SUMMARY: - BACKGROUND: Despite the advent of targeted therapies, interferon-alpha (IFN-alpha) remains a therapeutic option for advanced renal cell carcinoma (RCC), especially in Japan, with a treatment response rate of 15-20 %. To improve the efficacy of IFN-alpha-based therapies, we evaluated a novel treatment strategy for RCC using an IFN-alpha2b gene construct with a repetitive hypoxia-inducible factor binding site. METHODS: We constructed an expression plasmid designated 5HREp-IFN-alpha2b containing the coding region of the IFN-alpha2b gene. Five copies of the hypoxia-response element (HRE) sequences were inserted upstream of the IFN-alpha2b gene, and the construct was transfected into human RCC cell lines ACHN, 786-O and KU19-20. The concentrations of IFN-alpha2b in the conditioned media were measured by enzyme-linked immunosorbent assay. Cell viabilities were determined by MTS assays. RESULTS: Construct-induced IFN-alpha secretion was confirmed in all three cell lines. IFN-alpha production was significantly enhanced by the hypoxia-mimicking agent deferoxamine mesylate in cell lines expressing the wild-type von Hippel-Lindau (VHL) gene (KU19-20 and ACHN) compared with cells expressing the mutant VHL gene (786-O). The construct exerted significant suppressive effects on the viabilities of all RCC cell lines. CONCLUSION: This is the first study to report on the construction of a cytokine gene with a repetitive hypoxia-inducible factor binding

site and its application in the suppression of human cancer cells. Gene therapy using this IFN-alpha2b gene construct with HREs may represent a novel treatment modality for advanced RCC.

[970]

TÍTULO / TITLE: - De novo expression of human leukocyte antigen-DR (HLA-DR) and loss of beta-catenin expression in tubular epithelial cells: A possible event in epithelial-mesenchymal transition in canine renal diseases.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Vet J. 2013 Jul 10. pii: S1090-0233(13)00289-X. doi: 10.1016/j.tvjl.2013.06.006.

●● Enlace al texto completo (gratis o de pago) [1016/j.tvjl.2013.06.006](#)

AUTORES / AUTHORS: - Benali SL; Lees GE; Nabity MB; Mantovani R; Bonsembiante F; Aresu L

INSTITUCIÓN / INSTITUTION: - Department Comparative Biomedicine and Food Science, University of Padova, AGRIPOLIS - Viale dell'Università 16, 35020 Legnaro, PD, Italy.

RESUMEN / SUMMARY: - Tubulointerstitial fibrosis (TIF) plays a central role in the progression to end-stage renal disease. Tubular epithelial cells (TECs) undergo epithelial-mesenchymal transition (EMT) and may contribute to the progression of TIF. Using immunohistochemistry, the primary aim of this study was to assess the expression of beta-catenin, human leukocyte antigen-DR (HLA-DR) and vimentin in renal biopsies from dogs with spontaneous kidney diseases of varying severities. Morphological diagnosis, severity of inflammation, TIF, HLA-DR expression and clinicopathological variables were compared in dogs with renal injury to identify any potential relationship between the different factors; beta-catenin down-regulation was used as a marker of EMT. Fibrosis, HLA-DR expression, serum creatinine concentration (SCr), and urine protein-to-creatinine ratio (UPC) were all increased and beta-catenin expression decreased in dogs with primary glomerular disease compared with dogs with acute tubular necrosis. HLA-DR expression by TECs was positively correlated to fibrosis, inflammation, UPC, and SCr. beta-catenin expression was negatively correlated to fibrosis, inflammation and HLA-DR expression. The progression of renal failure correlated closely with tubulointerstitial damage. De novo HLA-DR expression associated with beta-catenin down-regulation by TECs may represent a possible step in the progression of TIF and EMT.

[971]

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.

[972]

TÍTULO / TITLE: - Preferred treatment frequency in patients receiving androgen deprivation therapy for advanced prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Scand J Urol. 2013 Jul 24.

●● Enlace al texto completo (gratis o de pago)

[3109/21681805.2013.820789](#)

AUTORES / AUTHORS: - Fode M; Nielsen TK; Al-Hamadani M; Andersen JR; Jakobsen H; Sonksen J

INSTITUCIÓN / INSTITUTION: - Department of Urology, Herlev Hospital, Herlev, Denmark.

RESUMEN / SUMMARY: - Abstract Objective. The aim of this study was to assess patient preference regarding the length of treatment intervals of androgen

deprivation therapy (ADT) with gonadotropin-releasing hormone agonists for prostate cancer. Material and methods. The study was conducted as a questionnaire-based, cross-sectional study at a large university hospital. A specific questionnaire was developed based on current literature, clinical experience and a pilot phase of the study. The primary endpoint was preferred treatment frequency. Secondary outcome measures included reasons for preferred treatment frequency, treatment satisfaction and side-effects. Overall, 238 men receiving ADT for prostate cancer were presented with the questionnaire between September 2011 and May 2012. Descriptive statistics, the chi-squared test and multiple regression were used for analyses. Results. In total, 176 questionnaires (74%) were available for analysis. A total of 38.1% of participants preferred frequent treatment ("Every month", "Every third month"), 32.4% preferred infrequent treatment ("Every sixth month", "Every twelfth month") and 29.6% stated that length of the treatment intervals made no difference ($p = 0.37$). Patients with disease progression were most likely to prefer frequent treatment (odds ratio 4.4, 95% confidence interval 1.9-10.4). Overall, 84.1% were satisfied with treatment while one patient (0.6%) was dissatisfied. Nine per cent indicated severe side-effects. Conclusions. Less frequent ADT treatment may help to lower the pressure on healthcare systems and may be of benefit for a large group of patients. However, it cannot be prescribed blindly without possibly affecting patient satisfaction. The choice of treatment intervals should be made in collaboration between the physician and the patient.

[973]

TÍTULO / TITLE: - HER-2 immunohistochemical expression as prognostic marker in high-grade T1 bladder cancer (T1G3).

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Arch Ital Urol Androl. 2013 Jun 24;85(2):73-7. doi: 10.4081/aiua.2013.2.73.

●● Enlace al texto completo (gratis o de pago) [4081/aiua.2013.2.73](#)

AUTORES / AUTHORS: - Bongiovanni L; Arena V; Vecchio FM; Racioppi M; Bassi P; Pierconti F

INSTITUCIÓN / INSTITUTION: - Department of Urology, Catholic University of the Sacred Heart, Policlinico "Agostino Gemelli", Rome. lucabongiov@yahoo.it.

RESUMEN / SUMMARY: - Objectives: To evaluate if the Human epidermal growth factor receptor 2 (HER-2) expression levels may be used as potential prognostic marker in high grade T1 bladder cancer (T1G3) Methods: Specimens from transurethral resection of bladder tumour (TURBT) of 103 patients with high-grade T1 bladder cancer were collected. This pathologic database was reviewed. Four-year follow-up data were matched with pathologic data. Eighty-three patients entered the study. HER-2 staining was performed. Patients were grouped for HER-2 status. Statistical analysis included Kaplan Meier survival analysis and Log-rank test. Results: Pathological review of

TURBT specimens confirmed high-grade T1 transitional cell bladder cancer in all patients. Median follow-up was 12 months (mean 23,5; range 3-48). Twenty-one patients (25.4%) present strong HER-2 expression (3+), 28 (33.7%) moderate expression (2+), 26 (33.7%) weak staining (1+) and 8 (9.6%) negative expression (0). Thirty-one patients of 83 (37.4%) had not evidence of disease, 41 (49.4%) recurred, 11 (13.2%) had a progression of disease. Forty-one patients had high grade T1 recurrence. Patients with HER-2 status 0 did not showed progression of disease. Patients with HER-2 status 3+, undergoing cystectomy because progression of disease, had a pathological stage > pT2 and a nodal involvement. Median Disease-Free Survival (DFS) for all patients was 12 months (DFS probability (pDFS) = 49.3%; 95% CI, -11.1/+10.1). Median DFS in HER-2 groups was 8 (pDFS 37.5%; 95% CI,-28.8/+29.9), 24 (pDFS 46.1%; 95% CI,-19.5/+17.5), 20 (pDFS 46.4%; 95% CI,-18.8/+16.9) and 10 months (pDFS 47.6%; 95% CI,-21.9/+19.1) respectively in HER-2 status 0,1+,2+,3+. Log-Rank test is not statistically significant (p = 0,39). Conclusions: This study showed that HER-2 expression does not represent a prognostic marker of recurrence/progression of disease in high-grade T1 bladder cancer.

