

#15#

Revisiones (todas) *** Reviews (all)

RESPIRATORY TRACT TUMORS

(Conceptos / Keywords: NSCLC; SCLC, Mesotheliomas; Tracheal tumors; Bronchial tumors; etc).

Julio - Agosto 2013 / July - August 2013

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[1]

TÍTULO / TITLE: - Risk of Lung Cancer Associated With Occupational Exposure to Mineral Wools: Updating Knowledge From a French Population-Based Case-Control Study, the ICARE Study.

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

REVISTA / JOURNAL: - J Occup Environ Med. 2013 Jul;55(7):786-795.

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

[1097/JOM.0b013e318289ee8b](#)

AUTORES / AUTHORS: - Guida F; Paget-Bailly S; Lamkarkach F; Gaye O; Ducamp S; Menvielle G; Papadopoulos A; Matrat M; Fevotte J; Cenee S; Cyr D; Schmaus A; Carton M; Radoi L; Lapotre-Ledoux B; Molinie F; Luce D; Stucker I

INSTITUCIÓN / INSTITUTION: - From UMRS 1018, the Environmental Epidemiology of Cancer Team (Drs Guida, Papadopoulos, and Stucker, Ms Lamkarkach, Ms Gaye, and Ms Cenee) and Epidemiology of Occupational and Social Determinants of Health Team (Drs Paget-Bailly, Menvielle, Carton, Radoi, and Luce, Ms Cyr, and Ms Schmaus), the Inserm, CESP Centre for Research in Epidemiology and Population Health, Villejuif, France; University Paris-Sud, UMRS 1018 (Drs Guida, Papadopoulos, and Stucker, Ms Lamkarkach, Ms Gaye, and Ms Cenee), Villejuif, France; Inserms, CESP Centre for Research in Epidemiology and Population Health, UMRS 1018,

Epidemiology of Occupational and Social Determinants of Health Team (Drs Paget-Bailly, Menvielle, Carton, Radoi, and Luce, Ms Cyr, and Ms Schmaus), Villejuif, France; University of Versailles St-Quentin, UMRS 1018 (Drs Paget-Bailly, Menvielle, Carton, Radoi, and Luce, Ms Cyr, and Ms Schmaus), Villejuif, France; Departement Sante Travail (Ms Ducamp), Institut de Veille Sanitaire, Saint Maurice, France; Equipe Associee en Sante Travail- Essat (Ms Ducamp), Laboratoire Sante, travail, environnement (Equipe d'accueil EA 3672), Institut de Sante Publique d'Epidemiologie et de Developpement, Bordeaux, France; Inserm, U955 (Dr Matrat), Faculty of medicine (Dr Matrat), University Paris Est-Creteil Faculty of medicine, Institut Federatif de recherche IFR 10, and Centre Hospitalier Intercommunal (Dr Matrat), service de Pneumologie et de Pathologie Professionnelle, Creteil, France; Unite mixte de recherche epidemiologique et de surveillance en transport, travail et environnement (Ms Fevotte), University Claude Bernard, Lyon 1, France; Somme Cancer Registry (Dr Lapotre-Ledoux), Amiens, France; and Loire-Atlantique et Vendee Cancer Registry (Dr Molinie), Nantes, France.

RESUMEN / SUMMARY: - OBJECTIVES:: To assess the risk of lung cancer associated with exposure to mineral wools (MWs), while taking into account smoking, asbestos, and crystalline silica exposures. METHODS:: The analyses were restricted to men (1350 cases and 1912 controls). Lifelong occupational history was collected. MWs and asbestos exposures were assessed, using task-exposure matrices and silica exposure, a job-exposure matrix. RESULTS:: We observed consistent not-significant increased risks of lung cancer of the same order of magnitude among workers exposed to high levels of MWs (odds ratio, 1.4; 95% confidence interval: 0.9 to 2.2; for highest quartile of the Cumulative Exposure Index). CONCLUSIONS:: These results do not allow to draw firm conclusion about a carcinogenic effect of MWs on the lung, but they cannot exclude it. Given the high number of potentially exposed workers, it will be necessary to replicate them in a future further removed from the asbestos ban.

TÍTULO / TITLE: - Comparison of x-ray films and low-dose computed tomographic scans: demonstration of asbestos-related changes in 2760 nuclear weapons workers screened for lung cancer.

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

REVISTA / JOURNAL: - J Occup Environ Med. 2013 Jul;55(7):741-5. doi: 10.1097/JOM.0b013e3182954067.

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

1097/JOM.0b013e3182954067

AUTORES / AUTHORS: - Miller A; Widman SA; Miller JA; Manowitz A; Markowitz SB

INSTITUCIÓN / INSTITUTION: - From the Center for the Biology of Natural Systems (Drs A Miller, JA Miller, and Markowitz, Ms Widman, and Ms Manowitz),

Queens College, City University of New York, Flushing; Albert Einstein College of Medicine (Dr A Miller), Bronx, NY; and Veterans Affairs Hospital (Dr JA Miller), East Orange, NJ.

RESUMEN / SUMMARY: - OBJECTIVE: Increased availability and technical improvements of computed tomographic (CT) scanning encourages its use for detecting asbestos-related disease. We compared low-dose scans and x-ray films in 2760 workers potentially exposed to asbestos, to assess their ability to detect interstitial lung disease (ILD) and pleural thickening (PT). METHODS: A total of 2760 nuclear workers received radiography and CT scanning (2006 to 2009). X-ray films were read by a B reader for ILD and PT and CT scans by a thoracic radiologist, using a protocol for nodules, ILD, and PT. RESULTS: Of the 2760 workers, 271 showed circumscribed PT on CT scans, and 73 on x-ray films, 54 (74%) of which were confirmed on CT scans; 76 showed ILD on CT scans, and 15 on x-ray film, 10 (67%) of which were confirmed on CT scans. CONCLUSIONS: Radiographic readings of PT and ILD were generally confirmed on CT scans. Computed tomographic scans detected three to five times more cases; the majority were minor.

[2]

TÍTULO / TITLE: - Extra-thoracic tumor burden but not thoracic tumor burden on (18)F-FDG PET/CT is an independent prognostic biomarker for extensive-disease small cell lung cancer.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Aug;81(2):218-25. doi: 10.1016/j.lungcan.2013.05.001. Epub 2013 May 31.

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

1016/j.lungcan.2013.05.001

AUTORES / AUTHORS: - Oh JR; Seo JH; Hong CM; Jeong SY; Lee SW; Lee J; Min JJ; Song HC; Bom HS; Kim YC; Ahn BC

INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, Kyungpook National University Hospital, Daegu, Republic of Korea.

RESUMEN / SUMMARY: - PURPOSE: The aim of this study was to evaluate the relationship and difference in prognostic significance between whole-body tumor burden, thoracic tumor burden, and extra-thoracic tumor burden on (18)F-FDG PET/CT for patients with extensive-disease small cell lung cancer (ED-SCLC). MATERIALS AND METHODS: We performed a retrospective, two-center analysis for patients with ED-SCLC who underwent pretreatment (18)F-FDG PET/CT. Metabolic tumor burden was estimated using whole-body metabolic tumor volume (MTVWB), thoracic metabolic tumor volume (MTVTRX), extra-thoracic metabolic tumor volume (MTVEXT), and the number of extra-thoracic tumor foci. Uni- and multivariate analyses were performed using various clinical factors and the metabolic indices. RESULTS: A total of 91 patients were eligible for this study. MTVWB showed stronger correlation with

MTVEXT than MTVTRX ($r(2)=0.804$ vs. 0.132 , $p<0.001$, both), whereas no correlation was observed between MTVEXT and MTVTRX ($r(2)=0.007$, $p=0.428$). Patients with smaller MTVWB, MTVEXT, and extra-thoracic tumor foci showed longer survival than patients with larger MTVWB, MTVEXT, and extra-thoracic tumor foci, respectively, whereas the survival difference between patients with smaller MTVTRX and those with larger MTVTRX was not significant. Results of uni- and multivariate analyses showed that ECOG performance status ($HR=2.31$, $p=0.015$), initial chemotherapy cycles ($HR=0.24$, $p<0.001$), and the number of extra-thoracic tumor foci ($HR=2.75$, $p<0.001$) were independent prognostic factors for overall survival, and initial chemotherapy cycles ($HR=0.25$, $p<0.001$), and MTVEXT ($HR=2.04$, $p=0.013$) were independent prognostic factors for progression-free survival. CONCLUSION: These data provide evidence indicating that extra-thoracic tumor burden but not thoracic tumor burden is an independent prognostic biomarker for ED-SCLC, and support further exploration of novel treatment strategies targeting extra-thoracic tumor burden in order to improve the clinical outcomes of patients with ED-SCLC.

TÍTULO / TITLE: - A case of lung adenocarcinoma harboring exon 19 EGFR deletion and EML4-ALK fusion gene.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Aug;81(2):308-10. doi: 10.1016/j.lungcan.2013.05.003. Epub 2013 May 31.

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

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

AUTORES / AUTHORS: - Chen X; Zhang J; Hu Q; Li X; Zhou C

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Shanghai Pulmonary Hospital, Tongji University School of Medicine Tongji University Medical School Cancer Institute Tongji University, No 507 Zhengmin Road, Shanghai 200433, People's Republic of China.

RESUMEN / SUMMARY: - We report a man with advanced adenocarcinoma who harboring exon 19 (E746-A750del) epidermal growth factor receptor (EGFR) deletion and echinoderm microtubule-associated protein like 4-anaplastic lymphoma kinase (EML4-ALK) gene translocation in the re-biopsy specimen. The patient was treated with erlotinib with a stable disease but progressed slowly, while crizotinib showed a complete response.

[3]

- CASTELLANO -

TÍTULO / TITLE: The role of endoscopic ultrasound guided fine needle aspiration (EUS-FNA) in non small cell lung cancer (NSCLC) patients: SEED-SEPD-AEG Joint Guideline.

TÍTULO / TITLE: - The role of endoscopic ultrasound guided fine needle aspiration (EUS-FNA) in non small cell lung cancer (NSCLC) patients: SEED-SEPD-AEG Joint Guideline.

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

REVISTA / JOURNAL: - Rev Esp Enferm Dig. 2013 Apr;105(4):215-224.

AUTORES / AUTHORS: - Vazquez-Sequeiros E; Gonzalez-Panizo-Tamargo F; Barturen A; Calderon A; Esteban JM; Fernandez-Esparrach G; Gimeno-Garcia A; Gines A; Larino J; Perez-Carreras M; Romero R; Subtil JC; Vila J

RESUMEN / SUMMARY: - Lung cancer is one of the most frequent neoplasms in our environment, and represents the first cause of cancer related death in western countries. Diagnostic and therapeutic approach to these patients may be complicated, with endoscopic ultrasound guided fine needle aspiration (EUS-FNA), classically performed by gastroenterologists, playing a very important role. As this disease is not closely related to the “digestive tract”, gastroenterologists have been forced to update their knowledge on this field o adequately diagnose this significant group of patients. The recent advent of modern and promising techniques like endobronchial ultrasound guided fine needle aspiration (EBUS-FNA) have prompted new approaches for diagnosis and staging of this type of patients. In this clinical guideline, the “Sociedad Española de Endoscopia Digestiva” (SEED), “Sociedad Española de Patología Digestiva” (SEPD) and the “Asociación Española de Gastroenterología”, have jointed efforts to update the existing knowledge on the field and provide their members with evidence based recommendations.

[4]

TÍTULO / TITLE: - Prospective phase II trial of preresection thoracoscopic mediastinal restaging after neoadjuvant therapy for IIIA (N2) non-small cell lung cancer: results of CALGB Protocol 39803.

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

REVISTA / JOURNAL: - J Thorac Cardiovasc Surg. 2013 Jul;146(1):9-16. doi: 10.1016/j.jtcvs.2012.12.069.

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

1016/j.jtcvs.2012.12.069

AUTORES / AUTHORS: - Jaklitsch MT; Gu L; Demmy T; Harpole DH; D’Amico TA; McKenna RJ; Krasna MJ; Kohman LJ; Swanson SJ; DeCamp MM; Wang X; Barry S; Sugarbaker DJ

INSTITUCIÓN / INSTITUTION: - Division of Thoracic Surgery, Brigham and Women’s Hospital, Boston, Mass 02115, USA. mjaklitsch@partners.org

RESUMEN / SUMMARY: - OBJECTIVE: Accurate pathologic restaging of N2 stations after neoadjuvant therapy in stage IIIA (N2) non-small cell lung cancer

is needed. METHODS: A prospective multi-institutional trial was designed to judge the feasibility of videothoracoscopy to restage the ipsilateral nodes in mediastinoscopy-proven stage IIIA (N2) non-small cell lung cancer after 2 cycles of platinum-based chemotherapy and/or 40 Gy or more of radiotherapy. The goals included biopsy of 3 negative N2 node stations or to identify 1 positive N2 node or pleural carcinomatosis. RESULTS: Ten institutions accrued 68 subjects. Of the 68 subjects, 46 (68%) underwent radiotherapy and 66 (97%) underwent chemotherapy. Videothoracoscopy successfully met the prestudy feasibility in 27 patients (40%): 3 negative stations confirmed at thoracotomy in 7, persistent stage N2 disease in 16, and pleural carcinomatosis in 4. In 20 procedures (29%), no N2 disease was found, 3 stations were not biopsied because of unanticipated nodal obliteration. Thus, 47 videothoracoscopy procedures (69%, 95% confidence interval, 57%-80%) restaged the mediastinum. Videothoracoscopy was unsuccessful in 21 patients (31%) because the procedure had to be aborted (n = 11) or because of false-negative stations (n = 10). Of the 21 failures, 15 were right-sided, and 10 had a positive 4R node. The sensitivity of videothoracoscopy was 67% (95% confidence interval, 47%-83%), and the negative predictive value was 73% (95% confidence interval, 56%-86%) if patients with obliterated nodal tissue were included. The sensitivity was 83% (95% confidence interval, 63%-95%) and the negative predictive value was 64% (95% confidence interval, 31%-89%) if those patients were excluded. The specificity was 100%. One death occurred after thoracotomy. CONCLUSIONS: Videothoracoscopy restaging was "feasible" in this prospective multi-institutional trial and provided pathologic specimens of the ipsilateral nodes. Videothoracoscopy restaging was limited by radiation and the 4R nodal station.

