

#15#

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

Pancreatic cancer.

Julio - Agosto 2013 / July - August 2013

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[1]

**TÍTULO / TITLE:** - Successful everolimus treatment in a patient with advanced pancreatic neuroendocrine tumor who developed everolimus-induced interstitial lung disease on two occasions: a case report.

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

**REVISTA / JOURNAL:** - Chemotherapy. 2013;59(1):74-8. doi: 10.1159/000351103. Epub 2013 Jul 18.

●● [Enlace al texto completo \(gratis o de pago\) 1159/000351103](#)

**AUTORES / AUTHORS:** - Nakayama Y; Ikeda M; Kojima M; Goto K; Hara M; Okuyama H; Takahashi H; Ohno I; Shimizu S; Mitsunaga S; Okusaka T

**INSTITUCIÓN / INSTITUTION:** - Division of Hepatobiliary and Pancreatic Oncology, National Cancer Center Hospital East, Kashiwa, Japan.

**RESUMEN / SUMMARY:** - Chemotherapy-associated interstitial lung disease (ILD) is often fatal, and the chemotherapeutic regimen generally cannot be resumed. ILD associated with the mammalian target of rapamycin (mTOR) inhibitor everolimus has many features distinct from chemotherapy-associated ILD. We present the case of a 58-year-old woman with an advanced pancreatic neuroendocrine tumor with liver metastases, in whom everolimus treatment was maintained and resulted in a partial response despite two occurrences of everolimus-induced ILD during a 31-month treatment period until disease progression. Physicians treating with everolimus should monitor patients closely for ILD and should apply appropriate management strategies to optimize the possibility of maintaining everolimus therapy. © 2013 S. Karger AG, Basel.

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**TÍTULO / TITLE:** - REG3beta DEFICIENCY IMPAIRS PANCREATIC TUMOR GROWTH BY SKEWING MACROPHAGE POLARIZATION.

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

**REVISTA / JOURNAL:** - Cancer Res. 2013 Jul 18.

●● Enlace al texto completo (gratis o de pago) [1158/0008-5472.CAN-12-3057](#)

**AUTORES / AUTHORS:** - Gironella M; Calvo C; Fernandez A; Closa D; Iovanna JL; Rosello-Catafau J; Folch-Puy E

**INSTITUCIÓN / INSTITUTION:** - Gastroenterology, Hospital Clinic of Barcelona/CIBERehd.

**RESUMEN / SUMMARY:** - The lectin Reg3beta provides crucial protection to various tissues against inflammation, a potential risk factor for pancreatic ductal adenocarcinoma. Reg3beta is also overexpressed in serum and pancreatic juice from patients with this cancer but its function in this context remains to be elucidated. In this study, we investigated the role of Reg3beta in tumor development in an orthotopic mouse model of pancreatic cancer. Reg3beta deletion in mice drastically impaired pancreatic tumor growth correlating with decreased angiogenesis and increased apoptosis of tumor cells. Moreover, Reg3beta deficiency resulted in an alteration of the tumoral immune microenvironment, reflected by a decrease in the M2/M1 ratio concerning tumor-associated macrophages (TAM) and an up-regulation of CD3+ cell infiltration. Addition of Reg3beta to pre-stimulated RAW 264.7 or primary macrophages enhanced M2 polarization through the activation of STAT3 signaling pathway. Conditioned media from Reg3beta-M2-polarized primary macrophages inhibited apoptosis and prolonged the viability of Panc02 tumor cells. Our studies reveal a novel role for Reg3beta as a tumor promoter in pancreatic adenocarcinoma through the regulation of tumor stroma. Thus, inhibition of this protein may be a useful strategy in treatment of pancreatic cancer.

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[2]

**TÍTULO / TITLE:** - Adenovirus vector-mediated Gli1 siRNA induces growth inhibition and apoptosis in human pancreatic cancer with Smo-dependent or Smo-independent Hh pathway activation in vitro and in vivo.

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

**REVISTA / JOURNAL:** - Cancer Lett. 2013 Jun 18. pii: S0304-3835(13)00460-6. doi: 10.1016/j.canlet.2013.06.010.

●● Enlace al texto completo (gratis o de pago) [1016/j.canlet.2013.06.010](#)

**AUTORES / AUTHORS:** - Guo J; Gao J; Li Z; Gong Y; Man X; Jin J; Wu H

**INSTITUCIÓN / INSTITUTION:** - Department of Gastroenterology, Changhai Hospital, Second Military Medical University, Shanghai 200433, China.

**RESUMEN / SUMMARY:** - Activation of Hedgehog (Hh) signaling pathway is a core molecular mechanism in pancreatic carcinogenesis. However, the inhibition of upstream Hh signals does not inhibit the growth of a subset of pancreatic cancer (PC). This study was to examine the effect of siRNA targeting Gli1, the downstream component of Hh pathway, on PC cells and to provide some insight into the underlying mechanisms. A Gli1siRNA-expressing adenovirus (Ad-U6-Gli1siRNA) was constructed, and its effect on PC cells was investigated in vitro and in vivo. Gli1 was expressed in 83.3% (20/24) PC tissues, whereas no expression was found in normal pancreatic ductal epithelium. Gli1 was expressed in SW1990 and CFPAC cells in which Smo was completely absent, as well as in PaTu8988, Panc-1 and BxPC-3 cells in which Smo was concomitantly present. Ad-U6-Gli1siRNA induced cell growth inhibition, strong G0/G1 cell cycle arrest and apoptosis in all five human PC cell lines. Meanwhile, Ad-U6-Gli1siRNA significantly suppressed the expression of Gli1, Ptch1 and two target genes, Cyclin D2 and Bcl-2, in all five lines. Furthermore, two tumor xenograft nude mice models were established by subcutaneously injecting Smo-positive Panc-1 cells or Smo-negative SW1990 cells. The in vivo experimental results demonstrated that Ad-U6-Gli1siRNA inhibited the growth of both Panc1-derived and SW1990-derived tumors and induced cell apoptosis. Our study indicates that Gli1-targeting siRNA could induce growth inhibition and apoptosis in PC through knockdown of Gli1 and its target genes; and this method may represent a more effective therapeutic strategy for PC with Smo-dependent or Smo-independent Hh pathway activation.

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**TÍTULO / TITLE:** - Detection of Pancreatic Ductal Adenocarcinoma in Mice by Ultrasound Imaging of Thymocyte Differentiation Antigen 1.

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

**REVISTA / JOURNAL:** - Gastroenterology. 2013 Jun 18. pii: S0016-5085(13)00913-X. doi: 10.1053/j.gastro.2013.06.011.

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

[1053/j.gastro.2013.06.011](http://1053/j.gastro.2013.06.011)

**AUTORES / AUTHORS:** - Foygel K; Wang H; Machtaler S; Lutz AM; Chen R; Pysz M; Lowe AW; Tian L; Carrigan T; Brentnall TA; Willmann JK

**INSTITUCIÓN / INSTITUTION:** - Department of Radiology, Molecular Imaging Program at Stanford (MIPS); Stanford University, Stanford, California, USA.

**RESUMEN / SUMMARY:** - BACKGROUND & AIMS: Early detection of pancreatic ductal adenocarcinoma (PDAC) allows for surgical resection and increases patient survival times. Imaging agents that bind and amplify the signal of neovascular proteins in neoplasms can be detected by ultrasound, enabling accurate detection of small lesions. We searched for new markers of

neovasculature in PDAC and assessed their potential for tumor detection by ultrasound molecular imaging. METHODS: Thymocyte Differentiation Antigen 1 (Thy1) was identified as a specific biomarker of PDAC neovasculature by proteomic analysis. Upregulation in PDAC was validated by immunohistochemical analysis of pancreatic tissue samples from 28 healthy individuals, 15 with primary chronic pancreatitis tissues, and 196 with PDAC. Binding of Thy1-targeted contrast microbubbles was assessed in cultured cells, in mice with orthotopic PDAC xenograft tumors expressing human Thy1 on the neovasculature, and on the neovasculature of a genetic mouse model of PDAC. RESULTS: Based on immunohistochemical analyses, levels of Thy1 were significantly higher in the vascular of human PDAC than chronic pancreatitis ( $P=.007$ ) or normal tissue samples ( $P<.0001$ ). In mice, ultrasound imaging accurately detected human Thy1-positive PDAC xenografts, as well as PDACs that express endogenous Thy1 in genetic mouse models of PDAC. CONCLUSION: We have identified and validated Thy1 as a marker of PDAC that can be detected by ultrasound molecular imaging in mice. The development of a specific imaging agent and identification of Thy1 as a new biomarker could aid in the diagnosis of this cancer and management of patients.