[974]

TÍTULO / TITLE: - Prognostic Factors for Metastatic Urothelial Carcinoma Undergoing Cisplatin-based Salvage Chemotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Jpn J Clin Oncol. 2013 Jul 25.

●● Enlace al texto completo (gratis o de pago) [1093/jjco/hyt096](#)

AUTORES / AUTHORS: - Taguchi S; Nakagawa T; Hattori M; Niimi A; Nagata M; Kawai T; Fukuhara H; Nishimatsu H; Ishikawa A; Kume H; Homma Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan.

RESUMEN / SUMMARY: - **OBJECTIVE:** To assess the clinicopathologic factors influencing survival in patients with metastatic urothelial carcinoma undergoing salvage chemotherapy. **METHODS:** A retrospective review was conducted on cases of metastatic urothelial carcinoma who underwent cisplatin-based salvage chemotherapy at our institution between April 2003 and July 2011. The association of various clinicopathologic factors with survival was assessed. Survival curves were constructed by the Kaplan-Meier method. A log-rank test for univariate analysis and a Cox proportional hazards model for multivariate analysis were used. **RESULTS:** Eighty-three cases were identified in the study. Among them, 64 patients were dead during the follow-up. The median survival was 14.6 months. Multivariate analysis evaluating variables at the start of chemotherapy demonstrated that liver metastasis, performance status score ≥ 2 and leukocyte counts $\geq 8000/\mu\text{L}$ were significant predictive factors for poor outcome. Based on these three pre-induction variables, a risk model predicting the overall survival from the initiation of chemotherapy was

constructed, which classified patients into three groups with significantly different overall survival ($P < 0.0001$). Additionally, factors after induction of chemotherapy were studied, and poor response for chemotherapy and absence of focal treatment for metastatic lesions were also significantly associated with poorer survival. CONCLUSIONS: Liver metastasis, poor performance status and higher leukocyte counts were independent poor prognostic indicators for metastatic urothelial carcinoma. Our risk classification enables an accurate prediction of survival that can be useful in deciding which patients are likely to benefit from salvage chemotherapy.

[975]

TÍTULO / TITLE: - A Randomized Pilot Trial of Dietary Modification for Non-invasive Bladder Cancer: The Dietary Intervention in Bladder Cancer Study (DIBS).

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Cancer Prev Res (Phila). 2013 Jul 18.

- Enlace al texto completo (gratis o de pago) [1158/1940-6207.CAPR-13-0050](#)

AUTORES / AUTHORS: - Parsons JK; Pierce JP; Natarajan L; Newman VA; Barbier L; Mohler J; Rock CL; Heath D; Guru K; Jameson M; Li H; Mirheydar H; Holmes M; Marshall JR

INSTITUCIÓN / INSTITUTION: - 1Urology, Moores UCSD Cancer Center.

RESUMEN / SUMMARY: - Epidemiological data suggest robust associations of high vegetable intake with decreased risks of bladder cancer incidence and mortality, but translational prevention studies have yet to be performed. We designed and tested a novel intervention to increase vegetable intake in patients with non-invasive bladder cancer. We randomized 48 patients aged 50 to 80 years with biopsy-proven non-invasive (Ta, T1, or carcinoma in situ) urothelial cell carcinoma to telephone- and Skype-based dietary counseling or a control condition that provided print materials only. The intervention behavioral goals promoted 7 daily vegetable servings, with at least 2 of these as cruciferous vegetables. Outcome variables were self-reported diet and plasma carotenoid and 24-hour urinary isothiocyanate (ITC) concentrations. We used 2-sample t-tests to assess between-group differences at 6-month follow-up. After 6 months, intervention patients had higher daily intakes of vegetable juice ($p=0.02$), total vegetables ($p=0.02$), and cruciferous vegetables ($p=0.07$); lower daily intakes of energy ($p=0.007$), ($p=0.002$) and energy from fat ($p=0.06$); and higher plasma alpha-carotene concentrations ($p=0.03$). Self-reported cruciferous vegetable intake correlated with urinary ITC concentrations at baseline ($p<0.001$) and at 6 months ($p=0.03$). Although urinary ITC concentrations increased in the intervention group and decreased in the control group, these changes did not attain between-group significance ($p=0.32$). In patients with non-invasive bladder cancer, our novel intervention induced diet

changes associated with protective effects against bladder cancer. These data demonstrate the feasibility of implementing therapeutic dietary modifications to prevent recurrent and progressive bladder cancer.

[976]

TÍTULO / TITLE: - Widespread high grade prostatic intraepithelial neoplasia on biopsy predicts the risk of prostate cancer: A 12 months analysis after three consecutive prostate biopsies.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Arch Ital Urol Androl. 2013 Jun 24;85(2):59-64. doi: 10.4081/aiua.2013.2.59.

●● Enlace al texto completo (gratis o de pago) [4081/aiua.2013.2.59](#)

AUTORES / AUTHORS: - De Nunzio C; Albisinni S; Cicione A; Gacci M; Leonardo C; Esperto F; Tubaro A

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ospedale Sant'Andrea, University "La Sapienza", Rome. cosimodenunzio@virgilio.it.

RESUMEN / SUMMARY: - Purpose: To evaluate the risk of prostate cancer (PCa) on a third prostate biopsy in a group of patients with two consecutive diagnoses of high grade intraepithelial neoplasia (HGPIN). Materials and methods: From November 2004 to December 2007, patients referred to our clinic with a PSA ! 4 ng/ml or an abnormal digital rectal examination (DRE) were scheduled for trans-rectal ultrasound (TRUS) guided 12-core prostate biopsy. Patients with HGPIN underwent a second prostate biopsy, and if the results of such procedure yielded a second diagnosis of HGPIN, we proposed a third 12-core needle biopsy regardless of PSA value. Crude and adjusted logistic regressions were used to assess predictors of PCa on the third biopsy. Results: A total of 650 patients underwent 12 cores transrectal ultrasound prostatic biopsy in the study period. Of 147 (22%) men with a diagnosis of HGPIN, 117 underwent a second prostatic biopsy after six months and 43 a third biopsy after other six months. After the third biopsy, 19 patients (34%) still showed HGPIN, 15 (35%) were diagnosed with PCa and 9 (21%) presented with chronic prostatitis. Widespread HGPIN on a second biopsy was significantly associated with PCa on further biopsy (!2 = 4.04, p = 0.04). Moreover, the presence of widespread HGPIN significantly predicted the risk of PCa on crude and adjusted logistic regressions. Conclusions: Widespread HGPIN on second biopsy is associated with the presence of PCa on a third biopsy. Nonetheless, the relationship between HGPIN and PCa remains complex and further studies are needed to confirm our findings.

[977]

TÍTULO / TITLE: - Androgen-deprivation therapy versus radical prostatectomy as monotherapy among clinically localized prostate cancer patients.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Onco Targets Ther. 2013 Jun 17;6:725-32. doi: 10.2147/OTT.S44144. Print 2013.

●● Enlace al texto completo (gratis o de pago) [2147/OTT.S44144](https://doi.org/10.2147/OTT.S44144)

AUTORES / AUTHORS: - Liu J; Shi L; Sartor O; Culbertson R

INSTITUCIÓN / INSTITUTION: - HealthCore, Wilmington, DE, USA.