[5]

TÍTULO / TITLE: - Non-cancer-related mortality after cisplatin-based adjuvant chemotherapy for non-small cell lung cancer: a study-level meta-analysis of 16 randomized trials.

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

REVISTA / JOURNAL: - Med Oncol. 2013 Sep;30(3):641. doi: 10.1007/s12032-013-0641-5. Epub 2013 Jun 28.

●● Enlace al texto completo (gratis o de pago) [1007/s12032-013-0641-5](#)

[5](#)

AUTORES / AUTHORS: - Petrelli F; Barni S

INSTITUCIÓN / INSTITUTION: - Medical Oncology Unit, Oncology Department, Azienda Ospedaliera Treviglio, Piazzale Ospedale 1, 24047, Treviglio, BG, Italy, faupe@libero.it.

RESUMEN / SUMMARY: - Adjuvant chemotherapy is associated with increased overall survival in non-small cell lung cancer (NSCLC), but is associated with high-grade toxicity. The effect of cisplatin-based adjuvant chemotherapy on

non-lung cancer-related mortality is not well investigated. We conducted a systematic review and a study-level meta-analysis of published randomized controlled trials (RCTs) in order to determine the overall risk of non-lung cancer-related mortality associated with adjuvant cisplatin-based chemotherapy in NSCLC. PubMed was searched to identify relevant studies. Eligible publications included prospective RCTs in which cisplatin-based adjuvant chemotherapy plus local therapy was compared with local therapy alone in NSCLC. Summary incidence rates, relative risks (RRs), and 95 % confidence intervals (CIs) were calculated using fixed- or random-effects models. Primary endpoint was non-lung cancer-related mortality risk (due to cardiovascular, respiratory or second malignancy deaths for example), and secondary endpoints were chemotherapy-related, second primary tumor-related, cardiovascular-related, and unknown cause mortalities. A total of 6,430 patients with NSCLC from 16 RCTs were included in the analysis. Compared with no chemotherapy, the use of cisplatin-based adjuvant chemotherapy was associated with an increased risk of non-lung cancer-related death, with an RR of 1.30 (95 % CI 1.1-1.53; P = 0.002; incidence, 9.3 vs. 7.2 %; absolute difference 2 %). Cisplatin-based adjuvant chemotherapy was also associated with a greater risk of chemotherapy-related mortality (RR 2.16, 95 % CI 1.15-4.06; P = 0.02). Second primary tumor-related mortality and cardiovascular-related mortality were similar. In this meta-analysis of RCTs in NSCLC, cisplatin-based adjuvant chemotherapy was associated with a 30 % increase in non-lung cancer-related mortality compared with local therapy alone.

[6]

TÍTULO / TITLE: - Video-assisted thoracoscopic surgery lobectomy versus open lobectomy in patients with clinical stage non-small cell lung cancer: A meta-analysis.

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

REVISTA / JOURNAL: - Eur J Surg Oncol. 2013 Jul 8. pii: S0748-7983(13)00426-5. doi: 10.1016/j.ejso.2013.06.016.

●● Enlace al texto completo (gratis o de pago) 1016/j.ejso.2013.06.016

AUTORES / AUTHORS: - Chen FF; Zhang D; Wang YL; Xiong B

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Zhongnan Hospital of Wuhan University, Hubei Cancer Clinical Study Center, Hubei Key Laboratory of Tumor Biological Behaviors, 430071 Wuhan, China.

RESUMEN / SUMMARY: - AIMS: Video-assisted thoracoscopic surgery (VATS) lobectomy for early lung cancer has been shown to be technically feasible. Whether VATS lobectomy has equivalent or better clinical effect compared with open lobectomy for early lung cancer patients remains controversial. The purpose is to assess the value of VATS compared with thoracotomy for stage non-small cell lung cancer (NSCLC) by meta-analysis. METHODS: We searched databases of EMBASE, PubMed, and ScienceDirect for relevant

articles published between January 1990 and January 2013. Eligible studies were randomized controlled trials (RCTs) or comparative studies of VATS lobectomy and open lobectomy for clinical stage NSCLC. Data on operation time, intra-operative blood loss, length of chest tube drainage and hospital stay, complications incidence and 5 year survival rate were meta-analyzed using Review Manager 5.0. RESULTS: 20 studies with 3457 clinical stage NSCLC patients were included. There was no difference in operation time between the two groups ($P = 0.14$), but distinct advantages in terms of intra-operative blood loss, chest drainage time, hospital stay and complication incidence were found in the VATS group ($P < 0.01$). Moreover, the 5 year survival rate of VATS group was significantly higher than thoracotomy group (OR 1.82, 95% CI, 1.43-2.31, $P < 0.01$). CONCLUSION: Compared with thoracotomy group, VATS achieved better surgical and oncological outcomes and was a more favorable treatment for stage NSCLC patients.

[7]

TÍTULO / TITLE: - High plasma D-dimer level is associated with decreased survival in patients with lung cancer: a meta-analysis.

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/s13277-013-0953-](#)

[2](#)

AUTORES / AUTHORS: - Zhou YX; Yang ZM; Feng J; Shan YJ; Wang WL; Mei YQ

INSTITUCIÓN / INSTITUTION: - Department of Thoracic-Cardiovascular Surgery, Tongji Hospital of Tongji University, Shanghai, China, 200065.

RESUMEN / SUMMARY: - An elevated plasma D-dimer level indicates the activation of coagulation and fibrinolysis. Several studies suggested that high level of plasma D-dimer was associated with the prognosis of lung cancer. In the present study, we performed a meta-analysis to evaluate the relationship between plasma D-dimer level and the prognosis of lung cancer based on larger sample size. We retrieved the literature, assessed and selected the data, and performed the statistical analysis according to the RevMan 5.0 guidelines. Literature-based searching was guided to gather data, and fixed-effects model was used to pool the hazard ratio according to the test of heterogeneity. A total of seven eligible studies including 1,377 lung cancer patients were analyzed. Survival time was significantly better in patients in the low D-dimer group than those in the high D-dimer group (hazard ratio for high D-dimer group = 1.12; 95% confidence interval 1.02 to 1.23). Patients with high levels of D-dimer have a poorer overall survival compared with those patients with low levels of D-dimer.

[8]

TÍTULO / TITLE: - Screening for Lung Cancer With Low-Dose Computed Tomography: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendation.

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

REVISTA / JOURNAL: - Ann Intern Med. 2013 Jul 30. doi: 10.7326/0003-4819-159-6-201309170-00690.

●● Enlace al texto completo (gratis o de pago) [7326/0003-4819-159-6-201309170-00690](#)

AUTORES / AUTHORS: - Humphrey LL; Deffebach M; Pappas M; Baumann C; Artis K; Mitchell JP; Zakher B; Fu R; Slatore CG

RESUMEN / SUMMARY: - BACKGROUND: Lung cancer is the leading cause of cancer-related death in the United States. Because early-stage lung cancer is associated with lower mortality than late-stage disease, early detection and treatment may be beneficial. PURPOSE: To update the 2004 review of screening for lung cancer for the U.S. Preventive Services Task Force, focusing on screening with low-dose computed tomography (LDCT). DATA SOURCES: MEDLINE (2000 to 31 May 2013), the Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews (through the fourth quarter of 2012), Scopus, and reference lists. STUDY SELECTION: English-language randomized, controlled trials or cohort studies that evaluated LDCT screening for lung cancer. DATA EXTRACTION: One reviewer extracted study data about participants, design, analysis, follow-up, and results, and a second reviewer checked extractions. Two reviewers rated study quality using established criteria. DATA SYNTHESIS: Four trials reported results of LDCT screening among patients with smoking exposure. One large good-quality trial reported that screening was associated with significant reductions in lung cancer (20%) and all-cause (6.7%) mortality. Three small European trials showed no benefit of screening. Harms included radiation exposure, overdiagnosis, and a high rate of false-positive findings that typically resolved with further imaging. Smoking cessation was not affected. Incidental findings were common. LIMITATIONS: Three trials were underpowered and of insufficient duration to evaluate screening effectiveness. Overdiagnosis, an important harm of screening, is of uncertain magnitude. No studies reported results in women or minority populations. CONCLUSION: Strong evidence shows that LDCT screening can reduce lung cancer and all-cause mortality. The harms associated with screening must be balanced with the benefits. PRIMARY FUNDING SOURCE: Agency for Healthcare Research and Quality.

[9]

TÍTULO / TITLE: - Fatal herpes encephalitis in a patient with small cell lung cancer following prophylactic cranial radiation - a case report with review of literature.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Aug;33(8):3263-8.

AUTORES / AUTHORS: - Chakraborty S; Donner M; Colan D

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, University of Nebraska Medical Center, Omaha. NE 68198-2055, U.S.A.

schakra@unmc.edu.

RESUMEN / SUMMARY: - Herpes simplex virus 1 (HSV-1) is the principal cause of viral necrotizing encephalitis in developed countries. Small cell carcinoma of the lung accounts for about 15% of all lung cancer. HSV induced encephalitis (HSE) following prophylactic cranial irradiation (PCI) in SCLC is rare. Here, we describe the case of a 58-year-old woman with limited stage SCLC, multiple sclerosis (MS) and cutaneous lupus who developed fatal HSE following PCI. We review the literature to investigate the inter-relationships between these diseases and management of HSE.

[10]

TÍTULO / TITLE: - Early and locally advanced non-small-cell lung cancer (NSCLC): ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up.

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

REVISTA / JOURNAL: - Ann Oncol. 2013 Jul 16.

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt241](#)

AUTORES / AUTHORS: - Vansteenkiste J; De Ruyscher D; Eberhardt WE; Lim E; Senan S; Felip E; Peters S

INSTITUCIÓN / INSTITUTION: - Respiratory Oncology (Pulmonology), University Hospitals Leuven/KU Leuven, Leuven.

[11]

TÍTULO / TITLE: - Small-cell lung cancer (SCLC): ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up.

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

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

●● Enlace al texto completo (gratis o de pago) [1093/annonc/mdt178](#)

AUTORES / AUTHORS: - Fruh M; De Ruyscher D; Popat S; Crino L; Peters S; Felip E

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology and Hematology, Kantonsspital St Gallen, Switzerland.

[12]

TÍTULO / TITLE: - A major response to trabectedin in metastatic malignant fibrous histiocytoma of the vertebra: a case report and review of the literature.

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

REVISTA / JOURNAL: - Tumori. 2013 Mar-Apr;99(2):e43-8. doi: 10.1700/1283.14206.

●● Enlace al texto completo (gratis o de pago) 1700/1283.14206

AUTORES / AUTHORS: - Sereno M; Merino M; Aguayo C; Hernandez S; Gutierrez-Gutierrez G; Zambrana Tevar F; Lopez-Gomez M; Gomez Raposo C; Casado-Saenz E

INSTITUCIÓN / INSTITUTION: - Oncology Department, Infanta Sofia University Hospital, Madrid, España. mariasereno75@gmail.com

RESUMEN / SUMMARY: - Malignant fibrous histiocytoma is an aggressive tumor, the most common soft-tissue sarcoma of adult age. It is usually located in the extremities and retroperitoneum, and very rarely there is skeletal involvement. Surgery is the preferred treatment in early disease; in advanced disease, chemotherapy is the main therapeutic strategy. We present a 25-year-old female patient diagnosed with a vertebral mass in T5 with a severely compromised spinal cord. She underwent surgical decompression and the pathological findings were consistent with malignant fibrous histiocytoma. After several surgical treatments she had pulmonary progression and was therefore started on chemotherapy. She had a very poor response to most of the administered regimens until she initiated trabectedin 1 mg/m² every three weeks. She showed a significant improvement with a major response of the lung metastases. This report indicates that trabectedin is an active drug in advanced, previously treated metastatic malignant fibrous histiocytoma.

[13]

TÍTULO / TITLE: - CYP1A1 exon7 polymorphism is associated with lung cancer risk among the female population and among smokers: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jul 7.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0978-](http://1007/s13277-013-0978-6)

[6](#)

AUTORES / AUTHORS: - Xu CH; Wang Q; Qian Q; Zhan P; Yu LK

INSTITUCIÓN / INSTITUTION: - First Department of Respiratory Medicine, Nanjing Chest Hospital, Nanjing, China.

RESUMEN / SUMMARY: - The genetic polymorphism of the CYP1A1 exon7 (rs1048943) gene is thought to have a significant effect on lung cancer risk, but the results are inconsistent. To assess this relationship more precisely, a meta-analysis was performed. Ultimately, 45 case-control studies, involving 19,689 subjects were included. A significantly increased lung cancer risk was associated with two exon7 genotype variants (for Val/Val vs Ile/Ile: odds ratio [OR] = 1.23, 95 % confidence interval [CI] = 1.10-1.43; for (Ile/Val + Val/Val) vs Ile/Ile: OR = 1.16, 95 % CI = 1.08-1.24) in the overall population. In the stratified analysis by ethnicity, gender, and smoking status, a significant association was found in Asians, Caucasians, and the female population, not the male

population. Additionally, a significant association was found in the smoker population, not in the nonsmoker population. This meta-analysis suggests that the exon7 polymorphisms of CYP1A1 correlate with increased lung cancer susceptibility and there is an interaction between CYP1A1 exon7 polymorphisms and smoking, but these associations vary in different genders of the case and control populations.

