

#15#

Revisiones (todas) *** Reviews (all)

Urological tumors.

Julio - Agosto 2013 / July - August 2013

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[1]

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

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

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

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

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

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

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

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

TÍTULO / TITLE: - Interaction of CCN1 with α v β 3 integrin induces P-glycoprotein and confers vinblastine resistance in renal cell carcinoma cells.

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

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

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

[1097/CAD.0b013e328363046d](#)

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

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

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

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

[2]

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

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

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

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

[1177/1099800413490228](#)

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

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

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

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

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

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

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

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

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

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

[3]

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

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

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

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

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

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

RESUMEN / SUMMARY: - **OBJECTIVES:** To evaluate the influence of preservation of the muscular internal sphincter and proximal urethra on continence recovery after radical prostatectomy. **METHODS:** This was a prospective single-center, case-control study. A total of 40 consecutive patients with organ-confined prostate cancer were submitted to radical prostatectomy with the preservation of the muscular internal sphincter and the proximal urethra (group 1), and their outcomes were compared with those of 40 patients submitted to a standard procedure (group 2). Continence rates were assessed using a self-administrated questionnaire at 3, 7 and 30 days, and 3 and 12 months after removal of the catheter. **RESULTS:** Group 1 had a faster recovery of early continence than group 2 at day 3 (45% vs 22%; $P = 0.029$) and at day 7 (75% vs 50%; $P = 0.018$). Considering the number of pads, group 1 had a faster recovery of continence at 3, 7 and 30 days, and also had less incidence of severe incontinence. There was no statistically significant difference in terms of continence at 3 and 12 months among the two groups. Multivariate logistic regression analysis showed that surgical technique and young age were significantly associated with earlier time to continence at 3 and 7 days. The two groups had no significant differences in terms of surgical margins. **CONCLUSIONS:** Our modified technique of radical retropubic prostatectomy with preservation of the smooth muscular internal sphincter, as well as of the proximal urethra during bladder neck dissection, results in a significantly increased urinary continence at 3, 7 and 30 days after catheter removal, with a minor incidence of severe incontinence. The technique is also oncologically safe, and it does not increase the operative duration of the procedure.

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

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

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

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

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

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

RESUMEN / SUMMARY: - **AIMS:** Tumour-associated macrophages (TAM) have been reported to be regulators of progression in various human cancers. We evaluated the prognostic relevance of TAM in a large series of patients with papillary renal cell carcinoma (PRCC). **METHODS AND RESULTS:** The impact of TAM on cancer-specific survival (CSS) in 177 patients with PRCC was

assessed using the Kaplan-Meier method and log-rank test. A multivariate Cox regression analysis was performed with respect to CSS. The presence of TAM was noted in 112 of 177 (63%) tumours and was associated statistically significantly with favourable pathological parameters, including low pathological T stage, node-negative tumours, low tumour grade, absence of vascular invasion and papillary subtype (all $P < 0.05$), respectively. Five-year CSS probabilities for patients with TAM-positive tumours were 93.5%, compared with 72.5% in patients with TAM-negative tumours, respectively ($P < 0.001$). Multivariate analysis revealed node-positive tumours, distant metastases and UICC stage (I versus II-IV) as independent predictors of death from PRCC, whereas the presence of TAM was associated independently with favourable outcome (hazard ratio = 0.45, 95% confidence interval 0.24-0.84, $P = 0.012$). CONCLUSIONS: The presence of TAM was shown independently to reduce the risk of death from cancer by 55%. The presence of TAM should therefore become part of routine pathology reporting in PRCC.

[4]

TÍTULO / TITLE: - A systematic review regarding the association of illness perception and survival among end-stage renal disease patients.

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

REVISTA / JOURNAL: - Nephrol Dial Transplant. 2013 Jun 4.

●● Enlace al texto completo (gratis o de pago) [1093/ndt/gft194](#)

AUTORES / AUTHORS: - Parfeni M; Nistor I; Covic A

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, University Hospital 'Dr C.I. Parhon', Iasi, Romania.

RESUMEN / SUMMARY: - BACKGROUND: End-stage renal disease (ESRD) patients have increased mortality and morbidity. According to Leventhal's self-regulation model, these patients mentally develop illness representations and coping strategies in order to better understand their condition. Mental representations seem to be an important factor for clinical and psychosocial outcomes. We aimed to systematically review all available data regarding the association between illness perception and survival/mortality among ESRD patients receiving dialysis treatment. METHODS: This is a systematic review of prospective observational studies, evaluating illness perception and its association with survival/mortality in ESRD dialysis stage patients. We searched CENTRAL in the Cochrane Library until August 2012, MEDLINE from 1950, EMBASE from 1980, PsychINFO from 1967 and additional sources to identify all records evaluating illness perception and clinical outcomes in this population. Two authors assessed potential citations for eligibility and quality and extracted all data. The studied intervention was the application of the most commonly used questionnaires for assessing illness perception. The main outcomes were survival and mortality. RESULTS: We identified five studies evaluating the relationship between illness perception and survival/mortality in ESRD patients

receiving dialysis treatment. All included studies were prospective observational ones. Four studies showed that a negative perception of illness is associated with increased risk of death and one study failed to find any association between illness perception and mortality. This is the first systematic search that analysed the existing data showing an association between illness representation and survival/mortality among these patients. The main limitation of this review includes the design of the included studies (prospective observational studies without a non-exposed control group). **CONCLUSIONS:** This study implies that patient's outcome may be improved by changes in illness perception and designing appropriate interventions. We conclude that these findings constitute an important indication for future research in this field (high-quality randomized trials) and for future implementation of effective interventions that could improve this patients' outcome.

[5]

TÍTULO / TITLE: - Statin use and risk of kidney cancer: a meta-analysis of observational studies and randomized trials.

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

REVISTA / JOURNAL: - Br J Clin Pharmacol. 2013 Jul 23. doi: 10.1111/bcp.12210.

●● Enlace al texto completo (gratis o de pago) 1111/bcp.12210

AUTORES / AUTHORS: - Zhang XL; Liu M; Qian J; Zheng JH; Zhang XP; Guo CC; Geng J; Peng B; Che JP; Wu Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Shanghai Tenth People's Hospital, Tongji University, Shanghai, China; Department of First Clinical Medical College, Nanjing Medical University, Nanjing, Jiangsu, China.

RESUMEN / SUMMARY: - AIM: Clinical studies have shown that statin use may modify the risk of kidney cancer. However, these studies yielded different results. To quantify the association between statin use and risk of kidney cancer, we performed a detailed meta-analysis of published studies regarding this subject. METHODS: A literature search was carried out using MEDLINE, EMBASE and COCHRANE database between January 1966 and October 2012. Prior to performing a meta-analysis, the studies were evaluated for publication bias and heterogeneity. Fixed-effect and random-effect models were used to estimate summary relative risks(RR) and the corresponding 95% confidence intervals(CIs). Subgroup analyses and sensitivity analysis were also performed. RESULTS: A total of 12 (two randomized controlled trials, five cohort, and five case-control) studies contributed to the analysis. There was heterogeneity among the studies but no evidence of publication bias. Pooled results indicated a non-significant decrease of total kidney cancer risk among all statin users (RR = 0.92, 95% CI [0.71, 1.19]). Long-term statin use did not significantly affect the risk of total kidney cancer(RR = 1.01, 95% CI [0.83 , 1.22]). In our subgroup analyses, the results were not substantially affected by

study design, confounder adjustment, and sex. Furthermore, sensitivity analysis confirmed the stability of results. CONCLUSION: The findings of this meta-analysis, suggested that there was no association between statin use and risk of kidney cancer. More studies, especially randomized controlled trials and high quality cohort studies with larger sample size, well controlled confounding factors are needed to confirm this association in the future.

[6]

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

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

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

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

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

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

RESUMEN / SUMMARY: - OBJECTIVE: To investigate if detection of copy number aberrations of chromosomes 3, 7, 9p21, and 17 using multicolour fluorescence in situ hybridization (FISH) predicts patient outcome in non-muscle-invasive bladder cancer (NMIBC). PATIENTS AND METHODS: In all, 118 bladder wash samples were prospectively collected from patients who underwent transurethral resection of bladder tumour (median age 50.5 years, male/female: 91/27, tumour grade 1/2/3: 18/52/42, stage pTis/Ta/T1: 8/62/42) from 2007 to 2010. The 118 samples were analysed using the UroVysion® kit to detect the copy numbers of chromosomes 3, 7, 9p21, and 17. The variant fraction (VF; the sum of the non-modal copy number fraction of each chromosome) was defined as abnormal when the percentage was $\geq 16\%$. The percentage deletion of 9p21 (fraction of null or one copy number of the 9p21 locus) was defined as abnormal when the percentage was $\geq 12\%$. Maffezzini risk criteria were also analysed in our cohorts. RESULTS: There was recurrence in 57 (48.3%) patients and disease progression in 12 (10.1%), with a median follow-up of 35.7 months. Multivariate analysis showed that the percentage 9p21 loss ($>12\%$) was an independent prognostic factor for recurrence ($P < 0.001$, odds ratio [OR] 3.24, 95% confidence interval [CI] 1.85-5.62). For disease progression, tumour grade, positive urine cytology, concurrent carcinoma in situ, and a mean VF of $>16\%$ were significant prognostic factors in univariate analysis. In multivariate analysis, a mean VF of $>16\%$ was a prognostic factor for disease progression ($P = 0.048$, OR 6.07, 95% CI 1.02-57.45). CONCLUSIONS: Multicolour-FISH analysis using a commercially available kit could be a powerful tool not only for diagnosis, but also for prognostication in patients with NMIBC.

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

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

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

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

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

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

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

[7]

TÍTULO / TITLE: - Immediate Post-Transurethral Resection of Bladder Tumor Intravesical Chemotherapy Prevents Non-Muscle-invasive Bladder Cancer Recurrences: An Updated Meta-analysis on 2548 Patients and Quality-of-Evidence Review.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Sep;64(3):421-30. doi: 10.1016/j.eururo.2013.06.009. Epub 2013 Jun 19.

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

[1016/j.eururo.2013.06.009](#)

AUTORES / AUTHORS: - Perlis N; Zlotta AR; Beyene J; Finelli A; Fleshner NE; Kulkarni GS

INSTITUCIÓN / INSTITUTION: - University Health Network, Toronto, Ontario, Canada; University of Toronto, Department of Surgery, Division of Urology, Toronto, Ontario, Canada; Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Ontario, Canada. Electronic address: Nathan.perlis@utoronto.ca.

RESUMEN / SUMMARY: - **CONTEXT:** Non-muscle-invasive bladder cancer (NMIBC) commonly recurs, requiring invasive and costly transurethral resection of bladder tumor (TURBT). A meta-analysis of seven trials published in 2004 demonstrated that intravesical chemotherapy (IVC) following TURBT reduces recurrences. Despite European Association of Urology endorsement, adoption of this practice has been modest. **OBJECTIVE:** To investigate whether immediate postoperative IVC prolongs the recurrence-free interval (RFI) and early recurrences (ERs) in light of new trial data and to explore the quality of evidence supporting its use. **EVIDENCE ACQUISITION:** A systematic literature review of random controlled trials (RCTs) published before March 2013 was performed using the Medline, Embase, and Cochrane databases. Trials examining NMIBC recurrence for adults receiving IVC immediately following TURBT were included. RFI was estimated by hazard ratio (HR), and ER was estimated by absolute risk reduction (ARR) of recurrences within 1 yr of TURBT. Both outcomes were synthesized using random-effects models. Risk of bias was assessed using the Cochrane Collaboration risk-of-bias tool, and quality of evidence for each outcome was assessed using the Grading of Recommendations, Assessment, Development, and Evaluation system. **EVIDENCE SYNTHESIS:** Thirteen studies with 2548 patients were included. IVC prolonged RFI by 38% (HR: 0.62; 95% confidence interval [CI], 0.50-0.77; $p < 0.001$; $I(2)$: 69%), and ERs were 12% less likely in the intervention population (ARR: 0.12; 95% CI, -0.18 to -0.06; $p < 0.001$, $I(2)$: 0%). The number needed to treat to prevent one ER was 9 (95% CI, 6-17 patients). There was high risk of bias present in 12 of 13 publications. Quality of evidence for RFI was very low and low for ERs. **CONCLUSIONS:** Our updated meta-analysis supports that IVC prolongs RFI and reduces ERs of NMIBC when administered immediately after TURBT. However, contemporary methodology suggests low evidence quality for examined outcomes. Thus RCTs with careful randomization and blinding are still warranted to clarify the usefulness of immediate postoperative IVC in this population.

[8]

TÍTULO / TITLE: - Ki-67 is an independent predictor of oncological outcomes in patients with high-grade upper tract urothelial carcinoma: results of a prospective analysis and a review of the literature.

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

REVISTA / JOURNAL: - J Urol. 2013 Jul 16. pii: S0022-5347(13)04887-8. doi: 10.1016/j.juro.2013.07.012.

●● Enlace al texto completo (gratis o de pago) [1016/j.juro.2013.07.012](#)

AUTORES / AUTHORS: - Krabbe LM; Bagrodia A; Lotan Y; Gayed BA; Darwish OM; Youssef RF; John G; Harrow B; Jacobs C; Gaitonde M; Sagalowsky AI; Shariat SF; Kapur P; Margulis V

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of Texas Southwestern Medical Center, Dallas, TX, USA; Department of Urology, University of Muenster Medical Center, Muenster, Germany.

RESUMEN / SUMMARY: - **OBJECTIVE::** To determine the association of the proliferative marker Ki-67 with pathologic parameters and oncologic outcomes in patients with high-grade upper tract urothelial carcinoma (UTUC). **METHODS::** Immunohistochemical staining for Ki-67 was done prospectively on 101 consecutive patients undergoing radical nephroureterectomy/ureterectomy for high-grade UTUC. Data was compared based on Ki-67 status (normal versus overexpressed). Survival was assessed with Kaplan-Meier method. Cox regression analyses identified independent predictors of time-dependent outcomes. **RESULTS::** Median patient age and follow up was 70.0 years and 22.0 months (range 1-77 months). Overall, 30.2% and 24.8% of the population recurred and died of UTUC. Organ-confined disease (=T2 and lymph node negative), LVI and sessile architecture were present in 56.3%, 33.3% and 20.8% of patients. Ki-67 was overexpressed in 73.3%, and associated with adverse pathologic features. Patients with overexpressed Ki-67 demonstrated a significantly worse recurrence-free survival (RFS) (43.2 vs. 69.0 months, $p=0.006$) and cancer-specific survival (CSS) (48.9 months vs. 68.9 months, $p=0.031$), than patients with normal Ki-67. Similarly, non-metastatic patients revealed worse RFS (40.7 months vs. 71.8 months, $p=0.003$) and CSS (41 months vs. not reached, $p=0.008$) for over-expressed compared to normal Ki-67. After adjusting for the effects of organ vs. non-organ confined disease, Ki-67 overexpression was an independent predictor of RFS for the total patient cohort (HR, 4.3; $p=0.05$) as well as for patients with non-metastatic disease (HR, 8.5; $p=0.038$). **CONCLUSIONS::** In our study, Ki-67 overexpression was associated with adverse pathologic features for UTUC and was an independent predictor of RFS in patients with high grade UTUC.

[9]

TÍTULO / TITLE: - Diagnostic value of bladder tumor fibronectin in patients with bladder tumor: A systematic review with meta-analysis.

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

REVISTA / JOURNAL: - Clin Biochem. 2013 Jun 2. pii: S0009-9120(13)00269-5. doi: 10.1016/j.clinbiochem.2013.05.064.

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

[1016/j.clinbiochem.2013.05.064](#)

AUTORES / AUTHORS: - Yang X; Huang H; Zeng Z; Zhao L; Hu P; He D; Tang X; Zeng Z

INSTITUCIÓN / INSTITUTION: - Department of Pathogenic Biology, Chong Qing Medical University, China.

RESUMEN / SUMMARY: - **OBJECTIVES:** Bladder tumor fibronectin (BTF) has been related as a promising biomarker for the early diagnosis of bladder tumor. The meta-analysis was used to establish the diagnostic value of bladder tumor fibronectin in diagnosing bladder tumor. **METHODS:** Relevant literatures evaluating the value of BTF in the diagnosis of bladder tumor were searched in PubMed, Embase, China National Knowledge Infrastructure (CNKI), Technology of Chongqing (VIP), and Wan Fang Data. Summary estimates were used to evaluate the value of BTF in the diagnosis of bladder tumor by using the Meta-DiSc and STATA 11.0 statistical software. **RESULTS:** The meta-analysis included 5 studies (649 patients, 291 controls). The summary estimates revealed that the pooled sensitivity was 81% (95% confidence interval [CI]: 74%-85.1%) and specificity was 80% (95%CI 74%-84%). In addition, the area under the summary ROC curve (AUC) was 0.86 (95%CI 0.82-0.89). **CONCLUSION:** BTF is a potential marker for the diagnosis of bladder tumor, and more prospective studies are needed in the future.

[10]

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

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

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

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

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

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

RESUMEN / SUMMARY: - **OBJECTIVES.** To investigate use of the R.E.N.A.L. nephrometry score in relation to the choice of treatment and postoperative complications for renal masses. **DESIGN.** Case series. **SETTING.** A tertiary referral hospital in Hong Kong. **PATIENTS.** Data of patients undergoing nephrectomy were collected retrospectively from a clinical database and analysed. A R.E.N.A.L. nephrometry score was allocated to each renal tumour by a blinded qualified radiologist, utilising computerised imaging systems.

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

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

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

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

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

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

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

RESUMEN / SUMMARY: - Infiltrating macrophages are a key component of inflammation during tumorigenesis, but the direct evidence of such linkage remains unclear. We report here that persistent co-culturing of immortalized prostate epithelial cells with macrophages, without adding any carcinogens, induces prostate tumorigenesis, and that induction involves the alteration of signaling of macrophage androgen receptor (AR)-inflammatory chemokine CCL4-STAT3 activation as well as epithelial-to-mesenchymal transition (EMT) and down-regulation of p53/PTEN tumor suppressors. In vivo studies further showed that PTEN^{+/-} mice lacking macrophage AR developed far fewer prostatic intraepithelial neoplasia (PIN) lesions, supporting an in vivo role for macrophage AR during prostate tumorigenesis. CCL4 neutralizing antibody effectively blocked macrophage-induced prostate tumorigenic signaling, and targeting AR via an AR degradation enhancer, ASC-J9®, reduced CCL4

expression and xenografted tumor growth in vivo. Importantly, CCL4 upregulation was associated with increased Snail expression and down-regulation of p53/PTEN in high-grade PIN and prostate cancer. Together, our results identify the AR-CCL4-STAT3 axis as key regulators during prostate tumor initiation and highlight the important roles of infiltrating macrophages and inflammatory cytokines for the prostate tumorigenesis.

[11]

TÍTULO / TITLE: - Genetic polymorphisms in glutathione S-transferases P1 (GSTP1) Ile105Val and prostate cancer risk: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jul 11.

- Enlace al texto completo (gratis o de pago) [1007/s13277-013-0979-](http://1007/s13277-013-0979-5)

[5](#)

AUTORES / AUTHORS: - Cai Q; Wu T; Zhang W; Guo X; Shang Z; Jiang N; Tian J; Niu Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Second Hospital of Tianjin Medical University, Tianjin Institute of Urology, Tianjin, 300211, China.

RESUMEN / SUMMARY: - Numerous epidemiological studies have evaluated the association between the glutathione S-transferases P1 (GSTP1) Ile105Val polymorphisms and prostate cancer (PCa) risk. However, these studies have yielded conflicting results. A comprehensive search was conducted through researching MEDLINE, PubMed, Web of Science, and EMBASE, and a total of 13 studies including 3,227 cases and 3,945 controls were identified. A meta-analysis was performed to obtain a summary of estimated odds ratios (ORs) and 95 % confidence intervals (CIs) of GSTP1 polymorphisms for PCa, with attention to study quality and publication bias. The GSTP1 Ile158Val variant genotypes are less associated with increased risk of PCa for the homozygote model (Val/Val vs Ile/Ile: OR = 1.42; I² = 63.7 %; 95 % CI = 1.02-1.97) and the recessive model (OR = 1.41; I² = 45.5 %; 95 % CI = 1.10-1.80). However, no associations were detected for other genetic models. In the stratified analysis by ethnicity, significant associations between GSTP1 Ile105Val polymorphism and PCa risk were also found among Caucasians for Val/Val vs Ile/Ile comparison (OR = 1.22; I² = 0.0 %; 95 % CI = 1.02-1.47) and for the recessive model (OR = 1.26; I² = 0.0 %; 95 % CI = 1.06-1.49), while there were no associations found for other genetic models. However, no associations were found in Asians and African-Americans for all genetic models when stratified by ethnicity. In conclusion, our meta-analysis provides evidence that GSTP1 Ile105Val gene polymorphisms contributed to PCa susceptibility.

[12]

TÍTULO / TITLE: - Association between glutathione S-transferases M1 and T1 gene polymorphisms and prostate cancer risk: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jul 26.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-1030-](#)

[6](#)

AUTORES / AUTHORS: - Cai Q; Wang Z; Zhang W; Guo X; Shang Z; Jiang N; Tian J; Niu Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Second Hospital of Tianjin Medical University, Tianjin Institute of Urology, Tianjin, 300211, China.

RESUMEN / SUMMARY: - Genetic polymorphisms in glutathione S-transferases M1 (GSTM1) and T1 (GSTT1) genes have been widely reported and considered to have a significant effect on prostate cancer (PCa) risk, but the results are inconsistent. To evaluate the impact of the GSTM1 and GSTT1 polymorphism on PCa risk, we conducted a comprehensive meta-analysis based on 18 eligible studies. A total of 18 studies, including 7,119 subjects for GSTM1 and 6,454 subjects for GSTT1 between 1999 and 2012 were identified through researching MEDLINE, PubMed, Web of Science, EMBASE, Chinese National Knowledge Infrastructure database, and Chinese Biomedical Literature database. A meta-analysis was performed to obtain summary-estimated odd ratios and 95 % confidence intervals of GSTM1 and GSTT1 polymorphisms for PCa, with attention to study quality and publication bias. Overall, there is a significant association between GSTM1 (odds ratio (OR) = 1.407, 95 % confidence intervals (95 % CI) = 1.147-1.727, I² = 73.2 %, P = 0.001) genotypes and PCa susceptibility. Significant associations were also observed in subgroups of Caucasian populations (OR = 1.262, 95 % CI = 1.055-1.511, I² = 48.7 %, P = 0.011) and Asian populations (OR = 1.776, 95 % CI = 1.134-2.781, I² = 83.4 %, P = 0.012). However, no significant association was found (OR = 1.776, 95 % CI = 1.134-2.781, P = 0.243) in African-American populations when stratified by ethnicity. While, there was no significant association seen between GSTT1 (OR = 1.003, 95 % CI = 0.823-1.298, I² = 68.8 %, P = 0.778) genotypes and PCa risk. However, no significant associations were observed in subgroups of Caucasian populations (OR = 1.086, 95 % CI = 0.801-1.471, I² = 72.1 %, P = 0.597) and Asian populations (OR = 0.961, 95 % CI = 0.644-1.434, I² = 73.0 %, P = 0.846), and similar result was found among African-American populations (OR = 0.802, 95 % CI = 0.194-3.321, P = 0.761) when stratified by ethnicity. Our results suggest that the GSTM1 gene polymorphism contributes to PCa susceptibility, while GSTT1 gene polymorphism is not associated with PCa in our study.

[13]

TÍTULO / TITLE: - The effect of donor-recipient gender mismatch on short- and long-term graft survival in kidney transplantation: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Clin Transplant. 2013 Jul 24. doi: 10.1111/ctr.12191.

●● Enlace al texto completo (gratis o de pago) [1111/ctr.12191](#)

AUTORES / AUTHORS: - Zhou JY; Cheng J; Huang HF; Shen Y; Jiang Y; Chen JH

INSTITUCIÓN / INSTITUTION: - Kidney Disease Center, the First Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou, China.

