#15#

Revisiones (todas) * Reviews (all)**

RESPIRATORY TRACT TUMORS

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

Agosto - Septiembre 2013 / August - September 2013

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[1]

TÍTULO / TITLE: - Pulmonary rehabilitation programme for patients undergoing curative lung cancer surgery.

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

REVISTA / JOURNAL: - Eur J Cardiothorac Surg. 2013 Oct;44(4):e266-71. doi: 10.1093/ejcts/ezt381. Epub 2013 Aug 19.

●● Enlace al texto completo (gratuito o de pago) 1093/ejcts/ezt381

AUTORES / AUTHORS: - Bradley A; Marshall A; Stonehewer L; Reaper L; Parker K; Bevan-Smith E; Jordan C; Gillies J; Agostini P; Bishay E; Kalkat M; Steyn R; Rajesh P; Dunn J; Naidu B

INSTITUCIÓN / INSTITUTION: - Department of Thoracic Surgery, Heart of England NHS Foundation Trust (HEFT), Birmingham, UK.

RESUMEN / SUMMARY: - OBJECTIVES: The aim of the study was to develop a multistranded pragmatic rehabilitation programme for operable lung cancer patients, that looks into feasibility, process indicators, outcome measures, local adaptability, compliance and potential cost benefit. METHODS: An outpatient-based complex intervention, rehabilitation for operated lung cancer (ROC) programme, was developed to optimize physical status, prepare for the inpatient journey and support through

recovery after surgery. It includes exercise classes, smoking cessation, dietary advice and patient education and was tested in an enriched cohort study within a regional thoracic unit over 18 months. RESULTS: A multistranded pragmatic rehabilitation programme pre- and post-surgery is feasible. Fifty-eight patients received the intervention and 305 received standard care. Both groups were matched for age, lung function comorbidity and type of surgery. Patients in the intervention group attended exercise classes twice a week until surgery, which was not delayed. Patients attended four sessions presurgery (range 1-15), resulting in an improvement of 20 m (range -73-195, P = 0.001) in a 6-min walk test and 0.66 l in forced expiratory volume in 1 s (range -1.85 from 1.11, P = 0.009) from baseline to presurgery. Fifty-four percentage of smokers in the intervention group stopped smoking. Sixteen percentage of patients were identified as being at risk of malnourishment and received nutritional intervention. There was a trend in patients in the intervention group towards experiencing fewer postoperative pulmonary complications than those in the non-intervention group (9 vs 16%, respectively, P = 0.21) and fewer readmissions to hospital because of complications (5 vs 14% respectively, P = 0.12). CONCLUSION: Chronic obstructive pulmonary disease-type pulmonary rehabilitation before and after lung cancer surgery is viable, and preliminary results suggest improvement in physical measures. A multicentre, randomized controlled trial is warranted to confirm clinical efficacy. ISRCTN REGISTRATION NUMBER: ISRCTN00061628.

TÍTULO / TITLE: - PIAS3 activates the intrinsic apoptotic pathway in non-small cell lung cancer cells independent of p53 status.

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

REVISTA / JOURNAL: - Int J Cancer. 2013 Aug 19. doi: 10.1002/ijc.28448.

●● Enlace al texto completo (gratuito o de pago) 1002/ijc.28448

AUTORES / AUTHORS: - Dabir S; Kluge A; McColl K; Liu Y; Lam M; Halmos B; Wildey G; Dowlati A

INSTITUCIÓN / INSTITUTION: - Division of Hematology and Oncology, Case Western Reserve University, Cleveland, Ohio 44106.

RESUMEN / SUMMARY: - Protein inhibitor of activated STAT3 (PIAS3) is an endogenous inhibitor of STAT3 that negatively regulates STAT3 transcriptional activity and cell growth and demonstrates limited expression in the majority of human squamous cell carcinomas of the lung. In the present study we sought to determine if PIAS3 inhibits cell growth in non-small cell lung cancer (NSCLC) cell lines by inducing apoptosis. Our results demonstrate that over-expression of PIAS3 promotes mitochondrial depolarization, leading to cytochrome c release, caspase 9 and 3 activation and PARP cleavage. This intrinsic pathway activation was associated with decreased Bcl-xL expression and increased Noxa expression and was independent of p53 status. Furthermore, PIAS3 inhibition of STAT3 activity was also p53 independent. Microarray

experiments were performed to discover STAT3-independent mediators of PIAS3-induced apoptosis by comparing the apoptotic gene expression signature induced by PIAS3 over-expression with that induced by STAT3 siRNA. The results showed that a subset of apoptotic genes was uniquely expressed only after PIAS3 expression. Thus, PIAS3 may represent a promising lung cancer therapeutic target because of its p53-independent efficacy as well as its potential to synergize with Bcl-2 targeted inhibitors.

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[2]

TÍTULO / TITLE: - EGFR, KRAS, BRAF and ALK Gene alterations in lung adenocarcinomas: patient outcome, interplay with morphology and immunophenotype.

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

REVISTA / JOURNAL: - Eur Respir J. 2013 Aug 29.

●● Enlace al texto completo (gratuito o de pago) 1183/09031936.00018013

AUTORES / AUTHORS: - Warth A; Penzel R; Lindenmaier H; Brandt R; Stenzinger A; Herpel E; Goeppert B; Thomas M; Herth FJ; Dienemann H; Schnabel PA; Schirmacher P; Hoffmann H; Muley T; Weichert W

INSTITUCIÓN / INSTITUTION: - University Hospital Heidelberg, Germany.

RESUMEN / SUMMARY: - Numerous studies have been published on single aspects of pulmonary adenocarcinoma (ADC). To comprehensively link clinically relevant ADC characteristics, we evaluated established morphologic, diagnostic, and predictive biomarkers in 425 resected ADC.Morphology was reclassified. CK7, TTF1, napsin A, thymidylate synthase (TS), and ERCC1 expression, ALK rearrangements as well as EGFR, KRAS and BRAF mutations were analysed. All characteristics were correlated with clinical and survival parameters.Morphologic ADC subtypes were significantly associated with smoking history and distinct patterns of diagnostic biomarkers. KRAS mutations were prevalent in male smokers while EGFR mutations were associated with female sex, non-smoking and lepidic as well as micropapillary growth patterns. TTF1 expression (HR for OS=0.61, p=0.021) and BRAF mutations (HR for DFS=2.0, p=.046) were found as morphology- and stage-independent predictors of survival in multivariate analysis. Adjuvant radio-/chemotherapy in some instances strongly impacted on the prognostic effect of both diagnostic and predictive biomarkers.Our data draw a comprehensive picture of the prevalence and interplay of yet established histological and molecular ADC characteristics. This data will help to develop time and cost effective diagnostic and treatment algorithms for ADC.

TÍTULO / TITLE: - Down-Regulation of MiR-30c Promotes the Invasion of Non-Small Cell Lung Cancer by Targeting MTA1.

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

REVISTA / JOURNAL: - Cell Physiol Biochem. 2013;32(2):476-85. doi: 10.1159/000354452. Epub 2013 Aug 27.

●● Enlace al texto completo (gratuito o de pago) 1159/000354452

AUTORES / AUTHORS: - Xia Y; Chen Q; Zhong Z; Xu C; Wu C; Liu B; Chen Y

INSTITUCIÓN / INSTITUTION: - Department of Thoracic and Cardiovascular Surgery, The First Affiliated Hospital of Nanjing Medical University, Nanjing, Jiangsu.

RESUMEN / SUMMARY: - Background: The connection between microRNA expression and lung cancer development has been identified in recent literature. However, the mechanism of microRNA has been poorly elucidated in non-small-cell lung cancer (NSCLC). Methods and Results: Comparing with adjacent tissues (n=75), miR-30c has a lower expression in lung cancer specimens (n=75). The knockdown of miR-30c enhanced the invasion of A549 cells; meanwhile, the overexpression of miR-30c could reverse the effect of the knockdown of miR-30c in vitro. A luciferase assay revealed that miR-30c was directly bound to the 3'-untranslated regions (3'-UTR) of MTA1. QRT-PCR and western blot shows MTA1 was up-regulated in mRNA and protein levels. The effect taken on the invasion of NSCLC by overexpression of MTA1 works the same as down-regulated miR-30c. Conclusion: miR-30c may play a pivotal role in controlling lung cancer invasion through regulating MTA1in NSCLC. © 2013 S. Karger AG, Basel.

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[3]

TÍTULO / TITLE: - Genetics and biomarkers in personalisation of lung cancer treatment.

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

REVISTA / JOURNAL: - Lancet. 2013 Aug 24;382(9893):720-31. doi: 10.1016/S0140-6736(13)61715-8.

●● Enlace al texto completo (gratuito o de pago) 1016/S0140-6736(13)61715-8

AUTORES / AUTHORS: - Rosell R; Bivona TG; Karachaliou N

INSTITUCIÓN / INSTITUTION: - Catalan Institute of Oncology Badalona, España. rrosell@iconcologia.net

RESUMEN / SUMMARY: - Non-small-cell lung cancer is often diagnosed at the metastatic stage, with median survival of just 1 year. The identification of driver mutations in the epidermal growth factor receptor (EGFR) as the primary oncogenic event in a subset of lung adenocarcinomas led to a model of targeted treatment and genetic profiling of the disease. EGFR tyrosine kinase inhibitors confer remission in 60% of patients, but responses are short-lived. The pre-existing EGFR Thr790Met mutation could be a subclonal driver responsible for these transient responses. Overexpression of AXL and reduced MED12 function are hallmarks of resistance to tyrosine kinase inhibitors in EGFR-mutant non-small-cell lung cancer. Crosstalk between signalling pathways is another mechanism of resistance; therefore, identification of the molecular components involved could lead to the development of combination therapies cotargeting these molecules instead of EGFR tyrosine kinase inhibitor monotherapy.

Additionally, novel biomarkers could be identified through deep sequencing analysis of serial rebiopsies before and during treatment.

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[4]

TÍTULO / TITLE: - Contribution of multidrug resistance-associated proteins (MRPs) to the release of prostanoids from A549 cells.

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

REVISTA / JOURNAL: - Prostaglandins Other Lipid Mediat. 2013 Aug 27. pii: S1098-8823(13)00067-1. doi: 10.1016/j.prostaglandins.2013.08.002.

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

1016/j.prostaglandins.2013.08.002

AUTORES / AUTHORS: - Furugen A; Yamaguchi H; Tanaka N; Shiida N; Ogura J; Kobayashi M; Iseki K

INSTITUCIÓN / INSTITUTION: - Laboratory of Clinical Pharmaceutics & Therapeutics, Division of Pharmasciences, Faculty of Pharmaceutical Sciences, Hokkaido University, Kita-12-jo, Nishi-6-chome, Kita-ku, Sapporo 060-0812, Japan.

RESUMEN / SUMMARY: - Previous studies indicated that several members of the multidrug resistance-associated protein (MRP) family mediate the transport of prostanoids. However, theimportance of MRPs in the release process of prostanoids has not been fully elucidated. In this study, we investigated the contribution of MRPs, including MRP1, MRP2, and MRP4, to the release process of the prostanoids from human lung adenocarcinoma epithelial A549 cells. The extracellular levels of PGE2, PGF2alpha, and TXB2 (a metabolite of TXA2) were decreased by treatment with MRP inhibitors (dipyridamole, MK571, and probenecid). The studies using membrane vesicle suggest that the effects of the inhibitors were in part by inhibiting MRP4 function. The effects of knockdown of each MRP (MRP1, MRP2, and MRP4) were also investigated. The extracellular levels of PGE2 and PGF2alpha were significantly decreased after MRP4 knockdown. Our results suggest that MRPs including MRP4 contribute the release process of prostanoids in A549 cells.

TÍTULO / TITLE: - Cisplatin-induced downregulation of SOX1 increases drug resistance by activating autophagy in non-small cell lung cancer cell.

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

REVISTA / JOURNAL: - Biochem Biophys Res Commun. 2013 Sep 20;439(2):187-90. doi: 10.1016/j.bbrc.2013.08.065. Epub 2013 Aug 29.

●● Enlace al texto completo (gratuito o de pago) 1016/j.bbrc.2013.08.065

AUTORES / AUTHORS: - Li N; Li X; Li S; Zhou S; Zhou Q

INSTITUCIÓN / INSTITUTION: - Department of Respiratory Medicine, The First Affiliated Hospital of Henan University of Traditional Chinese Medicine, Zhengzhou 450000, China.