[14]

TÍTULO / TITLE: - P53 codon 72 Arg/Pro polymorphism and lung cancer risk in Asians: an updated meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 28.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0678-](http://1007/s13277-013-0678-2)

[2](#)

AUTORES / AUTHORS: - Wang S; Lan X; Tan S; Wang S; Li Y

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Shenyang Aircraft Design and Research Institute Hospital, Shenyang, 110035, China.

RESUMEN / SUMMARY: - The polymorphism of p53 codon 72, a transversion of G to C (Arg to Pro), has been demonstrated to be associated with the risk for lung cancer. However, individual studies conducted in Asians have provided conflicting and inconclusive findings. Thus, we performed a meta-analysis by pooling all currently available case-control studies to estimate the effect of p53 codon 72 Arg/Pro polymorphism on the development of lung cancer. The pooled odds ratios (ORs) with the corresponding 95 % confidence intervals (95 %CIs) were calculated to assess this effect. A total of 14 individual studies involving 7,929 cases and 5,924 controls were included into this meta-analysis according to the inclusion criteria. The overall OR for the dominant genetic model indicated that the p53 codon 72 Arg/Pro variant was positively correlated with lung cancer risk (OR_{Arg/Pro + Pro/Pro vs. Arg/Arg} = 1.14, 95 %CI 1.07-1.23, P OR < 0.001). Similar results were found in the stratified analysis of population-based studies. The histological types of lung cancer and smoking status seemed to exert no effect on the lung cancer risk. Sensitivity analysis confirmed the stability of the above findings. The updated meta-analysis suggests that the p53 codon 72 Arg/Pro polymorphism is a risk factor for lung cancer in the Asian population. However, the potential role of gene-environment interaction in lung cancer susceptibility needs further investigation in future studies with high quality.

[15]

TÍTULO / TITLE: - NAD(P)H: quinone oxidoreductase 1 (NQO1) C609T polymorphism and lung cancer risk: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jul 14.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0985-](https://doi.org/10.1007/s13277-013-0985-7)

[7](#)

AUTORES / AUTHORS: - Lou Y; Li R; Xiong L; Gu A; Shi C; Chu T; Zhang X; Gu P; Zhong H; Wen S; Han B

INSTITUCIÓN / INSTITUTION: - Department of Pulmonary, Shanghai Chest Hospital, Shanghai Jiaotong University, 241 West Huaihai Road, Shanghai, 200030, People's Republic of China.

RESUMEN / SUMMARY: - No clear consensus has been reached on the NAD(P)H: quinone oxidoreductase 1 (NQO1) gene C609T polymorphism and lung cancer risk. We performed a meta-analysis to summarize the possible association. We conducted a computer retrieval of PubMed and Embase databases prior to May 2013. References of retrieved articles were also screened. The fixed-effects model and the random-effects model were applied for dichotomous outcomes to combine the results of the individual studies. According to the inclusion criteria, 25 articles (32 studies) were finally included. There was no statistical association between C609T polymorphism and lung cancer risk in overall, East Asians, African Americans, or Hispanics. In Caucasians, a significant association was found in allele comparison model (T vs. C) (P = 0.04, OR = 1.09, 95% CI 1.00-1.19, P heterogeneity = 0.24, fixed-effects model). In the subgroup of squamous cell carcinoma, a borderline significance could be found in the dominant genetic model (TT + CT vs. CC) (P = 0.05, OR = 1.20, 95% CI 1.00-1.43, P heterogeneity = 0.65, fixed-effects model). Significant association could also be found in allele comparison (T vs. C) (P = 0.03, OR = 1.21, 95% CI 1.01-1.44, P heterogeneity = 0.68, fixed-effects model). In the subgroup of small cell lung cancer risk, significant association were found in allele comparison (T vs. C) (P = 0.03, OR = 1.68, 95%CI 1.05-2.68, P heterogeneity = 0.10, random-effects model) and in the homozygote comparison (TT vs. CC) (P = 0.02, OR = 2.79, 95% CI 1.14-6.85, P heterogeneity = 0.72, fixed-effects model). No association was observed in adenocarcinoma subgroup. Our study suggested that NQO1 C609T polymorphism might associate with lung cancer risk in Caucasians. This polymorphism might also associate with squamous cell carcinoma and small cell lung cancer risk.

[16]

TÍTULO / TITLE: - Screening for lung cancer.

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

REVISTA / JOURNAL: - Cochrane Database Syst Rev. 2013 Jun 21;6:CD001991. doi: 10.1002/14651858.CD001991.pub3.

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

[1002/14651858.CD001991.pub3](https://doi.org/10.1002/14651858.CD001991.pub3)

AUTORES / AUTHORS: - Manser R; Lethaby A; Irving LB; Stone C; Byrnes G; Abramson MJ; Campbell D

INSTITUCIÓN / INSTITUTION: - Department of Haematology and Medical Oncology, Peter MacCallum Cancer Institute, St Andrew's Place, East Melbourne 3002, Victoria, and Department of Respiratory Medicine, Royal Melbourne Hospital, Melbourne, Australia. Renee.Manser@petermac.org.

RESUMEN / SUMMARY: - **BACKGROUND:** This is an updated version of the original review published in The Cochrane Library in 1999 and updated in 2004 and 2010. Population-based screening for lung cancer has not been adopted in the majority of countries. However it is not clear whether sputum examinations, chest radiography or newer methods such as computed tomography (CT) are effective in reducing mortality from lung cancer. **OBJECTIVES:** To determine whether screening for lung cancer, using regular sputum examinations, chest radiography or CT scanning of the chest, reduces lung cancer mortality. **SEARCH METHODS:** We searched electronic databases: the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2012, Issue 5), MEDLINE (1966 to 2012), PREMEDLINE and EMBASE (to 2012) and bibliographies. We handsearched the journal Lung Cancer (to 2000) and contacted experts in the field to identify published and unpublished trials. **SELECTION CRITERIA:** Controlled trials of screening for lung cancer using sputum examinations, chest radiography or chest CT. **DATA COLLECTION AND ANALYSIS:** We performed an intention-to-screen analysis. Where there was significant statistical heterogeneity, we reported risk ratios (RRs) using the random-effects model. For other outcomes we used the fixed-effect model. **MAIN RESULTS:** We included nine trials in the review (eight randomised controlled studies and one controlled trial) with a total of 453,965 subjects. In one large study that included both smokers and non-smokers comparing annual chest x-ray screening with usual care there was no reduction in lung cancer mortality (RR 0.99, 95% CI 0.91 to 1.07). In a meta-analysis of studies comparing different frequencies of chest x-ray screening, frequent screening with chest x-rays was associated with an 11% relative increase in mortality from lung cancer compared with less frequent screening (RR 1.11, 95% CI 1.00 to 1.23); however several of the trials included in this meta-analysis had potential methodological weaknesses. We observed a non-statistically significant trend to reduced mortality from lung cancer when screening with chest x-ray and sputum cytology was compared with chest x-ray alone (RR 0.88, 95% CI 0.74 to 1.03). There was one large methodologically rigorous trial in high-risk smokers and ex-smokers (those aged 55 to 74 years with ≥ 30 pack-years of smoking and who quit ≤ 15 years prior to entry if ex-smokers) comparing annual low-dose CT screening with annual chest x-ray screening; in this study the relative risk of death from lung cancer was significantly reduced in the low-dose CT group (RR 0.80, 95% CI 0.70 to 0.92). **AUTHORS' CONCLUSIONS:** The current evidence does not support screening for lung cancer with chest radiography or sputum cytology. Annual low-dose CT screening is associated with a reduction in lung

cancer mortality in high-risk smokers but further data are required on the cost effectiveness of screening and the relative harms and benefits of screening across a range of different risk groups and settings.

[17]

TÍTULO / TITLE: - Systematic review of pleurectomy in the treatment of malignant pleural mesothelioma.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Jun 12. pii: S0169-5002(13)00212-2. doi: 10.1016/j.lungcan.2013.04.024.

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

[1016/j.lungcan.2013.04.024](#)

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INSTITUCIÓN / INSTITUTION: - Collaborative Research (CORE) Group, Sydney, Australia; Department of Cardiothoracic Surgery, St George Hospital, Sydney, Australia; The Baird Institute for Applied Heart and Lung Surgical Research, Sydney, Australia. Electronic address: drchriscao@gmail.com.

RESUMEN / SUMMARY: - INTRODUCTION: Pleurectomy/decortication (P/D) in the treatment of malignant pleural mesothelioma includes a number of procedures with different clinical indications and therapeutic intents. To unify the nomenclature, IMIG and IASLC recently defined P/D-related procedures according to surgical technique, including 'extended P/D', 'P/D' and 'partial pleurectomy'. The present systematic review aimed to assess the safety and efficacy of these techniques. METHODS: A systematic review of relevant studies was performed by electronic search of five online databases from 1985 to 2012 by two independent reviewers according to predefined selection criteria. RESULTS: Thirty-four studies involving 1916 patients who underwent pleurectomy were included for quantitative analysis. These included 12 studies on 'extended P/D', 8 studies on 'P/D' and 14 studies on 'partial pleurectomy'. Perioperative mortality ranged from 0% to 11% and perioperative morbidity ranged from 13% to 43%. Median overall survival ranged from 7.1 to 31.7 months and disease-free survival ranged from 6 to 16 months. One study reported on quality-of-life outcomes using a standardized questionnaire suggesting superior outcomes for 'extended P/D' compared to extrapleural pneumonectomy. CONCLUSIONS: Results of the present systematic review suggested similar perioperative mortality outcomes between different P/D techniques but a trend towards higher morbidity and length of hospitalization for patients who underwent 'extended P/D'. However, overall and disease-free survival appeared to favour 'extended P/D' compared to less aggressive techniques. Future studies on P/D should adhere to recent definitions to enable accurate analysis of similar procedures. Direct comparisons of pleurectomy to extrapleural pneumonectomy remain challenging, and should be restricted to 'extended P/D' procedures only.

[18]

TÍTULO / TITLE: - Soy food consumption and lung cancer risk: a meta-analysis using a common measure across studies.

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

REVISTA / JOURNAL: - Nutr Cancer. 2013 Jul;65(5):625-32. doi: 10.1080/01635581.2013.795983.

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

[1080/01635581.2013.795983](#)

AUTORES / AUTHORS: - Wu SH; Liu Z

INSTITUCIÓN / INSTITUTION: - a Division of Epidemiology, Department of Medicine , Vanderbilt-Ingram Cancer Center.

RESUMEN / SUMMARY: - A published meta-analysis pooled individual studies by using the study-specific odds ratio (OR) or relative risk (RR) for the highest vs. lowest category of soy or isoflavone intake from each study, but it should be problematic to make comparison between studies/populations for lung cancer risk as the quantiles are so different from different studies/populations. Therefore, we conducted a meta-analysis to explore the association between exposure of estimated daily soy protein intake in grams and lung cancer risk. We extracted ORs or RRs and 95% confidence intervals (CIs), converted them to the estimated ones for daily soy protein intake and pooled them using fixed or random effects models from 11 epidemiologic studies. Overall, the inverse association between daily grams of soy protein intake and risk of lung cancer was borderline statistically significant (OR = 0.98, 95% CI = 0.96 to 1.00); the inverse association was statistically significant in nonsmokers (OR = 0.96; 95% CI = 0.93 to 0.99) and stronger than in smokers (P for difference <0.05). No statistical significance for the associations was observed between genders, the origin of the participants, study design and types of soy intake. This study suggests a borderline reduction in risk of lung cancer with daily soy protein intake in grams, and a significant inverse association in nonsmokers.

[19]

TÍTULO / TITLE: - Current evidences on IL1B polymorphisms and lung cancer susceptibility: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 20.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0925-](#)

[6](#)

AUTORES / AUTHORS: - Li C; Wang C

INSTITUCIÓN / INSTITUTION: - Department of Lung Cancer, Tianjin Lung Cancer Center, Key Laboratory of Cancer Prevention and Therapy of Tianjin, Tianjin Medical University Cancer Institute and Hospital, Tianjin, 300060, China.

RESUMEN / SUMMARY: - Interleukin 1, beta (IL1B) plays a key role in mediating acute and chronic inflammation, which is further correlated with lung carcinogenesis. Several polymorphisms on IL1B gene have been identified, and a series of epidemiological studies have examined the association between IL1B polymorphisms and lung cancer risk. However, these findings are inconclusive. To derive a precise estimation of the relationship, a meta-analysis was performed. We summarized 12 eligible publications on three commonly studied IL1B polymorphisms (i.e., -31 T/C, -511 T/C, and +3954 C/T) by searching electronic databases. Combined odds ratio (OR) with 95 % confidence interval (CI) was calculated to assess the strength of association between them. Heterogeneity and publication bias were also assessed. We observed a significant association between IL1B polymorphisms and lung cancer. For -31T/C, the overall OR (95 % CI) of TT/TC versus CC was 1.23 (1.06-1.43). For +3954 C/T, the overall OR (95 % CI) of CC versus TT and CC versus CT/TT were 0.92 (0.86-0.99) and 0.92 (0.86-0.99), respectively. In conclusion, this meta-analysis suggests that the IL1B -31 T/C and +3954 C/T polymorphisms are associated with lung cancer risk. However, larger number of samples and studies with homogeneous lung cancer patients are needed to confirm these findings.

[20]

TÍTULO / TITLE: - Cytochrome P450 2^{a6} deletion polymorphism and risk of lung cancer: a meta-analysis.

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

REVISTA / JOURNAL: - Mol Biol Rep. 2013 Jun 4.