RESUMEN / SUMMARY: - BACKGROUND: There is no limitation of gender matching in renal transplantation. This study was intended to evaluate its effect on short- and long-term graft survival. METHODS: PubMed, the Web of Knowledge, Medline, the Cochrane Library, and two additional Chinese databases were searched. The data were then abstracted and meta-analyzed. RESULTS: 14 studies involving 445 279 patients were included. Each study reported data on the four gender matches (male donor-male recipient, MDMR; male donor-female recipient, MDFR; female donor-male recipient, FDMR; female donor-female recipient, FDFR). The pooled risk ratios (RRs) for 0.5-, 1-, 2-, 3-, 5-, and 10-yr graft survival rates showed that the FDMR group had the worst outcomes, and when recipients were female, short-term graft survival was worse, but long-term graft survival was better. The differences between groups changed with time. CONCLUSIONS: FDMR patients showed poor graft survival. The female recipients had worse short-term graft survival but the best long-term graft survival. This study introduces an important consideration into donor-recipient matching in renal transplantation.

[14]

TÍTULO / TITLE: - Relative effectiveness of robot-assisted and standard laparoscopic prostatectomy as alternatives to open radical prostatectomy for treatment of localised prostate cancer: a systematic review and mixed treatment comparison meta-analysis.

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

REVISTA / JOURNAL: - BJU Int. 2013 May 23. doi: 10.1111/bju.12247.

●● Enlace al texto completo (gratis o de pago) [1111/bju.12247](#)

AUTORES / AUTHORS: - Robertson C; Close A; Fraser C; Gurung T; Jia X; Sharma P; Vale L; Ramsay C; Pickard R

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

RESUMEN / SUMMARY: - OBJECTIVE: To compare the effectiveness of robot-assisted and standard laparoscopic prostatectomy. METHODS: A care pathway was described. We performed a systematic literature review based on a search of Medline, Medline in Process, Embase, Biosis, Science Citation Index,

Cochrane Controlled Trials Register, Current Controlled Trials, Clinical Trials, WHO International Clinical Trials Registry and NIH Reporter, the Health Technology Assessment databases, the Database of Abstracts of Reviews of Effects, and relevant conference abstracts up to 31st October 2010). Additionally, reference lists were scanned, an expert panel consulted, and websites of manufacturers, professional organisations, and regulatory bodies were checked. We selected randomised controlled trials (RCTs) and non-randomised comparative studies, published after 1st January 1995, including men with localised prostate cancer undergoing robot-assisted or laparoscopic prostatectomy compared with the other procedure or with open prostatectomy. Studies where at least 90% of included men had clinical tumour stages T1 to T2 and which reported at least one of our specified outcomes were eligible for inclusion. A mixed-treatment comparison meta-analysis was performed to generate comparative statistics on specified outcomes. RESULTS: We included data from 19 064 men across one RCT and 57 non-randomised comparative reports. Robotic prostatectomy had a lower risk of major intra-operative harms such as organ injury [0.4% robotic vs 2.9% laparoscopic], odds ratio ([OR] {95% credible interval [CrI]} 0.16 [0.03 to 0.76]), and a lower rate of surgical margins positive for cancer [17.6% robotic vs 23.6% laparoscopic], OR [95% CrI] 0.69 [0.51 to 0.96]). There was no evidence of a difference in the proportion of men with urinary incontinence at 12 months (OR [95% CrI] 0.55 [0.09 to 2.84]). There were insufficient data on sexual dysfunction. Surgeon learning rates for the procedures did not differ, although data were limited. CONCLUSIONS: Men undergoing robotic prostatectomy appear to have reduced surgical morbidity, and a lower risk of a positive surgical margin, which may reduce rates of cancer recurrence and the need for further treatment, but considerable uncertainty surrounds these results. We found no evidence that men undergoing robotic prostatectomy are disadvantaged in terms of early outcomes. We were unable to determine longer-term relative effectiveness.

[15]

TÍTULO / TITLE: - Influence of study features and methods on overdiagnosis estimates in breast and prostate cancer screening.

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

REVISTA / JOURNAL: - Ann Intern Med. 2013 Jun 4;158(11):831-8. doi: 10.7326/0003-4819-158-11-201306040-00008.

●● Enlace al texto completo (gratis o de pago) [7326/0003-4819-158-11-201306040-00008](#)

AUTORES / AUTHORS: - Etzioni R; Gulati R; Mallinger L; Mandelblatt J

INSTITUCIÓN / INSTITUTION: - Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA 98109, USA.

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RESUMEN / SUMMARY: - Knowledge of the likelihood that a screening-detected case of cancer has been overdiagnosed is vitally important to make treatment decisions and develop screening policy. An overdiagnosed case is an excess case detected by screening. Estimates of the frequency of overdiagnosis in breast and prostate cancer screening vary greatly across studies. This article identifies features of overdiagnosis studies that influence results and shows their effect by using published research. First, different ways to define and measure overdiagnosis are considered. Second, contextual features and how they affect overdiagnosis estimates are examined. Third, the effect of estimation approach is discussed. Many studies use excess incidence under screening as a proxy for overdiagnosis. Others use statistical models to make inferences about lead time or natural history and then derive the corresponding fraction of cases that are overdiagnosed. This article concludes with questions that readers of overdiagnosis studies can use to evaluate the validity and relevance of published estimates and recommends that authors of studies quantifying overdiagnosis provide information about these features.

[16]

TÍTULO / TITLE: - Multimodality therapy for patients with high-risk prostate cancer: current status and future directions.

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

REVISTA / JOURNAL: - Semin Oncol. 2013 Jun;40(3):308-21. doi: 10.1053/j.seminoncol.2013.04.006.

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

1053/j.seminoncol.2013.04.006

AUTORES / AUTHORS: - Zaorsky NG; Trabulsi EJ; Lin J; Den RB

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Kimmel Cancer Center, Thomas Jefferson University Hospital, Philadelphia, PA.

RESUMEN / SUMMARY: - Prostate cancer is the most commonly diagnosed cancer and second most common cause of cancer death in American men. Although high-risk disease accounts for less than 15% of diagnoses, high-risk prostate cancer patients have a cancer-specific mortality rate of 15% at 10 years. There is currently no consensus on the optimal management of high-risk disease because (1) there are different primary modalities available (ie, surgery, radiation), for which there are no randomized trials comparing efficacy; and (2) unstandardized timing of different therapies (ie, neoadjuvant v concurrent v adjuvant), which makes comparisons of efficacy problematic. Increased understanding into the mechanisms leading to the formation of advanced metastatic disease has spurred the development of agents to target these pathways. However, new questions regarding optimal management of disease arise with regard to the role of these therapies in combination with “conventional” primary modalities for earlier stage, high-risk prostate cancer

patients. In this article, we review the transforming world of multimodality therapy in high-risk prostate cancer.

[17]

TÍTULO / TITLE: - Lack of association between vitamin D receptor gene FokI and BsmI polymorphisms and prostate cancer risk: an updated meta-analysis involving 21,756 subjects.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 27.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0889-](http://1007/s13277-013-0889-6)

[6](#)

AUTORES / AUTHORS: - Guo Z; Wen J; Kan Q; Huang S; Liu X; Sun N; Li Z

INSTITUCIÓN / INSTITUTION: - The Institute of Clinical Medicine, The First Affiliated Hospital of Zhengzhou University, Henan, 450052, China.

RESUMEN / SUMMARY: - The vitamin D receptor (VDR) is a crucial mediator for the cellular effects of vitamin D. The polymorphisms in the VDR gene have been hypothesized to alter the risk of prostate cancer. However, studies investigating the association between VDR polymorphisms (BsmI and FokI) and prostate cancer (PCa) risk report conflicting results, therefore, we conducted a meta-analysis to re-examine the controversy. Published literatures from PubMed, Embase, Google Scholar, and China National Knowledge Infrastructure (CNKI) were searched (updated to March 9, 2013). According to our inclusion criteria, studies that observed the association between VDR BsmI and FokI polymorphisms and PCa risk were included. The principal outcome measure was the odds ratio (OR) with 95 % confidence interval (CI) for PCa risk associated with VDR BsmI and FokI polymorphisms. Thirty-four studies involving 10,267 cases and 11,489 controls were recruited. Overall, we did not find evidence to support an association between any of the VDR polymorphisms and PCa risk. For BsmI, the pooled OR was 0.894 (95 % CI 0.773 to 1.034) for the Bb vs. bb genotypes, 1.002 (95 % CI 0.869 to 1.157) for the BB vs. bb genotypes, 0.922 (95 % CI 0.798 to 1.065) for the dominant model (BB/Bb vs. bb), and 1.018 (95 % CI 0.936 to 1.107) for the recessive model (BB vs. Bb/bb). ORs for the FokI polymorphisms were similar. The results suggest that the VDR BsmI and FokI polymorphisms are not related to PCa risk. Further large and well-designed studies are required to confirm this conclusion.

[18]

TÍTULO / TITLE: - Efficacy of Intermittent Androgen Deprivation Therapy vs Conventional Continuous Androgen Deprivation Therapy for Advanced Prostate Cancer: A Meta-analysis.

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

REVISTA / JOURNAL: - Urology. 2013 Aug;82(2):327-34. doi: 10.1016/j.urology.2013.01.078.

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

[1016/j.urology.2013.01.078](https://doi.org/10.1016/j.urology.2013.01.078)

AUTORES / AUTHORS: - Tsai HT; Penson DF; Makambi KH; Lynch JH; Van Den Eeden SK; Potosky AL

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Lombardi Comprehensive Cancer Center, Georgetown University Medical Center, Washington, DC. Electronic address: ccsuny.tw@gmail.com.

RESUMEN / SUMMARY: - **OBJECTIVE:** To compare the efficacy of intermittent androgen deprivation therapy (IADT) vs continuous androgen deprivation therapy (CADT) for the treatment of advanced prostate cancer; we performed a meta-analysis of randomized controlled trials (RCTs), assessing the risks of disease progression, all-cause, and disease-specific mortality. **MATERIALS AND METHODS:** We conducted a systematic search of several bibliographic systems to identify all RCTs of IADT in men with newly diagnosed metastatic or biochemical only prostate cancer. We abstracted outcome data, study characteristics, and participant demographics. We performed heterogeneity tests and calculated the summarized risk differences (RD) and risk ratios at 95% confidence intervals (CI), using inverse variance methods in random-effects approaches. **RESULTS:** We identified 8 RCTs (N = 4664) comparing mortality between IADT and CADT. For all men combined, we observed small but nonsignificant differences in all-cause mortality (RD = 0.02, 95% CI = -0.02, 0.06), disease-specific mortality (RD = 0.04, 95% CI = -0.01, 0.08), and disease progression (RD = -0.03, 95% CI = -0.09, 0.04). Among the prespecified subgroup with histologically confirmed, newly diagnosed metastatic disease, we found no difference in overall survival (RD = 0.00, 95% CI = -0.09, 0.09). **CONCLUSION:** We found no difference in overall survival, but a small increased risk in disease-specific survival for men treated with IADT relative to CADT was observed. IADT could be considered as an alternative to CADT because of better quality of life outcome. Patients should be informed of the possible risks and benefits of both therapies. More research confirming the benefits of IADT vs CADT is needed to inform treatment decisions.

[19]

TÍTULO / TITLE: - GSTT1 and GSTM1 polymorphisms and prostate cancer risk in Asians: a systematic review and 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/s13277-013-0778-](https://doi.org/10.1007/s13277-013-0778-z)

[z](#)

AUTORES / AUTHORS: - Liu D; Liu Y; Ran L; Shang H; Li D

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RESUMEN / SUMMARY: - Glutathione S-transferases (GSTs) enzymes are involved in conjugation of electrophilic compounds to glutathione, and glutathione S-transferase T 1 (GSTT1) and glutathione S-transferase M 1 (GSTM1) polymorphisms have been implicated as risk factors for prostate cancer. We conducted a systematic review and meta-analysis to define the effect of GSTM1 and GSTT1 null genotypes on prostate cancer risk in Asians. We searched the PubMed and Wanfang Medical databases to identify published case-control studies investigating the associations of GSTM1 and GSTT1 null genotypes with risk of prostate cancer in Asians. Heterogeneity was assessed using Cochran's Q statistic and odds ratios (OR) with corresponding 95 % confidence intervals (95 % CI) from individual studies were pooled using fixed or random effects models according to the heterogeneity. There were 18 studies (2,046 cases, 2,876 controls) on GSTM1 polymorphism, 15 studies (1,677 cases, 2,431 controls) on GSTT1 polymorphism, and 6 studies (675 cases, 853 controls) on GSTM1/GSTT1 interaction analysis. Overall, GSTM1 null genotype was significantly associated with increased risk of prostate cancer in Asians (random effects OR 1.80, 95 % CI 1.48-2.18, $P < 0.001$), and GSTT1 null genotype was also significantly associated with increased risk of prostate cancer in Asians (random effects OR 1.40, 95 % CI 1.10-1.80, $P < 0.001$). In addition, the GSTM1/GSTT1 dual null genotype was associated with higher risk of prostate cancer in Asians (random effects OR 2.14, 95 % CI 1.59-2.89, $P = 0.007$). In conclusion, GSTM1 and GSTT1 null genotypes are associated with increased risk of prostate cancer in Asians, and GSTM1 and GSTT1 null genotypes are risk factors for the development of prostate cancer.

[20]

TÍTULO / TITLE: - Correlation of Pathologic Complete Response with Survival After Neoadjuvant Chemotherapy in Bladder Cancer Treated with Cystectomy: A Meta-analysis.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jul 3. pii: S0302-2838(13)00664-7. doi: 10.1016/j.eururo.2013.06.049.

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

1016/j.eururo.2013.06.049

AUTORES / AUTHORS: - Petrelli F; Coinu A; Cabiddu M; Ghilardi M; Vavassori I; Barni S

INSTITUCIÓN / INSTITUTION: - Oncology Department, Medical Oncology Unit, Azienda Ospedaliera Treviglio, Treviglio (BG), Italy. Electronic address: faupe@libero.it.

RESUMEN / SUMMARY: - CONTEXT: Neoadjuvant chemotherapy before radical cystectomy (RC) is the preferred initial option for muscle-invasive bladder cancer (BCa). As in rectal and breast cancer, pathologic downstaging is associated with increased overall survival (OS). OBJECTIVE: We conducted a meta-analysis to determine whether pathologic complete response (pCR) (pT0N0M0) after neoadjuvant chemotherapy is associated with a better outcome in muscle-invasive BCa. EVIDENCE ACQUISITION: A systematic search was conducted in PubMed, Web of Science, Cochrane Collaboration's Central register of controlled trials, and Embase for publications reporting outcomes of patients with and without pCR. All patients underwent neoadjuvant cisplatin-based polychemotherapy and RC. The primary outcome reported as relative risk (RR) was OS. Secondary end points were recurrence-free survival (RFS) and cancer-specific survival other than distant and locoregional RFS. A meta-analysis was performed using the fixed effects model or random effects model. Overall heterogeneity for RFS and OS was assessed with forest plots and the Q test. EVIDENCE SYNTHESIS: A total of 13 trials were included, for a total of 886 patients analysed after neoadjuvant chemotherapy and RC, without any postoperative treatment. The pCR rate was 28.6%. Patients who achieved pCR in the primary tumour and the lymph nodes presented an RR for OS of 0.45 (95% confidence interval [CI], 0.36-0.56; p<0.00001). The number needed to treat to prevent 1 death was 3.7 (absolute risk difference: -26%). The summary RR for RFS was 0.19 (95% CI, 0.09-0.39; p<0.00001). CONCLUSIONS: Patients with BCa who achieved pCR (pT0N0M0 stage) after neoadjuvant chemotherapy have a better OS and RFS than do patients without pCR.

[21]

TÍTULO / TITLE: - Prostate cancer: 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/mdt208](#)

AUTORES / AUTHORS: - Horwich A; Parker C; de Reijke T; Kataja V

INSTITUCIÓN / INSTITUTION: - Institute of Cancer Research and Royal Marsden Hospital, Sutton, UK.

[22]

TÍTULO / TITLE: - Characterisations of human prostate stem cells reveal deficiency in class I UGT enzymes as a novel mechanism for castration-resistant prostate cancer.

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

REVISTA / JOURNAL: - Br J Cancer. 2013 Jul 23. doi: 10.1038/bjc.2013.399.

- Enlace al texto completo (gratis o de pago) 1038/bjc.2013.399

AUTORES / AUTHORS: - Williamson SC; Mitter R; Hepburn AC; Wilson L; Mantilla A; Leung HY; Robson CN; Heer R

INSTITUCIÓN / INSTITUTION: - Northern Institute for Cancer Research, Newcastle University, NE2 4HH, Newcastle upon Tyne United Kingdom.

RESUMEN / SUMMARY: - Background: Evidence increasingly supports that prostate cancer is initiated by the malignant transformation of stem cells (SCs). Furthermore, many SC-signalling pathways are shown to be shared in prostate cancer. Therefore, we planned transcriptome characterisation of adult prostate SCs as a strategy to consider new targets for cancer treatment. Methods: Intuitive pathway analysis was used for putative target discovery in 12 matched selections of human prostate SCs, transiently amplifying cells and terminally differentiated cells. These were pooled into three groups according to the stage of differentiation for mRNA microarray analysis. Targets identified were validated using uncultured primary tissue (n=12), functional models of prostate cancer and a tissue microarray consisting of benign (n=42) and malignant prostate (n=223). Results: A deficiency in class 1 UDP glucuronosyltransferase (UGT) enzymes (UGT1A) was identified in prostate SCs, which are involved in androgen catabolism. Class 1 UGT enzyme expression was also downregulated in cancer SCs and during progression to metastatic castration-resistant prostate cancer (CRPC). Reduction of UGT1A expression in vitro was seen to improve cell survival and increase androgen receptor (AR) activity, as shown by upregulation of prostate-specific antigen expression. Interpretation: Inactivation of intracellular androgen catabolism represents a novel mechanism to maintain AR activity during CRPC. British Journal of Cancer advance online publication, 23 July 2013; doi:10.1038/bjc.2013.399 www.bjcancer.com.

TÍTULO / TITLE: - Re: effect of erythropoietin on kidney allograft survival: early use after transplantation.

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

REVISTA / JOURNAL: - Iran J Kidney Dis. 2013 Jul;7(4):332-3.

AUTORES / AUTHORS: - Baradaran A; Nasri H

INSTITUCIÓN / INSTITUTION: - Department of Nephrology, Division of Nephropathology, Isfahan University of Medical Sciences, Isfahan, Iran.
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[23]

TÍTULO / TITLE: - The efficacy and safety of combined therapy with alpha-blockers and anticholinergics for men with benign prostatic hyperplasia: a meta-analysis.

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

REVISTA / JOURNAL: - J Urol. 2013 May 30. pii: S0022-5347(13)04423-6. doi: 10.1016/j.juro.2013.05.058.

●● Enlace al texto completo (gratis o de pago) 1016/j.juro.2013.05.058

AUTORES / AUTHORS: - Filson CP; Hollingsworth JM; Clemens JQ; Wei JT

INSTITUCIÓN / INSTITUTION: - Division of Health Services Research, Department of Urology, University of Michigan Medical School.

RESUMEN / SUMMARY: - **PURPOSE:** We performed a meta-analysis to compare treatment with alpha-blockers and anticholinergics (i.e., combination therapy) to alpha-blocker monotherapy, in order to clarify the efficacy and safety of this treatment approach among men with storage urinary symptoms (LUTS) related to benign prostatic hyperplasia (BPH). **MATERIAL AND METHODS:** We searched for trials of men with BPH/LUTS that were randomized to either combination treatment or alpha-blockers alone. We pooled data from seven placebo-controlled trials meeting inclusion criteria. Primary outcomes of interest included changes in International Prostate Symptom Scores (IPSS) (storage subscores) and urinary frequency. We also assessed post-void residual volume (PVR), maximal flow rate (Qmax), and incidence of urinary retention (AUR). Data were pooled using random-effects models for continuous outcomes and the Peto method to generate odds ratios for AUR. **RESULTS:** Combination therapy had a significantly greater reduction in IPSS storage subscores (Delta= -0.73, 95% CI -1.09 - -0.37) and voiding frequency (Delta= -0.69 voids, 95% CI - 0.97 - -0.41). There was also a greater reduction in Qmax (Delta= -0.59 mL/s, 95% CI -1.04 - -0.14) and increase in PVR (Delta= 11.60 mL, 95% CI 8.50 - 14.70) with combination therapy. The number needed to treat with combination therapy to cause one AUR episode was 101 (95% CI 60 - 267). **CONCLUSIONS:** Combination treatment with alpha-blockers and anticholinergics significantly improved storage voiding parameters compared to men treated with alpha-blocker therapy alone. This treatment approach is safe with a minimal risk of increased PVR, decreased Qmax, or AUR.

[24]

TÍTULO / TITLE: - Lycopene/Tomato consumption and the risk of prostate cancer: a systematic review and meta-analysis of prospective studies.

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

REVISTA / JOURNAL: - J Nutr Sci Vitaminol (Tokyo). 2013;59(3):213-23.

AUTORES / AUTHORS: - Chen J; Song Y; Zhang L

INSTITUCIÓN / INSTITUTION: - West China School of Public Health, Sichuan University.

RESUMEN / SUMMARY: - Lycopene/tomato has been discussed as a potential effector in the prevention and therapy of prostate cancer; however, no systematic review has been reported to illustrate its effect recently. In the present study, a meta-analysis was carried out to determine whether intake of lycopene and tomato/tomato products could reduce the risk of prostate cancer.

Eleven cohort studies and six nested case-control studies were identified through searching of international journal databases and reference lists of relevant publications. Two reviewers independently assessed the study quality and extracted data from each identified study; only studies with sufficient quality were included in the review. The main outcome of interest was incidence of prostate cancer. Compared with consumers of lower raw tomato intake, the odds ratio (OR) of incidence of prostate cancer among consumers of higher raw tomato intake was 0.81 [95% confidential interval (CI) 0.59-1.10]; for consumers of higher level of cooked tomato intake versus lower cooked tomato intake, this OR was 0.85 (95% CI 0.69-1.06); the OR of higher lycopene intake versus lower lycopene intake for prostate cancer was 0.93 (95% CI 0.86-1.01) and the OR for higher level of serum lycopene versus lower serum lycopene level was 0.97 (95% CI 0.88-1.08). It's suggested that tomato may play a modest role in the prevention of prostate cancer. Further research would be needed to determine the type and quantity of tomato products regarding their potential in preventing prostate cancer.

[25]

TÍTULO / TITLE: - Lymphovascular invasion as a prognostic factor in the upper urinary tract urothelial carcinoma: A systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Aug;49(12):2665-80. doi: 10.1016/j.ejca.2013.04.016. Epub 2013 May 27.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejca.2013.04.016](#)

AUTORES / AUTHORS: - Ku JH; Byun SS; Jeong H; Kwak C; Kim HH; Lee SE

INSTITUCIÓN / INSTITUTION: - Department of Urology, Seoul National University Hospital, Seoul, Republic of Korea.

RESUMEN / SUMMARY: - BACKGROUND: The objective of the present study was to conduct a systematic review and meta-analysis of the published literature investigating lymphovascular invasion (LVI) and its effects on upper urinary tract urothelial carcinoma (UTUC) prognosis. METHODS: To identify relevant studies, PubMed, Cochrane Library, OVID and SCOPUS database were searched from the inception until June 2012. RESULTS: A total of 17 trials met the eligibility criteria for the meta-analysis. The total number of patients included was 4896, ranging from 60 to 2492 per study. None of the 17 included studies was based on the data of prospective analysis of survival. In 13 of 17 studies, patients had received adjuvant chemotherapy. Despite our attempts to limit the between-study heterogeneity through a strict inclusion criteria, there was a between-study heterogeneity in the effect of LVI on all of the meta-analyses, with a p value of <0.05 and I(2) generally greater than 50%. Thus, the hazard ratio (HR) was calculated using the random-effect model. The pooled HRs were statistically significant for disease-free survival (pooled HR, 1.91; 95% confidence interval [CI], 1.40-2.41), cancer-specific survival (CSS) (pooled

HR, 1.72; 95% CI, 1.28-2.71) and overall survival (pooled HR, 4.05; 95% CI, - 0.44-8.53). There was no clear evidence of funnel plot asymmetry, and thus, no evidence of publication bias was found. CONCLUSIONS: Our meta-analysis showed that LVI is predictive of mortality in UTUC. However, these findings should be interpreted with caution due to the heterogeneity in the series. These results need to be further confirmed by an adequately designed prospective study to provide a better conclusion on the relationship between LVI and the outcome of patients with UTUC.