[3]

**TÍTULO / TITLE:** - Specific glycoforms of MUC5AC and endorepellin accurately distinguish mucinous from non-mucinous pancreatic cysts.

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

**REVISTA / JOURNAL:** - Mol Cell Proteomics. 2013 Jul 8.

●● Enlace al texto completo (gratis o de pago) [1074/mcp.M113.030700](https://doi.org/10.1093/mcp/m113.030700)

**AUTORES / AUTHORS:** - Cao Z; Maupin K; Curnutte B; Fallon B; Feasley CL; Brouhard E; Kwon R; West CM; Cunningham J; Brand R; Castelli P; Crippa S; Feng Z; Allen P; Simeone DM; Haab BB

**INSTITUCIÓN / INSTITUTION:** - Van Andel Research Institute, United States;

**RESUMEN / SUMMARY:** - Purpose: Previously we have shown that specific protein glycoforms may be uniquely informative about the pathological state of a cyst and may serve as accurate biomarkers. Here we tested this hypothesis using antibody-lectin sandwich arrays in broad screens of protein glycoforms and in targeted studies of candidate markers. Experimental design: We profiled 16 different glycoforms of proteins captured by 72 different antibodies in cyst fluid from mucinous and non-mucinous cysts ( $n = 22$ ), and we then tested a three marker panel in 22 additional samples and 22 blinded samples. Results: Glycan alterations were not widespread among the proteins but were mainly confined to MUC5AC and endorepellin. Specific glycoforms of these proteins, defined by reactivity with wheat-germ agglutinin (WGA) and a blood group H (BGH) antibody, were significantly elevated in mucinous cysts, whereas the core protein levels were not significantly elevated. A three-marker panel based on these glycoforms distinguished mucinous from non-mucinous cysts with 93%

accuracy (89% sensitivity, 100% specificity) in a pre-validation sample set (n = 44) and with 91% accuracy (87% sensitivity, 100% specificity) in independent, blinded samples (n = 22). Targeted lectin measurements and mass spectrometry analyses indicated that the higher WGA and BGH reactivity was due to oligosaccharides terminating in GlcNAc or N-acetyl-lactosamine with occasional alpha1,2-linked fucose. Conclusions: MUC5AC and endorepellin glycoforms may be highly specific and sensitive biomarkers for the differentiation of mucinous from non-mucinous pancreatic cysts.

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**TÍTULO / TITLE:** - CTGF antagonism with mAb FG-3019 enhances chemotherapy response without increasing drug delivery in murine ductal pancreas cancer.

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

**REVISTA / JOURNAL:** - Proc Natl Acad Sci U S A. 2013 Jul 23;110(30):12325-30. doi: 10.1073/pnas.1300415110. Epub 2013 Jul 8.

●● Enlace al texto completo (gratis o de pago) [1073/pnas.1300415110](https://doi.org/10.1073/pnas.1300415110)

**AUTORES / AUTHORS:** - Neesse A; Frese KK; Bapiro TE; Nakagawa T; Sternlicht MD; Seeley TW; Pilarsky C; Jodrell DI; Spong SM; Tuveson DA

**INSTITUCIÓN / INSTITUTION:** - Cancer Research UK Cambridge Institute, University of Cambridge, Cambridge CB2 0RE, United Kingdom.

**RESUMEN / SUMMARY:** - Pancreatic ductal adenocarcinoma (PDA) is characterized by abundant desmoplasia and poor tissue perfusion. These features are proposed to limit the access of therapies to neoplastic cells and blunt treatment efficacy. Indeed, several agents that target the PDA tumor microenvironment promote concomitant chemotherapy delivery and increased antineoplastic response in murine models of PDA. Prior studies could not determine whether chemotherapy delivery or microenvironment modulation per se were the dominant features in treatment response, and such information could guide the optimal translation of these preclinical findings to patients. To distinguish between these possibilities, we used a chemical inhibitor of cytidine deaminase to stabilize and thereby artificially elevate gemcitabine levels in murine PDA tumors without disrupting the tumor microenvironment. Additionally, we used the FG-3019 monoclonal antibody (mAb) that is directed against the pleiotropic matricellular signaling protein connective tissue growth factor (CTGF/CCN2). Inhibition of cytidine deaminase raised the levels of activated gemcitabine within PDA tumors without stimulating neoplastic cell killing or decreasing the growth of tumors, whereas FG-3019 increased PDA cell killing and led to a dramatic tumor response without altering gemcitabine delivery. The response to FG-3019 correlated with the decreased expression of a previously described promoter of PDA chemotherapy resistance, the X-linked inhibitor of apoptosis protein. Therefore, alterations in survival cues following targeting of tumor microenvironmental factors may play an important role in treatment responses in animal models, and by extension in PDA patients.

[4]

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

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

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

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

[1177/0284185113494982](#)

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

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

**RESUMEN / SUMMARY:** - **BACKGROUND:** Parenchyma-preserving resection for the treatment of benign pancreatic neuroendocrine tumors (NETs) has been tried, and preoperative prediction of benign pancreatic NET is important. Recently, diffusion-weighted imaging (DWI) of abdomen magnetic resonance imaging (MRI) has been used to characterize benign and malignant tumors and DWI might be helpful in prediction of benign pancreatic NETs. **PURPOSE:** To evaluate the value of gadoteric acid-enhanced MRI and DWI in predicting benign pancreatic NETs for determination of parenchyma-preserving resection. **MATERIAL AND METHODS:** Our ethics committee approved this study with a waiver of informed consent given its retrospective design. We searched radiology and pathology databases from November 2010 to July 2012 to identify patients who underwent surgery for pancreatic NETs (<4 cm). Twenty patients in the benign group and 14 patients in the non-benign group were included in this study. Two radiologists analyzed the morphologic features, signal intensity on MR images including DWI (b = 800), and dynamic enhancement pattern of the tumors with consensus. The tumor-to-parenchyma ratio and tumor apparent diffusion coefficients (ADCs) were quantitatively assessed. **RESULTS:** The benign pancreatic NETs were more often round (7/20, 35%) or ovoid (13/20, 65%) in shape and less hypovascular on the arterial phase (3/20, 15%) than were the non-benign pancreatic NETs (1/14, 7.1% and 5/14, 35.8%; 7/14, 50% respectively; P < 0.05). Main pancreatic duct dilatation by tumors was demonstrated only in non-benign pancreatic NETs (4/14, 28.4%; P = 0.021). ADC values and ratios were significantly different between benign pancreatic NETs (mean, 1.48 x 10<sup>-3</sup> mm<sup>2</sup>/sec, 1.11 +/- 0.25, each) and non-benign pancreatic NETs (mean, 1.04 x 10<sup>-3</sup> mm<sup>2</sup>/sec, 0.74 +/- 0.13, each) (P < 0.01). Other qualitative and quantitative analyses between benign and non-benign pancreatic NETs were not significantly different (P > 0.05). **CONCLUSION:** Abdominal MRI with DWI may be useful for differentiating benign pancreatic NETs from non-benign pancreatic NETs, which might be helpful for determination of parenchyma-preserving resection.

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**TÍTULO / TITLE:** - Migratory Activity of CD105+ Pancreatic Cancer Cells Is Strongly Enhanced by Pancreatic Stellate Cells.

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

**REVISTA / JOURNAL:** - Pancreas. 2013 Jul 26.

- Enlace al texto completo (gratis o de pago)

[1097/MPA.0b013e318293e7bd](#)

**AUTORES / AUTHORS:** - Fujiwara K; Ohuchida K; Ohtsuka T; Mizumoto K; Shindo K; Ikenaga N; Cui L; Takahata S; Aishima S; Tanaka M

**INSTITUCIÓN / INSTITUTION:** - From the \*Departments of Surgery and Oncology, Graduate School of Medical Sciences, Kyushu University, Fukuoka; daggerResearch Fellow of the Japan Society for the Promotion of Science, Tokyo; double daggerAdvanced Medical Initiatives, Graduate School of Medical Sciences, Kyushu University, Fukuoka; section signKyushu University Hospital Cancer Center, Fukuoka; parallelDepartment of Anatomic Pathology, Graduate School of Medical Sciences, Kyushu University, Fukuoka; paragraph signPostdoctoral Fellow for Research Abroad, Tokyo, Japan; and #Division of Gastroenterology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA.