- Enlace al texto completo (gratis o de pago) 1007/s11033-013-2625-0

AUTORES / AUTHORS: - Liu ZB; Shu J; Wang LP; Jin C; Lou ZX

INSTITUCIÓN / INSTITUTION: - Division of Pulmonary and Critical Care Medicine, Department of Medicine and Geriatrics, The Fourth Affiliated Hospital of Anhui Medical University, Hefei, 230022, Anhui, China.

RESUMEN / SUMMARY: - Previous studies concerning the association between cytochrome P450 2^{a6} (CYP2A6) deletion polymorphism and lung cancer risk provided controversial results. To clarify the precise association, a meta-analysis was performed. The electronic databases PubMed, Chinese Biomedical Database and Chinese National Knowledge Infrastructure Database were searched for case-control studies last updated on June 3, 2012 that investigated CYP2A6 deletion polymorphism and lung cancer risk. The odds ratio (OR) and its respective 95 % confidence interval (95 % CI) were used to measure the strength of association by means of a genetic model free approach. A total of 8 studies including 2,607 cases and 2,595 controls met the inclusion criteria and were subjected to the final analysis. The most appropriate co-dominant model was adopted. Overall, we found that CYP2A6 *1/*1

genotype was associated with an increased risk of lung cancer relative to *4/*4 genotype (OR = 2.65, 95 % CI: 1.84-3.81, P < 0.001). Significant association was also detected among Asians. Publication bias was absent in this meta-analysis. Therefore, our data suggested that the presence of the CYP2A6 *1/*1 might be associated with an increased lung cancer risk, especially for Asians. Further studies well-designed among different ethnicity populations are required.

[21]

TÍTULO / TITLE: - Treatment of early-stage lung cancer detected by screening: surgery or stereotactic ablative radiotherapy?

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

REVISTA / JOURNAL: - Lancet Oncol. 2013 Jun;14(7):e270-4. doi: 10.1016/S1470-2045(12)70592-2.

●● Enlace al texto completo (gratis o de pago) [1016/S1470-2045\(12\)70592-2](#)

AUTORES / AUTHORS: - Senan S; Paul MA; Lagerwaard FJ

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, VU University Medical Center, Amsterdam, Netherlands. s.senan@vumc.nl

RESUMEN / SUMMARY: - A randomised trial of screening for lung cancer using CT showed a survival benefit with screening, but issues surrounding risks arising from screening remain. The appropriate treatment of early-stage lung cancer detected in this way is receiving increasing attention. This Review discusses treatment-related issues for such tumours and explores the merits of surgery versus stereotactic ablative radiotherapy (SABR), both of which are effective treatments but have different risks for acute toxicity. Although surgery is widely deemed to be the preferred treatment for patients who are fit, growing evidence suggests that SABR achieves similar local control rates, but without the risks associated with surgery. Choice of local treatment should also be made with consideration of the high rates of disease recurrence and second primary lung tumours in patients after curative therapy for early-stage lung cancer. Careful collaborative evaluation by pulmonologists, interventional radiologists, thoracic surgeons, and radiation oncologists should guide decision making for each patient with a screen-detected early-stage lung cancer.

[22]

TÍTULO / TITLE: - Mutation incidence and coincidence in non small-cell lung cancer: meta-analyses by ethnicity and histology (mutMap).

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/mdt205](#)

AUTORES / AUTHORS: - Dearden S; Stevens J; Wu YL; Blowers D

INSTITUCIÓN / INSTITUTION: - R&D Genetics, Personalised Healthcare & Biomarkers, AstraZeneca, Macclesfield, UK.

RESUMEN / SUMMARY: - BACKGROUND: Meta-analyses were conducted to characterize patterns of mutation incidence in non small-cell lung cancer (NSCLC). DESIGN: Nine genes with the most complete published mutation coincidence data were evaluated. One meta-analysis generated a 'mutMap' to visually represent mutation coincidence by ethnicity (Western/Asian) and histology (adenocarcinoma [ADC] or squamous cell carcinoma). Another meta-analysis evaluated incidence of individual mutations. Extended analyses explored incidence of EGFR and KRAS mutations by ethnicity, histology, and smoking status. RESULTS: Genes evaluated were TP53, EGFR, KRAS, LKB1, EML4-ALK, PTEN, BRAF, PIK3CA, and ErbB2. The mutMap highlighted mutation coincidences occurring in $\geq 5\%$ of patients, including TP53 with KRAS or EGFR mutations in patients with ADC, and TP53 with LKB1 mutation in Western patients. TP53 was the most frequently mutated gene overall. Frequencies of TP53, EGFR, KRAS, LKB1, PTEN, and BRAF mutations were influenced by histology and/or ethnicity. Although EGFR mutations were most frequent in patients with ADC and never/light smokers from Asia, and KRAS mutations were most frequent in patients with ADC and ever/heavy smokers from Western countries, both were detected outside these subgroups. CONCLUSIONS: Potential molecular pathology segments of NSCLC were identified. Further studies of mutations in NSCLC are warranted to facilitate more specific diagnoses and guide treatment.

[23]

TÍTULO / TITLE: - Serum neuron-specific enolase levels were associated with the prognosis of small cell lung cancer: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 18.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0896-](#)

[7](#)

AUTORES / AUTHORS: - Zhao WX; Luo JF

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Fudan University Shanghai Cancer Center, Shanghai, 200032, China, zhaoweixin_zwx@163.com.

RESUMEN / SUMMARY: - This study aims to evaluate the association of serum neuron-specific enolase (NSE) levels with the prognosis of small cell lung cancer (SCLC). Literature retrieval, trials selection and assessment, data collection, and statistical analysis were performed according to the Revman 5.0 guidelines. Literature-based searching was guided to gather data and either fixed-effect or random-effect model was used to pool the hazard ratio (HR) according to the test of heterogeneity. A total of 11 eligible studies that included 3,497 SCLC patients and 3,344 control subjects were analyzed. About 68.6 %

of patients had high serum levels of NSE, according to the cutoff value defined by the authors. The HR of high levels of NSE for overall survival (OS) was 1.74 times that of low levels of NSE in SCLC patients (95 % CI, 1.14 to 2.65; P = 0.01). Patients with high levels of NSE appear to have a poorer OS compared with those with low levels of NSE.

[24]

TÍTULO / TITLE: - XRCC1 codon 280 polymorphism and susceptibility to lung cancer: a meta-analysis of the literatures.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 4.

- Enlace al texto completo (gratis o de pago) [1007/s13277-013-0863-](http://1007/s13277-013-0863-3)

[3](#)

AUTORES / AUTHORS: - Guo QX; Yang WH; Zhai JF; Han FC; Wang CY

INSTITUCIÓN / INSTITUTION: - Respiratory Department Division One, Shanxi Province Cancer Hospital, Taiyuan, Shanxi Province, China.

RESUMEN / SUMMARY: - The X-ray repair cross-complementation group 1 (XRCC1) protein plays an important role in base excision repair, and the genetic polymorphisms in the XRCC1 gene influence its function. XRCC1 codon 280 polymorphism is an Arg-His change in the XRCC1 gene. Many studies were published to investigate the association between XRCC1 codon 280 polymorphism and risk of lung cancer, but the results were inconsistent. We performed a meta-analysis of 16 studies with a total of 18,660 subjects (8,736 cases and 9,924 controls). The pooled odds ratios (OR) and corresponding 95 % confidence intervals (95 % CI) for the gene-disease association were calculated. Overall, there was a significant association between XRCC1 codon 280 polymorphism and increased risk of lung cancer (HisHis vs. ArgArg: OR = 1.53, 95 % CI 1.08-2.16, P = 0.016; HisHis vs. ArgArg/ArgHis: OR = 1.55, 95 % CI 1.10-2.19, P = 0.012). However, subgroup analysis by race failed to confirm the obvious association in Europeans and Asians. Therefore, there is a significant association between XRCC1 codon 280 polymorphism and increased risk of lung cancer. More studies with a large sample are needed to further evaluate the possible race-specific effect in the association above.

[25]

TÍTULO / TITLE: - The cyclin D1 (CCND1) G870A polymorphism and lung cancer susceptibility: a meta-analysis.

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/s13277-013-0968-](http://1007/s13277-013-0968-8)

[8](#)

AUTORES / AUTHORS: - Zhou C; An H; Hu M; Liu Q; Geng P; Xu J; Sun B; Liu C

INSTITUCIÓN / INSTITUTION: - Nanlou Respiratory Diseases Department, PLA General Hospital, 28 Fuxing Road, Beijing, 100853, People's Republic of China.

RESUMEN / SUMMARY: - Several studies have investigated the association between Cyclin D1 (CCND1) G870A genetic polymorphism and lung cancer susceptibility, but the results were inconclusive. The aim of this meta-analysis was to summarize available evidence for such a relationship. The reviewers made use of MEDLINE, EMBASE, and BIOSIS databases. The relevant data were independently extracted by two reviewers. The odds ratio (OR) with 95 % confidence interval (CI) was selected as the principal outcome measure. The heterogeneity test, the publication bias test, and the sensitivity analysis were performed. Overall, a total of 10 case-control studies were included. Our meta-analysis indicated that CCND1 G870A genetic polymorphism was a risk factor for lung cancer under homozygote model (OR = 1.18; 95 % CI = 1.02, 1.37), recessive model (OR = 1.21; 95 % CI = 1.03, 1.41), and allele model (OR = 1.11; 95 % CI = 1.02, 1.21). In the subgroup analysis by source of ethnicity, a statistical increase of lung cancer risk was found among Asian groups for allele model (OR = 1.11; 95 % CI = 1.01-1.22). The present meta-analysis suggests that CCND1 G870A polymorphism may be a risk factor for lung cancer. Besides, allele A may contribute to increased lung cancer risk.

[26]

TÍTULO / TITLE: - How rapidly does the excess risk of lung cancer decline following quitting smoking? A quantitative review using the negative exponential model.

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

REVISTA / JOURNAL: - Regul Toxicol Pharmacol. 2013 Jun 10;67(1):13-26. doi: 10.1016/j.yrtph.2013.06.001.

- Enlace al texto completo (gratis o de pago)

[1016/j.yrtph.2013.06.001](#)

AUTORES / AUTHORS: - Fry JS; Lee PN; Forey BA; Coombs KJ

INSTITUCIÓN / INSTITUTION: - P N Lee Statistics and Computing Ltd., Sutton, Surrey, United Kingdom.

RESUMEN / SUMMARY: - The excess lung cancer risk from smoking declines with time quit, but the shape of the decline has never been precisely modelled, or meta-analyzed. From a database of studies of at least 100 cases, we extracted 106 blocks of RRs (from 85 studies) comparing current smokers, former smokers (by time quit) and never smokers. Corresponding pseudo-numbers of cases and controls (or at-risk) formed the data for fitting the negative exponential model. We estimated the half-life (H, time in years when the excess risk becomes half that for a continuing smoker) for each block, investigated model fit, and studied heterogeneity in H. We also conducted sensitivity analyses allowing for reverse causation, either ignoring short-term quitters (S1) or considering them smokers (S2). Model fit was poor ignoring reverse

causation, but much improved for both sensitivity analyses. Estimates of H were similar for all three analyses. For the best-fitting analysis (S1), H was 9.93 (95% CI 9.31-10.60), but varied by sex (females 7.92, males 10.71), and age (<50years 6.98, 70+years 12.99). Given that reverse causation is taken account of, the model adequately describes the decline in excess risk. However, estimates of H may be biased by factors including misclassification of smoking status.

[27]

TÍTULO / TITLE: - The influence of different contrast medium concentrations and injection protocols on quantitative and clinical assessment of FDG-PET/CT in lung cancer.

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

REVISTA / JOURNAL: - Eur J Radiol. 2013 Jul 20. pii: S0720-048X(13)00337-9. doi: 10.1016/j.ejrad.2013.06.020.

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

[1016/j.ejrad.2013.06.020](#)

AUTORES / AUTHORS: - Verburg FA; Kuhl CK; Pietsch H; Palmowski M; Mottaghy FM; Behrendt FF

INSTITUCIÓN / INSTITUTION: - RWTH Aachen University Hospital, Department of Nuclear Medicine, Pauwelsstrasse 30, 52074 Aachen, Germany; Maastricht University Medical Center, Department of Nuclear Medicine, P. Debyelaan 25, 6229 HX Maastricht, The Netherlands. Electronic address: fverburg@ukaachen.de.

RESUMEN / SUMMARY: - **OBJECTIVES:** To compare the effects of two different contrast medium concentrations for use in computed X-ray tomography (CT) employing two different injection protocols on positron emission tomography (PET) reconstruction in combined 2-18F-desoxyglucose (FDG) PET/CT in patients with a suspicion of lung cancer. **METHODS:** 120 patients with a suspicion of lung cancer were enrolled prospectively. PET images were reconstructed with the non-enhanced and venous phase contrast CT obtained after injection of iopromide 300mg/ml or 370mg/ml using either a fixed-dose or a body surface area adapted injection protocol. Maximum and mean standardized uptake values (SUVmax and SUVmean) and contrast enhancement (HU) were determined in the subclavian vein, ascending aorta, abdominal aorta, inferior vena cava, portal vein, liver and kidney and in the suspicious lung lesion. PET data were evaluated visually for the presence of malignancy and image quality. **RESULTS:** At none of the sites a significant difference in the extent of the contrast enhancement between the four different protocols was found. However, the variability of the contrast enhancement at several anatomical sites was significantly greater in the fixed dose groups than in the BSA groups for both contrast medium concentrations. At none of the sites a significant difference was found in the extent of the SUVmax and SUVmean increase as a

result of the use of the venous phase contrast enhanced CT for attenuation. Visual clinical evaluation of lesions showed no differences between contrast and non-contrast PET/CT (P=0.32). CONCLUSIONS: Contrast enhanced CT for attenuation correction in combined PET/CT in lung cancer affects neither the clinical assessment nor image quality of the PET-images. A body surface adapted contrast medium protocol reduces the interpatient variability in contrast enhancement.