RESUMEN / SUMMARY: - BACKGROUND: The most recent randomized controlled trial in a predominantly prostate-specific antigen-detected prostate cancer (PC) population found a nonsignificant reduction in mortality from radical prostatectomy (RP) compared to conservative management. The optimal treatment for clinically localized prostate cancer is anything but clear. The PC-specific mortality and all-cause mortality were compared between primary androgen-deprivation treatment (PADT) and RP, both as monotherapy, among clinically localized PC patients. METHODS: A retrospective cohort study among PC patients in Surveillance, Epidemiology and End Results-Medicare data with a median follow up of 2.87 years in the PADT cohort and 2.95 years in the RP cohort. Propensity score-matching was employed to adjust for the observed selection bias. PC-specific mortality and all-cause mortality were modeled using the Fine and Gray competing risk model and Cox proportional hazards model, respectively. The independent variables in these models included age, race, Gleason score risk groups, T-score, prostate-specific antigen, Charlson comorbidity, and index year of treatment initiation. RESULTS: After propensity score-matching, there were 1624 in the PADT cohort and 1624 in the RP cohort. All baseline values were comparable (all P-values >0.35). There were a total of 266 deaths (16.38%) and 60 (3.69%) PC-specific deaths among PADT recipients, while there were 56 (3.45%) deaths and four (0.25%) PC-specific deaths among RP recipients. According to the Kaplan-Meier estimation, the 8-year survival rate was 43.39% in the PADT cohort and 79.62% in the RP cohort. PADT was associated with increased risk of overall mortality (hazard ratio = 2.98, 95% confidence interval 2.35-3.79; P < 0.001) and increased risk of PC-specific mortality (hazard ratio = 12.47, 95% confidence interval 4.48-34.70; P < 0.001). CONCLUSION: With adjustment for the observed selection bias, PADT was associated with increased all-cause mortality and PC-specific mortality when compared to RP.

[978]

TÍTULO / TITLE: - Distinct microRNA Expression Profile in Prostate Cancer Patients with Early Clinical Failure and the Impact of let-7 as Prognostic Marker in High-Risk Prostate Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - PLoS One. 2013 Jun 14;8(6):e65064. doi: 10.1371/journal.pone.0065064. Print 2013.

●● Enlace al texto completo (gratis o de pago)

[1371/journal.pone.0065064](https://doi.org/10.1371/journal.pone.0065064)

AUTORES / AUTHORS: - Schubert M; Spahn M; Kneitz S; Scholz CJ; Joniau S; Stroebel P; Riedmiller H; Kneitz B

INSTITUCIÓN / INSTITUTION: - Department of Urology and Pediatric Urology, Comprehensive Cancer Center (CCC) Mainfranken, University Hospital, Würzburg, Germany.

RESUMEN / SUMMARY: - BACKGROUND: The identification of additional prognostic markers to improve risk stratification and to avoid overtreatment is one of the most urgent clinical needs in prostate cancer (PCa). MicroRNAs, being important regulators of gene expression, are promising biomarkers in various cancer entities, though the impact as prognostic predictors in PCa is poorly understood. The aim of this study was to identify specific miRNAs as potential prognostic markers in high-risk PCa and to validate their clinical impact. METHODOLOGY AND PRINCIPAL FINDINGS: We performed miRNA-microarray analysis in a high-risk PCa study group selected by their clinical outcome (clinical progression free survival (CPFS) vs. clinical failure (CF)). We identified seven candidate miRNAs (let-7^a/b/c, miR-515-3p/5p, -181b, -146b, and -361) that showed differential expression between both groups. Further qRT-PCR analysis revealed down-regulation of members of the let-7 family in the majority of a large, well-characterized high-risk PCa cohort (n = 98). Expression of let-7^a/b/and -c was correlated to clinical outcome parameters of this group. While let-7^a showed no association or correlation with clinical relevant data, let-7b and let-7c were associated with CF in PCa patients and functioned partially as independent prognostic marker. Validation of the data using an independent high-risk study cohort revealed that let-7b, but not let-7c, has impact as an independent prognostic marker for BCR and CF. Furthermore, we identified HMGA1, a non-histone protein, as a new target of let-7b and found correlation of let-7b down-regulation with HMGA1 over-expression in primary PCa samples. CONCLUSION: Our findings define a distinct miRNA expression profile in PCa cases with early CF and identified let-7b as prognostic biomarker in high-risk PCa. This study highlights the importance of let-7b as tumor suppressor miRNA in high-risk PCa and presents a basis to improve individual therapy for high-risk PCa patients.

[979]

TÍTULO / TITLE: - Editorial Comment to Preservation of the smooth muscular internal (vesical) sphincter and of the proximal urethra for the early recovery of urinary continence after retropubic radical prostatectomy: A prospective case-control study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Urol. 2013 Jul 2. doi: 10.1111/iju.12229.

●● [Enlace al texto completo \(gratis o de pago\) 1111/iju.12229](#)

AUTORES / AUTHORS: - Schlomm T

INSTITUCIÓN / INSTITUTION: - Martini-Clinic, Prostate Cancer Center, University Medical Center Hamburg-Eppendorf, Hamburg, Germany. tschlomm@uke.de.

[980]

TÍTULO / TITLE: - PNET/Ewing's sarcoma of the kidney: imaging findings in two cases.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - JBR-BTR. 2013 Mar-Apr;96(2):75-7.

AUTORES / AUTHORS: - De Visschere P; De Potter A; Claus F; Mulkens T; Oyen R; Verbaeys A; Maes C; Villeirs G

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Ghent University Hospital, Ghent, Belgium. Pieter.DeVisschere@uzgent.be

RESUMEN / SUMMARY: - The CT-imaging findings of primary renal PNET/Ewing's sarcoma in two patients were retrospectively assessed. A large renal mass with heterogenous contrast enhancement and necrotic and hemorrhagic areas were the predominant characteristics. In adolescents or young adults presenting with a large renal mass, PNET/Ewing's sarcoma may be included in the differential diagnosis.

[981]

TÍTULO / TITLE: - The effectiveness of the TAX 327 nomogram in predicting overall survival in Chinese patients with metastatic castration-resistant prostate cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Asian J Androl. 2013 Jul 1. doi: 10.1038/aja.2013.52.

●● [Enlace al texto completo \(gratis o de pago\) 1038/aja.2013.52](#)

AUTORES / AUTHORS: - Bian XJ; Zhu Y; Shen YJ; Wang JY; Ma CG; Zhang HL; Dai B; Zhang SL; Yao XD; Ye DW

INSTITUCIÓN / INSTITUTION: - 1] Department of Urology, Fudan University Shanghai Cancer Center, Shanghai 200032, China [2] Department of Oncology, Shanghai Medical College, Fudan University Shanghai 200032, China.

RESUMEN / SUMMARY: - Based on the results of TAX 327, a nomogram was developed to predict the overall survival of metastatic castration-resistant prostate cancer (mCRPC) after first-line chemotherapy. The nomogram, however, has not been validated in an independent dataset, especially in a series out of clinical trials. Thus, the objective of the current study was to validate the TAX 327 nomogram in a community setting in China. A total of 146 patients with mCRPC who received first-line chemotherapy (docetaxel or mitoxantrone) were identified. Because clinical trials are limited in mainland China, those patients did not receive investigational treatment after the failure of first-line chemotherapy. The predicted overall survival rate was calculated from the TAX 327 nomogram. The validity of the model was assessed with discrimination, calibration and decision curve analysis. The median survival of the cohort was 21 months (docetaxel) and 19 months (mitoxantrone) at last

follow-up. The predictive c-index of the TAX 327 nomogram was 0.66 (95% CI: 0.54-0.70). The calibration plot demonstrated that the 2-year survival rate was underestimated by the nomogram. Decision curve analysis showed a net benefit of the nomogram at a threshold probability greater than 30%. In conclusion, the present validation study did not confirm the predictive value of the TAX 327 nomogram in a contemporary community series of men in China, and further studies with a large sample size to develop or validate nomograms for predicting survival and selecting therapies in advanced prostate cancer are necessary. Asian Journal of Andrology advance online publication, 1 July 2013; doi:10.1038/aja.2013.52.