[26]

TÍTULO / TITLE: - Tivozanib: practical implications for renal cell carcinoma and other solid tumors.

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

REVISTA / JOURNAL: - Drugs Today (Barc). 2013 May;49(5):303-15. doi: 10.1358/dot.2013.49.5.1960218.

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

[1358/dot.2013.49.5.1960218](#)

AUTORES / AUTHORS: - Berge EM; Bowles DW; Flaig TW; Lam ET; Jimeno A

INSTITUCIÓN / INSTITUTION: - University of Colorado School of Medicine, Denver, CO, USA.

RESUMEN / SUMMARY: - Tivozanib is a recently developed, small-molecule tyrosine kinase inhibitor with specific affinity for the vascular endothelial growth factor receptor (VEGFR) family of kinases. Given known relevance of VHL (Von Hippel-Lindau disease tumor suppressor) deregulation in the clear cell variant of renal cell carcinoma, renal cell carcinoma remains an area of interest and subject of recent registration trials with this approach. TIVO-1, a phase III study evaluating tivozanib versus sorafenib in the first-line setting, met its primary endpoint of progression-free survival (11.9 months for tivozanib vs. 9.1 months for sorafenib), with a manageable toxicity profile, leading to formal consideration of regulatory approval in this setting. This review focuses on the preclinical development, pharmacokinetics and early clinical activity of tivozanib in renal cell carcinoma and other solid tumors.

[27]

TÍTULO / TITLE: - Hysterectomy and kidney cancer risk: A meta-analysis.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Jul 1. doi: 10.1002/ijc.28352.

●● Enlace al texto completo (gratis o de pago) [1002/ijc.28352](#)

AUTORES / AUTHORS: - Karami S; Daugherty SE; Purdue MP

INSTITUCIÓN / INSTITUTION: - Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institute of Health, Department of Health and Human Services, Bethesda, Maryland.

RESUMEN / SUMMARY: - Recent cohort findings suggest that women who underwent a hysterectomy have an elevated relative risk of kidney cancer, although evidence from past studies has been inconsistent. We conducted a systematic review and meta-analysis of published cohort and case-control studies to summarize the epidemiologic evidence investigating hysterectomy and kidney cancer. Studies published from 1950 through 2012 were identified through a search of PubMed and of references from relevant publications. Meta-analyses were conducted using random-effects models to estimate summary relative risks (SRRs) and 95% confidence intervals (CIs) for hysterectomy, age at hysterectomy (<45, 45+ years) and time since hysterectomy (<10, 10+ years). The SRR for hysterectomy and kidney cancer for all published studies (seven cohort, six case-control) was 1.29 (95% CI, 1.16-1.43), with no evidence of between-study heterogeneity or publication bias. The summary effect was slightly weaker, although still significant, for cohorts (SRR, 1.26; 95% CI, 1.11-1.42) compared with case-control findings (1.37; 95% CI, 1.09-1.73) and was observed irrespective of age at hysterectomy, time since the procedure and model adjustment for body mass index, smoking status and hypertension. Women undergoing a hysterectomy have an approximate 30% increased relative risk of subsequent kidney cancer. Additional research is needed to elucidate the biological mechanisms underlying this association.

[28]

TÍTULO / TITLE: - Poly (AT) deletion/insertion polymorphism of the XPC gene contributes to urinary system cancer susceptibility: A meta-analysis.

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

REVISTA / JOURNAL: - Gene. 2013 Jul 24. pii: S0378-1119(13)00889-5. doi: 10.1016/j.gene.2013.06.092.

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

1016/j.gene.2013.06.092

AUTORES / AUTHORS: - Dai QS; Hua RX; Zhang R; Huang YS; Hua ZM; Yun CT; Zeng RF; Long JT

INSTITUCIÓN / INSTITUTION: - Department of Oncology, The First Affiliated Hospital of Sun Yat-Sen University, Guangzhou, Guangdong, 510080, China. Electronic address: daiqs@163.com.

RESUMEN / SUMMARY: - Numerous studies have investigated the association between xeroderma pigmentosum complementation group C (XPC) poly (AT) deletion/insertion (PAT -/+) polymorphism and cancer susceptibility; however, the findings are inconsistent. Therefore, we performed a meta-analysis based on 32 publications including 10,214 cases and 11,302 controls to acquire a more robust estimation of the relationship. We searched publications from MEDLINE, EMBASE and CBM which assessed the associations between XPC PAT -/+ polymorphism and cancer risk. We calculated pooled odds ratio (OR)

and 95% confidence interval (CI) by using either fixed-effects or random-effects model. We found that individuals carrying the PAT +/+ genotype have significantly increased cancer risk (PAT +/+ vs. PAT -/-: OR=1.18, 95% CI=1.03-1.35 and recessive model: OR=1.19, 95% CI=1.06-1.33). Further stratification analysis showed a significantly increased risk for prostate cancer (PAT +/+ vs. PAT -/-: OR=2.20, 95% CI=1.39-3.48, recessive model: OR=2.07, 95% CI=1.33-3.23 and PAT + vs. PAT -: OR=1.39, 95% CI=1.12-1.71), bladder cancer (recessive model: OR=1.33, 95% CI=1.03-1.72), Caucasian ethnicity (recessive model: OR=1.21, 95% CI=1.02-1.43), population-based studies (recessive model: OR=1.23, 95% CI=1.05-1.43) and studies with relatively large sample size (PAT +/+ vs. PAT -/-: OR=1.18, 95% CI=1.04-1.35 and recessive model: OR=1.20, 95% CI=1.08-1.33). Despite some limitations, this meta-analysis established solid statistical evidence for the association between the XPC PAT +/+ genotype and cancer risk, especially for urinary system cancer, but this association warrants further validation in single large studies.

[29]

TÍTULO / TITLE: - Cancer control and complications of salvage local therapy after failure of radiotherapy for prostate cancer: a systematic review.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):222-34. doi: 10.1016/j.semradonc.2013.01.006.

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

[1016/j.semradonc.2013.01.006](#)

AUTORES / AUTHORS: - Parekh A; Graham PL; Nguyen PL

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Dana-Farber/Brigham and Women's Cancer Center, Harvard Medical School, Boston, MA 02115, USA.

RESUMEN / SUMMARY: - The National Comprehensive Cancer Network guidelines currently endorse salvage local therapy as a reasonable alternative to observation or androgen-deprivation therapy for select men with a biopsy-proven local recurrence after definitive radiation for prostate cancer. Patients being considered for salvage therapy should have had localized disease at presentation, a prostate-specific antigen < 10 at recurrence, a life expectancy >10 years at recurrence, and a negative metastatic workup. In this systematic review, we synthesize the current literature describing the oncologic efficacy and toxicity profile of salvage brachytherapy, prostatectomy, cryotherapy, and high-intensity focused ultrasound. We found 5-year biochemical control rates to be similar across treatments, in the range of 52%-56%, although patient selection and definition of failure was variable. Toxicity profiles were also distinct between local salvage modalities.

[30]

TÍTULO / TITLE: - How can I help myself? A critical review of modifiable behaviors, medications, and complementary alternative medicine for men receiving radiotherapy for prostate cancer.

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

REVISTA / JOURNAL: - Semin Radiat Oncol. 2013 Jul;23(3):173-81. doi: 10.1016/j.semradonc.2013.01.003.

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

[1016/j.semradonc.2013.01.003](#)

AUTORES / AUTHORS: - Tseng YD; Martin NE

INSTITUCIÓN / INSTITUTION: - Harvard Radiation Oncology Program, Boston, MA, USA.

RESUMEN / SUMMARY: - Men receiving radiation for prostate cancer frequently want to know what steps they can take to optimize their chance of cure and reduce their risk of side effects. A variety of modifiable behaviors, medications, and complementary alternative medicine interventions have been investigated in this regard. In this review, we summarize data on tobacco use, exercise, statins and aspirin, and vitamins. There is limited randomized data supporting any of the interventions and additional studies are needed before clinicians can confidently inform their patients regarding what steps to take to improve their outcomes.

[31]

TÍTULO / TITLE: - Cruciferous vegetables consumption and risk of renal cell carcinoma: a meta-analysis.

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

REVISTA / JOURNAL: - Nutr Cancer. 2013 Jul;65(5):668-76. doi: 10.1080/01635581.2013.795980.

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

[1080/01635581.2013.795980](#)

AUTORES / AUTHORS: - Liu B; Mao Q; Wang X; Zhou F; Luo J; Wang C; Lin Y; Zheng X; Xie L

INSTITUCIÓN / INSTITUTION: - a Department of Urology, First Affiliated Hospital, College of Medicine, Zhejiang University, Zhejiang, China.

RESUMEN / SUMMARY: - Previous cohort and case-control studies on the association between cruciferous vegetables consumption and risk of renal cell carcinoma have illustrated conflicting results so far. To demonstrate the potential association between them, a meta-analysis was performed. Eligible studies were retrieved via both computerized searches and review of references. The summary relative risks (RRs) with 95% confidence interval (CI) for the highest vs. the lowest consumption of cruciferous vegetables were calculated. Heterogeneity and publication bias were also evaluated. Stratified analyses were performed as well. Three cohort and 7 case-control studies were

included. A significantly decreased risk with renal cell carcinoma was observed in overall cruciferous vegetables consumption group (RR = 0.73; 95% CI, 0.63-0.83) and subgroup of case-control studies (RR = 0.69; 95% CI, 0.60-0.78), but not in cohort studies (RR = 0.96; 95% CI, 0.71-1.21). No heterogeneity and publication bias were detected across studies. Our findings supported that cruciferous vegetables consumption was related to the decreased risk of renal cell carcinoma. Because of the limited number of studies, further well-designed prospective studies and researches need to be conducted to better clarify the protective effect of cruciferous vegetables on renal cell carcinoma and potential mechanism.

[32]

TÍTULO / TITLE: - An isolated penile mass in a young adult turned out to be a primary marginal zone lymphoma of the penis. A case report and a review of literature.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Jun;33(6):2639-42.

AUTORES / AUTHORS: - Gentile G; Broccoli A; Brunocilla E; Schiavina R; Borghesi M; Romagnoli D; Bianchi L; Derenzini E; Agostinelli C; Franceschelli A; Colombo F; Zinzani PL

INSTITUCIÓN / INSTITUTION: - Urology Unit, University of Bologna, Bologna, Italy.
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RESUMEN / SUMMARY: - AIM: to discuss the rationale of the management of penile MALT lymphoma. CASE REPORT: A 24-year-old patient presented with a painless and mobile nodule localized in the ventral part of the penis. The lesion was firstly evaluated through Doppler ultrasonography, which showed a hypoechoic and vascularized solid mass, a subsequent magnetic resonance confirmed size and position of the lesion. Subsequently the patient underwent a surgical excision of the mass, the pathological diagnosis was consistent with penile lymphoma, MALT-type. The patient underwent a consolidative immunotherapy with rituximab. Disease re-staging was performed through a MR without any detection of local or systemic recurrences. CONCLUSION: To our knowledge, no cases of MALT lymphoma involving the penis have been reported in the literature so far. Surgical excision with organ sparing and immunotherapy with rituximab, successfully induced a complete response. Based upon this experience, we may recommend a conservative surgery associated with a systemic approach.

[33]

TÍTULO / TITLE: - Methylation markers for prostate cancer prognosis: a systematic review.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Jun 25.

●● Enlace al texto completo (gratis o de pago) [1007/s10552-013-0249-](http://1007/s10552-013-0249-2)

[2](#)

AUTORES / AUTHORS: - Chao C; Chi M; Preciado M; Black MH

INSTITUCIÓN / INSTITUTION: - Department of Research and Evaluation, Kaiser Permanente Southern California, 100 S Los Robles Ave, 2nd Floor, Pasadena, CA, 91101, USA, chun.r.chao@kp.org.

RESUMEN / SUMMARY: - **PURPOSE:** We conducted a systematic review to summarize current evidence on the prognostic utility of DNA methylation markers in prostate cancer and ascertain knowledge gaps to inform future research. **METHODS:** We identified relevant studies using combined key search against PubMed database. Inclusion criteria were studies of human subjects that examined the association between DNA methylation markers and prostate cancer disease outcomes. The methodological quality of each study was systematically evaluated. Findings were qualitatively summarized. Due to heterogeneity and concerns of internal validity, no meta-analysis was performed. **RESULTS:** Twenty studies were reviewed; sample size ranged from 35 to 605 men in the prognostic analyses. Sixteen studies examined methylation markers in prostate cancer tissue and four examined circulating DNA methylation markers. Of all genes reviewed, paired-like homeodomain transcription factor 2 (PITX2) methylation was examined in two more rigorously designed studies and was found to be associated with biochemical recurrence. Common limitations in current literature included small sample sizes, lack of adequate adjustment for established prognostic factors, and poor reporting quality. **CONCLUSION:** Evidence on the prognostic utility of methylation markers in prostate cancer is inconclusive. Future research should ascertain large samples with adequate follow-up and include patients of racial/ethnic minority and those treated with modalities other than prostatectomy (e.g., using prostate cancer diagnostic biopsy as tissue source).

[34]

- CASTELLANO -

TÍTULO / TITLE: Tratamiento del tumor vesical no musculo infiltrante frente al problema de disponibilidad de bacilo de Calmette-Guerin. Consenso de un panel de expertos Españoles.

TÍTULO / TITLE: - Treatment of Non Muscle Invasive Bladder Tumor Related to the Problem of Bacillus Calmette-Guerin Availability. Consensus of a Spanish Expert's Panel.

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

REVISTA / JOURNAL: - Actas Urol Esp. 2013 July - August;37(7):387-394. doi: 10.1016/j.acuro.2013.04.002. Epub 2013 Jun 14.

- Enlace al texto completo (gratis o de pago)

1016/j.acuro.2013.04.002

AUTORES / AUTHORS: - Fernandez-Gomez JM; Carballido-Rodriguez J; Cozar-Olmo JM; Palou-Redorta J; Solsona-Narbon E; Unda-Urzaiz JM

INSTITUCIÓN / INSTITUTION: - Servicio de Urología, Hospital Universitario Central de Asturias, Universidad de Oviedo, Oviedo, España. Electronic address: jfernandezgomez23@gmail.com.

RESUMEN / SUMMARY: - CONTEXT: Since June 2012, there has been a worldwide lack of availability of the Connaught strain. In December 2012, a group of experts met in the Spanish Association of Urology to analyze this situation and propose alternatives. OBJECTIVE: To present the work performed by said committee and the resulting recommendations. ACQUISITION OF EVIDENCE: An update has been made of the principal existing evidence in the treatment of middle and high risk tumors. Special mention has been made regarding those related with the use of BCG and their possible alternative due to the different availability of BCG. EVIDENCE SYNTHESIS: In tumors with high risk of progression, immediate cystectomy should be considered when BCG is not available, with dose reduction or alternating with chemotherapy as methods to economize on the use of BCG when availability is reduced. In tumors having middle risk of progression, chemotherapy can be used, although when it is associated to a high risk of relapse, BCG would be indicated if available with the mentioned savings guidelines. BCG requires maintenance to maintain its effectiveness, it being necessary to optimize the application of endovesical chemotherapy and to use systems that increase its penetration into the bladder wall (EMDA) if they are available. CONCLUSIONS: Due to the scarcity of BCG, it has been necessary to agree on a series of recommendations that have been published on the web page of the Spanish Association of Urology.

[35]

TÍTULO / TITLE: - Von Hippel-Lindau and myotonic dystrophy of Steinert along with pancreatic neuroendocrine tumor and renal clear cell carcinoma 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

AUTORES / AUTHORS: - Addeo A; Bini R; Viora T; Bonaccorsi L; Leli R

INSTITUCIÓN / INSTITUTION: - Department of Oncology, United Lincolnshire Hospital Trust, Lincoln, UK. Electronic address: alfredo.addeo@ulh.nhs.uk.

RESUMEN / SUMMARY: - INTRODUCTION: Myotonic dystrophy of Steinert, DM1, is the most common adult muscular dystrophy and generally is not associated to development of 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 dystrophia myotonica-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.

TÍTULO / TITLE: - Isoflurane, a Commonly Used Volatile Anesthetic, Enhances Renal Cancer Growth and Malignant Potential via the Hypoxia-inducible Factor Cellular Signaling Pathway In Vitro.

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

REVISTA / JOURNAL: - Anesthesiology. 2013 Jun 14.

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

[1097/ALN.0b013e31829e47fd](https://doi.org/10.1097/ALN.0b013e31829e47fd)

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INSTITUCIÓN / INSTITUTION: - * Research Fellow, dagger Foundation Year Doctor, double dagger Postdoctoral Fellow, section sign Medical Student, || Student, ** Professor, Section of Anesthetics, Pain Medicine, and Intensive Care, Division of Surgery, Department of Surgery and Cancer, Faculty of Medicine, Imperial College London, Chelsea and Westminster Hospital, London, United Kingdom. # Professor, Division of Oncology, Department of Surgery and Cancer, Faculty of Medicine, Imperial College London, Hammersmith Hospital, London, London, United Kingdom. daggerdagger Reader, Section of Anesthetics, Pain Medicine, and Intensive Care, Division of Surgery, Department of Surgery and Cancer, Faculty of Medicine, Imperial College London, Chelsea and Westminster Hospital, and Department of Anesthesiology, Hubei University of Medicine, Hubei, China.

RESUMEN / SUMMARY: - **BACKGROUND:** Growing evidence indicates that perioperative factors, including choice of anesthetic, affect cancer recurrence after surgery although little is known about the effect of anesthetics on cancer cells themselves. Certain anesthetics are known to affect hypoxia cell signaling mechanisms in healthy cells by up-regulating hypoxia-inducible factors (HIFs). HIFs are also heavily implicated in tumorigenesis and high levels correlate with poor prognosis. **METHODS:** Renal cell carcinoma (RCC4) cells were exposed to isoflurane for 2h at various concentrations (0.5-2%). HIF-1alpha, HIF-2alpha, phospho-Akt, and vascular endothelial growth factor A levels were measured by immunoblotting at various time points (0-24h). Cell migration was measured across various components of extracellular matrix, and immunocytochemistry was used to analyze proliferation rate and cytoskeletal changes. **RESULTS:** Isoflurane up-regulated levels of HIF-1alpha and HIF-2alpha and intensified expression of vascular endothelial growth factor A. Exposed cultures contained significantly more cells (1.81 +/- 0.25 vs. 1.00 of control; P = 0.03) and actively proliferating cells (89.4 +/- 2.80 vs. 64.74 +/- 7.09% of control; P = 0.016) than controls. These effects were abrogated when cells were pretreated with the Akt inhibitor, LY294002. Exposed cells also exhibited greater migration on tissue culture-coated (F = 16.89; P = 0.0008), collagen-coated (F = 20.99; P = 0.0003), and fibronectin-coated wells (F = 8.21; P = 0.011) as along with dramatic cytoskeletal rearrangement, with changes to both filamentous actin and alpha-tubulin. **CONCLUSIONS:** These results provide evidence that a frequently used anesthetic can exert a protumorigenic effect on a human cancer cell line. This may represent an important contributory factor to high recurrence rates observed after surgery.

[36]

TÍTULO / TITLE: - Prostate-Specific Antigen Testing: Men's Responses to 2012 Recommendation Against Screening.

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

REVISTA / JOURNAL: - Am J Prev Med. 2013 Aug;45(2):182-9. doi: 10.1016/j.amepre.2013.04.005.

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

[1016/j.amepre.2013.04.005](#)

AUTORES / AUTHORS: - Squiers LB; Bann CM; Dolina SE; Tzeng J; McCormack L; Kamerow D

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RESUMEN / SUMMARY: - BACKGROUND: The U.S. Preventive Services Task Force (USPSTF) released a draft recommendation advising against prostate-specific antigen (PSA) testing in October 2011, a major shift from previous years of recommending neither for or against PSA testing due to insufficient evidence. PURPOSE: The purpose of this study was to assess men's awareness of the new recommendation, and their responses to it. METHODS: This study comprised a web survey of men aged 40-74 years that was conducted through GfK Custom Research, LLC's Knowledge Panel(®) from November 22 to December 2, 2011. Chi-square tests and logistic regression analyses were conducted to identify factors associated with disagreement with and intention to follow the recommendation. Data were analyzed in March 2012. RESULTS: The survey sample included 1089 men without a history of prostate cancer. After reviewing the recommendation, 62% agreed with the recommendation. Age and worry about getting prostate cancer were significantly related to disagreement with the recommendation. Only 13% of respondents were intenders (they planned to follow the U.S. Preventive Services Task Force recommendation and not get a prostate-specific antigen test in the future); 54% were non-intenders (they planned to not follow the U.S. Preventive Services Task Force recommendation and get a prostate-specific antigen test in the future; and 33% were undecided. Black race, higher income, having a PSA test in the past 2 years, and being somewhat/very worried about getting prostate cancer were all positively associated with being a non-intender. CONCLUSIONS: Study findings suggest that consumers are favorably disposed to PSA testing, despite new evidence suggesting that the harms outweigh the benefits. The new USPSTF recommendation against PSA testing in all men may be met with resistance.

[37]

TÍTULO / TITLE: - Boosting imaging defined dominant prostatic tumors: A systematic review.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jun 20. pii: S0167-8140(13)00267-3. doi: 10.1016/j.radonc.2013.04.027.

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

[1016/j.radonc.2013.04.027](http://dx.doi.org/10.1016/j.radonc.2013.04.027)

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RESUMEN / SUMMARY: - INTRODUCTION: Dominant cancer foci within the prostate are associated with sites of local recurrence post radiotherapy. In this systematic review we sought to address the question: “what is the clinical evidence to support differential boosting to an imaging defined GTV volume within the prostate when delivered by external beam or brachytherapy”. MATERIALS AND METHODS: A systematic review was conducted to identify clinical series reporting the use of radiation boosts to imaging defined GTVs. RESULTS: Thirteen papers describing 11 unique patient series and 833 patients in total were identified. Methods and details of GTV definition and treatment varied substantially between series. GTV boosts were on average 8Gy (range 3-35Gy) for external beam, or 150% for brachytherapy (range 130-155%) and GTV volumes were small (<10ml). Reported toxicity rates were low and may reflect the modest boost doses, small volumes and conservative DVH constraints employed in most studies. Variability in patient populations, study methodologies and outcomes reporting precluded conclusions regarding efficacy. CONCLUSIONS: Despite a large cohort of patients treated differential boosts to imaging defined intra-prostatic targets, conclusions regarding optimal techniques and/or efficacy of this approach are elusive, and this approach cannot be considered standard of care. There is a need to build consensus and evidence. Ongoing prospective randomized trials are underway and will help to better define the role of differential prostate boosts based on imaging defined GTVs.

[38]

TÍTULO / TITLE: - Association between NQO1 C609T polymorphism and bladder cancer susceptibility: a systemic review and meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Jun 8.

●● Enlace al texto completo (gratis o de pago) [1007/s13277-013-0799-](http://dx.doi.org/10.1007/s13277-013-0799-7)

[7](#)

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RESUMEN / SUMMARY: - There is growing evidence for the important roles of genetic factors in the host's susceptibility to bladder cancer. NAD(P)H:quinone oxidoreductase 1 (NQO1) is a cytosolic enzyme that catalyzes the two-electron reduction of quinoid compounds into hydroquinones. Since the NQO1 C609T polymorphism is linked to enzymatic activity of NQO1, it has also been hypothesized that NQO1 C609T polymorphism may affect the host's susceptibility to bladder cancer by modifying the exposure to carcinogens. There were many studies carried out to assess the association between NQO1 C609T polymorphism and bladder cancer risk, but they reported contradictory results. We conducted a meta-analysis to examine the hypotheses that the NQO1 C609T polymorphism modifies the risk of bladder cancer. Eleven case-control studies with 2,937 bladder cancer cases and 3,008 controls were included in the meta-analysis. Overall, there was no obvious association between NQO1 C609T polymorphism and bladder cancer susceptibility (for T versus C: odds ratio (OR) = 1.12, 95 % confidence interval (95 %CI) 0.99-1.26, P OR = 0.069; for TT versus CC: OR = 1.31, 95 %CI 0.95-1.81, P OR = 0.100; for TT/CT versus CC: OR = 1.06, 95 %CI 0.95-1.18, P OR = 0.304; for TT versus CT/CC: OR = 1.29, 95 %CI 0.94-1.77, P OR = 0.112). After adjusting for heterogeneity, meta-analysis of those left 10 studies showed that there was an obvious association between NQO1 C609T polymorphism and bladder cancer susceptibility (for T versus C: OR = 1.18, 95 %CI 1.06-1.31, P OR = 0.003; for TT versus CC: OR = 1.47, 95 %CI 1.14-1.90, P OR = 0.003; for TT/CT versus CC: OR = 1.16, 95 %CI 1.01-1.34, P OR = 0.036; for TT versus CT/CC: OR = 1.39, 95 %CI 1.10-1.75, P OR = 0.006). There was low risk of publication bias. Therefore, our meta-analysis suggests that NQO1 C609T polymorphism is associated with bladder cancer susceptibility.