RESUMEN / SUMMARY: - SOX1 was aberrant methylated in hepatocellular cancer and non-small cell lung cancer (NSCLC). Long-term cisplatin exposure promotes methylation of SOX1 in ovarian cancer cell, suggesting that SOX1 may be involved in cisplatin resistance. Our aim was to test the hypothesis that cisplatin resistance is associated with alteration of SOX1 expression in NSCLC. Expression of levels of SOX1 was examined using RT-PCR in cisplatin resistance cells and parental cells. The level of SOX1 mRNA in cisplatin resistance cells was markedly reduced when compared to parental cells. Promoter methylation of SOX1 was induced in cisplatin resistance cells. We also found that SOX1 silencing enhanced the cisplatin-mediated autophagy in NSCLC. This study shows that inactivation of SOX1 by promoter hypermethylation, at least in part, is responsible for cisplatin resistance in human NSCLC.

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[5]

TÍTULO / TITLE: - Prospects for population screening and diagnosis of lung cancer.

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

REVISTA / JOURNAL: - Lancet. 2013 Aug 24;382(9893):732-41. doi: 10.1016/S0140-6736(13)61614-1.

●● Enlace al texto completo (gratuito o de pago) 1016/S0140-6736(13)61614-1

AUTORES / AUTHORS: - Oudkerk M; Pedersen JH; Duffy SW

INSTITUCIÓN / INSTITUTION: - Roy Castle Lung Cancer Research Programme, Department of Molecular and Clinical Cancer Medicine, The University of Liverpool Cancer Research Centre, Liverpool, UK. j.k.field@liv.ac.uk

RESUMEN / SUMMARY: - Deaths from lung cancer exceed those from any other type of malignancy, with 1.5 million deaths in 2010. Prevention and smoking cessation are still the main methods to reduce the death toll. The US National Lung Screening Trial, which compared CT screening with chest radiograph, yielded a mortality advantage of 20% to participants in the CT group. International debate is ongoing about whether sufficient evidence exists to implement CT screening programmes. When questions about effectiveness and cost-effectiveness have been answered, which will await publication of the largest European trial, NELSON, and pooled analysis of European CT screening trials, we discuss the main topics that will need consideration. These unresolved issues are risk prediction models to identify patients for CT screening; radiological protocols that use volumetric analysis for indeterminate nodules; options for surgical resection of CT-identified nodules; screening interval; and duration of screening. We suggest that a demonstration project of biennial screening over a 4-year period should be undertaken.

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[6]

TÍTULO / TITLE: - Malignant transformation of respiratory papillomatosis in a solid-organ transplant patient: case report and literature review.

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

REVISTA / JOURNAL: - Ann Otol Rhinol Laryngol. 2013 Jul;122(7):457-60.

AUTORES / AUTHORS: - Azadarmaki R; Lango MN

INSTITUCIÓN / INSTITUTION: - Department of Surgery, Head and Neck Section, Fox Chase Cancer Center, Temple University Health System, Philadelphia, Pennsylvania, 19111, USA.

RESUMEN / SUMMARY: - We report the case of a 77-year-old non-smoker and non-drinker with a solid-organ transplant who had malignant transformation of respiratory papillomatosis 3 years after the initial diagnosis of this benign lesion. This is the first case reported in the literature of malignant transformation of respiratory papillomatosis in a solid-organ transplant patient. Virus-associated cutaneous cancers occur more frequently and aggressively in solid-organ transplant patients. There may be a higher rate of malignant transformation of respiratory papillomatosis in immunosuppressed patients, as this is a virus-associated disease. Closer observation, airway evaluation with laryngoscopy and tracheobronchoscopy, and interval biopsies of immunosuppressed patients with respiratory papillomatosis is recommended.

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[7]

TÍTULO / TITLE: - Predicting Esophagitis After Chemoradiation Therapy for Non-Small Cell Lung Cancer: An Individual Patient Data Meta-analysis.

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

REVISTA / JOURNAL: - Int J Radiat Oncol Biol Phys. 2013 Sep 10. pii: S0360-3016(13)02900-3. doi: 10.1016/j.ijrobp.2013.07.029.

●● Enlace al texto completo (gratuito o de pago) 1016/j.ijrobp.2013.07.029

AUTORES / AUTHORS: - Palma DA; Senan S; Oberije C; Belderbos J; Dios NR; Bradley JD; Barriger RB; Moreno-Jimenez M; Kim TH; Ramella S; Everitt S; Rengan R; Marks LB; De Ruyck K; Warner A; Rodrigues G

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, London Regional Cancer Program, London, Ontario, Canada. Electronic address: david.palma@uwo.ca.

RESUMEN / SUMMARY: - PURPOSE: Concurrent chemoradiation therapy (CCRT) improves survival compared with sequential treatment for locally advanced non-small cell lung cancer, but it increases toxicity, particularly radiation esophagitis (RE). Validated predictors of RE for clinical use are lacking. We performed an individual-patient-data meta-analysis to determine factors predictive of clinically significant RE. METHODS AND MATERIALS: After a systematic review of the literature, data were obtained on 1082 patients who underwent CCRT, including patients from Europe, North America,

Asia, and Australia. Patients were randomly divided into training and validation sets (2/3 vs 1/3 of patients). Factors predictive of RE (grade >/=2 and grade >/=3) were assessed using logistic modeling, with the concordance statistic (c statistic) used to evaluate the performance of each model. RESULTS: The median radiation therapy dose delivered was 65 Gy, and the median follow-up time was 2.1 years. Most patients (91%) received platinum-containing CCRT regimens. The development of RE was common, scored as grade 2 in 348 patients (32.2%), grade 3 in 185 (17.1%), and grade 4 in 10 (0.9%). There were no RE-related deaths. On univariable analysis using the training set, several baseline factors were statistically predictive of RE (P<.05), but only dosimetric factors had good discrimination scores (c > .60). On multivariable analysis, the esophageal volume receiving >/=60 Gy (V60) alone emerged as the best predictor of grade >/=2 and grade >/=3 RE, with good calibration and discrimination. Recursive partitioning identified 3 risk groups: low (V60 <0.07%), intermediate (V60 0.07% to 16.99%), and high (V60 >/=17%). With use of the validation set, the predictive model performed inferiorly for the grade >/=2 endpoint (c = .58) but performed well for the grade >/=3 endpoint (c = .66). CONCLUSIONS: Clinically significant RE is common, but life-threatening complications occur in <1% of patients. Although several factors are statistically predictive of RE, the V60 alone provides the best predictive ability. Efforts to reduce the V60 should be prioritized, with further research needed to identify and validate new predictive factors.

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[8]

TÍTULO / TITLE: - Management of non-small-cell lung cancer: recent developments.

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

REVISTA / JOURNAL: - Lancet. 2013 Aug 24;382(9893):709-19. doi: 10.1016/S0140-6736(13)61502-0.

●● Enlace al texto completo (gratuito o de pago) 1016/S0140-6736(13)61502-0

AUTORES / AUTHORS: - Reck M; Heigener DF; Mok T; Soria JC; Rabe KF

INSTITUCIÓN / INSTITUTION: - LungenClinic Grosshansdorf, Airway Research Center North, Grosshansdorf, Germany. m.reck@lungenclinic.de

RESUMEN / SUMMARY: - Non-small-cell lung cancer is one of the leading causes of deaths from cancer worldwide. Therefore, improvements in diagnostics and treatments are urgently needed. In this review, we will discuss the evolution of lung cancer staging towards more non-invasive, endoscopy-based, and image-based methods, and the development of stage-adapted treatment. A special focus will be placed on the role of novel surgical approaches and modern radiotherapy strategies for early stages of disease, the effect of multimodal treatment in locally advanced disease, and ongoing developments in the treatment of patients with metastatic disease. In particular, we will include an emphasis on targeted therapies, which are based on the assumption that a treatable driver mutation or gene rearrangement is present within the tumour.

Finally, the position of lung cancer treatment on the pathway to personalised therapy will be discussed.

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[9]

TÍTULO / TITLE: - Comment on Zhou et al. entitled “High plasma D-dimer level is associated with decreased survival in patients with lung cancer: a meta-analysis based on current evidence”

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

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

●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-1202-4

AUTORES / AUTHORS: - Zhang S; Zhan P; Song Y

INSTITUCIÓN / INSTITUTION: - Department of Respiratory Medicine, Jinling Hospital, Medical School of Nanjing University, Nanjing, Jiangsu Province, China.

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[10]

TÍTULO / TITLE: - Predictive effect of XRCC3 Thr241Met polymorphism on platinum-based chemotherapy in lung cancer patients: meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Aug 30.

●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-0987-5

AUTORES / AUTHORS: - Zhang W; Yan B; Jiang L

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

RESUMEN / SUMMARY: - Previous published data on the association between X-ray repair cross-complementing group 3 (XRCC3) Thr241Met polymorphism and clinical outcome of platinum-based chemotherapy in patients with lung cancer reported conflicting results. A meta-analysis was performed to provide a systematic review of the published data. We retrieved the relevant studies from PubMed and Embase databases. The primary outcome was overall survival, and the hazard ratio (HR) with 95 % confidence interval (95 % CI) was estimated. Seven studies with a total of 1,514 patients were included into the meta-analysis. Overall, XRCC3 Thr241Met polymorphism had no influence on the overall survival of lung cancer patients receiving platinum-based chemotherapy (MetMet vs. ThrThr: HR = 0.82, 95 % CI 0.52-1.31, P = 0.410; MetThr vs. ThrThr: HR = 0.93, 95 % CI 0.79-1.10, P = 0.339; MetMet/MetThr vs. ThrThr: HR = 1.07, 95 % CI 0.88-1.31, P = 0.480). There was no obvious risk of publication bias. Therefore, currently available data suggest that there is no predictive effect of XRCC3 Thr241Met polymorphism on platinum-based chemotherapy in lung cancer patients.

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[11]

TÍTULO / TITLE: - Vascular endothelial growth factor (VEGF) -2578C/A and -460C/T gene polymorphisms and lung cancer risk: a meta-analysis involving 11 case-control studies.

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

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

●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-1119-y

AUTORES / AUTHORS: - Song N; Liu B; Wu J; Zhang R; Duan L; He W; Zhang C

INSTITUCIÓN / INSTITUTION: - Department of Respiratory Medicine, The Second Hospital of Hebei Medical University, Heping Western Road No. 215, Shijiazhuang, Hebei, China, songning_hbmu@126.com.

RESUMEN / SUMMARY: - The aim of this meta-analysis is to generate large-scale evidence on whether common vascular endothelial growth factor (VEGF) gene polymorphisms (-2578C/A [dbSNP: rs699947] and -460C/T [dbSNP: rs833061]) are associated with lung cancer. A literature search of PubMed, Embase, Web of Science, Cochrane Library, and CBM databases was conducted to identify all eligible studies published before May 3, 2013. Crude odds ratios (ORs) with their corresponding confidence intervals (95 % CIs) were used to evaluate the strength of the association. Eleven case-control studies were included with a total of 3,861 lung cancer cases and 3,676 controls in this meta-analysis. For the VEGF -2578C/A polymorphism, the combined results showed that there exist highly significant risk factors for individuals carrying the A allele resulting in lung cancer, and the magnitude of this effect was similar in smoker patients and squamous cell carcinoma (SCC) patients. Unlike the situation with the -2578C/A polymorphism, the VEGF -460C/T polymorphism is not associated with the risk of lung cancer in neither Asians nor Caucasians. However, when stratified according to smoking status and histological types of lung cancer, we found that the T allele (-460C/T) was associated with decreased lung cancer risk among nonsmoker patients and SCC patients. Our findings showed that the -2578C/A polymorphism may increase lung cancer risk, especially in smoker patients and SCC patients, whereas the -460C/T polymorphism may decrease lung cancer risk, especially in nonsmoker patients and SCC patients.

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[12]

TÍTULO / TITLE: - Expression of thymidylate synthase predicts clinical outcomes of pemetrexed-containing chemotherapy for non-small-cell lung cancer: a systemic review and meta-analysis.

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Sep 26.

●● Enlace al texto completo (gratuito o de pago) 1007/s00280-013-2299-2

AUTORES / AUTHORS: - Liu Y; Yin TJ; Zhou R; Zhou S; Fan L; Zhang RG

INSTITUCIÓN / INSTITUTION: - Department of Comprehensive Medicine, Tongji Hospital of Tongji Medical College, Huazhong University of Science and Technology, 1095 Jie Fang Avenue, Wuhan, 430030, People's Republic of China.