[982]

TÍTULO / TITLE: - Prostate cancer-specific survival differences in patients treated by radical prostatectomy versus curative radiotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 May-Jun;7(5-6):E299-305. doi: 10.5489/cuaj.11294. Epub 2013 May 13.

●● Enlace al texto completo (gratis o de pago) [5489/cuaj.11294](#)

AUTORES / AUTHORS: - Degroot JM; Brundage MD; Lam M; Rohland SL; Heaton J; Mackillop WJ; Siemens DR; Groome PA

INSTITUCIÓN / INSTITUTION: - Cancer Care and Epidemiology, Cancer Research Institute, Queen's University, Kingston, ON;

RESUMEN / SUMMARY: - **OBJECTIVE:** We compared the cause-specific survival of patients who received radiotherapy to those who received surgery for cure of their prostate cancer using a number of design and analytic steps to mitigate confounding by indication. **METHODS:** This was a case-cohort study of 2213 patients in the Ontario Cancer Registry diagnosed between 1990 and 1998 who were either treatment candidates or received curative radiotherapy or surgery. Cases included patients who died of prostate cancer within 10 years. The study population was restricted to those who were candidates for either treatment (radiotherapy or surgery) based on disease severity (low and intermediate risk using the Genitourinary Radiation Oncologists of Canada risk groups). The median follow-up was 51 months. Cause-specific survival was analyzed using Cox-proportional hazards regression with case-cohort variance adjustment. Results from intent-to-treat analyses were compared to results by treatment received. **RESULTS:** Adjusted hazard ratios for risk of prostate cancer death for radiotherapy compared to surgery for the entire study population were 1.62 (95%CI 1.00-2.61) and 2.02 (1.19-3.43) analyzing by intent-to-treat and treatment received, respectively. Intent-to-treat hazard ratios for the low- and intermediate-risk groups were 0.87 (0.28-2.76) and 1.57 (0.95-2.61), respectively. **CONCLUSION:** Overall results were driven by the finding in the intermediate-risk group, which indicated that radiotherapy was not as effective as surgery in this group. Confirmation was needed with special attention paid to

risk stratification and the impact of more contemporary delivery of these treatment options.

[983]

TÍTULO / TITLE: - A Phase II Trial of Temsirolimus in Men With Castration-Resistant Metastatic Prostate Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Genitourin Cancer. 2013 Jul 3. pii: S1558-7673(13)00138-9. doi: 10.1016/j.clgc.2013.05.007.

●● Enlace al texto completo (gratis o de pago) [1016/j.clgc.2013.05.007](#)

AUTORES / AUTHORS: - Armstrong AJ; Shen T; Halabi S; Kemeny G; Bitting RL; Kartcheske P; Embree E; Morris K; Winters C; Jaffe T; Fleming M; George DJ

INSTITUCIÓN / INSTITUTION: - Duke Cancer Institute and the Duke Prostate Center, Duke University, Durham NC; Division of Medical Oncology, Department of Medicine, Duke University, Durham NC; Division of Urology, Department of Surgery, Duke University, Durham NC; Duke University Medical Center, Duke University, Durham NC. Electronic address: andrew.armstrong@duke.edu.

RESUMEN / SUMMARY: - BACKGROUND: Phosphatase and tensin homologue (PTEN) loss is common in advanced prostate cancer, leading to constitutive activation of the PI3 kinase pathway. Temsirolimus blocks mammalian target of rapamycin (mTOR)/target of rapamycin complex 1 (TORC1), a key signaling node in this pathway; its activity in men with advanced castration-resistant metastatic prostate cancer (mCRPC) is unknown. METHODS: We conducted a single-arm trial of weekly intravenous temsirolimus administration in men with chemorefractory mCRPC who had ≥ 5 circulating tumor cells (CTCs) at baseline. The primary end point was the change in CTCs at 8 weeks; secondary end points were composite progression-free survival (PFS) (excluding prostate-specific antigen [PSA]), PSA and radiographic response rates, safety, and survival. At PSA/CTC progression, an anti-androgen could be added while continuing temsirolimus. RESULTS: Eleven patients were accrued out of a planned 20; the trial was stopped prematurely because of lack of efficacy/feasibility. Median age was 61 years, with 55% African-Americans and 36% Caucasian patients. Median baseline PSA level was 390 ng/dL, median baseline number of CTCs was 14 cells; 50% of patients had pain, and 63% had undergone ≥ 2 previous chemotherapy regimens. Median CTC decline was 48% and 3 patients experienced decline in CTCs to < 5 . However, 73% of men had a persistently unfavorable number of CTCs (≥ 5) and only 1 patient had a $\geq 30\%$ PSA decline. Median PFS was 1.9 months (95% confidence interval [CI], 0.9-3.1) and median overall survival (OS) was 8.8 months (95% CI, 3.1-15.6). Toxicities included grade 4 hypophosphatemia and central nervous system (CNS) hemorrhage, and frequent grade 3 fatigue, anemia, stomatitis, hypokalemia, weakness, and hyperglycemia. CONCLUSION: Temsirolimus lacked sufficient clinical activity in men with mCRPC, despite transient CTC

improvements in some men. Future studies should focus on combination approaches or novel PI3K pathway inhibitors.

[984]

TÍTULO / TITLE: - Adjuvant intravesical bacillus calmette-guerin therapy and survival among elderly patients with non-muscle-invasive bladder cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Oncol Pract. 2013 Mar;9(2):92-8. doi: 10.1200/JOP.2011.000480. Epub 2012 Oct 30.

●● [Enlace al texto completo \(gratis o de pago\) 1200/JOP.2011.000480](#)

AUTORES / AUTHORS: - Spencer BA; McBride RB; Hershman DL; Buono D; Herr HW; Benson MC; Gupta-Mohile S; Neugut AI

INSTITUCIÓN / INSTITUTION: - Columbia University; Memorial Sloan-Kettering Cancer Center, New York; and University of Rochester, Rochester, NY.

RESUMEN / SUMMARY: - **PURPOSE:** National guidelines recommend adjuvant intravesical Bacillus Calmette-Guerin (BCG) therapy for higher-risk non-muscle-invasive bladder cancer (NMIBC). Although a survival benefit has not been demonstrated, randomized trials have shown reduced recurrence and delayed progression after its use. We investigated predictors of BCG receipt and its association with survival for older patients with NMIBC. **PATIENTS AND METHODS:** We identified individuals with NMIBC registered in the Surveillance, Epidemiology, and End Results-Medicare database from 1991 to 2003. We used logistic regression to compare those treated with BCG within 6 months of initial diagnosis with those not treated, adjusting for demographic and clinical factors. Cox proportional hazards modeling was used to analyze the association between BCG and overall survival (OS) and bladder cancer-specific survival (BCSS) for the entire cohort and within tumor grades. **RESULTS:** Of 23,932 patients with NMIBC identified, 22% received adjuvant intravesical BCG. Predictors of receipt were stages Tis and T1, higher grade, and urban residence. Age > 80 years, fewer than two comorbidities, and not being married were associated with decreased use. In the survival analysis, BCG use was associated with better OS (hazard ratio [HR], 0.87; 95% CI, 0.83 to 0.92) in the entire cohort and BCSS among higher-grade cancers (poorly differentiated: HR, 0.78; 95% CI, 0.72 to 0.85; undifferentiated: HR, 0.66; 95% CI, 0.56 to 0.77). **CONCLUSION:** Despite guidelines recommending its use, BCG is administered to less than one quarter of eligible patients. This large population-based study found improved OS and BCSS were associated with use of adjuvant intravesical BCG among older patients with NMIBC. Better-designed clinical trials focusing on higher-grade cancers are needed to confirm these findings.