[28]

TÍTULO / TITLE: - Adjuvant treatment in resected non-small cell lung cancer: Current and future issues.

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

REVISTA / JOURNAL: - Crit Rev Oncol Hematol. 2013 Jun 25. pii: S1040-8428(13)00120-0. doi: 10.1016/j.critrevonc.2013.05.017.

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

[1016/j.critrevonc.2013.05.017](#)

AUTORES / AUTHORS: - Remon J; Lianes P; Martinez S; Velasco M; Querol R; Zanui M

INSTITUCIÓN / INSTITUTION: - Medical Oncology Department, Hospital de Mataro, Carretera de la Cirera, s/n, 08304 Mataro, Barcelona, España. Electronic address: jremon@cscdm.cat.

RESUMEN / SUMMARY: - The cornerstone of treatment for early-stage non-small cell lung cancer (NSCLC) has been surgical resection. In the last five years two phase III trials have provided evidence of adjuvant platinum-based chemotherapy for completely resected stage II-IIIa patients. We review the evidence supporting adjuvant therapy in early-stage NSCLC; we discuss new issues surrounding adjuvant therapy such as treatment in the elderly-unfit population, treatment toxicity and its influence on outcomes, the importance of histology and gender in adjuvant treatment; and we discuss the future landscape of early-stage NSCLC research, namely, therapeutic strategies exploiting pharmacogenomic and gene-expression profiling, in an attempt to customize the treatment.

[29]

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

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

REVISTA / JOURNAL: - J Surg Oncol. 2013 Jul 25. doi: 10.1002/jso.23388.

●● Enlace al texto completo (gratis o de pago) [1002/jso.23388](#)

AUTORES / AUTHORS: - Munden RF; Godoy MC

INSTITUCIÓN / INSTITUTION: - Department of Diagnostic Radiology, The University of Texas MD Anderson Cancer Center, Houston, Texas.

RESUMEN / SUMMARY: - Results from the National Lung Screening Trial have confirmed that lung cancer mortality is reduced using low-dose CT screening. Opening a lung cancer screening program requires a multidisciplinary approach. While the fundamental aspects of a screening program are similar, such as scheduling, performing, and managing follow-up, there are aspects of a lung cancer screening program that are unique. This article will discuss factors important in establishing a state of the art lung cancer screening program. J. Surg. Oncol. © 2013 Wiley Periodicals, Inc.

[30]

TÍTULO / TITLE: - Subtyping non-small cell lung cancer: relevant issues and operative recommendations for the best pathology practice.

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

REVISTA / JOURNAL: - Int J Surg Pathol. 2013 Aug;21(4):326-36. doi: 10.1177/1066896913489346. Epub 2013 Jun 5.

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

[1177/1066896913489346](http://dx.doi.org/10.1177/1066896913489346)

AUTORES / AUTHORS: - Rossi G; Pelosi G; Barbareschi M; Graziano P; Cavazza A; Papotti M

INSTITUCIÓN / INSTITUTION: - 1Azienda Arcispedale S. Maria Nuova/IRCCS, Reggio Emilia, Italy.

RESUMEN / SUMMARY: - Morphology still remains the cornerstone in lung cancer classification and cytology and small biopsy samples should be interpreted by morphology, whenever feasible, according to shared and widely agreed-upon diagnostic schemes. However, as novel therapy strategies are being offered on the basis of the diverse tumor characteristics, pathologists are now challenged by the need to offer clinicians more detailed typing of non-small cell lung cancer, not otherwise specified (NSCLC-NOS), especially when dealing with limited diagnostic material or poorly differentiated tumors. Close integration of morphology, immunohistochemistry, and clinical data is highly warranted according to a multidisciplinary approach to limit the category of NSCLC-NOS as much as possible or exclude unsuspected metastases, so rendering more definite and clinically useful diagnoses. Among the many proposed immunohistochemical markers, which as a whole are more practical and diagnostically useful than cumbersome and expensive molecular assays, a 2-hit model including thyroid transcription factor-1 (TTF-1) and p40 (the latter more specific for squamous differentiation than p63) seems to be the most effective to basically highlight adenocarcinoma (positivity for TTF-1 regardless of p63) and squamous (always strongly and diffusely positive for p40 or p63 and negative for TTF-1) differentiation. This minimalist 2-hit diagnostic approach paves the way to novel perspectives in clinical trials on lung cancer, and it is also in keeping with the need of strategically preserving diagnostic material for molecular assays that are essential for personalizing therapies.

[31]

TÍTULO / TITLE: - Paxillin mutations affect focal adhesions and lead to altered mitochondrial dynamics: Relevance to lung cancer.

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

REVISTA / JOURNAL: - Cancer Biol Ther. 2013 Jul 1;14(7):679-91. doi: 10.4161/cbt.25091. Epub 2013 May 31.

●● Enlace al texto completo (gratis o de pago) [4161/cbt.25091](#)

AUTORES / AUTHORS: - Kawada I; Hasina R; Lennon FE; Bindokas VP; Usatyuk P; Tan YH; Krishnaswamy S; Arif Q; Carey G; Hseu RD; Robinson M; Tretiakova M; Brand TM; Iida M; Ferguson MK; Wheeler DL; Husain AN; Natarajan V; Vokes EE; Singleton PA; Salgia R

INSTITUCIÓN / INSTITUTION: - Department of Medicine; University of Chicago; Chicago, IL USA.

RESUMEN / SUMMARY: - Cytoskeletal and focal adhesion abnormalities are observed in several types of cancer, including lung cancer. We have previously reported that paxillin (PXN) was mutated, amplified, and overexpressed in a significant number of lung cancer patient samples, that PXN protein was upregulated in more advanced stages of lung cancer compared with lower stages, and that the PXN gene was also amplified in some pre-neoplastic lung lesions. Among the mutations investigated, we previously found that PXN variant A127T in lung cancer cells enhanced cell proliferation and focal adhesion formation and colocalized with the anti-apoptotic protein B Cell Lymphoma 2 (BCL-2), which is known to localize to the mitochondria, among other sites. To further explore the effects of activating mutations of PXN on mitochondrial function, we cloned and expressed wild-type PXN and variants containing the most commonly occurring PXN mutations (P46S, P52L, G105D, A127T, P233L, T255I, D399N, E423K, P487L, and K506R) in a GFP-tagged vector using HEK-293 human embryonic kidney cells. Utilizing live-cell imaging to systematically study the effects of wild-type PXN vs. mutants, we created a model that recapitulates the salient features of the measured dynamics and conclude that compared with wild-type, some mutant clones confer enhanced focal adhesion and lamellipodia formation (A127T, P233L, and P487L) and some confer increased association with BCL-2, Dynamin-related Protein-1 (DRP-1), and Mitofusion-2 (MFN-2) proteins (P233L and D399N). Further, PXN mutants, through their interactions with BCL-2 and DRP-1, could regulate cisplatin drug resistance in human lung cancer cells. The data reported herein suggest that mutant PXN variants play a prominent role in mitochondrial dynamics with direct implications on lung cancer progression and hence, deserve further exploration as therapeutic targets.

TÍTULO / TITLE: - Antitumor and modeling studies of a penetratin-peptide that targets E2F-1 in small cell lung cancer.

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

REVISTA / JOURNAL: - Cancer Biol Ther. 2013 Jun 3;14(8).

AUTORES / AUTHORS: - Xie X; Kerrigan JE; Minko T; Garbuzenko O; Lee KC; Scarborough A; Abali EE; Budak-Alpdogan T; Johnson-Farley N; Banerjee D; Scotto KW; Bertino JR

INSTITUCIÓN / INSTITUTION: - Department of Pharmacology and Medicine; Cancer Institute of New Jersey; Robert Wood Johnson Medical School; UMDNJ; New Brunswick, NJ USA.

RESUMEN / SUMMARY: - E2F-1, a key transcription factor necessary for cell growth, DNA repair and differentiation, is an attractive target for development of anticancer drugs in tumors that are E2F “oncogene addicted.” We identified a peptide isolated from phage clones that bound tightly to the E2F-1 promoter consensus sequence. The peptide was coupled to penetratin to enhance cellular uptake. Modeling of the penetratin-peptide (PEP) binding to the DNA E2F-1 promoter demonstrated favorable interactions that also involved the participation of most of the penetratin sequence. The penetratin-peptide (PEP) demonstrated potent in vitro cytotoxic effects against a range of cancer cell lines, particularly against Burkitt lymphoma cells and Small Cell Lung Cancer (SCLC) cells. Further studies in the H-69 SCLC cell line showed that the PEP inhibited transcription of E2F-1 and also several important E2F-regulated enzymes involved in DNA synthesis, namely, thymidylate synthase, thymidine kinase and ribonucleotide reductase. As the PEP was found to be relatively unstable in serum, it was encapsulated in PEGylated liposomes for in vivo studies. Treatment of mice bearing the human small cell lung carcinoma H-69 with the PEP encapsulated in PEGylated liposomes caused tumor regression without significant toxicity. The liposome encapsulated PEP has promise as an antitumor agent, alone or in combination with inhibitors of DNA synthesis.

[32]

TÍTULO / TITLE: - Clinical effectiveness and cost-effectiveness of first-line chemotherapy for adult patients with locally advanced or metastatic non-small cell lung cancer: a systematic review and economic evaluation.

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

REVISTA / JOURNAL: - Health Technol Assess. 2013 Jul;17(31):1-278. doi: 10.3310/hta17310.

●● Enlace al texto completo (gratis o de pago) [3310/hta17310](#)

AUTORES / AUTHORS: - Brown T; Pilkington G; Bagust A; Boland A; Oyee J; Tudur-Smith C; Blundell M; Lai M; Martin Saborido C; Greenhalgh J; Dundar Y; Dickson R

INSTITUCIÓN / INSTITUTION: - Liverpool Reviews and Implementation Group (LRiG), Institute of Psychology, Health and Society, Department of Health Services Research, University of Liverpool, Liverpool, UK.

RESUMEN / SUMMARY: - **BACKGROUND:** The National Institute for Health and Care Excellence (NICE) has issued multiple guidance for the first-line management of patients with lung cancer and recommends different combinations of chemotherapy treatments. This review provides a synthesis of clinical effectiveness and cost-effectiveness evidence supporting current guidance. **OBJECTIVES:** To evaluate the clinical effectiveness and cost-effectiveness of first-line chemotherapy currently licensed in Europe and recommended by NICE, for adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC). **DATA SOURCES:** Three electronic databases (MEDLINE, EMBASE and The Cochrane Library) were searched from 2001 to August 2010. **REVIEW METHODS:** Trials that compared first-line chemotherapy currently licensed in Europe and recommended by NICE in chemotherapy-naïve adult patients with locally advanced or metastatic NSCLC were included. Data on key outcomes including, but not limited to, overall survival (OS), progression-free survival (PFS) and adverse events (AEs) were extracted. For the assessment of cost-effectiveness, outcomes included incremental cost per quality-adjusted life-year (QALY) gained. Analyses were performed for three NSCLC subpopulations: patients with predominantly squamous disease, patients with predominantly non-squamous disease and patients with epidermal growth factor receptor (EGFR) mutation-positive (M+) status. Meta-analysis and mixed-treatment comparison methodology were conducted where appropriate. **RESULTS:** Twenty-three trials involving > 11,000 patients in total met the inclusion criteria. The quality of the trials was poor. In the case of patients with squamous disease, there were no statistically significant differences in OS between treatment regimes. The mixed-treatment comparison demonstrated that, in patients with non-squamous disease, pemetrexed (Alimta®, Eli Lilly and Company; PEM) + platinum (PLAT) increases OS statistically significantly compared with gemcitabine (Gemzar®, Eli Lilly and Company; GEM) + PLAT [hazard ratio (HR) = 0.85; 95% confidence interval (CI) 0.74 to 0.98] and that paclitaxel (Abraxane®, Celgene Corporation; PAX) + PLAT increases OS statistically significantly compared with docetaxel (Taxotere®, Sanofi-aventis; DOC) + PLAT (HR = 0.79, 95% CI 0.66 to 0.93). None of the comparisons found any statistically significant differences in OS among patients with EGFR M+ status. Direct meta-analysis showed a statistically significant improvement in PFS with gefitinib (Iressa®, AstraZeneca; GEF) compared with DOC + PLAT and PAX + PLAT (HR = 0.49; 95% CI 0.33 to 0.73; and HR = 0.38; 95% CI 0.24 to 0.60, respectively). No papers related to UK decision-making were identified. A de novo economic model was developed. Using list prices (British National Formulary), cisplatin (CIS) doublets are preferable to carboplatin doublets, but this is reversed if electronic market information tool prices are used, in which case drug administration costs

then become more important than drug acquisition costs. For patients with both squamous and non-squamous disease, moving from low to moderate willingness-to-pay thresholds, the preferred drugs are PAX --> GEM --> DOC. However, in patients with non-squamous disease, PEM + CIS resulted in increased OS and would be considered cost-effective up to pound35,000 per QALY gained. For patients with EGFR M+, use of GEF compared with PAX or DOC yields very high incremental cost-effectiveness ratios. Vinorelbine (Navelbine®, Pierre Fabre Pharmaceutical Inc.) was not shown to be cost-effective in any comparison. LIMITATIONS: Poor trial quality and a lack of evidence for all drug comparisons complicated and limited the data analysis. Outcomes and adverse effects are not consistently combined across the trials. Few trials reported quality-of-life data despite their relevance to patients and clinicians. CONCLUSIONS: The results of this comprehensive review are unique to NSCLC and will assist clinicians to make decisions regarding the treatment of patients with advanced NSCLC. The design of future lung cancer trials needs to reflect the influence of factors such as histology, genetics and the new prognostic biomarkers that are currently being identified. In addition, trials will need to be adequately powered so as to be able to test for statistically significant clinical effectiveness differences within patient populations. New initiatives are in place to record detailed information on the precise chemotherapy (and targeted chemotherapy) regimens being used, together with data on age, cell type, stage of disease and performance status, allowing for very detailed observational audits of management and outcomes at a population level. It would be useful if these initiatives could be expanded to include the collection of health economics data. FUNDING: The National Institute for Health Research Health Technology Assessment.