[39]

TÍTULO / TITLE: - GEC/ESTRO recommendations on high dose rate afterloading brachytherapy for localised prostate cancer: An update.

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

REVISTA / JOURNAL: - Radiother Oncol. 2013 Jun 14. pii: S0167-8140(13)00200-4. doi: 10.1016/j.radonc.2013.05.002.

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

[1016/j.radonc.2013.05.002](#)

AUTORES / AUTHORS: - Hoskin PJ; Colombo A; Henry A; Niehoff P; Paulsen Hellebust T; Siebert FA; Kovacs G

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RESUMEN / SUMMARY: - Background: HDR afterloading brachytherapy (HDRBT) for prostate cancer is now established as an effective technique to achieve dose escalation in the radical treatment of localized prostate cancer. The previous guidelines published in 2005 from GEC ESTRO and EAU have been updated to

reflect the current and emerging roles for HDRBT in prostate cancer. Patients and method: The indications for HDRBT in dose escalation schedules with external beam are wide ranging with all patients having localized disease eligible for this technique. Exclusion criteria are few encompassing patients medically unfit for the procedure and those with significant urinary outflow symptoms. Results: Recommendations for patient selection, treatment facility, implant technique, dose prescription and dosimetry reporting are given. Conclusions: HDRBT in prostate cancer can be practiced effectively and safely within the context of these guidelines with the main indication being for dose escalation with external beam. HDRBT used alone is currently under evaluation and its role in focal treatment and recurrence will be areas of future development.

[40]

TÍTULO / TITLE: - Prostate cancer chemoprevention in men of African descent: current state of the art and opportunities for future research.

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

REVISTA / JOURNAL: - Cancer Causes Control. 2013 Aug;24(8):1465-80. doi: 10.1007/s10552-013-0241-x. Epub 2013 Jun 5.

●● Enlace al texto completo (gratis o de pago) [1007/s10552-013-0241-](#)

[X](#)

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INSTITUCIÓN / INSTITUTION: - Department of Cancer Epidemiology, Moffitt Cancer Center, Tampa, FL, 33612, USA, ganna.chornokur@moffitt.org.

RESUMEN / SUMMARY: - Prostate cancer is the most frequently diagnosed malignancy in men. However, African American/Black men are 60 % more likely to be diagnosed with and 2.4 times more likely to die from prostate cancer, compared to Non-Hispanic White men. Despite the increased burden of this malignancy, no evidence-based recommendation regarding prostate cancer screening exists for the high-risk population. Moreover, in addition to screening and detection, African American men may constitute a prime population for chemoprevention. Early detection and chemoprevention may thus represent an integral part of prostate cancer control in this population. Importantly, recent research has elucidated biological differences in the prostate tumors of African American compared to European American men. The latter may enable a more favorable response in African American men to specific chemopreventive agents that target relevant signal transduction pathways. Based on this evolving evidence, the aims of this review are threefold. First, we aim to summarize the biological differences that were reported in the prostate tumors of African American and European American men. Second, we will review the single- and multi-target chemopreventive agents placing specific emphasis on the pathways implicated in prostate carcinogenesis. And lastly, we will discuss the most promising nutraceutical chemopreventive compounds. Our review underscores

the promise of chemoprevention in prostate cancer control, as well as provides justification for further investment in this field to ultimately reduce prostate cancer morbidity and mortality in this high-risk population of African American men.

[41]

TÍTULO / TITLE: - Clear Cell Sarcomas of the Kidney registered on International Society of Pediatric Oncology (SIOP) 93-01 and SIOP 2001 protocols: A report of the SIOP Renal Tumour Study Group.

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

REVISTA / JOURNAL: - Eur J Cancer. 2013 Jul 20. pii: S0959-8049(13)00531-5. doi: 10.1016/j.ejca.2013.06.036.

●● Enlace al texto completo (gratis o de pago) 1016/j.ejca.2013.06.036

AUTORES / AUTHORS: - Furtwangler R; Gooskens SL; van Tinteren H; de Kraker J; Schleiermacher G; Bergeron C; de Camargo B; Acha T; Godzinski J; Sandstedt B; Leuschner I; Vujanic GM; Pieters R; Graf N; van den Heuvel-Eibrink MM

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Hematology/Oncology, University Hospital for Children, Homburg, Germany.

RESUMEN / SUMMARY: - **PURPOSE:** Clear Cell Sarcoma of the Kidney (CCSK) is a rare childhood renal tumour. Only a few homogeneously treated CCSK cohorts have been reported. This study aims to describe clinical characteristics and survival of CCSK patients treated according to recent International Society of Pediatric Oncology (SIOP) protocols. **PATIENTS AND METHODS:** We analysed the prospectively collected data of patients with a histologically verified CCSK, entered onto SIOP 93-01/2001 trials. **RESULTS:** A total of 191 CCSK patients (64% male) were analysed, with a median age at diagnosis of 2.6 years. Stage distribution for stages I, II, III and IV was 42%, 23%, 28% and 7%, respectively. Pre-operative chemotherapy was administered to 169/191 patients. All patients underwent total nephrectomy and 189/191 patients received post-operative chemotherapy. Radiotherapy was applied in 2/80 stage I, 33/44 stage II, 44/54 stage III and 6/13 stage IV patients. Five year event-free survival (EFS) and overall survival (OS) were 79% (95% confidence interval (CI): 73-85%) and 86% (95% CI: 80-92%) respectively. Stage IV disease and young age were significant adverse prognostic factors for event-free survival. Factors such as gender, tumour volume and type of initial treatment were not found to be prognostic for EFS and OS. **CONCLUSION:** In this largest SIOP cohort described so far, overall outcome of CCSK is reasonable, although treatment of young and advanced-stage disease patients is challenging. As further intensification of treatment is hampered by direct and late toxicity, future directions should include the development of targeted therapy based on specific molecular aberrations of CCSK.

[42]

TÍTULO / TITLE: - Renal carcinoma relapse presenting as a peripheral nerve sheath tumor: A case report and brief review of the literature.

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

REVISTA / JOURNAL: - Neurochirurgie. 2013 Jun;59(3):128-32. doi: 10.1016/j.neuchi.2013.04.001. Epub 2013 Jun 24.

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

[1016/j.neuchi.2013.04.001](#)

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RESUMEN / SUMMARY: - We report a rare case of renal carcinoma metastasis involving a lumbar nerve root. Metastases to nerve roots are rare occurrences, and to our knowledge, only six cases have been reported so far in the literature. The patient in this report presented with weakness in the right lower limb and intractable pain irradiating along the L5 dermatome. MRI findings revealed a right-sided L5 nerve root mass, suggestive of a schwannoma, involving the spinal ganglion and its extraforaminal region. Complete macroscopic resection of this mass was performed, and histopathologic analysis confirmed the lesion to be a metastasis of a renal clear cell carcinoma. Local radiotherapy was given and tyrosine kinase inhibitors administered. At 5 months, the patient was pain-free and his right limb weakness had completely resolved. A tumoral recurrence could be observed on the control MRI 5 months after surgery. This report presents the first case of a patient with a renal clear cell carcinoma metastasis to a L5 nerve root, as well as a brief review of previous cases of metastases to peripheral nerve roots.

[43]

TÍTULO / TITLE: - Efficacy and safety of tadalafil monotherapy for lower urinary tract symptoms secondary to benign prostatic hyperplasia: a meta-analysis.

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

REVISTA / JOURNAL: - Urol Int. 2013;91(1):10-8. doi: 10.1159/000351405. Epub 2013 Jun 25.

●● Enlace al texto completo (gratis o de pago) [1159/000351405](#)

AUTORES / AUTHORS: - Dong Y; Hao L; Shi Z; Wang G; Zhang Z; Han C

INSTITUCIÓN / INSTITUTION: - School of Clinical Medicine, Southeast University, Nanjing, China.

RESUMEN / SUMMARY: - Objective: To evaluate the efficacy and safety of tadalafil monotherapy for lower urinary tract symptoms secondary to benign prostatic hyperplasia (LUTS/BPH). Methods: A comprehensive search was done to identify randomized controlled trials comparing the efficacy and safety

of tadalafil for LUTS/BPH with placebos. Meta-analytical techniques were applied to evaluate the differences in the study results. Results: Eight studies were identified and analyzed. Compared with placebo, tadalafil was associated with significant improvements in the International Prostate Symptom Score (IPSS) (mean difference = -2.19, $p < 0.00001$) and the International Index of Erectile Function (IIEF) score (mean difference = +4.66, $p < 0.00001$), despite the concomitant presence of erectile dysfunction. Significant differences were also observed in the IPSS irritative and obstructive subscores, IPSS quality of life index and BPH impact index. After pooling four doses (2.5, 5, 10 and 20 mg), tadalafil failed to produce a significant outcome in maximal urinary flow rate (Qmax) (mean difference = +0.26 ml/s, $p = 0.14$), but 5 mg of tadalafil significantly improved Qmax (mean difference = +0.63 ml/s, $p = 0.04$). No significant difference was detected in the incidence of serious adverse events (risk ratio = 1.00, $p = 1.00$) after tadalafil treatment. Conclusions: Tadalafil showed good efficacy and safety for improving LUTS and erectile dysfunction in men with BPH, and 5 mg of tadalafil significantly improved Qmax.

[44]

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

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

REVISTA / JOURNAL: - J Pediatr Surg. 2013 Jun;48(6):e33-5. doi: 10.1016/j.jpedsurg.2013.04.021.

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

1016/j.jpedsurg.2013.04.021

AUTORES / AUTHORS: - Rojas Y; Slater BJ; Braverman RM; Eldin KW; Thompson PA; Wesson DE; Nuchtern JG

INSTITUCIÓN / INSTITUTION: - Michael E. DeBakey Department of Surgery, Baylor College of Medicine, Houston, TX, USA.

RESUMEN / SUMMARY: - Extrarenal Wilms tumors are extremely rare with only isolated case reports in the pediatric literature. We present the case of a 2-year old boy who presented with a large abdominal mass and constipation. Pathologic diagnosis of the tumor was extrarenal Wilms tumor (ERWT) with favorable histology. We discuss the diagnostic workup, radiologic and operative findings, treatment and review of the literature.

[45]

TÍTULO / TITLE: - Early detection of prostate cancer: European association of urology recommendation.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Sep;64(3):347-54. doi: 10.1016/j.eururo.2013.06.051. Epub 2013 Jul 9.

- Enlace al texto completo (gratis o de pago)

[1016/j.eururo.2013.06.051](https://doi.org/10.1016/j.eururo.2013.06.051)

AUTORES / AUTHORS: - Heidenreich A; Abrahamsson PA; Artibani W; Catto J; Montorsi F; Van Poppel H; Wirth M; Mottet N

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RESUMEN / SUMMARY: - BACKGROUND: The recommendations and the updated EAU guidelines consider early detection of PCa with the purpose of reducing PCa-related mortality and the development of advanced or metastatic disease. OBJECTIVE: This paper presents the recommendations of the European Association of Urology (EAU) for early detection of prostate cancer (PCa) in men without evidence of PCa-related symptoms. EVIDENCE ACQUISITION: The working panel conducted a systematic literature review and meta-analysis of prospective and retrospective clinical studies on baseline prostate-specific antigen (PSA) and early detection of PCa and on PCa screening published between 1990 and 2013 using Cochrane Reviews, Embase, and Medline search strategies. EVIDENCE SYNTHESIS: The level of evidence and grade of recommendation were analysed according to the principles of evidence-based medicine. The current strategy of the EAU recommends that (1) early detection of PCa reduces PCa-related mortality; (2) early detection of PCa reduces the risk of being diagnosed and developing advanced and metastatic PCa; (3) a baseline serum PSA level should be obtained at 40-45 yr of age; (4) intervals for early detection of PCa should be adapted to the baseline PSA serum concentration; (5) early detection should be offered to men with a life expectancy ≥ 10 yr; and (6) in the future, multivariable clinical risk-prediction tools need to be integrated into the decision-making process. CONCLUSIONS: A baseline serum PSA should be offered to all men 40-45 yr of age to initiate a risk-adapted follow-up approach with the purpose of reducing PCa mortality and the incidence of advanced and metastatic PCa. In the future, the development and application of multivariable risk-prediction tools will be necessary to prevent over diagnosis and over treatment.

[46]

TÍTULO / TITLE: - EAU Guidelines on Non-Muscle-invasive Urothelial Carcinoma of the Bladder: Update 2013.

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

REVISTA / JOURNAL: - Eur Urol. 2013 Jun 12. pii: S0302-2838(13)00601-5. doi: 10.1016/j.eururo.2013.06.003.

- Enlace al texto completo (gratis o de pago)

[1016/j.eururo.2013.06.003](https://doi.org/10.1016/j.eururo.2013.06.003)

AUTORES / AUTHORS: - Babjuk M; Burger M; Zigeuner R; Shariat SF; van Rhijn BW; Comperat E; Sylvester RJ; Kaasinen E; Bohle A; Palou Redorta J; Roupret M

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RESUMEN / SUMMARY: - **CONTEXT:** The first European Association of Urology (EAU) guidelines on bladder cancer were published in 2002 [1]. Since then, the guidelines have been continuously updated. **OBJECTIVE:** To present the 2013 EAU guidelines on non-muscle-invasive bladder cancer (NMIBC). **EVIDENCE ACQUISITION:** Literature published between 2010 and 2012 on the diagnosis and treatment of NMIBC was systematically reviewed. Previous guidelines were updated, and the levels of evidence and grades of recommendation were assigned. **EVIDENCE SYNTHESIS:** Tumours staged as Ta, T1, or carcinoma in situ (CIS) are grouped as NMIBC. Diagnosis depends on cystoscopy and histologic evaluation of the tissue obtained by transurethral resection (TUR) in papillary tumours or by multiple bladder biopsies in CIS. In papillary lesions, a complete TUR is essential for the patient's prognosis. Where the initial resection is incomplete, where there is no muscle in the specimen, or where a high-grade or T1 tumour is detected, a second TUR should be performed within 2-6 wk. The risks of both recurrence and progression may be estimated for individual patients using the EORTC scoring system and risk tables. The stratification of patients into low-, intermediate-, and high-risk groups is pivotal to recommending adjuvant treatment. For patients with a low-risk tumour, one immediate instillation of chemotherapy is recommended. Patients with an intermediate-risk tumour should receive one immediate instillation of chemotherapy followed by 1 yr of full-dose bacillus Calmette-Guerin (BCG) intravesical immunotherapy or by further instillations of chemotherapy for a maximum of 1 yr. In patients with high-risk tumours, full-dose intravesical BCG for 1-3 yr is indicated. In patients at highest risk of tumour progression, immediate radical cystectomy should be considered. Cystectomy is recommended in BCG-refractory tumours. The long version of the guidelines is available from the EAU Web site: <http://www.uroweb.org/guidelines/>. **CONCLUSIONS:** These abridged EAU guidelines present updated information on the diagnosis and treatment of NMIBC for incorporation into clinical practice. **PATIENT SUMMARY:** The EAU Panel on Non-muscle Invasive Bladder Cancer released an updated version of their guidelines. Current clinical studies support patient selection into different risk groups; low, intermediate and high risk. These risk groups indicate the likelihood of the development of a new (recurrent) cancer after initial treatment (endoscopic resection) or progression to more aggressive (muscle-invasive) bladder cancer and are most important for the decision to provide chemo- or immunotherapy (bladder installations). Surgical removal of the bladder (radical cystectomy) should only be considered

in patients who have failed chemo- or immunotherapy, or who are in the highest risk group for progression.

[47]

TÍTULO / TITLE: - Adherence to world cancer research fund/american institute for cancer research lifestyle recommendations reduces prostate cancer aggressiveness among african and caucasian americans.

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

REVISTA / JOURNAL: - Nutr Cancer. 2013 Jul;65(5):633-43. doi: 10.1080/01635581.2013.789540.

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

[1080/01635581.2013.789540](#)

AUTORES / AUTHORS: - Arab L; Su J; Steck SE; Ang A; Fontham ET; Bensen JT; Mohler JL

INSTITUCIÓN / INSTITUTION: - a David Geffen School of Medicine , University of California , Los Angeles , California , USA.

RESUMEN / SUMMARY: - The effect of adherence to the World Cancer Research Fund (WCRF) lifestyle recommendations on cancer aggressiveness is unknown. We examined associations between adherence to recommendations and risk of highly aggressive prostate cancer in research subjects enrolled in the North Carolina-Louisiana Prostate Cancer Project (PCaP). We examined associations between adherence to WCRF recommendations and risk of highly aggressive prostate cancer among 2212 newly diagnosed African Americans (AA) or Caucasian Americans (CA) aged 40-70 years in PCaP. Prostate cancer aggressiveness was based on Gleason scores, serum prostate-specific antigens, and TNM stage. Adherence to WCRF recommendations was based on point scores and odds ratios estimated. Results showed that adherence to recommendations was significantly and negatively associated with risk of a highly aggressive prostate cancer. Each additional point in the total adherence score corresponded to a 13% risk reduction. Total adherence score <4 predicted increased risk in both AA (OR = 1.36; 95% CI = 1.01-1.85) and CA (OR = 1.41; 95% CI = 1.01-1.98). Consumption of <500 g red meat per week or <=125 total kcal/100 g solid food per day is a statistically significant protective factor in the overall cohort. Recommendations aimed at preventing all cancers also may reduce risk of highly aggressive prostate cancer.

[48]

TÍTULO / TITLE: - Renal hybrid oncocytic/chromophobe tumors - A review.

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

REVISTA / JOURNAL: - Histol Histopathol. 2013 Jun 6.

AUTORES / AUTHORS: - Hes O; Petersson F; Kuroda N; Hora M; Michal M

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Charles University in Prague, Faculty of Medicine in Plzen, Czech Republic. hes@medima.cz.

RESUMEN / SUMMARY: - Hybrid oncocytic/chromophobe tumors (HOCT) occur in three clinico-pathologic situations; (1) sporadically, (2) in association with renal oncocytomatosis and (3) in patients with Birt-Hogg-Dube syndrome (BHD). There are no specific clinical symptoms in patients with sporadic or HOCT associated with oncocytosis/oncocytomatosis. HOCT in patients with BHD are usually encountered on characteristic BHD clinicopathologic background. Sporadic HOCT are composed of neoplastic cells with eosinophilic oncocyctic cytoplasm. Tumors are usually arranged in a solid-alveolar pattern. Some neoplastic cells may have a perinuclear halo, no raisinoid nuclei are present. HOCT occurring in patients with oncocytomatosis are morphologically identical to sporadic HOCT. HOCT in BHD frequently display 3 morphologic patterns, either in isolation or in combination; (1) An admixture of areas typical of RO and CHRCC, respectively, (2) Scattered chromophobe cells in the background of a typical RO, (3) Large eosinophilic cells with intracytoplasmic vacuoles. The immunohistochemical profiles of HOCT in all clinicopathologic and morphologic groups differ slightly. The majority of tumors express parvalbumin, antimitochondrial antigen and CK 7. CD117 is invariably positive. HOCT show significant molecular genetic heterogeneity. The highest degree of variability in numerical chromosomal changes is present in sporadic HOCT. HOCT in the setting of oncocytomatosis have revealed a lesser degree of variability in the chromosomal numerical aberrations. HOCT in patients with BHD display FLCN gene mutations, which are absent in the other groups. HOCT (all three clinicopathologic groups) seem to behave indolently, as no evidence of aggressive behavior has been documented. However, no report with follow up longer than 10 years has been published.

[49]

TÍTULO / TITLE: - Recent advances and the emerging role for chemoradiation in nonmuscle invasive bladder cancer.

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

REVISTA / JOURNAL: - Curr Opin Urol. 2013 Sep;23(5):429-34. doi: 10.1097/MOU.0b013e328363de04.

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

[1097/MOU.0b013e328363de04](#)

AUTORES / AUTHORS: - Gray PJ; Shipley WU; Efstathiou JA; Zietman AL

INSTITUCIÓN / INSTITUTION: - aDepartment of Radiation Oncology, Massachusetts General Hospital, Harvard Medical School bHarvard Radiation Oncology Program, Boston, Massachusetts, USA.

RESUMEN / SUMMARY: - PURPOSE OF REVIEW: The management of nonmuscle invasive bladder cancer (NMIBC) recurrent after bacillus Calmette-Guerin therapy is complex and further complicated by high numbers of patients

who are not candidates for cystectomy. This article reviews data supporting the use of chemoradiation in NMIBC and discusses emerging biomarkers of treatment response. RECENT FINDINGS: Radiotherapy, especially when combined with chemotherapy, has shown great promise for treating bladder cancer. Recent studies have identified that many patients with bladder cancer do not receive potentially curative therapies. Many such patients are elderly or infirm and represent an unmet need for curative therapeutic alternatives to radical cystectomy. Although radiotherapy alone does not appear superior to intravesical therapy in NMIBC, at least one series with long-term follow-up has shown excellent results in patients treated with radiation and concurrent chemotherapy. A clinical trial investigating the role for chemoradiation in T1 disease that has recurred is underway. Biomarkers able to predict radiotherapy response may allow for personalized therapy in the near future. SUMMARY: Chemoradiation is an emerging treatment option for selected patients with NMIBC. Prospective validation of currently identified biomarkers is needed along with further research to identify which patients may benefit the most from such therapy.

[50]

TÍTULO / TITLE: - Reactive arthritis induced by intravesical BCG therapy for bladder cancer: our clinical experience and systematic review of the literature.

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

REVISTA / JOURNAL: - Autoimmun Rev. 2013 Jun 29. pii: S1568-9972(13)00121-3. doi: 10.1016/j.autrev.2013.06.017.

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

[1016/j.autrev.2013.06.017](#)

AUTORES / AUTHORS: - Bernini L; Manzini CU; Giuggioli D; Sebastiani M; Ferri C

INSTITUCIÓN / INSTITUTION: - Rheumatology Unit, Department of Internal Medicine, University of Modena and Reggio Emilia, Medical School, Modena, Italy. Electronic address: luber47@gmail.com.

RESUMEN / SUMMARY: - OBJECTIVE: Intravesical instillation of BCG (ivBCG) is an effective and safe immunotherapy of bladder carcinoma but it may have, as side effect, a reactive arthritis (ReA). The authors describe 5 cases observed during their own clinical experience along with the updated review of the literature on this topic. METHODS: Seventy-three papers were present in the world literature, each reporting almost 1 case for a total of 112 patients. However, the review focused on 61 papers, selected on the basis of reporting suitable for a correct clinical evaluation; thus, a total of 89 patients, including the cases observed in our clinic, were carefully analyzed. RESULTS: Among the 89 patients identified 73 were males and 16 females. Europe is the geographical area with the higher number of reports, namely 80.6% of the papers including 74.2% of the patients. The Mediterranean area accounts for 62.9% of the papers and 59.6% of the cases. The symptoms of ReA appeared

after a mean number of instillations of 5.8. Polyarthritis was present in 55.1%, oligoarthritis in 37.0% and monoarthritis in 7.9%. Polyarthritis was symmetric in 51.0% and asymmetric in 49.0% of the cases; oligoarthritis was symmetric in 33.3% and asymmetric in 66.7% of the cases. Overall, an asymmetric distribution of arthritis was present in 59.6%. Knee and ankle were the joints most frequently involved. The antigen HLA B27 was positive in 42.6%. The synovial fluid analysis was defined as flogistic-aseptic in 71.9% of the patients. Arthritis was recovered within 6 months in 93.2% of the cases and in 70.5% of the patients within the first two months. NSAIDs and corticosteroids, alone or in conjunction with other drugs, are used in 65.1% and in 40.4% of the cases, respectively. The clinical features of ivBCG ReA are compared with ReA from other triggering agents, from which it differs for some clinical aspects and overlaps for others. CONCLUSIONS: Compared with a previous report, this review allows to modify some figures of this topic as a reduced prevalence of polyarthritis (from 70% to 55.1%) and of spinal and sacroiliac involvement; polyarthritis remains the more frequent clinical pattern of ivBCG ReA that, however, is characterized by rather asymmetrical distribution and involvement of the large joints of lower limbs. A definite linkage to HLA B27 is present, although without prognostic value. Moreover, arthritis is aseptic, has a latency time from antigen exposure, and is associated with extra-articular features as commonly observed in ReA from other triggering agents. Arthritis is usually benign and rarely develops into a chronic form. NSAIDs and/or corticosteroids are largely effective. Noteworthy, the overall clinical picture of arthritis triggered by ivBCG emerging from this updated review is comparable to that of ReA from other bacterial agents.