[985]

TÍTULO / TITLE: - Differing Risk of Cancer Death Among Patients With Pathologic T3a Renal Cell Carcinoma: Identification of Risk Categories According to Fat Infiltration and Renal Vein Thrombosis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Genitourin Cancer. 2013 Jun 28. pii: S1558-7673(13)00137-7. doi: 10.1016/j.clgc.2013.05.006.

●● Enlace al texto completo (gratis o de pago) [1016/j.clgc.2013.05.006](#)

AUTORES / AUTHORS: - Baccos A; Brunocilla E; Schiavina R; Borghesi M; Rocca GC; Chessa F; Saraceni G; Fiorentino M; Martorana G

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Bologna, Bologna, S. Orsola-Malpighi Hospital, Italy.

RESUMEN / SUMMARY: - **OBJECTIVES:** The study objectives were to evaluate the prognostic impact of fat infiltration and renal vein thrombosis in patients with pT3a renal cell carcinoma (RCC) and to identify new prognostic groups. **MATERIAL AND METHODS:** We analyzed 122 consecutive patients with pT3a who underwent radical nephrectomy for RCC between 2000 and 2011 at the University of Bologna. Cancer-specific survival (CSS) rates were estimated using Kaplan-Meier survival curves; univariable and multivariable analyses were performed with Cox analysis. **RESULTS:** The mean follow-up was 41.7 +/- 35.4 months. Patients with peritumoral/hilar fat infiltration (n = 63) and patients with renal vein thrombosis (n = 18) experienced comparable CSS rates, whereas patients with both fat infiltration plus renal vein thrombosis (n = 41) showed worse survival outcomes than the first group (P = .026). Patients were divided in 2 groups: group A, with fat invasion or renal vein thrombosis, and group B, with concomitant fat invasion and renal vein invasion. Group B showed worse cancer-specific survival than group A (P = .024). At multivariate analysis, this new risk-group stratification was found to be an independent prognostic predictor of CSS (P < .05). **CONCLUSIONS:** Patients with T3a RCC with both fat invasion and renal vein thrombosis experience worse survival rates when compared with those patients with only 1 prognostic factor. The TNM classification should consider the concomitant presence of those parameters as a different prognostic predictor.

[986]

TÍTULO / TITLE: - The impact of surgical treatment for penile cancer - Patients' perspectives.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Eur J Oncol Nurs. 2013 Jul 26. pii: S1462-3889(13)00070-7. doi: 10.1016/j.ejon.2013.06.004.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejon.2013.06.004](#)

AUTORES / AUTHORS: - Witty K; Branney P; Evans J; Bullen K; White A; Eardley I

INSTITUCIÓN / INSTITUTION: - Centre for Men's Health, Leeds Metropolitan University, UK. Electronic address: k.witty@leedsmet.ac.uk.

RESUMEN / SUMMARY: - **PURPOSE OF THE RESEARCH:** Penile cancer is a rare but highly treatable condition. Whilst over 80% survive for over five years, treatment can have a significant impact on quality of life. There has been little

research conducted to date on men's experiences of treatment for penile cancer. The Patients Experiences of Penile Cancer study (PEPC) aimed to redress this shortfall by exploring men's experiences of surgical treatment for penile cancer. **METHODS AND SAMPLE:** The study used a narrative history design in which data were collected using one-on-one semi-structured interviews. Maximum variation sampling was used to acquire the widest possible range of experiences. Twenty-seven interviews of around one hour were conducted with men with an average age of 63 years at diagnosis (range = 41-82). The data were analysed using constant comparison analysis. **KEY RESULTS:** The physical impact of surgery was inter-connected with broader events in the lives of the men experiencing treatment. These experiences cover urinary function, sexual function and sexual relationships, healing and recovery, masculinity, mental well-being, coping and support. **CONCLUSION:** A key area for the development of care is to devise and evaluate procedures for ensuring that men are well-informed about the extent and potential consequences of their treatment. Men's experiences of penile cancer surgery will be informed by a complex web interlaced with their broader lives, making it difficult for health professionals to judge how surgery will impact on a men presenting to them. Further research is required to ascertain the most appropriate strategies for rehabilitation of men experiencing penile cancer surgery.

[987]

TÍTULO / TITLE: - Prognostic biomarkers for patients with advanced renal cell carcinoma treated with VEGF-targeted tyrosine kinase inhibitors.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Onco Targets Ther. 2013 Jun 13;6:679-84. doi: 10.2147/OTT.S45872. Print 2013.

●● Enlace al texto completo (gratis o de pago) [2147/OTT.S45872](#)

AUTORES / AUTHORS: - Cho DC

INSTITUCIÓN / INSTITUTION: - Division of Hematology and Oncology, Beth Israel Deaconess Medical Center, Boston, MA, USA.

RESUMEN / SUMMARY: - Tyrosine kinase inhibitors with activity against vascular endothelial growth factor receptor 2 are now standard treatment for the majority of patients with advanced renal cell carcinoma. The clinical development of these agents followed by their broad clinical utilization has allowed the creation of large databases to facilitate the identification of prognostic biomarkers and development of prognostic models. While several clinical prognostic models have been created, work continues on identifying novel biomarkers which might be used in conjunction with or even in place of these clinical models. In this review, we discuss the progress thus far in improving on current prognostic models and speculate on possible developments in the near future.

[988]

TÍTULO / TITLE: - A prostate-specific antigen doubling time of <6 months is prognostic for metastasis and prostate cancer-specific death for patients receiving salvage radiation therapy post radical prostatectomy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Radiat Oncol. 2013 Jul 8;8:170. doi: 10.1186/1748-717X-8-170.

●● Enlace al texto completo (gratis o de pago) [1186/1748-717X-8-170](#)

AUTORES / AUTHORS: - Jackson WC; Johnson SB; Li D; Foster C; Foster B; Song Y; Schipper M; Shilkrut M; Sandler HM; Morgan TM; Palapattu GS; Hamstra DA; Feng FY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Michigan, 1500 E. Medical Center Dr., Ann Arbor, MI 48105, USA.

RESUMEN / SUMMARY: - BACKGROUND: The ideal prostate-specific antigen (PSA) doubling time (PSADT) threshold for identifying patients at high-risk for poor clinical outcome following salvage radiation therapy (SRT) has not been well established. We sought to assess what PSADT threshold is most clinically prognostic in this setting. METHODS: 575 patients who received SRT at a single institution for biochemical recurrence after radical prostatectomy were retrospectively reviewed. We assessed the impact of pre-SRT PSADT on biochemical failure (BF), distant metastasis (DM), prostate cancer-specific mortality (PCSM), and overall mortality (OM). Kaplan-Meier methods, hazard ratio (HR) assessment, and Cox Proportional Hazard models were used to assess the discriminatory ability of various PSADT thresholds. RESULTS: Sufficient data to calculate PSADTs were available for 277 patients. PSADT was prognostic for BF, DM, PCSM, and OM on univariate analysis regardless of threshold. HR assessment identified 6 months as a strong threshold. No statistically significant difference was observed in BF, DM, PCSM, or OM between patients with PSADT <3 (n=40) and 3-6 months (n=61) or between 6-10 (n=62) and >10 months (n=114). However significant differences were seen in BF (HR:2.2, [95%CI: 1.4-3.5], p<0.01) and DM (HR:2.2, [95%CI: 1.2-4.3], p=0.02) between a PSADT of 3-6 and 6-10 months. On multivariate analysis a PSADT <6 months predicted BF (HR:2.0, [95%CI: 1.4-2.9], p=0.0001), DM (HR:2.0, [95%CI: 1.2-3.4], p=0.01), and PCSM (HR:2.6, [95%CI: 1.1-5.9], p=0.02). CONCLUSIONS: A pre-SRT PSADT <6 months was a strong predictor of outcomes in our data set, including PCSM. The most common nomogram for SRT uses a 10-month PSADT threshold for assigning points used to assess BF following SRT. If validated, our findings suggest that a PSADT threshold of <6 months should be considered for stratification of patients in future clinical trials in this setting.