[33]

TÍTULO / TITLE: - Epidermal growth factor receptor tyrosine kinase inhibitor versus placebo as maintenance therapy for advanced non- small-cell lung cancer: a meta-analysis of randomized controlled trials.

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(4):2413-9.

AUTORES / AUTHORS: - Alimujiang S; Zhang T; Han ZG; Yuan SF; Wang Q; Yu TT; Shan L

INSTITUCIÓN / INSTITUTION: - Department of Chemotherapy, Tumor Hospital Affiliated to Xinjiang Medical University, Urumqi, China.

RESUMEN / SUMMARY: - BACKGROUND: Use of epidermal growth factor receptor inhibitors (EGFR-TKIs) is now standard for non- small-cell lung cancer (NSCLC). However, the effects of EGFR-TKIs in maintenance therapy for advanced NSCLC patients are still unclear. The present meta-analysis was performed to examine pooled data of randomized control trials (RCT) where EGFR-TKIs were compared against placebo in maintenance regimens for

patients with advanced NSCLC to quantify potential benefits and determine safety. METHODS: Several data bases were searched, including PubMed, EMBASE and CENTRAL, and we performed an internet search of conference literature. The endpoints were objective response rates (ORR), progression-free survival (PFS) and overall survival (OS). We performed a meta-analysis of the published data, using Comprehensive Meta Analysis software (Version 2.0). with a fixed effects model and an additional random effects model, when applicable. The results of the meta-analysis are expressed as hazard ratios (HRs) or risk ratios (RRs), with their corresponding 95% confidence intervals (95% CIs). RESULTS: The final analysis included six trials, covering 3,758 patients. Compared with placebo, EGFR-TKIs maintenance therapy improved ORR and PFS for patients with advanced NSCLC, the difference being statistically significant ($P < 0.05$), but proved unable to prolong patients' OS. The main adverse reactions were diarrhea and rashes. CONCLUSION: EGFR-TKIs demonstrated encouraging efficacy, safety and survival when delivered as maintenance therapy for patients with advanced NSCLC after first-line chemotherapy, especially for the patients who had adenocarcinomas, were female, non-smokers and patients with EGFR gene mutations.

[34]

TÍTULO / TITLE: - Value of autofluorescence imaging videobronchoscopy (AFI) in detecting lung cancers and precancerous lesions: a review.

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

REVISTA / JOURNAL: - Respir Care. 2013 Jun 13.

●● Enlace al texto completo (gratis o de pago) [4187/respcare.02524](#)

AUTORES / AUTHORS: - He Q; Wang Q; Wu Q; Feng J; Cao J; Chen BY

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology, Tianjin Medical University General Hospital, Tianjin 300052, China.

RESUMEN / SUMMARY: - Bronchoscopy technology is a desirable module for detecting lung cancers arising from central airways. Considerable early cancers and precancerous lesions are not visible on the conventional bronchoscopy - white light bronchoscopy (WLB). Autofluorescence bronchoscopy (AFB) is a newly developed technology which exploits the difference of autofluorescent intensity between normal and tumorous tissues to localize areas of cancers and precancerous lesions in the tracheobronchial tree. Several types of medical AFB systems have been used in clinical practice and autofluorescence imaging videobronchoscopy (AFI) is one of these AFBs. In most related studies about AFB except of AFI, AFBs can provide a much higher sensitivity but lower specificity compared with WLB. Regarding AFI, recent studies have reported controversial results in the sensitivity and specificity for detecting cancers and precancerous lesions compared with WLB. In this review, working mechanisms and characteristics of AFBs (mainly about AFI, a special type of AFBs) are recapitulated and the diagnostic performance of AFI compared with WLB, other

AFBs and narrow-band imaging (NBI) for detecting lung cancers and precancerous lesions is summarized.

[35]

TÍTULO / TITLE: - Pleural mesothelioma: epidemiological and public health issues. Report from the Second Italian Consensus Conference on Pleural Mesothelioma.

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

REVISTA / JOURNAL: - Med Lav. 2013 May-Jun;104(3):191-202.

AUTORES / AUTHORS: - Magnani C; Fubini B; Mirabelli D; Bertazzi PA; Bianchi C; Chellini E; Gennaro V; Marinaccio A; Menegozzo M; Merler E; Merletti F; Musti M; Pira E; Romanelli A; Terracini B; Zona A

INSTITUCIÓN / INSTITUTION: - Cancer Epidemiology, University of Eastern Piedmont and CPO-Piemonte, Novara, Italy. corrado.magnani@cpo.it

RESUMEN / SUMMARY: - Malignant mesothelioma is closely connected to asbestos exposure, with epidemiological patterns closely reshaping the geography and history of asbestos exposure. Mechanisms of causation and of interaction of asbestos fibres with pleura are complex and currently not yet completely understood. Curative efforts so far provided little results. Italy shows one of the highest incidence of MM and developed a network of specialized cancer registries in order to monitor disease occurrence and describe its epidemiology in details. The second Italian Consensus Conference on Pleural Mesothelioma convened in Torino on November 24th-25th, 2011. Besides the main consensus report summarizing the contribution of the different expertises, that was published elsewhere, the participants in 'Public Health and Epidemiology' section decided to report in major details the evidence and the conclusions regarding epidemiology, causative mechanisms and the public health impact of the disease.

[36]

TÍTULO / TITLE: - The Prognostic Value of miR-21 and miR-155 in Non-small-cell Lung Cancer: A Meta-analysis.

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

REVISTA / JOURNAL: - Jpn J Clin Oncol. 2013 Aug;43(8):813-20. doi: 10.1093/jjco/hyt084. Epub 2013 Jun 30.

●● [Enlace al texto completo \(gratis o de pago\)](#) [1093/jjco/hyt084](#)

AUTORES / AUTHORS: - Wang Y; Li J; Tong L; Zhang J; Zhai A; Xu K; Wei L; Chu M

INSTITUCIÓN / INSTITUTION: - *Department of Microbiology, Harbin Medical University, Harbin 150081, China. weilanlan1119@163.com.

RESUMEN / SUMMARY: - OBJECTIVE: miR-21 and miR-155 have been implicated in the prognosis of non-small-cell lung cancer, but the results are

controversial. To resolve this issue, we performed a meta-analysis on miR-21 and miR-155 and non-small-cell lung cancer prognosis and lymphoid metastasis. METHODS: Eligible data were extracted and the correlation between miR-21 and miR-155 and non-small-cell lung cancer survival was analyzed by calculating a pooled hazard ratio and sensitivity analysis. The heterogeneity was detected by Q statistic and I-squared statistic, and the publication bias was tested by funnel plots and Egger's test. RESULTS: Nineteen studies were included. High miR-21 level (hazard ratio = 2.00, 95% confidence interval = 1.38-2.89, P = 0.000 for heterogeneity test, I(2) = 84.9%) and high miR-155 level (hazard ratio = 1.65, 95% confidence interval = 1.11-2.44, P = 0.004 for heterogeneity test, I(2) = 68.3%) were significantly associated with worse non-small-cell lung cancer survival. Furthermore, a high miR-21 level was associated with an increased risk of lymphoid infiltration for non-small-cell lung cancer (odds ratio = 1.93; 95% confidence interval = 1.31-2.85). Funnel plot and Egger's test suggested that there was no publication bias in the current meta-analysis. CONCLUSIONS: This meta-analysis provides evidence that miR-21 and miR-155 are predicting factors for non-small-cell lung cancer prognosis and lymphoid infiltration.

[37]

TÍTULO / TITLE: - Efficacy and safety profile of combining vandetanib with chemotherapy in patients with advanced non-small cell lung cancer: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Jul 4;8(7):e67929. doi: 10.1371/journal.pone.0067929. Print 2013.

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

[1371/journal.pone.0067929](#)

AUTORES / AUTHORS: - Tian W; Ding W; Kim S; Zheng L; Zhang L; Li X; Gu J; Zhang L; Pan M; Chen S

INSTITUCIÓN / INSTITUTION: - Department of oncology, Xinhua Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, Shanghai, P.R. China.

RESUMEN / SUMMARY: - OBJECTIVE: To evaluate the efficacy and safety profile of combining vandetanib with chemotherapy in patients with advanced non-small cell lung cancer (NSCLC). METHODS: MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials (CENTRAL), ASCO Abstracts, ESMO Abstracts, Wanfang Database, CNKI were searched. Eligible studies were the randomized clinical trials (RCTs) that compared the efficacy and safety profile of adding vandetanib to chemotherapy with single chemotherapy in patients with advanced NSCLC. The outcomes included overall survival (OS), progression-free survival (PFS), overall response rate (ORR) and toxicities. All meta-analysis were performed using Review Manager 5.1. The fixed-effect model weighted by the Mantel-Haenszel method was used. When considerable

heterogeneity was found ($p < 0.1$, or $I(2) > 50\%$), further analysis (subgroup analysis, sensitivity analysis or random-effect model) was performed to identify potential cause. RESULTS: Results reported from 5 RCTs involving 2284 patients were included in the analysis. Compared to chemotherapy alone, the addition of vandetanib resulted in a significant longer PFS (HR 0.79 [0.72-0.87], $p < 0.00001$) and a higher ORR (RR 1.75 [1.43-2.15], $p < 0.00001$), but failed to show advantage on OS (HR 0.96 [0.87-1.06], $p = 0.44$). CONCLUSION: Vandetanib has activity in NSCLC. Identification of predictive biomarkers is warranted in future trials to select a subset of patients with advanced NSCLC who may benefit from vandetanib.

[38]

TÍTULO / TITLE: - Meta-analysis of the CYP1A2 -163C>A Polymorphism and Lung Cancer Risk.

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(5):3155-8.

AUTORES / AUTHORS: - Deng SQ; Zeng XT; Wang Y; Ke Q; Xu QL

INSTITUCIÓN / INSTITUTION: - Department of Preventive Medicine, Institute of Basic Medical Sciences, Hubei University of Medicine, Shiyan, Hubei Province, China E-mail : dsqhbun@163.com.

RESUMEN / SUMMARY: - Many published studies have concerned associations between the CYP1A2 -163 C>A polymorphism and risk of lung cancer, but the results have been inconsistent. Therefore, we performed a meta-analysis to obtain a more precise estimate. We searched the PubMed database up to March 1, 2013 for relevant cohort and case-control studies. Supplementary search was conducted manually by searching the references of the included studies and relevant meta-analyses. A meta-analysis was performed using RevMan 5.2 software for calculation of pooled odds ratios (ORs) and relevant 95% confidence intervals (CIs) after data extraction. Finally, seven case-control studies and one nested case-control study involving 1,675 lung cancer patients and 2,393 controls were included. The meta-analysis showed that there was no association of CYP1A2 -163 C>A polymorphism with risk of lung cancer overall [(OR=0.89, 95%CI= 0.74-1.07) for C vs. A; (OR=0.73, 95%CI= 0.50-1.07) for AA vs. CC ; (OR=0.82, 95%CI= 0.62-1.09) for AC vs. CC; (OR=0.79, 95%CI= 0.58-1.07) for (AC+AA) vs. CC; and (OR=0.87, 95%CI= 0.67-1.13) for AA vs. (CC+AC)]. Subgroup analysis indicated that there was an association between CYP1A2 -163C>A polymorphism and lung cancer risk for population-based controls, a trend risk for SCCL (squamous cell carcinoma of lung) and Caucasians. These results suggested that -163 C>A polymorphism is likely to be associated with risk of lung cancer compared with population-based controls.

[39]

TÍTULO / TITLE: - A meta-analysis of the association between glutathione S-transferase P1 gene polymorphism and the risk of adenocarcinomas of lung cancer.

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

REVISTA / JOURNAL: - Cancer Biomark. 2013;13(1):29-35. doi: 10.3233/CBM-130322.

●● Enlace al texto completo (gratis o de pago) [3233/CBM-130322](#)

AUTORES / AUTHORS: - Zhong H; Feng Y; Zheng GX; Liang Y; Zhang JY; Zheng BS; Feng X

INSTITUCIÓN / INSTITUTION: - Department of Cardio-Thoracic Surgery, People's Hospital of Beihai, Beihai, China.

RESUMEN / SUMMARY: - BACKGROUND: Results of the published reports on the relationship between glutathione S-transferase P1 (GSTP1) gene polymorphism and the adenocarcinomas of lung cancer are still debated. OBJECTIVE: This meta-analysis was performed to evaluate the association between GSTP1 A/G gene polymorphism and the risk of adenocarcinomas of lung cancer. METHODS: The association investigations were identified from PubMed and Cochrane Library, and eligible studies were included and synthesized using meta-analysis method. RESULTS: 16 reports were included into this meta-analysis for the association of GSTP1 A/G gene polymorphism and the risk of adenocarcinomas of lung cancer. The G allele and GG genotype were not associated with the susceptibility of risk of adenocarcinomas. Furthermore, in the sensitivity analysis, the results were similar with those from the non-sensitivity analysis. CONCLUSIONS: GSTP1 G allele or GG genotype is not a biomarker to be associated with the susceptibility of adenocarcinomas of lung cancer.