[51]

TÍTULO / TITLE: - A Randomized Phase II Trial Evaluating Different Schedules of Zoledronic Acid on Bone Mineral Density in Patients With Prostate Cancer Beginning Androgen Deprivation Therapy.

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

REVISTA / JOURNAL: - Clin Genitourin Cancer. 2013 Jul 5. pii: S1558-7673(13)00090-6. doi: 10.1016/j.clgc.2013.04.029.

●● Enlace al texto completo (gratis o de pago) [1016/j.clgc.2013.04.029](#)

AUTORES / AUTHORS: - Lang JM; Wallace M; Becker JT; Eickhoff JC; Buehring B; Binkley N; Staab MJ; Wilding G; Liu G; Malkovsky M; McNeel DG

INSTITUCIÓN / INSTITUTION: - Department of Medicine, University of Wisconsin, Madison, WI; Carbone Cancer Center, University of Wisconsin, Madison, WI.

RESUMEN / SUMMARY: - OBJECTIVE: To assess the effects of timing and schedule of zoledronic acid (ZA) administration on bone mineral density (BMD) in patients beginning androgen deprivation therapy (ADT) for the treatment of recurrent prostate cancer. PATIENTS AND METHODS: In this randomized, 3-arm trial, we evaluated changes in BMD after 3 different ZA administration

schedules in men with recurrent prostate cancer who were beginning ADT. Forty-four patients were enrolled and randomized to receive a single dose of ZA given 1 week before beginning ADT (arm 1), a single dose of ZA given 6 months after beginning ADT (arm 2), or monthly administration of ZA starting 6 months after beginning ADT, for a total of 6 doses (arm 3). RESULTS: Patients who received ZA before ADT had a significant improvement in BMD at the total proximal femur and trochanter after 6 months compared with the other groups. In addition, only patients in the arm that received multiple doses improved lumbar spine BMD while on ADT, with these findings persisting to 24 months. However, this group also experienced more grade 1 adverse events. CONCLUSIONS: Analysis of these data suggests that ZA administration before initiation of ADT was superior to treatment 6 months after starting ADT in maintaining BMD. In addition, monthly ZA administration can increase BMD above baseline but is associated with more adverse events. Further study is needed to examine whether the timing and frequency of ZA therapy in patients on ADT can reduce fracture risk.

TÍTULO / TITLE: - Second primary cancers after radiation for prostate cancer: a review of data from planning studies.

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

REVISTA / JOURNAL: - Radiat Oncol. 2013 Jul 8;8:172. doi: 10.1186/1748-717X-8-172.

●● Enlace al texto completo (gratis o de pago) [1186/1748-717X-8-172](#)

AUTORES / AUTHORS: - Murray L; Henry A; Hoskin P; Siebert FA; Venselaar J

INSTITUCIÓN / INSTITUTION: - St James's Institute of Oncology, Beckett St, Leeds LS9 7TF, UK. L.J.Murray@leeds.ac.uk.

RESUMEN / SUMMARY: - A review of planning studies was undertaken to evaluate estimated risks of radiation induced second primary cancers (RISPC) associated with different prostate radiotherapy techniques for localised prostate cancer. A total of 83 publications were identified which employed a variety of methods to estimate RISPC risk. Of these, the 16 planning studies which specifically addressed absolute or relative second cancer risk using dose-response models were selected for inclusion within this review. There are uncertainties and limitations related to all the different methods for estimating RISPC risk. Whether or not dose models include the effects of the primary radiation beam, as well as out-of-field regions, influences estimated risks. Regarding the impact of IMRT compared to 3D-CRT, at equivalent energies, several studies suggest an increase in risk related to increased leakage contributing to out-of-field RISPC risk, although in absolute terms this increase in risk may be very small. IMRT also results in increased low dose normal tissue irradiation, but the extent to which this has been estimated to contribute to RISPC risk is variable, and may also be very small. IMRT is often delivered using 6MV photons while conventional radiotherapy often requires higher energies to achieve adequate tissue penetration, and so comparisons between

IMRT and older techniques should not be restricted to equivalent energies. Proton and brachytherapy planning studies suggest very low RISPC risks associated with these techniques. Until there is sufficient clinical evidence regarding RISPC risks associated with modern irradiation techniques, the data produced from planning studies is relevant when considering which patients to irradiate, and which technique to employ.

[52]

- CASTELLANO -

TÍTULO / TITLE: Protokollbasierte bildgesteuerte Salvage-Brachytherapie : Frühe Ergebnisse von Prostatakrebspatienten mit lokalem Rückfall nach Strahlentherapie.

TÍTULO / TITLE: - Protocol-based image-guided salvage brachytherapy : Early results in patients with local failure of prostate cancer after radiation therapy.

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

REVISTA / JOURNAL: - Strahlenther Onkol. 2013 Aug;189(8):668-674. Epub 2013 Jul 5.

- Enlace al texto completo (gratis o de pago) [1007/s00066-013-0373-](http://1007/s00066-013-0373-7)

[7](#)

AUTORES / AUTHORS: - Lahmer G; Lotter M; Kreppner S; Fietkau R; Strnad V

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University Hospital Erlangen, Universitätsstr. 27, 91054, Erlangen, Germany.

RESUMEN / SUMMARY: - PURPOSE: To assess the overall clinical outcome of protocol-based image-guided salvage pulsed-dose-rate brachytherapy for locally recurrent prostate cancer after radiotherapy failure particularly regarding feasibility and side effects. PATIENTS AND METHODS: Eighteen consecutive patients with locally recurrent prostate cancer (median age, 69 years) were treated during 2005-2011 with interstitial PDR brachytherapy (PDR-BT) as salvage brachytherapy after radiotherapy failure. The treatment schedule was PDR-BT two times with 30 Gy (pulse dose 0.6 Gy/h, 24 h per day) corresponding to a total dose of 60 Gy. Dose volume adaptation was performed with the aim of optimal coverage of the whole prostate (V100 > 95 %) simultaneously respecting the protocol-based dose volume constraints for the urethra (D0.1 cc < 130 %) and the rectum (D2 cc < 50-60 %) taking into account the previous radiation therapy. Local relapse after radiotherapy (external beam irradiation, brachytherapy with J-125 seeds or combination) was confirmed mostly via choline-PET and increased PSA levels. The primary endpoint was treatment-related late toxicities-particularly proctitis, anal incontinence, cystitis, urinary incontinence, urinary frequency/urgency, and urinary retention according to the Common Toxicity Criteria. The secondary endpoint was PSA-recurrence-free survival. RESULTS: We registered urinary toxicities only. Grade 2 and grade 3 toxicities were observed in up to 11.1 % (2/18) and 16.7 % (3/18) of patients, respectively. The most frequent late-event

grade 3 toxicity was urinary retention in 17 % (3/18) of patients. No late gastrointestinal side effects occurred. The biochemical PSA-recurrence-free survival probability at 3 years was 57.1 %. The overall survival at 3 years was 88.9 %; 22 % (4/18) of patients developed metastases. The median follow-up time for all patients after salvage BT was 21 months (range, 8-77 months). CONCLUSION: Salvage PDR-brachytherapy of the prostate following local failure after radiation therapy is a treatment option with a low rate of genitourinary side effects and no late gastrointestinal side effects. The treatment efficacy in the first 3 years is promising.

[53]

TÍTULO / TITLE: - Mismatch repair proteins in recurrent prostate cancer.

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

REVISTA / JOURNAL: - Adv Clin Chem. 2013;60:65-84.

AUTORES / AUTHORS: - Jarzen J; Diamanduros A; Scarpinato KD

INSTITUCIÓN / INSTITUTION: - Department of Biology, College of Science and Technology, Georgia Southern University, Statesboro, Georgia, USA.

RESUMEN / SUMMARY: - Normal cell function requires strict control over the repair of DNA damage, which prevents excessive mutagenesis. An enhanced accumulation of mutations results in the multistep process generally known as carcinogenesis. Defects in repair pathways fuel such mutagenesis by allowing reiterative cycles of mutation, selection, and clonal expansion that drive cancer progression. The repair of mismatches is an important mechanism in the prevention of such genetic instability. In addition, proteins of this pathway have the unique ability to function in DNA damage response by inducing apoptosis when irreparable damage is encountered. Though originally identified primarily in association with a predisposition to hereditary colon cancer, mismatch repair defects have been identified in many other cancer types, including prostate cancer. From the first discovery of microsatellite instability in prostate cancer cell lines and tumor samples, variations in protein levels and a possible association with recurrence and aggression of disease have been described. Current results suggest that the involvement of mismatch repair proteins in prostate cancer may differ from that found in colorectal cancer, in the type of proteins and protein defects involved and the type of causative mutations. Additional work is clearly needed to investigate this involvement and the possibility that such defects may affect treatment response and androgen independence.

[54]

TÍTULO / TITLE: - Factors associated with adherence to physical activity guidelines in patients with prostate cancer.

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

REVISTA / JOURNAL: - Psychooncology. 2013 Jun 7. doi: 10.1002/pon.3310.

●● Enlace al texto completo (gratis o de pago) [1002/pon.3310](https://doi.org/10.1002/pon.3310)

AUTORES / AUTHORS: - Chipperfield K; Fletcher J; Millar J; Brooker J; Smith R; Frydenberg M; Oh T; Burney S

INSTITUCIÓN / INSTITUTION: - School of Psychology and Psychiatry, Monash University, Melbourne, Australia. chipperfield@monash.edu.

RESUMEN / SUMMARY: - **OBJECTIVE:** This study aimed to estimate the proportion of patients with prostate cancer (PCa) meeting the National Physical Activity Guidelines of Australia (NPAGA) and determine sociodemographic and medical factors associated with meeting these guidelines. Secondary aims included examining physical activity (PA) levels by treatment type and domain (leisure, work, transport and domestic) and establishing a predictive model of the likelihood that men with PCa would meet NPAGA. **METHODS:** A questionnaire was mailed to 638 men with PCa attending for treatment at the Alfred, Cabrini or Latrobe Regional Hospitals during 2010 and 2011, with a response rate of 59%. Measures included International Physical Activity Questionnaire, Hospital Anxiety and Depression Scale, Functional Assessment of Cancer Therapy - Prostate and sociodemographic items. Inclusion criteria were English speaking men aged 40 to 80 years, who had undergone radiotherapy (RT) between 9 and 30 months prior to the survey. **RESULTS:** Of 356 men with PCa, less than half were meeting NPAGA (41.9%). Lower education and quality of life (QoL), a higher number of comorbid conditions and symptoms of depression and anxiety were associated with decreased leisure-time PA. Patients treated with androgen deprivation therapy were significantly less active than patients treated with RT only. Logistic regression analyses indicated that the likelihood of meeting NPAGA was significantly lower with higher levels of depressive symptoms and lower levels of education. **CONCLUSIONS:** Meeting NPAGA is associated with higher QoL and psychosocial well-being in men with PCa. These findings contribute important information for targeting PA interventions to PCa survivors. Copyright © 2013 John Wiley & Sons, Ltd.

[55]

TÍTULO / TITLE: - Management of metastatic renal cell carcinoma patients with poor-risk features: current status and future perspectives.

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

REVISTA / JOURNAL: - Expert Rev Anticancer Ther. 2013 Jun;13(6):697-709. doi: 10.1586/era.13.52.

●● Enlace al texto completo (gratis o de pago) [1586/era.13.52](https://doi.org/10.1586/era.13.52)

AUTORES / AUTHORS: - Santoni M; De Tursi M; Felici A; Lo Re G; Ricotta R; Ruggeri EM; Sabbatini R; Santini D; Vaccaro V; Milella M

INSTITUCIÓN / INSTITUTION: - Clinica di Oncologia Medica, AOU Ospedali Riuniti, Università Politecnica delle Marche, Ancona, Italy.

RESUMEN / SUMMARY: - With seven agents approved for renal cell carcinoma within the past few years, there has undoubtedly been progress in treating this disease. However, patients with poor-risk features remain a challenging and difficult-to-treat population, with the mTOR inhibitor, temsirolimus, the only agent approved in the first-line setting. Phase III trial data are still lacking VEGF-pathway inhibitors in patients with poor prognostic features. Poor-risk patients need to be considered as a heterogeneous population. Further understanding of biomarkers can lead to a better selection of patients who may benefit the most from treatment and improvements in prognosis. The presence of poor Karnofsky scores and liver or CNS disease may affect the outcome of these patients much more than other identified factors. This consideration may provide the rationale to further stratify poor-risk patients further subgroups destined to receive either cure or palliation.

[56]

TÍTULO / TITLE: - The complex roles of microRNAs in the metastasis of renal cell carcinoma.

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

REVISTA / JOURNAL: - J Nanosci Nanotechnol. 2013 May;13(5):3195-203.

AUTORES / AUTHORS: - Zhang L; Xul B; Chen S; Lu K; Liu C; Wang Y; Zhao Y; Zhang X; Liu D; Chen M

INSTITUCIÓN / INSTITUTION: - Urology Department, Zhongda Hospital, Southeast University, Nanjing 210009, China.

RESUMEN / SUMMARY: - Renal cell carcinoma (RCC) accounts for approximately 3% of cancers in adults as well as the most common neoplasm of the adult kidney with the highest mortality rate at over 40%. Metastasis is the most significant process affecting the clinical management of RCC patients. It occurs in multiple sequential steps. However, the molecular pathways underlying each step still remain obscure. Recent researches have shown that microRNAs (miRNAs) function as regulators in metastasis of RCC. In this article, we review the role of miRNAs in metastasis of RCC, including: specific miRNA signatures of metastatic RCC, metastasis-associated targets and pathways of miRNAs in RCC, miRNAs participate in epithelial-mesenchymal transition (EMT), miRNA DNA methylation signature in RCC metastasis and so on. MiRNAs are potential to serve as powerful biomarkers of RCC metastasis and novel therapeutic targets in RCC treatment.

[57]

TÍTULO / TITLE: - Are post-docetaxel treatments effective in patients with castration-resistant prostate cancer and performance of 2? A meta-analysis of published trials.

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

REVISTA / JOURNAL: - Prostate Cancer Prostatic Dis. 2013 Jul 30. doi: 10.1038/pcan.2013.20.

●● Enlace al texto completo (gratis o de pago) [1038/pcan.2013.20](https://doi.org/10.1038/pcan.2013.20)

AUTORES / AUTHORS: - Iacovelli R; Altavilla A; Procopio G; Bracarda S; Santoni M; Cascinu S; Cortesi E

INSTITUCIÓN / INSTITUTION: - Department of Radiology, Oncology and Human Pathology, Oncology Unit B, Sapienza University of Rome, Rome, Italy.

RESUMEN / SUMMARY: - Background: About 20% of patients with prostate cancer have an ECOG performance status (PS) ≥ 2 at diagnosis. We investigate if current treatment options for castration-resistant prostate cancer (CRPC) may decrease the risk of death even in patients with ECOG PS of 2. Methods: PubMed was reviewed for phase III randomized trials in patients with CRPC progressed after docetaxel chemotherapy. Characteristics of each study and the relative hazard ratio (HR) for overall survival and 95% confidence interval (CI) were collected. Summary HR was calculated using random- or fixed-effects models depending on the heterogeneity of included studies. Results: A total of 3,149 patients was available for meta-analysis. In the overall population, the experimental treatments decrease the risk of death by 31% (HR=0.69; 95% CI: 0.63-0.76; $P < 0.001$). The activity of experimental treatments was similar in 2,859 patients with ECOG-PS=0 or 1 with a reduced risk of death of 31% (HR=0.69; 95% CI: 0.62-0.76). A total of 290 patients (9.2%) had ECOG-PS=2 and experimental treatments decreased the risk of death by 26% (HR=0.74; 95% CI: 0.56-0.98; $P = 0.035$) compared with the controls even in this sub-group. When patients were stratified by type of treatment, the reduction of the risk of death was confirmed for hormonal therapies: abiraterone and enzalutamide (HR=0.72; 95% CI: 0.52-0.99; $P = 0.046$), but not for chemotherapy (HR=0.81; 95% CI: 0.48-1.37; $P = 0.43$). Conclusions: We believe this is the first study reporting a benefit in second-line setting for CRPC patients previously treated with docetaxel and poor PS. Prostate Cancer and Prostatic Disease advance online publication, 30 July 2013; doi:10.1038/pcan.2013.20.

[58]

TÍTULO / TITLE: - The experiences of gay and bisexual men diagnosed with prostate cancer: results from an online focus group.

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

REVISTA / JOURNAL: - Eur J Cancer Care (Engl). 2013 Jul;22(4):522-9. doi: 10.1111/ecc.12058. Epub 2013 Jun 3.

●● Enlace al texto completo (gratis o de pago) [1111/ecc.12058](https://doi.org/10.1111/ecc.12058)

AUTORES / AUTHORS: - Thomas C; Wooten A; Robinson P

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RESUMEN / SUMMARY: - Research concerning gay and bisexual men diagnosed with prostate cancer is sparse. An online focus group was conducted over a 4-week period with participants responding to a range of discussion questions concerning their experiences following a prostate cancer diagnosis. Emerging themes were identified and consensus reached. A summary of each of the themes was produced which the coders agreed conveyed the essence of the online discussion. All men who took part in the online focus group reported that prostate cancer significantly impacted their lives. Unexpectedly, some participants actually gained a positive perspective and adopted a sense of empowerment. Participants spoke about emotional responses to a diagnosis of prostate cancer, accessing help and support, the impact of incontinence, the impact of sexual changes on identity, a re-evaluation of life, changed sexual relationships, the need to find the most suitable healthcare professionals and identification of current needs to improve quality of care. These areas of disquiet suggest that the psychological impact of this disease may be quite significant over an extended time-frame. Further research needs to be undertaken to assess the degree of distress accompanying the treatment of gay and bisexual men with prostate cancer.

TÍTULO / TITLE: - Tumor-infiltrating PD1-Positive Lymphocytes and FoxP3-Positive Regulatory T Cells Predict Distant Metastatic Relapse and Survival of Clear Cell Renal Cell Carcinoma.

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

REVISTA / JOURNAL: - Transl Oncol. 2013 Jun 1;6(3):282-9. Print 2013 Jun.

AUTORES / AUTHORS: - Kang MJ; Kim KM; Bae JS; Park HS; Lee H; Chung MJ; Moon WS; Lee DG; Jang KY

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Chonbuk National University Medical School, Research Institute of Clinical Medicine and Institute for Medical Sciences, Jeonju, Jeonbuk, Republic of Korea.

RESUMEN / SUMMARY: - BACKGROUND: Clear cell renal cell carcinoma (CRCC) is the most common malignant tumor of the kidney, and the clinical outcome of CRCC is related with the metastatic potential of CRCC. A significant proportion of metastatic CRCC remains incurable. Recently, immunotherapy against specific targets such as programmed death 1 (PD1) has been adapted for fatal cases of CRCC. MATERIALS AND METHODS: In this study, we aimed to evaluate the potential of tumor-infiltrating PD1-positive lymphocytes or FoxP3-positive regulatory T cells (Tregs) as predictors of the metastatic potential or prognosis of CRCC and investigate possible correlations with Epstein-Barr virus (EBV) infection in 199 cases of CRCC. RESULTS: PD1 positivity, high Treg number, and EBV infection all predicted poor overall survival (OS) by univariate analysis. PD1 positivity and high Treg numbers were also significantly correlated with more distant metastatic relapse (DMR) and poor relapse-free survival (RFS) by univariate analysis. PD1 positivity and high

Treg number were independent prognostic indicators for OS. In addition, PD1 positivity was an independent predictor of RFS and DMR. EBV infection was an independent predictor of OS of CRCC. CONCLUSION: This study demonstrates that intratumoral infiltration of PD1-positive or FoxP3-positive lymphocytes can be used as significant prognostic indicators of CRCC and PD1 positivity could be very helpful in the prediction of latent distant metastasis of CRCCs. Therefore, evaluation of the infiltration of PD-positive cells or Tregs in CRCC may be useful diagnostic tools for the selection of patients who could benefit from PD1- or Treg-based immunotherapy.

[59]

TÍTULO / TITLE: - Folate and B12 in prostate cancer.

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

REVISTA / JOURNAL: - Adv Clin Chem. 2013;60:1-63.

AUTORES / AUTHORS: - Collin SM

INSTITUCIÓN / INSTITUTION: - School of Social & Community Medicine, University of Bristol, Bristol, United Kingdom. simon.collin@bristol.ac.uk

RESUMEN / SUMMARY: - Mechanisms postulated to link folate and B12 metabolism with cancer, including genome-wide hypomethylation, gene-specific promoter hypermethylation, and DNA uracil misincorporation, have been observed in prostate tumor cells. However, epidemiological studies of prostate cancer risk, based on dietary intakes and blood levels of folate and vitamin B12 and on folate-pathway gene variants, have generated contradictory findings. In a meta-analysis, circulating concentrations of B12 (seven studies, OR = 1.10; 95% CI 1.01, 1.19; P = 0.002) and (in cohort studies) folate (five studies, OR = 1.18; 95% CI 1.00, 1.40; P = 0.02) were positively associated with an increased risk of prostate cancer. Homocysteine was not associated with risk of prostate cancer (four studies, OR = 0.91; 95% CI 0.69, 1.19; P = 0.5). In a meta-analysis of folate-pathway polymorphisms, MTR 2756^a > G (eight studies, OR = 1.06; 95% CI 1.00, 1.12; P = 0.06) and SHMT1 1420C > T (two studies, OR = 1.11; 95% CI 1.00, 1.22; P = 0.05) were positively associated with prostate cancer risk. There were no effects due to any other polymorphisms, including MTHFR 677C > T (12 studies, OR = 1.04; 95% CI 0.97, 1.12; P = 0.3). The positive association of circulating B12 with an increased risk of prostate cancer could be explained by reverse causality. However, given current controversies over mandatory B12 fortification, further research to eliminate a causal role of B12 in prostate cancer initiation and/or progression is required. Meta-analysis does not entirely rule out a positive association of circulating folate with increased prostate cancer risk. As with B12, even a weak positive association would be a significant public health issue, given the high prevalence of prostate cancer and concerns about the potential harms versus benefits of mandatory folic acid fortification.

[60]

TÍTULO / TITLE: - Renal transplantation from hepatitis B surface antigen (HBsAg)-positive donors to HBsAg-negative recipients: a case of post-transplant fulminant hepatitis associated with an extensively mutated hepatitis B virus strain and review of the current literature.

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

REVISTA / JOURNAL: - Transpl Infect Dis. 2013 Aug;15(4):393-9. doi: 10.1111/tid.12094. Epub 2013 Jun 17.

●● Enlace al texto completo (gratis o de pago) [1111/tid.12094](#)

AUTORES / AUTHORS: - Magiorkinis E; Paraskevis D; Pavlopoulou ID; Kantzanou M; Haida C; Hatzakis A; Boletis IN

INSTITUCIÓN / INSTITUTION: - Department of Hygiene, Epidemiology and Medical Statistics, Athens University Medical School, Athens, Greece.

RESUMEN / SUMMARY: - **PURPOSE:** The purpose of this study was to present a fatal case of fulminant hepatitis B (FHB) that developed in a renal transplant recipient, immunized against hepatitis B, 1 year post transplantation. **METHODS:** Polymerase chain reaction amplification and full genome sequencing were performed to investigate whether specific mutations were associated with hepatitis B virus (HBV) transmission and FHB. **RESULTS:** Molecular analysis revealed multiple mutations in various open reading frames of HBV, the most important being the G145R escape mutation and a frameshift mutation-insertion (1838insA) within the pre-C/C reading frame. **CONCLUSIONS:** Our results highlight the possibility of developing FHB, despite previous immunization against HBV or administration of hyperimmune gammaglobulin, because of the selection of escape virus mutants. The current literature and guidelines regarding renal transplantation from hepatitis B surface antigen (HBsAg)-positive to HBsAg-negative patients were also reviewed.