[989]

TÍTULO / TITLE: - Dosimetric consequences of prostate-based couch shifts on the precision of dose delivery during simultaneous IMRT irradiation of the prostate, seminal vesicles and pelvic lymph nodes.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Phys Med. 2013 Jul 13. pii: S1120-1797(13)00111-7. doi: 10.1016/j.ejmp.2013.06.003.

- Enlace al texto completo (gratis o de pago)

[1016/j.ejmp.2013.06.003](#)

AUTORES / AUTHORS: - Adamczyk M; Piotrowski T; Adamiak E; Malicki J

INSTITUCIÓN / INSTITUTION: - Medical Physics Department, Greater Poland Cancer Centre, 15th Garbary St., 61-866 Poznan, Poland. Electronic address: marta.adamczyk@wco.pl.

RESUMEN / SUMMARY: - INTRODUCTION: To evaluate the impact interfraction prostate (CTV1) motion corrections on doses delivered to seminal vesicles (CTV2) and lymph nodes (CTV3), and to determine ideal planning target volume (PTV) margins for these targets with prostate-based position verification. MATERIAL AND METHODS: Retrospective analysis based on 253 cone beam computed tomography (CBCT) studies of 28 patients. The isocenter-shift method was used to estimate the interfraction prostate and bony shift effects on the original plan coverage. Friedman's test was used to assess statistical significance between dose-volume histogram (DVH) parameters which were calculated for prostate-based sum plans, bony-based sum plans and original treatment plans. The van Herk formula was used to determine the set-up margin size for prostate-based verification. RESULTS: The tracked shifts influenced the minimum, maximum and mean CTV2 and CTV3 doses, with a range differential of 0.17%-2.63% (prostate shifts) and 0.13%-1.92% (bony shifts) compared to the corresponding original parameters. Friedman's test revealed significant differences in the minimum doses to the CTV3 and maximum doses to both the CTV2 and CTV3. The calculated set-up margins of 1.22 cm (vertical), 0.19 cm (longitudinal) and 0.39 cm (lateral) should be added to CTV3 while performing prostate-based positioning. CONCLUSION: To avoid geographical miss during simultaneous irradiation of independently moving targets (CTV1-3) appropriate margins should be used in accordance with the position verification method used. Based on our findings the following margin sizes should be used: 0.7 cm for the CTV1, 0.8-0.9 cm for the CTV2, and asymmetric 1.0 cm (vertically) and 0.5 cm (other axes) for the CTV3.

[990]

TÍTULO / TITLE: - Editorial Comment to Partial and radical nephrectomy provide comparable long-term cancer control for T1b renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Urol. 2013 Jul 2. doi: 10.1111/iju.12226.

- Enlace al texto completo (gratis o de pago) [1111/iju.12226](#)

AUTORES / AUTHORS: - Kondo T

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tokyo Women's Medical University, Tokyo, Japan. tkondo@kc.twmu.ac.jp.

[991]

TÍTULO / TITLE: - Partial and radical nephrectomy provide comparable long-term cancer control for T1b renal cell carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Urol. 2013 Jul 2. doi: 10.1111/iju.12204.

●● Enlace al texto completo (gratis o de pago) 1111/iju.12204

AUTORES / AUTHORS: - Meskawi M; Becker A; Bianchi M; Trinh QD; Roghmann F; Tian Z; Graefen M; Perrotte P; Karakiewicz PI; Sun M

INSTITUCIÓN / INSTITUTION: - Cancer Prognostics and Health Outcomes Unit, Montreal, Quebec, Canada.

RESUMEN / SUMMARY: - **OBJECTIVES:** To examine utilization rates of partial nephrectomy relative to radical nephrectomy for T1b renal cell carcinoma in contemporary years, to identify sociodemographic and disease characteristics associated with partial nephrectomy use, and to compare effectiveness of partial versus radical nephrectomy with respect to cancer control. **METHODS:** Using the Surveillance, Epidemiology, and End Results database, 16 333 patients treated with partial or radical nephrectomy for T1bN0M0 renal cell carcinoma between 1988 and 2008 were identified. Logistic regression models were carried out to identify determinants of partial nephrectomy. Subsequently, cumulative incidence rates of cancer-specific and other-cause mortality between partial and radical nephrectomy were assessed, within the matched cohort. Furthermore, competing-risks regression analyses were used for prediction of cancer-specific mortality, after adjusting for other-cause mortality, and vice versa. **RESULTS:** The utilization rate of partial nephrectomy increased from 1.2% in 1988 to 15.9% in 2008 ($P < 0.001$). Younger individuals, smaller tumors, persons of black race, as well as men, were more likely to be treated with partial nephrectomy in the current cohort (all $P \leq 0.002$). In the post-propensity cohort, the 5- and 10-year cancer-specific mortality rates were 4.4 and 6.1% for partial versus 6.0 and 10.4% for radical nephrectomy, respectively ($P = 0.03$). Competing-risks regression analyses showed that nephrectomy type was not statistically significantly associated with cancer-specific mortality, even after adjusting for other-cause mortality (hazard ratio 0.89, $P = 0.5$). **CONCLUSIONS:** Despite providing a comparable cancer control, the use of partial over radical nephrectomy for T1b renal cell carcinoma in USA has remained limited in recent years.

[992]

TÍTULO / TITLE: - Urinary incontinence after robot-assisted radical prostatectomy: Pathophysiology and intraoperative techniques to improve surgical outcome.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Urol. 2013 Jul 10. doi: 10.1111/iju.12214.

●● Enlace al texto completo (gratis o de pago) [1111/iju.12214](http://dx.doi.org/10.1111/iju.12214)

AUTORES / AUTHORS: - Kojima Y; Takahashi N; Haga N; Nomiya M; Yanagida T; Ishibashi K; Aikawa K; Lee DI

INSTITUCIÓN / INSTITUTION: - Department of Urology, Fukushima Medical University School of Medicine, Fukushima, Japan.

RESUMEN / SUMMARY: - Robot-assisted radical prostatectomy has been shown to have comparable and possibly improved postoperative continence rates compared with retropubic and laparoscopic radical prostatectomy. However, postoperative urinary incontinence has remained one of the most bothersome postoperative complications. The basic concept of the intraoperative technique to improve postoperative urinary continence is to maintain as normal anatomical and functional structure in the pelvis as possible. Therefore, improved knowledge of the normal structure in the pelvis should lead to a greater understanding of the pathophysiology of urinary incontinence, and further development of intraoperative techniques to improve the outcomes of urinary continence. It might be necessary to carry out three steps to realize improvement of the early return of urinary continence after robot-assisted radical prostatectomy: (i) preservation (bladder neck, neurovascular bundle, puboprostatic ligament, pubovesical complex, and/or urethral length, etc.); (ii) reconstruction (posterior and/or anterior reconstruction, and/or reattachment of the arcus tendineus to the bladder neck, etc.); and (iii) reinforcement (bladder neck plication and/or sling suspension, etc.). On the basis of these steps, further modifications during robot-assisted radical prostatectomy should be developed to improve urinary continence and quality of life after robot-assisted radical prostatectomy.

[993]

TÍTULO / TITLE: - Clear cell renal cell carcinoma associated microRNA expression signatures identified by an integrated bioinformatics analysis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - J Transl Med. 2013 Jul 10;11:169. doi: 10.1186/1479-5876-11-169.

●● Enlace al texto completo (gratis o de pago) [1186/1479-5876-11-169](http://dx.doi.org/10.1186/1479-5876-11-169)

AUTORES / AUTHORS: - Chen J; Zhang D; Zhang W; Tang Y; Yan W; Guo L; Shen B

INSTITUCIÓN / INSTITUTION: - Center for Systems Biology, Soochow University, Suzhou 215006, China.