[40]

TÍTULO / TITLE: - Prognostic Role of Hypoxic Inducible Factor Expression in Non-small Cell Lung Cancer: A Meta-analysis.

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(6):3607-12.

AUTORES / AUTHORS: - Li C; Lu HJ; Na FF; Deng L; Xue JX; Wang JW; Wang YQ; Li QL; Lu Y

INSTITUCIÓN / INSTITUTION: - Huaxi Student Society of Oncology Research (HASSOR), West China School of Medicine, Sichuan University, Sichuan, China E-mail : radyoulu@hotmail.com.

RESUMEN / SUMMARY: - Introduction: Reported prognostic roles of hypoxic inducible factor (HIF) expression in non-small cell lung cancer (NSCLC) have varied. This meta-analysis aimed to examine the relationship between HIF expression and clinical outcome in NSCLC patients. Methods: PubMed were used to identify relevant literature with the last report up to December 20th, 2012. After careful review, survival data were collected from eligible studies. We completed the meta-analysis using Stata statistical software (Version 11) and

combined hazard ratio (HR) for overall survival (OS). Subgroup specificity, heterogeneity and publication bias were also assessed. All of the results were verified by two persons to ensure accuracy. Results: Eight studies were finally stepped into this meta-analysis in which seven had available data for HIF-1alpha and three for HIF-2alpha. Combined HRs suggested that higher expression of HIF1alpha had a negative impact on NSCLC patient survival (HR=1.50; 95%CI =1.07-2.10; p=0.019). The expression of HIF-2alpha was also relative to a poorer survival (HR=2.02; 95%CI =1.47-2.77; p=0.000). No bias existed in either of the two groups. Conclusion: This study suggests that elevations of HIF-1alpha and HIF- 2alpha expression are both associated with poor outcome for patients with NSCLC. The data support further and high quality investigation of HIF expression for predicting poor outcome in patients with NSCLC.

[41]

TÍTULO / TITLE: - Associations Between RASSF1A Promoter Methylation and NSCLC: A Meta-analysis of Published Data.

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(6):3719-24.

AUTORES / AUTHORS: - Liu WJ; Tan XH; Guo BP; Ke Q; Sun J; Cen H

INSTITUCIÓN / INSTITUTION: - Department of Chemotherapy, The Affiliated Tumor Hospital of Guangxi Medical University, Nanning, China E-mail : cen_hong@163.com.

RESUMEN / SUMMARY: - Background: RASSF1A has been reported to be a candidate tumor suppressor in non-small cell lung cancer (NSCLC). However, the association between RASSF1A promoter methylation and NSCLC remains unclear, particularly in regarding links to clinicopathologic features. Methods: Eligible studies were identified through searching PubMed, EMBASE, Cochrane Library and China National Knowledge Infrastructure (CNKI) databases. Studies were pooled and odds ratios (ORs) with corresponding confidence intervals (CIs) were calculated. Funnel plots were also performed to evaluate publication bias. Results: Nineteen studies involving 2,063 cases of NSCLC and 1,184 controls were included in this meta-analysis. A significant association was observed between RASSF1A methylation and NSCLC in the complete data set (OR = 19.42, 95% CI: 14.04- 26.85, P < 0.001). Pooling the control tissue subgroups (heterogeneous/autologous) gave pooled ORs of 32.4 (95% CI, 12.4-84.5) and 17.7 (95% CI, 12.5-25.0) respectively. Racial subgroup (Caucasian/Asian) analysis gave pooled ORs of 26.6 (95% CI, 10.9-64.9) and 20.9 (95% CI, 14.4-30.4) respectively. The OR for RASSF1A methylation in poorly-differentiated vs. moderately/well-differentiated NSCLC tissues was 1.88 (95% CI, 1.32- 2.68, P<0.001), whereas there were no significant differences in RASSF1A methylation in relation to gender, pathology, TNM stage and smoking behavior among NSCLC cases. Conclusion: This

meta-analysis suggests a significant association between RASSF1A methylation and NSCLC, confirming the role of RASSF1A as a tumor suppressor gene. Large-scale and well-designed case-control studies are needed to validate the associations identified in the present meta-analysis.

[42]

TÍTULO / TITLE: - Treatment of pulmonary epithelioid hemangioendothelioma with combination chemotherapy: Report of three cases and review of the literature.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 May;5(5):1491-1496. Epub 2013 Feb 28.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1217](#)

AUTORES / AUTHORS: - Ye B; Li W; Feng J; Shi JX; Chen Y; Han BH

INSTITUCIÓN / INSTITUTION: - Department of Thoracic Surgery, Shanghai Chest Hospital, Shanghai Jiaotong University, Shanghai 200030;

RESUMEN / SUMMARY: - No standard therapy for pulmonary epithelioid hemangioendothelioma (PEH) has yet been established due to the rarity of the disease, the lack of clear standards for treatment and the partial-to-complete spontaneous regression. This report describes three cases of PHE manifested as bilateral intrapulmonary masses with an initial diagnosis conducted by thoracoscopic lung biopsy. These patients demonstrated a partial response to combination chemotherapy with carboplatin, paclitaxel, bevacizumab or endostar, and an improvement in clinical status. Furthermore, we reviewed the literature regarding such patients who received chemotherapy and immunotherapy; this indicated that patients with PEH demonstrated a good partial response to chemotherapy with carboplatin, paclitaxel, bevacizumab, thalidomide and alpha-interferon. Overall, combination chemotherapy regimens may hold therapeutic potential for the treatment of this rare disease.

[43]

TÍTULO / TITLE: - Gemcitabine plus oxaliplatin for the treatment of leptomeningeal metastases of non-small cell lung cancer: A case report and review of the literature.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 May;5(5):1559-1561. Epub 2013 Mar 19.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1263](#)

AUTORES / AUTHORS: - Bai C; Shi H; Liu D; Zhu T; Hu Z; Li Q

INSTITUCIÓN / INSTITUTION: - Department of Respiratory Medicine, Changhai Hospital, Second Military Medical University, Shanghai 200433, P.R. China.

RESUMEN / SUMMARY: - A 62-year-old male presented with stage IV lung adenocarcinoma with leptomeningeal metastases (LM). Gemcitabine (1000

mg/m² i.v.) was administered on days 1 and 8 while oxaliplatin (100/m² i.v.) was administered on day 1 and repeated for 4 cycles every 3 weeks. Computerized tomography (CT) and cerebrospinal fluid (CSF) were used to evaluate the response of the LM and the primary tumor to drug therapy. Following the administration of chemotherapy, headaches were observed to be notably reduced 6 days later and absent after 14 days. The symptoms of coughing and chest pain were alleviated. Subsequent to 4 cycles of treatment, the patient had a partial response (PR) and the CSF pressure was normal. Analysis of the CSF revealed that it was colorless, positive for protein, had a total cell number of 0/l and contained no cancer cells. However, the primary lung tumor progressed for 1 year. This may suggest that first-line therapies, including the use of gemcitabine and oxalipaltin, may be appropriate for the treatment of non-small cell lung carcinoma (NSCLC) with LM involvement.

[44]

TÍTULO / TITLE: - Current concepts in the management of small cell lung cancer.

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

REVISTA / JOURNAL: - Indian J Med Res. 2013 Jun;137(6):1043-51.

AUTORES / AUTHORS: - Ganti AK; West WW; Zhen W

INSTITUCIÓN / INSTITUTION: - Section of Hematology-Oncology, Department of Medicine, VA Nebraska Western Iowa Health Care System; Division of Oncology-Hematology, Department of Internal Medicine, University of Nebraska Medical Center, Omaha, NE, USA.

RESUMEN / SUMMARY: - Small cell lung cancer (SCLC) has a clinical course that is distinct from its more common counterpart non-small cell lung cancer. SCLC continues to be a major clinical problem, with an aggressive clinical course and short disease-free duration after initial therapy. Current optimal treatment consists of chemotherapy with platinum-etoposide, given concurrently with thoracic irradiation in patients with limited stage disease and chemotherapy alone in those with extensive stage. Prophylactic cranial irradiation (PCI) is recommended for patients who have responded to initial therapy, as it not only decreases the risk of brain metastases and but also improves overall survival. Newer targeted agents are currently being evaluated for this disease.

[45]

TÍTULO / TITLE: - Malignant mesotheliomas in spermatic cords: reports of two cases and a brief review of literature.

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

REVISTA / JOURNAL: - Rare Tumors. 2013 Mar 26;5(1):e4. doi: 10.4081/rt.2013.e4. Print 2013 Feb 11.

●● [Enlace al texto completo \(gratis o de pago\) 4081/rt.2013.e4](#)

AUTORES / AUTHORS: - Meng X; Guzzo TJ; Bing Z

INSTITUCIÓN / INSTITUTION: - Department of Pathology and Laboratory Medicine;

RESUMEN / SUMMARY: - Primary malignant mesothelioma (MM) of spermatic cord is extremely rare. We presented two malignant mesotheliomas involving the spermatic cords; one was primary, one secondary. The secondary one represented the direct involvement by a peritoneal MM. No occupational exposure to asbestos was identified in either patient. Both of them presented with a painless inguinal mass. Microscopically the primary MM was epithelioid type with tumor nests infiltrating adjacent adipose tissue, while the secondary MM grew in mixed type. No tumor necrosis was seen in the primary MM, while extensive necrosis was seen in the secondary one. Rare mitotic figure was seen in the primary MM while the mitosis in the secondary tumor was brisk, and with atypical mitosis. Immunohistochemically the tumor cells were positive for calretinin and CK5/6 and negative for BER-EP4 and BRST3 in both cases. The reported cases of primary MM from spermatic cord in English literature were briefly reviewed.

[46]

TÍTULO / TITLE: - Primary pulmonary rhabdomyosarcoma in children: Report of three cases with review of literature.

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

REVISTA / JOURNAL: - Indian J Med Paediatr Oncol. 2013 Jan;34(1):38-41. doi: 10.4103/0971-5851.113423.

●● Enlace al texto completo (gratis o de pago) [4103/0971-5851.113423](#)

AUTORES / AUTHORS: - Lokesh KN; Premalata CS; Aruna Kumari BS; Appaji L

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Kidwai Memorial Institute of Oncology, Bangalore, Karnataka, India.

RESUMEN / SUMMARY: - Primary pulmonary rhabdomyosarcoma in children is rare. Three children aged three, nine and three years were evaluated for abnormal shadows on radiological examination with pneumothorax in two cases. Resection and histopathological examination revealed embryonal rhabdomyosarcoma in all and cystic malformation in first case. All the three children were treated with surgery and first two received adjuvant chemotherapy. The disease free duration was 160 months, 19 months and seven months respectively. The literature on primary pulmonary rhabdomyosarcoma in children was reviewed.

[47]

TÍTULO / TITLE: - Combined radio- and chemotherapy for non-small cell lung cancer: systematic review of landmark studies based on acquired citations.

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

REVISTA / JOURNAL: - Front Oncol. 2013 Jul 9;3:176. doi: 10.3389/fonc.2013.00176. Print 2013.

●● Enlace al texto completo (gratis o de pago) [3389/fonc.2013.00176](#)

AUTORES / AUTHORS: - Nieder C; Pawinski A; Andratschke NH

INSTITUCIÓN / INSTITUTION: - Department of Oncology and Palliative Medicine, Nordland Hospital , Bodo , Norway ; Institute of Clinical Medicine, Faculty of Health Sciences, University of Tromso , Tromso , Norway.

RESUMEN / SUMMARY: - The important role of combined chemoradiation for several groups of patients with non-small cell lung cancer (NSCLC) is reflected by the large number of scientific articles published during the last 30 years. Different measures of impact and clinical relevance of published research are available, each with its own pros and cons. For this review, article citation rate was chosen. Highly cited articles were identified through systematic search of the citation database Scopus. Among the 100 most often cited articles, meta-analyses (n = 5) achieved a median of 203 citations, guidelines (n = 7) 97, phase III trials (n = 29) 168, phase II trials (n = 21) 135, phase I trials (n = 7) 88, and others combined 115.5 (p = 0.001). Numerous national and international cooperative groups and several single institutions were actively involved in performing often cited, high-impact trials, reflecting the fact that NSCLC is a world-wide challenge that requires research collaboration. Platinum-containing combinations have evolved into a standard of care, typically administered concurrently. The issue of radiotherapy fractionation and total dose has also been studied extensively, yet with less conclusive results. Differences in target volume definition have been addressed. However, it was not possible to test all theoretically possible combinations of radiotherapy regimens, drugs, and drug doses (lower radiosensitizing doses compared to higher systemically active doses). That is why current guidelines offer physicians a choice of different, presumably equivalent treatment alternatives. This review identifies open questions and strategies for further research.

[48]

TÍTULO / TITLE: - Adult Henoch-Schonlein purpura associated with small cell lung cancer: A case report and review of the literature.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 Jun;5(6):1927-1930. Epub 2013 Mar 27.

●● [Enlace al texto completo \(gratis o de pago\) 3892/ol.2013.1274](#)

AUTORES / AUTHORS: - Zhang XD; Yang SY; Li W; Ming ZJ; Hou YL; Niu ZQ; Zhang YP

INSTITUCIÓN / INSTITUTION: - Department of Respiratory Medicine, The Second Affiliated Hospital, Medical College of Xi'an Jiaotong University, Xi'an, Shaanxi 710004, P.R. China.

RESUMEN / SUMMARY: - The present study reports the case of a 53-year-old male who had been suffering from coughing and the presence of a blood-streaked sputum for >1 month. Chest computed tomography (CT) and a bronchoscopic brush smear were performed. The patient was subsequently diagnosed with small cell lung cancer (limited stage). The patient developed polyarthrititis, abdominal pain, diarrhea and a purpuric rash at 14 days post thoracotomy surgery for lung cancer. Henoch-Schonlein purpura (HSP) was

diagnosed based on the clinical symptoms. The patient received chemotherapy with steroid therapy, which resulted in complete remission of the HSP.