[61]

TÍTULO / TITLE: - Efficacy and safety of Chinese herbal medicine for benign prostatic hyperplasia: systematic review of randomized controlled trials.

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

REVISTA / JOURNAL: - Asian J Androl. 2013 Jul;15(4):471-82. doi: 10.1038/aja.2012.173. Epub 2013 Jun 3.

●● Enlace al texto completo (gratis o de pago) [1038/aja.2012.173](#)

AUTORES / AUTHORS: - Ma CH; Lin WL; Lui SL; Cai XY; Wong VT; Ziea E; Zhang ZJ

INSTITUCIÓN / INSTITUTION: - The University of Hong Kong, School of Chinese Medicine, Hong Kong 852, China.

RESUMEN / SUMMARY: - Chinese herbal medicine is commonly used as a treatment for benign prostatic hyperplasia (BPH), but its efficacy and safety remain to be examined. To compare the efficacy and adverse events of Chinese herbal medicine alone or used adjvantly with Western medications for

BPH. Two independent reviewers searched the major electronic databases for randomized controlled trials comparing Chinese herbal medicine, either in single or adjuvant use with Western medication, with placebo or Western medication. Relevant journals and grey literature were also hand-searched. The outcome measures included changes in urological symptoms, urodynamic measures, prostate volume and adverse events. The frequency of commonly used herbs was also identified. Out of 13 922 identified citations of publications, 31 studies were included. Eleven studies with a Jadad score ≥ 3 were selected for meta-analysis. Chinese herbal medicine was superior to Western medication in improving quality of life and reducing prostate volume. The frequency of adverse events in Chinese herbal medicine was similar to that of placebo and less than that of Western medication. The evidence is too weak to support the efficacy of Chinese herbal medicine for BPH due to the poor methodological quality and small number of trials included. The commonly used herbs identified here should provide insights for future clinical practice and research. Larger randomized controlled trials of better quality are needed to truly evaluate the efficacy of Chinese herbal medicine.

[62]

TÍTULO / TITLE: - Severe pneumonia after intravesical BCG instillation in a patient with invasive bladder cancer: case report and literature review.

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

REVISTA / JOURNAL: - Monaldi Arch Chest Dis. 2013 Mar;79(1):44-8.

AUTORES / AUTHORS: - Caramori G; Artioli D; Ferrara G; Cazzuffi R; Pasquini C; Libanore M; Guardigni V; Guzzinati I; Contoli M; Rossi R; Rinaldi R; Contini C; Papi A

INSTITUCIÓN / INSTITUTION: - Sezione di Malattie dell'Apparato Respiratorio, Centro per lo Studio delle Malattie Infiammatorie Croniche delle Vie Aeree e Patologie Fumo Correlate dell'Apparato Respiratorio (CEMICEF), Dipartimento di Scienze Mediche, University of Ferrara, Italy. gaetano.caramori@unife.it

RESUMEN / SUMMARY: - We present here the case of a 66 year old man with a severe bilateral community acquired pneumonia secondary to dissemination after an intravesical instillation of bacillus Calmette-Guerin (BCG). Diagnosis was based on positive polymerase chain reaction (PCR) for mycobacterium tuberculosis complex in bronchoalveolar lavage and on the finding on transbronchial biopsy of non necrotising granulomas histopathologically similar to the granulomas found in bladder biopsies. These findings were confirmed using a validated real time PCR assay demonstrating the presence of the BCG genome in transbronchial and bladder biopsies.

[63]

TÍTULO / TITLE: - Commentary on “Surveillance guidelines based on recurrence patterns after radical cystectomy for bladder cancer: the Canadian Bladder Cancer Network experience.” Yafi FA, Aprikian AG, Fradet Y, Chin JL, Izawa J, Rendon R, Estey E, Fairey A, Cagiannos I, Lacombe L, Lattouf JB, Bell D, Saad F, Drachenberg D, Kassouf W. Department of Surgery (Urology), McGill University, Quebec, Canada: BJU Int 2012;110(9):1317-23 [Epub 2012 Apr 13].

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

REVISTA / JOURNAL: - Urol Oncol. 2013 Jul;31(5):717-8. doi: 10.1016/j.urolonc.2013.03.011.

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

[1016/j.urolonc.2013.03.011](#)

AUTORES / AUTHORS: - Kamat AM

RESUMEN / SUMMARY: - Study Type-Prognosis (cohort) Level of Evidence 2^a. What’s known on the subject? and What does the study add? Radical cystectomy with pelvic lymph node dissection is recognized as the standard of care for carcinoma invading bladder muscle and for refractory non-muscle-invasive bladder cancer. Owing to high recurrence and progression rates, a two-pronged strict surveillance regimen, consisting of both functional and oncological follow-up, has been advocated. It is also well recognized that more aggressive tumours with extravesical disease and node-positive disease recur more frequently and have worse outcomes. This study adds to the scant body of literature available regarding surveillance strategies after radical cystectomy for bladder cancer. In the absence of any solid evidence supporting the role of strict surveillance regimens, this extensive examination of recurrence patterns in a large multi-institutional project lends further support to the continued use of risk-stratified follow-up and emphasizes the need for earlier strict surveillance in patients with extravesical and node-positive disease. OBJECTIVES: PATIENTS AND METHODS: RESULTS: CONCLUSIONS:

[64]

TÍTULO / TITLE: - Cryotherapy and its applications in the management of urologic malignancies: A review of its use in prostate and renal cancers.

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

REVISTA / JOURNAL: - Urol Oncol. 2013 Jun 18. pii: S1078-1439(13)00190-7. doi: 10.1016/j.urolonc.2013.04.004.

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

[1016/j.urolonc.2013.04.004](#)

AUTORES / AUTHORS: - Mohammed A; Miller S; Douglas-Moore J; Miller M
INSTITUCIÓN / INSTITUTION: - Northampton General Hospital, UK. Electronic address: azmo2004@gmail.com.

RESUMEN / SUMMARY: - Cryotherapy has been established as an ablative modality for the treatment of a wide range of malignancies. Being minimally invasive, it is associated with less morbidity than conventional extirpative

surgical procedures. In recent years, it has been used with success for treating 2 of the common urologic malignancies, that is, prostate and renal cancer. In this review, we highlight the role of cryotherapy as a treatment modality, the proposed destructive mechanisms of action and the risks of its use in the management of prostate and renal malignancy.

[65]

TÍTULO / TITLE: - Bisphosphonates for Osteoporosis in Nonmetastatic Prostate Cancer Patients Receiving Androgen-deprivation Therapy: A Systematic Review and Meta-analysis.

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(5):3337-43.

AUTORES / AUTHORS: - Ding H; Yang L; Du W; Teng Y; Fu SJ; Tao Y; Lu JZ; Wang ZP

INSTITUCIÓN / INSTITUTION: - Institute of Urology, Key Laboratory of Diseases of Urological System Gansu Province, Gansu Nephro-Urological Clinical Center, Lanzhou, China E-mail : erywzp@lzu.edu.cn.

RESUMEN / SUMMARY: - This systematic review was conducted to assess the efficacy and safety of bisphosphonates for prevention and treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer receiving androgen- deprivation therapy. We searched for randomised controlled trials (RCTs) of bisphosphonates compared with placebo from Pubmed, Embase, the Cochrane Library, and ISI - Science Citation Index. Meta-analyses of pre- specified outcomes (bone mineral density, fractures, and adverse events) were performed using Review Manager. Ten RCTs with a total patient population of 1,017 were identified. There was generally more improvement in bone mineral density of the lumbar spine for patients who received bisphosphonate treatment than placebo or other medical treatment at 12 months (WMD 6.02,95%CI 5.39 to 6.65). Similar effects were also observed for total hip, trochanter or femoral neck bone mineral density. However, there was no significant reduction in fractures. Fever and gastrointestinal symptoms were the most common adverse events (10.4% vs. 1.2%; 0.10% vs. 0.03%). Currently, our meta-analysis suggested that oral and intravenous bisphosphonates caused a rapid increase in spine and hip or femoral BMD in non-metastatic prostate cancer patients receiving androgen-deprivation therapy. Fever and gastrointestinal symptoms were common with the use of bisphosphonates. These short-term trials (maximum of 12 months) did not show fracture reduction. In future, more efficient performance of higher quality, more rigorous, large sample, long-term randomised controlled trials (>12 months) are needed where outcomes are detailed.

[66]

TÍTULO / TITLE: - Evidence-based guideline recommendations on low-dose rate brachytherapy in patients with low- or intermediate-risk prostate cancer.

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

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 May-Jun;7(5-6):E411-6. doi: 10.5489/cuaj.478.

●● Enlace al texto completo (gratis o de pago) [5489/cuaj.478](#)

AUTORES / AUTHORS: - Rodrigues G; Yao X; Loblaw DA; Brundage M; Chin JL

INSTITUCIÓN / INSTITUTION: - London Health Sciences Centre, Department of Oncology, Western University, London, ON;

RESUMEN / SUMMARY: - **OBJECTIVE:** The Genitourinary Cancer Disease Site Group (GU DSG) and Cancer Care Ontario's Program in Evidence-Based Care (PEBC) in Ontario, Canada developed a guideline on low-dose rate brachytherapy (LDR-BT) in patients with early-stage low-grade prostate cancer in 2001. The current updated guideline focuses on the research questions regarding the effect of LDR-BT alone, the effect of LDR-BT with external beam radiation therapy (EBRT) and the selection of an isotope. **METHODS:** This guideline was developed by using the methods of the Practice Guidelines Development Cycle and the core methodology was a systematic review. MEDLINE and EMBASE (from January 1996 to October 2011), the Cochrane Library, main guideline websites, and main annual meeting abstract websites specific for genitourinary diseases were searched. Internal and external reviews of the draft guideline were conducted. **RESULTS:** The draft guideline was developed according to a total of 10 systematic reviews and 55 full text articles that met the pre-planned study selection criteria. The quality of evidence was low to moderate. The final report reflects integration of the feedback obtained through the internal review (two oncologists and a methodologist) and external review (five target reviewers and 48 professional consultation reviewers) process, with final approval given by the GU DSG and the PEBC. **CONCLUSION:** THE MAIN RECOMMENDATIONS ARE: (1) For patients with newly diagnosed low-risk or intermediate-risk prostate cancer who require or choose active treatment, LDR-BT alone is a treatment option as an alternative to EBRT alone or RP alone; and (2) I-125 and Pd-103 are each reasonable isotope options.

[67]

TÍTULO / TITLE: - Risk of bladder cancer in patients with diabetes mellitus: an updated meta-analysis of 36 observational studies.

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

REVISTA / JOURNAL: - BMC Cancer. 2013 Jun 26;13:310. doi: 10.1186/1471-2407-13-310.

●● Enlace al texto completo (gratis o de pago) [1186/1471-2407-13-310](#)

AUTORES / AUTHORS: - Zhu Z; Wang X; Shen Z; Lu Y; Zhong S; Xu C

INSTITUCIÓN / INSTITUTION: - Department of Urology, Ruijin Hospital, School of Medicine, Shanghai Jiaotong University, Shanghai, China.

RESUMEN / SUMMARY: - BACKGROUND: Increasing evidence suggests that a history of diabetes mellitus (DM) may be associated with an increased risk of bladder cancer. We performed a systematic review with meta-analysis to explore this relationship. METHODS: We identified studies by a literature search of Medline (from 1 January 1966) and EMBASE (from 1 January 1974), through 29 February 2012, and by searching the reference lists of pertinent articles. Summary relative risks (RRs) with corresponding 95% confidence intervals (CIs) were calculated with a random-effects model. RESULTS: A total of 36 studies (9 case-control studies, 19 cohort studies and 8 cohort studies of patients with diabetes) fulfilled the inclusion criteria. Analysis of all studies showed that DM was associated with an increased risk of bladder cancer (the summary RR = 1.35, 95% CI 1.17-1.56, $p < 0.001$, $I^2 = 94.7\%$). In analysis stratified by study design, diabetes was positively associated with risk of bladder cancer in case-control studies (RR = 1.45, 95% CI 1.13-1.86, $p = 0.005$, $I^2 = 63.8\%$) and cohort studies (RR = 1.35, 95% CI 1.12-1.62, $p < 0.001$, $I^2 = 94.3\%$), but not in cohort studies of diabetic patients (RR = 1.25, 95% CI 0.86-1.81, $p < 0.001$, $I^2 = 97.4\%$). The RRs of bladder cancer were 1.38 (1.08-1.78) for men and 1.38 (0.90-2.10) for women with diabetes, respectively. Noteworthy, the relative risk of bladder cancer was negatively correlated with the duration of DM, with the higher risk of bladder cancer found among patients diagnosed within less than 5 years. CONCLUSIONS: These findings support the hypothesis that men with diabetes have a modestly increased risk of bladder cancer, while women with diabetes were not the case.

[68]

TÍTULO / TITLE: - The association between XPC Lys939Gln gene polymorphism and urinary bladder cancer susceptibility: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Diagn Pathol. 2013 Jul 2;8:112. doi: 10.1186/1746-1596-8-112.

●● Enlace al texto completo (gratis o de pago) [1186/1746-1596-8-112](#)

AUTORES / AUTHORS: - Dou K; Xu Q; Han X

INSTITUCIÓN / INSTITUTION: - Department of Urology, Kunming General Hospital of Chengdu Military Command, Kunming 650032, China. kundou_km@163.com

RESUMEN / SUMMARY: - BACKGROUND: Numerous epidemiological studies have been conducted to explore the association between the Lys939Gln polymorphism of Xeroderma pigmentosum group C (XPC) gene and urinary bladder cancer susceptibility. However, the results remain inconclusive. In order to derive a more precise estimation of this relationship, a large and update meta-analysis was performed in this study. METHODS: A comprehensive search was conducted through researching MEDLINE, EMBASE, PubMed, Web of Science, China Biomedical Literature database (CBM) and China National Knowledge Infrastructure (CNKI) databases before June 2013. Crude

odds ratios (ORs) with 95% confidence intervals (CIs) were calculated to estimate the strength of the association. RESULTS: A total of 12 studies with 4828 cases and 4890 controls for evaluating the XPC Lys939Gln polymorphism and urinary bladder cancer were included. Overall, there was significant associations between the XPC Lys939Gln polymorphism and urinary bladder cancer risk were found for homozygous model (OR = 1.352, 95% CL = 1.088-1.681), heterozygous model (OR = 1.354, 95% CL = 1.085-1.688), and allele comparison (OR = 1.109, 95% CL = 1.013-1.214). In subgroup analysis by ethnicity and source of controls, there were still significant associations detected in some genetic models. CONCLUSION: Our meta-analysis suggested that the XPC Lys939Gln polymorphism contributed to the risk of urinary bladder cancer. VIRTUAL SLIDES: The virtual slide(s) for this article can be found here: <http://www.diagnosticpathology.diagnomx.eu/vs/1001118393101798>.

[69]

TÍTULO / TITLE: - Obesity and Risk of Bladder Cancer: A Meta-analysis of Cohort Studies.

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(5):3117-21.

AUTORES / AUTHORS: - Qin Q; Xu X; Wang X; Zheng XY

INSTITUCIÓN / INSTITUTION: - Department of General Surgery, Childrens Hospital, Zhejiang University School of Medicine, Hangzhou, China E-mail zhengxy@hz.cn.

RESUMEN / SUMMARY: - Objective: Previous epidemiologic studies demonstrated that obesity might associated with the risk of bladder cancer. However, many of the actual association findings remained conflicting. To better clarify and provide a comprehensive summary of the correlation between obesity and bladder cancer risk, we conducted a meta-analysis to summarize results of studies on the issue. Stratified analyses were also performed on potential variables and characteristics. Methods: Studies were identified by searching in PubMed and Wanfang databases, covering all the papers published from their inception to March 10, 2013. Summary relative risks (SRRs) with their corresponding 95% confidence intervals (CIs) were calculated by either random-effect or fixed-effect models. Results: A total of 11 cohort studies were included in our meta-analysis, which showed that obesity was associated with an increased risk for bladder cancer in all subjects (RR=1.10, 95% CI=1.06-1.16; p=0.215 for heterogeneity; I²=24.0%). Among the 9 studies that controlled for cigarette smoking, the pooled RR was 1.09 (95% CI 1.01-1.17; p=0.131 for heterogeneity; I²=35.9%). No significant publication bias was detected (p = 0.244 for Egger's regression asymmetry test). Conclusions: Our results support the conclusion that obesity is associated with the increased risk of bladder cancer. Further research is needed to generate a better understanding of the correlation and to provide more convincing evidence for clinical intervention in the prevention of bladder cancer.

[70]

TÍTULO / TITLE: - Diabetes mellitus increases the risk of bladder cancer: an updated meta-analysis.

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(4):2583-9.

AUTORES / AUTHORS: - Yang XQ; Xu C; Sun Y; Han RF

INSTITUCIÓN / INSTITUTION: - Tianjin Institute of Urology, Second Hospital of Tianjin Medical University, Tianjin, China.

RESUMEN / SUMMARY: - **PURPOSE:** Studies have indicated that diabetes mellitus (DM) is a risk factor for bladder cancer; however, not all evidence supports this conclusion. The aim of this meta-analysis was to collate and evaluate all primary observational studies investigating the risk of bladder cancer associated with DM. **METHODS:** The PubMed and Google Scholar databases were searched to identify studies that estimated the association of DM and bladder cancer. Summary effect estimates were derived using a random-effects meta-analysis model. **RESULTS:** A total of 23 studies (8 case-control studies, 15 cohort studies) including 643,683 DM and 4,819,656 non-DM cases were identified. Analysis of all studies showed that DM was associated with an increased risk of bladder cancer compared with non-DM overall (OR=1.68, 95% CI 1.32-2.13). Analysis of subgroups demonstrated this to be the case in both case-control studies (OR=1.59, 95% CI 1.28-1.97, I²=58%) and cohort studies (RR=1.70, 95% CI 1.23-2.33, I²=96%). There was no gender difference in DM-associated bladder cancer risk. Bladder cancer risk was increased in Asia and the North America region, but not in Europe. Furthermore, DM-associated bladder cancer risk was obviously higher in Asia than North America and Europe or in those with Caucasian ethnicity. With extension of follow-up time, the bladder cancer risk was not increased for the patients with DM. **CONCLUSIONS:** This meta-analysis provided further evidence supporting the DM association with a significantly higher risk of bladder cancer obtained from observational studies.

[71]

TÍTULO / TITLE: - Genetic polymorphisms of xeroderma pigmentosum group D and prostate cancer risk: a meta-analysis.

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

REVISTA / JOURNAL: - J Cancer Res Ther. 2013 Apr-Jun;9(2):187-92. doi: 10.4103/0973-1482.113345.

●● Enlace al texto completo (gratis o de pago) [4103/0973-1482.113345](#)

AUTORES / AUTHORS: - Zhu H; Cao S; Liu Y; Ding X; Wu Q; Ma H

INSTITUCIÓN / INSTITUTION: - Department of Epidemiology and Biostatistics, Ministry of Education Key Lab for Modern Toxicology, School of Public Health, Nanjing, China.

RESUMEN / SUMMARY: - INTRODUCTION: The Xeroderma pigmentosum group D (XPD, also referred to as excision repair cross complementing gene 2, ERCC2) is one of key genes involved in nucleotide excision repair and two potentially functional polymorphisms of XPD (Asp312Asn and Lys751Gln) have been widely investigated in various cancers including prostate cancer. However, the results were conflicting rather than conclusive. Aims: Thus, we conducted a meta-analysis to evaluate the associations between these two polymorphisms of XPD and the risk of prostate cancer. MATERIALS AND METHODS: An electronic search of PubMed and Embase was conducted to select relevant studies. Studies containing available genotype frequencies of XPD Asp312Asn and Lys751Gln were chosen, and the associations were assessed by pooled odds ratios with 95% confidence intervals. RESULTS: According to PubMed and Embase databases, we identified seven eligible studies from six articles, including 2641 cases and 3259 controls for Asp312Asn and nine eligible studies from eight articles, including 3255 cases and 3654 controls for Lys751Gln. The meta-analysis showed that no overall association was observed between XPD Asp312Asn and prostate cancer risk. However, the significantly increased risk of 312Asp allele was found among Asians and Africans, but it seemed to be protective in Caucasians when stratified by ethnicity. For XPD Lys751Gln, overall findings had implicated null effects. CONCLUSION: These findings indicated that the Asn allele of XPD Asp312Asn might be a risk-factor for developing prostate cancer among Asian and African men but protective for Caucasian population.

[72]

TÍTULO / TITLE: - Review of current laser therapies for the treatment of benign prostatic hyperplasia.

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

REVISTA / JOURNAL: - Korean J Urol. 2013 Jun;54(6):351-8. doi: 10.4111/kju.2013.54.6.351. Epub 2013 Jun 12.

●● Enlace al texto completo (gratis o de pago) 4111/kju.2013.54.6.351

AUTORES / AUTHORS: - Osterberg EC; Choi BB

INSTITUCIÓN / INSTITUTION: - Department of Urology, Weill-Cornell Medical Center, New York, NY, USA.

RESUMEN / SUMMARY: - The gold standard for symptomatic relief of bladder outlet obstruction secondary to benign prostatic hyperplasia has traditionally been a transurethral resection of the prostate (TURP). Over the past decade, however, novel laser technologies that rival the conventional TURP have multiplied. As part of the ongoing quest to minimize complications, shorten hospitalization, improve resection time, and most importantly reduce mortality, laser prostatectomy has continually evolved. Today, there are more variations

of laser prostatectomy, each with several differing surgical techniques. Although abundant data are available confirming the safety and feasibility of the various laser systems, future randomized-controlled trials will be necessary to verify which technique is superior. In this review, we describe the most common modalities used to perform a laser prostatectomy, mainly, the holmium laser and the potassium-titanyl-phosphate lasers. We also highlight the physical and clinical characteristics of each technology with a review of the most current and highest-quality literature.

[73]

TÍTULO / TITLE: - Association between HIF1A P582S and A588T polymorphisms and the risk of urinary cancers: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 May 27;8(5):e63445. doi: 10.1371/journal.pone.0063445. Print 2013.

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

[1371/journal.pone.0063445](#)

AUTORES / AUTHORS: - Li D; Liu J; Zhang W; Ren J; Yan L; Liu H; Xu Z

INSTITUCIÓN / INSTITUTION: - Department of Urology, Qilu Hospital of Shandong University, Shandong, China.

RESUMEN / SUMMARY: - **PURPOSE:** The hypoxia-inducible factor-1 alpha (HIF1A) plays a vital role in cancer initiation and progression. Previous studies have reported the existence of HIF1A P582S and A588T missense polymorphisms in renal, urothelial and prostatic carcinomas, however the effects remain conflicting. Therefore, we performed a meta-analysis to assess the association between these sites and the susceptibility of urinary cancers. **METHODS:** We searched the PubMed database without limits on language until Nov 25, 2012 for studies exploring the relationship of HIF1A P582S and A588T polymorphisms and urinary cancers. Still, article search was supplemented by screening the references of retrieved studies manually. Odds ratios (OR) and 95% confidence intervals (95% CI) were calculated to evaluate the strength of the associations between the two by RevMan 5.0 software. Simultaneously, publication bias was estimated by funnel plot and Begg's test with Stata 12.1 software. **RESULTS:** Overall, 11 individual case-control studies with 5195 cases and 5786 controls for P582S polymorphism, and 9 studies with 3482 cases and 4304 controls for A588T polymorphism were respectively included in the final meta-analysis. For HIF1A P582S polymorphism, individuals with TT genotype showed 1.60 fold higher risk than the others carrying CT or CC genotypes in Caucasian population (OR = 1.60, 95% CI = 1.09-2.33, P(heterogeneity) = 0.11, P = 0.02). For HIF1A A588T polymorphism, the A allele was significantly correlated with higher urinary cancers risk in Asian population (OR = 1.41, 95% CI = 1.03-1.93, P(heterogeneity) = 0.22, P = 0.03). Still, significant associations were found for prostate cancer in the allele and dominant models (OR = 1.46, 95% CI = 1.01-2.12, P(heterogeneity) = 0.49, P = 0.04 and OR = 1.45, 95% CI

= 1.00-2.12, P(heterogeneity) = 0.50, P = 0.05). CONCLUSIONS: The current findings suggest that HIF1A P582S polymorphism correlates with urinary cancers risk in Caucasian population, while A588T polymorphism may increase the risk of urinary cancers in Asian population and prostate cancer. PTPPTP - Research Support, Non-U.S. Gov't

[74]

TÍTULO / TITLE: - Systematic review of research into the psychological aspects of prostate cancer in Asia: what do we know?