RESUMEN / SUMMARY: - PURPOSE: Observational and preclinical studies suggested an association between the expression of thymidylate synthase (TS) and clinical effects of pemetrexed-based chemotherapy in non-small-cell lung cancer (NSCLC) patients. However, the predictive value of TS for pemetrexed-containing chemotherapy regimen remained controversial. The aim of the study was to further appraise the association between the expression of TS and clinical efficacy pemetrexed-based chemotherapy in NSCLC patients. METHODS: We searched in MEDLINE (PubMed), EMBASE, and Cochrane Library from January 1945 to May 2013. Two authors independently extracted information from the characteristics of study participants. Primary outcomes included therapeutic response (TR; i.e., complete response + partial response vs. stable disease + progressive disease), progression-free survival (PFS), and overall survival (OS). Relative risk (RR) and hazard ratio (HR) were used for evaluating the risk or hazard. RESULTS: Eight studies were included in the meta-analysis. Better response usually appeared in NSCLC patients with a lower expression of TS [RR = 2.06 95 % confidence intervals (CI) 1.44, 2.96]. There was a significant association between TS expression and outcomes of pemetrexed-based chemotherapy for NSCLC (PFS: HR = 0.63 95 % CI 0.52, 0.76; OS: HR = 0.74, 95 % CI: 0.63, 0.88). In addition, no evidence of publication bias was observed. CONCLUSIONS: This meta-analysis evaluated the predictive value of TS and provided evidence that NSCLC patients with lower TS expression could significantly benefit from pemetrexed-based chemotherapy. This increased level of TS was probably an independent risk factor of potential resistance against pemetrexed.

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[13]

TÍTULO / TITLE: - The effect of reducing the number of cigarettes smoked on risk of lung cancer, COPD, cardiovascular disease and FEV - A review.

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

REVISTA / JOURNAL: - Regul Toxicol Pharmacol. 2013 Sep 3. pii: S0273-2300(13)00140-2. doi: 10.1016/j.yrtph.2013.08.016.

●● Enlace al texto completo (gratuito o de pago) 1016/j.yrtph.2013.08.016

AUTORES / AUTHORS: - Lee PN

INSTITUCIÓN / INSTITUTION: - P.N. Lee Statistics and Computing Ltd., 17 Cedar Road, Sutton, Surrey SM2 5DA, UK. Electronic address: PeterLee@pnlee.co.uk.

RESUMEN / SUMMARY: - Searches identified 14 studies investigating effects of reducing cigarette consumption on lung cancer, CVD, COPD or FEV1 decline. Three were case-control studies, six cohort studies, and five follow-up studies of FEV1. Six studies

consistently reported lower lung cancer risk in reducers. Compared to non-reducers, meta-analysis (random-effects) showed significantly lower risk (RR 0.81, 95% CI 0.74-0.88 for any reduction, and RR 0.78, 0.66-0.92 for the greatest reduction), with no between-study heterogeneity. Four cohort studies presented CVD results, the combined RR for any reduction being a non-significant 0.93 (0.84-1.03). An effect of reduction was not consistently seen for COPD or FEV1 decline. Four cohort studies presented all-cause mortality results, the combined RR of 0.92 (0.85-1.01) being non-significant. The RR of 0.95 (0.88-1.02) for total smoking-related cancer, from three studies, was also non-significant. The evidence has various weaknesses; few studies, few cases in reducers in some studies, limited dose-response data, incomplete adjustment for baseline consumption, questionable accuracy of the lifetime smoking history data in case-control studies, and bias in cohort studies if reducers are likelier than non-reducers to quit during follow-up. Also, the variable definitions of reduction make meta-analysis problematic. Though the results suggest some benefits of smoking reduction, more evidence is needed.

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[14]

TÍTULO / TITLE: - A meta-analysis of the relationship between glutathione S-transferase T1 null/presence gene polymorphism and the risk of lung cancer including 31802 subjects.

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

REVISTA / JOURNAL: - Mol Biol Rep. 2013 Sep 26.

●● Enlace al texto completo (gratuito o de pago) 1007/s11033-013-2674-4

AUTORES / AUTHORS: - Zhou HF; Feng X; Zheng BS; Qian J; He W

INSTITUCIÓN / INSTITUTION: - Department of Cardio-Thoracic Surgery, The First Affiliated Hospital of Guangxi Medical University, Nanning, 530021, China.

RESUMEN / SUMMARY: - The relationship between glutathione S-transferase T1 (GSTT1) null/presence gene polymorphism and the risk of lung cancer from the published reports are still conflicting. This study was conducted to evaluate the relationship between GSTT1 null/presence gene polymorphism and the risk of lung cancer using meta-analysis method. The association studies were identified from PubMed, and Cochrane Library on July 1, 2012, and eligible investigations were included and synthesized using meta-analysis method. 51 reports were recruited into this meta-analysis for the association of null genotype of GSTT1 with lung cancer susceptibility, consisting of 15,140 patients with lung cancer and 16,662 controls. There was a marked association between GSTT1 null genotype and lung cancer risk in overall populations (OR = 1.15, 95 % CI 1.04-1.27, P = 0.007). Furthermore, GSTT1 null genotype was associated with the lung cancer risk in Asians (OR = 1.47, 95 % CI 1.23-1.76, P < 0.0001). However, GSTT1 null genotype was not associated with the risk of

lung cancer in Caucasians, Brazilian population and Africans. In conclusion, GSTT1 null genotype is associated with the lung cancer in overall populations and in Asians.

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[15]

TÍTULO / TITLE: - Cisplatin versus carboplatin in combination with third-generation drugs for advanced non-small cell lung cancer.

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

REVISTA / JOURNAL: - Cochrane Database Syst Rev. 2013 Aug 16;8:CD009256. doi: 10.1002/14651858.CD009256.pub2.

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

1002/14651858.CD009256.pub2

AUTORES / AUTHORS: - de Castria TB; da Silva EM; Gois AF; Riera R

INSTITUCIÓN / INSTITUTION: - Clinical Oncology, Instituto do Cancer do Estado de Sao Paulo (ICESP/FMUSP), Av. Doutor Arnaldo 251 - Cerquiera Cesar, Sao Paulo, Brazil, 01246-000.

RESUMEN / SUMMARY: - BACKGROUND: An estimated 220,000 new cases of non-small cell lung cancer (NSCLC) and 160,000 deaths are expected to occur in the US in 2013, representing about 28% of cancer-related mortality. Approximately 75% of these people will have locally advanced or metastatic disease and will be treated in a palliative setting. Platinum-based combination chemotherapy has benefits in terms of survival and symptom control when compared with best supportive care. OBJECTIVES: To assess the efficacy and safety of carboplatin-based chemotherapy when compared with cisplatin-based chemotherapy, both in combination with a third-generation drug, in people with advanced NSCLC. To compare quality of life in people with advanced NSCLC receiving chemotherapy with cisplatin and carboplatin combined with a third-generation drug. SEARCH METHODS: We searched the following electronic databases: MEDLINE (via PubMed) (1966 to 6 March 2013), EMBASE (via Ovid) (1974 to 6 March 2013), Cochrane Central Register of Controlled Trials (CENTRAL; Issue 2, 2013), and LILACS (1982 to 6 March 2013). In addition, we handsearched the proceedings of the American Society of Clinical Oncology Meetings (January 1990 to March 2013), reference lists from relevant resources and the Clinical Trial.gov database. SELECTION CRITERIA: Randomised clinical trials comparing regimens with carboplatin or cisplatin combined with a third-generation drug in people with locally advanced or metastatic NSCLC. We accepted any regimen and number of cycles that included these drugs, since there is no widely accepted standard regimen. DATA COLLECTION AND ANALYSIS: Two review authors independently assessed search results and a third review author resolved any disagreements. We analysed the following endpoints: overall survival, one-year survival, quality of life, toxicity and response rate. MAIN RESULTS: We included 10 trials with 5017 people, 3973 of whom were available for meta-analysis. There was no difference between carboplatin-based and cisplatin-based

chemotherapy in overall survival (hazard ratio (HR) 1.00; 95% confidence interval (CI) 0.51 to 1.97, I(2) = 0%) and one-year survival rate (risk ratio (RR) 0.98; 95% CI 0.88 to 1.09, I(2) = 24%). Cisplatin had higher response rates when we performed an overall analysis (RR 0.88; 95% CI 0.79 to 0.99, I(2) = 3%), but trials using paclitaxel or gemcitabine plus a platin in both arms had equivalent response rates (paclitaxel: RR 0.89; 95% CI 0.74 to 1.07, I(2) = 0%; gemcitabine: RR 0.92; 95% CI 0.73 to 1.16, I(2) = 34%). Cisplatin caused more nausea or vomiting, or both (RR 0.46; 95% CI 0.32 to 0.67, I(2) = 53%) and carboplatin caused more thrombocytopenia (RR 2.00; 95% CI 1.37 to 2.91, I(2) = 21%) and neurotoxicity (RR 1.55; 95% CI 1.06 to 2.27, I(2) = 0%). There was no difference in the incidence of grade III/IV anaemia (RR 1.06; 95% CI 0.79 to 1.43, I(2) = 20%), neutropenia (RR 0.96; 95% CI 0.85 to 1.08, I(2) = 49%), alopecia (RR 1.11; 95% CI 0.73 to 1.68, I(2) = 0%) or renal toxicity (RR 0.52; 95% CI 0.19 to 1.45, I(2) = 3%). Two trials performed a quality of life analysis; however, they used different methods of measurement so we could not perform a meta-analysis. AUTHORS' CONCLUSIONS: The initial treatment of people with advanced NSCLC is palliative, and carboplatin can be a treatment option. It has a similar effect on survival but a different toxicity profile when compared with cisplatin. Therefore, the choice of the platin compound should take into account the expected toxicity profile and the person's comorbidities. In addition, when used with either paclitaxel or gemcitabine, the drugs had an equivalent response rate.

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[16]

TÍTULO / TITLE: - Exercise training undertaken by people within 12 months of lung resection for non-small cell lung cancer.

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

REVISTA / JOURNAL: - Cochrane Database Syst Rev. 2013 Jul 31;7:CD009955.

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

1002/14651858.CD009955.pub2

AUTORES / AUTHORS: - Cavalheri V; Tahirah F; Nonoyama M; Jenkins S; Hill K

INSTITUCIÓN / INSTITUTION: - School of Physiotherapy and Exercise Science, Curtin University, Kent Street, Perth, Western Australia, Australia, 6102.

RESUMEN / SUMMARY: - BACKGROUND: Decreased exercise capacity and impairments in health-related quality of life (HRQoL) are common in people following lung resection for non-small cell lung cancer (NSCLC). Exercise training has been demonstrated to confer gains in exercise capacity and HRQoL for people with a range of chronic conditions, including chronic obstructive pulmonary disease and heart failure, as well as in people with cancers such as prostate and breast cancer. A programme of exercise training for people following lung resection for NSCLC may confer important gains in these outcomes. To date, evidence of its efficacy in this population is unclear. OBJECTIVES: The primary aim of this study was to determine the effects of exercise training on exercise capacity in people following lung resection (with or without

chemotherapy) for NSCLC. The secondary aims were to determine the effects on other outcomes such as HRQoL, lung function (forced expiratory volume in one second (FEV1)), peripheral muscle force, dyspnoea and fatigue as well as feelings of anxiety and depression. SEARCH METHODS: We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 2 of 12), MEDLINE (via PubMed) (1966 to February 2013), EMBASE (via Ovid) (1974 to February 2013), SciELO (The Scientific Electronic Library Online) (1978 to February 2013) as well as PEDro (Physiotherapy Evidence Database) (1980 to February 2013). SELECTION CRITERIA: We included randomised controlled trials (RCTs) in which study participants with NSCLC, who had recently undergone lung resection, were allocated to receive either exercise training or no exercise training. DATA COLLECTION AND ANALYSIS: Two review authors screened the studies and identified those for inclusion. Meta-analyses were performed using post-intervention data for those studies in which no differences were reported between the exercise and control group either: (i) prior to lung resection, or (ii) following lung resection but prior to the commencement of the intervention period. Although two studies reported measures of quadriceps force on completion of the intervention period, meta-analysis was not performed on this outcome as one of the two studies demonstrated significant differences between the exercise and control group at baseline (following lung resection). MAIN RESULTS: We identified three RCTs involving 178 participants. Three out of the seven domains included in the Cochrane Collaboration's 'seven evidence-based domains' table were identical in their assessment across the three studies (random sequence generation, allocation concealment and blinding of participants and personnel). The domain which had the greatest variation was 'blinding of outcome assessment' where one study was rated at low risk of bias, one at unclear risk of bias and the remaining one at high risk of bias. On completion of the intervention period, exercise capacity as measured by the six-minute walk distance was statistically greater in the intervention group compared to the control group (mean difference (MD) 50.4 m; 95% confidence interval (CI) 15.4 to 85.2 m). No between-group differences were observed in HRQoL (standardised mean difference (SMD) 0.17; 95% CI -0.16 to 0.49) or FEV1 (MD -0.13 L; 95% CI -0.36 to 0.11 L). Differences in quadriceps force were not demonstrated on completion of the intervention period. AUTHORS' CONCLUSIONS: The evidence summarised in our review suggests that exercise training may potentially increase the exercise capacity of people following lung resection for NSCLC. The findings of our systematic review should be interpreted with caution due to disparities between the studies, methodological limitations, some significant risks of bias and small sample sizes. This systematic review emphasises the need for larger RCTs.