**RESUMEN / SUMMARY:** - **OBJECTIVES:** CD105 expression correlates with prognosis for several cancers. However, its significance in pancreatic cancer is unclear. **METHODS:** We analyzed CD105 expression in resected pancreatic cancer tissue and pancreatic cancer cell lines, compared the properties of CD105 and CD105 cells using quantitative RT-PCR and migration assays, and evaluated the relationship between CD105 cells and pancreatic stellate cells (PSCs). **RESULTS:** Immunohistochemistry showed that the frequency of CD105 expression was higher in pancreatic cancer than that in normal tissue (8% vs 0%, respectively). In flow cytometry, CD105 was expressed in pancreatic cancer cells, whereas weak CD105 expression was detected in normal pancreatic ductal epithelial cells. Quantitative RT-PCR showed that E-cadherin mRNA expression was suppressed and vimentin mRNA was overexpressed in CD105 cells ( $P < 0.05$ ). Migration of CD105 cancer cells was strongly enhanced (more than that of CD105 cells) in coculture with PSCs ( $P < 0.05$ ). CD105 expression did not correlate to clinicopathologic characteristics or the Kaplan-Meier survival analysis. **CONCLUSIONS:** Suppression of an epithelial marker and overexpression of a mesenchymal marker suggest that epithelial-mesenchymal transition is induced in CD105 pancreatic cancer cells. CD105 pancreatic cancer cell migration is strongly enhanced by PSCs, suggesting that these cells play a role in the pancreatic cancer microenvironment.

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[5]

**TÍTULO / TITLE:** - Natural history and malignant risk factors of solid pseudopapillary tumors of the pancreas.

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

**REVISTA / JOURNAL:** - Postgrad Med. 2013 Mar;125(2):92-9. doi: 10.3810/pgm.2013.03.2634.

- Enlace al texto completo (gratis o de pago)

[3810/pgm.2013.03.2634](#)

**AUTORES / AUTHORS:** - Park JK; Cho EJ; Ryu JK; Kim YT; Yoon YB

**INSTITUCIÓN / INSTITUTION:** - Department of Internal Medicine, Seoul National University Hospital, Seoul National University College of Medicine, Seoul, Korea. [mdsophie@gmail.com](mailto:mdsophie@gmail.com).

**RESUMEN / SUMMARY:** - Background and Aim: Solid pseudopapillary tumors (SPTs) of the pancreas are unusual neoplasms of uncertain prognosis. Most patients with SPTs have a good prognosis after undergoing surgical resection, but there are rare cases in which a locally infiltrative growth pattern and metastatic variety are exhibited, or recurrence of the disease after surgery occurs; these cases have been reported with very poor clinical outcomes. Our study investigated the natural history of SPTs and delineated the clinicopathologic features that may predict the malignancy potential of the disease. Methods: A total of 100 patients with suspected SPTs were enrolled in our study and 77 patients underwent surgical resection. A resulting 60 tumors were pathologically proven to be SPTs and the affected patients were followed-up regularly after surgery. Clinical and pathologic data for all 100 patients were analyzed. Results: Of the 60 total patients with histologically positive SPTs, 55 (92%) were women and 5 (8%) were men. The median patient age was 34 years (range, 13-77 years). Among the 60 patients, 9 had malignant SPTs and 51 had benign SPTs. Deep parenchymal invasion into the surrounding tissue was the most frequent pathologic feature suggesting malignancy (75%) among the 60 patients who underwent surgical resection. Patient clinicopathologic characteristics and demographic factors were compared between those who had benign SPTs and those who had malignant SPTs. There were no significant differences in the various patient features between the 2 groups, including age, sex, symptoms, tumor size, tumor location, internal tumor composition, pattern of tumor calcification, tumor necrosis, hemorrhage, and immunohistochemical tumor tissue patterns. There were 2 patients who had distant metastasis; 1 presented with distal metastasis in the liver and the other patient had recurrence of cancer with a peritoneal mass after surgery. Metastasectomy was performed on the 2 patients and there was no mortality or disease progression during the follow-up period (median, 143 months; range, 53-319 months). Conclusion: Solid pseudopapillary tumors are low-grade tumors that have a generally good prognosis. However, the clinical development and malignancy potential of SPTs are neither fully understood nor predictable, even with histologically benign tumors. Further investigations in

tumor biology, along with long-term patient follow-up, may provide insight into the disease process and clinical development of SPTs.

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**TÍTULO / TITLE:** - A patient with situs inversus totalis and pancreatic head cancer.

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

**REVISTA / JOURNAL:** - Dig Liver Dis. 2013 Jun 28. pii: S1590-8658(13)00054-6. doi: 10.1016/j.dld.2013.02.003.

●● Enlace al texto completo (gratis o de pago) [1016/j.dld.2013.02.003](#)

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**INSTITUCIÓN / INSTITUTION:** - Department of General Surgery, The Third People's Hospital of Chengdu, The Second Affiliated Hospital of Chengdu, Chongqing Medical University, Chengdu, Sichuan Province, China.

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[6]

**TÍTULO / TITLE:** - Are Radiation Therapy Oncology Group Para-aortic Contouring Guidelines for Pancreatic Neoplasm Applicable to Other Malignancies- Assessment of Nodal Distribution in Gynecological Malignancies.

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

**REVISTA / JOURNAL:** - Int J Radiat Oncol Biol Phys. 2013 Sep 1;87(1):106-10. doi: 10.1016/j.ijrobp.2013.05.034. Epub 2013 Jul 9.

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

[1016/j.ijrobp.2013.05.034](#)

**AUTORES / AUTHORS:** - Kabolizadeh P; Fulay S; Beriwal S

**INSTITUCIÓN / INSTITUTION:** - Department of Radiation Oncology, University of Pittsburgh Cancer Institute, Pittsburgh, Pennsylvania.

**RESUMEN / SUMMARY:** - **PURPOSE:** Intensity modulated radiation therapy is used to reduce dose to adjacent critical structures while maintaining adequate target coverage, but it requires precise target localization. We report the 3-dimensional distribution of para-aortic (PA) lymph nodes (LN) in pelvic malignancies. We propose a guideline to accurately define the PA LN by anatomic landmarks and compare our data with published guidelines for pancreatic cancer. **METHODS AND MATERIALS:** A retrospective analysis was performed on 46 patients with pelvic malignancies and positive PA LNs. Positive LNs were defined based on size and morphology or fluorodeoxyglucose avidity. All PA LNs were characterized into 3 groups based on location: left PA (between aorta and left psoas muscle), aortocaval (between aorta and inferior vena cava), and right paracaval (between inferior vena cava and right psoas muscle). Patients with retrocrural LNs were also analyzed. **RESULTS:** One hundred thirty-three positive PA LNs were evaluated. The majority of the PA LNs were in the left PA (59%) and aortocaval (35) regions, and only 8% were in the right paracaval region. All patients with positive right

paracaval LNs also had involved left PA LNs, with only 1 exception. The highest PA LN involvement was at the level of the renal vessels and was seen in 28% of patients. Of these patients with disease extending to renal vessels, 38% had retrocrural LN involvement. CONCLUSIONS: The nodal contouring for the PA region should not be defined by a fixed circumferential margin around the vessels. The left PA and aortocaval spaces should be covered adequately because these are common locations of PA LNs. For microscopic disease superiorly, contouring should extend up to renal vessels rather than a fixed bony landmark. For patients who have nodal involvement at renal vessels, one can consider including retrocrural LNs. Radiation Therapy Oncology Group Para-aortic Contouring Guidelines for Pancreatic Neoplasm are not applicable to gynecological malignancies.

[7]

**TÍTULO / TITLE:** - Molecularly targeted therapies in metastatic pancreatic cancer: a systematic review.

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

**REVISTA / JOURNAL:** - Pancreas. 2013 Jul;42(5):760-73. doi: 10.1097/MPA.0b013e31827aedef.

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

[1097/MPA.0b013e31827aedef](#)

**AUTORES / AUTHORS:** - Zagouri F; Sergentanis TN; Chrysikos D; Zografos CG; Papadimitriou CA; Dimopoulos MA; Filipits M; Bartsch R

**INSTITUCIÓN / INSTITUTION:** - Comprehensive Cancer Center Vienna, Department of Medicine I, Medical University of Vienna, Vienna, Austria.