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

REVISTA / JOURNAL: - Asian Pac J Cancer Prev. 2013;14(4):2621-6.

AUTORES / AUTHORS: - Chambers SK; Hyde MK; Ip DF; Dunn JC; Gardiner RA

INSTITUCIÓN / INSTITUTION: - Griffith Health Institute, Griffith University, Brisbane, Australia. suzanne.chambers@griffith.edu.au

RESUMEN / SUMMARY: - BACKGROUND: To review the peer reviewed literature on the psychological aspects of the prostate cancer experience of men in Asia. MATERIALS AND METHODS: Medline and PsycINFO, CINAHL, ProQuest, and Web of Science (1999 - November Week 4, 2012) were searched. Inclusion criteria were: included men with prostate cancer and/or their partners or caregivers who identify as Asian recruited in an Asian country; and assessed health-related quality of life, psychological and social adjustment relating to prostate cancer and published in English after 1st January 1999 and prior to 30th November, 2012. Study aims; design; quality; level of evidence, and key results were assessed. RESULTS: 43 articles met all inclusion criteria and were retained for initial review. Of these most focussed on health-related QOL with only five evidence Level IV studies from Japan and Taiwan including a specific psychological focus. Of these, one was a cross-sectional case control study; three were cross-sectional descriptive quantitative designs; one was a cross-sectional descriptive qualitative study. From the data available, a substantive sub group of men with prostate cancer (approximately one third) in these countries experience clinically high psychological distress and decision regret. CONCLUSIONS: Research on the psychological needs of men with the increasingly prevalent condition of prostate cancer in Asian countries is scant with only a small number of low level evidence descriptive studies identified. Future research to underpin the development and evaluation of effective and culturally relevant psychological and supportive care interventions for such men is urgently needed.

[75]

TÍTULO / TITLE: - Use of nonsteroidal anti-inflammatory drugs and bladder cancer risk: a meta-analysis of epidemiologic studies.

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

REVISTA / JOURNAL: - PLoS One. 2013 Jul 19;8(7):e70008. doi: 10.1371/journal.pone.0070008. Print 2013 Jul 22.

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

[1371/journal.pone.0070008](https://doi.org/10.1371/journal.pone.0070008)

AUTORES / AUTHORS: - Zhang H; Jiang D; Li X

INSTITUCIÓN / INSTITUTION: - Department of Urology Surgery, The Second Clinical College, Harbin Medical University, Harbin, Heilongjiang Province, China.

RESUMEN / SUMMARY: - **PURPOSE:** Several epidemiologic studies have evaluated the association between nonsteroidal anti-inflammatory drugs (NSAIDs) and bladder cancer risk and the results were varied. Thus, we conducted a comprehensive meta-analysis of studies exclusively dedicated to the relationship between the 3 most commonly used analgesics and bladder cancer risk. **METHODS:** A systematic literature search up to November 2012 was performed in PubMed database for 3 categories of analgesics: acetaminophen, aspirin or non-aspirin NSAIDs. Study-specific risk estimates were pooled using a random-effects model. **RESULTS:** Seventeen studies (8 cohort and 9 case-control studies), involving a total of 10,618 bladder cancer cases, were contributed to the analysis. We found that acetaminophen (relative risk [RR] 1.01, 95% confidence interval [CI] 0.88-1.17) and aspirin (RR 1.02, 95% CI 0.91-1.14) were not associated with bladder cancer risk. Although non-aspirin NSAIDs was statistically significantly associated with reduced risk of bladder cancer among case-control studies (but not cohort studies), the overall risk was not statistically significant (RR 0.87, 95% CI 0.73-1.05). Furthermore, we also found that non-aspirin NSAIDs use was significantly associated with a 43% reduction in bladder cancer risk among nonsmokers (RR 0.57, 95% CI 0.43-0.76), but not among current smokers. **CONCLUSION:** The results of our meta-analysis suggest that there is no association between use of acetaminophen, aspirin or non-aspirin NSAIDs and bladder cancer risk. However, non-aspirin NSAIDs use might be associated with a reduction in risk of bladder cancer for nonsmokers.

[76]

TÍTULO / TITLE: - The relevance of serum levels of long chain omega-3 polyunsaturated fatty acids and prostate cancer risk: A meta-analysis.

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

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 May-Jun;7(5-6):E333-43. doi: 10.5489/cuaj.1056.

●● Enlace al texto completo (gratis o de pago) [5489/cuaj.1056](https://doi.org/10.5489/cuaj.1056)

AUTORES / AUTHORS: - Chua ME; Sio MC; Sorongon MC; Morales ML Jr

INSTITUCIÓN / INSTITUTION: - Institute of Urology and Research and Biotechnology Division, St. Luke's Medical Center, Philippines;

RESUMEN / SUMMARY: - **OBJECTIVE:** Our objective was to systematically analyze the evidence for an association between serum level long chain

omega-3 polyunsaturated fatty acid (n-3 PUFA) and prostate cancer risk from human epidemiological studies. **STUDY PROCEDURES:** We searched biomedical literature databases up to November 2011 and included epidemiological studies with description of long chain n-3 PUFA and incidence of prostate cancer in humans. Critical appraisal was done by two independent reviewers. Data were pooled using the general variance-based method with random-effects model; effect estimates were expressed as risk ratio with 95% confidence interval (CI). Heterogeneity was assessed by Chi(2) and quantified by I(2), publication bias was also determined. **RESULTS:** In total, 12 studies were included. Significant negative association was noted between high serum level of n-3 PUFA docosapentaenoic acid (DPA) and total prostate cancer risk (RR:0.756; 95% CI 0.599, 0.955; p = 0.019). Likewise, a positive association between high blood level of fish oil contents, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), and high-grade prostate tumour incidence (RR:1.381; 95% CI 1.050, 1.817; p = 0.021) was noted; however, this finding was evident only after adjustment was done on interstudy variability through the removal of a lower quality study from the pool. **CONCLUSIONS:** High serum levels of long chain n-3 PUFA DPA is associated with reduced total prostate cancer risk. While high blood level of EPA and DHA is possibly associated with increased high-grade prostate tumour risk.

[77]

TÍTULO / TITLE: - Exploring the relationship between coping, social support and health-related quality of life for prostate cancer survivors: A review of the literature.

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

REVISTA / JOURNAL: - Eur J Oncol Nurs. 2013 May 31. pii: S1462-3889(13)00047-1. doi: 10.1016/j.ejon.2013.04.002.

●● Enlace al texto completo (gratis o de pago) [1016/j.ejon.2013.04.002](#)

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INSTITUCIÓN / INSTITUTION: - School of Nursing and Midwifery, University of Dundee, 11 Airlie Place, Dundee DD1 4HJ, Scotland, United Kingdom.

Electronic address: c.i.e.paterson@dundee.ac.uk.

RESUMEN / SUMMARY: - **OBJECTIVE:** Men affected by prostate cancer can experience profound physical and psychological sequelae; and unmet support needs are prevalent in men affected by this disease. Social support has been linked to improved health-related quality of life (HRQoL) and coping strategies, but little is known about the relationship between social support, coping and HRQoL for prostate cancer survivors. This review aims to identify the mechanism through which social support influences the relationship between coping and HRQoL for prostate cancer survivors. **METHODS:** A literature review was conducted from the earliest date available to January 2013. Medline, CINAHL, PsycInfo, and ASSIA databases were searched using terms relevant to coping, social support and prostate cancer. Studies that explored the

relationship between coping, social support and HRQoL were included. RESULTS: 175 studies were assessed for potential inclusion with 11 publications included in this review. Studies predominately reported main effects of perceived social support on HRQoL, and few studies assessed moderation and mediation effects of coping and social support on HRQoL. Perceived social support was frequently assessed, but few studies evaluated the effects of received social support or satisfaction with social support on HRQoL. CONCLUSIONS: The evidence base is under-developed at present. Future research should use a multidimensional inventory of the social support constructs to examine how each of the constructs influences the relationship between coping and HRQoL over time. This may facilitate the development of appropriately targeted social support interventions that are theoretically driven to address the unmet support needs of prostate cancer survivors.

[78]

TÍTULO / TITLE: - New treatment guidelines for penile cancer.

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

REVISTA / JOURNAL: - J Natl Compr Canc Netw. 2013 May;11(5 Suppl):659-62.

AUTORES / AUTHORS: - Spiess PE

INSTITUCIÓN / INSTITUTION: - Department of Genitourinary Oncology, Moffitt Cancer Center, Tampa, Florida 33612, USA. philippe.spiess@moffitt.org

RESUMEN / SUMMARY: - Although relatively rare in Western countries, penile cancer is associated with high morbidity and mortality. To achieve the most favorable outcomes in men with this malignancy, early medical or surgical treatment is required. Few data are available from prospective, randomized trials, and heterogeneous approaches to care have emerged. In this article, Dr. Spiess presents highlights from the inaugural NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for penile cancer, focusing primarily on treatment strategies for primary penile lesions and regional lymph nodes. NCCN recommendations regarding surveillance and the management of tumor recurrence and metastatic disease are briefly explored.

[79]

TÍTULO / TITLE: - Is prostate-specific antigen effective for population screening of prostate cancer? A systematic review.

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

REVISTA / JOURNAL: - Ann Lab Med. 2013 Jul;33(4):233-41. doi: 10.3343/alm.2013.33.4.233. Epub 2013 Jun 24.

●● Enlace al texto completo (gratis o de pago) [3343/alm.2013.33.4.233](https://doi.org/10.3343/alm.2013.33.4.233)

AUTORES / AUTHORS: - Lee YJ; Park JE; Jeon BR; Lee SM; Kim SY; Lee YK

INSTITUCIÓN / INSTITUTION: - Department of Health Technology Assessment Research, National Evidence-based Healthcare Collaborating Agency, Seoul,

Korea. ; Department of Oriental Gynecology, Bundang CHA Medical Center, CHA University, Seongnam, Korea.

RESUMEN / SUMMARY: - BACKGROUND: The effectiveness of prostate-specific antigen (PSA) for population screening has presented controversial results in large trials and prior reviews. We investigated the effectiveness of PSA population screening in a systematic review. METHODS: The study was conducted using existing systematic reviews. We searched Ovid MEDLINE, Embase, Cochrane library, and the major Korean databases. The quality of the systematic reviews was assessed by two reviewers independently using AMSTAR. Randomized controlled trials were assessed using the risk of bias tool in the Cochrane group. Meta-analyses were conducted using Review Manager. The level of evidence of each outcome was assessed using GRADE. RESULTS: Prostate-cancer-specific mortality was not reduced based on similar prior reviews (relative risk [RR] 0.93; 95% confidence interval [CI], 0.81-1.07, P=0.31). The detection rate of stage 1 prostate cancer was not greater, with a RR of 1.67 (95% CI, 0.95-2.94) and high heterogeneity. The detection rate of all cancer stages in the screening group was high, with a RR of 1.45 (95% CI, 1.13-1.85). No difference in all-cause mortality was observed between the screening and control groups (RR, 0.99; 95% CI, 0.98-1.01, P=0.50). Prostate-cancer-specific mortality, all-cause mortality, and diagnosis of prostate cancer at stages 3-4 showed moderate levels of evidence. CONCLUSIONS: Differently from prior studies, our review included updated Norrkoping data and assessed the sole effect of PSA testing for prostate cancer screening. PSA screening alone did not increase early stage prostate cancer detection and did not lower mortality.

[80]

TÍTULO / TITLE: - Leuprolide acetate 1-, 3- and 6-monthly depot formulations in androgen deprivation therapy for prostate cancer in nine European countries: evidence review and economic evaluation.

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

REVISTA / JOURNAL: - Clinicoecon Outcomes Res. 2013 Jun 24;5:257-69. doi: 10.2147/CEOR.S44855. Print 2013.

●● Enlace al texto completo (gratuito o de pago) [2147/CEOR.S44855](#)

AUTORES / AUTHORS: - Wex J; Sidhu M; Odeyemi I; Abou-Setta AM; Retsa P; Tombal B

INSTITUCIÓN / INSTITUTION: - PharmArchitecture Limited, London, UK.

RESUMEN / SUMMARY: - OBJECTIVE: Leuprolide is an established luteinizing hormone-releasing hormone (LHRH) agonist used as first-line treatment in advanced prostate cancer. As different formulations and dosing schedules are likely to have economic implications, we aimed to evaluate their efficacy, safety, and costs in nine European countries: Austria, Belgium, Czech Republic, Hungary, Italy, Latvia, Netherlands, Poland, and Portugal. METHODS: Database searches identified 13 clinical trials of leuprolide 1- (1 M), 3- (3 M)

and 6-monthly (6 M). Only data on leuprolide with Atrigel were compared for all three formulations, which had the same efficacy, safety, and adherence. Cost-minimization analysis accounting for cost of Eligard®, specialist consultations, and diagnostics during up to 12 months follow-up was conducted. The perspective was that of public payers. RESULTS: No significant differences were observed in the percentages of intention-to-treat patients achieving testosterone levels ≤ 50 ng/dL following treatment with Eligard® 1 M (93.3%), 3 M (98.3%), and 6 M (97.3%) ($P > 0.05$), and adverse event profiles of the three formulations were comparable. Overall, 6 M was the least expensive, with average total annual costs from euro788 (Belgium) to euro1839 (Portugal). The 3 M option was between 2.5% (Hungary) and 37.6% (Belgium) more expensive than 6 M; 1 M formulation was the most expensive, with costs 15.5% and 151.6% more expensive than 6 M for those countries, respectively. The 3 M option was 11.2%-45.3% less expensive than 1 M. Total costs were associated with frequency of visits for injection and monitoring. The 1 M required twelve visits, 3 M 4.4-4.8 visits, and 6 M 2.1-2.3 visits. Up to 50% additional visits could be funded with the savings resulting from switching eligible patients from 1 M and 3 M to 6 M. Results were stable in univariate and probabilistic sensitivity analyses. CONCLUSION: Eligard® formulations offer comparable efficacy and safety, but different dosing schedules require different number of visits. The 6 M formulation offers the greatest cost savings and should be considered the treatment of choice in eligible patients in Europe.

[81]

TÍTULO / TITLE: - Postradiation osteosarcoma in an older prostate cancer survivor: case study and literature review with emphasis on geriatric principles.

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

REVISTA / JOURNAL: - Case Rep Oncol. 2013 May 9;6(2):250-5. doi: 10.1159/000351588. Print 2013 May.

●● Enlace al texto completo (gratis o de pago) [1159/000351588](#)

AUTORES / AUTHORS: - Gumber D; Rodin M; Wildes TM

INSTITUCIÓN / INSTITUTION: - St. Louis University School of Medicine, St. Louis, Mo., USA.

RESUMEN / SUMMARY: - The aging population and the increasing number of cancer survivors will likely be associated with more second primary malignancies due to prior cancer treatment. Since the incidence of most cancers increases with age, these treatment-associated second malignancies will likely disproportionately impact older adults. Here, we present the case of a 78-year-old man with a history of localized prostate cancer treated with external beam radiation therapy 11 years prior, who developed osteosarcoma of the ilium. Geriatric screening showed a fit older male with few comorbidities, functional independence and no other geriatric syndromes. Given the patient's preference for a limb-sparing operation, neoadjuvant chemotherapy was undertaken. With the paucity of clinical trial data on osteosarcoma in older

adults, the patient was given a regimen of carboplatin (substituted for cisplatin), doxorubicin and methotrexate. Unfortunately, he developed methotrexate-induced acute kidney injury. Chemotherapy was discontinued, and he proceeded to hemipelvectomy. His postoperative course was marked by numerous complications, including delirium, depression and recurrent hospitalizations. He ultimately developed a local recurrence and elected for hospice care. This case highlights the challenges of managing older adults with treatment-associated malignancies. Clinicians face a lack of clinical trial data from which to extrapolate limitations of therapeutic options because of prior therapy and a limited ability to precisely predict which elders will experience adverse outcomes. Better approaches are needed to help older patients make decisions which fulfill their goals of care and to improve the care of older adults with treatment-associated malignancies.

PTPTPTP - Journal Article

[82]

TÍTULO / TITLE: - Barriers to prostate cancer prevention and community recommended health education strategies in an urban african american community in jackson, Mississippi.

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

REVISTA / JOURNAL: - Soc Work Public Health. 2013 Aug;28(5):520-38. doi: 10.1080/10911359.2013.763707.

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

[1080/10911359.2013.763707](#)

AUTORES / AUTHORS: - Ekundayo OT; Tataw DB

INSTITUCIÓN / INSTITUTION: - a Department of Epidemiology and Biostatistics , School of Health Sciences, Jackson State University , Jackson , Mississippi , USA.

RESUMEN / SUMMARY: - This article describes the use of survey research in collaboration with the African American urban community of Georgetown, Jackson, Mississippi to identify and understand prostate cancer knowledge, resource utilization, and health education strategies considered most effective in reaching the community with prostate cancer prevention messages. The study revealed profound needs in disease identification and resources awareness and utilization. Barriers to utilization were identified by participants to include lack of self-efficacy, low self-esteem, lack of trust in the health care system, limited knowledge of prostate pathology, and limited ability to pay. Participants' recommended strategies for reaching the community with prostate cancer education include traditional and nontraditional strategies. The list of recommendations exclude modern-day outlets such as handheld devices, Twitter, Facebook, blogs, wikis, and other Internet-based outlets. The findings provide a road map for program development and an intervention research agenda custom-tailored to the Georgetown community of Jackson, Mississippi.

[83]

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.

[84]

TÍTULO / TITLE: - Radical chemoradiotherapy for urethral squamous cell carcinoma: two case reports and a review of the literature.

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

REVISTA / JOURNAL: - Case Rep Urol. 2013;2013:194690. doi: 10.1155/2013/194690. Epub 2013 May 7.

●● Enlace al texto completo (gratis o de pago) [1155/2013/194690](#)

AUTORES / AUTHORS: - Coop H; Pettit L; Boon C; Ramachandra P

INSTITUCIÓN / INSTITUTION: - Deansley Centre, Royal Wolverhampton Hospital, Wednesfield Road, Wolverhampton WV10 0QP, UK.

RESUMEN / SUMMARY: - Primary urethral squamous cell carcinoma is rare. Its management is particularly challenging owing to the paucity of evidence from randomised trials to inform practice. We report two male and female cases of squamous cell carcinoma of the urethra, which were treated with concomitant cisplatin and radiotherapy. These cases add to the body of case reports that have shown benefit for concomitant chemoradiotherapy in urethral squamous cell carcinoma. They also illustrate that single agent chemotherapy, namely, cisplatin, may be used successfully with limited toxicities.

[85]

TÍTULO / TITLE: - Multiple bilateral oncocytomas of the native kidneys following renal transplantation: report of a rare case and review of the literature.

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

REVISTA / JOURNAL: - World J Surg Oncol. 2013 May 30;11:119. doi: 10.1186/1477-7819-11-119.

●● Enlace al texto completo (gratis o de pago) [1186/1477-7819-11-119](#)

AUTORES / AUTHORS: - Vernadakis S; Karaolani G; Moris D; Zavvos V; Liapis G; Zavos G

INSTITUCIÓN / INSTITUTION: - Transplantation Unit, LAIKO General Hospital, Athens, Laiko General Hospital, Medical School of Athens, Athens, Greece. svernadakis@yahoo.com

RESUMEN / SUMMARY: - Renal oncocytomas are benign tumors of the kidneys, which are usually diagnosed postoperatively, due to differential diagnostic problems, from a sample of a renal cell carcinoma. The development of a renal oncocytoma in the native kidneys following renal transplantation is a very rare condition and only a few cases have been published in the world literature. In this case report we present a unique case of bilateral multifocal renal oncocytomas of the native kidneys in a female transplant recipient 6 years after renal transplantation. The patient's postoperative clinical course was uneventful and no local recurrence or distant metastasis has been found so far. The pathology, clinical characteristics, and treatment of renal oncocytomas are also reviewed.

[86]

TÍTULO / TITLE: - Adult type granulosa cell tumor: a very rare case of sex-cord tumor of the testis with review of the literature.

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

REVISTA / JOURNAL: - Case Rep Pathol. 2013;2013:932086. doi: 10.1155/2013/932086. Epub 2013 May 16.

●● Enlace al texto completo (gratis o de pago) [1155/2013/932086](#)

AUTORES / AUTHORS: - Miliaras D; Anagnostou E; Moysides I

INSTITUCIÓN / INSTITUTION: - Laboratory of Histology and Embryology, Faculty of Medicine, Aristotle University of Thessaloniki, 54006 Thessaloniki, Greece ; Department of Pathology, Euromedica Geniki Kliniki of Thessaloniki, 2 Gravas Street, 54645 Thessaloniki, Greece.

RESUMEN / SUMMARY: - Granulosa cell tumor (GST) is a sex-cord/stromal neoplasm of the gonads, more commonly arising in the ovaries, while approximately 80 cases have been reported in the testes. Out of these, 30 cases were of the adult type, while the remainder 50 cases were of the juvenile type. The latter mostly concerned infants and followed a benign course. However, the adult type testicular GCTs may be potentially malignant as it also happens in female patients with such neoplasms. We present a case of an adult type GCT located at the left testis. The patient was subjected to total orchiectomy and received no further treatment. Histology showed typical GCT

histomorphology with Call-Exner bodies in some places. The immunoprofile of the tumor was CD99 (+), calretinin (+), inhibin (+), alpha smooth muscle actin (+), vimentin (+), ER (-), PR (-), keratin AE1/AE3 (-), alpha fetoprotein (-), CD117 (-), and placental alkaline phosphatase (-). Two years after surgery, the patient is alive and well with no signs of recurrence.

[87]

TÍTULO / TITLE: - Pure malignant rhabdoid tumor of the left kidney in an adult: 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):1481-1484. Epub 2013 Feb 22.

●● Enlace al texto completo (gratis o de pago) [3892/ol.2013.1207](#)

AUTORES / AUTHORS: - Zhao G; Na R; Yang Y; Han R

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Second Hospital of Tianjin Medical University, Tianjin Institute of Urology, Tianjin 300211;

RESUMEN / SUMMARY: - Malignant rhabdoid tumors of the kidney (MRTKs) are extremely rare. Pure MRTKs in adult patients are particularly rare and have not been previously reported in China. Due to the non-specific clinical symptoms, it is difficult but also essential to be able to give a definite diagnosis. The present study reports a case of pure adult malignant rhabdoid tumor in a patient's left kidney with characteristic clinicopathological features. Considering the fact that the characteristic findings are often not observed in clinical symptom and imaging studies, the histological features, immunohistochemical staining and cytogenetic studies may aid in confirming the diagnosis of pure MRTKs. Although pure adult MRTKs remain extremely uncommon, it is necessary to consider this possibility when such types of renal tumors are encountered.

[88]

TÍTULO / TITLE: - NewsCap: Prostate cancer guidelines.

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

REVISTA / JOURNAL: - Am J Nurs. 2013 Aug;113(8):18. doi: 10.1097/01.NAJ.0000432951.72891.a8.

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

[1097/01.NAJ.0000432951.72891.a8](#)

[89]

TÍTULO / TITLE: - Intradural cauda equina metastasis of renal cell carcinoma: a case report with literature review of 10 cases.

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

REVISTA / JOURNAL: - Spine (Phila Pa 1976). 2013 Jun 11.

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

[1097/BRS.0b013e31829cef66](#)

AUTORES / AUTHORS: - Ji GY; Oh CH; Kim SH; Shin DA; Kim KN

INSTITUCIÓN / INSTITUTION: - 1Department of Neurosurgery, Guro Teun Teun Hospital, Seoul, Korea 2Department of Neurosurgery 3Department of Pathology 4Spine and Spinal Cord Research Institute, Spine Research Laboratory, College of Medicine, Yonsei University, Seoul, Korea.