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[17]

TÍTULO / TITLE: - Association between MPO 463G>A polymorphism and risk of lung cancer: a meta-analysis.

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

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

●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-0921-x

AUTORES / AUTHORS: - Zhou C; Luo Q; Qing Y; Lin X; Zhan Y; Ouyang M

INSTITUCIÓN / INSTITUTION: - State Key Laboratory of Respiratory Disease, Department of Medicine, Guangzhou Institute of Respiratory Disease, The First Affiliated Hospital of Guangzhou Medical University, Guangzhou Medical University, 151 Yanjiang Road, Guangzhou, 510120, China.

RESUMEN / SUMMARY: - There is a possible association between myeloperoxidase (MPO) 463G>A polymorphism and risk of lung cancer, but previous studies report conflicting results. We performed a meta-analysis of available molecular epidemiologic studies to comprehensively assess the association between MPO 463G>A polymorphism and risk of lung cancer. A systemic literature search was performed in Pubmed, Embase, and Wanfang databases for molecular epidemiologic studies on the association MPO 463G>A polymorphism and risk of lung cancer on March 16, 2013. The pooled odds ratios (ORs) with their 95 % confidence interval (95 % CI) were calculated to assess the strength of the association. Twenty-six individual case-control studies with a total of 18,433 subjects (7,752 cases and 10,681 controls) were finally included into the meta-analysis. Overall, MPO 463G>A polymorphism was significantly associated with decreased risk of lung cancer under two main genetic comparison models (for A versus G, OR = 0.91, 95 % CI 0.83-0.99, P = 0.035; for AG/AA versus GG, OR = 0.90, 95 % CI 0.81-0.99, P = 0.029). Meta-analysis of studies with high quality also showed that MPO 463G>A polymorphism was significantly associated with decreased risk of lung cancer under two main genetic comparison models (for A versus G, OR = 0.91, 95 % CI 0.83-0.99, P = 0.035; for AG/AA versus GG, OR = 0.90, 95 % CI 0.80-0.99, P = 0.048). Subgroup analysis by ethnicity further showed that there was a significant association between MPO 463G>A polymorphism and decreased risk of lung cancer in Caucasians but not in Asians. The meta-analysis suggests that MPO 463G>A polymorphism is associated with decreased risk of lung cancer, especially in Caucasians.

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[18]

TÍTULO / TITLE: - X-ray repair cross-complementing group 1 codon 399 polymorphism and lung cancer risk: an updated meta-analysis.

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

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

●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-1057-8

AUTORES / AUTHORS: - Wang JY; Cai Y

INSTITUCIÓN / INSTITUTION: - Department of Oncology, Shanghai Pulmonary Hospital, Tongji University School of Medicine, Shanghai, 200433, China.

RESUMEN / SUMMARY: - Many epidemiologic studies have investigated the association between x-ray repair cross-complementing group 1 gene (XRCC1) codon 399 polymorphism and lung cancer risk, but the results were inconsistent. We performed a meta-analysis of 46 studies on XRCC1 codon 399 polymorphism and lung cancer risk published before June 2013. In general population, the M allele and MM genotype were associated with increased risk of lung cancer compared with C allele and CC genotype, and the ORs were 1.06 (95 % CI 1.01-1.12) and 1.19 (95 % CI 1.05-1.34), respectively. When it was stratified according to Asian population, the association between XRCC1 codon 399 polymorphism and lung cancer risk was further strengthened. The ORs of comparison between M vs. C, MM vs. CC, and MM vs. CM + CC were 1.14 (95 % CI 1.03-1.26), 1.41 (95 % CI 1.11-1.78), and 1.38 (95 % CI 1.12-1.71), respectively. The association between codon 399 polymorphism and lung cancer risk in nonsmoking Chinese women was stronger than any other subgroups. However, no associations were found in the Caucasian and African population. This meta-analysis has demonstrated that codon 399 polymorphism of XRCC1 gene might contribute to individual's susceptibility to lung cancer in Asian population, and especially in nonsmoking Chinese women. Future studies focused on interactions between combined genes and environmental risk factors are warranted.

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[19]

TÍTULO / TITLE: - Is there an oligometastatic state in non-small cell lung cancer? A systematic review of the literature.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Aug 20. pii: S0169-5002(13)00379-6. doi: 10.1016/j.lungcan.2013.07.026.

●● Enlace al texto completo (gratuito o de pago) 1016/j.lungcan.2013.07.026

AUTORES / AUTHORS: - Ashworth A; Rodrigues G; Boldt G; Palma D

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, London Regional Cancer Program, London, Canada.

RESUMEN / SUMMARY: - OBJECTIVES: Long-term survival has been observed in patients with oligometastatic non-small cell lung cancer (NSCLC) treated with locally ablative therapies to all sites of metastatic disease. We performed a systematic review of the evidence for the oligometastatic state in NSCLC. MATERIALS AND METHODS: A systematic review of MEDLINE, EMBASE and conference abstracts was undertaken to identify survival outcomes and prognostic factors for NSCLC patients with 1-5 metastases treated with surgical metastatectomy, Stereotactic Ablative Radiotherapy (SABR), or Stereotactic Radiosurgery (SRS), according to PRISMA guidelines. RESULTS: Forty-nine studies reporting on 2176 patients met eligibility criteria. The majority of patients (82%) had a controlled primary tumor and 60% of studies included patients with brain metastases only. Overall survival (OS) outcomes were heterogeneous: 1year

OS: 15-100%, 2 year OS: 18-90% and 5 year OS: 8.3-86%. The median OS range was 5.9-52 months (overall median 14.8 months; for patients with controlled primary, 19 months). The median time to any progression was 4.5-23.7 months (overall median 12 months). Highly significant prognostic factors on multivariable analyses were: definitive treatment of the primary tumor, N-stage and disease-free interval of at least 6-12 months. CONCLUSIONS: Survival outcomes for patients with oligometastatic NSCLC are highly variable, and half of patients progress within approximately 12 months; however, long-term survivors do exist. Definitive treatment of the primary lung tumor and low-burden thoracic tumors are strongly associated with improved long-term survival. The only randomized data to guide management of oligometastatic NSCLC pertains to patients with brain metastases. For other oligometastatic NSCLC patients, randomized trials are needed, and we propose that these prognostic factors be utilized to guide clinical decision making and design of clinical trials.

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[20]

TÍTULO / TITLE: - Evaluation of the influence of tumor location and size on the difference of dose calculation between Ray Tracing algorithm and Fast Monte Carlo algorithm in stereotactic body radiotherapy of non-small cell lung cancer using CyberKnife.

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

REVISTA / JOURNAL: - J Appl Clin Med Phys. 2013 Sep 6;14(5):4280. doi: 10.1120/jacmp.v14i5.4280.

AUTORES / AUTHORS: - Wu VW; Tam KW; Tong SM

INSTITUCIÓN / INSTITUTION: - Hong Kong Polytechnic University. htvinwu@polyu.edu.hk.

RESUMEN / SUMMARY: - This study evaluated the extent of improvement in dose predication accuracy achieved by the Fast Monte Carlo algorithm (MC) compared to the Ray Tracing algorithm (RAT) in stereotactic body radiotherapy (SBRT) of non-small cell lung cancer (NSCLC), and how their differences were influenced by the tumor site and size. Thirty-three NSCLC patients treated with SBRT by CyberKnife in 2011 were recruited. They were divided into the central target group (n = 17) and peripheral target group (n = 16) according to the RTOG 0236 guidelines. Each group was further divided into the large and small target subgroups. After the computation of treatment plans using RAT, a MC plan was generated using the same patient data and treatment parameters. Apart from the target reference point dose measurements, various dose parameters for the planning target volume (PTV) and organs at risk (OARs) were assessed. In addition, the “Fractional Deviation” (FDev) was also calculated for comparison, which was defined as the ratio of the RAT and MC values. For peripheral lung cases, RAT produced significantly higher dose values in all the reference points than MC. The FDev of all reference point doses and dose parameters was greater in the small target than the large target subgroup. For central lung cases, there was no significant reference point and OAR dose differences between RAT and MC. When

comparing between the small target and large target subgroups, the FDev values of all the dose parameters and reference point doses did not show significant difference. Despite the shorter computation time, RAT was inferior to MC, in which the target dose was usually overestimated. RAT would not be recommended for SBRT of peripheral lung tumors regardless of the target size. However, it could be considered for large central lung tumors because its performance was comparable to MC.

TÍTULO / TITLE: - Histones and lung cancer: are the histone deacetylases a promising therapeutic target?

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

REVISTA / JOURNAL: - Cancer Chemother Pharmacol. 2013 Sep 14.

●● Enlace al texto completo (gratuito o de pago) 1007/s00280-013-2223-9

AUTORES / AUTHORS: - Petta V; Gkiozos I; Strimpakos A; Syrigos K

INSTITUCIÓN / INSTITUTION: - Oncology Unit, Third Department of Internal Medicine, Sotiria General Hospital, Athens University School of Medicine, 152 Mesogeion Av., 11527, Athens, Greece.

RESUMEN / SUMMARY: - PURPOSE: Deoxyribonucleic acid is wrapped around an octamer of core histone proteins to form a nucleosome, the basic structure of chromatin. Two main families of enzymes maintain the equilibrium of acetyl groups added to or removed from lysine residues. Histone deacetylases (HDACs) catalyze the removal of acetyl groups from lysine residues in histone amino termini and non-histone proteins also, leading to chromatin condensation and transcriptional repression. HDAC overexpression, resulting in tumor suppressor genes silencing, has been found in several human cancer tissues, indicating that aberrant epigenetic activity is associated with cancer development. Therefore, inhibitors of these enzymes are emerging anticancer agents and there is evidence supporting their role in hematological malignancies. The minimal efficacy of conventional chemotherapy has prompted a renewed focus on targeted therapy based on pathways altered during the pathogenesis of lung cancer. We identify the pleiotropic antitumor effects of HDAC inhibitors in lung cancer, focusing on the result caused by their use individually, as well as in combination with other chemotherapeutic agents, in lung cancer cell lines and in clinical trials. METHOD: We searched reviews and original papers in Pubmed over the last 10 years. RESULTS: We identified 76 original papers on this topic. CONCLUSIONS: Numerous preclinical studies have shown that HDAC inhibitors exhibit impressive antitumor activity in lung cancer cell lines. Nevertheless, Phase III randomized studies do not support HDAC inhibitors use in lung cancer patients in everyday practice. Ongoing and future studies would help determine their role in lung cancer treatment.

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[21]

TÍTULO / TITLE: - The value of pemetrexed for the treatment of malignant pleural mesothelioma: a comprehensive review.

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

REVISTA / JOURNAL: - Anticancer Res. 2013 Sep;33(9):3553-61.

AUTORES / AUTHORS: - Boons CC; VAN Tulder MW; Burgers JA; Beckeringh JJ; Wagner C; Hugtenburg JG

INSTITUCIÓN / INSTITUTION: - M.Sc., VU University Medical Center, Department of Clinical Pharmacology and Pharmacy, De Boelelaan 1117, 1081 HV Amsterdam, the Netherlands. c.boons@vumc.nl.

RESUMEN / SUMMARY: - This review aims to provide insight into treatment of malignant pleural mesothelioma (MPM) considering effects on survival, quality of life (QoL) and costs, in order to determine the value of pemetrexed in MPM treatment. Cisplatin in combination with pemetrexed or raltitrexed increased survival in MPM, whereas vinorelbine and gemcitabine have led to good response rates. None of these appear to have any detrimental effect with respect to symptoms and global QoL. The cost-effectiveness of pemetrexed-cisplatin was found to be acceptable in advanced MPM compared with cisplatin, but raltitrexed-cisplatin was found to be a more cost-effective treatment option. This may also apply for gemcitabine and vinorelbine, since in contrast to pemetrexed, both agents can be obtained from generic manufacturers. As yet platinum-doublet therapy is the most effective palliative treatment of MPM. To provide a more cost-effective treatment approach for advanced MPM, further research should include randomized controlled trials comparing the recommended pemetrexed-cisplatin directly with platinum doublets with raltitrexed, gemcitabine, or vinorelbine.

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[22]

TÍTULO / TITLE: - Association between SOD2 C47T polymorphism and lung cancer susceptibility: a meta-analysis.