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**RESUMEN / SUMMARY:** - Pancreatic cancer is the fourth leading cause of cancer-related death. Most patients present with an advanced stage of disease that has a dismal outcome, with a median survival of approximately 6 months. Evidently, there is a clear need for the development of new agents with novel mechanisms of action in this disease. A number of biological agents modulating different signal transduction pathways are currently in clinical development, inhibiting angiogenesis and targeting epidermal growth factor receptor, cell cycle, matrix metalloproteinases, cyclooxygenase-2, mammalian target of rapamycin, or proteasome. This is the first systematic review of the literature to synthesize all available data coming from trials and evaluate the efficacy and safety of molecular targeted drugs in unresectable and metastatic pancreatic cancer. However, it should be stressed that although multiple agents have been tested, only 9 phase 3 trials have been conducted and one agent (erlotinib) has been approved by the Food and Drug Administration for use in clinical practice. As knowledge accumulates on the molecular mechanisms underlying carcinogenesis in the pancreas, the anticipated development and assessment

of molecularly targeted agents may offer a promising perspective for a disease which, to date, remains incurable.

[8]

**TÍTULO / TITLE:** - Hepatitis B or C viral infection and risk of pancreatic cancer: A meta-analysis of observational studies.

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

**REVISTA / JOURNAL:** - World J Gastroenterol. 2013 Jul 14;19(26):4234-41. doi: 10.3748/wjg.v19.i26.4234.

●● Enlace al texto completo (gratis o de pago) [3748/wjg.v19.i26.4234](#)

**AUTORES / AUTHORS:** - Xu JH; Fu JJ; Wang XL; Zhu JY; Ye XH; Chen SD

**INSTITUCIÓN / INSTITUTION:** - Jian-Hua Xu, Jin-Jian Fu, Department of Pathogen Biology, School of Public Health and Tropical Medicine, Southern Medical University, Guangzhou 510515, Guangdong Province, China.

**RESUMEN / SUMMARY:** - AIM: To investigate if there is an association between hepatitis B virus (HBV) or hepatitis C virus (HCV) infection and the risk of pancreatic cancer. METHODS: All relevant studies published before 11 October, 2012 were identified by a systematic search of MEDLINE, EMBASE, BIOSIS Previews and the Cochrane Library databases and with cross-referencing. The observational studies that reported RR or OR estimates with 95% CIs for the association between HBV or HCV and pancreatic cancer were included. A random-effects model was used to summarize meta-analytic estimates. The Newcastle-Ottawa quality assessment scale was applied to assess the quality of the methodology in the included studies. RESULTS: A total of 8 eligible studies were selected for meta-analysis. Overall, chronic hepatitis B and inactive hepatitis B surface antigen (HBsAg) carrier state (HBsAg positive) had a significantly increased risk of pancreatic cancer with OR of 1.20 (95%CI: 1.01-1.39), especially in the Chinese population (OR = 1.30, 95%CI: 1.05-1.56). Past exposure to HBV (possible occult HBV infection) had an increased OR of pancreatic cancer risk (OR = 1.24, 95%CI: 1.05-1.42), especially among those patients without natural immunity [anti hepatitis B core (HBc) positive/hepatitis B surface antibody (anti HBs) negative], with OR of 1.67 (95%CI: 1.13-2.22). However, past exposure to HBV with natural immunity (anti-HBc positive/anti-HBs positive) had no association with pancreatic cancer development, with OR 0.98 (95%CI: 0.80-1.16), nor did the HBV active replication (hepatitis B e antigen positive status), with OR 0.98 (95%CI: 0.27-1.68). The risk of pancreatic cancer among anti-HBs positive patients was significantly lower than among anti-HBs negative patients (OR = 0.54, 95%CI: 0.46-0.62). Past exposure to HCV also resulted in an increased risk of pancreatic cancer (OR = 1.26, 95%CI: 1.03-1.50). Significant between-study heterogeneity was observed. Evidence of publication bias for HBV/HCV infection-pancreatic cancer association was not found. CONCLUSION: Chronic

HBV and HCV infection increases pancreatic cancer risk. Our findings underscore the need for more studies to confirm this potential relationship.

[9]

**TÍTULO / TITLE:** - Folate intake and pancreatic cancer risk: an overall and dose-response meta-analysis.

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

**REVISTA / JOURNAL:** - Public Health. 2013 Jul;127(7):607-13. doi: 10.1016/j.puhe.2013.04.008. Epub 2013 Jun 14.

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

[1016/j.puhe.2013.04.008](#)

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**RESUMEN / SUMMARY:** - OBJECTIVE: Inconsistent findings of association between supplemental folate consumption and pancreatic cancer risk have been observed in the literature. This study aims to summarize the relationship between folate intake and risk of pancreatic cancer. STUDY DESIGN: Pertinent studies published before November 2011 were identified by searching PubMed and Embase and by reviewing the reference lists of retrieved articles. The summary relative risks were estimated by the random effects model. A linear regression analysis of the natural logarithm of the relative risk (RR) was carried out to assess a possible dose-response relationship between folate intake and pancreatic cancer risk. RESULTS: Ten studies on dietary and supplemental folate intake and pancreatic cancer (4 case-control and 6 cohort studies) were included in the meta-analysis. The pooled RRs of pancreatic cancer for the highest vs lowest categories of dietary folate intake and supplemental folate intake were 0.66 (95% CI: 0.49-0.88) and 1.08 (95% CI, 0.82-1.41), respectively. The dose-response meta-analysis indicated that a 100 mug/day increment in dietary folate intake conferred a RR of 0.93 (95% CI: 0.90-0.97). These findings support the hypothesis that dietary folate may play a protective role in carcinogenesis of pancreatic cancer.

[10]

**TÍTULO / TITLE:** - Tumour-stroma interactions in pancreatic ductal adenocarcinoma: Rationale and current evidence for new therapeutic strategies.

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

**REVISTA / JOURNAL:** - Cancer Treat Rev. 2013 Jul 9. pii: S0305-7372(13)00089-3. doi: 10.1016/j.ctrv.2013.04.004.

●● Enlace al texto completo (gratis o de pago) [1016/j.ctrv.2013.04.004](#)

**AUTORES / AUTHORS:** - Heinemann V; Reni M; Ychou M; Richel DJ; Macarulla T; Ducreux M

**INSTITUCIÓN / INSTITUTION:** - Department of Oncology, Klinikum Grosshadern and Comprehensive Cancer Center, Ludwig-Maximilians-Universität München, Germany.

**RESUMEN / SUMMARY:** - Most patients with pancreatic cancer present with advanced/metastatic disease and have a dismal prognosis. Despite the proven albeit modest benefits of gemcitabine demonstrated over a decade ago, subsequent advances have been slow, suggesting it may be time to take a different approach. It is thought that some key characteristics of pancreatic cancer, such as the desmoplasia, restricted vasculature and hypoxic environment, may prevent the delivery of chemotherapy to the tumour thereby explaining the limited benefits observed to-date. Moreover, there is evidence to suggest that the stroma is not only a mechanical barrier but also constitutes a dynamic compartment of pancreatic tumours that is critically involved in tumour formation, progression and metastasis. Thus, targeting the stroma and the tumour represents a promising therapeutic strategy. Currently, several stroma-targeting agents are entering clinical development. Among these, nab-paclitaxel appears promising since it combines cytotoxic therapy with targeted delivery via its proposed ability to bind SPARC on tumour and stromal cells. Preclinical data indicate that co-treatment with nab-paclitaxel and gemcitabine results in stromal depletion, increased tumour vascularization and intratumoural gemcitabine concentration, and increased tumour regression compared with either agent alone. Phase I/II study data also suggest that a high level of antitumor activity can be achieved with this combination in pancreatic cancer. This was recently confirmed in a Phase III study which showed that nab-paclitaxel plus gemcitabine significantly improved overall survival (HR 0.72) and progression-free survival (HR 0.69) versus gemcitabine alone for the first-line treatment of patients with metastatic pancreatic cancer.

[11]

**TÍTULO / TITLE:** - Diagnostic accuracy of endoscopic ultrasound in pancreatic neuroendocrine tumors: A systematic review and meta analysis.