RESUMEN / SUMMARY: - Study Design: Case report with literature review Objectives: To describe a rare case of intradural spinal metastasis from renal cell carcinoma (RCC) spread to the cauda equina, and to discuss the clinical features of metastatic RCC in the cauda equine from the data available in the literature. Summary of Background Data: Intradural spinal metastasis is rare with 6% of all spinal metastasis. Indeed, intradural metastasis from a RCC to the cauda equina is extremely rare with previously only 9 case reports. Methods: A 68-year-old man presented with a 2-month history of worsening lower back pain radiating to both legs. The patient had undergone nephrectomy for the treatment of the clear cell RCC 16 years before admission. Magnetic resonance imaging showed a well-defined intradural extramedullary mass in the cauda equina at T12 to L1. Results: The pathologic examination displayed metastatic clear cell RCC. Additional imaging studies showed no metastatic in other locations. The patient was discharged without neurologic deficit and pain after the operation, and maintained an optimal condition for 2 years. Conclusions: When a lesion of the cauda equina presents, intradural metastasis should be in the differential diagnosis in patients who had been previously treated for RCC although any other metastatic lesion was not observed.

[90]

TÍTULO / TITLE: - Optimal schedule of bacillus calmette-guerin for non-muscle-invasive bladder cancer: a meta-analysis of comparative studies.

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

REVISTA / JOURNAL: - BMC Cancer. 2013 Jul 5;13:332. doi: 10.1186/1471-2407-13-332.

●● Enlace al texto completo (gratis o de pago) [1186/1471-2407-13-332](#)

AUTORES / AUTHORS: - Zhu S; Tang Y; Li K; Shang Z; Jiang N; Nian X; Sun L; Niu Y

INSTITUCIÓN / INSTITUTION: - Department of Urology, Tianjin Institute of Urology, 2nd Hospital of Tianjin Medical University, Pingjiang Road 23, Tianjin, People's Republic of China.

RESUMEN / SUMMARY: - BACKGROUND: To explore the necessity of maintenance, efficacy of low-dose and superiority of various combination therapies of Bacillus Calmette-Guerin (BCG) in treatment of superficial bladder cancer (BCa). METHODS: Comprehensive searches of electronic databases (PubMed, Embase, and the Cochrane Library) were performed, then a systematic review and cumulative meta-analysis of 21 randomized controlled trials (RCTs) and 9 retrospective comparative studies were carried out

according to predefined inclusion criteria. RESULTS: Significantly better recurrence-free survivals (RFS) were observed respectively in patients who received BCG maintenance, standard-dose and BCG plus epirubicin therapy comparing to those received induction, low-dose and BCG alone. BCG maintenance therapy was also associated with significantly better progression-free survival (PFS), but there were more incidences of adverse events. Pooled results showed no remarkable advantage of BCG combined with Mitomycin C or with interferon alpha-2b in improving oncologic outcomes. Sensitivity-analyses stratified by study-design and tumor stage led to very similar overall results and often to a decrease of the between-study heterogeneity. Our data confirmed that non-RCT only affected strength rather than direction of the overall results. CONCLUSIONS: All patients with superficial BCa should be encouraged to accept BCG maintenance therapy with standard-dose if well tolerated. Patients can benefit from BCG combined with epirubicin but not from BCG combined with Mitomycin C or interferon alpha-2b.

[91]

TÍTULO / TITLE: - Management of renal collecting duct carcinoma: a systematic review and the McMaster experience.

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

REVISTA / JOURNAL: - Curr Oncol. 2013 Jun;20(3):e223-32. doi: 10.3747/co.20.1230.

●● Enlace al texto completo (gratis o de pago) [3747/co.20.1230](#)

AUTORES / AUTHORS: - Dason S; Allard C; Sheridan-Jonah A; Gill J; Jamshaid H; Aziz T; Kajor B; Kapoor A

INSTITUCIÓN / INSTITUTION: - Division of Urology, Department of Surgery, McMaster University, Hamilton, ON.

RESUMEN / SUMMARY: - INTRODUCTION: Collecting duct carcinoma (cdc) is a rare, aggressive form of renal carcinoma that presents at an advanced stage and has a poor prognosis. Little is known concerning the optimal management of cdc. We present the results of a systematic review addressing the management of cdc and the McMaster University cdc series. METHODS: The medline, Cochrane Library, and embase databases and conference proceedings were searched to identify studies relating to the management of cdc. Included studies reported on a minimum of 10 subjects receiving a single intervention. Series in which an evaluation of therapeutic effectiveness was not possible were excluded. The McMaster University (Hamilton, Ontario) series of 6 cases of cdc were retrospectively reviewed. RESULTS: We identified 3 studies relevant to the management of cdc that included a total of 72 patients. A gemcitabine-cisplatin or -carboplatin regimen resulted in a 26% objective response rate in 23 patients with metastatic cdc. Two additional studies indicated that 49 patients treated with immunotherapy achieved no response. In the McMaster series, cytoreductive nephrectomy was performed in 4 of 6 patients. In 2 patients, mvac therapy (methotrexate-vinblastine-doxorubicin-

cisplatin) achieved no response. No significant therapeutic complications occurred, but survival was poor (median: 11 months; range: 10-33 months).
CONCLUSIONS: Our review and clinical experience suggest that the current standard of care for metastatic cdc is a gemcitabine-cisplatin regimen.

[92]

TÍTULO / TITLE: - Adjuvant radiotherapy for synchronous bilateral testicular seminoma: a case report and a review of the pertinent literature.

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

REVISTA / JOURNAL: - Case Rep Urol. 2013;2013:241073. doi: 10.1155/2013/241073. Epub 2013 May 28.

●● Enlace al texto completo (gratis o de pago) [1155/2013/241073](#)

AUTORES / AUTHORS: - Jones DA; Ester EC; Leavitt D; Sweet R; Konety B; Jha G; Cho LC

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, University of Minnesota Medical Center, Minneapolis, MN 55455, USA.

RESUMEN / SUMMARY: - Few cases of synchronous bilateral stage I seminomas have been reported in the world literature. We present a case of bilateral synchronous testicular seminoma, the current literature on the management of stage I seminoma, and the implications for radiotherapy. A forty-year-old man presented with synchronous bilateral classical seminomas, both stage IA. After undergoing bilateral inguinal orchiectomy, he received adjuvant external beam radiotherapy, with a standard paraaortic field. After 18 months of followup, he remains well, without evidence of recurrence. Bilateral germ cell tumors (BGCTs) are reported consistently at a low rate. Bilateral radical inguinal orchiectomy is standard of care, yet some groups have proposed an organ preservation approach. Of the reported cases of bilateral stage I synchronous GCT, with concordant seminoma histology, most of them were treated with bilateral orchiectomy and adjuvant radiotherapy. Although morbidity associated with radiotherapy directed at the abdomen is not negligible, adjuvant paraaortic radiotherapy remains safe and well-tolerated treatment regime. Bilateral synchronous stage I seminoma of the testes is rare. Organ preservation remains investigational. Chemotherapy is probably a reasonable option. We propose that patients with bilateral stage I synchronous GCT, with concordant seminoma histology, should be managed with bilateral orchiectomy, followed by paraaortic radiotherapy.

[93]

TÍTULO / TITLE: - Poorly differentiated ovarian sertoli-leydig cell tumor in a 16-year-old single woman: a case report and literature review.

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

REVISTA / JOURNAL: - Case Rep Obstet Gynecol. 2013;2013:858501. doi: 10.1155/2013/858501. Epub 2013 Jun 25.

●● Enlace al texto completo (gratis o de pago) [1155/2013/858501](#)

AUTORES / AUTHORS: - Abu-Zaid A; Azzam A; Alghuneim LA; Metawee MT; Amin T; Al-Hussain TO

INSTITUCIÓN / INSTITUTION: - College of Medicine, Alfaisal University, P.O. Box 50927, Riyadh 11533, Saudi Arabia.

RESUMEN / SUMMARY: - Sertoli-Leydig cell tumor (SLCT) of ovary is an exceedingly unusual neoplasm that belongs to a group of sex cord-stromal tumors of ovary and accounts for less than 0.5% of all primary ovarian neoplasms. Very few case reports have been documented in the literature so far. Herein, we report a case of primary poorly differentiated ovarian Sertoli-Leydig cell tumor (SLCT) involving the left ovary in a 16-year-old single woman who presented with a 3-month history of a pelviabdominal mass, acne, hirsutism, and menstrual irregularities. In addition, a literature review on ovarian SLCTs is provided.

[94]

TÍTULO / TITLE: - Ewing's sarcoma/primitive neuroectodermal tumour of the prostate: A case report and literature review.

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

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 May-Jun;7(5-6):E458-9. doi: 10.5489/cuaj.1393.

●● Enlace al texto completo (gratis o de pago) [5489/cuaj.1393](#)

AUTORES / AUTHORS: - Wu T; Jin T; Luo D; Chen L; Li X

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

RESUMEN / SUMMARY: - We present a case of Ewing's sarcoma and primitive neuroectodermal tumour (PNET) of the prostate. A 29-year-old male presented with difficult defecation and anus distention; on magnetic resonance imaging scan of the pelvis, we found a prostate tumour. A transrectal ultrasound-guided needle biopsy confirmed the diagnosis. The patient underwent cystoprostatectomy and replacement ileocystoplasty and was followed by multi-agent chemotherapy. PNET/ Ewing's sarcoma of the prostate is extremely rare. The prognosis is very poor, so we should pay enough attention to the differential diagnosis and treatment.

[95]

TÍTULO / TITLE: - An extraordinary T/NK lymphoma, nasal type, occurring primarily in the prostate gland with unusual CD30 positivity: case report and review of the literature.

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

REVISTA / JOURNAL: - Diagn Pathol. 2013 Jun 17;8:94. doi: 10.1186/1746-1596-8-94.

●● Enlace al texto completo (gratis o de pago) [1186/1746-1596-8-94](#)

AUTORES / AUTHORS: - Jiang Q; Liu S; Peng J; Xiong H; Xiong Z; Yang Y; Tan X; Gao X

INSTITUCIÓN / INSTITUTION: - Department of Urology, The Third Affiliated Hospital, Guangzhou Medical University, Guangzhou 510150, China.

RESUMEN / SUMMARY: - Extranodal NK/T cell lymphoma(NKTCL), nasal type, occurring primarily in the prostate gland, is extremely rare. We present a case of primarily prostatic NKTCL in a 59-year-old man suffering from dysuria. Histological examinations revealed that diffused, large-sized, pleomorphic lymphocytes were arranged in an angiocentric distribution with large areas of geographic necroses. Additionally, the prostatic glands were diffusely infiltrated by heteromorphous lymphocytes forming lymphoepithelial lesions. The tumor cells were strongly expressed CD3, CD56, TIA-1, granzyme B and EBV-encoded RNAs. And interestingly, the lymphoid cells were also strongly immunoreactive with CD30. A rearrangement study showed T-cell receptor gamma-chain gene rearrangement with monoclonal appearance. Though postoperative combination of chemotherapy was given, the patient died four months later. Our observation and other literatures indicate that extremely rare NKTCLs unusually express CD30. TCR gene rearrangement existed in some NKTCL, suggesting that a subset of NKTCL may be a mixed NK/T-cell differentiation. VIRTUAL SLIDES: The virtual slide(s) for this article can be found here:

<http://www.diagnosticpathology.diagnomx.eu/vs/9671878568932824>.

[96]

TÍTULO / TITLE: - Primary paratesticular yolk sac tumor: A case report and review of literature.

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

REVISTA / JOURNAL: - J Indian Assoc Pediatr Surg. 2013 Apr;18(2):86-9. doi: 10.4103/0971-9261.109363.

●● Enlace al texto completo (gratis o de pago) [4103/0971-9261.109363](#)

AUTORES / AUTHORS: - Lyngdoh TS; Menon P; Jain R; Das A

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Surgery, Post Graduate Institute of Medical Education and Research, Chandigarh, India.

RESUMEN / SUMMARY: - Paratesticular germ cell tumors are extremely rare. A 12-month-old boy with yolk sac tumor involving only the paratesticular tissue is reported. Pre-operatively raised alpha fetoprotein levels fell to normal levels after high inguinal orchiectomy. This appears to be the youngest and only the 3(rd) case reported in the English literature.

[97]

TÍTULO / TITLE: - Renal mass with caval thrombus as atypical presentation of xantogranulomatous pyelonephritis. A case report and literature review.

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

REVISTA / JOURNAL: - Urologia. 2013 Apr 24;80 Suppl 22:44-7.

AUTORES / AUTHORS: - Arrighi N; Antonelli A; Zani D; Zanotelli T; Corti S; Cunico SC; Simeone C

INSTITUCIÓN / INSTITUTION: - Division of Urology, University of Brescia-Spedali Civili Hospital, Brescia, Italy. dr.arrighi@live.it

RESUMEN / SUMMARY: - INTRODUCTION: Xantogranulomatous pyelonephritis is a rare, severe, chronic renal infection typically resulting in diffuse renal destruction. Enlarged kidney is typical radiological finding. In this work we describe an extremely rare case in which a clinically classified cT3b Tumor (level II IVC thrombus) was detected; at specimen analysis to be xantogranulomatous pyelonephritis with IVC extension. MATERIAL AND METHOD: U.V., female, 86 years old, we diagnosed with right renal mass, with extension to IVC. By pathological analysis, it was found that renal mass and the thrombus was not due to RCC, but by xantogranulomatous pyelonephritis. DISCUSSION: Xantogranulomatous pyelonephritis with IVC thrombus is exceptional and has been described in 4 cases. Such a diagnosis could have anesthesiologic importance, in particular related to antimicrobial treatment. Xantogranulomatous pyelonephritis has its own classification, based on extension and organ involvement, but this case fall out of current classification. CONCLUSION: This possibility could be suspected and updating of disease's classification could be suggested.

[98]

TÍTULO / TITLE: - Intrascrotal lipoblastoma in a ten year old: case report and review of literature.

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

REVISTA / JOURNAL: - Rare Tumors. 2013 Mar 12;5(1):e11. doi: 10.4081/rt.2013.e11. Print 2013 Feb 11.

●● [Enlace al texto completo \(gratis o de pago\) 4081/rt.2013.e11](#)

AUTORES / AUTHORS: - Nakib G; Calcaterra V; Avolio L; Guazzotti M; Goruppi I; Viglio A; Pelizzo G

INSTITUCIÓN / INSTITUTION: - Department of Pediatric Surgery, IRCCS Policlinico San Matteo Foundation and University of Pavia;

RESUMEN / SUMMARY: - Lipoblastoma is a rare benign soft tissue tumor encountered almost exclusively in infancy and early childhood. The location of tumors varies, but most occur in the extremities, trunk, head and neck. Less frequently, lipoblastomas have been reported in the mediastinum, the retroperitoneum and the inguinal region. Only 7 cases of lipoblastoma in the scrotum have been reported so far in the English literature, with none of the patients older than 8. We report an intrascrotal lipoblastoma in a 10 year-old boy. The differential diagnosis is discussed with reference to the literature.

[99]

TÍTULO / TITLE: - Renal collecting duct carcinoma with extensive coagulative necrosis mimicking anemic infarct: report of a case and the literature review.

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

REVISTA / JOURNAL: - Diagn Pathol. 2013 Jul 16;8(1):119.

●● Enlace al texto completo (gratis o de pago) [1186/1746-1596-8-119](#)

AUTORES / AUTHORS: - Xu Q; Cao Q; Liu N; Fang Z; Ye Z; Peng T

RESUMEN / SUMMARY: - : Collecting duct carcinoma (CDC) with a mass of coagulative necrosis is very rare. We report here a case of CDC with extensive geographic coagulative necrosis mimicking anemic infarct with tumor cells embedded around the necrotic foci in a 73-years-old man. Histopathological examination showed that tumor nests near the necrotic foci were arranged as angulated tubules, tubulopapillary and glandular structures. Neoplastic cells had moderate to abundant eosinophilic cytoplasm and large hyperchromatic nuclei with prominent nucleoli as Fuhrman nuclear grade 3 or 4. The tumor cells were positive for pan-Cytokeratin, Vimentin, E-cadherin, CD10, and CK7, confirming the diagnosis as CDC. The patient is still alive 6 months later from nephrectomy, a long time following up is needed to learn the prognosis. Conclusively, morphology from different portions of the lesion, immunohistochemical stain and the combination analysis of the radiological features is essential to make a precise pathological diagnosis of CDC. And CDC should also be distinguished from renal clear cell renal cell carcinoma, renal medullary carcinoma, urothelial carcinoma with glandular differentiation, renal neuroendocrine tumor, renal epithelioid angiomyolipoma, renal pigmented paraganglioma and renal mesenchymal chondrosarcoma etc. Virtual Slides: The virtual slide(s) for this article can be found here:

<http://www.diagnosticpathology.diagnomx.eu/vs/1264270525975030>.

[100]

TÍTULO / TITLE: - Supraclavicular lymphadenopathy as the initial presentation of metastatic prostate cancer: A case report and review of literature.

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

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 May-Jun;7(5-6):E433-5. doi: 10.5489/cuaj.1385.

●● Enlace al texto completo (gratis o de pago) [5489/cuaj.1385](#)

AUTORES / AUTHORS: - Chan G; Domes T

INSTITUCIÓN / INSTITUTION: - College of Medicine, University of Saskatchewan, Saskatoon, SK;

RESUMEN / SUMMARY: - Prostate cancer usually metastasizes to the regional lymph nodes, and distal metastases to supraclavicular lymph nodes are rarely reported, especially as an initial presentation. Limited case reports describe cervical lymphadenopathy as the initial presentation of metastatic prostate cancer, and often with widely disseminated disease. Patients with this initial presentation rarely undergo digital rectal examination or serum prostate-specific antigen (PSA) level measurement as part of their initial investigations. A high index of suspicion is necessary to make the diagnosis of prostate cancer in this clinical setting. We present a rare case of prostate carcinoma presenting with

supraclavicular lymph node enlargement at the initial diagnosis. A review of the relevant literature is provided.

[101]

TÍTULO / TITLE: - Primary renal angiosarcoma: Case report and literature review.

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

REVISTA / JOURNAL: - Can Urol Assoc J. 2013 May-Jun;7(5-6):E430-2. doi: 10.5489/cuaj.1396.

●● Enlace al texto completo (gratis o de pago) [5489/cuaj.1396](#)

AUTORES / AUTHORS: - Chaabouni A; Rebai N; Chabchoub K; Fourati M; Bouacida M; Slimen MH; Bahloul A; Mhiri MN

INSTITUCIÓN / INSTITUTION: - Department of Urology, Habib Bourguiba University Hospital, Tunisia.

RESUMEN / SUMMARY: - Angiosarcoma is a rare malignant tumour occurring in less than 2% of soft tissue sarcomas. Angiosarcoma involving the kidney usually represents metastasis from skin or visceral primary lesions, while angiosarcoma primarily occurring in the kidney is a very rare neoplasm. We report a case of angiosarcoma of the right kidney in a 59-year-old male. The computed tomography scan showed a solid tumour with a low increased density after administration of contrast medium. Histological examination of the piece of nephrectomy confirmed the diagnosis.

[102]

TÍTULO / TITLE: - Concurrence of villous adenoma and non-muscle invasive bladder cancer arising in the bladder: a case report and review of the literature.

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

REVISTA / JOURNAL: - BMC Urol. 2013 Jul 20;13:36. doi: 10.1186/1471-2490-13-36.

●● Enlace al texto completo (gratis o de pago) [1186/1471-2490-13-36](#)

AUTORES / AUTHORS: - Kato Y; Konari S; Obara W; Sugai T; Fujioka T

INSTITUCIÓN / INSTITUTION: - Department of Urology, Iwate Medical University, Uchimarui, 020-8505, Moriokashi, Iwate, Japan. j2c789@bma.biglobe.ne.jp.

RESUMEN / SUMMARY: - BACKGROUND: Villous adenoma arising in the urinary tract is rare tumor. Most cases have been identified as benign neoplasm in the colon. Villous adenoma of the gastrointestinal tract is thought arise from premalignant polyps. Here, we report a case of concurrence of villous adenoma and non-muscle invasive bladder cancer. CASE PRESENTATION: An 85-year-old woman presented at our office because of gross hematuria. Cystoscopic examination detected two papillary tumors in the bladder. Each tumor was resected and diagnosed, respectively. Histopathology confirmed that the resected one tumor was a villous adenoma, and the other was urothelial carcinoma (T1, high grade). Immunostaining for cytokeratin (CK) 7, CK20 and Ki-67 confirmed that CK7: (-), CK20: (+) and Ki-67: (<=30%) in villous adenoma while CK7: (+), CK20: (+), and Ki-67: (70%) in urothelial carcinoma. Three

months later from TUR, urothelial carcinoma recurred in the trigone. She received adjuvant intravesical immunotherapy with BCG post TUR for the recurrence site. CONCLUSION: There were no specific findings on ultrasonography, CT, MRI or cystoscopic examination morphologically. Therefore, pre-pathological villous adenoma of the bladder is extremely difficult to diagnose. There are some case reports of solitary villous adenoma in the bladder or with coexisting adeno carcinoma. However, to the best of our knowledge, this is only the second report of villous adenoma in the bladder of coexisting urothelial carcinoma that has been published in the literature. Premalignant villous adenoma of the bladder is extremely rare and difficult to diagnose without histologic examination. Any suspicious lesion of the bladder should be biopsied and/or resected to confirm histology.

[103]

TÍTULO / TITLE: - A literature review of cost-effectiveness analyses of prostate-specific antigen test in prostate cancer screening.

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

REVISTA / JOURNAL: - Expert Rev Pharmacoecon Outcomes Res. 2013 Jun;13(3):327-42. doi: 10.1586/erp.13.26.

●● Enlace al texto completo (gratis o de pago) [1586/erp.13.26](#)

AUTORES / AUTHORS: - Garg V; Gu NY; Borrego ME; Raisch DW

INSTITUCIÓN / INSTITUTION: - Pharmacoeconomics, Epidemiology, Pharmaceutical Policy and Outcomes Research (PEPPOR) Program, Department of Pharmacy Practice and Administrative Sciences, College of Pharmacy, University of New Mexico, Albuquerque, NM, USA.

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RESUMEN / SUMMARY: - Prostate cancer is the most common non-skin cancer in American men, and prostate-specific antigen (PSA) testing is its common screening procedure. In May 2012, the US Preventive Services Task Force recommended against PSA-based screening. These recommendations contradict the current recommendations of other organizations such as the American Urological Association. The authors conducted a systematic review of PubMed, EMBASE and Cochrane to examine the published literature reporting the cost-effectiveness of PSA-based screening. The authors found ten studies each for US and non-US jurisdiction population. All reviewed studies concluded PSA-based screening to be cost effective in younger men (</=60 years of age) and at higher PSA levels (>/=3 ng/ml). Further cost-effectiveness analyses reflecting latest clinical practice and current perspectives regarding adverse outcomes of potentially unnecessary treatment are required, especially from the US government perspective.

[104]

TÍTULO / TITLE: - Primary Ewing sarcoma of the kidney: a symptomatic presentation and review of the literature.

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

REVISTA / JOURNAL: - Ther Adv Urol. 2013 Jun;5(3):153-9. doi: 10.1177/1756287212471095.

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

[1177/1756287212471095](#)

AUTORES / AUTHORS: - Hakky TS; Gonzalvo AA; Lockhart JL; Rodriguez AR

INSTITUCIÓN / INSTITUTION: - Department of Urology, University of South Florida, Tampa, FL, USA.

RESUMEN / SUMMARY: - The objective of this review is to discuss the unique nature of primary renal Ewing sarcoma, including incidence, presentation and management. We also report on a common pattern of presentation, consisting of acute flank pain mimicking a renal stone colic, with or without hydronephrosis, and a renal mass discovered during imaging studies of renal Ewing sarcoma. We present our case of renal Ewing sarcoma along with imaging and pathological analysis. We also performed a retrospective review of all cases of renal Ewing sarcoma using PubMed. A total of 48 cases of renal EWS sarcoma have been reported and analyzed in this review. A mean age of 30.4 years was found along with a 61% male predominance. The mean survival was 26.14 months with a lower median survival in patients with advanced metastatic disease. Primary Ewing sarcoma of the kidney is rare. The diagnosis of primary renal EWS can be difficult and is based on a combination of electron microscopy, immunohistochemistry, chromosomal analysis, fluorescence in situ hybridization (FISH) and light microscopy.