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

REVISTA / JOURNAL: - Tumour Biol. 2013 Aug 29.

●● Enlace al texto completo (gratuito o de pago) 1007/s13277-013-1127-y

AUTORES / AUTHORS: - Li N; Huang HQ; Zhang GS

INSTITUCIÓN / INSTITUTION: - Department of Intensive Care Unit, The Second Affiliated Hospital of Zhejiang University School of Medicine, Hangzhou, 310009, China.

RESUMEN / SUMMARY: - Lung cancer is one of the most common cancers worldwide, but its etiology is still unclear. Superoxide dismutase 2 (SOD2) plays an essential role in oxidative stress and may be involved in the development of lung cancer. The association between SOD2 C47T polymorphism and lung cancer risk has been widely investigated, but the results of previous studies are contradictory. We conducted a meta-analysis to comprehensively assess the association between SOD2 C47T

polymorphism and lung cancer. The association was estimated by odds ratio (OR) with 95 % confidence interval (95 % CI). A total of 10 studies with 5,146 cases and 6,173 controls were identified. The results showed that SOD2 C47T polymorphism was significantly associated with lung cancer (T versus C: OR = 0.88, 95 % CI = 0.83-0.93, P < 0.001; TT versus CC: OR = 0.74, 95 % CI = 0.66-0.83, P < 0.001; TT versus CC/CT: OR = 0.81, 95 % CI = 0.73-0.89, P < 0.001). Subgroup analysis by ethnicity suggested that SOD2 C47T polymorphism was significantly associated with lung cancer in both East Asians and Caucasians. Conclusively, this meta-analysis strongly suggests that SOD2 C47T polymorphism is significantly associated with lung cancer.

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[23]

TÍTULO / TITLE: - Imaging in pleural mesothelioma: A review of the 11th International Conference of the International Mesothelioma Interest Group.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Aug 15. pii: S0169-5002(13)00360-7. doi: 10.1016/j.lungcan.2013.08.005.

●● Enlace al texto completo (gratuito o de pago) 1016/j.lungcan.2013.08.005

AUTORES / AUTHORS: - Armato SG 3rd; Labby ZE; Coolen J; Klabatsa A; Feigen M; Persigehl T; Gill RR

INSTITUCIÓN / INSTITUTION: - Department of Radiology, The University of Chicago, Chicago, IL, USA. Electronic address: s-armato@uchicago.edu.

RESUMEN / SUMMARY: - Imaging of malignant pleural mesothelioma (MPM) is essential to the diagnosis, assessment, and monitoring of this disease. The complex morphology and growth pattern of MPM, however, create unique challenges for image acquisition and interpretation. These challenges have captured the attention of investigators around the world, some of whom presented their work at the 2012 International Conference of the International Mesothelioma Interest Group (iMig 2012) in Boston, Massachusetts, USA, September 2012. The measurement of tumor thickness on computed tomography (CT) scans is the current standard of care in the assessment of MPM tumor response to therapy; in this context, variability among observers in the measurement task and in the tumor response classification categories derived from such measurements was reported. Alternate CT-based tumor response criteria, specifically direct measurement of tumor volume change and change in lung volume as a surrogate for tumor response, were presented. Dynamic contrast-enhanced CT has a role in other settings, but investigation into its potential use for imaging mesothelioma tumor perfusion only recently has been initiated. Magnetic resonance imaging (MRI) and positron-emission tomography (PET) are important imaging modalities in MPM and complement the information provided by CT. The pointillism sign in diffusion-weighted MRI was reported as a potential parameter for the classification of pleural lesions as benign or malignant, and PET parameters that

measure tumor activity and functional tumor volume were presented as indicators of patient prognosis. Also reported was the use of PET/CT in the management of patients who undergo high-dose radiation therapy. Imaging for MPM impacts everything from initial patient diagnosis to the outcomes of clinical trials; iMig 2012 captured this broad range of imaging applications as investigators exploit technology and implement multidisciplinary approaches toward the benefit of MPM patients.

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[24]

TÍTULO / TITLE: - Adequacy of CT-guided biopsies with histomolecular subtyping of pulmonary adenocarcinomas: Influence of ATS/ERS/IASLC guidelines.

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

REVISTA / JOURNAL: - Lung Cancer. 2013 Oct;82(1):69-75. doi: 10.1016/j.lungcan.2013.07.010. Epub 2013 Aug 5.

●● Enlace al texto completo (gratuito o de pago) 1016/j.lungcan.2013.07.010

AUTORES / AUTHORS: - Ferretti GR; Busser B; de Fraipont F; Reymond E; McLeer-Florin A; Mescam-Mancini L; Moro-Sibilot D; Brambilla E; Lantuejoul S

INSTITUCIÓN / INSTITUTION: - Clinique Universitaire de Radiologie et Imagerie Medicale, Centre Hospitalier Universitaire A Michallon, INSERM U 823-Institut A Bonniot-Universite J Fourier, Grenoble, France. Electronic address: GFerretti@chu-grenoble.fr.

RESUMEN / SUMMARY: - INTRODUCTION: As metastatic pulmonary adenocarcinomas are routinely investigated for EGFR, KRAS, and ALK mutations/rearrangement, adequacy of CT-guided trans-thoracic needle biopsies (TTNB) needs to be evaluated in respect with the 2011 ATS/ERS/IASLC guidelines. METHODS: Two series of consecutive TTNB with 18-gauge needles performed before and after the publication of the ATS/ERS/IASLC guidelines, were retrospectively compared regarding their adequacy for histological sub-typing and EGFR/KRAS mutations and ALK rearrangement testing; the first series included 43 TTNB collected from January 2010 to February 2011, and the second one 48 TTNB collected from March 2011 to December 2012. RESULTS: 28 women and 63 men were included; the 2 groups were comparable in age, in mean size of lesions (32.5mm), and distance of the lesion from the pleura. By comparing the first to the second series, the number of biopsies increased from 1.6 to 1.85, their mean length increased from 10.9 to 12.5mm, and the mean number of stainings (TTF1, P63, CK5-6, mucins) per biopsy decreased from 2.6 to 1. Mean tumor cell percentage was 42%, mean total DNA extracted increased from 2.7 to 3.8mug. In the first series, 85% of TTNB allowed EGFR exons 19 and 21 and KRAS mutations pyrosequencing and 72% additional EGFR exons 18 and 20 mutation analyses, versus 98% and 92% in the second. CONCLUSIONS: With respect to ATS/ERS/IASLC guidelines, radiologists, biologists and pathologists have improved their practice; accordingly, CT-guided TTNB enable a precise histological sub-typing and provide sufficient DNA amount for genetic analyses.

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[25]

TÍTULO / TITLE: - Primary intracranial small cell carcinoma: a case report and review of the literature.

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

REVISTA / JOURNAL: - Onkologie. 2013;36(7-8):428-31. doi: 10.1159/000353566. Epub 2013 Jul 8.

●● Enlace al texto completo (gratuito o de pago) 1159/000353566

AUTORES / AUTHORS: - Zhang S; Cai Q; Fan L; Zhang R; Zhao Y; Wu G; Dong X

INSTITUCIÓN / INSTITUTION: - Cancer Center, Union Hospital, Huazhong University of Science and Technology, Wuhan, China.

RESUMEN / SUMMARY: - BACKGROUND: Extrapulmonary small cell carcinoma is a distinct clinicopathological entity accounting for only 2.5-4% of small cell carcinomas. Here we present a case of primary intracranial small cell carcinoma. CASE REPORT: A 69-year-old woman with an isolated brain lesion presented with progressive headaches, confusion, nausea, and vomiting. A magnetic resonance imaging scan of the brain revealed a 4 x 3 x 5-cm solitary cystic tumor in the right frontoparietal lobe, accompanied by a midline shift. The mass was resected and pathologically proven to be a small cell carcinoma. The patient was given adjuvant radiotherapy but refused any chemotherapy. At the 12-month follow-up the patient was alive and well. CONCLUSION: Primary intracranial small cell carcinoma presenting as an isolated lesion is extremely rare. While there are no standard treatment guidelines for these patients, the authors believe multimodality treatment including tumorectomy and postoperative radiotherapy should be recommended.

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[26]

TÍTULO / TITLE: - Data set for reporting of lung carcinomas: recommendations from International Collaboration on Cancer Reporting.

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

REVISTA / JOURNAL: - Arch Pathol Lab Med. 2013 Aug;137(8):1054-62. doi: 10.5858/arpa.2012-0511-OA.

●● Enlace al texto completo (gratuito o de pago) 5858/arpa.2012-0511-OA

AUTORES / AUTHORS: - Jones KD; Churg A; Henderson DW; Hwang DM; Wyatt JM; Nicholson AG; Rice AJ; Washington MK; Butnor KJ

INSTITUCIÓN / INSTITUTION: - Department of Pathology, University of California-San Francisco, San Francisco, USA.

RESUMEN / SUMMARY: - CONTEXT: The International Collaboration on Cancer Reporting (ICCR) is a quadripartite alliance formed by the Royal College of Pathologists of Australasia, the Royal College of Pathologists of the United Kingdom, the College of

American Pathologists, and the Canadian Partnership Against Cancer. The ICCR was formed with a view to reducing the global burden of cancer data set development and reduplication of effort by different international institutions that commission, publish, and maintain standardized cancer-reporting data sets. The resultant standardization of cancer reporting would be expected to benefit not only those countries directly involved in the collaboration but also others not in a position to develop their own data sets. OBJECTIVES: To develop an evidence-based reporting data set for each cancer site. DESIGN: A project to develop data sets for prostate, endometrium, and lung cancers and malignant melanoma was piloted by the quadripartite group. RESULTS: A set of required and recommended data elements and appropriate responses for each element were agreed upon for the reporting of lung cancer. CONCLUSIONS: This review describes the process of development of the lung cancer data set.

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[27]

TÍTULO / TITLE: - Malignant pleural effusions: a review.

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

REVISTA / JOURNAL: - Clin Chest Med. 2013 Sep;34(3):459-71. doi: 10.1016/j.ccm.2013.05.004. Epub 2013 Jul 23.

●● Enlace al texto completo (gratuito o de pago) 1016/j.ccm.2013.05.004

AUTORES / AUTHORS: - Thomas JM; Musani AI

INSTITUCIÓN / INSTITUTION: - Division of Pulmonary and Critical Care, Department of Medicine, National Jewish Health, 1400 Jackson Street, Denver, CO 80206, USA.

RESUMEN / SUMMARY: - Malignant pleural effusions are a cause of significant symptoms and distress in patients with end-stage malignancies and portend a poor prognosis. Management is aimed at symptom relief, with minimally invasive interventions and minimal requirement for hospital length of stay. The management options include watchful waiting if no symptoms are present, repeat thoracentesis, medical or surgical thoracoscopic techniques to achieve pleurodesis, pleuroperitoneal shunts, placement of tunneled pleural catheters, or a combination of modalities. To determine the best modality for management, patients must be assessed individually with concern for symptoms, functional status, prognosis, and their social and financial situations.

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[28]

TÍTULO / TITLE: - Subsolid pulmonary nodule management and lung adenocarcinoma classification: state of the art and future trends.

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

REVISTA / JOURNAL: - Semin Roentgenol. 2013 Oct;48(4):295-307. doi: 10.1053/j.ro.2013.03.013.

●● Enlace al texto completo (gratuito o de pago) 1053/j.ro.2013.03.013

AUTORES / AUTHORS: - Godoy MC; Truong MT; Sabloff B; Naidich DP

INSTITUCIÓN / INSTITUTION: - The University of Texas MD Anderson Cancer Center, Department of Diagnostic Radiology, Houston, TX. Electronic address: mgodoy@mdanderson.org.

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[29]

TÍTULO / TITLE: - Medical treatment of small cell lung cancer: state of the art and new development.

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

REVISTA / JOURNAL: - Expert Opin Pharmacother. 2013 Oct;14(15):2019-31. doi: 10.1517/14656566.2013.823401. Epub 2013 Aug 1.

●● Enlace al texto completo (gratuito o de pago) 1517/14656566.2013.823401

AUTORES / AUTHORS: - Sgambato A; Casaluce F; Maione P; Rossi A; Sacco PC; Panzone F; Ciardiello F; Gridelli C

INSTITUCIÓN / INSTITUTION: - Second University of Naples, Department of Clinical and Experimental Medicine , Naples , Italy.