RESUMEN / SUMMARY: - BACKGROUND: Clear cell renal cell carcinoma (ccRCC) represents the most invasive and common adult kidney neoplasm. Mounting evidence suggests that microRNAs (miRNAs) are important regulators of gene expression. But their function in tumorigenesis in this tumour type remains elusive. With the development of high throughput

technologies such as microarrays and NGS, aberrant miRNA expression has been widely observed in ccRCC. Systematic and integrative analysis of multiple microRNA expression datasets may reveal potential mechanisms by which microRNAs contribute to ccRCC pathogenesis. **METHODS:** We collected 5 public microRNA expression datasets in ccRCC versus non-matching normal renal tissues from GEO database and published literatures. We analyzed these data sets with an integrated bioinformatics framework to identify expression signatures. The framework incorporates a novel statistic method for abnormal gene expression detection and an in-house developed predictor to assess the regulatory activity of microRNAs. We then mapped target genes of DE-miRNAs to different databases, such as GO, KEGG, GeneGo etc, for functional enrichment analysis. **RESULTS:** Using this framework we identified a consistent panel of eleven deregulated miRNAs shared by five independent datasets that can distinguish normal kidney tissues from ccRCC. After comparison with 3 RNA-seq based microRNA profiling studies, we found that our data correlated well with the results of next generation sequencing. We also discovered 14 novel molecular pathways that are likely to play a role in the tumorigenesis of ccRCC. **CONCLUSIONS:** The integrative framework described in this paper greatly improves the inter-dataset consistency of microRNA expression signatures. Consensus expression profile should be identified at pathway or network level to address the heterogeneity of cancer. The DE-miRNA signature and novel pathways identified herein could provide potential biomarkers for ccRCC that await further validation.

[994]

TÍTULO / TITLE: - A Phase II Safety and Efficacy Study of the Vascular Endothelial Growth Factor Receptor Tyrosine Kinase Inhibitor Pazopanib in Patients With Metastatic Urothelial Cancer.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Genitourin Cancer. 2013 Jul 25. pii: S1558-7673(13)00136-5. doi: 10.1016/j.clgc.2013.05.005.

●● Enlace al texto completo (gratis o de pago) 1016/j.clgc.2013.05.005

AUTORES / AUTHORS: - Pili R; Qin R; Flynn PJ; Picus J; Millward M; Ho WM; Pitot H; Tan W; Miles KM; Erlichman C; Vaishampayan U

INSTITUCIÓN / INSTITUTION: - Roswell Park Cancer Institute, Buffalo, NY. Electronic address: Roberto.Pili@RoswellPark.org.

RESUMEN / SUMMARY: - BACKGROUND: Vascular endothelial growth factor (VEGF) is produced by bladder cancer cell lines in vitro and expressed in human bladder tumor tissues. Pazopanib is a vascular endothelial receptor tyrosine kinase inhibitor with anti-angiogenesis and anti-tumor activity in several preclinical models. A 2-stage phase II study was conducted to assess the activity and toxicity profile of pazopanib in patients with metastatic, urothelial carcinoma. **METHODS:** Patients with one prior systemic therapy for metastatic

urothelial carcinoma were eligible. Patients received pazopanib at a dose of 800 mg orally for a 4-week cycle. RESULTS: Nineteen patients were enrolled. No grade 4 or 5 events were experienced. Nine patients experienced 11 grade 3 adverse events. Most common toxicities were anemia, thrombocytopenia, leucopenia, and fatigue. For stage I, none of the first 16 evaluable patients were deemed a success (complete response or partial response) by the Response Evaluation Criteria In Solid Tumors criteria during the first four 4-week cycles of treatment. Median progression-free survival was 1.9 months. This met the futility stopping rule of interim analysis, and therefore the trial was recommended to be permanently closed. CONCLUSIONS: Pazopanib did not show significant activity in patients with urothelial carcinoma. The role of anti-VEGF therapies in urothelial carcinoma may need further evaluation in rational combination strategies.

[995]

TÍTULO / TITLE: - Introduction and First Clinical Application of a Simplified Immunohistochemical Validation System Confirms Prognostic Impact of KI-67 and CK20 for Stage T1 Urothelial Bladder Carcinoma: Single-Center Analysis of Eight Biomarkers in a Series of Three Hundred Six Patients.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Genitourin Cancer. 2013 Jul 10. pii: S1558-7673(13)00132-8. doi: 10.1016/j.clgc.2013.05.001.

●● Enlace al texto completo (gratis o de pago) 1016/j.clgc.2013.05.001

AUTORES / AUTHORS: - Otto W; Denzinger S; Fritsche HM; Burger M; Rossler W; Bertz S; May M; Hartmann A; Hofstadter F; Wieland WF; Eder F

INSTITUCIÓN / INSTITUTION: - St. Josef Medical Centre, Department of Urology of Regensburg University, Regensburg, Germany. Electronic address: wolfgang.otto@klinik.uni-regensburg.de.

RESUMEN / SUMMARY: - BACKGROUND: Biomarkers could help to estimate the prognosis of solid tumors. One of the reasons that many immunohistochemical (IHC) markers are not used routinely is the high interobserver variability and various cutoff values. In the present study, we used a simplified IHC method with a group of 8 biomarkers in stage pT1 urothelial bladder carcinoma (UBC). PATIENTS AND METHODS: IHC expression of CK20, KI-67, STK15, MUC7, periostin, fibronectin, survivin, and CXCR4 was assessed independently by 2 reviewers in a series of 306 stage pT1 UBC specimens from a single center in 10% steps from < 10% up to > 90%. A general center < 10% vs. >= 10% was set for further analysis for all markers. All patients initially underwent a bladder-sparing approach. Kaplan-Meier analyses and multivariate Cox regression analyses of recurrence-free survival (RFS), progression-free survival (PFS), and cancer-specific survival (CSS) were performed. RESULTS: A cutoff point >= 10% was shown to be valid and reliable for marker expression, with 96% interobserver agreement. Of the studied marker expressions, >= 10% for Ki-67 showed a statistically significant worse RFS (54% vs. 64%; P = .004), PFS

(66% vs. 73%; P = .001), and CSS (71% vs. 77%; P = .015); \geq 10% for CK20 showed a worse RFS (57% vs. 58%; P = .009). Multivariate Cox regression analysis revealed CK20 to be an independent prognostic factor for recurrence (hazard ratio [HR], 2.08; confidence interval [95% CI]; 1.21-3.57; P = .008) and Ki-67 for progression (HR, 2.11; CI, 1.02-4.37; P = .045). CONCLUSION: We proposed and applied a simplified IHC evaluation that increases interobserver agreement and confirms the prognostic role of Ki-67 and CK20 for stage T1 UBC.

[996]

TÍTULO / TITLE: - Gemcitabine and docetaxel, an effective second-line chemotherapy for lung metastasis of urothelial carcinoma.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Int J Clin Oncol. 2013 Jun 11.

- Enlace al texto completo (gratis o de pago) [1007/s10147-013-0574-](#)

[1](#)

AUTORES / AUTHORS: - Naiki T; Kawai N; Hashimoto Y; Okamura T; Ando R; Yasui T; Okada A; Etani T; Tozawa K; Kohri K

INSTITUCIÓN / INSTITUTION: - Department of Nephro-urology, Graduate School of Medical Sciences, Nagoya City University, Kawasumi 1, Mizuho-cho, Mizuho-ku, Nagoya, 467-8601, Japan, rx-nike@hotmail.co.jp.

RESUMEN / SUMMARY: - BACKGROUND: The objective of this study was to evaluate the efficacy of a gemcitabine and docetaxel (GD) combination as a second-line treatment for patients with metastatic urothelial carcinoma (UC) after failure of first-line treatment with platinum-based chemotherapy. METHODS: From June 2006 to January 2012, 38 patients with metastatic UC previously treated with platinum-based chemotherapy received GD therapy. This consisted of gemcitabine 800 mg/m² and docetaxel 40 mg/m² on days 1 and 8 of each 21-day cycle as second-line chemotherapy. All the patients were evaluated for toxicity and assessed every cycle by imaging. We analyzed the efficacy of GD as second-line chemotherapy in the follow-up study. RESULTS: The median number of GD treatment cycles was 4 (range 2-9); the objective response rate was 47.4 %; and the median progression-free survival and median overall survival were 4.1 and 10.8 months, respectively. Univariate and multivariate analyses on the GD treated group showed that the existence of lung metastases was the only prognostic factor for tumor response. Grade 3 treatment-related toxicity included neutropenia (31.6 %) and thrombocytopenia (15.8 %), and only one patient with grade 4 toxicity had thrombocytopenia (2.6 %). CONCLUSIONS: The GD regimen as second-line chemotherapy was especially effective for lung metastatic UC and yielded favorable results in patients whose first-line platinum-based chemotherapy had failed. Given the safety and benefit profile seen in this study, a large prospective study is warranted to consider the potential utility of GD chemotherapy as a second-line for UC.