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

**REVISTA / JOURNAL:** - World J Gastroenterol. 2013 Jun 21;19(23):3678-84. doi: 10.3748/wjg.v19.i23.3678.

●● Enlace al texto completo (gratis o de pago) [3748/wjg.v19.i23.3678](#)

**AUTORES / AUTHORS:** - Puli SR; Kalva N; Bechtold ML; Pamulaparthi SR; Cashman MD; Estes NC; Pearl RH; Volmar FH; Dillon S; Shekleton MF; Forcione D

**INSTITUCIÓN / INSTITUTION:** - Srinivas R Puli, Smitha R Pamulaparthi, Micheal D Cashman, Fritz-Henry Volmar, Sonu Dillon, Michael F Shekleton, Division of

Gastroenterology and Hepatology, University of Illinois Peoria Campus, OSF Saint Francis Medical Center, Peoria, IL 61637, United States.

**RESUMEN / SUMMARY:** - AIM: To detect pancreatic neuroendocrine tumors (PNETs) has been varied. This study is undertaken to evaluate the accuracy of endoscopic ultrasound (EUS) in detecting PNETs. METHODS: Only EUS studies confirmed by surgery or appropriate follow-up were selected. Articles were searched in Medline, Ovid journals, Medline nonindexed citations, and Cochrane Central Register of Controlled Trials and Database of Systematic Reviews. Pooling was conducted by both fixed and random effects model). RESULTS: Initial search identified 2610 reference articles, of these 140 relevant articles were selected and reviewed. Data was extracted from 13 studies (n = 456) which met the inclusion criteria. Pooled sensitivity of EUS in detecting a PNETs was 87.2% (95%CI: 82.2-91.2). EUS had a pooled specificity of 98.0% (95%CI: 94.3-99.6). The positive likelihood ratio of EUS was 11.1 (95%CI: 5.34-22.8) and negative likelihood ratio was 0.17 (95%CI: 0.13-0.24). The diagnostic odds ratio, the odds of having anatomic PNETs in positive as compared to negative EUS studies was 94.7 (95%CI: 37.9-236.1). Begg-Mazumdar bias indicator for publication bias gave a Kendall's tau value of 0.31 (P = 0.16), indication no publication bias. The P for chi(2) heterogeneity for all the pooled accuracy estimates was > 0.10. CONCLUSION: EUS has excellent sensitivity and specificity to detect PNETs. EUS should be strongly considered for evaluation of PNETs.

[12]

**TÍTULO / TITLE:** - Cytologic features of lipid-rich variant of pancreatic endocrine tumor-Report of two cases with literature review.

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

**REVISTA / JOURNAL:** - Diagn Cytopathol. 2013 Jun 8. doi: 10.1002/dc.23009.

●● Enlace al texto completo (gratis o de pago) [1002/dc.23009](#)

**AUTORES / AUTHORS:** - Zhang Z; Lee JG; Gu M

**INSTITUCIÓN / INSTITUTION:** - Department of Pathology & Laboratory Medicine, University of California Irvine Medical Center, Orange, California.

**RESUMEN / SUMMARY:** - Pancreatic endocrine tumor (PET) is an uncommon neoplasm of the pancreas with distinct cytomorphologic features. Lipid-rich PET, a rare variant, histologically deviates from that of a conventional PET. There is only one case report of the cytologic features of this rare entity in the literature. We report two cases of lipid-rich PETs diagnosed by endoscopic ultrasound-guided FNA biopsy. Case 1 showed large aggregates, small clusters, and single cells with plasmacytoid appearance, small uniform nuclei, coarse chromatin, and prominent nucleoli. Abundant distinct small cytoplasmic vacuoles were present in almost all tumor cells and the background was clean. Case 2 showed flat cohesive sheets of medium-sized uniform cells with indistinct plasmacytoid appearance, uniform nuclei, fine and evenly distributed

chromatin, and inconspicuous nucleoli. Distinct small cytoplasmic vacuoles were seen only focally. Immunohistochemical stains in cell blocks of both cases confirmed the diagnosis of PET. Lipid-rich PET may be misinterpreted on cytology specimens if the pathologist is not aware of this rare entity since it mimics clear cell carcinoma of the kidney, adrenal cortical neoplasm, or adenocarcinoma of the pancreas. Diagn. Cytopathol. 2013. © 2013 Wiley Periodicals, Inc.

[13]

**TÍTULO / TITLE:** - Pancreatic cancer. Methods and protocols. Second edition.

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

**REVISTA / JOURNAL:** - Anticancer Res. 2013 Aug;33(8):3521-2.

[14]

**TÍTULO / TITLE:** - Efficacy and safety profile of combining agents against epidermal growth factor receptor or vascular endothelium growth factor receptor with gemcitabine-based chemotherapy in patients with advanced pancreatic cancer: A meta-analysis.

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

**REVISTA / JOURNAL:** - Pancreatology. 2013 Jul-Aug;13(4):415-22. doi: 10.1016/j.pan.2013.04.195. Epub 2013 Apr 28.

●● Enlace al texto completo (gratis o de pago) [1016/j.pan.2013.04.195](http://1016/j.pan.2013.04.195)

**AUTORES / AUTHORS:** - Tian W; Ding W; Kim S; Xu X; Pan M; Chen S

**INSTITUCIÓN / INSTITUTION:** - Department of Oncology, Xinhua Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, No. 1665, Kongjiang Road, Yangpu District, Shanghai 200092, PR China.

**RESUMEN / SUMMARY:** - **OBJECTIVES:** Several clinical trials have been published on gemcitabine-based chemotherapy with or without addition of agents against epidermal growth factor receptor (EGFR) or vascular endothelium growth factor receptor (VEGFR) in patients with advanced pancreatic cancer, however, with diverse results. The objective of this study was to perform a meta-analysis of the published trials. **METHODS:** The database of CENTRAL, MEDLINE and EMBASE were searched. Eligible studies were randomized clinical trials (RCTs) that evaluated the efficacy and safety profile of adding targeted agents against EGFR or VEGFR to gemcitabine-based chemotherapy in patients with advanced pancreatic cancer. The primary outcome was overall survival (OS) while secondary outcomes included progression free survival (PFS) and overall response rate (ORR). Toxicity profiles were also assessed. Review Manager 5.1 was used to perform the analysis. **RESULTS:** Results reported from 6 RCTs involving 2733 patients were included in the analysis. Compared to gemcitabine-based chemotherapy alone, addition of an agent against EGFR resulted in significant longer OS

[Hazard ratios (HR) 0.89 (0.79-0.99), p = 0.04] and longer PFS [HR 0.87 (0.79-0.97), p = 0.01], but no significant difference in ORR [RR 1.18 (0.82-1.70), p = 0.36]. The addition of an agent against VEGFR resulted in higher ORR [RR 1.54 (1.03-2.30), p = 0.04], but no advantage in OS [HR 0.95 (0.83-1.09), p = 0.47] or PFS [HR 0.97 (0.77-1.23), p = 0.82]. CONCLUSIONS: Addition of an agent against EGFR to gemcitabine-based chemotherapy improved OS compared to gemcitabine-based chemotherapy alone in patients with advanced pancreatic cancer, while addition of an agent against VEGFR showed a modest improvement in ORR but not PFS and OS.

[15]

**TÍTULO / TITLE:** - Imaging of indeterminate pancreatic cystic lesions: A systematic review.

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

**REVISTA / JOURNAL:** - Pancreatology. 2013 Jul-Aug;13(4):436-42. doi: 10.1016/j.pan.2013.05.007. Epub 2013 Jun 4.

●● Enlace al texto completo (gratis o de pago) [1016/j.pan.2013.05.007](#)

**AUTORES / AUTHORS:** - Jones MJ; Buchanan AS; Neal CP; Dennison AR; Metcalfe MS; Garcea G

**INSTITUCIÓN / INSTITUTION:** - Department of Hepatobiliary and Pancreatic Surgery, University Hospitals of Leicester, Gwendolen Road, Leicester LE5 4PW, UK. Electronic address: [michaeljamesjones@doctors.org.uk](mailto:michaeljamesjones@doctors.org.uk).