RESUMEN / SUMMARY: - Introduction: Small cell lung cancer (SCLC) is a rapidly progressive disease that accounts for approximately 15% of all lung cancers. Chemotherapy remains the cornerstone of treatment of SCLC, but in the last two decades, its progress has reached a plateau. Although a significant sensitivity to chemotherapy and radiotherapy is a feature of SCLC, an early development of drug resistance unavoidable occurs during the course of the disease. Second-line treatment for relapsed patients remains a very challenging setting, with a limited clinical benefit. Areas covered: A thorough analysis of various therapeutic strategies reported in literature for SCLC treatment was performed. This review includes novel therapeutic approaches such as maintenance or consolidation treatments, new chemotherapy agents and targeted therapy. Expert opinion: Against this background, there is a desperate need for the development of novel active drugs. Among these, amrubicin has also shown more favourable antitumor activity, and is the most promising at present. Concerning targeted agents, these have failed to demonstrate effectiveness for SCLC and a better understanding of the molecular mechanisms is clearly needed. In the future, further investigations are required to clarify the role of novel anti-angiogenic or pro-apoptotic agents and hedgehog pathway inhibitors.

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[30]

TÍTULO / TITLE: - Chemotherapy with or without gefitinib in patients with advanced non-small-cell lung cancer: a meta-analysis of 6844 patients.

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

REVISTA / JOURNAL: - Chin Med J (Engl). 2013 Sep;126(17):3348-55.

AUTORES / AUTHORS: - Zhou H; Zeng C; Wang LY; Xie H; Zhou J; Diao P; Yao WX; Zhao X; Wei Y

INSTITUCIÓN / INSTITUTION: - Department of Chemotherapy, Sichuan Cancer Hospital, Chengdu, Sichuan 610041, China.

RESUMEN / SUMMARY: - BACKGROUND: Gefitinib is widely used in patients with advanced non-small-cell lung cancer (NSCLC), in whom chemotherapy had failed. Previous trials reported inconsistent findings regarding the efficacy of gefitinib on overall survival (OS) and progression free survival (PFS). This study was to evaluate the effects of chemotherapy plus gefitinib versus chemotherapy alone on survival of patients with NSCLC. METHODS: We systematically searched Medline, EmBase, the Cochrane Central Register of Controlled Trials, reference lists of articles, and proceedings of major meetings for relevant literature. Randomized controlled trials (RCTs) comparing chemotherapy with and without gefitinib in the treatment of patients with advanced NSCLC were included in our analysis. The primary endpoints were OS and PFS. RESULTS: Of 182 relevant studies, 12 were included in the final analysis, which consisted of 6844 patients with NSCLC. Overall, we noted that gefitinib therapy had an 8% improvement in the OS as compared to the gefitinib-free therapy, but this difference was not statistically significant (HR, 0.92; 95% CI: 0.85-1.00; P=0.051). Furthermore, gefitinib therapy had significantly longer PFS compared to gefitinib-free therapy (HR, 0.72; 95% CI 0.60-0.87, P=0.001). Patients receiving gefitinib therapy also had a more frequent objective response rate (ORR) than the control arm (OR, 2.51; 95% CI, 1.67-3.78, P < 0.001). Rashes, diarrhea, dry skin, pruritus, paronychia, and abnormal hepatic function were more frequent in the gefitinib therapy group. CONCLUSIONS: Treatment with gefitinib had a clear effect on PFS and ORR, and it might contribute considerably to the OS. Furthermore, there was some evidence of benefit for gefitinib therapy among patients with adenocarcinoma.

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[31]

TÍTULO / TITLE: - The expression of hypoxia-inducible factor-1alpha and its clinical significance in lung cancer: a systematic review and meta-analysis.

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

REVISTA / JOURNAL: - Swiss Med Wkly. 2013 Sep 6;143:w13855. doi: 10.4414/smw.2013.13855.

●● Enlace al texto completo (gratuito o de pago) 4414/smw.2013.13855

AUTORES / AUTHORS: - Ren W; Mi D; Yang K; Cao N; Tian J; Li Z; Ma B

INSTITUCIÓN / INSTITUTION: - Evidence-Based Medicine Center of Lanzhou University, Gansu, CHINA; renweiwei312@163.com.

RESUMEN / SUMMARY: - BACKGROUND: Hypoxia-inducible factor-1alpha (HIF-1alpha) plays an important role in tumour progression and metastasis through activation of

many target genes that are especially involved in pivotal aspects of cancer biology. However, the prognostic role of HIF-1alpha has been controversial in primary patients with lung cancer. This meta-analysis was performed to systematically evaluate whether HIF-1alpha expression is associated with the clinical outcomes in lung cancer patients. METHODS: We retrieved relevant articles from Cochrane library, PubMed, EMbase, CNKI, CBM, VIP and Wan Fang Databases from inception to May 2012. Studies were selected using specific inclusion and exclusion criteria. A systematic review and meta-analysis was performed on the association between HIF-1alpha expression and clinical outcomes in lung cancer patients. All analyses were performed using the Revman 5.1 software. RESULTS: A total of 30 studies were identified as eligible for the systematic review and meta-analysis. The expression of HIF-1alpha was significantly higher than those in normal lung tissue; and IIIIV stage, lymph node metastasis, poorly differentiation, squamous cell carcinoma and small cell lung cancer (SCLC) were significantly higher than those in III stage, no lymph node metastasis, well differentiation, adenocarcinomas and non small cell lung cancer (NSCLC), respectively (odds ratio (OR) = 19.00, 95% confidence interval (CI):12.12-29.78, p <0.00001; OR = 0.23, 95% CI:0.14-0.36, p <0.00001; OR = 3.72, 95% CI:2.38-5.80, p <0.00001; OR = 0.47, 95% CI:0.31-0.70, p <0.00002, OR = 0.24, 95% CI:0.07-0.77, p = 0.02; OR = 0.78, 95% CI:0.63-0.98, p = 0.03). VEGF and CA IX positive expression in HIF-1alpha positive tumour tissues were significantly higher than those in HIF-1alpha negative tumour tissues, respectively (OR = 3.23, 95% CI: 1.90-5.46, p <0.0001; OR = 3.84, 95% CI: 2.10-7.03, p <0.0001). The positive HIF-1alpha tumour tissues of patients had lower 5-year survival rates (OR = 0.13, 95% CI: 0.03-0.47, p = 0.002) and overall survival (relative risk (RR) = 1.68, 95% CI: 1.12-2.50, p = 0.01). CONCLUSIONS: HIF-1alpha is related to a differing degree of lung cancer cell, lymph node metastasis, post-operative survival time and histology (NSCLC vs. SCLC, adenocarcinomas vs. squamous cell carcinoma). HIF-1 alpha , which combines other proteins, such as vascular endothelial growth factor (VEGF) or CA IX, might serve as important parameters in evaluating biological behaviour and prognosis of lung cancer; it will be of benefit to clinical treatment and prognostic evaluation.

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[32]

TÍTULO / TITLE: - Lung cancer metastatic to breast: case report and review of the literature.

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

REVISTA / JOURNAL: - Ultrasound Q. 2013 Sep;29(3):205-9. doi: 10.1097/RUQ.0b013e3182a00fc4.

●● Enlace al texto completo (gratuito o de pago) 1097/RUQ.0b013e3182a00fc4

AUTORES / AUTHORS: - Sousaris N; Mendelsohn G; Barr RG

INSTITUCIÓN / INSTITUTION: - *Northeastern Ohio Medical University, Rootstown, OH; daggerPathology Department, Northside Medical Center, Youngstown, OH; and double daggerRadiology Consultants, Inc, Youngstown, OH.

RESUMEN / SUMMARY: - The incidence of metastases to the breast from nonbreast carcinoma is less than 1% of all breast cancers; of these, adenocarcinoma of the lung to breast is a small proportion (<0.1% of breast carcinomas). The imaging findings of a case of metastatic lung adenocarcinoma to the breast are presented with a review of the literature. Imaging findings including elastography suggesting the breast mass is not a primary breast cancer are highlighted. The importance of notifying the pathologist that nonbreast metastatic disease is in the differential is discussed. The use of appropriate tumor markers is needed; otherwise, the lesion may be interpreted as a triple negative breast cancer.

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[33]

TÍTULO / TITLE: - Medical treatment of advanced non-small cell lung cancer in elderly patients: A review of the role of chemotherapy and targeted agents.

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

REVISTA / JOURNAL: - J Geriatr Oncol. 2013 Jul;4(3):282-90. doi: 10.1016/j.jgo.2013.04.005. Epub 2013 May 7.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jgo.2013.04.005

AUTORES / AUTHORS: - Meoni G; Cecere FL; Lucherini E; Di Costanzo F

INSTITUCIÓN / INSTITUTION: - Medical Oncology 1, Azienda Ospedaliero Universitaria Careggi, Florence, Italy. Electronic address: giulia.meoni@gmail.com.

RESUMEN / SUMMARY: - Lung cancer is the leading cause of cancer related mortality worldwide. Non-small cell lung cancer (NSCLC) accounts for 85% of all cases. Half of the patients at diagnosis of NSCLC are over seventy years old; therefore, the elderly represent a large subgroup of patients affected by advanced NSCLC in our clinical practice. Nevertheless, the elderly are under-represented in clinical trials. Given the fact that old age is frequently associated with several comorbidities, poor general conditions and physiologic reduction in organ function, clinicians must carefully choose the best treatment option for elderly patients with advanced NSCLC, always taking into account the expected risks and benefits. In this paper we perform a review of literature evidence regarding the medical treatment of elderly patients affected by advanced NSCLC, encompassing single-agent chemotherapy, doublet chemotherapy and targeted agents. We conclude that single-agent chemotherapy with a third generation agent (vinorelbine, taxanes, gemcitabine) represents a valid treatment option for elderly patients who are not eligible for a combination chemotherapy due to clinical features such as comorbidities, poor performance status and inadequate organ function. Platinum-based doublet chemotherapy shows similar efficacy in elderly patients as compared to their younger counterpart, despite greater treatment related

toxicity and it is indicated in elderly patients with ECOG PS: 0-2, adequate organ function and no major comorbidities. Elderly patients affected by epidermal growth factor receptor (EGFR) mutated NSCLC benefit mostly from a tyrosine kinase inhibitor of EGFR (erlotinib, gefitinib) which is associated with a good toxicity profile. Currently there are no available data to strongly support the use of bevacizumab in combination with first line chemotherapy in the treatment of older adults. Elderly patients affected by NSCLC harboring the EML4-ALK translocation could benefit mostly from a treatment with an oral inhibitor of such a rearrangement (crizotinib).

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[34]

TÍTULO / TITLE: - Systematic review of trimodality therapy for patients with malignant pleural mesothelioma.

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

REVISTA / JOURNAL: - Ann Cardiothorac Surg. 2012 Nov;1(4):428-37. doi: 10.3978/j.issn.2225-319X.2012.11.07.

●● Enlace al texto completo (gratuito o de pago) 3978/j.issn.2225-319X.2012.11.07

AUTORES / AUTHORS: - Cao C; Tian D; Manganas C; Matthews P; Yan TD

INSTITUCIÓN / INSTITUTION: - The Systematic Review Unit, Collaborative Research (CORE) Group, Sydney, Australia; ; Department of Cardiothoracic Surgery, St George Hospital, Sydney, Australia; ; The Baird Institute for Applied Heart and Lung Surgical Research, Sydney, Australia;

RESUMEN / SUMMARY: - BACKGROUND: Malignant pleural mesothelioma (MPM) is an aggressive form of cancer arising from the pleural mesothelium. Trimodality therapy (TMT) involving extrapleural pneumonectomy with neoadjuvant or adjuvant chemotherapy and adjuvant radiotherapy is a recognized treatment option with a curative intent. Despite encouraging results from institutional studies, TMT in the treatment of MPM remains controversial. The present systematic review aims to assess the safety and efficacy of TMT in the current literature. METHODS: A systematic review was performed using five electronic databases from 1 January 1985 to 1 October 2012. Studies were selected independently by two reviewers according to predefined selection criteria. The primary endpoint was overall survival. Secondary endpoints included disease-free survival, disease recurrence, perioperative morbidity and length of stay. RESULTS: Sixteen studies were included for quantitative assessment, including one randomized controlled trial and five prospective series. Median overall survival ranged from 12.8-46.9 months. Disease-free survival ranged from 10-16.3 months. Perioperative mortality ranged from 0-12.5%. Overall perioperative morbidity ranged from 50-82.6% and the average length of stay was 9-14 days. CONCLUSIONS: Outcomes of patients who underwent TMT in the current literature appeared to be inconsistent. Four prospective series involving a standardised treatment regimen with neoadjuvant chemotherapy indicated encouraging results

based on intention-to-treat analysis. However, a small study assessing the feasibility of conducting a randomized controlled trial for TMT versus conservative treatment reported poor short- and long-term outcomes for patients who underwent pneumonectomy. Overall, results of the present systematic review suggest TMT may offer acceptable perioperative outcomes and long-term survival in selected patients treated in specialized centers.