[997]

TÍTULO / TITLE: - Risk of human papillomavirus-related cancers among kidney transplant recipients and patients receiving chronic dialysis - an observational cohort study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - BMC Nephrol. 2013 Jul 8;14:137. doi: 10.1186/1471-2369-14-137.

●● [Enlace al texto completo \(gratis o de pago\) 1186/1471-2369-14-137](#)

AUTORES / AUTHORS: - Skov Dalgaard L; Fassel U; Ostergaard LJ; Jespersen B; Schmeltz Sogaard O; Jensen-Fangel S

INSTITUCIÓN / INSTITUTION: - Department of Infectious Diseases, Aarhus University Hospital, Aarhus, Denmark. larsdalq@rm.dk.

RESUMEN / SUMMARY: - BACKGROUND: Individuals with end-stage renal disease (ESRD) have excess risk of various cancer types. However, the total burden of human papillomavirus-related cancers remains unknown. METHODS: We performed a nationwide observational cohort study during 1994-2010. For each person with ESRD, we sampled 19 population controls (without ESRD) matched on age, gender and municipality. Participants were followed until first diagnosis of human papillomavirus-related cancer, death, emigration, or 31 December 2010, whichever came first. Human papillomavirus-related cancers were extracted from Danish medical administrative databases. We considered cancers of the cervix, vulva, vagina, penis, anus, and subsets of head and neck cancers as human papillomavirus-related. We calculated incidence rates of human papillomavirus-related cancer and used Poisson regression to identify risk factors for human papillomavirus-related cancer. RESULTS: Among 12,293 persons with ESRD and 229,524 population controls we identified 62 and 798 human papillomavirus-related cancers, respectively. Incidence rates of human papillomavirus-related cancer were 102 per 100,000 person-years (95% confidence interval [CI]; 79.5-131) among persons with ESRD and 40.8 per 100,000 person-years (95% CI; 38.1-43.7) among population controls. ESRD patients had 4.54 (95% CI, 2.48-8.31) fold increased risk of anal cancer and 5.81 fold (95% CI; 3.36-10.1) increased risk of vulvovaginal cancer. Adjusted for age, comorbidity, and sex, ESRD patients had 2.41 (95% CI; 1.83-3.16) fold increased risk of any human papillomavirus-related cancer compared with population controls. Compared with dialysis patients renal transplant recipients had an age-adjusted non-significant 1.53 (95% CI, 0.91-2.58) fold higher risk of human papillomavirus-related cancer. CONCLUSIONS: Persons with ESRD have excess risk of potentially vaccine-preventable human papillomavirus-related cancers.

[998]

TÍTULO / TITLE: - Long-term survival of a patient with invasive signet-ring cell carcinoma of the urinary bladder managed by combined s-1 and Cisplatin adjuvant chemotherapy.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Case Rep Urol. 2013;2013:915874. doi: 10.1155/2013/915874. Epub 2013 May 8.

●● Enlace al texto completo (gratis o de pago) [1155/2013/915874](#)

AUTORES / AUTHORS: - Hamakawa T; Kojima Y; Naiki T; Kubota Y; Yasui T; Tozawa K; Hayashi Y; Kohri K

INSTITUCIÓN / INSTITUTION: - Department of Nephro-Urology, Nagoya City University Graduate School of Medical Sciences, 1 Kawasumi, Mizuho-chou, Mizuho-ku, Nagoya 467-8601, Japan.

RESUMEN / SUMMARY: - Primary signet-ring cell carcinoma of the urinary bladder is extremely rare and patient survival is very poor. The disease usually presents at advanced stages because the cancer progresses rapidly. The only option for effective treatment is radical cystectomy, and no effective chemotherapy has been established for this variant. We report a case of signet-ring cell carcinoma of the urinary bladder with a long-term survival of 90 months owing to radical cystectomy and combination adjuvant chemotherapy with S-1 and cisplatin. To our knowledge, this is the first report to demonstrate the long-term therapeutic activity of combination S-1 and cisplatin adjuvant chemotherapy against invasive signet-ring cell carcinoma of the urinary bladder.

[999]

TÍTULO / TITLE: - Comparisons between diabetic and non-diabetic patients diagnosed with prostate cancer in China: a retrospective study.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Chin Med J (Engl). 2013 Jul;126(14):2786-7.

AUTORES / AUTHORS: - Zhang M; Zhang N; Li XS; Gai JW; Wasilijiang W; Ji SQ; Zhang XY; Guo ZQ; Zhou LQ

INSTITUCIÓN / INSTITUTION: - Department of Urology, Peking University First Hospital; Institute of Urology, Peking University; National Urological Cancer Center, Beijing 100034, China.

[1000]

TÍTULO / TITLE: - Prognostic Effect of Sarcomatoid Dedifferentiation in Patients With Surgically Treated Renal Cell Carcinoma: A Matched-Pair Analysis.

RESUMEN / SUMMARY: - [Enlace al Resumen / Link to its Summary](#)

REVISTA / JOURNAL: - Clin Genitourin Cancer. 2013 Jun 29. pii: S1558-7673(13)00087-6. doi: 10.1016/j.clgc.2013.04.026.

●● Enlace al texto completo (gratis o de pago) [1016/j.clgc.2013.04.026](#)

AUTORES / AUTHORS: - Brookman-May S; May M; Shariat SF; Zigeuner R; Chromecki T; Cindolo L; Schips L; De Cobelli O; Rocco B; De Nunzio C; Tubaro

A; Feciche B; Coman I; Truss M; Pahernik S; Wirth MP; Zastrow S; Dalpiaz O; Fenske F; Waidelich R; Stief C; Gunia S

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ludwig-Maximilians-University Munich, Klinikum Grosshadern, Munich, Germany. Electronic address: sabine-brookman-may@web.de.

RESUMEN / SUMMARY: - BACKGROUND: The aim of this study was to assess the prognostic relevance of SD in patients with RCC. PATIENTS AND METHODS: Among 8126 RCC patients surgically treated at 12 academic centers (members of the Collaborative Research on Renal Neoplasms Association [CORONA] project), 316 patients (3.9%) had SD with sarcomatoid areas comprising at least 10% of the tumor tissue. After propensity score-based matched-pair analysis, 281 with and 281 matched RCC patients without SD remained available for direct comparison of cancer-specific survival (CSS). Median follow-up was 36.5 months (interquartile range, 15-82). Uni- and multivariable Cox proportional hazards regression analyses were performed to assess the prognostic value of parameters. RESULTS: In univariable analysis, there was no difference in CSS between patients with or without SD (1 and 5 years CSS, 79% vs. 83% and 59% vs. 64%, respectively; hazard ratio, 1.21; P = .16). Multivariable analysis in patients with SD identified metastatic dissemination at the time of surgery, pT-stage, nodal status, and tumor size as independent predictors of CSS. This study was limited by its retrospective multicenter design and lack of central histopathological review. CONCLUSION: Sarcomatoid dedifferentiation was not an independent predictor of CSS in surgically treated RCC patients in the present matched-pair series. Because pathology reports form the basis on which study specimens are selected for further studies, which are clearly needed to advance our understanding of the prognostic value of SD in RCC, it is imperative that pathologists reliably report on absence or presence and the estimated percentage of a coexisting sarcomatoid component.