**RESUMEN / SUMMARY:** - BACKGROUND: Pancreatic cystic lesions are an increasing problem and investigation of these cysts can be fraught with difficulty. There is currently no gold standard for diagnosis or surveillance. This review was undertaken to determine the present reliability of the characterisation, assessment of malignant potential and diagnosis of pancreatic cystic lesions using available imaging modalities. METHODS: A Medline search using the terms 'pancreatic', 'pancreas', 'cyst', 'cystic', 'lesions', 'imaging', 'PET', 'CT', 'MRI' and 'EUS' was performed. Publications were screened to include studies examining the performance of CT, MRI, MRCP, EUS and 18-FDG PET in the determination of benign or malignant cysts, cyst morphology and specific diagnoses. RESULTS: Nineteen studies were identified that met the inclusion criteria. 18-FDG PET had a sensitivity and specificity of 57.0-94.0% and 65.0-97.0% and an accuracy of 94% in determining benign versus malignant cysts. CT had a sensitivity and specificity of 36.3-71.4% and 63.9-100% in determining benign disease but had an accuracy of making a specific diagnosis of 39.0-44.7%. MRI had a sensitivity and specificity of 91.4-100.0% and 89.7% in assessing main pancreatic duct communication. CONCLUSION: CT is a good quality initial investigation to be used in conjunction with clinical data. MRCP can add useful information regarding MPD communication but should be used judiciously. PET may have a role in equivocal cases to determine malignancy. Further examination of CT-PET in this patient group is warranted.

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[16]

**TÍTULO / TITLE:** - Cyst carcinoembryonic antigen in differentiating pancreatic cysts: A meta-analysis.

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

**REVISTA / JOURNAL:** - Dig Liver Dis. 2013 Jun 18. pii: S1590-8658(13)00177-1. doi: 10.1016/j.dld.2013.05.002.

●● Enlace al texto completo (gratis o de pago) [1016/j.dld.2013.05.002](#)

**AUTORES / AUTHORS:** - Ngamruengphong S; Bartel MJ; Raimondo M

**INSTITUCIÓN / INSTITUTION:** - Division of Gastroenterology and Hepatology, Mayo Clinic Florida, Jacksonville, FL, USA.

**RESUMEN / SUMMARY:** - BACKGROUND: Using carcinoembryonic antigen in discriminating between benign and malignant disease remains controversial. AIMS: We aim to evaluate the diagnostic accuracy of cyst fluid carcinoembryonic antigen in predicting malignant pancreatic cystic lesions. METHODS: We performed a literature search of MEDLINE and EMBASE. We included studies that compared the diagnostic accuracy of carcinoembryonic antigen with histology. Pooled estimates of diagnostic precision were calculated using random-effects models. RESULTS: Eight studies (504 patients) were included. The carcinoembryonic antigen cutoff level for determining a malignant cyst ranged from 109.9 to 6000ng/mL. Pooled estimates of carcinoembryonic antigen in malignant cysts prediction were poor: pooled sensitivity of 63%, pooled specificity of 63%. The positive likelihood ratio was 1.89 and the negative likelihood ratio was 0.62. The diagnostic odds ratio was 3.84. The area under the summary receiver-operating characteristic curve was 0.70. In subgroup analysis of patients with mucinous cysts (mucinous cystic neoplasm and intraductal papillary mucinous neoplasm; 5 studies, 227 patients), pooled sensitivity was 65%, pooled specificity 66% and diagnostic odds ratio 4.74 respectively. CONCLUSION: This meta-analysis suggests that the accuracy of carcinoembryonic antigen in differentiating “between benign and malignant” pancreatic cysts was poor. The decision to perform surgical resection for pancreatic cystic lesions should not be based solely on carcinoembryonic antigen level.

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[17]

**TÍTULO / TITLE:** - Role of resection of the primary pancreatic neuroendocrine tumor in the multidisciplinary treatment of patients with unresectable synchronous liver metastases: a case series.

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

**REVISTA / JOURNAL:** - JOP. 2013 Jul 10;14(4):415-22. doi: 10.6092/1590-8577/1291.

**AUTORES / AUTHORS:** - Kondo NI; Ikeda Y; Maehara S; Sugimoto R; Nishiyama K; Sakaguchi Y

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**RESUMEN / SUMMARY:** - CONTEXT: Liver metastases have often existed in patients who have pancreatic neuroendocrine tumors (pNETs) at the time of diagnosis. In the management of patients of pNETs with unresectable liver metastases, the clinical efficacy of surgery to primary pancreatic tumor has been controversial. We presented four patients who were treated with resection of primary pancreatic tumor, trans-arterial hepatic treatment and systemic therapies. We reviewed literatures and discussed about role of resection of primary pancreatic tumor in the multidisciplinary treatment. METHODS: We retrieved medical records of patients who had been histopathologically diagnosed as pNETs at our institution between April 2000 and March 2006, and found 4 patients who had pNETs with unresectable synchronous liver metastases and no extrahepatic metastases. All patients received resection of primary tumor. Patients' demographics, pathology, treatment, short- and long-term outcome were examined. RESULTS: In short-term outcome analysis, delayed gastric emptying was developed in one patient who received pancreaticoduodenectomy. There were no other significant postoperative complications. As for long-term outcome, two patients who received distal pancreatectomy, sequential trans-arterial treatments and systemic therapies could survive for long time relatively. They died 92 and 73 months after the first treatment, respectively. One patient who received distal pancreatectomy and trans-arterial treatment died from unrelated disease 14 months after the first treatment. Another patient who received preoperative trans-arterial treatments and pancreaticoduodenectomy rejected postoperative trans-arterial treatment, was treated with systemic therapies and died 37 months after the initial treatment. CONCLUSIONS: Resection of primary pNETs would be considered as an optional treatment for the selected patients who had unresectable synchronous liver metastases in the process of the multidisciplinary approach.

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**TÍTULO / TITLE:** - A proteomic comparison of formalin-fixed paraffin-embedded pancreatic tissue from autoimmune pancreatitis, chronic pancreatitis, and pancreatic cancer.

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

**REVISTA / JOURNAL:** - JOP. 2013 Jul 10;14(4):405-14. doi: 10.6092/1590-8577/1508.

**AUTORES / AUTHORS:** - Paulo JA; Kadiyala V; Brizard S; Banks PA; Steen H; Conwell DL

**INSTITUCIÓN / INSTITUTION:** - Center for Pancreatic Disease, Division of Gastroenterology, Hepatology and Endoscopy, Brigham and Women's Hospital

and Department of Medicine, Harvard Medical School. Boston, MA, USA.  
[dconwell@partners.org](mailto:dconwell@partners.org).

**RESUMEN / SUMMARY:** - CONTEXT: Formalin-fixed paraffin-embedded (FFPE) tissue is a standard for specimen preservation, and as such FFPE tissue banks are an untapped resource of histologically-characterized specimens for retrospective biomarker investigation for pancreatic disease. OBJECTIVES: We use liquid chromatography coupled with tandem mass spectrometry (LC-MS/MS) to compare FFPE specimens from three different diseases of the exocrine pancreas. DESIGN: We investigated the proteomic profile of FFPE pancreatic tissue from 9 archived specimens that were histologically classified as: autoimmune pancreatitis (n=3), chronic pancreatitis (n=3), and pancreatic cancer (n=3), using LC-MS/MS. SETTING: This is a proteomic analysis experiment of FFPE pancreatic tissue in an academic center. PATIENTS: FFPE tissue specimens were provided by Dana-Farber/Harvard Cancer Center (Boston, MA, USA). INTERVENTIONS: FFPE tissue specimens were collected via routine surgical resection procedures. MAIN OUTCOME MEASURES: We compared proteins identified from chronic pancreatitis, autoimmune pancreatitis, and pancreatic cancer FFPE pancreatic tissue. RESULTS: We identified 386 non-redundant proteins from 9 specimens. Following our filtering criteria, 73, 29, and 53 proteins were identified exclusively in autoimmune pancreatitis, chronic pancreatitis, and pancreatic cancer specimens, respectively. CONCLUSIONS: We report that differentially-expressed proteins can be identified among FFPE tissues specimens originating from individuals with different histological diagnoses. These proteins merit further confirmation with a greater number of specimens and orthogonal validation, such as immunohistochemistry. The mass spectrometry-based methodology used herein has the potential to enhance diagnostic biomarker and therapeutic target discovery, further advancing pancreatic research.