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[35]

TÍTULO / TITLE: - Hormone replacement therapy in females can decrease the risk of lung cancer: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013;8(8):e71236. doi: 10.1371/journal.pone.0071236.

●● Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0071236

AUTORES / AUTHORS: - Yao Y; Gu X; Zhu J; Yuan D; Song Y

INSTITUCIÓN / INSTITUTION: - Jinling Hospital, Department of Respiratory Medicine, Nanjing University, School of Medicine, Nanjing, China.

RESUMEN / SUMMARY: - The purpose of the present meta-analysis was to determine the relationship between hormone replacement therapy (HRT) and lung cancer risk in females. Publications were reviewed and obtained through a PubMed, EMBASE database and Cochrane Library literature search up to May, 2012. The detailed numbers of patients in different groups, odd ratios (ORs) and corresponding 95% confidence intervals (CIs) were collected and estimated using a random-effects model. Twenty five studies entered into the meta-analysis. The total number of participates and lung cancer patients was 656,403 and 11,442, respectively. The OR of all 25 studies was 0.91 (95%CI = 0.83 to 0.99) and P value was 0.033. In stratified analyses, the positive association between HRT use and decreased lung cancer risk was also found in the patients with BMI<25 kg/m(2) (OR = 0.65, P = 0.000), and never smokers patients (OR = 0.86, P = 0.042). However, HRT use in patients with artificial menopause could increase the lung cancer risk, OR = 1.51(P = 0.001). The result of Egger's test did not show any evidence of publican bias (P = 0.069). In conclusion, our meta-analysis on HRT and lung cancer risk suggests that HRT use is correlated with decreased lung cancer risk in female, especially in female with BMI<25 kg/m(2) and never smokers.

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[36]

TÍTULO / TITLE: - SEOM clinical guidelines for the treatment of small-cell lung cancer 2013.

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

REVISTA / JOURNAL: - Clin Transl Oncol. 2013 Sep 5.

●● Enlace al texto completo (gratuito o de pago) 1007/s12094-013-1086-1

AUTORES / AUTHORS: - Domine Gomez M; Moran Bueno T; Artal Cortes A; Remon Masip J; Lianes Barragan P

INSTITUCIÓN / INSTITUTION: - Servicio de Oncologia Medica, Fundacion Jimenez Diaz, Madrid, España.

RESUMEN / SUMMARY: - In this updated SCLC guidelines the authors have reviewed the "SEOM recommendation" for diagnosis and treatment of patients, including consideration for elderly and unfit patients. We hope the SCLC guidelines will be useful for residents and oncology teams.

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[37]

TÍTULO / TITLE: - SEOM clinical guidelines for the treatment of non-small cell lung cancer (NSCLC) 2013.

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

REVISTA / JOURNAL: - Clin Transl Oncol. 2013 Aug 6.

●● Enlace al texto completo (gratuito o de pago) 1007/s12094-013-1085-2

AUTORES / AUTHORS: - Camps C; Felip E; Garcia-Campelo R; Trigo JM; Garrido P

INSTITUCIÓN / INSTITUTION: - Medical Oncology Department, Hospital General Universitario, Valencia, España.

RESUMEN / SUMMARY: - Lung cancer remains the most commonly diagnosed cancer worldwide and the leading cause of cancer-related mortality. More than 80 % of all newly diagnosed cases of lung cancer are non-small cell lung cancer (NSCLC). Despite recent advances, 40 % of patients still have advanced disease at the moment of diagnosis. Clinical information, pathological diagnosis and molecular assessment are needed to guide the systemic therapy, whereas discussion within an experienced team is key to adequately select the most appropriate multidisciplinary strategies. The purpose of this article is to provide updated recommendations for the management of these patients.

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[38]

TÍTULO / TITLE: - Assessing the relative effectiveness and tolerability of treatments in small cell lung cancer: A network meta-analysis.

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

REVISTA / JOURNAL: - Cancer Epidemiol. 2013 Oct;37(5):675-82. doi: 10.1016/j.canep.2013.06.008. Epub 2013 Aug 2.

●● Enlace al texto completo (gratuito o de pago) 1016/j.canep.2013.06.008

AUTORES / AUTHORS: - Bakalos G; Miligkos M; Doxani C; Mpoulimari I; Rodopoulou P; Zintzaras E

INSTITUCIÓN / INSTITUTION: - Evidence-Based Medicine Unit, Department of Biomathematics, University of Thessaly, School of Medicine, Larissa, Greece.

RESUMEN / SUMMARY: - Background: The combination of Cisplatin plus Etoposide (EP) is currently the standard treatment for small cell lung cancer (SCLC). However, a large number of alternative treatments (monotherapies and combinations) have been studied in randomized controlled trials (RCTs) to identify more effective treatments.

Aim of the present study was to assess the relative effectiveness and tolerability of these treatments. Methods: PubMed, EMBASE and Cochrane Central Register of Controlled Trials were systematically searched to identify all RCTs that compared treatments for SCLC. Then, effectiveness of the treatments relative to the combination of Cisplatin plus Etoposide, reference treatment) was estimated by performing a network of treatments analysis. The analysis evaluated two efficacy outcomes (complete response - CR and objective response rate - ORR) and two tolerability outcomes (neutropenia and febrile neutropenia). All RCTs that provided data for calculating the odds ratios (OR) for the selected outcomes were considered. The network analysis involved direct and indirect analyses. Results: We identified 71 articles eligible for inclusion, involving 91 different treatments. In total, 16,026 patients were included in the analysis. In the direct analysis the combination of Cisplatin plus Cyclophosphamide plus Etoposide plus Epirubicin showed better response than EP for the ORR outcome, but with worse tolerability (presence of neutropenia). The indirect analysis revealed that the combination of Cisplatin plus Doxorubicin plus Etoposide (plus Vincrisitine) showed better response that EP for the ORR outcome. Conclusions: No therapy shows better response for the two efficacy outcomes (CR and ORR); though, Cisplatin plus Doxorubicin plus Etoposide plus Vincrisitine might be a promising therapy for SCLC. The results should be interpreted with caution because the network was dominated by indirect comparisons. Large scale head-to-head RCTs are needed to confirm the present findings.

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[39]

TÍTULO / TITLE: - Impact of the College of American Pathologists, the International Association for the Study of Lung Cancer, and the Association for Molecular Pathology clinical practice guidelines for EGFR and ALK testing in lung cancer in Canada.

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

REVISTA / JOURNAL: - Curr Oncol. 2013 Aug;20(4):220-6. doi: 10.3747/co.20.1568.

●● Enlace al texto completo (gratuito o de pago) 3747/co.20.1568

AUTORES / AUTHORS: - Ionescu DN

RESUMEN / SUMMARY: - This paper summarizes the practical impact of the College of American Pathologists, the International Association for the Study of Lung Cancer, and the Association for Molecular Pathology lung cancer biomarkers guidelines on the lung cancer approach in Canada, providing possible practical solutions for other similar health care systems in which scientific reality needs to be constantly balanced against economic reality.

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[40]

TÍTULO / TITLE: - Pre-Clinical Studies of Epigenetic Therapies Targeting Histone Modifiers in Lung Cancer.

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

REVISTA / JOURNAL: - Front Oncol. 2013 Sep 9;3:235.

●● Enlace al texto completo (gratuito o de pago) 3389/fonc.2013.00235

AUTORES / AUTHORS: - Huffman K; Martinez ED

INSTITUCIÓN / INSTITUTION: - Hamon Center for Therapeutic Oncology Research, UT Southwestern Medical Center , Dallas, TX , USA.

RESUMEN / SUMMARY: - Treatment options for lung cancer patients have been generally limited to standard therapies or targeted interventions which involve a small number of known mutations. Although the targeted therapies are initially successful, they most often result in drug resistance, relapse, and mortality. We now know that the complexity of lung cancer comes not only from genomic changes, but also from aberrant epigenetic regulatory events. Epigenetic therapies have shown promise as single agents in the treatment of hematological malignancies but have yet to meet this expectation in solid tumors thus fostering researchers to pursue new approaches in the development and use of epigenetic interventions. Here, we review some recent pre-clinical findings involving the use of drugs targeting histone modifying enzymes both as single agents and as co-therapies against lung cancer. A greater understanding of the impact of these epigenetic compounds in lung cancer signaling is needed and further evaluation in vivo is warranted in several cases based on the pre-clinical activity of a subset of compounds discussed in this review, including drugs co-targeting HDACs and EGF receptor, targeting Brd4 and targeting Jumonji histone demethylases.

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[41]

TÍTULO / TITLE: - The New 2011 International Association for the Study of Lung Cancer/American Thoracic Society/European Respiratory Society Classification of Lung Adenocarcinoma in Resected Specimens: Clinicopathologic Relevance and Emerging Issues.

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

REVISTA / JOURNAL: - Korean J Pathol. 2013 Aug;47(4):316-325. Epub 2013 Aug 26.

●● Enlace al texto completo (gratuito o de pago) 4132/KoreanJPathol.2013.47.4.316

AUTORES / AUTHORS: - Ha SY; Roh MS

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Gachon University Gil Hospital, Incheon, Korea.

RESUMEN / SUMMARY: - Pathologists play an increasingly important role in personalized medicine for patients with lung cancer as a result of the newly recognized relationship between histologic classification and molecular change. In 2011, the International Association for the Study of Lung Cancer/American Thoracic Society/European Respiratory Society (IASLC/ATS/ERS) proposed a new architectural classification for invasive lung adenocarcinomas to provide uniform terminology and diagnostic criteria. This review highlighted the evolution of the classification of lung adenocarcinomas in resected specimens with special respect to both histologic subtyping and invasion.

Histologic subtyping of lung adenocarcinoma has been updated based on five major predominant patterns. New concepts of adenocarcinoma in situ and minimally invasive adenocarcinomas have been introduced to define the condition of patients who are expected to have excellent survival. Although the new IASLC/ATS/ERS classification has promising clinical relevance, significant clarification remains necessary for the definitions of subtyping and invasion. More precise definitions and subsequent better education on the interpretation of terminology will be helpful for future studies.

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[42]

TÍTULO / TITLE: - Recent advances in the surgery and adjuvant treatment of lung cancer: tribute to Robert J. Ginsberg. Preface.

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

REVISTA / JOURNAL: - Thorac Surg Clin. 2013 Aug;23(3):xiii-xiv. doi: 10.1016/j.thorsurg.2013.04.008. Epub 2013 May 17.

●● Enlace al texto completo (gratuito o de pago) 1016/j.thorsurg.2013.04.008

AUTORES / AUTHORS: - Deslauriers J; Pearson FG; Shamji FM

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[43]

TÍTULO / TITLE: - Chemotherapy for malignant pleural mesothelioma: a review of current management and a look to the future.

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

REVISTA / JOURNAL: - Ann Cardiothorac Surg. 2012 Nov;1(4):508-15. doi: 10.3978/j.issn.2225-319X.2012.10.05.

●● Enlace al texto completo (gratuito o de pago) 3978/j.issn.2225-319X.2012.10.05

AUTORES / AUTHORS: - Nowak AK

INSTITUCIÓN / INSTITUTION: - Department of Medical Oncology, Sir Charles Gairdner Hospital, Hospital Avenue, Nedlands, WA 6009, Australia; ; School of Medicine and Pharmacology, University of Western Australia, M503, 35 Stirling Highway Crawley, WA 6009, Australia; ; National Research Centre for Asbestos Related Diseases, M503, 35 Stirling Highway Crawley, WA 6009, Australia.

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[44]

TÍTULO / TITLE: - Duration of chemotherapy for small cell lung cancer: a meta-analysis.

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

REVISTA / JOURNAL: - PLoS One. 2013 Aug 30;8(8):e73805. doi: 10.1371/journal.pone.0073805.

●● Enlace al texto completo (gratuito o de pago) 1371/journal.pone.0073805

AUTORES / AUTHORS: - Zhou H; Zeng C; Wei Y; Zhou J; Yao W

INSTITUCIÓN / INSTITUTION: - Department of Chemotherapy, Sichuan Cancer Hospital, Chengdu, China.