[49]

TÍTULO / TITLE: - Synchronous occurrence of breast cancer and pulmonary sclerosing hemangioma: Management and review of the literature.

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

REVISTA / JOURNAL: - Breast Dis. 2013 Jul 9.

●● Enlace al texto completo (gratis o de pago) [3233/BD-130352](#)

AUTORES / AUTHORS: - Salemis NS; Seretis C; Nakos G; Kantounakis I; Stoumpos C; Spiliopoulos K

INSTITUCIÓN / INSTITUTION: - Breast Unit, Army General Hospital, Athens, Greece.

RESUMEN / SUMMARY: - Pulmonary sclerosing hemangioma (PSH) is a rare tumor accounting for 0.2-1% of all primary lung tumors. Simultaneous occurrence of PSH with breast cancer has very rarely been reported in the literature. We describe here a case of simultaneous occurrence of PSH with breast cancer. A pathological diagnosis of PSH was confirmed by computed tomography (CT)-guided biopsy. Due to the patient's poor performance status and the benign nature of PSH, surgical excision was not considered and the patient was managed conservatively with regular follow-up. Although surgical excision is the preferred treatment for PSH, conservative management may be a reasonable option in carefully selected patients.

[50]

TÍTULO / TITLE: - Using a standardized Viniyoga protocol for lung cancer survivors: a pilot study examining effects on breathing ease.

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

REVISTA / JOURNAL: - J Complement Integr Med. 2013 Jun 26;10(1):1-13. doi: 10.1515/jcim-2012-0013.

●● Enlace al texto completo (gratis o de pago) [1515/jcim-2012-0013](#)

AUTORES / AUTHORS: - M Fouladbakhsh J; E Davis J; N Yarandi H

RESUMEN / SUMMARY: - Abstract Although lung cancer is perceived as a dire diagnosis, increases in the 5-year survival rate of individuals with non-small cell lung cancer (NSCLC) have been reported. Survivors, however, continue to be excessively burdened with symptoms such as respiratory distress which interfere with functioning and quality of life. While exercise and physical activity are strongly recommended, NSCLC survivors may be reluctant to participate due to actual or anticipated shortness of breath exacerbated with movement. This quasi-experimental, intervention-only pilot study aimed to determine the effects of an 8-week standardized yoga protocol for Stage I-IIIa NSCLC survivors (n=9). The protocol was developed within the Viniyoga (Hatha) tradition with respiratory experts. Breathing ease, dyspnea, oxygen saturation, and respiratory function were explored in relationship to yoga

practice (45-minute sessions once per week and home practice) using repeated-measures analysis. Number of participants reporting dyspnea ranged from 25 to 50% prior to practice with no significant increase during sessions, and moderate decreases noted at times. Oxygen saturation remained high and vital signs stable; forced expiratory volume in 1 second (FEV1) values increased significantly over the 14-week study period ($p < 0.0001$). Yoga, with an emphasis on postures coordinated with breathing and meditation practices, offers a potentially feasible and beneficial option that requires further study in this population.

[51]

TÍTULO / TITLE: - Metastasis to the colon from lung cancer presenting with severe hyponatremia and dyspnea in a young male: A case report and review of the literature.

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

REVISTA / JOURNAL: - Oncol Lett. 2013 May;5(5):1477-1480. Epub 2013 Feb 22.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1208](#)

AUTORES / AUTHORS: - Pezzuto A; Mariotta S; Fioretti F; Uccini S

INSTITUCIÓN / INSTITUTION: - Cardiopulmonary Department, Sant'Andrea Hospital, Sapienza University, Rome I-00189, Italy.

RESUMEN / SUMMARY: - This study aimed to present the atypical clinical presentation and management of a metastatic lung cancer that had spread to an atypical location. Lung cancer is the most common cause of cancer-related mortality worldwide. The brain, liver, adrenal glands and bone are the most common sites of metastatic disease in patients with lung cancer. The reported incidence of symptomatic gastrointestinal metastases is 0.2-0.5%. Early diagnosis should be based on the observation of clinical symptoms and computed tomography (CT) imaging. In the present study, we describe the case of a 43-year-old male with a primary adenocarcinoma of the lung located in the lower right lobe. Following diagnosis, the patient underwent five lines of chemotherapy with a significant tumor reduction. Two years later, a mass located in the sigmoid colon was detected in the patient following a PET/CT scan. The clinical presentation was unusual with vomiting, headache, dyspnea and laboratory hyponatremia. A rare form of metastatic ulcerating adenocarcinoma was identified with colonoscopy, which was confirmed by immunohistochemical findings. A surgical approach was not performed due to the worsening condition of the patient. The patient demonstrated severe anemia and blood hypoxia, and one month later, the patient succumbed to disease. The metastasis may suggest an increase in tumor aggressiveness.

[52]

TÍTULO / TITLE: - Symptomatic large bilateral adrenal metastases at presentation in small-cell lung cancer: a case report and review of the literature.

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

REVISTA / JOURNAL: - J Thorac Dis. 2013 Jun;5(3):E83-6. doi: 10.3978/j.issn.2072-1439.2011.09.05.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2011.09.05](#)

AUTORES / AUTHORS: - Singh N; Madan K; Aggarwal AN; Das A

INSTITUCIÓN / INSTITUTION: - Departments of Pulmonary Medicine, Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh, India.

RESUMEN / SUMMARY: - The adrenal gland is a common site for metastasis from lung cancer. Adrenal metastases are usually solitary, asymptomatic and diagnosed incidentally during staging of patients with lung cancer. Bilateral adrenal metastases at the time of diagnosis are seen in 3% of lung cancer patients. Large symptomatic bilateral adrenal metastases at presentation are extremely rare and those occurring in the setting of small cell lung cancer (SCLC) have not been reported previously. Herein we describe a 46-year old male patient with SCLC who was symptomatic from large bilateral adrenal metastases at presentation. The patient was successfully treated with conventional platinum based chemotherapy and had no complications related to the large adrenal masses (intratumoral hemorrhage or adrenal insufficiency) either at presentation or subsequently during treatment and follow up.

TÍTULO / TITLE: - Pulmonary tumor thrombotic microangiopathy from metastatic epithelioid angiosarcoma.

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

REVISTA / JOURNAL: - J Thorac Dis. 2013 Jun;5(3):E107-11. doi: 10.3978/j.issn.2072-1439.2012.10.08.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2072-1439.2012.10.08](#)

AUTORES / AUTHORS: - Demirag F; Cakir E; Yazici U; Tastede I

INSTITUCIÓN / INSTITUTION: - Ataturk Chest Diseases and Chest Surgery Education and Research Hospital, Department of Pathology, Ankara, Turkey;

RESUMEN / SUMMARY: - The lung is most common site for metastatic disease via hematogenous route. Tumor emboli of the vessels of the lung induces fibrocellular and fibromuscular intimal proliferation. These histopathological changes may cause pulmonary tumor thrombotic microangiopathy. Few cases are diagnosed antemortem. We report a 60 year old woman with by metastatic epithelioid angiosarcoma involving the lung. Tumor cells were positive for VEGF and topoisomerase II. VEGF may be involved in the pathogenesis pulmonary tumor thrombotic microangiopathy and topoisomerase II positivity showed sensitivity against catalytic topoisomerase II inhibitors.

[53]

TÍTULO / TITLE: - Pulmonary adenocarcinoma with massive lymphocytic infiltration: a case report with review of the literature of a rare histological entity with a peculiar biological behaviour.

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

REVISTA / JOURNAL: - BMC Pulm Med. 2013 Jul 11;13(1):44.

●● Enlace al texto completo (gratis o de pago) [1186/1471-2466-13-44](#)

AUTORES / AUTHORS: - Del Gobbo A; Fiori S; Gaudio G; Nosotti M; Coggi G; Bosari S; Ferrero S

RESUMEN / SUMMARY: - BACKGROUND: Tumors with a massive inflammatory infiltration are described in several organs. There is agreement about considering the inflammatory infiltration as the host's immune response to neoplastic cells; such neoplasms indeed have a better prognostic outcome than non-inflammatory counterparts. Only seventeen cases of pulmonary adenocarcinoma with massive lymphocytic infiltration (AMLI) have been reported in literature so far. CASE PRESENTATION: We present a case of pulmonary adenocarcinoma with massive lymphocytic infiltration occurring in a 71 years old male smoker. He came under our attention because of dyspnea, and underwent a left lower lobectomy. Histological examination showed a moderately differentiated (G2) acinar adenocarcinoma associated with a stromal desmoplastic reaction and a massive inflammatory infiltration, made up mostly of CD3+ lymphocytes. pTNM stage was pT2a, N0 (clinical stage: Ib).Molecular testing of EGFR gene showed no mutations and immunohistochemistry for ALK resulted negative.EBV infection was ruled out by EBV in situ hybridization. CONCLUSIONS: Literature review showed seventeen similar cases, with a 16/1 male/female ratio and a mean age of 70,2 years. In eight out of seventeen cases EBV-infection was demonstrated with immunohistochemical or molecular biology techniques.Similarly to the cases previously reported in literature our patient is a male smoker, without lymph node metastasis and he is still alive after a follow-up period of six months without recurrent or residual disease.Because of histological, biological and clinical peculiarity, we propose to take into account pulmonary adenocarcinomas with massive inflammatory infiltration for a separate pathological classification.

[54]

TÍTULO / TITLE: - Sinonasal respiratory epithelial adenomatoid hamartomas: Series of 51 cases and literature review.

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

REVISTA / JOURNAL: - Am J Rhinol Allergy. 2013 Jul;27(4):322-8. doi: 10.2500/ajra.2013.27.3905.

●● Enlace al texto completo (gratis o de pago) [2500/ajra.2013.27.3905](#)

AUTORES / AUTHORS: - Lee JT; Garg R; Brunworth J; Keschner DB; Thompson LD

INSTITUCIÓN / INSTITUTION: - Orange County Sinus Institute, Southern California Permanente Medical Group, Irvine, California, USA.

RESUMEN / SUMMARY: - **BACKGROUND:** Respiratory epithelial adenomatoid hamartomas (REAHs) are rare, benign glandular proliferations of the nasal cavity, paranasal sinuses, and nasopharynx. This study aimed to expand our understanding of this entity by presenting a series of REAHs combined with a review of the pertinent literature. **METHODS:** A retrospective review was performed on all patients with a diagnosis of REAH from 2002 to 2011. Data were collected with respect to age, gender, clinical presentation, imaging, histopathology, treatment, and outcome. Because olfactory cleft expansion by imaging evaluation has been reported to suggest REAH, maximum olfactory cleft (MOCs) widths were also measured. **RESULTS:** Fifty-one cases of REAH included 37 male (72.5%) and 14 female subjects (27.5%) with a mean age of 58.4 years. Headache, nasal obstruction, rhinorrhea, and hyposmia were the most common presenting symptoms. Although 35(68.6%) were associated with concurrent inflammatory pathology, 16 (31.4%) presented as isolated lesions of the nasal cavity. Enlargement of MOCs was evident on computed tomography, with mean MOCs of 8.64 and 9.4 mm, in the coronal/axial planes, respectively. There were no statistically significant differences between MOCs of isolated (7.96 mm) versus MOCs of associated (9.63 mm) lesions ($p = 0.25$). Forty-nine were treated with endoscopic resection without evidence of recurrence after a mean follow-up of 27.2 months. **CONCLUSION:** REAHs are rare sinonasal lesions that may appear as localized, isolated masses or more diffuse when in conjunction with other inflammatory processes. Irrespective of clinical presentation, endoscopic removal appears to be curative. Differentiation from more aggressive lesions is paramount to avoid unnecessarily radical surgery for an otherwise benign process.

[55]

TÍTULO / TITLE: - Lung cancer in situs inversus totalis (SIT) - literature review.

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

REVISTA / JOURNAL: - Adv Med Sci. 2013 Jun 1;58(1):1-8. doi: 10.2478/v10039-012-0083-x.

●● Enlace al texto completo (gratis o de pago) [2478/v10039-012-0083-](#)

[X](#)

AUTORES / AUTHORS: - Wojcik J; Grodzki T; Bielewicz M; Wojtys M; Kubisa B; Pierog J; Wojcik N

RESUMEN / SUMMARY: - Abstract We present 21 studies of cases of lung cancer in patients with situs inversus totalis (SIT) published worldwide. The first case was described in 1952. Thirteen patients were from Japan, 4 from Eastern Europe, including 2 Polish cases from the authors' center (Department of Thoracic Surgery, Pomeranian Medical University in Szczecin, Poland), 2 from Western Asia, 1 from the U.S. and 1 from Australia. Male patients (20/21) as well as left-sided lung cancer cases (14/21) and squamous cell carcinoma

cases (8/21) dominated in the entire group. Thirteen patients underwent surgical treatment. There were 10 left-sided and 3 right-sided surgical interventions with uneventful intra- and postoperative course. Explorative thoracotomy was performed in one case only on the right side. Upper lobectomy was performed in 5 cases, pneumonectomy in 3 cases, lower bilobectomy and middle lobectomy in one case and lower lobectomy in two cases. Surgery was performed through thoracotomy in 10 cases, VATS-assisted approach in two cases and sternotomy in one case. Descriptions of the surgical anatomy confirmed mirror image of the anatomy in all cases and were consistent with the preoperative CT images. Preoperative diagnosis was discussed including the role of 3-D reconstruction of CT for improving perioperative safety in this group of patients. In conclusion, lung cancer/SIT cases despite inversed but regular anatomy can be operated on radically as cases with normal anatomy with preservation of intraoperative security level.