[18]

**TÍTULO / TITLE:** - Pancreatic schwannoma: A case report and review of literature.

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

**REVISTA / JOURNAL:** - J Med Assoc Thai. 2013 Jan;96(1):112-6.

**AUTORES / AUTHORS:** - Poosawang W; Kiatkungwankai P

**INSTITUCIÓN / INSTITUTION:** - Department of Surgery, Samutsakhon Hospital, Samutsakhon, Thailand. [boon8281@hotmail.com](mailto:boon8281@hotmail.com)

**RESUMEN / SUMMARY:** - Pancreatic schwannoma is an extremely rare neoplasm, derived from Schwann cells that line the nerve sheaths. It is also referred to as neurilemmoma. The authors report a case of a 46-year-old Thai female who presented with dyspepsia, weight loss and epigastric mass. An examination by ultrasonography and computed tomography (CT) scan revealed a septated cystic tumor in the pancreatic head, 5.8x5.5x5.3 cm in size. Pancreaticoduodenectomy was performed to remove this tumor. A microscopic

examination identified proliferating spindle cells that are consistent with neurilemmoma (schwannoma). No complications were found after the operation. At 18-month follow-up, the patient remains asymptomatic and has no signs of recurrence.

[19]

**TÍTULO / TITLE:** - The frequency and cancer risk associated with the atypical cytologic diagnostic category in endoscopic ultrasound-guided fine-needle aspiration specimens of solid pancreatic lesions: A meta-analysis and argument for a Bethesda system for reporting cytopathology of the pancreas.

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

**REVISTA / JOURNAL:** - Cancer Cytopathol. 2013 Jul 23. doi: 10.1002/cncy.21337.

●● Enlace al texto completo (gratis o de pago) [1002/cncy.21337](#)

**AUTORES / AUTHORS:** - Abdelgawwad MS; Alston E; Eltoum IA

**INSTITUCIÓN / INSTITUTION:** - Department of Pathology, University of Alabama at Birmingham School of Medicine, Birmingham, Alabama.

**RESUMEN / SUMMARY:** - BACKGROUND: The atypical cytologic diagnostic category is ambiguous and presents a management problem for pathologists and clinicians. This meta-analysis reviewed the frequency and cancer risk associated with atypical diagnoses in endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) specimens of solid pancreatic lesions. METHODS: PubMed and Scopus were searched using the keywords “EUS-FNA” and “pancreas.” Articles were screened focusing on studies of solid lesions. Studies with information regarding the frequency and outcomes of atypical diagnoses were included; the “suspicious” category was excluded from the analysis. The frequency of atypical diagnoses and the associated risk were calculated using the Comprehensive Meta-Analysis software. The authors assessed whether the following factors explained the heterogeneity of the studies: rapid on-site interpretation; type of reference standard; the study type, size, and site; and the frequency of inadequate, atypical, and positive categories. RESULTS: A total of 23 studies with complete data regarding atypical diagnoses were identified, 12 of which had complete data available regarding outcomes. The frequency of the atypical category ranged from 1% to 14% (mean, 5.3%; 95% confidence interval, 4.1%-6.9%). The risk of malignancy associated with an atypical diagnosis ranged from 25% to 100% (mean, 58%; 95% confidence interval, 47%-69%). There was significant heterogeneity noted among the studies (I-squared, 62%; P = .0004). The frequency of the atypical category and its associated risk were found to be correlated only with the frequency of the specimens being positive for malignancy. CONCLUSIONS: The rate of atypical diagnoses of the pancreas is similar to that of the thyroid but the risk of malignancy is higher. Significant heterogeneity exists among the studies reporting atypical diagnoses. There is a need for standardization of the

reporting and management of atypical diagnoses in EUS-FNA specimens from the pancreas. Cancer (Cancer Cytopathol) 2013. © 2013 American Cancer Society.

[20]

**TÍTULO / TITLE:** - Guidelines for biomarker testing in gastroenteropancreatic neuroendocrine neoplasms: a national consensus of the Spanish Society of Pathology and the Spanish Society of Medical Oncology.

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

**REVISTA / JOURNAL:** - Clin Transl Oncol. 2013 Jun 8.

●● Enlace al texto completo (gratis o de pago) [1007/s12094-013-1062-](#)

[9](#)

**AUTORES / AUTHORS:** - Garcia-Carbonero R; Vilardell F; Jimenez-Fonseca P; Gonzalez-Campora R; Gonzalez E; Cuatrecasas M; Capdevila J; Aranda I; Barriuso J; Matias-Guiu X

**INSTITUCIÓN / INSTITUTION:** - Medical Oncology Department, Virgen del Rocio University Hospital, Biomedicine Institute of Sevilla (IBIS) [University of Sevilla, CSIC, HUVR], Avenida Manuel Siurot, S/N, 41013, Seville, España, [rgcarbonero@gmail.com](mailto:rgcarbonero@gmail.com).

**RESUMEN / SUMMARY:** - The annual incidence of neuroendocrine tumours in the Caucasian population ranges from 2.5 to 5 new cases per 100,000 inhabitants. Gastroenteropancreatic neuroendocrine tumours is a family of neoplasms widely variable in terms of anatomical location, hormone composition, clinical syndromes they cause and in their biological behaviour. This high complexity and clinical heterogeneity, together with the known difficulty of predicting their behaviour from their pathological features, are reflected in the many classifications that have been developed over the years in this field. This article reviews the main tissue and clinical biomarkers and makes recommendations for their use in medical practice. This document represents a consensus reached jointly by the Spanish Society of Medical Oncology (SEOM) and the Spanish Society of Pathology (SEAP).

[21]

**TÍTULO / TITLE:** - Combined laparoscopic cholecystectomy and drainage of pancreatic pseudocyst: a case report and review of current management.

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

**REVISTA / JOURNAL:** - Med J Malaysia. 2013 Jun;68(3):273-4.

**AUTORES / AUTHORS:** - Asri CJ; Jasni H; Ruzaimie MN; Kong CF; Nur Fatin ZA

**INSTITUCIÓN / INSTITUTION:** - Kuala Krai Hospital, Department of General Surgery, Kuala Krai 18000 Kelantan, Malaysia. [asricj@yahoo.com](mailto:asricj@yahoo.com).

**RESUMEN / SUMMARY:** - Pancreatic pseudocyst is a well recognized complication of acute or chronic pancreatitis. Active treatment (surgical or endoscopic) has been recommended if the pseudocyst persists for more than 6 weeks after the diagnosis. Open trans-abdominal drainage was initially the

mainstay treatment for it. However, over the past decade, laparoscopic techniques have been developed to provide patient with minimal access alternative. We report a case of a large symptomatic pseudocyst which developed following attack of severe gallstone pancreatitis. Laparoscopic cholecystectomy and cysto-gastrostomy were done at the same sitting. The operative technique is briefly explained.

[22]

**TÍTULO / TITLE:** - Cutaneous metastasis of pancreatic adenocarcinoma as a first clinical manifestation: a case report and review of the literature.

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

**REVISTA / JOURNAL:** - Gastrointest Cancer Res. 2013 Mar;6(2):61-3.

**AUTORES / AUTHORS:** - Bdeiri K; Kamar FG

**INSTITUCIÓN / INSTITUTION:** - Bellevue Medical Center Beirut, Lebanon ;  
Universite Saint Joseph Beirut, Lebanon.

[23]

**TÍTULO / TITLE:** - Mucoepidermoid carcinoma of the pancreas: a case report and a review of literature.

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

**REVISTA / JOURNAL:** - J Res Med Sci. 2012 Sep;17(9):886-9.

**AUTORES / AUTHORS:** - Ma R; Yu YQ; Li JT; Peng SY

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

**RESUMEN / SUMMARY:** - Mucoepidermoid carcinoma of the pancreas is rare. Here, a 63-year-old woman with left upper abdominal pain and abdominal distension is presented. Her mucoepidermoid carcinoma was located at the left upper abdomen, arising from the pancreatic body and tail without invasion of pancreatic capsule. On pathologic examination, the tumor consisted of three types of cells, the majority being poorly differentiated adenocarcinoma cells with mucin products in their cytoplasm, and some moderately differentiated adenocarcinoma with a tendency to form ducts. In addition, there were epidermoid cells and intermediate undifferentiated cells. She survived for 12 months after surgery.

[24]

**TÍTULO / TITLE:** - Rare coexistence of metastatic neuroblastoma of liver and solid pseudo papillary tumor of pancreas: case report and literature review.