RESUMEN / SUMMARY: - BACKGROUND: Maintenance chemotherapy is widely provided to patients with small cell lung cancer (SCLC). However, the benefits of maintenance chemotherapy compared with observation are a subject of debate. METHODOLOGY AND PRINCIPAL FINDINGS: To identify relevant literature, we systematically searched the Medline, Embase, and Cochrane Central Register of Controlled Trials databases. Eligible trials included patients with SCLC who either received maintenance chemotherapy (administered according to a continuous or switch strategy) or underwent observation. The primary outcome was 1-year mortality, and secondary outcomes were 2-year mortality, overall survival (OS), and progression-free survival (PFS). Of the 665 studies found in our search, we identified 14 relevant trials, which together reported data on 1806 patients with SCLC. When compared with observation, maintenance chemotherapy had no effect on 1-year mortality (odds ratio [OR]: 0.88; 95% confidence interval [CI]: 0.66-1.19; P = 0.414), 2-year mortality (OR: 0.82; 95% CI: 0.57-1.19; P = 0.302), OS (hazard ratio [HR]: 0.87; 95% CI: 0.71-1.06; P = 0.172), or PFS (HR: 0.87; 95% CI: 0.62-1.22; P = 0.432). However, subgroup analyses indicated that maintenance chemotherapy was associated with significantly longer PFS than observation in patients with extensive SCLC (HR, 0.72; 95% CI: 0.58-0.89; P = 0.003). Additionally, patients who were managed using the continuous strategy of maintenance chemotherapy appeared to be at a disadvantage in terms of PFS compared with patients who only underwent observation (HR, 1.27; 95% CI: 1.04-1.54; P = 0.018). CONCLUSIONS/SIGNIFICANCE: Maintenance chemotherapy failed to improve survival outcomes in patients with SCLC. However, a significant advantage in terms of PFS was observed for maintenance chemotherapy in patients with extensive disease. Additionally, our results suggest that the continuous strategy is inferior to observation; its clinical value needs to be investigated in additional trials.

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[45]

TÍTULO / TITLE: - Association between the hOGG1 Ser326Cys polymorphism and lung cancer susceptibility: a meta-analysis based on 22,475 subjects.

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

REVISTA / JOURNAL: - Diagn Pathol. 2013 Aug 23;8(1):144.

●● Enlace al texto completo (gratuito o de pago) 1186/1746-1596-8-144

AUTORES / AUTHORS: - Xu Z; Yu L; Zhang X

RESUMEN / SUMMARY: - Objectives: The Ser326Cys polymorphism in the human 8-oxogunaine glycosylase (hOGG1) gene with lung cancer susceptibility had been investigated, but results were inconsistent and underpowered. The aim of this study was to conduct a meta-analysis assessing the association of hOGG1 Ser326Cys polymorphism with risk of lung cancer.Materials and methods: Relevant studies were

identified through a search of MEDLINE, PubMed, Web of Science, EMBASE, and Chinese Biomedical Literature database (CBM) using terms “lung cancer,” “hOGG1” or”OGG1”, “polymorphism” or “variation” and the last search updated on May 1, 2013. In this meta-analysis, we assessed 30 published studies involving 22,475 subjects that investigated the association between the hOGG1 Ser326Cys polymorphism and lung cancer susceptibility. RESULTS: Overall, the hOGG1 Ser326Cys polymorphism was not associated with lung cancer susceptibility in different genetic models (dominant model comparison: OR = 0.133; 95%CI = 0.111--0.161; Pheterogeneity = 0.000), and recessive model: OR = 0.543; 95%CI = 0.399--0.739; Pheterogeneity = 0.000). Similarly, in the stratified analyses by ethnicity, significantly increased risks were found among Asians for homozygote comparison (OR = 0.850; 95%CI = 0.732 0.986; Pheterogeneity = 0.064), and dominant model (OR = 0.160; 95% CI = 0.137--0.187; Pheterogeneity = 0.001), and Caucasians for dominant model (OR = 1.35; 95% CI = 1.03--1.77; Pheterogeneity = 0.015), and recessive model (OR = 1.35; 95% CI = 1.03--1.77; Pheterogeneity = 0.015). In population-based populations, marginally significant increased risks were found in dominant model (OR = 0.143; 95%CI = 0.111 0.184; Pheterogeneity = 0.000) and recessive model (OR = 0.429; 95%CI = 0.261--0.705; Pheterogeneity = 0.000). We also found a significant difference between hOGG1 Ser326Cys genotype and lung cancer susceptibility in studies with hospital-based controls for homozygote model (OR = 0.798; 95%CI = 0.649--0.982; Pheterogeneity = 0.007),dominant model (OR = 0.122; 95%CI = 0.091--0.163; Pheterogeneity = 0.000). CONCLUSION: Our data showed that the hOGG1 Ser326Cys polymorphism contributed to the risk of lung cancer.Virtual slides: The virtual slides for this article can be found here: diagnosticpathology.diagnomx.eu/vs/3842531131031605.

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[46]

TÍTULO / TITLE: - Primary pulmonary rhabdomyosarcoma in an adult: a case report and review of the literature.

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

REVISTA / JOURNAL: - J Zhejiang Univ Sci B. 2013 Sept.;14(9):859-865.

●● Enlace al texto completo (gratuito o de pago) 1631/jzus.B1200248

AUTORES / AUTHORS: - Ji GY; Mao H

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[47]

TÍTULO / TITLE: - Misdiagnosed case of bronchial carcinoid presenting with refractory dyspnoea and wheeze: a rare case report and review of literature.

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

REVISTA / JOURNAL: - Malays J Med Sci. 2013 May;20(3):78-82.

AUTORES / AUTHORS: - Santra A; Dutta P; Pothal S; Manjhi R

INSTITUCIÓN / INSTITUTION: - Department of Pulmonary Medicine, Veer Surendra Sai Medical College and Hospital, P.O. +P.S. Burla, Odisha, India, Pin-768017.

RESUMEN / SUMMARY: - A 59-year-old male smoker presented with persistent wheezing and occasional coughing that had been ongoing for two years and had been unsuccessfully treated with an inhalational beta2 agonist, an anticholinergic and an inhalational steroid in the last year. On clinical examination, a left-sided wheeze was detected. The initial chest X-ray was normal. A computed tomography (CT) scan of thorax demonstrated a mass lesion in the left main bronchus. On subsequent bronchoscopy, an endobronchial polypoid mass was detected in the left main bronchus, completely occluding the bronchial lumen. A biopsy taken from the mass revealed features of bronchial carcinoid. Bronchial carcinoid can present uncommonly with wheezes, resulting in misdiagnosis as bronchial asthma or chronic obstructive pulmonary disease (COPD). If an asthma or COPD patient does not respond to conventional therapy, a CT scan and subsequent bronchoscopy is warranted.

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[48]

TÍTULO / TITLE: - Exercise and nutrition interventions in advanced lung cancer: a systematic review.

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

REVISTA / JOURNAL: - Curr Oncol. 2013 Aug;20(4):e321-37. doi: 10.3747/co.20.1431.

●● Enlace al texto completo (gratuito o de pago) 3747/co.20.1431

AUTORES / AUTHORS: - Payne C; Larkin PJ; McIlfatrick S; Dunwoody L; Gracey JH

INSTITUCIÓN / INSTITUTION: - All Ireland Institute of Hospice and Palliative Care, and the HSC R&D Division, Public Health Agency, Northern Ireland. ; Institute of Nursing and Health Research, University of Ulster, Northern Ireland.

RESUMEN / SUMMARY: - In this systematic review, we sought to evaluate the effect of physical activity or nutrition interventions (or both) in adults with advanced non-small-cell lung cancer (nsclc). METHODS: A systematic search for relevant clinical trials was conducted in 6 electronic databases, by hand searching, and by contacting key investigators. No limits were placed on study language. Information about recruitment rates, protocol adherence, patient-reported and clinical outcome measures, and study conclusions was extracted. Methodologic quality and risk of bias in each study was assessed using validated tools. MAIN RESULTS: Six papers detailing five studies involving 203 participants met the inclusion criteria. Two of the studies were single-cohort physical activity studies (54 participants), and three were controlled nutrition studies (149 participants). All were conducted in an outpatient setting. None of the included studies combined physical activity with nutrition interventions. CONCLUSIONS: Our systematic review suggests that exercise and nutrition interventions are not harmful and may have beneficial effects on unintentional weight loss, physical strength, and functional performance in patients with advanced nsclc. However, the observed improvements must be interpreted with caution, because

findings were not consistent across the included studies. Moreover, the included studies were small and at significant risk of bias. More research is required to ascertain the optimal physical activity and nutrition interventions in advanced inoperable nsclc. Specifically, the potential benefits of combining physical activity with nutrition counselling have yet to be adequately explored in this population.

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[49]

TÍTULO / TITLE: - Sarcomatoid carcinoma with small cell carcinoma component of the urinary bladder: a case report with review of the literature.

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

REVISTA / JOURNAL: - Int J Clin Exp Pathol. 2013 Jul 15;6(8):1671-6. Print 2013.

AUTORES / AUTHORS: - Ishida M; Iwai M; Yoshida K; Kagotani A; Okabe H

INSTITUCIÓN / INSTITUTION: - Department of Clinical Laboratory Medicine and Division of Diagnostic Pathology, Shiga University of Medical Science, Otsu, Shiga, Japan. mitsuaki@belle.shiga-med.ac.jp

RESUMEN / SUMMARY: - Sarcomatoid carcinoma of the urinary bladder is an uncommon neoplasm characterized histopathologically by the presence of malignant spindle cell and epithelial components. Albeit extremely rare, sarcomatoid carcinoma with small cell carcinoma has been reported. Herein, we describe an additional case of sarcomatoid carcinoma with small cell carcinoma and squamous cell carcinoma of the urinary bladder and review the clinicopathological features of this type of tumor. An 82-year-old Japanese male presented with hematuria. Computed tomography demonstrated a large tumor in the urinary bladder. Histopathological study of the resected urinary bladder tumor showed that approximately 80% of the tumor was comprised of small cell carcinoma, and the remaining components were spindle cell proliferation (approximately 15%) and squamous cell carcinoma (5%). Both the spindle cell and squamous cell carcinoma components were intermingled with nests of the small cell carcinoma. This is the fifth documented case of sarcomatoid carcinoma with small cell carcinoma of the urinary bladder. Our review of the clinicopathological features of this type of tumor revealed that: i) elderly males are mainly affected, ii) the most common chief complaint is hematuria, iii) the epithelial component may include urothelial carcinoma, adenocarcinoma, and/or squamous cell carcinoma, and iv) the sarcomatous component is composed of spindle cell proliferation. The histogenesis of this type of tumor remains a matter of controversy. However, recent molecular analyses demonstrated a monoclonal origin of both components. This theory can account for the various types of carcinomatous components in this tumor as seen in the present case.

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[50]

TÍTULO / TITLE: - Pulmonary adenocarcinoma metastasis to a dorsal root ganglion: a case report and review of the literature.

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

REVISTA / JOURNAL: - J Med Case Rep. 2013 Aug 23;7(1):212.

●● Enlace al texto completo (gratuito o de pago) 1186/1752-1947-7-212

AUTORES / AUTHORS: - Slotty PJ; Cornelius JF; Schneiderhan TM; Alexander KM; Bostelmann R

RESUMEN / SUMMARY: - INTRODUCTION: The dorsal root ganglion is a rare manifestation of metastatic spread. We report what we believe to be the first case of metastasis of a pulmonary adenocarcinoma to the lumbar dorsal root ganglion. Only four descriptions for different primary tumors spreading to the dorsal root ganglion have been described in the literature so far. CASE PRESENTATION: A 70-year-old Caucasian woman with a four-month history of left-sided lumbar radiculopathy was admitted to our department under the assumption of a herniated lumbar disc. Her past medical history included a pulmonary adenocarcinoma and invasive ductal breast cancer.Lumbar magnetic resonance imaging revealed a space-occupying mass in her left neuroforamen L3-L4 with compression of her L3 nerve root. Neurinoma was taken into account as a differential diagnosis, although not considered typical. Surgery revealed a metastasis of pulmonary adenocarcinoma to her dorsal root ganglion. CONCLUSIONS: Dorsal root ganglion metastases seem to be extremely rare and can mimic primary local nerve sheath tumors. Therefore, they usually present as incidental findings. Resection should be performed strictly under intraoperative monitoring as tumor spread between the nerve fibers is commonly observed. Metastases should be taken into account in spinal nerve tumors involving the dorsal root ganglion, especially in patients harboring known malignant diseases. The low incidence means that no clear treatment advice can be given. Resection is possible under intraoperative monitoring and relieves neurological symptoms.

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[51]

TÍTULO / TITLE: - Current status of mediastinal lymph node dissection versus sampling in non-small cell lung cancer.

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

REVISTA / JOURNAL: - Thorac Surg Clin. 2013 Aug;23(3):349-56. doi: 10.1016/j.thorsurg.2013.05.002. Epub 2013 Jul 16.

●● Enlace al texto completo (gratuito o de pago) 1016/j.thorsurg.2013.05.002

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RESUMEN / SUMMARY: - This article addresses the appropriate use of lymph node sampling versus dissection, recommendations for minimum sampling for staging, and the role of lymph node dissection in improving survival.