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

**REVISTA / JOURNAL:** - J Cancer Res Ther. 2013 Apr-Jun;9(2):308-10. doi: 10.4103/0973-1482.113402.

●● Enlace al texto completo (gratis o de pago) [4103/0973-1482.113402](#)

**AUTORES / AUTHORS:** - Zhang J; Liu Y; Bao P; Wang Y; Zhang Y

**INSTITUCIÓN / INSTITUTION:** - Department of Pediatric Surgery, West China Hospital, Sichuan University, Chengdu, Sichuan 610041, China.

**RESUMEN / SUMMARY:** - Neuroblastoma is the second most common malignant solid tumor in children, and often metastasizes to liver, most notably in patients with stage 4S tumors. Solid pseudopapillary tumor of the pancreas (SPT) is a pancreatic borderline tumor with low malignant potential. Coexistence of these two tumors in one patient has never been reported before. Hereby, we present a case of an 8-month-old infant with coexisting tumors of SPT and metastatic neuroblastoma of liver. Dysdifferentiation of neural crest might be responsible for histogenesis of the coexisting tumors.

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[25]

**TÍTULO / TITLE:** - Hepatoid variant of pancreatic cancer: insights from a case and literature review.

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

**REVISTA / JOURNAL:** - JOP. 2013 Jul 10;14(4):442-5. doi: 10.6092/1590-8577/1476.

**AUTORES / AUTHORS:** - Majumder S; Dasanu CA

**INSTITUCIÓN / INSTITUTION:** - Department of Internal Medicine, University of Connecticut. Farmington, CT, USA. [smajumder@resident.uchc.edu](mailto:smajumder@resident.uchc.edu).

**RESUMEN / SUMMARY:** - CONTEXT: "Hepatoid" cancer refers to an extrahepatic neoplasm with hepatocellular differentiation. The stomach is the most common site and pancreatic origin is distinctly uncommon. CASE REPORT: We describe a patient with hepatoid pancreatic tumor who presented with inoperable metastatic disease. CONCLUSION: Serum levels or tissue staining with alpha-fetoprotein (AFP) may not be a reliable tumor marker in these cases and an experienced pathologist and appropriate immunohistochemical staining are essential for early diagnosis. This report incorporates a comprehensive literature review outlining the clinical presentation, diagnostic difficulties, management and outcomes associated with this rare pathological entity.

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[26]

**TÍTULO / TITLE:** - Extrapancreatic solid pseudopapillary neoplasm: Report of a case of primary retroperitoneal origin and review of the literature.

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

**REVISTA / JOURNAL:** - Oncol Lett. 2013 May;5(5):1501-1504. Epub 2013 Mar 11.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1242](#)

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**RESUMEN / SUMMARY:** - Solid pseudopapillary tumors (SPTs) occurring as primary tumors outside the pancreas are exceedingly rare. The present study

reports such a case occurring as a non-functional adrenal tumor in a 22-year-old female. The tumor was completely removed from the retroperitoneum by laparoscopic surgery. A well-defined, encapsulated tumor measuring 6x6x5 cm was histologically characterized by a combination of the solid and pseudopapillary growth patterns of tumor cells with eosinophilic cytoplasm. Ectopic pancreatic tissue was also found histologically within the resected tumor. On immunostaining, the tumor was positive for progesterone receptor, CD56, cytokeratin and CD10. The morphological and immunohistochemical features were compatible with those of SPT. To the best of our knowledge, this is the first case report of extrapancreatic SPT with evidence of a pre-existing ectopic pancreas in the retroperitoneum. A review of the published English literature uncovered 12 cases of extrapancreatic SPTs, and revealed that extrapancreatic SPTs are likely to have a favorable clinical course and a clinical profile similar to their pancreatic counterparts.

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**TÍTULO / TITLE:** - Von Hippel-Lindau and myotonic dystrophy of Steinert along with pancreatic neuroendocrine tumor and renal clear cell carcinomal neoplasm: Case report and review of the literature.

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

**REVISTA / JOURNAL:** - Int J Surg Case Rep. 2013;4(8):648-50. doi: 10.1016/j.ijscr.2013.03.004. Epub 2013 Mar 29.

●● Enlace al texto completo (gratis o de pago) [1016/j.ijscr.2013.03.004](#)

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**RESUMEN / SUMMARY:** - INTRODUCTION: Myotonic dystrophy of Steinert, DM1, is the most common adult muscular dystrophy and generally is not associated to development on multiple site neoplasm. Von Hippel-Lindau (VHL) disease is a dominantly inherited familial cancer syndrome that is associated to tumors such as hemangioblastoma of the retina or central nervous system, clear-cell renal carcinoma (RCC) and endocrine tumors, most commonly pheochromocytoma and non-secretory pancreatic islet cell cancers. No data exist in literature describing the coexistence of both DM1 and VHL.

**PRESENTATION OF CASE:** Herein we report a case of renal and pancreatic neoplasm in a young adult female affected by DM1 and VHL simultaneously.

**DISCUSSION:** DM1 is due to an unstable trinucleotide (CTG) expansion in the 30 untranslated region of the dystrophin myotonia-protein kinase (DMPK) gene, located on chromosome 19q13.3. Several molecular mechanisms thought to be determining the classical DM phenotype have been shown. VHL disease is characterized by marked phenotypic variability and the most common tumors are hemangioblastomas of the retina or central nervous system, clear-cell renal carcinoma (RCC) and endocrine tumors, most commonly pheochromocytoma and non-secretory pancreatic islet cell cancers. The pancreatic manifestations

seen in patients with VHL disease are divided into 2 categories: pancreatic neuroendocrine tumor (PNET) as solid tumors, and cystic lesions, including a simple cyst and serous cystadenoma. The surgical approach for these cystic lesions is to consider as golden standard. Blansfield has proposed 3 criteria to predict metastatic disease of PNET in patients with VHL disease: (1) tumor size greater than or equal to 3cm; (2) presence of a mutation in exon 3; and (3) tumor doubling time less than 500d. If the patient has none of these criteria the patient could be followed with physical examination and radiological surveillance on a 2/3 years base.(4) If the patient has 1 criterion, the patient should be followed more closely every 6 months to 1 year. If the patient has 2 or 3 criteria, the patient should be considered for surgery given the high risk of future malignancy. Our patient owned only one criterion but in presence of a second malignant tumor. Our hypothesis for this rare findings is that both DM and VHL might be derived from genetic aberration and these might be linked to a major cancer susceptibility. As far as we know this is the first confirmed case of RCC and neuroendocrine pancreatic cancer occurring concurrently with VHL and, at the same time, DM1. According to this case report and the literature data a VHL should be ruled out in the presence of RCC presenting along with pancreatic cysts/tumor. CONCLUSION: As far as we know this is the first confirmed case of RCC and neuroendocrine pancreatic cancer occurring concurrently with VHL and, at the same time, DM1. Our hypothesis for the unusual findings is that both DM and VHL derived from genetic aberration and these are linked to a major cancer susceptibility.

[28]

**TÍTULO / TITLE:** - Endoscopic ultrasonography for pancreatic cancer: current and future perspectives.

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

**REVISTA / JOURNAL:** - J Gastrointest Oncol. 2013 Jun;4(2):220-30. doi: 10.3978/j.issn.2078-6891.2013.002.

●● Enlace al texto completo (gratis o de pago) [3978/j.issn.2078-6891.2013.002](#)

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**RESUMEN / SUMMARY:** - A suspected pancreatic lesion can be a difficult challenge for the clinician. In the last years we have witnessed tumultuous technological improvements of the radiological and nuclear medicine imaging. Taking this into account, we will try to delineate the new role of endoscopic ultrasound (EUS) in pancreatic imaging and to place it in a shareable diagnostic and staging algorithm of pancreatic cancer (PC). To date the most accurate imaging techniques for the PC remain contrast-enhanced computed tomography (CT) and EUS. The latter has the highest accuracy in detecting

small lesions, in assessing tumor size and lymph nodes involvement, but helical CT or an up-to-date magnetic resonance imaging (MRI) must be the first choice in patients with a suspected pancreatic lesion. After this first step there is place for EUS as a second diagnostic level in several cases: negative results on CT/MRI scans and persistent strong clinical suspicion of PC, doubtful results on CT/MRI scans or need for cyto-histological confirmation. In the near future there will be great opportunities for the development of diagnostic and therapeutic EUS and pancreatic pathology could be the best testing bench.

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